

Applied Rehabilitation Counseling Strategies

The Use of Evidence and Practice-Based
Approaches Across Multi-Settings & Disciplines

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- Apply counseling theories, evidence-based practices, and vocational frameworks to support individuals with disabilities across diverse disciplines and practice settings.
- Utilize assistive, digital, and telehealth technologies to improve access, engagement, and client outcomes.
- Collaborate effectively within interprofessional teams to enhance coordinated and person-centered service delivery.
- Implement strategies that promote employment, independent living, community participation, and overall quality of life for individuals with disabilities.

Roles and Functions of the Rehabilitation Counselor

- The multifaceted roles of the rehabilitation counselor include assessor, plan developer, counselor, advocate, case manager, and consultant.
- These roles require coordinated, person-centered services aimed at facilitating competitive integrated employment and independent living outcomes.
- Practice is guided by ethical principles aligned with the Commission on Rehabilitation Counselor Certification (CRCC) Code of Ethics and Rehabilitation Services Administration (RSA) Priorities.

Figure 1. The Modern Vocational Rehabilitation (VR) Process

A comprehensive, data-informed, and person-centered system designed to support individuals with disabilities in achieving competitive integrated employment (CIE) and independent living outcomes through coordinated services and supports.



Note. VR = vocational rehabilitation; Pre-ETS = Pre-Employment Transition Services; IPE = Individualized Plan for Employment; AT = Assistive Technology; RSA-911 = Rehabilitation Services Administration Data Reporting System (RSA-911).

Alignment with CRCC Priorities

Credentialing Excellence and Standards

Ethics and Professional Practice

Advancing culturally responsive counseling practices

Workforce Development and Professional Identity

Promoting equitable access to services for individuals with disabilities

Public Protection and Consumer Advocacy/Rights-base approaches

Integration of Technology and Telehealth

Research and Evidence-Based Practice

Aligning curriculum with CRC exam content areas

Integrating evidence-based and interprofessional training experiences

Alignment with Rehabilitation Services (RSA) Priorities

Competitive Integrated
Employment (CIE)

Employer Engagement & Labor
Market Alignment

Workforce Development &
Talent Pipelines

Independent Living & Community
Participation

Transition Services for Youth
and Students with Disabilities

Assistive Technology &
Innovation

Serving Individuals with the
Most Significant Disabilities

Data Accountability &
Measurable Outcomes

Rural and Underserved
Communities

Diversity, Equity, Accessibility &
Inclusion

Disabilities come in many forms.

Every person has strengths. Every person deserves respect, inclusion and opportunity.

Mobility Disabilities

- Affects movement or physical mobility
- Can be temporary or permanent



Visual Disabilities

- Affects sight
- Can range from low vision to blindness



Hearing Disabilities

- Affects hearing
- Can range from hard of hearing to deafness



Speech Disabilities

- Affects the ability to speak
- Can impact clarity or fluency



Cognitive Disabilities

- Affects thinking, learning, memory or problem-solving
- Can impact daily living and need for support



Intellectual Disabilities

- Affects intellectual functioning and adaptive skills
- Present from developmental stage



Mental Health Disabilities

- Affects emotional, psychological well-being
- Can impact thinking, mood and behavior



Chronic Illness Disabilities

- Ongoing health conditions
- Can cause fatigue, pain or other limiting symptoms



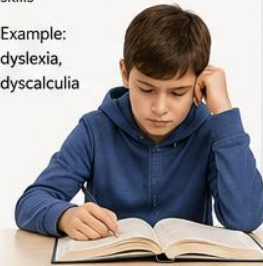
Deafblind Disabilities

- Affects both hearing and vision
- Can impact communication, mobility and access to information



Learning Disabilities

- Affects the ability to learn certain skills
- Example: dyslexia, dyscalculia



Autism Spectrum Disabilities

- Affects social interaction, communication and behavior
- Spectrum means it affects everyone differently



Multiple Disabilities

- Two or more disabilities affecting daily life
- Each person's experience is unique



Disability is a natural part of human diversity. Inclusion benefits everyone.



