

Sharing Experiences among People with Physical Disabilities through Rehabilitation Counselling Sessions

Zuhda Husain^a, Salleh Amat^{b*}, Abu Yazid Abu Bakar^c, Nor Shafrin Ahmad^d, Dharatun Nissa Fuad Mohd Karim^e, Mohd Izwan Mahmud^f, Kamarul Md Shah^g, Faculty of Business, Economics & Social Development, Universti Malaysia Terengganu, Terengganu, Malaysia^{a,g}, Faculty of Education, Universiti Kebangsaan Malaysia, Selangor, Malaysia^{b,c,e,f}, School of Educational Studies, Universiti Sains Malaysia, Pulau Pinang, Malaysia^d, Email: ^{b*}sallehba@ukm.edu.my

Rehabilitation Counselling is an approach that is introduced to assist the person with a disability in solving their problems. The problems in question do not only involve rehabilitation from physical aspects but also takes into account their psychological, emotional, and social issues. The group counselling sessions were conducted in this study purposely to explore the participant's experiences during the rehabilitation counselling session. Six subjects were involved in this study and participated in eight sessions based on eight sub-modules. The results show that several key themes are formed based on the experience gained during the session. The themes formed were 1: Views of the rehabilitation counselling session and 2: Experience of the rehabilitation counselling session. Among the subthemes formed are perception, acceptance, and reliability. The subjects translate experiences involving sharing, hopes, awareness, the need to express feelings and relationship issues. This finding shows that rehabilitation counselling sessions conducted by the peer group help them to work together in addressing issues encountered. In this way, they can feel that they are being heard and they are not alone having through difficult times in life. Thus, this study has shown that the rehabilitation counselling sessions not only assists the person with a disability to address and resolve their problems but also as a guide to counsellors in Malaysia in carrying out and exploring the disabled in depth.

Keywords: *Physical Disabilities, Rehabilitation Counselling, Special Needs Students*

Introduction

Persons with disabilities are no longer the most commonly heard term in Malaysian society. The disabled are minorities within the Malaysian community. The disabled in Malaysia are categorized into six major types of disabilities, namely visual, hearing, physical, learning disorders, cerebral palsy, and mental disorders (JKMM, 2010). Disabilities can occur as a result of brain and nervous system injuries that may start from the womb or during birth and sometimes after a hot fever as a result of bacterial or viral attacks or after accidents (Bakar, 2006).

According to Sulaiman (2008), disabled individuals are always uncertain about their future. This group of individuals is still finding it difficult to identify one's potential and doing what he or she wants in life. Government, private, family, or community support is needed to help the disabled to improve their potential (Husain, 2014). In fact, the disabled also want to enjoy a normal life, such as a normal human being who is to move freely, communicate clearly and think fast (Ein, 2006).

Tarsidi (2008), in his study, found that when a person has a disability, they are vulnerable to a variety of problems such as depression, shock and difficulty in accepting the disability. This study is in line with studies conducted by previous researchers Livneh and Cook (2004), Livneh and Antonak (2005), who found that common reactions are commonly shown by individuals with disabilities such as anxiety, shock, nervousness, rejection, depression, anger, acceptance, and adjustability. They also have a variety of identities and emotional problems that lead to negative attitudes and depression (Smart & Smart, 2006 & Swanson, 2000). This means that a person's depression and behaviour also interact simultaneously with the disability. As a result, people with disabilities feel they lack the skills or abilities to succeed. According to Brigida (2005), people with disabilities will reach a point of change in their life that will lead them to think and plan for the future as they wish. Therefore, these groups need to be exposed to rehabilitation counselling sessions so that they can identify the problem they are facing and thus help improve their ability.

In Malaysia, counselling services are provided in the form of crisis interventions such as depression, suicide threats, trauma or shock. All of these are in the guidance, prevention and outreach services commonly used in Malaysia (Bakar et al., 2017; Salim, 2004). In fact, counselling for the disabled is quite limited because the counselling training provided is meant for ordinary people, and not catered specifically to the disabled (Hamid & Bakar, 2019). Based on the above statement, it was found that no special interventions were given to the disabled to help them address the issues. Therefore, rehabilitation counselling sessions for the disabled are highlighted in this study, where they are more specific.



