Rehabilitation Counseling

Rehabilitation Science and Technology
School of Health and Rehabilitation Sciences

at the University of Pittsburgh
Overview of Rehabilitation Counseling for Warrior Transition Leadership

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Rehabilitation Science and Technology
Definition: Profession of Rehab Counseling

- A systematic process which assists persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting possible through the application of the counseling process.

  – Commission on Rehabilitation Counselor Certification
RC Scope of Practice

• Assessment and appraisal

• Diagnosis and treatment planning

• Career (vocational) counseling

• Individual and group counseling treatment interventions focused on facilitating adjustments to the medical and psychosocial impact of disability

• Case management, referral, and service coordination
RC Scope of Practice cont.

- Program evaluation and research
- Interventions to remove environmental employment, and attitudinal barriers
- Consultation services among multiple parties and regulatory systems
- Workplace advocacy to remove physical and social barriers to employment
- Job analysis, job development, and placement services, including assistance with employment and job accommodations
- Provision of consultation about and access to rehab technology
Career Counseling

- Based upon evidence in career development theory
- Requires substantial knowledge of world of work
- Counsels re: educational and vocational impact of test and interview information
- Suggests compatible occupational areas with the vocational, psychological, and social information gathered to improve the appropriateness of his or her rehabilitation choice
- Examines impact of disability and vocational significance
- Explores vocational strengths and limitations to assure self-understanding
- Recommends occupational and/or educational materials to explore vocational alternatives
Job Development and Placement

• Visits employers to explain rehabilitation, disability, and solicit jobs

• Discusses client’s abilities and work that client can do

• Secures information about performance on and adjustment to new job from employer and client

• Arranges on-the-job training, accommodations, modifications, and supports
Rehabilitation Clients

- Physical disabilities
- Sensory impairments
  - Visual impairments and blindness
  - Hard of hearing and deafness
- Developmental disabilities
  - Mental retardation
  - Learning disabilities
- Psychiatric/emotional disabilities
- Neurological disorders
- Chemical dependencies
- Full lifespan
Rehabilitation Characteristics

- Encounters with professionals are often repetitive, with established relationships
- Client need for services often escalates as recovery continues
- Needs and problems often most evident out in the community (shopping, at work) rather than in clinical settings
- Rehab prescribes and enables clients to “practice” extensively between sessions in real-life activities
Rehabilitation Characteristics

• Multitude of professional disciplines

• Need for carryover of clinical evaluations and recommendations from one service network/team to another

• Coupled with stubborn and chronic poor employment rates, evidence points to need for new and expanded models of community-based and vocational rehabilitation
Contextual Factors in Rehabilitation

- Limited or difficulty generalizing from clinic to natural environment

- "Place and train" model of supported employment

- Use of strategies in environment to facilitate employment success
  - Assistive technology
  - Cognitive rehabilitation
Contextual Factors in Rehabilitation

• Rehab process requires:
  – Education about injury/disability
  – Detail about the environment
  – Spontaneous compensatory strategies tried out in everyday life
  – Increasing self-awareness and incorporating new info about self
Contextual Factors

• Complex follow-up needs, often escalating over time:
  – Emotional
  – Psychosocial
  – Family/relationship issues
  – Return to work issues
  – Return to home community, making face-to-face follow-up difficult or impossible
Rehabilitation Philosophy

1. Every human being has an inalienable value and is worthy of respect for his/her own sake
2. Every person has membership in society, and rehabilitation should cultivate his full acceptance
3. Assets of PWD should be emphasized, supported, and developed
4. Reality factors should be stressed in helping the person cope with his environment
5. Comprehensive treatment involves the “whole person,” because life-areas are interdependent
Rehabilitation Philosophy

6. Treatment should vary and be flexible to deal with the special characteristics of the person

7. Every person should assume as much initiative and participation as possible in the rehab plan and its execution

8. Society should be responsible, through all possible public and private agencies, for the providing of services and opportunities to PWD

9. Rehab programs must be conducted with interdisciplinary and interagency integration

10. Rehabilitation is a continuous process that applies as long as help is needed
Rehabilitation Philosophy

11. Psychological and personal reactions of the individuals are ever present and often crucial
12. The rehab process is complex and must be subject to constant reexamination— for each individual and for the program as a whole
13. The severity of a disability can be increased or diminished by environmental conditions
14. The significance of a disability is affected by the person’s feelings about the self and his or her situation
15. The client is seen not as an isolated individual but as part of a larger group that includes other people, often the family
Rehabilitation Philosophy

16. Predictor variables, based on group outcomes in rehab, should be applied with caution to the individual case

17. Self-help organizations are important allies in the rehab effort

18. Provision must be made for the effective dissemination of information concerning legislation and community offerings of potential benefit to PWD

19. Basic research can profitably be guided by the question of usefulness in ameliorating problems, a vital consideration in rehab fields, including psychology

20. PWD should be called upon to serve as co-planners, co-evaluators, and consultants to others, including professional persons
Rehab Counseling and Wounded Warriors

• Complex needs of wounded, injured, or ill service members and veterans
  – Team effort
  – Multiple support systems

• Continuation on Active Duty or Transition to civilian status workforce

• Rehab Counseling Scope of Practice
Thanks!

• Questions??

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