International Journal of Economics, Environmental Development and Society, 2025, 6(3), 634-646.

International Journal of Economics, Environmental Development and Society (IJEEDS)

EXPECTED ATTITUDINAL AND PROFESSIONAL QUALITIES IN REHABILITATION COUNSELLING

Adornike Joy NKOMADU
Department of Educational Psychology Guidance and Counselling
Faculty of Education
Ignatius Ajuru University of Education, Nigeria.
adornikejoynkomadu@gmail.com

ABSTRACT

Rehabilitation counseling is a specialized discipline that integrates psychological, vocational, and social support to empower individuals with disabilities and chronic health conditions. Its effectiveness, however, is largely determined by the attitudinal and professional qualities demonstrated by counselors. Attitudinal qualities such as empathy, patience, respect for diversity, cultural humility, and a genuine commitment to client empowerment foster trust and therapeutic alliances essential for psychosocial adjustment. These qualities also align rehabilitation counseling with contemporary frameworks that emphasize inclusion, resilience, and social justice. Professional qualities, including competence in evidence-based practices, ethical integrity, cultural competence, interdisciplinary collaboration, and adaptability to emerging technologies, define the counselor's ability to meet complex client needs in diverse contexts. Together, these qualities position rehabilitation counselors not only as service providers but also as advocates for equity and systemic change. Recent literature highlights the necessity of integrating both attitudinal dispositions and professional skills within education, training, and practice to sustain the relevance of rehabilitation counseling in modern healthcare and vocational systems. By uniting personal dispositions with professional competencies, rehabilitation counseling continues to evolve as a field committed to advancing human dignity, participation, and empowerment.

Keywords: Rehabilitation Counseling, Attitudinal Qualities, Professional Competence, Disability Empowerment, Cultural Competence.

Reference to this paper should be made as follows:

Nkomadu, A. J. (2025). Expected attitudinal and professional qualities in rehabilitation counseling. *International Journal of Economics, Environmental Development and Society, 7*(3), 634-646.

Copyright © IJEEDS 2025 [ISSN: 2992-5614].

INTRODUCTION

Rehabilitation counseling is a professional discipline dedicated to assisting individuals with disabilities, chronic illnesses, and psychosocial challenges to achieve meaningful personal, vocational, and social outcomes. Unlike general counseling, rehabilitation counseling integrates psychological principles with vocational guidance, medical knowledge, and disability advocacy,

making it uniquely positioned to address the holistic needs of clients. The field emphasizes empowerment and autonomy, helping clients identify strengths, develop coping strategies, and overcome barriers to full participation in society. According to Chan et al. (2015), rehabilitation counseling is not simply about adjusting to disability but about enabling individuals to live fulfilling lives, both personally and professionally.

The importance of rehabilitation counseling has grown in the past decade as societies worldwide confront challenges related to disability inclusion, aging populations, and chronic illness. The World Health Organization estimated that over one billion people experience some form of disability, and this number is expected to rise with demographic and epidemiological changes. Rehabilitation counselors thus play a crucial role in ensuring that individuals can participate in education, employment, and community life. Roessler (2016) highlighted that work is a central dimension of rehabilitation counseling, serving as both a therapeutic intervention and a pathway to independence. Counselors do not only improve clients' quality of life but also contribute to broader economic and social development by supporting access to employment.

Since 2014, there has been a marked shift in rehabilitation counseling toward inclusivity and person-centered approaches. These approaches emphasize the client's voice, goals, and agency rather than focusing solely on medical diagnoses or deficits. This trend aligns with international policy frameworks such as the United Nations Convention on the Rights of Persons with Disabilities, which emphasizes full participation and equal opportunities. Parker and Patterson (2017) noted that rehabilitation counselors increasingly adopt empowerment-based frameworks, enabling clients to navigate complex social systems while also advocating for structural change. Such approaches reflect the evolution of the field into a discipline that balances therapeutic support with social justice advocacy.

Furthermore, rehabilitation counseling has become more integrated into health and social care systems, particularly as awareness of the psychosocial aspects of disability has expanded. Strauser (2021) stressed that rehabilitation is no longer viewed narrowly as vocational training but as a comprehensive process addressing career development, mental health, and quality of life. The profession's relevance is amplified by global trends such as the COVID-19 pandemic, which disrupted employment and health systems, disproportionately affecting individuals with disabilities. Rumrill (2020) observed that rehabilitation counselors were essential in helping clients adapt to remote work, access telehealth services, and manage uncertainty during the pandemic. These developments illustrate the adaptability and necessity of rehabilitation counseling in addressing both enduring and emerging challenges in contemporary society.