Be Respectful



Be Inclusive



Listen



Value Everyone

Practice Settings & Service Contexts				
Community Mental Health Centers	Hospitals and Medical Rehabilitation Centers	Private Practice / Outpatient Counseling Clinics	Substance Use Treatment Programs	Vocational Rehabilitation Agencies
Schools (K–12) and Transition Programs	Colleges and Universities	Independent Living Centers	Developmental Disability Service Agencies	Correctional / Reentry Programs
Homeless Shelters / Housing Programs	Aging and Long-Term Care Settings	Veterans Services / Military Programs	Employee Assistance Programs (EAPs)	Managed Care / Insurance / Disability Case Management
Residential Treatment / Group Homes	Nonprofit Disability Advocacy Organizations	Crisis Response / Disaster Recovery Programs	Telehealth / Virtual Practice Settings	Workforce Development / One-Stop Career Centers

Common Aspects of Service Delivery Across Disciplines and Settings : Shared Goal of Supporting Well-Being, Functioning, and Quality of Life

Person-Centered Practice	Case Management and Care Coordination	Crisis Intervention and Support	Goal Planning and Outcome Monitoring
Assessment and Evaluation	Advocacy	Cultural Competence and Humility	Use of Technology and Telehealth
Counseling and Therapeutic Interventions	Interprofessional Collaboration	Ethical and Legal Practice	Focus on Empowerment and Independence

Although rehabilitation counselors, clinical mental health professionals, and clinical social workers have distinct training areas and roles, they frequently collaborate and provide overlapping services, particularly for individuals with disabilities, mental health conditions, chronic illnesses, and social challenges.



Disability Model that promotes employment and independent living

Biopsychosocial Model of Disability

The **biopsychosocial model** integrates the medical and social perspectives by recognizing that disability is not solely a function of impairment nor entirely a product of societal barriers. Instead, it arises from the dynamic interplay among biological conditions, psychological processes, and social environments, making it especially relevant to **rehabilitation counseling**, interdisciplinary care, and holistic service delivery.

Biopsychosocial Model of Disability

- This framework can be used to improve client outcomes across diverse populations and service environments.
- This **holistic perspective** is especially critical in underserved communities, where social determinants of health—such as poverty, stigma, and limited infrastructure—play a significant role in shaping outcomes.

Biopsychosocial Model of Disability: At a Glance

<u>Dimension</u>	<u>Biological Factors</u>	<u>Psychosocial Factors</u>	<u>Social Factors</u>
Intervention Strategies	Medical treatment, medication, physical/occupational therapy, assistive technology	Counseling, cognitive-behavioral interventions, skill-building, coping strategies	Advocacy, policy change, environmental modification, vocational support, community integration
Goal of Interventions	Improve physical functioning and health outcomes	Enhance psychological well-being and adaptive functioning	Promote inclusion, access, participation, and quality of life
Strengths of the Model	Recognizes medical realities of disability	Emphasizes internal strengths and resilience	Addresses systemic barriers and promotes social justice
Role of the Client	Manages health condition and participates in treatment	Develops insight, coping skills, and adaptive behaviors	Engages with and navigates social systems and supports

Biopsychosocial Model of Disability

- These factors are important in working with people with disabilities because they can influence:
 - Mental and physical health
 - Adjustment to disability or illness
 - Employment opportunities
 - Independent living
 - Access to treatment and support services
 - Quality of life and community participation



Vocational frameworks that promote employment and independent living

Individual Placement & Support (IPS)

Social Cognitive Career Theory (SCCT)

Emphasis on job placement, employer engagement, and retention supports

Career development and decision-making framework

Focus on rapid placement in competitive integrated employment

Focus on career interests, choices, and performance

Evidence-based supported employment model

Emphasizes self-efficacy, outcome expectations, and goals

“Place then train” approach

Addresses environmental supports and barriers

Zero exclusion—anyone who wants to work is eligible

Supports career exploration, confidence-building, and informed choice

Strong integration with VR and behavioral health services

Application Across the Vocational Rehabilitation (VR) Process

Integrating IPS and SCCT for Optimal Outcomes

	Individual Placement & Support (IPS) Primary Focus	Social Cognitive Career Theory (SCCT) Primary Focus
Early VR Stages (Intake → Assessment → IPE Development)		Build self-efficacy and career confidence
		Explore interests, values, and goals
		Identify barriers (e.g., disability, transportation, stigma)
		Support informed choice in developing the Individualized Plan for Employment (IPE)