Rehabilitation counsellors play a role in working with the disabled and identifying, while also monitoring the services provided to these groups during the rehabilitation process (Husain, 2014). Previous studies have found that people with disabilities who participate in rehabilitation counselling sessions often talk about the culture, society and conflicts that occur in their environment through their inner world. In fact, this approach has been shown to overcome trauma, pain and physical disabilities to control life after a disability (Etherington, 2002). Therefore, these groups need support services that help them overcome their problems. Thus, professional counselling services are essential to help address issues related to the disabled (Smart & Smart, 2006). The Disability Rehabilitation Counselling Module was created to provide the disabled with the opportunity to follow, experience and respond to the counselling process followed so that they can formulate a new goal in life. Parker et al., (2004) sees rehabilitation counselling as a profession that is designed to help individuals with disabilities adapt to the environment according to their wants and needs. Through this, people with disabilities need to work to achieve this by adapting to other aspects of society.

According to Cottone and Tarvydas (2003), rehabilitation counselling is seen to have a significant relationship with the philosophy and practice of the disabled. In the United States rehabilitation counselling begins with the development of career counselling. Rehabilitation counselling has a strong influence on both the social and work culture of American society. Although these two counselling courses are evolving, both rehabilitation and career counselling services have their own identities. The implementation of services and the professional development of these two services are in accordance with the specific needs and requirements of their respective populations. According to the developmental history of rehabilitation counselling in the United States, rehabilitation counsellors have adopted a vocational approach to the disabled so that they can meet their wants and needs while providing career counselling with a particular emphasis on the normal community. These developments seemed to complement each other at that time.

Rehabilitation counselling services in the United States involve a team of professionals comprised of counsellors, psychologists, physicians, managers and a number of other professionals who are related to the different types of disabilities experienced by the disabled. The counsellors in these settings ensure that the disabled receive the services of the professional group so that they can meet the needs of other normal individuals. Besides, rehabilitation counselling is also seen as a growing profession in line with existing counselling services (Cottone & Tarvydas, 2003). Its interests and needs are the same as those of other support services. Many of the rehabilitation counsellors have been employed in a variety of settings, whether medical, public or private sectors. This situation clearly shows that rehabilitation counselling services are growing and becoming more accepted in the community, especially for the disabled.

Rehabilitation counsellors in the United States are beginning to see that the problems of the disabled have something to do with their psychological and social problems. According to Samuel, et al. (2007), disabled people are viewed as individuals in need of special services aimed at helping the disabled to become self-reliant in their communities and looking at the disability experienced by the disabled is not a hindrance for this group to remain in the normal community. Therefore, professional help or services are essential to help people with disabilities to feel accepted by the community. This situation has led the rehabilitation counsellor to focus on two key aspects of the rehabilitation counselling process, which are vocational, as well as the psychosocial adjustment of the disabled (Cottone & Tarvydas, 2003).

A study conducted by Leahy, Chan, and Saunders (2003) aimed at identifying and examining the key knowledge and functions required in rehabilitation counselling practice found that rehabilitation counsellors have made significant changes in counselling practices and have provided appropriate services over the past decade. The number of rehabilitation counsellors is also increasing in the private sector as specialists in vocational training, programs involving individuals with disabilities as well as other medical fields require consultation skills (Estrada-Hernandez & Saunders, 2005; Leahy, Chan & Saunders, 2003; Shahnasarian, 2001). Since the 1970s, counsellors have begun to emphasize issues that people with disabilities experience during their recovery counselling sessions. One of the things that have always been emphasized is self-reliant behaviour in the surrounding community. Subsequently, rehabilitation counselling has created a service specifically for people with disabilities to help them solve problems in medicine and psychology, the social impact of disabilities and the vocational impact of disabilities by transforming their deficiencies into other skills at work. Indirectly, rehabilitation counselling is becoming increasingly important for people with disabilities to achieve their desired personal, career and even independent life.

The United States of America estimates that 43 million people with disabilities are being hindered from their daily activities simply because of the problems described above (Cottone & Travydas, 2003). Among the most frequent people to seek rehabilitation counselling services in America are those who have had accidents at work, have brain damage due to accidents at work, the hearing and vision impaired, people with epilepsy, AIDS, lung problems, drug and alcohol addiction and psychiatric problems such as depression and schizophrenia. Rehabilitation counsellors emphasise that the key factor in rehabilitation counselling is to help people with disabilities achieve their personal goals, careers and even live independently, without the need to rely on the surrounding community (Ishak & Bakar, 2017; Zuhda, 2014).