CONCEPTUALIZATION

Historical and Conceptual Foundations

The origins of rehabilitation counseling can be traced to vocational rehabilitation services in the early 20th century, where the primary aim was to assist individuals with disabilities in re-entering the workforce following illness, injury, or war-related impairments. This vocational emphasis defined the field for decades, centering on employment readiness, placement, and job retention. However, in recent years, scholars have argued that the role of rehabilitation counseling extends far beyond vocational outcomes. Parker and Patterson (2017) explained that contemporary rehabilitation counseling is rooted in holistic principles that address physical, psychological, and social well-being, recognizing that employment is only one aspect of full

societal participation. The profession has thus evolved into a multi-dimensional discipline encompassing both clinical practice and systemic advocacy.

A key conceptual shift since 2014 has been the movement away from deficit-based models, which framed disability as a problem to be corrected, toward empowerment-based and strengths-focused approaches. Rubin and Roessler (2019) emphasized that rehabilitation counseling now views disability through the lens of the biopsychosocial model, which highlights the interaction between individual functioning and environmental factors. This transition reflects broader developments in disability studies, where emphasis is placed on barriers created by social attitudes, inaccessible environments, and discriminatory practices rather than solely on impairments themselves. Koch and Rumrill (2017) argued that integrating disability studies into rehabilitation counseling strengthens the field's intellectual foundation and expands its capacity to address systemic issues such as stigma and exclusion.

Rehabilitation counseling also incorporates multiple theoretical frameworks, drawing from psychology, education, and health sciences. Cognitive-behavioral, humanistic, and multicultural theories have all shaped the evolution of the field, but recent scholarship highlights the growing importance of intersectional and ecological approaches. Bishop (2017) noted that psychosocial adaptation to disability is influenced by cultural identity, socioeconomic status, and systemic inequality, meaning that rehabilitation counselors must engage clients within their unique social and cultural contexts. This expanded understanding allows for more individualized and culturally sensitive interventions that reflect the lived realities of clients in diverse settings.

In addition to its theoretical development, rehabilitation counseling has established itself as a field that straddles direct service provision and policy advocacy. Helping clients navigate healthcare systems, educational institutions and workplaces, and rehabilitation counselors serves as both practitioners and change agents. Strauser (2021) stressed that this dual role has become increasingly significant as societies push toward greater inclusion and equity for people with disabilities. Rehabilitation counseling therefore represents a discipline that not only provides individualized therapeutic support but also challenges structural barriers, making it a cornerstone in advancing disability rights and social justice.

Professional Identity and Training

The professional identity of rehabilitation counselors has been a topic of growing importance in the past decade. As the field continues to evolve, scholars and practitioners alike have emphasized the need for a clearer articulation of what distinguishes rehabilitation counseling from related professions such as psychology, occupational therapy, and vocational guidance. Hartley and Tarvydas (2016) stressed that professional identity involves more than credentials; it requires a shared sense of mission, values, and competencies that unify practitioners within the discipline. This clarity is critical not only for strengthening the field's legitimacy but also for ensuring that clients receive consistent and specialized services.

Specialized training has become increasingly emphasized in rehabilitation counseling programs. Graduate education in the field now integrates coursework on psychosocial adjustment to disability, vocational evaluation, assistive technology, and multicultural counseling. Additionally, supervised clinical experiences and internships allow students to apply theoretical knowledge in real-world contexts. Leahy and Arokiasamy (2018) argued that such training must be firmly grounded in evidence-based practice, ensuring that emerging professionals can translate research findings into effective interventions. The Council on Rehabilitation Education

(CORE) and its integration with the Council for Accreditation of Counseling and Related Educational Programs (CACREP) have also provided standardized guidelines to strengthen the quality and consistency of professional training.

Another defining feature of contemporary training is the emphasis on cultural competence and intersectionality. Rehabilitation counselors must be prepared to serve clients from diverse backgrounds whose experiences of disability are shaped by race, ethnicity, gender, socioeconomic status, and cultural beliefs. Bishop (2017) emphasized that counselors' professional identity should include a commitment to cultural humility and responsiveness. This perspective ensures that rehabilitation counseling moves beyond narrow biomedical frameworks, positioning the counselor as an advocate for equity and justice. Professional preparation programs increasingly incorporate these themes, reflecting a broader societal push toward inclusive practice.

