

**COUNSELING IN THE  
REHABILITATION PROCESS**



Second Edition

# **COUNSELING IN THE REHABILITATION PROCESS**

Community Services for Mental  
and Physical Disabilities

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*To*

*Patrick Gandy, my brother (in memory); and Tamiko Gandy, his daughter  
and my niece.*

*Ruth Mackey Martin, beloved wife and best friend.*

*Jason Elliott Hardy, beloved son.*



## PREFACE

This text represents a complete revision and update of *Rehabilitation Counseling and Services: Profession and Process* published in 1987. This text will provide the reader with a comprehensive overview and introduction to the field of rehabilitation counseling and services but will also have applicability to the growing field of community counseling. The relationship to the latter field not only reflects a broadening of focus but also the fact that community counseling and rehabilitation counseling have begun to merge and overlap in many respects. We believe that this text will be particularly useful in graduate introductory rehabilitation or community counseling courses and may be readily adaptable to undergraduate courses in rehabilitation or general human services related areas. Additionally, this book should prove to be a useful and current source for the rehabilitation or community counselor practitioner.

The new *Counseling in the Rehabilitation Process: Community Services for Mental and Physical Disabilities* (Second Edition) contains some material from the previous edition but for the most part has been completely revised and updated. Philosophical considerations of the rehabilitation process have been expanded and incorporated into a new foundations of rehabilitation chapter. A new historical aspects chapter has been developed that includes updated material on the modern rehabilitation enterprise in America including implications for the private as well as public rehabilitation sector. Educational considerations have been expanded and incorporated into a chapter on the development of the rehabilitation counseling discipline. Adjustments and modifications have been made that have enhanced the previous historical chapters. Material on the rehabilitation process and occupational analysis and placement have been reorganized and includes new material on job development and placement. The social and psychological aspects of acceptance and adjustment to disability have been updated, expanded, and reorganized in order to combine counseling approaches with psychosocial aspects. New material has been included on counseling credentialing and substance use disabilities and material on international and multicultural perspectives has been reorganized and updated.

As before, we have selected an outstanding group of contributors. They have achieved an excellent balance in regard to their academic training, professional experience, community service, publications, and credentialed status. Their collective achievements have included agency executive leadership; university professorships; national and international committee and consultation activities; extensive publications in the form of books, articles, and other media, and the highest level of professional training, experience, and credentials.

Considerable thought was put into the organization of this book to ensure a consistent and integrated frame of reference as reflected in the following description of each section:

Part One, the introductory section, lays the foundation. Professor Martin discusses and describes the basic foundations of the rehabilitation process. Doctors R. Lassiter and M. Lassiter describe the historical antecedents of the modern rehabilitation enterprise in America. They then detail the early development of this enterprise. Professors Martin and Gandy continue with a more recent history of the modern rehabilitation enterprise in America discussing implications for both the public and private rehabilitation sectors. Doctors Gandy and Martin then describe the educational and professional organizational development of the discipline of rehabilitation counseling.

Part Two, *The Rehabilitation Process*, provides the reader with an insightful appreciation and understanding of the rehabilitation process. Professor Wright's and Martin's chapter provides a description of the rehabilitation process from the unique perspective of the counselor-client relationship. Doctors Martin, Sinsabaugh, Jarrell, and Hardy overview the methodology of occupational analysis, job development, and placement and include several case abstracts that relate to the public and private sector in rehabilitation. Professors Martin and Wright conclude the section with a very meaningful discussion of ethical issues in rehabilitation counseling.

In Part Three, the counseling and psychosocial aspects of disability are traced from multiple points of view—both theoretical and practical. Psychodynamic, Adlerian, Rational Emotive Behavioral, and Gestalt perspectives are explored and examined by Professors Hardy and Cull, Rule, Gandy, and Hardy respectively. Doctors Gandy and Martin then provide an integration of these perspectives including reference to existential and humanistic views as this material relates to acceptance and adjustment to disability. A unique aspect of this section is Mr. Rothrock's personal account of his experience in adjusting to disability. The psychodynamic chapter is a classic and has been included in several previous publications and expanded over the years; its contribution to acceptance and adjustment to disability is timeless.



Part Four discusses some special topics in rehabilitation appropriate for an introductory textbook but more suitable for an in-depth examination. Doctor Luck provides a study of the development and current status of rehabilitation counseling credentialing as a professional counseling specialty. Doctors Saltz, Lawton, and Gray describe the pervasive problem of substance use in America with implications for treatment and rehabilitation on both the practice and policy levels. Professors Gandy and Hardy conclude with some personal perspectives on rehabilitation as an international and multicultural phenomenon.

We wish to take this opportunity to thank those who have provided us with professional and personal support during the past several years of planning, researching, and writing. We would especially like to thank Mrs. Patricia Gandy, a management analyst (as well as Doctor Gandy's wife), for her administrative and computer technology expertise in the final preparation of the manuscript.

We would also like to thank Ms. Kelley G. Kramer, a graduate student in our master's degree program for her technical assistance with the figure illustrations.