The rehabilitation counselling module is designed specifically for the physically disabled caused by accidents and illness attacks. The purpose is to help the disabled to solve the psychosocial problems they are experiencing and to give the disabled people the confidence to remain in society. Besides, this module is also designed to help people with disabilities reduce

their feelings of low self-esteem and separation while being around family members, friends, and the community.

This module is based on Rational Emotive Behavioural Therapy (REBT) and Functional Models, as it emphasises issues that are often associated with the disabled, especially in psychological and social issues. Each group member involved in this module is required to follow three main topics; 1: self-related issues after a disability; 2: family relationships and 3: relationships with friends and the community around them. The time allotted for this module is eight weeks. During the session, the counsellor needs to understand and experience what the disabled are going through to see the problem of the disabled from their perspective and not the counsellors. According to Boyatzis (2005), to be an effective counsellor and an executive mentor, the individual must be sensitive to the feelings of others, referring to aspects of empathy. Therefore, it can be concluded that the implementation of this module should be done professionally to achieve the desired goal.

Methods

Research Design

This study is qualitative. A phenomenological design was used in this study to explore the experience of the subjects following a rehabilitation counselling session. According to Merriam (2002), phenomenology is an approach that focuses on the process of interpreting the meaning and purpose of a phenomenal interaction.

This method is used to gain in-depth information about the subject's experience and views while participating in the Rehabilitation Counselling Module. The purpose is to provide the subject with an opportunity to express what he or she feels and to interpret the issues that arise through the medium of rehabilitation counselling that follows. It also focuses on the meaning, which is how the subjects involved in this study give meaning to their lives, experiences and social structure. The implementation of this session was analysed through verbatim transcriptions and supporting documents so that the researcher could identify the processes and effects of the module on the subject's psychosocial problems. Gay and Airasian (2003) pointed out that a qualitative approach is taken to gain a deeper understanding of a situation and to enrich the knowledge of how and why it occurs. In conclusion, this method focuses on internal processes and the interaction of the subject's experience while participating in the Rehabilitation Counselling Module.

Participants

Six persons with physical disabilities were involved in this study. The subjects of the study were between 19-30 years old with physical disabilities. A subject is a group located in one of the rehabilitation institutions in Malaysia. The study subjects were selected through objective

sampling. According to Mok (2009), objective sampling is a type of sampling that focuses on the selection of subjects based on the specific characteristics they wish to study. This selection technique is used to allow subject matter selection to provide information related to the issue to be explored (Creswell, 2002).

According to Patton (2002), this technique is used to identify individuals or cases rich in research information in a phenomenon. Therefore, the subjects in this study were selected based on the research findings and the purpose of this study. Individuals taken as subjects in this study consisted of physically disabled (F-F) as a result of accidents experienced and through experience related to psychosocial problems after becoming disabled.

Procedures

The implementation method involves a small group of 6 people. The sessions lasted for nine weeks. Sessions are held once a week. Each subject is required to attend all of the sessions. There are three main submodules that the subject goes through in this session, namely psychology, relationships and goals. Each subject will then share what they have gone through, what they felt and what they've experienced based on that submodule with other members of the group. This session has implemented several methods of expressive art therapy aimed at relieving mood swings. Among the methods used are drawing, writing, video and audio.

Data Collection

The data from this study was obtained from several sources, such as interviews, observations and even diaries. The use of multiple sources of data was a triangulation approach of various sources and data reinforcement (Miles & Huberman, 1984).

Data Analysis Procedures

Qualitative data analysis is carried out in three ways: interview, observation and document analysis. According to Miles and Huberman (1984), the process of analysing qualitative data began by transcribing all interview records, followed by creating an interview summary form, unnecessary data removal, data encoding and coding patterns. In this study, analyses were conducted on interview transcriptions, diary entries and observations during the sessions. Ishak and Bakar (2012), and Maxwell and Joseph (2005) stated that data analysis for qualitative studies is described as interactive because data collection and analysis influence each other.