	<u>Individual Placement & Support (IPS)</u> <u>Primary Focus</u>	<u>Social Cognitive Career Theory (SCCT)</u> <u>Primary Focus</u>
Later VR Stages (Job Placement → Employment → Follow-Up)	Rapid job search aligned with client preferences	
	Direct employer engagement	
	On-the-job training and supports	
	Ongoing follow-along services for retention and advancement	
Optimal Integrated Outcome	IPS addresses external factors (employment access, supports, systems)	SCCT addresses internal factors (motivation, beliefs, decision-making)
Together, these frameworks promote sustained, competitive, integrated employment and career growth		

Integration of Vocational Frameworks

- This dual focus is particularly valuable in environments where clients have experienced prolonged unemployment or limited exposure to career pathways.

Trauma-Informed Practice (TIP) Framework for Working with Individuals with Disabilities.

- **Key principles of trauma-informed practice**, including safety; trustworthiness and transparency; peer support and collaboration; choice, empowerment, and voice; and cultural, historical, and disability humility.
- These principles are applied within a person-centered framework to promote healing, reduce re-traumatization, and support inclusion and well-being.

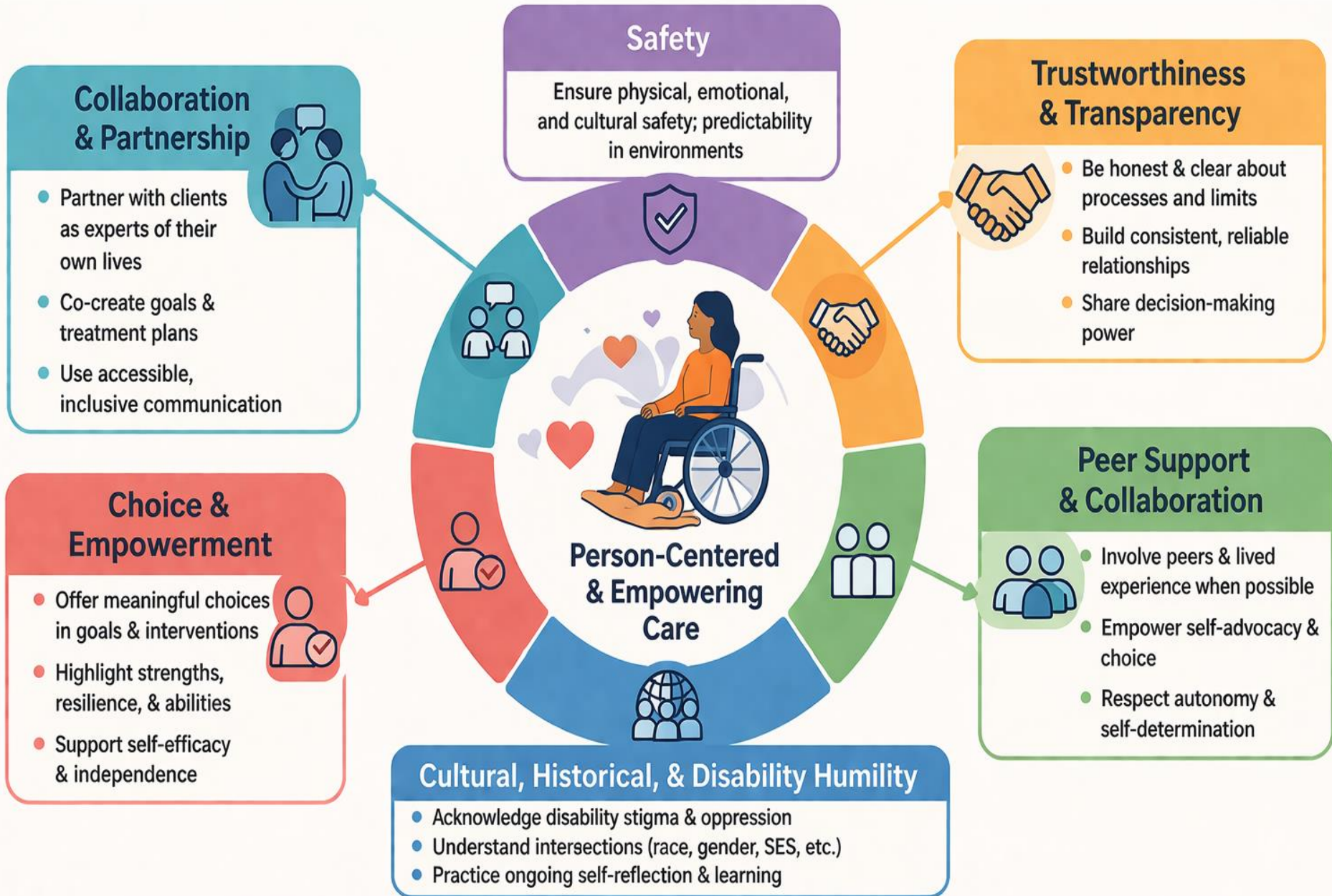
*Adapted from SAMHSA's trauma-informed care framework and disability-informed counseling practices.

