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**REHABILITATION COUNSELLING  
AND HOLISTIC CARE:  
AN EXPLORATORY SCOPING REVIEW**

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Revised Completion: 12 December 2018

Research Online: Borchardt Library:

<http://hdl.handle.net/1959.9/567139>

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## PREFACE

This report is an initial exploratory scoping review prepared for: Associate Professor James Athanasou, Rehabilitation Counselling, Health Sciences, University of Sydney, Sydney, Australia. Support for this report was provided by the La Trobe University Department of Public Health Participatory Field Placement Internship program (PHE3PFP), La Trobe University, Victoria, Australia.

**Organisation/Department:**

Palliative Care Unit, Department of Public Health, La Trobe University

**Referencing System:**

American Psychological Association, 6<sup>th</sup> Edition

**Access:**

Research Online: Borchardt Library, La Trobe University, Melbourne, Australia.

**Commencement:** 31 August 2018

**Completion:** 30 November 2018

**Revisions:** 12 December 2018

**Revised:** TBA

**Topic:** Rehabilitation Counselling and Holistic Care

**URL Link:** <https://doi.org/10.26181/5c3915dca7c12>

**La Trobe Research Online:** <http://hdl.handle.net/1959.9/567139>

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**Publication Reference:**

Birch, A. P., Mohamed, H., Heath, A., Carey, L. B., Krikheli, L., Kay, M. & Drakopoulos, E. (2018). Rehabilitation Counselling and Holistic Care: An Exploratory Review. Melbourne: La Trobe University, PFP Internship Program, Victoria, Australia.

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**Acknowledgments:**

Appreciation is acknowledged to Dr. Laura Chahda (Faculty of Dentistry, Medicine and Health Sciences, University of Melbourne) and Ms Melanie Tassos (Palliative Care Unit, Department of Public Health, La Trobe University). Appreciation is also acknowledged to Ms. Rosanna Ripoli, Senior Learning Advisor, Borchardt Library, La Trobe University Melbourne, for her training and assistance.

# Rehabilitation Counselling and Holistic Care: An Exploratory Scoping Review

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## ABSTRACT

**Purpose:** The purpose of this scoping review was to explore the literature regarding holistic care in rehabilitation case management settings. **Method:** From the 273 articles identified, a total of 17 articles were found to be applicable to the research topic: rehabilitation counselling and holistic care. **Results:** Following the analysis of articles, five recurrent themes were identified: (1) spirituality/spiritual beliefs, (2) disability, (3) religion/religious views, (4) employment/vocation, (5) holism and (6) culture/ cultural competency. **Conclusion:** Engaging a holistic approach in rehabilitation case management setting was found to be a valuable skill for the practitioner to assist clients. To be a holistic practitioner the counsellor must consider all the bio-psycho-social and spiritual challenges a client may be facing in order to best provide services that align with clients and their needs.

**Keywords:** Rehabilitation Counselling, Holism, Spirituality, Religion, Culture, Disability

## INTRODUCTION

As rehabilitation counselling is increasingly recognised as an integral part of healthcare, it is important to understand its link with holistic care. Holism encompasses biological, psychological, socio-cultural and spiritual factors, more commonly known as the bio-psycho-social-spiritual model (Sulmasy, 2002). While looking after a client's biological and physical needs is fundamental for basic healthcare, psychological, emotional, social/cultural and spiritual factors can be just as important as physical care. This report primarily focusses on literature regarding the non-biological/non-physical aspects relating to rehabilitation. The areas

to be explored are: ‘Spirituality/Spiritual Beliefs’, ‘Disability’, ‘Religion/Religious Views’, ‘Employment/ Vocation’, ‘Holism’ and ‘Culture/Cultural Competency’.

Religion/religious views refers to institutionally recognised set of doctrines around faith and beliefs (Clark, 2001). Spirituality has many definitions. Bennett (2008) defines spirituality as the way one lives within the organisation of their life (Speck, 2005). Bento (2000) states that “...spirituality is the experience of the transcendent, or the quality of transcendence, something that welcomes, but does not require, religious beliefs”. However the internationally utilised consensus definition (arising initially from the palliative care movement) is that by Puchalski et al (2009):

“Spirituality is that aspect of humanity which refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness, to self, to others, to nature, and to the significant or sacred” (Puchalski et al 2009).

Disability is a term that covers any impairment (physical or psychological), activity limitation or participation restriction (World Health Organisation, 2018). Employment/ vocation looks at the job and workplace of an individual. Holism and holistic practice draws on the understanding of the theories and knowledge of medical healthcare as well as all of the bio-psycho-social-spiritual challenges a client may be facing in order to best provide services that align with the client and their needs (Potter & Frisch, 2007).