Gerald L. Gandy  
E. Davis Martin, Jr  
Richard E. Hardy



# CONTENTS

## Part One INTRODUCTION TO REHABILITATION

<i>Chapter</i>		<i>Page</i>
1.	Foundations of the Rehabilitation Process <i>E. Davis Martin, Jr.</i>	5
2.	Historical Antecedents of the Rehabilitation Enterprise in America: A Rehabilitation Movement <i>Robert A. Lassiter</i> <i>Martha Hughes Lassiter</i>	32
3.	The Development of the Rehabilitation Enterprise in America: An Early History of the Rehabilitation Movement in the United States <i>Robert A. Lassiter</i> <i>Martha Hughes Lassiter</i>	52
4.	The Development of the Rehabilitation Enterprise in America: A Recent History of the Rehabilitation Movement in the United States <i>E. Davis Martin, Jr.</i> <i>Gerald L. Gandy</i>	75
5.	Educational and Professional Organizational Development of the Rehabilitation Counseling Discipline <i>Gerald L. Gandy</i> <i>E. Davis Martin, Jr.</i>	104

**Part Two**  
**THE REHABILITATION PROCESS**

- |    |   |     |
|----|---|-----|
| 6. | The Rehabilitation Process: A Perspective<br>for the Rehabilitation Counselor<br><i>Keith C. Wright</i><br><i>E. Davis Martin, Jr.</i>  | 117 |
| 7. | Occupational Analysis, Job Development, and<br>Placement Considerations for Rehabilitation Counselors<br><i>E. Davis Martin, Jr.</i><br><i>Larry L. Sinsabaugh</i><br><i>George R. Jarrell</i><br><i>Richard E. Hardy</i> | 130 |
|    | Case Abstracts: Occupational Analysis, Job<br>Development, and Placement<br><i>E. Davis Martin, Jr.</i><br><i>George R. Jarrell</i><br><i>Larry L. Sinsabaugh</i>   | 154 |
| 8. | Ethical Considerations in Rehabilitation<br>Counseling: A Perspective for the Counselor<br>and Agency<br><i>E. Davis Martin, Jr.</i><br><i>Keith C. Wright</i>  | 159 |

**Part Three**  
**COUNSELING AND PSYCHOSOCIAL ASPECTS OF  
REHABILITATION**

- |     |  |     |
|-----|--|-----|
| 9.  | A Psychodynamic Approach to Acceptance<br>and Adjustment to Disability<br><i>Richard E. Hardy</i><br><i>John G. Cull</i> | 177 |
| 10. | A Personal Experience of Acceptance and<br>Adjustment to Disability<br><i>James A. Rothrock</i>                          | 204 |
| 11. | An Adlerian Approach to Acceptance<br>and Adjustment to Disability<br><i>Warren R. Rule</i>                              | 218 |

	<i>Contents</i>	xxi
12.	Rational Emotive Behavior Therapy (REBT): A Cognitive-Behavior Therapy Approach to Acceptance and Adjustment to Disability <i>Gerald L. Gandy</i>	234
13.	Gestalt Therapy, Hypnosis, and Pain Management in Cancer Treatment: A Therapeutic Application of Acceptance and Adjustment to Disability <i>Richard E. Hardy</i>	251
14.	An Integrative Counseling and Psychosocial Approach to Acceptance and Adjustment to Disability <i>Gerald L. Gandy</i> <i>E. Davis Martin, Jr.</i>	258
 <b>Part Four</b> <b>SPECIAL TOPICS IN REHABILITATION</b>  		
15.	Rehabilitation Counseling Credentialing as a Professional Counseling Specialty <i>Richard S. Luck</i>	271
16.	Substance Use Disorders in Rehabilitation <i>Constance Corley Saltz</i> <i>Marcia J. Lawton</i> <i>Murial Gray</i>	289
17.	An International and Multicultural Perspective on Disability and Rehabilitation <i>Gerald L. Gandy</i> <i>Richard E. Hardy</i>	307
	<i>Author Index</i>	319
	<i>Subject Index</i>	325



**COUNSELING IN THE  
REHABILITATION PROCESS**





**Part One**  
**INTRODUCTION TO REHABILITATION**



# Chapter 1

## FOUNDATIONS OF REHABILITATION

E. DAVIS MARTIN, JR.

Rehabilitation as a concept is, perhaps, one of the better ideas set forth by human beings. It is idealistic yet most pragmatic. The ideal of assisting a person with a disability reclaim lost productivity or to become productive in the first instance fulfills the basic purpose of rehabilitation. The goal set forth by the National Council on Rehabilitation in 1942 to return the person with a disability “. . .to the fullest physical, mental, social, vocational and economic usefulness of which they are capable” (Wright, 1980, p.5) is, in today’s world, just as valid.

