

Addressing the Mental Health Needs of Persons with Disabilities



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CLINICAL REHABILITATION COUNSELING SERVICES



Professional Introduction

Currently an Assistant Professor of Rehabilitation Counseling at Utah State University (USU)

- Licensed Mental Health Provider (Utah/Iowa/Montana)
- Certified Rehabilitation Provider (CRC)
- Operate Clinical Rehabilitation Counseling Services (CRCS) at USU

Have previously worked as a Mental Health Clinician in:

- Corrections
- Private Practice
- Substance Abuse Treatment
- Crisis Counseling

Clinical Rehabilitation Counseling Services (CRCS) at USU

Faculty with the USU MRC program coordinate an on-campus teaching and learning clinic (Clinical Rehabilitation Counseling Services [CRCS]) **that provides clinical mental health counseling services for persons with Chronic Illness, Disability, and Neurodevelopmental Disability.**

Our Clinic has been operational since **January, 2021.**

Since then, we have provided counseling services to over **590 distinct clients** and have conducted over **12,000 counseling sessions** for persons with disabilities.

Therefore, what I discuss today will be a combination of research, existing literature, and our own experiences providing psychotherapy services for persons with CID.



Objectives

Define the Clinical Rehabilitation Counseling perspective with respect to serving Persons with Disabilities (PWD).

Define Response to or Adjustment to Disability and its Effect on the Counseling Process.

Identify and Describe Factors that Influence Response to Disability.

Counseling for Persons with Chronic Illness, Disability, and Neurodevelopmental Disabilities

What to Persons with CID Want/Need from Behavioral Health Providers?

Resources from Provider

Hope

Ideas

**Understanding Prejudice
& Discrimination**

**Willingness to Walk
Alongside**

Resources for Persons with CID

- Autonomy, Independence, and Control are the most sought-after goals (Society is often inaccessible, holds low expectations for PWDs, and limits access to AT)
- Social Supports, and support groups, can help reduce isolation, provide role models, normalize disability experience, and provide validation, while challenging negative views of one's life
- Remember that the ultimate goal in supporting PWDs is **community and social integration/reintegration**
- **Othering vs 'Re-Humanizing'**

Adjustment to Disability Counseling: Emphases

Self-Awareness

Meaning Making (Phenomenology)

No Correct Adjustment to Disability

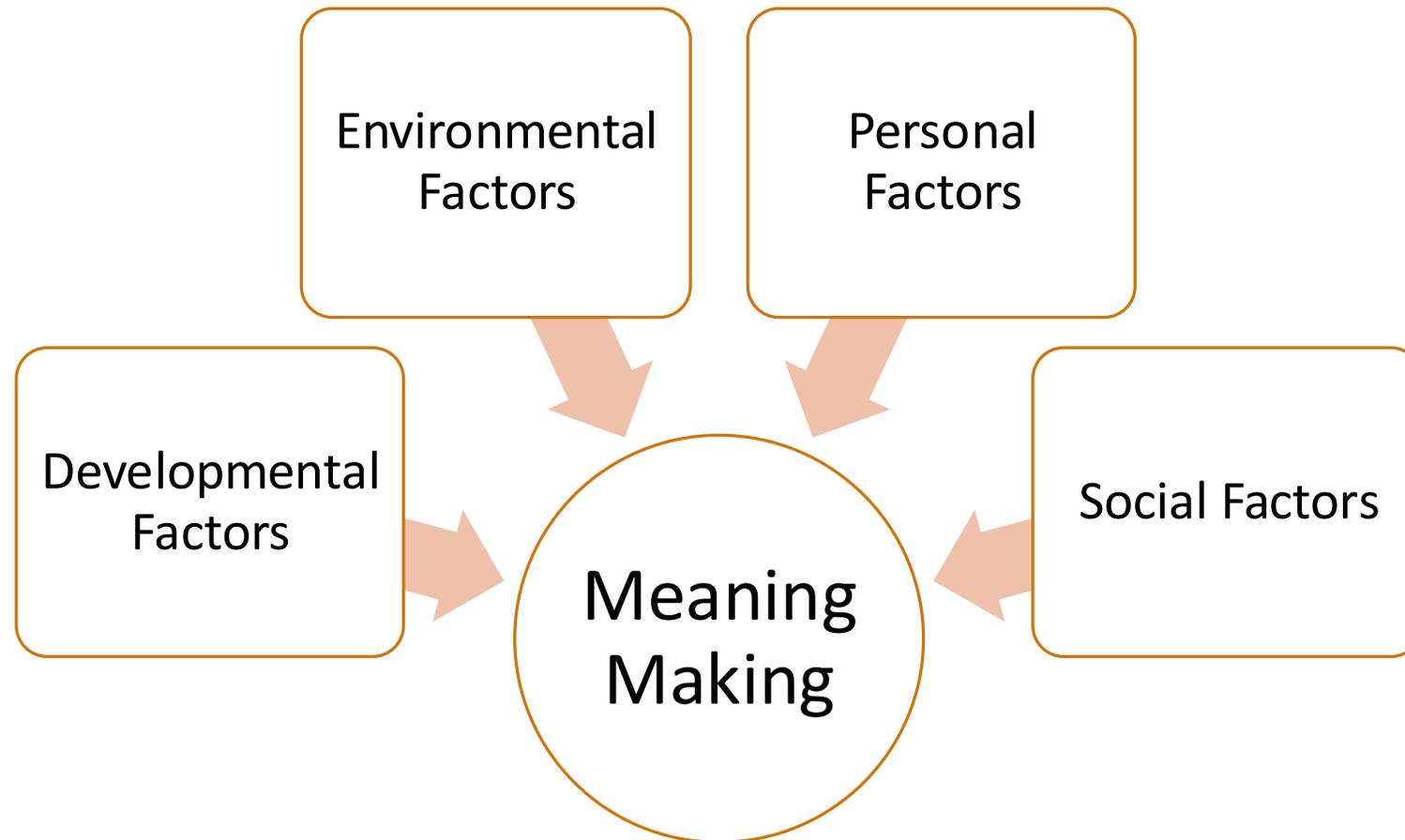
Therapeutic Relationship (Connection)