Finally, technological competence has emerged as a new dimension of professional identity. The rapid expansion of telehealth and digital service delivery since 2014 requires rehabilitation counselors to develop skills in ethical online practice, digital assessment, and the use of assistive technologies. Tansey (2019) noted that integrating telehealth into training curricula is essential for preparing counselors to meet future service demands. Through the combination of traditional competencies with emerging digital skills, rehabilitation counselors can position themselves at the forefront of health and vocational service innovation. The integration emphasized that the professional identity is dynamic, adapting to changing social, technological, and policy context.

THEORY OF REHABILITATION COUNSELLING

Person-Centered Theory

Person-Centered Theory, developed by Carl Rogers in the mid-20th century, is one of the most influential approaches in counseling and psychotherapy. It emphasizes the inherent worth of individuals, their capacity for self-healing, and their drive toward self-actualization. Rather than focusing on pathology, the theory views people as capable of growth when placed in a supportive environment that fosters self-exploration and positive change (Rogers, 1951). Within counseling, education, health care, and rehabilitation, the theory has remained central because of its humanistic orientation and holistic application.

At the heart of Person-Centered Theory lies the belief that individuals have a self-actualizing tendency is an innate drive to develop their abilities and achieve their fullest potential (Rogers, 1961). Unlike directive therapeutic models, person-centered counseling places responsibility for growth on the client, with the therapist providing the right environment rather than advice or interpretation. Rogers (1957) identified three core conditions necessary for therapeutic change: the counselor accepts the client without judgment, which fosters self-acceptance and reduces defensiveness; the counselor strives to deeply understand the client's internal world and reflect this understanding back to the client, and the counselor is authentic and transparent in interactions, which builds trust and models honest self-expression. These conditions are seen as both necessary and sufficient for facilitating growth, distinguishing the approach from techniques that rely on structured interventions (Kirschenbaum, 2004).

Person-Centered Theory has had wide-ranging applications in therapy. For example, it is highly effective in contexts where clients experience low self-esteem, anxiety, or difficulty with

self-acceptance. The non-directive nature of the approach empowers clients to explore their feelings, identify their strengths, and resolve their challenges at their own pace (Cain, 2010). In rehabilitation counseling, the person-centered approach aligns well with the goals of empowering individuals with disabilities. Rehabilitation professionals support clients in defining their goals and actively participating in their adjustment process by fostering autonomy and self-determination (Falvo, 2014). Similarly, in educational contexts, person-centered principles encourage student-centered learning environments where learners feel valued, respected, and motivated to explore their potential (Cornelius-White, 2007).

One major strength of Person-Centered Theory is its universality. Because it does not impose rigid techniques, it can be adapted across diverse cultural, clinical, and educational contexts (Cooper et al., 2010). Additionally, empirical evidence suggests that the core conditions particularly empathy and positive regard are consistently linked to positive therapeutic outcomes across different theoretical orientations (Elliott et al., 2013).

The emphasis on client autonomy also aligns with contemporary movements in mental health, disability rights, and education that prioritize empowerment and inclusivity. The theory avoids pathologizing differences and instead highlights resilience and growth potential by centering for the client's lived experience,.

Despite its strengths, the Person-Centered approach has faced criticisms. Some argue that the theory may be too simplistic in complex cases, such as severe mental illness, where more structured or directive interventions may be necessary (Joseph & Murphy, 2013). Others point out that the assumption of a universal self-actualizing tendency may not hold equally across all cultural contexts, particularly in collectivist societies where interdependence, rather than individual autonomy, is emphasized (Moodley & Palmer, 2006). Another limitation is that the theory places heavy reliance on the therapist's ability to consistently embody the core conditions. In practice, maintaining unconditional positive regard and empathy may be challenging in situations where clients engage in harmful or self-destructive behaviors.

Person-Centered Theory continues to influence contemporary practice, often integrated with other approaches such as cognitive-behavioral therapy or solution-focused therapy to create more comprehensive interventions (Cain, 2010). In multicultural counseling, adaptations of person-centered principles emphasize culturally responsive empathy and respect for diverse value systems (Cooper et al., 2010).

In spite of limitations of the Person-Centered Theory, it remains the cornerstone of humanistic psychology and counseling practice. Its focus on empathy, authenticity, and unconditional positive regard has transformed how therapists view the therapeutic relationship. Although it has limitations in addressing severe psychopathology or culturally diverse contexts without modification, its enduring relevance lies in its respect for human dignity, autonomy, and potential for growth. As mental health and rehabilitation practices continue to evolve, Rogers' person-centered principles remain essential for fostering empowerment, healing, and holistic well-being.