Culture/cultural competence involves understanding the importance of socio-cultural factors that influence the health beliefs of a client (Betancourt, Green, Carrillo, & Owusu Ananeh-Firempong, 2016). Cultural competence also involves considering how these factors effect care at all levels of the healthcare system and ensures that interventions are devised for the client that take these considerations into account (Betancourt et al., 2016).

## PURPOSE

The purpose of this scoping literature review is to identify literature to explore the role of rehabilitation counsellors with regard to holistic care. Additionally, this report will explore the role of rehabilitation counsellors and the holistic care of patients particularly regarding a patient's religious, pastoral and/or spiritual care needs.

## METHOD

In order to complete this scoping review, five stages needed to be completed; (i) identify the research question, (ii) acquire relevant studies, (iii) appraise the selection, (iv) chart the data found and lastly, (v) collate, summarise and report the results (Arksey & O'Malley, 2005).

The primary research question utilised for this project was essentially, "Is holistic care important in rehabilitation counselling?" The PICO elements were utilised to systematically acquire relevant students, namely Population (a) and Intervention (b). Comparison and Outcome categories were omitted as these were not relevant to the research question. When creating the search terms the use of Boolean operators, truncations and wildcards (i.e., ?, #) were engaged to assist the databases in finding appropriate articles. The databases of Medline 1996 Ovid, CINAHL (EBSCO), SCOPUS, PsychINFO, Proquest, Proquest Journal of Applied Rehabilitation Counselling, Proquest Australian Journal of Rehabilitation Counselling and Embase were searched, utilising the search terms identified in Table 1.

Table 2 shows the full list of untruncated search terms and how these were then truncated. From the 273 articles found duplicates were removed. Twelve articles (n=12) were found to be appropriate to address the research question. From these articles, a hand-search was conducted, where reference lists were looked at, to find other articles that would be appropriate and add depth to the scoping review. Five articles (n=5) were found using this search method. In total, seventeen articles (n=17) were found to be applicable to the research question. See Appendix 1 for a detailed flow-chart of the search strategy.

**Table 1***PICO search terms*

<b>Population</b>	<b>Intervention (a)</b>	<b>Intervention (b)</b>
Patient*	A Holis*	A “person-Cent?red
OR Client*	N OR Spirit*	N Therap*”
OR Individual*	D OR Relig*	D OR “Client-cent?red
OR Clinician*	OR Pastoral*	Therap*”
OR “Rehab* Counse?l*”	OR Health?care	OR “person-Cent?red
	OR “Physical Care”	treatment*”
		OR “Client-cent?red
		treatment*”
		OR “Rehab* Counse?l*”
		OR “Rehab* Case
		Management”

**Table 2***Database search terms and related synonyms*

<b>Database search terms</b>	<b>Synonyms</b>	<b>Database search terms</b>	<b>Synonyms</b>
Patient*	Patient	“person-Cent?red	Person-centred therapy
OR Client*	Patients	Therap*”	Person-centred therapist
OR Individual*	Client	OR “Client-cent?red	Person-centered therapy
OR Clinician*	Clients	Therap*”	Person-centered therapist
OR “Rehab* Counse?l*”	Individual	OR “person-Cent?red	Client-centred therapy
	Individuals	treatment*”	Client-centred therapist
	Clinician	OR “Client-cent?red	Client-centered therapy
	Clinicians	treatment*”	Client-centered therapist
	Rehab Counsellor	OR “Rehab* Counse?l*”	Person-centred treatment
	Rehab Counselor	OR “Rehab* Case	Person-centred treatments
	Rehabilitation Counsellor	Management”	Person-centered treatment
	Rehabilitation Counselor		Person-centered
Holis*			treatments
OR Spirit*	Holistic		Client-centred treatment
OR Relig*	Spiritual		Client-centred treatments
OR Pastoral*	Spirituality		Client-centered treatment
OR Health?care	Religion		Client-centered treatments
OR “Physical Care”	Religious		Rehab Counselling
	Pastoral		Rehabilitation
	Healthcare		Counselling
	Health Care		Rehab Counseling
	Physical Care		Rehabilitation Counseling
			Rehab Case Management
			Rehabilitation Case
			Management

## RESULTS

### Key themes

Following a review and analysis of the articles, five recurrent themes were identified. These themes were (1) Spirituality/Spiritual Beliefs, (2) Disability, (3) Religion/Religious Views, (4) Holism and (5) Culture/Cultural Competency. See Table 3 for a list of the authors and associated thematic codes according to the themes noted within each of the author's articles (refer [Appendix 2](#)).

