

## Rehabilitation Counselling – New Solutions for Welfare Directed at the Disabled

Social changes that have been taking place since the beginning of the nineties introduced a number of new values and functioning conditions for countries, social groups and individual people. Policy and philosophy of 'normalisation' has increased the value of disabled people in our society. Not only financial and physical help for that group, but also the problem of raising the quality of their life started to be focused on [W. Dykcik, 2001].

The perception of one's life quality as high or low is a personal feeling. The research into the perception of one's life quality as high or low indicate that the sphere of life quality that is important for one person may take a completely different value for the other [M. Pałchalska, 2005]. Michalos [1986] writes that life quality is determined by the degree to which a person is satisfied with it. The discrepancy between the desirable state – the need and the current state – the level of satisfaction seems to be of significance. However, the degree of the discrepancy itself is not as important as the sphere the discrepancy concerns. The more important the sphere is, the greatest discomfort is caused by even the smallest need being unsatisfied, which is reflected in a lower level of life quality. Life spheres important for its quality change with age, social status or fulfilled roles. As a consequence, a thorough and in-depth analysis of the spheres in which disabled people's needs are unsatisfied started to be extremely important and socially desirable.

Professional help directed at the disabled should, therefore, be focused on the analysis of needs and their satisfaction levels in a particular disabled person as well as on indicating the possible real actions to be taken with a view to satisfying those needs.

The needs of disabled people largely depend on the individual characteristics of each person. The original medicalisation in the approach to the help directed at the disabled resulted in the situation that specialists providing help for the disabled formed hermetic groups of experts usurping the right to the specialist knowledge in a given field. However, the second part of the 20<sup>th</sup> century brought about changes in the approach to the process of rehabilitation, which started to be treated as a medical-social one. As a result, new professions related to medicine were created, e.g. professional therapists or physiotherapists.

At present, "Welfare" is, according to Polish law, the main institution responsible for disabled people becoming independent and active. Welfare benefits are directed at the people and families that are not able to overcome life difficulties using their own resources, abilities and powers. Such help, whenever possible, should lead to the independence of disabled people and their integration in their living environment [A. Nowak, 2003]. Various types, motives and ranges of welfare may be distinguished. First of all, welfare may be divided into organised and unorganised one. The former is provided by national institutions and non-governmental organisations, while the latter comes from friends, family or volunteers that are not members of any organisations. Taking the range of welfare into account, it may be divided into narrow and wide one. The size of welfare, on the other hand, depends on the wealth of a nation, responsibility and attitudes of citizens and also social policy, culture patterns and religion. A different typology of welfare is related to the motives standing behind it. One may distinguish altruistic welfare (provided merely for the sake of the person at whom it is directed) and egoistic one, which depends on either financial profits (tax deductions) or psychical benefits (gratitude from other people or conscience appeasement). According to motives, welfare may also be categorised into conditional and unconditional [Z. Tarkowski, 2003].

Another typological criterion, which seems to be the most important to us, is the character of welfare. This criterion allows distinguishing professional and non-professional welfare. Non-professional welfare is provided by unqualified people who use popular knowledge when helping the disabled. Popular knowledge may be characterised by the fact that when using it, the world is observed from a limited vista of the reality we are experiencing at the moment. Consequently, it is knowledge acquired spontaneously, pervaded with stereotypes, and characterised by generalisations and acting based on intuition, and not, as it is with scientific knowledge, on a verified theory. Scientific knowledge should constitute the basis for professional help directed at the disabled. Such type of knowledge is characterised by being neutral and not judgmental. All experts using scientific knowledge act according to three rules: clear problem definition in the context of previous, verified scientific theories, thorough data collection that allows controlling their accuracy and differentiating statements based on facts from those that are pure guesses [A. Giddens, 2007].

Professional help directed at the disabled is provided by social workers at present. However, their work turned out to be insufficient. The main reason for this may be the fact that the basic criteria for professional help directed at the disabled are not fulfilled, i.e. there exist gaps in systematised knowledge, awareness and skills of systemic diagnosing problems of disabled people. Being unfamiliar with the specificity of various disabilities and problems involved makes it impossible to provide professional and effective help. Due to this fact, the need to appoint even more specialised workers who would provide help to a large percentage of disabled people in our society emerges.