EXPECTED ATTITUDINAL QUALITIES OF REHABILITATION COUNSELING

At the heart of rehabilitation counseling lay the quality of empathy the ability to genuinely understand the lived experiences, struggles, and aspirations of clients with disabilities or chronic health conditions. Unlike sympathy, empathy requires counselors to step into the worldview of their clients while maintaining professional boundaries. Bishop (2017) argued that empathy,

expressed through active listening, warmth, and responsiveness, enhances client trust and therapeutic alliance. Compassion complements empathy by motivating counselors to act in ways that alleviate distress, reduce stigma, and promote dignity. These qualities not only improve the counseling relationship but also strengthen clients' self-esteem and willingness to engage in long-term rehabilitation.

Modern rehabilitation counseling emphasizes autonomy where clients are recognized as active decision-makers in their recovery process. Hartley and Tarvydas (2016) emphasized that rehabilitation counselors must adopt an attitude of respect for individual choice, valuing clients' goals even when they differ from conventional rehabilitation outcomes. For example, a client may prioritize community participation over employment, and the counselor's role is to respect and facilitate this decision. This attitude reflects a shift from paternalistic models to empowerment-oriented approaches, ensuring rehabilitation aligns with clients' values, strengths, and aspirations.

As societies become increasingly multicultural, rehabilitation counselors are expected to embody cultural humility an ongoing process of self-reflection, openness, and willingness to learn from diverse client experiences. Leahy and Arokiasamy (2018) highlighted that cultural competence alone is insufficient, as it assumes knowledge mastery. Instead, cultural humility acknowledges that counselors cannot know every cultural nuance but can adopt an attitude of curiosity, respect, and flexibility. Inclusivity extends beyond ethnicity to encompass disability identity, gender, socioeconomic status, and intersectional experiences. This attitudinal quality ensures that counseling is equitable, culturally safe, and empowering across diverse contexts.

Rehabilitation counselors work within a broader social system that often marginalizes people with disabilities. As such, they must embody an advocacy mindset that extends beyond individual therapy to systemic change. Koch and Rumrill (2017) argued that counselors must challenge workplace discrimination, lobby for accessible environments, and promote policies aligned with disability rights movements. This requires an attitude rooted in equity and justice, seeing clients not as "patients" but as citizens entitled to full participation in society. Counselors with a justice orientation thus become both therapeutic guides and social change agents, addressing both micro-level personal barriers and macro-level structural inequalities.

The field of rehabilitation counseling constantly evolves with technological innovations, changing policies, and unforeseen challenges such as the COVID-19 pandemic. Rumrill (2020) stresses the importance of resilience the capacity to maintain professional commitment and emotional balance despite adversity. Adaptability is equally crucial, as counselors must adjust their methods (e.g., integrating telehealth or AI-driven assessments) while safeguarding client relationships. An attitude of resilience allows counselors to role-model coping strategies, showing clients that flexibility and perseverance are possible in the face of disability-related challenges.

Another critical attitudinal quality is ethical responsibility. Rehabilitation counselors are entrusted with sensitive information and the well-being of vulnerable populations, requiring an unwavering commitment to honesty, confidentiality, and professional integrity. Strauser (2021) emphasizes that integrity underpins the credibility of the profession and ensures that counselors remain client-focused rather than outcome-driven. This ethical stance includes acknowledging personal limitations, seeking supervision when necessary, and making decisions that align with professional codes of conduct. Such an attitude reassures clients that their interests are prioritized and their dignity respected throughout the rehabilitation journey.

Finally, rehabilitation counseling requires an attitude of collaboration. Counselors frequently work alongside healthcare providers, vocational trainers, social workers, and family members. A cooperative, team-oriented mindset ensures that services are holistic and client-centered. Tansey (2019) notes that counselors who embrace interdisciplinary respect enhance the continuity of care, reduce service fragmentation, and better address the complex needs of clients. This collaborative attitude ensures rehabilitation is not siloed but integrated across multiple domains of life.

PROFESSIONAL QUALITIES OF REHABILITATION COUNSELLING

A fundamental professional quality of rehabilitation counselors is mastery of a broad and current knowledge base that integrates psychology, vocational rehabilitation, disability studies, and health sciences. This knowledge must be continuously updated through engagement with evidence-based practices. Leahy and Arokiasamy (2018) emphasize that rehabilitation counselors are expected to evaluate interventions critically, adopt research-supported practices, and adapt strategies to diverse populations. By grounding their work in empirical evidence, counselors maintain credibility and ensure interventions are both effective and ethically sound.