Trauma-Informed Practice (TIP) Framework for Working with Individuals with Disabilities.

- Trauma histories are common among individuals with disabilities.
- Trauma-informed and trauma-sensitive counselors are better equipped to support client adjustment, recovery, and employment outcomes.
- Professional counselors must understand trauma types, their effects, and best practices for supporting trauma survivors.
- They recognize trauma-related risk factors and symptoms that may interfere with life goals.
- Professional counselors must **assess** for trauma exposure and communicate carefully and sensitively with clients and families.
- People with disabilities may experience trauma before disability, during the onset of disability, or because of disability-related experiences.

Area of Trauma	Examples	Potential Impact on the Individual
Trauma Leading to Disability	Motor vehicle accidents, workplace injuries, violence, combat injuries, traumatic brain injury, spinal cord injury	PTSD, grief, adjustment difficulties, depression, anxiety, identity changes
Medical Trauma	Repeated surgeries, invasive procedures, chronic hospitalization, forced treatment, painful rehabilitation	Fear of healthcare settings, anxiety, mistrust, emotional distress, re-traumatization
Abuse, Neglect, & Exploitation	Physical abuse, sexual abuse, caregiver neglect, financial exploitation, emotional abuse	Trauma symptoms, low self-worth, fear, difficulty trusting others, mental health concerns
Bullying & Social Exclusion	School bullying, cyberbullying, teasing, isolation, discrimination by peers	Anxiety, depression, social withdrawal, low confidence, suicidal ideation
Discrimination & Ableism	Employment discrimination, inaccessible environments, denial of accommodations, stigma	Chronic stress, anger, hopelessness, reduced opportunities, diminished quality of life
Institutional or Systemic Trauma	Seclusion/restraint, poor treatment in facilities, lack of accessibility, exclusion from decision-making	Mistrust of systems, emotional trauma, fear, re-traumatization
Trauma Related to Chronic Illness or Pain	Progressive illnesses, chronic pain, degenerative conditions, repeated health crises	Depression, anxiety, grief, sleep problems, emotional exhaustion

Trauma-Informed Practice (TIP) with People with Disabilities



Goal: Healing, Empowerment, & Equity • Reduce Re-Traumatization • Promote Inclusion & Well-Being

Core competencies that all helping professionals must demonstrate...

Central Concept	Cross-Cutting Professional Competencies
<p>Holistic, Person-Centered Practice <i>Integration of biological, psychosocial, and social factors to support adaptive functioning, motivation, and meaningful life outcomes</i></p>	<p>Client-Centered Practice – honoring client preferences, values, and lived experience Collaborative Engagement – shared decision-making and partnership Cultural & Contextual Responsiveness – awareness of social, economic, and cultural influences Ethical Practice – adherence to professional standards and advocacy for equity Goal-Oriented Intervention – focus on measurable, meaningful outcomes Adaptability & Flexibility – tailoring approaches to individual needs and contexts</p>

3 Complementary Counseling Approaches

- Motivational Interviewing, Cognitive Behavioral Therapy, and Solution-Focused Brief Therapy
- In settings such as community mental health centers, correctional programs, or rural VR agencies, counselors can use **Motivational Interviewing** to enhance engagement, **CBT to address cognitive and emotional barriers**, and **Solution-focused Strategies to build momentum toward employment and independent living goals.**
- This flexibility ensures responsiveness to diverse client needs and service contexts.