Responding to the changes occurring in welfare, a separate position has been created, i.e. the position of rehabilitation counsellor. Such a position has been created in Poland also because of the requirements resulting from EU membership. Insufficient number of employees educated in this field resulted in the fact that social workers

have been appointed to the positions of rehabilitation counsellors. As it has already been mentioned, complete theoretical qualifications of those people to work with the disabled may be questioned. Each disability is unique, and consequently, higher and higher qualifications in counselling is crucial. Social workers, however, during their education process are prepared to work with a variety of social groups that are unable to normally function in society. As a result, their knowledge may be insufficient as regards the needs and problems of disabled people. In order to ensure professional character of the help provided to the disabled, it should be based on verified scientific theories, systematised knowledge relevant to the needs of the disabled. Acquiring the above-mentioned competence has been possible since 2003 when University of Bydgoszcz (currently University of Kazimierz Wielki) started their major program in rehabilitation counselling.

Originally, it was assumed that a rehabilitation counsellor should be prepared to fulfil two main tasks: direct co-operation with disabled people with a view to support the arrangement of their own life careers (interpersonal counselling) and work in the environment with a view to create more favourable conditions for the development of disabled people (organisational counselling). Furthermore, counsellors were to take active part in the process of therapeutic, physical, social, pedagogical, and, most of all, occupational rehabilitation.

Stanisław Kowalik in his textbook “Psychologia Rehabilitacji” defines the functions of a rehabilitation counsellor as follows:

- Confidant – to whom a disabled person will confess all their problems, not only the ones related to work,
- Consultant – in selecting work taking its rehabilitation value into account,
- Teacher – preparing the disabled to do work that would reduce the level of dysfunction,
- Activator – who would encourage disabled people to gain greater and greater independence in their lives and, consequently, to personal development,
- Modulator – creating friendly social atmosphere around a disabled person in their workplace,
- Creator – shaping the post characteristics to adjust it to the needs and abilities of a disabled person [S. Kowalik, 2007].

As it may be concluded from the above functions, the tasks for a counsellor include direct facilitating in all of the above-mentioned fields, i.e. informing, counselling and organising the participation of the disabled in the process of rehabilitation. Rehabilitation counsellor uses interdisciplinary scientific knowledge concerning the disabled. Their tasks are as follows:

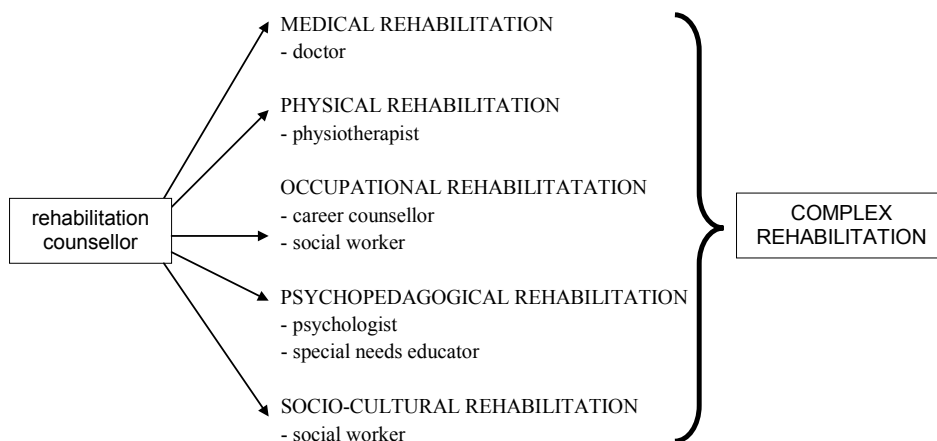
1. Providing a disabled person with a wide range of information concerning:
  - social services available for disabled people and provided by national institutions and social organisations, and also privileges and rights granted to the disabled on the strength of particular legal regulations;
  - medical services, especially therapeutic rehabilitation and rehabilitation or orthopaedic equipment supply;
  - training and work options.

2. Providing advice on adaptation:
  - organising and performing everyday activities using various types of technical and rehabilitation aids;
  - adapting physical environment, especially the flat where a disabled person lives, to the limitations resulting from their disability;
  - providing advice on the relationship with the family of a disabled person, managing it so that they could live and feel mutual understanding as well as be sure to be given the necessary help;
  - other relations the person may have apart from the family, such as relations with neighbours, friends, acquaintances.
3. Providing a disabled person with advice and help to adapt psychically to their disability:
  - acceptance of the disability and setting life goals;
  - shaping a realistic attitude towards the disability, that is, self-evaluation of their possibilities in life;
  - shaping a positive attitude and motivation towards rehabilitation process;
  - shaping a positive attitude towards society [T. Majewski, 1995].