Professional rehabilitation counselors must possess strong clinical assessment skills to evaluate the medical, psychological, and vocational needs of clients. Competence in standardized assessments, functional evaluations, and career readiness measures is critical for creating tailored rehabilitation plans. Parker and Patterson (2017) highlighted that effective assessment requires not only technical proficiency but also interpretive skill to translate findings into practical interventions. This quality ensures that services are individualized, targeted, and measurable, increasing the likelihood of successful rehabilitation outcomes.

Clear and adaptive communication represents another core professional quality. Rehabilitation counselors frequently interact with clients, families, employers, and interdisciplinary teams, requiring them to explain complex concepts in accessible terms. Hartley and Tarvydas (2016) argue that interpersonal proficiency encompassing active listening, clarity in dialogue, and nonverbal sensitivity directly impacts the therapeutic alliance. Effective communication also ensures smoother workplace reintegration processes and more successful advocacy with employers and policymakers.

Since 2014, technological competence has become a defining professional quality for rehabilitation counselors. The rise of telehealth, digital assessments, and assistive technologies has transformed service delivery. Tansey (2019) highlighted that counselors must not only use technology competently but also critically evaluate which tools best enhance accessibility for clients. For example, virtual reality for vocational training or AI-driven career assessments can enhance service effectiveness. Professionals who embrace innovation maintain relevance in an evolving field and expand client access to services.

Professional qualities extend to a deep commitment to ethical practice and accountability. Rehabilitation counselors often encounter complex ethical dilemmas involving confidentiality, informed consent, or competing stakeholder interests. Strauser (2021) argued that professional accountability requires adherence to ethical codes, transparency in decision-making, and willingness to seek supervision when facing ethical ambiguity. Ethical integrity is not just a legal requirement but a professional hallmark that safeguards client rights and sustains public trust in the profession.

Given that rehabilitation is inherently multidimensional, counsellors must demonstrate collaborative professionalism. This quality requires the ability to coordinate with healthcare providers, educators, vocational trainers, and social workers. Koch and Rumrill (2017) note that effective collaboration hinges on mutual respect, clarity of roles, and shared responsibility for outcomes. Interdisciplinary competence ensures holistic care by integrating physical, psychological, and social interventions, thereby increasing the sustainability of rehabilitation progress.

Rehabilitation counselors are increasingly expected to take on leadership roles in shaping disability policy, advancing inclusive practices, and guiding service delivery reforms. Bezyak et al. (2016) argued that leadership competence involves advocating for clients at systemic levels, training future counselors, and engaging in research dissemination. Professionals who embody leadership qualities extend their influence beyond individual client outcomes, contributing to broader cultural and organizational change that benefits people with disabilities.

Thus, professional rehabilitation counselors must embody a commitment to continuous development. Given the evolving nature of healthcare policies, disability rights, and therapeutic technologies, static knowledge is insufficient. Rumrill (2020) emphasized that professionals must engage in continuing education, supervision, and reflective practice to remain effective. Lifelong learning ensures that counselors stay aligned with best practices and remain responsive to shifting client needs and societal expectations.

CHALLENGES AND FUTURE DIRECTIONS

Despite its growing importance in health and vocational systems, rehabilitation counseling faces persistent challenges that impact both practice and policy. One of the most pressing concerns is the shortage of qualified professionals to meet rising demand. With global increases in chronic illness, mental health conditions, and aging populations, the need for rehabilitation services is expanding rapidly. However, the supply of trained rehabilitation counselors has not kept pace. Koch and Rumrill (2017) argued that workforce shortages threaten the profession's ability to provide timely and comprehensive care, calling for stronger recruitment strategies and greater investment in professional training. This challenge is compounded by limited public awareness of rehabilitation counseling as a distinct discipline, which affects both student enrollment in training programs and recognition within healthcare systems.

Employment remains another enduring challenge. Individuals with disabilities continue to face disproportionate barriers to entering and sustaining employment, despite legislative frameworks intended to promote inclusion. Bezyak et al. (2016) identify structural discrimination, negative employer attitudes, and lack of accessible workplaces as persistent obstacles that rehabilitation counselors must help clients navigate. The problem extends beyond job acquisition to career advancement and retention, highlighting the need for ongoing workplace support. Araten-Bergman (2021) emphasizes that disability-inclusive employment practices benefit not only workers but also organizations, contributing to innovation, productivity, and corporate social responsibility. This underscores the dual role of rehabilitation counsellors as both client advocates and facilitators of systemic change in employment contexts.