**These
complementary
and
developmental
approaches
can be tailored
across the helping
process**

- Motivational Interviewing
- Cognitive Behavior Therapy
- Solution- Focused Brief
Therapy

Case Study: Integrated Counseling

Client Background

Client: Marcus, a 42-year-old male

Disability: Spinal cord injury (SCI) following a workplace accident (2 years ago)

Current Status: Uses a wheelchair; previously employed in construction; unemployed since injury

Presenting Concerns:

- Reports low motivation to return to work
- Experiences symptoms of depression and decreased self-worth
- Expresses uncertainty about job capabilities and fear of failure
- Limited engagement in vocational rehabilitation services

Complementary and Developmental Counseling Approaches

Phase 1	Focus	Counselor Approach	
Motivational Interviewing (MI) – Enhancing Readiness for Change	<input type="checkbox"/> Address ambivalence about returning to work and engaging in rehabilitation services.	<input type="checkbox"/> Uses open-ended questions; Applies reflective listening to validate concerns; Explores values and discrepancies: Elicits change talk related to independence and financial stability	<input type="checkbox"/> Marcus begins to express increased willingness to explore employment options and agrees to participate more actively in services.

Complementary and Developmental Counseling Approaches

Phase 2	Focus	Counselor Approach	
Cognitive Behavioral Therapy (CBT) – Addressing Thoughts and Emotional Barriers	<input type="checkbox"/> Reduce depressive symptoms and challenge maladaptive beliefs related to disability and work.	<input type="checkbox"/> Identifies negative automatic thoughts; Uses cognitive restructuring to challenge these beliefs <input type="checkbox"/> Introduces behavioral activation <input type="checkbox"/> Builds self-efficacy through small, achievable goals	Marcus develops more balanced thinking, such as: “I may need a different type of job, but I still have skills to offer.” His mood improves, and he demonstrates increased confidence in his abilities.

Complementary and Developmental Counseling Approaches

Phase 3	Focus	Counselor Approach	
Solution-Focused Brief Therapy (SFBT) – Building Goals and Moving Forward	Identify strengths, set goals, and support forward movement toward employment.	Uses the miracle question Applies scaling questions Identifies exceptions Highlights transferable skills from previous work	Marcus identifies a goal of pursuing remote customer service work and enrolling in a short-term computer skills training program. He reports increased hope and direction.

Integrated Outcome (Case Study: Marcus)

Through the **combined use of MI, CBT, and SFBT:**

- Marcus progresses from **ambivalence** → **engagement** → **action**
- Demonstrates improved **mental health and self-efficacy**
- **Actively participates** in vocational rehabilitation planning/services
- **Secures part-time remote employment** within 4–6 months



Emerging Technologies

Assistive Technologies: Strategies for VR Professionals

- **Assistive technology is broadly defined as any tool, system, or strategy that enhances functional capabilities.**
- Assistive technology serves as a mechanism that enables individuals to **perform essential job functions** without being constrained by physical or environmental limitations.

Remote Work

- For rehabilitation counselors, clinical mental health counselors, social workers, and related professionals, understanding remote work as an assistive technology strategy is important for promoting vocational inclusion, accessibility, and equitable workforce participation.

Remote Work: Key Aspects

Technology and Accommodations

Ensure accessibility of remote platforms; Educate clients on using accessibility features and productivity tools; Use collaboration tools that are screen-reader compatible and keyboard navigable

Employees can utilize screen readers, speech-to-text software, captioning services, adaptive keyboards, ergonomic devices, hearing assistive technologies, and other accommodations more effectively in remote settings.

