

COUNSELLING PERSONS WITH A DISABILITY: A PROFESSIONAL CHALLENGE

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Abstract

One of the key factors which should influence the direction of a counsellor education program is "client need". In this society there exists a significant number of people with disabilities for whom the process of personal and vocational adjustment requires the expertise of a counsellor with special training in rehabilitation. Unlike the United States, Canada does not have a graduate training program in rehabilitation counselling. The writers point out that such specialization in rehabilitation counselling can be developed with little difficulty within the existing graduate counsellor education programs ongoing in this country. Program development in training counsellors to work with clients with disabilities is a major challenge to counsellor education in Canada.

Résumé

Un des facteurs clés qui devrait influencer la direction d'un programme de formation de conseillers est "le besoin du client". Dans notre société il y a un nombre significatif de personnes handicapées pour qui le processus de réadaptation personnelle et professionnelle exige la compétence d'un orienteur ayant une formation spécialisée en réadaptation. Contraire aux États-Unis, le Canada n'a pas un programme de formation pour les conseillers en réadaptation au niveau des diplômés. Les auteurs indiquent qu'une telle spécialisation pour les conseillers en réadaptation peut être développée sans trop de difficultés à l'intérieur des présents programmes en formation des conseillers au niveau des diplômés tels qu'ils existent au pays. Le développement de programmes visant à former des conseillers à travailler auprès des clients handicapés est un important défi que doit relever les responsables de la formation des conseillers au Canada.

The functions of counselling have expanded significantly over the past several decades. Counsellors no longer are confined to "career guidance" as their sole, or even major, responsibility and presently are being trained to work in a variety of settings and with clients whose needs and goals are increasingly diverse. The evolution and expansion of university-based programs of counsellor education have resulted from a sensitivity of program planners to changing sensibilities in the wider society as well as from the former's assessment of emerging requirements of major social institutions. For example, emphasis on retirement and personnel-related needs in business settings and patient and family-related needs in medical settings are critical illustrations of areas in which program developers in counsellor education are responding to both evolving social sensibilities and to their anticipation of emerging social and individual demands.

One relatively new field in which counsellors can and, in fact do, play a significant role is in the

rehabilitation of disabled persons.¹ Rehabilitation counselling requires all the skills that would normally be acquired in a counsellor education program, as well as certain specialized training which is not presently available in Canada. While Canadian society is becoming more aware of the existence of persons with disabilities, and certain governments have passed legislation to protect their rights and meet their needs², counsellors who choose to work in this field are still obliged to acquire certain basic skills on the job. There is no formal training available and competencies must be developed in a haphazard fashion. The needs of these counsellors would be better served by some

1. Disability is defined as given in Bill 09 (Government of Quebec, 1979). "A person(s) limited significantly and persistently in the performance of normal activities by reason of physical or mental incapacity."

2. For example, Quebec has enacted Bill 09 to protect the rights of disabled persons, and Alberta has directed financial support to the development of housing and transportation facilities.

systematic preparation within their training programs.

There is little question that the need for skilled professionals in "disability counselling" exists. The role of the counsellor in this area encompasses three functions: (1) to assist the disabled person toward personal adjustment; toward, that is, his or her acceptance of the "disabling" characteristics, (2) to assist the process of his or her integration into society, and (3) to contribute to the necessary education of the community, however that may be defined, in order to effectively achieve individual acceptance. The role of the counsellor in assisting the individual with a disability has been well demonstrated (Bolton & Jacques, 1978; Marinelli & Orto, 1977). The counsellor is in a potentially advantageous position to accept the mandate to offer service to such clients.

To put this type of expertise into clearer focus, it is necessary to examine the typical format in which rehabilitation services are offered.

Rehabilitation can be defined as:

The use of all forms of physical medicine in conjunction with psychosocial adjustment and vocational retraining in an attempt to achieve maximal function and adjustment, and to prepare the patient physically, mentally, socially and vocationally for the fullest possible life compatible with his abilities and disabilities. (Hunsie & Campbell, 1974, p. 656)

It is clear from this working definition that an individual with a disability must be viewed from a holistic perspective. It follows, therefore, that a multi-disciplinary team approach to treatment offers distinct advantages in providing adequate service (Andrus, 1974). Although the model developed out of a medical perspective, it has since grown in scope to include psychosocial areas that are beyond the specific expertise of the physical medicine professional. Such areas include psychological acceptance of the disability, interpersonal relationships, and factors of societal integration. The non-medical aspect of rehabilitation is underscored by Patterson (1978): "The future need in rehabilitation counselling is for psychologically-trained counsellors" (p. 7). Thus, a need for personnel trained to deal with psychological and vocational concerns related to disability has been identified.

Counselling, within the context of a rehabilitation setting, does not differ radically from the counselling process employed in more traditional domains. The establishment of a warm relationship between client and counsellor is of primary importance and the clarification and interpretation of material presented by the client becomes an important focus of concern (Goldenson, 1978; Patterson, 1978).

As Patterson has pointed out, "rehabilitation

counsellors are psychological counsellors working with physically and mentally handicapped clients" (1978, p. 7). *The techniques employed are not unique. They reflect the fact that the personal needs of the client with a disability are not significantly different from those needs that an able-bodied client receiving counselling may articulate.* What is often noticeable, however, is the greater degree of emotional intensity that a client with a disability may experience over a particular issue. While this may be a function of retarded social development, personal maturity, an incomplete acceptance of the disability, low self-esteem, etc., it is not a situation specific to the disabled. Hence, differences in counselling situations can be regarded as differences in "degree" rather "kind" (Westwood, 1978).