Another future direction involves strengthening the integration of rehabilitation counseling with broader disability rights and social justice movements. The adoption of person-centered and empowerment-focused models since 2014 aligns the profession with global advocacy for inclusion. However, Koch and Rumrill (2017) noted that rehabilitation counselors

bridge practice and policy, working not only with individual clients but also with employers, policymakers, and community organizations to dismantle systemic barriers. Greater collaboration with disability studies has been recommended to enrich the theoretical foundation of rehabilitation counseling and to amplify the voices of individuals with lived experiences of disability.

Technology presents both opportunities and challenges for the future of rehabilitation counseling. On one hand, innovations in artificial intelligence (AI), big data analytics, and assistive technologies can enhance assessment, planning, and service delivery. Predictive modeling could, for instance, identify employment pathways tailored to individual client profiles. On the other hand, these developments raise concerns regarding equity, data privacy, and the risk of depersonalizing client care. Tansey (2019) stressed that counselors must critically evaluate technological tools to ensure they complement rather than replace the human, relational core of rehabilitation practice. Training in digital ethics and competency will be vital to balance innovation with ethical responsibility.

Finally, the future of rehabilitation counseling depends on interdisciplinary collaboration and continued advocacy. Strauser (2021) highlights that the field increasingly intersects with mental health counseling, occupational therapy, vocational education, and disability policy. By building stronger partnerships, rehabilitation counselors can provide more holistic, client-centered services while strengthening their professional identity. Future directions also include expanding international collaboration, as disability inclusion is a global concern requiring coordinated approaches across cultural and policy contexts. As Rumrill (2020) observed during the COVID-19 pandemic, crises often accelerate innovation, demonstrating that rehabilitation counseling must remain adaptable, collaborative, and proactive in addressing both emerging and enduring challenges.

IMPLICATIONS OF COUNSELLING FOR EXPECTED ATTITUDINAL AND PROFESSIONAL QUALITIES IN REHABILITATION COUNSELLING

The integration of expected attitudinal and professional qualities has profound implications for the development of a strong therapeutic alliance. Attitudinal qualities such as empathy, respect for client autonomy, and cultural sensitivity foster trust, while professional qualities like clinical competence and communication skills operationalize this trust into effective counseling sessions. Hartley and Tarvydas (2016) noted that the counselor's professional ability to communicate clearly is amplified when combined with attitudes of compassion and non-judgment, resulting in deeper client engagement and stronger commitment to rehabilitation goals.

Rehabilitation counseling is not limited to employment or medical adaptation; it encompasses holistic wellbeing. Attitudinal qualities such as patience, optimism, and acceptance ensure that clients feel supported emotionally, while professional qualities such as evidence-based assessment and interdisciplinary collaboration guarantee comprehensive service delivery. According to Parker and Patterson (2017), this integration allows counselors to move beyond addressing deficits to fostering resilience, empowerment, and long-term adjustment. Thus, attitudinal and professional qualities together ensure clients experience both emotional support and practical, actionable interventions.

Counseling blends professional accountability with inclusive attitudes contributes to stronger ethical practice because rehabilitation counselors often encounter clients facing systemic discrimination, poverty, or stigma. Professional qualities like ethical decision-making and adherence to codes of conduct are essential, but they become most impactful when paired with attitudinal commitments to equity and social justice. Koch and Rumrill (2017) argued that counselors who embody inclusivity as both an attitude and a professional standard are better equipped to advocate for accessible workplaces and equitable policies, ensuring broader systemic impact.

The rapid rise of telehealth and assistive technologies in rehabilitation counseling underscores the need to integrate qualities in practice. Technological competence is a professional requirement, but its successful application depends on counselors' attitudinal openness and willingness to adapt. Tansey (2019) emphasizes that a counselor who is both skilled in digital platforms and willing to embrace change can expand client access, reduce service disparities, and improve flexibility in counseling delivery. Without this dual quality set, technology risks becoming a barrier rather than a facilitator.

Counseling that emphasizes leadership qualities has broader implications for the profession and society. Professional leadership skills such as research dissemination, policy engagement, and systemic advocacy gain legitimacy and impact when rooted in attitudinal qualities like passion for inclusion and commitment to client dignity. Bezyak et al. (2016) showed that counselors who blend advocacy competence with authentic care for clients can influence workplace policies, reduce barriers to employment, and reshape societal attitudes toward disability. This synergy positions rehabilitation counselors as not only service providers but also change agents.