Specifically, the data for this study were analysed using the content analysis method. Content analysis is a proposal made by Miles and Huberman (1984) to analyse interview data. Burns (2000), states that content analysis is one of the most widely used methods of analysis in qualitative studies. This method works to identify themes, concepts, and meanings contained

in an interview. This method requires an encoding system that is related to the purpose of the research. Data collection will continue until codes or themes are generated from the data until no new information is available (Rollnick & Miller, 1995). In addition to the interview, the researcher also made verbatim transcriptions of the responses given by the subject during the counselling session. These responses were obtained from audio recordings throughout the study. The purpose is to identify the subject's response to the counselling session and to look at the experience of the physically disabled in the rehabilitation counselling session. The combination of these two methods can create themes that reflect what the respondents are going through.

Results and Discussion

The findings show that two main themes have been developed. The first is the subject's view of the counselling session and the second theme is the experience they obtained while attending the rehabilitation counselling session. Based on the analysis performed, two subjects showed significant changes after participating in a rehabilitation counselling session. Further explanations are as follows:

a. Perception towards rehabilitation counselling sessions

This refers to how subjects try to express their opinions of the sessions that follow. Subjects also indicated their acceptance and confidence in the counselling session. The analysis was performed based on before and after the session. This finding is derived from the interviews that took place during the session as well as through writing the subject diary. In short, three subthemes have been developed in this section. The findings are as follows in Table 1.

The results showed that five of the subjects had negative views of the counselling service before attending a counselling session. This situation occurs because the subject never been exposed counselling sessions and the actual role of a counsellor in the session. Therefore, they had misinterpreted the counselling service itself. When the perception is wrong, there will be issues of unacceptability and distrust of counsellors and counselling services that follow. However, upon completion, the subjects showed an open attitude and received counselling services. The following is a sample transcript of the interview conducted.

Example:

Researcher: What is S6's view of the counselling session you have participated in?

S6 : I think this counselling session is ok. It's not what I thought it would be. I've been to counselling sessions, but in those sessions the counsellors looked like they were interested in digging into my secrets. It's as if they wanted to know everything.

Researcher: Wanted to know everything? Could you please explain?

S6 : I trust people too easily. When I'm called for counselling, I'll tell you what I want to tell a counsellor. In the beginning, it was ok. But as time passes, the counsellor would start to dig into my secrets. I'm afraid if word gets out and my friends find out, I'll be embarrassed.

b. Experience during rehabilitation counselling sessions

This section provides insights into the subject's experience during the rehabilitation counselling session. It aims to understand and deepen the subject's experience during a rehabilitation counselling session. The analysis shows that several themes and subthemes have been formed from the interview session. Subjects showed that the rehabilitation counselling sessions that followed provided new hope in their lives. Table 2. details the findings.

The results showed that the subject had a positive experience during the rehabilitation counselling session. The analysis found that there were five themes and 11 sub-themes. The themes formed are sharing, hope, awareness, the need for feelings and relationships. From the theme of sharing, there have been three subthemes, namely the freedom to share experiences, trust among members and even the need for feelings. For the other four themes, each formed two subthemes. Further details of the experiences of the study subjects are given in Table 2.

The findings show that the subjects experienced some new experiences in rehabilitation counselling sessions such as group sharing, hope, awareness, empathy and communication. Sharing has shaped several subthemes, namely the freedom to share experiences, express trust in-group members and open-mindedness. Through this partnership, subjects found themselves free to express what they felt and experienced with the group members during the session. Through this partnership, the subjects feel accepted by counsellors and group members.

The next theme is hope. Hope is an essential element in a rehabilitation counselling session. Through hope, group members have thoughts of the steps they need to take to achieve a more meaningful life. As for the theme of hope, two subthemes have been formed, namely setting the hope for the future and building a more meaningful life. Besides, the subject also successfully found the strength to change to achieve the desired goal in life. When self-efficacy is identified, subjects begin to show confidence. Rehabilitation counselling sessions also help subjects express their feelings honestly and openly.