**Table 3**

*Thematic codes*

Codes	1	2	3	4	5
Accordino, M. P. & Hunt, B. (2001)		✓			
Burling, K., Tarvydas, V. M. & Maki, D. R. (1994)		✓			
Byrd, E. (1997)	✓		✓		
Chen, R. K., Jo, S.-J., & Donnell, C. M. (2004)	✓	✓	✓		
Goodwin, L. R. (1986)				✓	
Gregory, R. (1994)	✓				
Hampton, N. Z. (2000)		✓			✓
Havranek, J. E. (1995)	✓	✓	✓		
Havranek, J.E. (2000)	✓		✓		
Havranek, J. E. (2003)	✓				
Maki, D. R. (2012)		✓			
McCarthy, H. (2006)	✓	✓			
McCarthy, H. (1995)	✓		✓		
Power, P. & McKenna, M. (1994)					
Sherman, J., & Fischer, J. M. (2002)	✓				
Stebnicki, M. A. (2006)	✓	✓			✓
Stebnicki, M. A., Rubin, S. E., Rollins, C., & Turner, T. (1999)				✓	✓
Total themes across articles:	10	8	5	2	3

### Summary of Literature

#### *Theme 1 – Spirituality/Spiritual Beliefs*

When appraising the chosen articles, the theme of spirituality/spiritual beliefs was found to be the most commonly discussed in relation to the care of clients when holistic care was apparent.



Spirituality, as described by Sherman and Fischer (2002) and McCarthy (2006) can encompass appreciating and understanding the fullness of life, reflecting and actualising on one's life and trying to look at life from an outside perspective. These three concepts can be categorised as the philosophical, sociological and psychological aspects of the spiritual experience (McCarthy, 2006).

When looking at spirituality's link to rehabilitation counselling, it is important to define rehabilitation counselling to give a context in which holistic care operates. Szymanski (1985) (as cited in Havranek, 1995, p. 68) defined rehabilitation counselling as "a profession that assists individuals with disabilities in adapting to the environment, assists environments in accommodating the needs of the individual, and works toward full participation of persons with disabilities in all aspects of society, especially work". Stebnicki (2006) found that spirituality used in conjunction with a multicultural approach is vital for treating a client in a holistic manner. It was also highlighted by Sherman and Fischer (2002) that when helping a client with a chemical dependence, using spirituality can be an important consideration to take into account, for when spirituality was included positive outcomes were found to have increased.

McCarthy (1995) found that when trying to improve rehabilitation counselling services it is important to look at a client through the lens of spirituality and to have an awareness of any spiritual understanding held by a client. It was also found that if a client has an increased understanding of their spirituality, that there could be an increased satisfaction in their life and decreased adverse health effects (Byrd, 1997). Even though the notion of spirituality in rehabilitation counselling is becoming more understood, Byrd (1997) mentions that it may not be always possible for a rehabilitation counsellor to recommend a step-by-step spiritual plan for clients but may have to be more circumspect with the advice and encouragement given to the client. This is affirmed by Chen, Jo and Donnell (2004) who identified that spiritual relief was an important coping strategy for family members to help their loved one with their

disability. Gregory (1994) argues that spirituality is important in rehabilitation and that it is on-going and ever-changing and should be constantly re-evaluated.

When working through spiritual issues it is important for the counsellor to act in a way that does not conflict with any ethical or legal constraints and to understand their own spiritual bias (Havranek, 2003). A study by Sherman and Fischer (2002) found that those in abstinence from alcohol longer than 9 months had incorporated spirituality into their life to a greater degree to those who were abstinent for 9 months or less. This appears to indicate that incorporating spirituality into rehabilitation counselling practice has measurable results. The authors suggest that using spirituality in conjunction with abstinence could potentially be advantageous in the treatment of clients with a chemical dependency (Sherman & Fischer, 2002). One recommendation proposed by Havranek (2003) was that counsellors must work to create spaces where the client can feel comfortable in bringing up the conversation of spirituality. Lastly, in working with clients in the rehabilitation counselling setting it is imperative to understand our own beliefs and bias towards spirituality as if we cannot understand this in ourselves it is harder to understand it in others (Havranek, 2000).

## ***Theme 2 - Disability***

There are many themes that were found following an extensive search of literature on rehabilitation counselling and holistic care. Disability was one of the recurring themes that was discussed in most of the articles. Disability is defined as a condition which restricts an individual's sensory, mental and mobility functions to perform a task or activity in the same way as person who does not have a disability (Barbotte, 2001). A study by Accordino and Hunt (2001) reported that rehabilitation counselling programs or services that were more holistic were beneficial to a client's family if they were included. Accordino and Hunt (2001) stated that including the family can improve a client's experience living with disabilities, and adherence to rehabilitation programs, and therefore recovery outcomes. Burling, Tarvydas, and

Maki (1994) found that when working with clients living with disabilities, rehabilitation counsellors should also incorporate sexuality into the holistic approach to their work.