Deep Understanding

Acceptance Emphasis

Look for Themes Across Clients

A Phenomenology of Disability Experience



There is a universal human desire for transcendence and connectedness. Transcendence is defined as a level of awareness that exceeds ordinary, physical boundaries and limitations, yet allows the individual to achieve new perspectives and experiences. Awareness of self-transcendence refers to the developmental maturity whereby there is an expansion of self-boundaries and an orientation toward broadened life perspectives and purpose.

Reed (1991)

Final Stage of Adjustment: Transcendence

Finding Meaning
& Purpose in
Disability

Reevaluating
Goals and
Identities

Discovering
Personal
Strengths

Finding Positive
Aspects of
Disability

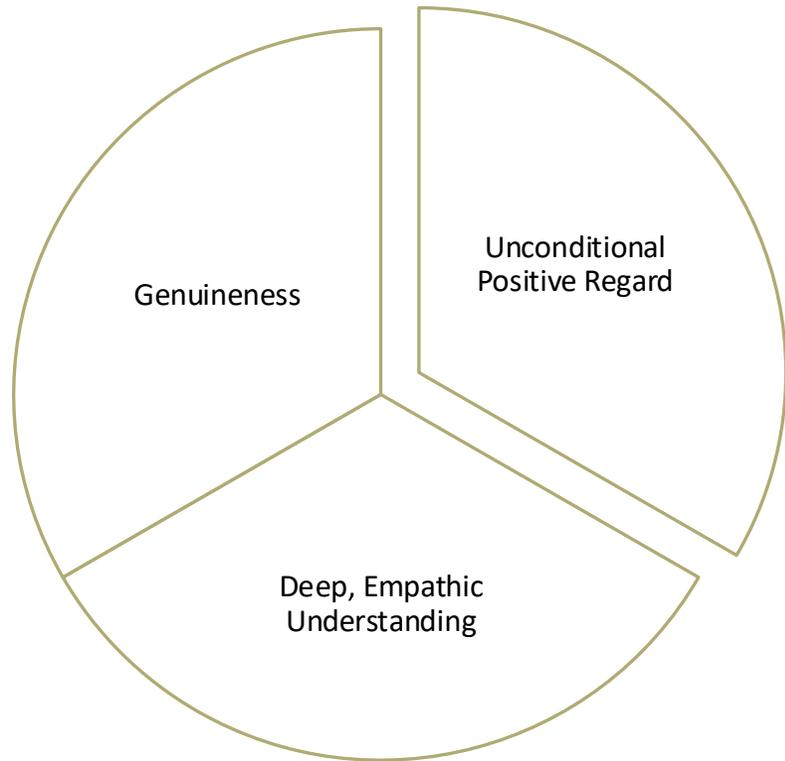
Taking Pride in
Mastery of
Disability

Seeking out
New
Experiences

Assisting Other
PWDs

Final Stage of Adjustment: Transcendence

Adjustment Counseling: Therapeutic Process



Self-Disclosure

Self-Exploration

Self-Discovery

Self-Acceptance*

Key Counseling Skills for Adjustment to Disability Counseling

Remember that the ultimate goal of Adjustment to Disability counseling is an *integrated, affirmed* sense of self that involves *acceptance of disability*, which requires an orientation of *nonjudgmental acceptance* and the pursuit of *deep empathic understanding* on the part of the therapist.