Moreover, counsellors as organisers of suitable environment conditions were to be prepared to co-operate with relevant institutions, associations and informal social groups.

The above-mentioned characteristics of rehabilitation counsellors presents them as people co-ordinating rehabilitation process of disabled people and realising the idea of complex rehabilitation. Figure 1 illustrates work organisation of a rehabilitation counsellor.

**Fig 1.** Work organisation of a rehabilitation counsellor.



As it may be observed in the above figure, rehabilitation counsellor is a person participating in each of the listed types of rehabilitation, while a social worker is only one

of numerous specialists realising only part of the rehabilitation process. However, it does not diminish their role. The tasks of a social worker include helping individuals to acquire problem solving and conflict handling skills and ability to cope with a variety of situations as well as helping to acquire various types of financial aids. Social workers also make all kinds of organisations sensitive to the needs of individuals, simultaneously facilitating interactions between various organisations and institutions.

Each of the persons taken into account in the figure deals with a certain area of rehabilitation process. Admittedly, a rehabilitation counsellor is not qualified to deal with medical or physical rehabilitation. However, they can indirectly participate in those processes, e.g. by motivating a disabled person to undergo treatment or by preparing them for a surgical operation. They can realise pedagogical, occupational and social-cultural rehabilitation independently.

A rehabilitation counsellor when co-operating with doctors, psychologists, educators, the family of a disabled person, their environment and, most of all, with the disabled person, should set individual rehabilitation goals that are possible to achieve by the person (i.e. looking for the answer to the question: what goals are possible to achieve?). After that, each of the experts in their own field of rehabilitation using their knowledge and skills strives to achieve the goal (looking for the answer to the question: how to achieve the goal?). Therefore, the work of a rehabilitation counsellor involves constant interacting with the counselled person, making decisions and answering our own or other people's questions.

Modern research into various types of counselling indicate that a person working as a counsellor, regardless of the level and type of professional education, is guided by their own 'private philosophy' concerning 'a general vision of their role or social mission that determines the way they perceive the man and the world, in other words, how they answer the questions: who is the man I am helping?, what is the world of the man?, what is the role of the man in the world?' [A. Kargulowa, 2006]. Additionally, work with a disabled person involves a great responsibility as the person providing rehabilitation often independently takes decisions about what is suitable for a given individual and their environment. 'The knowledge of how to shape behaviour and model the surroundings must not be abused. The good of a disabled person, their families, the school, the workplace, the environment, or finally the state are sometimes difficult to clearly determine and define. Sometimes parents, a teacher, a probation officer and social worker, each are trying to achieve a different 'good'. A given good constitutes the main goal of rehabilitation activities of whatever kind of specialist in supporting a disabled person's development' [J. Sowa, 2003]. Therefore, a rehabilitation counsellor should co-ordinate the co-operation between people dealing with rehabilitation of a disabled person. In this way the position of a rehabilitation counsellor will allow realising a modern model of rehabilitation, i.e. complex rehabilitation. Such perspective means a holistic approach to a disabled person, who is a bio-psycho-social being, and therefore, none of rehabilitation processes: medical, psychological or social one, should not take place separately. Admittedly, each specialist realises a different fragmentary objective, however, all of them should give the effect that allows achieving the main goal defined in the individual rehabilitation program of a disabled person. It should

also be remembered that rehabilitation is a holistic process in which 'stages of rehabilitation do not determine the order of activities undertaken, but they clearly define their ranges' [Z. Kawczynska- Butrym, 1998]. That is why a rehabilitation counsellor should be a person uniting and co-ordinating all scopes of rehabilitation so that it was holistic in fact. Furthermore, rehabilitation deals not only with medical, psychological and social effects, but also with pedagogical and cultural ones [S. Kowalik, 2007]. Only providing such a complex rehabilitation will make it possible for a disabled person to function as well as it is possible.

The description of activities performed by a social worker and rehabilitation counsellor presented in this article was aimed at introducing the reader to the job descriptions and duties to the disabled as well as presenting the interrelationships between them in the process of rehabilitation. Welfare in Poland, however, is still an institution offering services at the level that provides the people in need with the minimal, necessary for sustaining their existence resources in the form of pensions and benefits. Providing financial help does not contribute to a disabled person becoming independent, in fact it makes the person dependent on the helping institution. The emergence of the profession of rehabilitation counsellor in the labour market may change the perception of this institution. The role of a rehabilitation counsellor is to influence a disabled person in such a way that they become fully independent or that they depend on any help as little as possible.

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