The expected attitudinal and professional qualities also shape counselors' approaches to lifelong learning and self-reflection. Professional requirements demand ongoing education and adherence to evidence-based practices, but without the attitudinal qualities of humility, openness, and curiosity, this growth stagnates. Rumrill (2020) highlighted that counselors committed to both professional development and attitudinal self-reflection adapt more readily to crises, such as the COVID-19 pandemic, ensuring resilient and sustainable services. This integration ensures the field evolves alongside societal and technological change.

The implication of counseling for these qualities is the sustainability of client-centered practice. Professional skills ensure that interventions are structured, measurable, and scientifically valid, while attitudinal qualities provide the human dimension that makes these interventions meaningful to clients. Strauser (2021) concluded that rehabilitation counseling succeeds when technical expertise is balanced with genuine concern for human dignity. The synthesis of the two qualities ensures that services are not only clinically effective but also transformative in clients' personal and vocational lives.

CONCLUSION

Rehabilitation counseling stands at the intersection of health, psychology, and social justice, offering critical support to individuals with disabilities and chronic health conditions. The effectiveness of this practice is not defined solely by technical knowledge but by the interplay of attitudinal and professional qualities that counselors embody. Attitudinal dispositions such as empathy, patience, respect, cultural humility, and a commitment to empowerment form the foundation for meaningful therapeutic relationships. These attitudes create trust, foster resilience,

and help clients adapt to challenges while pursuing personal, social, and vocational goals. Complementing these qualities, professional competencies ranging from evidence-based practice and ethical integrity to cultural competence, interdisciplinary collaboration, and adaptability to emerging technologies ensure that rehabilitation counselors can respond effectively to complex and evolving client needs. Together, these qualities reaffirm the counselor's dual role as both a direct service provider and a systemic advocate for inclusion and equity. As the profession advances, integrating these qualities into training, supervision, and practice will be essential for maintaining its relevance and impact. Ultimately, rehabilitation counseling thrives when attitudinal dispositions and professional standards converge, enabling practitioners to uphold the dignity, agency, and full participation of those they serve in all aspects of society.

Recommendations

Based on the discussion of attitudinal and professional qualities in rehabilitation counseling, several recommendations can guide practice, education, and policy:

- Rehabilitation counseling programs should embed the development of attitudinal qualities such as empathy, patience, respect, and cultural humility into their curricula alongside professional competencies. This can be achieved through experiential learning, role-plays, reflective practice, and supervised fieldwork. Training institutions should also emphasize cultural competence and ethical reasoning to prepare counselors for diverse client populations.
- Practicing rehabilitation counselors should engage in lifelong learning to maintain competence in evidence-based approaches, technological innovations, and interdisciplinary collaboration. Professional associations and licensing boards should provide accessible continuing education that reinforces both attitudinal dispositions and professional skills.
- Workplaces, healthcare systems, and government agencies should create supportive environments that allow rehabilitation counselors to exercise both their attitudinal and professional roles. Policies that promote disability inclusion, accessibility, and ethical practice can strengthen the counselor's ability to advocate for systemic change.
- Ongoing research should continue to evaluate the impact of attitudinal and professional qualities on client outcomes. Evidence-based findings can guide program design, supervision models, and policy development, ensuring that rehabilitation counseling remains responsive to emerging needs in society:

REFERENCES

Albrecht, L., Jones, C. A., Roop, S. C., & Pohar, S. L. (2015). Translating knowledge in rehabilitation: A systematic review. *Physical Therapy*, *95*(4), 663-677.

Alingh, R. A., Hoekstra, F., Van Der Schans, C. P., & Dekker, R. (2015). Protocol of a longitudinal cohort study on physical activity behaviour in physically disabled patients participating in a rehabilitation counselling programme. *BMJ Open, 5*(1), e007591.

Araten-Bergman, T. (2021). Disability-inclusive employment practices. *Disability and Rehabilitation, 43*(6), 809-818.

Bezyak, J., Clark, A., Chiu, C.-Y., Chan, F., & Testerman, N. (2016). Physical and mental health behaviors among individuals with severe mental illness: A comprehensive needs assessment. *Journal of Applied Rehabilitation Counseling, 47*(3), 15-21.

Bishop, M. (2017). Counselor roles in addressing psychosocial adaptation to disability. *Rehabilitation Counseling Bulletin, 60*(3), 131-142.

Buys, N., Matthews, L. R., & Randall, C. (2015). Contemporary vocational rehabilitation in Australia. *Disability and Rehabilitation, 37*(9), 820-825.

Cain, D. J. (2010). *Person-centered psychotherapies*. American Psychological Association.

Chan, F., Tarvydas, V. M., & Blalock, K. (2015). *Counseling theories and techniques for rehabilitation health professionals*. Springer Publishing Company.