With a specific cultural focus Chen et al. (2004) discussed the importance of improving rehabilitation services and programs and making them more holistic by understanding Asian Americans attitudes towards disability from a spiritual, religious and philosophical perspective. Asian Americans are three times less likely to use services available to them than European Americans (Chen et al., 2004). The findings of this study conclude that rehabilitation counselling programs and services that incorporate holistic care will be more beneficial for clients from culturally diverse and linguistic backgrounds living with disabilities such as the Asian American community (Chen et al., 2004). Similarly, Hampton (2000) found that client's spiritual beliefs influence the way they view living with a disability. This study found that rehabilitation programs will be more effective and produce better recovery outcomes for clients living with disabilities if rehabilitation counsellors utilised a more holistic approach and focused on understanding a client's spiritual beliefs (Hampton, 2000). Havranek (1995) looked at the importance of incorporating holistic care in rehabilitation case management setting and found that clients living with disabilities experiencing spiritual distress are more reluctant to show engagement and active participation in rehabilitation programs than clients not experiencing spiritual distress. It was also suggested that counsellors should develop strategies to resolve client's spiritual distress when living with disability (Havranek, 1995).

Numerous studies have reported the correlation between incorporating holistic care in rehabilitation case management settings and positive health outcomes for clients living with disabilities. Stebnicki (2006) found that in rehabilitation case management settings, rehabilitation counsellors that focussed on understanding the client's disability, in connection with their spiritual values, were able to connect at a deeper level with clients than counsellors that failed to acknowledge a client's spiritual values and beliefs.

### ***Theme 3 – Religion/Religious Views***

Religion/religious views refer to organized set of doctrines around faith beliefs (Clark, 2001). McCarthy (1995) laments the limitation within the literature about discussing rehabilitation counselling and religion. Chen et al. (2004) found that Asian Americans as a racially, linguistically, religiously, and culturally diverse group, are under-represented in rehabilitation and mental health services. Language barriers, financial difficulties and a counsellors' insensitivity when working with a client were identified as potential reason for the under-representation of Asian Americans in rehabilitation counselling (Chen et al., 2004). Byrd (1997) hypothesised that for clients with religious insights, prayer and worship may be a key aspect to provide rehabilitation that is beneficial to the client. Havranek (2000) believed that in order to facilitate effective rehabilitation in the 21<sup>st</sup> century, religious issues must be expanded and explored. Chen et al. (2004) argued that understanding the attitudes of disability from the religious views of Asian-Americans would improve rehabilitation counselling outcomes for this population if it was taken into consideration.

Havranek (1995) identified that when a counsellor is selected, the clients religious background should be taken into consideration as well as the nature of the problem, the gender and sexual orientation of the client, the availability of other services and the clients geographic and transportation needs. Chen et al. (2004) found that Americans with disabilities from different religious, philosophical or spiritual backgrounds could be under-served in the rehabilitation process. It was also discussed that religious faith may reduce fear and decrease stress in the health setting (Byrd, 1997; Levin & Schiller, 1987). Therefore Byrd (1997) posits that understanding religions role in rehabilitation counselling could help to mitigate risk of illness by identifying behaviours that would produce an adverse effect on the client. Lastly, Chen et al. (2004) mentioned that if rehabilitation counsellors acquired a better understanding of Asian Americans from a religious perspective, they could be better able to enhance the outcomes and the overall rehabilitation counselling process for a client.

#### ***Theme 4 – Holism***

Holism in rehabilitation counselling can be understood as using knowledge to work with a client's whole person, their mind, body and spirit in connection with their personal environment (Goodwin, 1986). Stebnicki, Rubin, Rollins, and Turner (1999) found that there has been an increasing amount of literature created that explores the adoption of a holistic approach to counselling. Understanding the relationship between the mind, body, spirit and environment in which an individual is located can facilitate better health outcomes for the individual (Goodwin, 1986). Stebnicki et al. (1999) found traditional rehabilitation counselling to be more effective for clients whose values were similar to the dominant culture of the location compared to those whose values were not. Stebnicki et al. (1999) contended that incorporating holism into rehabilitation counselling could improve outcomes for clients whose values were not aligned to the dominant culture.