Specialization

Having argued that counselling individuals with disabilities is not significantly different from the challenge of counselling able-bodied persons, it is nevertheless important to comment on (a) the special skills and knowledge that a counsellor in a rehabilitation milieu should acquire in order to function effectively, and (b) the special nature of the counselling relationship between the able-bodied counsellor and the client with a disability.

There are three main areas having to do with the special skills and knowledge required of the rehabilitation counsellor that need to be developed within the existing curricula of counsellor education programs.

First, perhaps the most important area that is generally foreign to beginning counsellors in rehabilitation is a working knowledge of the particular physiological and psychological implications of disability (Diller, 1971; Moos, 1971; Silverstein & Silverstein, 1975; Vargo, 1978). It is important, for example, to be aware of those disabilities which are chronic and of those which are progressive. A basic knowledge of the physical capabilities and limitations a client may have will be helpful in not only aiding him to develop realistic personal and vocational goals, but also may serve to strengthen the counselling relationship if the client feels that the counsellor can really understand the difficulties he is experiencing.

A second area in which the counsellor should acquire a working knowledge is in recognizing the effects and side-effects of psychotropic drugs. Since it may not be practical for the counsellor to have all this information committed to memory, there are useful reference books available. Bockar's (1976) *Primer for the Non-Medical Psychotherapist* and Rotenberg's (1979) *Compendium of Pharmaceuticals and Specialties* are particularly helpful.

A third domain in which the counsellor should have some knowledge has to do with the workings of a multi-disciplinary team approach. A basic understanding of the mandates and skills of other rehabilitation professionals on the team, as well as an ability to work as a member of a group will enable the counsellor to take full advantage of the tremendous human resources available to him and his client.

The special nature of the counselling relationship, the interactive nature of the rehabilitation process, also needs to be considered. The effective models for counselling the disabled take into account the uniqueness of this interaction. Westwood, Vargo, and Goetz (1980) describe the paradoxical nature of the interaction:

In a counselling relationship, as in all other relationships, people with disabilities should be treated as equals to the non-disabled, and the only way to accomplish this equality is to recognize the disabled as being different. (p. 1)

The differing perspectives of the counsellors and client can cause conflict in the relationship. The counsellor assumes the vantage point of an outsider or observer, while the client occupies the position of an insider or sufferer. Dembo (1970) refers to this paradox, the psychology of the insider and the psychology of the outsider, and concludes that two psychologies in fact operate, rather than the single psychology of interaction between counsellor and client.

According to Stubbins (1977), the helper often tends to perceive disabilities solely from an individualized perspective and to view questions of attitude change as *the client's* problem. Disabled individuals, on the other hand, tend to view their problems as stemming largely from societal prejudice and attitudes. A client with a disability considers that successful rehabilitation includes changes in the attitudes of the non-disabled toward the disabled. The program for the would-be rehabilitation counsellor should include examination of his/her own attitudes toward disabled persons as an integral part of training.

Another aspect of the rehabilitation relationship lies in the existence of what is termed "differing social realities". Often the health professional focuses his efforts on helping the client to achieve maximal physical return with little or no preparation for the social context of adjustment that the client must face immediately upon discharge. Such treatment goals are, by definition, limiting to the client. Counselling, in the broad definition of counselling for total adjustment, can help correct the incomplete and inadequate treatment process in this manner.

Recognizing the differing social realities permits the counsellor and client to both have

input into the ultimate adjustment and growth of the client. In sum, if counsellors can recognize and appreciate the different psychological worlds and social realities lived by people with disabilities, then both parties are more likely to relate to one another as equals, thereby facilitating good counselling (Westwood et al., 1980).

Conclusion

The previous discussion has emphasized the uniqueness of rehabilitation counselling and acknowledged the need in Canadian society for the continuing development of services that recognize the seriousness of this uniqueness. Those involved in counsellor training are faced with the demands of responding to this challenge.

Professional organizations concerned with the welfare of the disabled have indicated the lack of adequate training programs in Canada. The Canadian Association of Rehabilitation Personnel (C.A.R.P.) is one such group. In their *News Bulletin* (May, 1979) the Association stresses the dearth of adequate rehabilitation counsellor training programs. Further, the Association proceeds to outline what would constitute an effective full-time graduate diploma in the area.

Several excellent models of rehabilitation counsellor education programs have been established in the United States. The situation in Canada is even more striking in view of the fact that there exist at least 50 such programs in American colleges and universities, all of which provide graduate preparation for counsellors. Further, the majority of these programs were developed within existing counsellor education programs. The rehabilitation component can easily be incorporated into the core curriculum of counsellor training offerings for students specializing in disability counselling. Much of the disability specialization can be learned in internship areas.³ Patterson (1978) places the specialization aspect in perspective: "Rehabilitation counselling is not a unique, entirely different or new field of work — a separate profession. It is part of the profession of counselling" (p. 7).

If the argument is accepted that social and personal adjustment of clients with disabilities do require the expertise of the counsellor in the rehabilitation process, then it is incumbent upon certain university training programs to provide for the preparation of trained personnel. Based upon the apparent success of the U.S. programs, it appears self-evident that a rehabilitation counselling program should become a part of the responsibility of

3. A fine example of this approach can be seen at S.U.N.Y. at Buffalo. The authors were invited to examine the program and meet with the directors and faculty there. The authors are currently in the process of developing a workable graduate program for a Canadian context.

counsellor education programs in Canada. Such programs ideally would be distributed across the country in order to ensure that people who choose to work in this field have access to essential training.

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