Cooper, M., Watson, J. C., & Hoeldampf, D. (2010). *Person-centered and experiential therapies work: A review of the research on counseling, psychotherapy and related practices*. PCCS Books.

Cornelius-White, J. (2007). Learner-centered teacher-student relationships are effective: A meta-analysis. *Review of Educational Research, 77*(1), 113-143.

Elliott, R., Greenberg, L. S., Watson, J., Timulak, L., & Freire, E. (2013). Research on humanistic-experiential psychotherapies. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (6th ed., pp. 495-538). Wiley.

Falvo, D. (2014). *Medical and psychosocial aspects of chronic illness and disability* (5th ed.). Jones & Bartlett Learning.

Franz, S., Muser, J., & Thielhorn, U. (2020). Inter-professional communication and interaction in the neurological rehabilitation team: A literature review. *Disability and Rehabilitation, 42*(12), 1730-1740.

Hartley, M. T., & Tarvydas, V. M. (2016). The professional identity of rehabilitation counselors: Past, present, and future. *Rehabilitation Counseling Bulletin, 59*(3), 131-140.

Joseph, S., & Murphy, D. (2013). Person-centered approach, positive psychology, and relational helping: Building bridges. *Journal of Humanistic Psychology, 53*(1), 26-51.

Kirschenbaum, H. (2004). Carl Rogers's life and work: An assessment on the 100th anniversary of his birth. *Journal of Counseling & Development, 82*(1), 116-124.

Koch, L., & Rumrill, P. (2016). *Rehabilitation counseling and emerging disabilities: Medical, psychosocial, and vocational aspects*. Springer.

Kuo, H. J., & Kosciulek, J. (2023). Rehabilitation counsellor perceived importance and competence in assistive technology. *Disability and Rehabilitation: Assistive Technology, 18*(2), 137-145.

Landon, T. J., & Sabella, S. A. (2021). Rehabilitation counselor supervisors' perceptions of counselor professional dispositions for rural service delivery. *Rehabilitation Counseling Bulletin, 64*(4), 213-224.

Leahy, M. J., & Arokiasamy, C. V. (2018). Evidence-based practices in rehabilitation counseling. *Journal of Applied Rehabilitation Counseling, 49*(1), 7-17.

Moodley, R., & Palmer, S. (2006). *Race, culture and psychotherapy: Critical perspectives in multicultural practice*. Routledge.

Oosterhof, B., Dekker, J. H. M., Sloots, M., & Dekker, J. (2014). Success or failure of chronic pain rehabilitation: The importance of good interaction. *Disability and Rehabilitation, 36*(22), 1903-1909.

Parker, R. M., & Patterson, J. B. (2017). *Rehabilitation counseling: Basic concepts and applications*. Pro-Ed.

Pieters, R., Kedde, H., & Bender, J. (2018). Training rehabilitation teams in sexual health care: A multidisciplinary intervention. *Disability and Rehabilitation, 40*(12), 1410-1418.

Roessler, R. T. (2016). The importance of work in rehabilitation counseling. *Journal of Applied Rehabilitation Counseling, 47*(4), 9-16.

Rogers, C. R. (1951). *Client-centered therapy: Its current practice, implications, and theory*. Houghton Mifflin.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95-103.

Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Houghton Mifflin.

Rubin, S. E., & Roessler, R. T. (2019). *Foundations of the vocational rehabilitation process* (8th ed.). Pro-Ed.

Rumrill, P. D. (2020). Rehabilitation counseling in the era of COVID-19: Opportunities for growth. *Journal of Rehabilitation, 86*(1), 4-10.

Sabella, S. A., & Bernacchio, C. P. (2019). The conceptualization and assessment of professional dispositions in rehabilitation counselor education. *Rehabilitation Research, Policy, and Education, 33*(2), 118-131.

Tansey, T. N. (2019). Telehealth applications in rehabilitation counseling: Opportunities and challenges. *Rehabilitation Counseling Bulletin, 62*(4), 195-204.

Van Ommeren, A. L., Smulders, L. C., & Reinders-Messelink, H. A. (2018). Assistive technology for the upper extremities after stroke: Systematic review of users' needs. *JMIR Rehabilitation and Assistive Technologies, 5*(2), e10510.

Vitomskyi, V., Lazarieva, O., Kashuba, V., & Fedorenko, S. (2020). Influence specificities of the type of attitude towards a disease on physical therapy satisfaction among orthopedic profile patients. *Journal of Physical Education and Sport, 20*(5), 2755-2763.