Goodwin (1986) found that practitioners who valued holism in their practice tended to utilise a variety of traditional or alternative rehabilitation approaches to help their clients. It was also found that holistic practitioner often emphasised approaches that helped a client to use their own capacity for healing and rehabilitating (Goodwin, 1986). Stebnicki et al. (1999) illustrated that to provide holistic rehabilitation counselling to individuals of diverse backgrounds, counsellors needed to be alert to a client's cultural characteristics and to use this information to develop an effective rehabilitation counselling plan that is well-suited to the client's worldview. Shealy (1981) (as cited in Goodwin, 1986, p.33) mentions that:

A true holistic approach requires careful traditional diagnosis; intelligent consideration of drugs or surgery; analysis and instruction concerning lifestyle, nutrition and physical exercise; counselling; and training in voluntary regulation of autonomic dysfunction. If these are done well, there is little need for some of the more unusual approaches.

This means that if a rehabilitation counsellor uses all aspects to inform a holistic practice this would not be a course of action that would be unusual, as there is a basis for any

healthcare related recommendations. These findings demonstrate that training in holistic care is very important for counsellors for them to effectively assist a client in their rehabilitation journey (Stebnicki et al., 1999).

### ***Theme 5 – Culture/Cultural Competency***

Culture is defined as the beliefs, customs and traditions of groups of people in society (Aggarwal & Zhan, 2017). This is a prominent theme discussed throughout the identified literature. The objective of the article by Stebnicki et al. (1999) was to examine the effectiveness of incorporating holistic care in rehabilitation case management programs or services. Stebnicki et al. (1999) found that rehabilitation counselling was more effective to clients and produced better recovery outcomes when counsellors implemented a holistic and culturally sensitive approach and tried to gain an understanding of a client's cultural background.

Stebnicki (2006) also found that rehabilitation counselling was more holistic, culturally centred and beneficial to clients, when rehabilitation counsellors focused on understanding a client's spiritual beliefs and values; that is adopting a bio-psycho-social-spiritual model for rehabilitation. A study by Hampton (2000) discusses the importance and benefits of making rehabilitation counselling more holistic, and designing rehabilitation counselling services that value and take into consideration a client's culture, religion and linguistic background. Hampton (2000) also highlighted in his study the lack of holistic and culturally sensitive treatments available to clients in rehabilitation case management settings.

## **DISCUSSION AND RECOMMENDATIONS**

Through this scoping review process, it was found that incorporating holistic care into rehabilitation counselling practice can be advantageous for the care of clients. Being aware of a client's spiritual, religious, holistic aspects in conjunction with their disability and cultural

identity can provide more complete care and increase potential positive outcomes from a rehabilitation process.

This scoping review was written following the process set out by Arksey and O'Malley (2005). The strengths of using this method include its prescriptive manner, making it replicable, as well as ensuring that all the relevant articles were systemically identified and acquired. The researchers consistently worked collaboratively to be as unbiased as possible when appraising articles and compiling the results. Some of the limitations of this scoping review were the time constraints and limited resourcing; a longer period of research and additional staffing may have produced more extensive results — particularly with regard to conducting additional manual searching of article references. The terminology and spelling differences across different cultures also made the database searching more complex.

From all the articles acquired, it was found that there were several gaps in the research literature. In the future, it would be advantageous for the rehabilitation counselling community to conduct more research involving quantitative and qualitative studies of how different holistic methods affect clients and to what degree these are effective.

## **CONCLUSION**

Given the evidence available, this review found that incorporating spiritual understanding and care into practice could increase positive outcomes for clients. Rehabilitation counselling techniques were found to be potentially more effective and beneficial to clients with disabilities when the counsellor incorporated holistic care into their practice. Further, when looking at the link between rehabilitation counselling and the understanding of religion in care, Byrd (1997) posited that understanding the role which religion plays in rehabilitation counselling, could reduce adverse effects for the client.

It was also found by Goodwin (1986) that being a holistic practitioner helped to empower clients to use their own capacity for healing and rehabilitation. The existing literature

also suggests however that rehabilitation counselling will be more holistic, culturally-centred and beneficial to clients, when counsellors have a good understanding of the client's cultural values and religious/spiritual beliefs.