Employer Engagement & Advocacy

Promote remote work as a reasonable accommodation, not a special privilege; Assist with job carving or redesign to support remote-compatible roles; Address employer concerns related to productivity, supervision, and communication

Retention & Ongoing Support

Monitor adjustment and performance during early employment stages; Support problem-solving related to isolation, workload, or communication issues; Encourage use of structured routines and wellness strategies; Provide ongoing follow-up and re-assessment of accommodations as needs change

Remote Work: Key Aspects

Flexible Design	Allow flexible scheduling to support energy levels, medical needs, and caregiving; Support asynchronous work rather than real-time availability when possible; Focus on outcomes and deliverables, not hours online or webcam use; Permit customized workflows and task pacing
Inclusive Communication Practices	Enable live captions, transcripts, and chat options for meetings; Offer multiple communication formats (audio, video, text, asynchronous, synchronous); Vet new software for accessibility before adoption Share clear agendas and written summaries or follow-ups; Avoid reliance on informal or visual-only communication; Normalize use of captions, chat, and accessibility feature for everyone; Train teams on accessible virtual communication norms
Equity & Advancement	Ensure remote workers are considered for promotions and leadership roles; Provide equitable access to training, professional development, and networking; Track outcomes to identify potential remote-work bias; Create transparent criteria for performance and advancement

Remote Work: Equity & Advancement

- Many individuals with disabilities face challenges related to transportation, mobility, fatigue, or inaccessible public spaces. Remote work assistive technologies minimize these barriers.
- Virtual work expands access to jobs for individuals living in rural or underserved areas and for those who may encounter workplace accessibility challenges.

Telehealth Technologies: Professional Responsibilities and Expectations

Ethical Responsibilities When Using Technology in Practice:

- The CRCC Code of Ethics directly addresses telehealth under Section K: Technology, Social Media, Virtual Counseling
- The American Counseling Association (ACA Code of Ethics, 2014) addresses telehealth under Section H: Distance Counseling, Technology, and Social Media.
- National Association of Social Workers (NASW Code of Ethics, 2021 update) incorporates telehealth primarily within Section 1.04: Competence, Section 1.07: Privacy and Confidentiality

Telehealth Technologies: Equity and Access

- Focusing on equity and access ensures that clients—regardless of disability, income, location, language, or technological literacy—can **meaningfully participate in and benefit from remote services.**
- The use of telehealth can reproduce or deepen disparities if equity and access issues are not intentionally addressed.

Telehealth Technologies: Equity and Access

- From an **equity perspective**, counselors must recognize that clients have unequal access to devices, reliable internet, private spaces, and digital skills training.
- For some individuals with disabilities, telehealth is highly enabling; for others, it may introduce new barriers.

Telehealth: Equity and Access

- A commitment to Equity requires counselors to assess each client's circumstances and provide **tailored supports**, such as flexible scheduling, asynchronous options, simplified platforms, or coordination with community resources that provide internet or device access.








Assistive & Telehealth Technologies

- Assistive and telehealth technologies significantly enhance service delivery by **reducing longstanding structural barriers to care.**
- In rural areas, individuals with disabilities often encounter transportation challenges, provider shortages, and limited access to specialized services.



Collaborative Roles in Supporting People with Disabilities

Rehabilitation Counselors, Clinical Mental Health Professionals, and Social Workers