Former Secretary of Health, Education and Welfare John Gardner (1967) defined the concept of rehabilitation as:

By rehabilitation I mean giving people the chance and the challenge to develop their own resources, inner and outer, to become independent and responsible as possible. I mean giving people the chance and the challenge to make the most of their talents and their lives and to find personal satisfaction and fulfillment through participation to live their lives with some measure of dignity.

The 1987 amendments to the Developmental Disabilities Assistance and Bill of Rights Act, while not specifically concerned with vocational rehabilitation, did nonetheless significantly enhance the concept of habilitation/rehabilitation by introducing into legislation the values of independence, productivity, and integration. This legislation sought to:

. . . assure that all persons . . . receive the services and other assistance and opportunities necessary to enable such persons to achieve their maximum potential through increased independence, productivity, and integration into the community.

The passage of the Americans with Disabilities Act, PL101-336, in 1990 was an acknowledgment that discrimination in all spheres of life must end if

the concept of rehabilitation was to measure up to the ideals stated by the National Council on Rehabilitation nearly five decades earlier. President George Bush's words as he lifted the pen to sign the Act must continue to echo in the consciousness of all Americans as we enter the new millennium:

. . . let the shameful wall of exclusion finally come tumbling down.

Parker and Szymanski (1998, p. 2) noted that rehabilitation, in the context of rehabilitation counseling, may be defined as “. . . a comprehensive sequence of services, mutually planned by the consumer and rehabilitation counselor to maximize employability, independence, integration, and participation of people with disabilities in the workplace and community.” Moreover, they observed that the concepts underlying the principles of service delivery models such as zero exclusion, ecology, supported employment, empowerment, and independent living have contributed greatly to the emergence of rehabilitation counseling philosophy over the last three decades. In sum, then, rehabilitation as a concept or as an ideal is one that is never quite completed; it offers a continuing challenge to the individual rehabilitation professional, to the rehabilitation agency (whether public or private), and to the person with a disability. Rehabilitation is a dynamic concept.

A distinction between rehabilitation and habilitation is often discussed by many authors, the distinction being, in most instances, related to the onset or manner in which a person acquired a disability. Disabilities that are present from birth or early childhood such as cerebral palsy, mental retardation, or epilepsy comprise a categorization of disability that is distinct from disabilities which are the result of disease, accident, or other environmental trauma. In the latter, rehabilitation refers to a restoration of function. In the former, however, there is no return to a former state of function; therefore usage of the term seems somewhat inappropriate. Wright, similarly, has stated that rehabilitation “. . . implies ‘putting back to a former state of unimpairment’; consequently, strictly speaking, the term is inappropriate for congenital conditions (e.g. mental retardation). Thus, the substitute **habilitation** is often favored by persons associated with early childhood development” (1980, p.4). These two terms while not exactly alike are, nevertheless, differing aspects of the same concept. The two terms, rehabilitation and habilitation, convey essentially the same meaning; that is, “. . . making a person aware of his [*sic*] potential and providing him [*sic*] with the means of attaining that potential” (Allen, p. 1). The term rehabilitation, both from a traditional and historical perspective, is often the preferred mode of usage even through technically incorrect at times (Wright, 1980).

George Wright (1980) noted that “. . . three fundamental courses of action (are) available when a disability imposes limitations that handicap the individual: (1) one can remedy the cause of the person’s handicap by restoring ability, (2) compensate for the handicap by enhancing other characteristics of the person, or (3) change the environmental circumstances so that the impact of the disability is avoided or negated” (p. 2). Wright further observed that “. . . the best foundation for rehabilitation incorporates all of these approaches, utilizing and developing all needed resources of the community and embracing all professions that can contribute to the process” (p.5). In other words, if rehabilitation is to be effective for the individual with a disability, then it must be pursued with vigor and enthusiasm borne out of an assertive knowledge that the full measure of potential for a person is at stake. All professions represented as well as all workers who come into contact with the person with a disability have an obligation and responsibility to contribute to this sense of vitality . . . of becoming.

Accordingly, the goal of rehabilitation when viewed from the perspective of the individual may be expressed as (1) taking an individual with a disability to their maximum potential in terms of remunerative employment as the ultimate outcome, or (2) when remunerative employment is not feasible, taking an individual with a disability to their maximum potential in terms of daily living as the ultimate outcome. In both instances, the rehabilitation process is designed to allow the person to achieve a maximal level of independence, productivity, and inclusion. Both as outcomes of the rehabilitation process, whether remunerative employment or independent living, fulfill the basic concept of rehabilitation: to assist the person with a disability to achieve his or her maximum potential.

### **Disability and Handicap: A Definition**

The terms disability and handicap are often used interchangeably and often incorrectly. There have been many definitions posited for each; each shaded perhaps from the perspective of the profession or agency that proffered the definition. From a medical point of view, disability as a concept is more than the existence of a medical impairment. McBride (1963) stated that disability:

. . . is not a purely medical condition. A patient is “permanently disabled” [*sic*] when his actual or presumed ability to engage in gainful activity is reduced or absent because of “impairment” and no fundamental or marked change in the future can be expected. (p. 36)