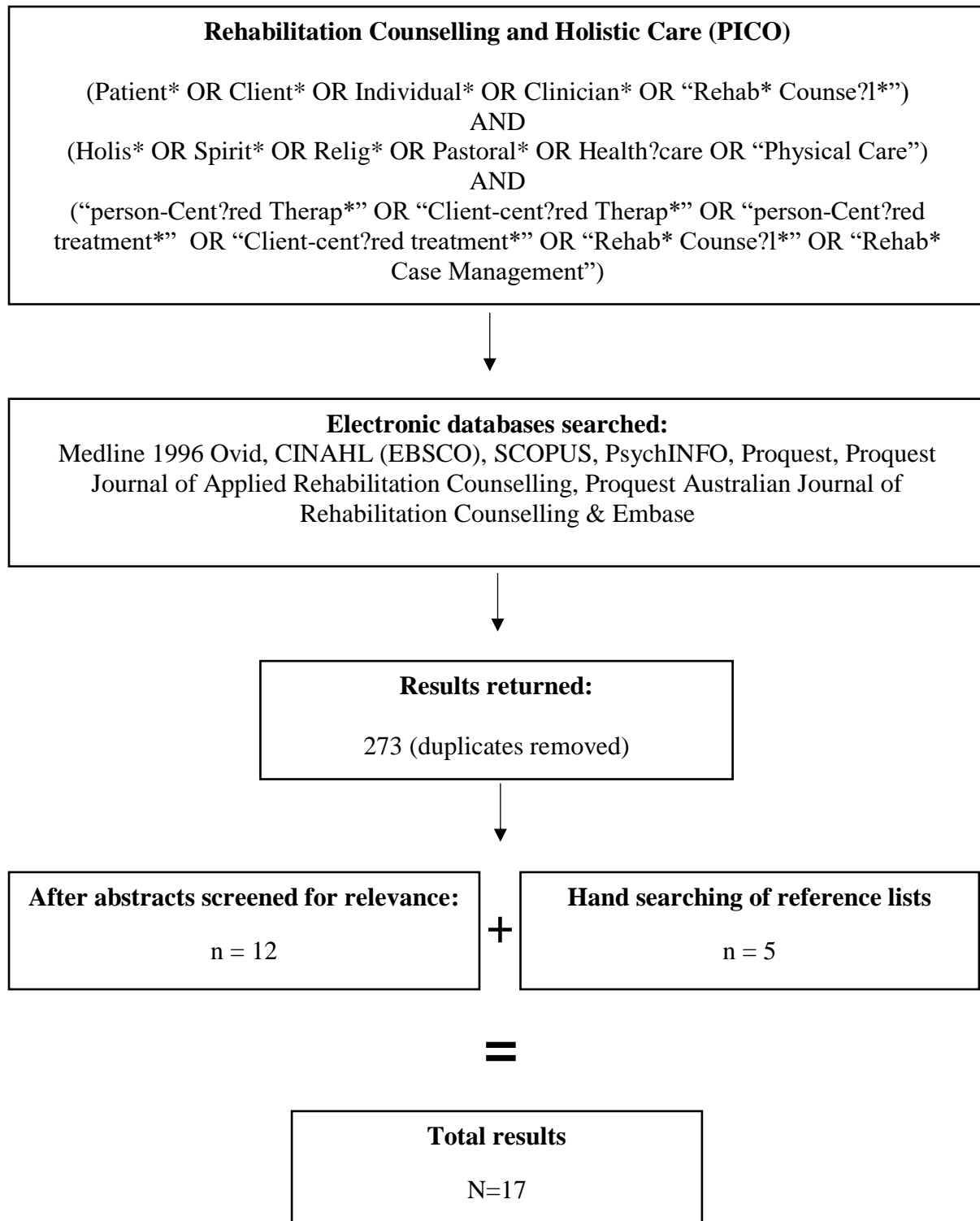
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**APPENDIX 1****Search Strategy**

**APPENDIX 2**

## Literature and Thematic Coding

<b>Article no.</b>	<b>Author/ Year</b>	<b>Title</b>	<b>Abstracts</b>	<b>Thematic coding</b>
1	Accordino, M. P. & Hunt, B. (2001)	Family counselling training in rehabilitation programs	“The amount and level of family counseling training provided in rehabilitation counseling graduate programs was examined in this study. In terms of an introductory family counseling course, results indicated that 37% of the responding programs offered an entire course, 35% offered a partial course, and 28% offered no course or part of course on the topic. All of the respondents believed that graduates should be able to provide information to families about the rehabilitation process, and 98% thought their graduates should be competent to explore how the family can help the family member with the disability succeed. Suggestions are made for ways to incorporate family counseling training into existing rehabilitation counseling programs.” (p. 225)	2,4
2	Burling, K., Tarvydas, V. M. & Maki, D. R. (1994)	Human sexuality and disability: A holistic interpretation of rehabilitation counseling	“Sexuality is a multidimensional component of human function that can enhance or distract from the quality of life for all persons. Rehabilitation counselors should incorporate sexuality into a holistic approach to their work with persons with disability. A functional discussion of sexuality as 1 such critical dimension is presented. The MAPS model, which encompasses mental, affective, physical, and social components of an individual's sexual framework, can be integrated within the PLISSIT (Permission, Limited Information, and Intensive Therapy [J. S. Annon, 1976]) approach to guide counselors in their assessment and counseling activities. Such a holistic approach purports to enhance the total rehabilitation process and ultimately the quality of life for persons receiving services.” (p. 10)	2