Paraphrase

- A rephrasing of client disclosures that *briefly summarizes the cognitive content*.

Reflection

- Reflections of Feeling
- Feeling Validation
- Interpretive Reflections of Feeling
- Reflections of Meaning

Interpretation

- Involves the synthesis (on the part of the practitioner) of client experiences and meaning making to produce new insights and self-understanding.

Self-Disclosure**

- *Rogerian* self-disclosures, which are self-disclosures of the real-time experience of the therapist in session.

Observation and Validation

- A focus on the present, here and now experience of the client in session as well as a demonstration of understanding of their experiences as they have come to understand them.

What does a coherent, affirmed **Disability Identity** look like?



Identity

Generally positive sense of self.



Acceptance

Openness to a wide variety of emotional experiences.



Confidence

Trust in one's own judgment and decision making.

What we Observe in our Work:



Survival



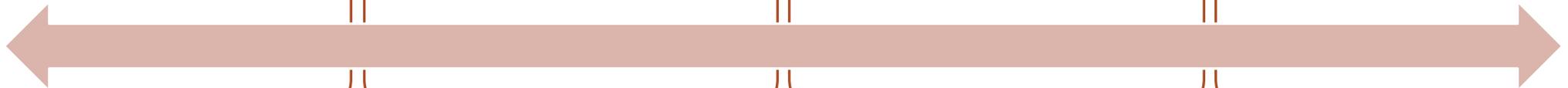
Recovery



Living



Thriving



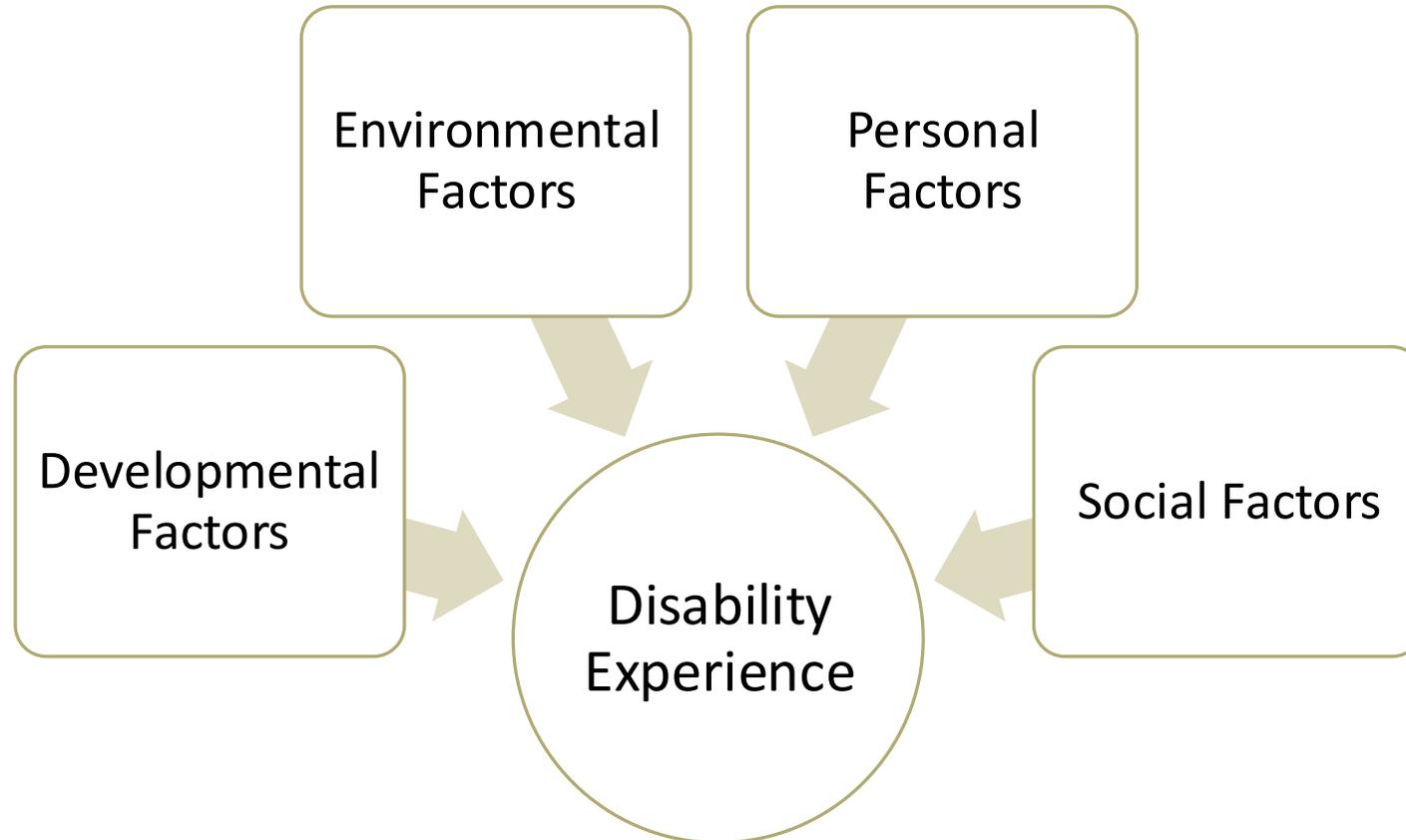
- Our phenomenological, relationally-based, nonjudgmentally accepting approach is *non-directive in nature*.
- We believe that persons with CID spend much of their time adapting and adjusting to life with a disability and our role is to help them make sense of that experience and find meaning in that process.
- We also believe that persons with CID are often told what is wrong with them and what they could be doing differently or more effectively.
- In a nonjudgmentally accepting manner, we validate all client experiences with a disability, and we do not set goals or expectations for “improvement.”
- Instead, we utilize a *humanistic approach* that seeks to heal our clients *holistically*, such that there is a higher likelihood that they develop a sense of self that is more *self-accepting*, thereby reinitiating the *self-actualizing potential* through the development of a *disability identity*.