CORE ROLE DOMAINS	 REHABILITATION COUNSELORS	 CLINICAL MENTAL HEALTH PROFESSIONALS	 SOCIAL WORKERS
 MENTAL HEALTH ROLE	<ul style="list-style-type: none"> • Provide counseling to support adjustment to disability and life changes • Address mental health impact of disability (e.g., stress, anxiety, depression) • Teach coping and self-advocacy skills • Promote wellness and resiliency 	<ul style="list-style-type: none"> • Provide assessment, diagnosis, and treatment of mental health conditions • Offer individual, group, and family therapy • Use evidence-based interventions (e.g., CBT, trauma-informed care) • Promote emotional well-being and symptom management 	<ul style="list-style-type: none"> • Provide counseling and psychosocial support • Address trauma, grief, and life stressors • Support mental health through a person-in-environment lens • Connect individuals and families to community resources
 CASE MANAGEMENT ROLE	<ul style="list-style-type: none"> • Coordinate services to support employment and independent living goals • Develop Individualized Plans for Employment and service plans • Monitor progress and adjust services • Link individuals to needed resources and supports 	<ul style="list-style-type: none"> • Conduct comprehensive assessments • Develop treatment plans and coordinate care • Collaborate with providers and systems • Monitor treatment progress and adjust interventions • Ensure continuity of care 	<ul style="list-style-type: none"> • Conduct biopsychosocial assessments • Provide case management and care coordination • Facilitate access to benefits and services • Connect clients to community and social supports • Advocate within systems
 CAREER & VOCATIONAL ROLE	<ul style="list-style-type: none"> • Provide vocational assessment and career exploration • Develop employment goals and plans • Provide job search, placement, and retention support • Collaborate with employers and promote workplace inclusion • Educate about benefits and work incentives 	<ul style="list-style-type: none"> • Support career development as part of treatment (when appropriate) • Address mental health barriers to employment • Provide vocational rehabilitation referrals • Support return-to-work and workplace adjustment 	<ul style="list-style-type: none"> • Support employment through strengths-based and empowerment approaches • Assist with job readiness and life skills • Connect to training, education, and employment resources • Address social and environmental barriers to work
 ADVOCACY & SOCIAL JUSTICE ROLE	<ul style="list-style-type: none"> • Advocate for access to employment, education, and accommodations • Promote disability rights and inclusion • Empower individuals through self-advocacy • Challenge attitudinal and systemic barriers to participation 	<ul style="list-style-type: none"> • Advocate for mental health parity and culturally responsive care • Promote client rights and informed choice • Address stigma and reduce discrimination • Support inclusive and affirming practices 	<ul style="list-style-type: none"> • Advance social justice and human rights • Address systemic oppression and inequities • Advocate for policy and environmental change • Empower individuals, families, and communities



SHARED COLLABORATIVE ROLES



Person-Centered Approach

Respect individual strengths, preferences, and goals



Holistic Assessment & Understanding

Consider the whole person within their environment



Interdisciplinary Collaboration

Work together with clients, families, and community partners



Resource Connection & Coordination

Link individuals to services, supports, and opportunities



Culturally Responsive Practice

Honor diversity, culture, identity, and lived experience



Ethical Practice & Confidentiality

Uphold professional ethics, boundaries, and confidentiality



Empowerment & Strengths

Build capacity, promote self-determination, and independence



By integrating our unique expertise and working together, rehabilitation counselors, clinical mental health professionals, and social workers create a strong, coordinated support system that promotes mental health, independence, inclusion, and meaningful participation for people with disabilities.

Engaging in interprofessional teamwork

The World Health Organization (WHO) defines **interprofessional collaborative practice** as multiple health workers from different professional backgrounds working together with clients, families, caregivers, and communities to deliver the highest quality of care.

- Interprofessional collaboration is critical for improving client outcomes. In underserved and rural communities, coordinated care among professional counselors, allied and healthcare providers, and educators **reduces** fragmentation and maximizes resource utilization.
- By practicing “**discipline humility**,” maintaining transparent communication, and engaging in shared decision-making, counseling professionals can deliver more comprehensive and culturally responsive care.

Interprofessionalism

- Interprofessional collaboration fosters a **care delivery context** where various helping professionals can cooperatively exchange knowledge for the betterment of their clients.

**Benefits of
interprofessional
teaming and
integrated care
teams**

- Fewer hospital readmissions, fewer out-of-home placements, or admissions to more restrictive levels of care.
- Improved client outcomes due to better-informed decision-making and more accurate/holistic client assessments.
- Better information exchange, follow-up services, and communication due to expanding practice “out of the silo.”

Interprofessional team members **MUST** be willing to:

- Commit to familiarizing themselves with the scope of practice and ethical codes and obligations of other disciplines and care team members.

Interprofessional team members **MUST** be willing to:

- Commit to resolving differences in opinions and perspectives expediently and in the best interest of the client.
- Acknowledge barriers to Interprofessionalism:
 - power and status conflicts
 - unjust stereotypes
 - interprofessional mistrust

Thank you for your attention!

**QUESTIONS, COMMENTS,
OBSERVATIONS?**

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