3	Byrd, E. (1997)	Concepts related to inclusion of the spirituality component in services to persons with disability and chronic illness	“Concepts related to the spiritual component of the rehabilitation client are enumerated and documented by the literature. These concepts include healing. Spirituality, logotherapy, bibliotherapy, meditation, religion, worship, god and Christ. There may be good rationale for inclusion of the spiritual component of the rehabilitation client along with psychological, and vocational services” (p.26)	1,3
4	Chen, R. K., Jo, S.-J., & Donnell, C. M. (2004)	Enhancing the Rehabilitation Counseling Process: Understanding the Obstacles to Asian Americans' Utilization of Services	“Improving rehabilitation services for Asian Americans with disabilities through the rehabilitation counseling process remains as an ongoing challenge. Despite being the fastest growing ethnic group in the United States, past studies have reported low utilization rates of vocational rehabilitation and mental health services among this population. This article (a) describes Asian American views on disabilities from religious, philosophical, and spiritual perspectives; (b) reviews factors that may contribute to their being underserved in the rehabilitation; (c) discusses the influence of family dynamics on the rehabilitation process; (d) underscores unique employment challenges facing the Asian immigrant community; and (e) draws out the implications of such an analysis for rehabilitation counseling.” (p.29)	1,2,3,4
5	Goodwin, L. R. (1986)	A holistic perspective for the provision of rehabilitation counseling services.	“This article presents a holistic perspective of rehabilitation counseling including eight dimensions underlying a holistic rehabilitation counseling paradigm. Also, the present trends of holistically oriented approaches in rehabilitation discussed.” (p.29)	5
6	Gregory, R. (1994)	Deep Ecology: An Opportunity for Rehabilitation Counselors	“Rehabilitation professionals can gain insight into their profession by becoming aware of the new philosophic arguments such as that posted by deep ecology. Raising question, rethinking practices and acting in ways may generate a healthier approach, and role. Issues such as relationship with the environment, therapy as spiritual development, levels of intervention, measurement by quality values of diversity, and the goals of rehabilitation are important and ongoing. With deep ecology, we have the opportunity to reconsider our actions and conceptual frameworks and renew and revise our work.” (p.47)	1

7	Hampton, N. Z. (2000)	Meeting the Unique Needs of Asian Americans and Pacific Islanders with Disabilities: A Challenge to Rehabilitation Counselors in the 21st Century	“This article focuses on the unique rehabilitation needs of Asian Americans and Pacific Islanders (AAPIs) with disabilities. The prevalence of disabilities among AAPIs is reviewed based on the available data in the literature. Cultures of AAPIs and barriers preventing AAPIs with disabilities from seeking or receiving vocational rehabilitation services are discussed. Recommendations are presented on how to improve vocational rehabilitation counseling services in the 21st century for this underserved population.” (p. 40)	2,4,6
8	Havranek, J. E. (1995)	Religious and Spiritual Beliefs of Certified Rehabilitation Counselors Compared to the General Population	“This paper compares responses of a national survey of the general population about spiritual and religious beliefs with a survey of Certified Rehabilitation Counselors. Observations are made and suggestions for further research are included.” (p. 67)	1,2,3
9	Havranek, J.E. (2000)	The Role of the Christian Rehabilitation Counselor in Secular Service Settings	“Spiritual illness can have an impact on the effectiveness of rehabilitation services. The purpose of this article is to identify those clients who are experiencing spiritual distress and describe strategies useful in remediating these needs.” (p. 33)	1,3
10	Havranek, J. E. (2003)	The spirituality exploration guide: A means to facilitate discussion of spiritual issues in the rehabilitation counselling process	“Spiritual issues in the counseling field have recently been given increased saliency, and the literature on rehabilitation counseling has seen a steady growth. Much of the research has focused on measuring spirituality, while relatively little has been on constructing useful counseling tools. This paper reviews the major findings and presents an instrument designed to facilitate the inclusion of a spiritual dimension in rehabilitation counseling. A case study and conclusions are included.” (p.38)	1