What we Propose



Psychosocial Considerations in Adjustment to Disability

What affects our experiences with a disability?



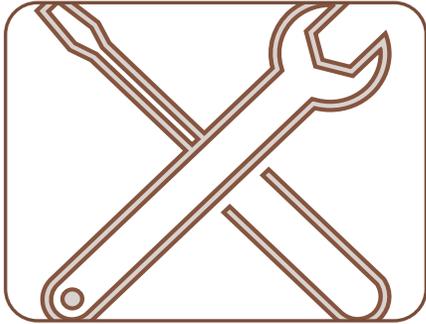
Setting the Stage

**No Right or
Wrong**

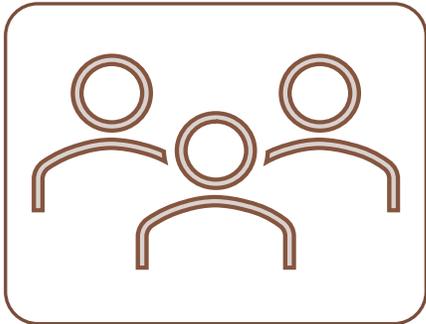
**Acceptance
Emphasis**

**Meaning
Making**

Adjustment to Any Life Change Typically has Two Components:



Practical & Behavioral



Social, Emotional, & Psychological

Coping Strategies Observed in Persons with Health Conditions

Denial

- Individuals may *deny* the reality of the situation by foregoing management recommendations or by rejecting the implications of the condition

Regression

- Individuals may subconsciously revert to an earlier stage of development, becoming more dependent, more passive, and more emotional

Compensation

- Individuals learn to *counteract* functional incapacitation in one area by becoming stronger or more proficient in another area

Rationalization

- Individuals may seek out socially acceptable reasons for their behavior or to excuse themselves for not reaching goals or accomplishing tasks

Diversion of Feelings

- Individuals may *divert* negative emotional states or ideas into socially acceptable behaviors

Causes of Stress in Health Conditions

Threats to Life & Health

Threats to Body Integrity & Comfort

Threats to Independence, Privacy, Autonomy

Threats to Self-Concept

Threats to Life Goals

Threats to Relationships

Threats to Economic Well-Being

Threats to Home and Place

Potential [Negative] Emotional Reactions to Health Conditions



Grief/Loss



Fear/Anxiety



Anger



Depression



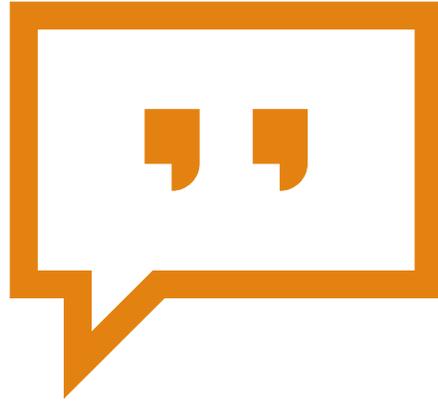
Guilt



Indignity/Lack of Privacy



Trauma and Trauma Responses



Concluding Remarks

“Although people are somewhat invested in self-preservation, people, especially marginalized persons, are hungry for **identity, meaning, and self-worth.**”

Cornel West, *Race Matters*

Guiding Quote

Concluding Thoughts

- Research on adjustment/response to disability consistently show that the most consistent protective factor relative to disability adjustment is **social support** and **social inclusion**.
- *This means that above all else—above technique, above problem solving, above skill building, above advice giving—a healing, humanizing relationship with an empathic, understanding, and authentic other is the most effective means of supporting persons with CID as they move towards establishing a life worth living.*