11	Maki, D. R. (2012)	Concepts and Paradigms in Rehabilitation Counselling	“This chapter introduced the concepts and paradigms essential to understanding the professional practice of rehabilitation counselling. Key definitions and conceptual frameworks as well as the scope of practice were introduced. In a manner consistent with the holistic nature of rehabilitation counselling, this chapter addressed the philosophy of rehabilitation counselling and its attendant components, the concept of disability, various paradigms of both rehabilitation practice and rehabilitation counselling, the sequential process involved, and the centrality of the person with a disability throughout the rehabilitation counselling professional practice” add page number	2
12	McCarthy, H. (2006)	Incorporating Spirituality into Rehabilitation Counselling and Coping with Disability	“Within the health care professions, I would judge that nursing has the most diverse theoretical advancements and practical contributions in promoting consideration of the role of spirituality. Therefore, a person interested in its relationship to disability or chronic illness would be wise to delve in nursing literature.” (p. 202)	1,2,3
13	McCarthy, H. (1995)	Understanding and reversing rehabilitation counseling's neglect of spirituality	“This paper begins with a description of the level of religious feeling and spiritual search in contemporary American culture as a way of understanding the larger context of values within which rehabilitation education and practice are being conducted. It then summarizes areas of interaction between the spiritual and disability-related spheres, and critiques the dearth of attention given to spiritual matters by rehabilitation counselling as a behavioural science and a helping profession. Possible explanations for this lack of professional education and encouragement in responding to clients' expressions of spiritual interests are discussed.” (p.187)	1,2,3

14	Power, P. & McKenna, M. (1994)	Rehabilitation counseling: A perspective on an interdisciplinary approach to vocational evaluation and assessment	Highlights a client-centered perspective of vocational evaluation and assessment (VEA), a process which has received infusions from disability-related policies, the rehabilitation consumer movement, and research that examines many traditional ways of evaluation. Three themes dominating a professional orientation perspective on VEA are client involvement in assessment, a focus on the client's strengths, and emphasis on the holistic nature of client functioning. Interdisciplinary collaboration necessitates specific roles (advocate, supporter, program planner) and activities (listening, negotiating, information sharing) of vocational evaluators. Obstacles to the achievement of holistic VEA generally emerge from the client's community environment, the evaluator, other rehabilitation-related professionals, and the professional environment. (PsycINFO Database Record (c) 2016 APA, all rights reserved)	4
15	Sherman, J., & Fischer, J. M. (2002)	Spirituality and addiction recovery for rehabilitation counseling	“Spirituality can be experienced as appreciating the totality of life through fellowship with others, reflecting on the meaning of all aspects of our experience, and viewing our existence from a vantage point outside everyday happenings. The purpose of this study was to determine whether a relationship exists between spirituality, modality of recovery of people with chemical addictions, and length of abstinence from chemicals. The Spirituality in Recovery Questionnaire (SRQ) was used to gather data from 81 respondents in a Northwest community in three modalities of recovery: outpatient treatment with a spiritual program, residential treatment with a spiritual program, and outpatient treatment without a spiritual program. A 2 x 3 factorial analysis-of-variance analyzed the data obtained from the SRQ. Results determined that people more than nine months in recovery from chemical dependency had significantly higher scores on the SRQ. This study suggests that people with chemical addictions can enhance their spirituality through abstinence.” (p.27)	1,5



16	Stebnicki, M. A. (2006)	Integrating spirituality in rehabilitation counselor supervision	<p>“Incorporating issues of client/consumer spirituality within rehabilitation counselor education and supervision emerges as one of the most challenging, yet misunderstood areas in rehabilitation counselor training. The search for personal meaning of one's chronic illness or disability is thought to be an existential and spiritual pursuit. Accordingly, some researchers and educators in rehabilitation counseling have advocated exploring disability from a metaphysical or spiritual perspective. A greater awareness and understanding of the client's/consumer's spirituality facilitates counseling from a culturally centered perspective and offers rehabilitation services that are more holistic. This article explores the implications of infusing the spiritual aspects of counseling into clinical supervision. Guidelines for rehabilitation counselor educators and supervisors are offered for integrating spiritual aspects of counseling into rehabilitation counselor education and supervision.” (p.115)</p>	1,2,6
17	Stebnicki, M. A., Rubin, S. E., Rollins, C., & Turner, T. (1999)	A holistic approach to multicultural rehabilitation counseling.	<p>“Proposes a holistic multicultural counseling approach, using a case illustration that teaches rehabilitation counselors to recognize and appreciate both the individual uniqueness and human commonalities among persons with disabilities. This approach encourages rehabilitation counselors to appreciate the uniqueness of each person with a disability by simultaneously considering many different relevant client characteristics, such as racial/ethnic identity, religious affiliation, gender, socioeconomic status, geographic location, national identity, and lifestyle. According to the authors, a key supposition underlying the proposed approach is that effective counseling is individualized and an emphasis should be on understanding what is useful or meaningful to the client as a person, rather than viewing the person only as a representative of a certain racial/ethnic/cultural group.” (p.3)</p>	5,6