The analysis found that subjects naturally experience occurring emotions during the rehabilitation counselling session. In fact, the subjects managed to absorb what they felt while being with the group members. Subjects also expressed pleasure during conducting rehabilitation counselling sessions when group members shared their life experiences and supported each other. Excitement is also felt when members are exposed to a variety of delivery methods and activities during rehabilitation counselling sessions. Through this activity, subjects can explore themselves more openly and easily. Finally, the subjects found that they had experience developing genuine relationships with group members. Through this relationship, it eventually creates unity among the group members and creates more robust relationships. This indirectly makes each group member feel that they need each other.

The following is an example of a verbatim transaction with a client.

Researcher : How can counselling sessions help alleviate problems? Why does it work?

S6 : When my friends and I share our problems, I think we're close. Each one has its own story. When you share in this counselling, I get the feeling that I'm being heard. I know I don't like outsiders. But, in this group, I think my friends can accept me. I feel good because there are so many activities.

Researcher : Fun. So what do you do?

S6 : When it comes to fun, every week, I wait for counselling sessions. I think this counselling is different because my counsellors don't babble, and they don't try to squeeze secrets out of me. So I feel comfortable when it comes to counselling. You helped me a lot in this session to realize my weaknesses and how to improve.

Based on the above analysis, all subjects were found to have a positive experience in the rehabilitation counselling sessions. Through this experience, subjects were able to develop positive self-esteem after completing a rehabilitation counselling session.

The results showed that subjects changed their perception of counselling services more than they did before participating in a rehabilitation counselling session. Generally, negative perceptions of counselling services do not only apply to the disabled but also the normal population (although there has been little change in access to these services). For this study, we found that this change occurred because counselling sessions were focused on the subject's psychosocial issues, not just personal issues as the subjects thought. When negative perceptions are removed, group members are free to share their experiences, in particular, expressing and conveying their feelings more openly. Indirectly, the subject began to exhibit acceptable behaviour during the rehabilitation counselling session that followed. Acceptance of this rehabilitation counselling service came to being, as they now understand the role of counselling and the role of counsellors and team members in helping to alleviate and resolve psychosocial problems.

The typical problem is that there are subjects who see counselling as a place for spreading Islam. The religious sentiment was particularly sensitive to the subjects for fear of discussing issues related to past life and religious beliefs. For the subject, counsellors were trying to give talks and spread the religion. Thus, these concerns have led to a rejection of counselling sessions. However, this can be overcome by a variety of activities that do not focus on religious issues. Through these activities, the subjects will be able to see for themselves the functions of rehabilitation counselling that is being conveyed in the module.

The final issue is about trust. Trust involves communication and confidentiality in counselling sessions. Subjects indicated that they don't trust in counselling and confidentiality sessions. The subjects expressed their difficulty in believing the role of counselling in helping to alleviate and resolve the psychosocial problems that they've experienced. Confidentiality is an issue that has ethical and legal implications for mental health practitioners (Ishak et al., 2012). In other words, the counsellor needs to safeguard the client's rights to the best of their ability. Clients who are in these situations are usually individuals who are in a less motivated position to change or receive help from the counsellor. This situation occurs early in the session as they have never been to any counselling sessions before. Therefore, the subject does not trust the counselling service provided. However, subjects began to show confidence in counsellors and counselling sessions after several sessions. When this happened, he/she indirectly encouraged the group members to take an active part in the counselling session. According to Sapora and Wan Anor (2002), counsellors need to deal with unwanting and resisting clients through a variety of methods so that clients can believe and trust the counsellor in helping and listening to what they share in counselling sessions.

Through rehabilitation counselling sessions, subjects are also able to share their life experiences; before and after becoming disabled. In this situation, the subject can express all their problems, feelings, behaviours, and thoughts that are open to the group. In fact, they have the opportunity to express and share everything previously-stored or through activities placed in the rehabilitation counselling session. This sharing eventually led to a sense of calm and relief among the subjects. However, Groomes and Leahy (2002) noted that rehabilitation counsellors need to identify appropriate ways to encourage these groups to seek strategies to control the stress they experience. The counsellor's expertise in rehabilitation settings can help the disabled to deal with various issues and problems. Thus, this partnership is seen as enabling the subject to feel accepted and supported by group members. This situation illustrates that subjects need a specific medium to allow them to share their experiences and feelings. This way, the subjects will not feel like they are alone and inadequate.

Besides, the ability of the subject to form the expectations of life also have a high impact on the psychosocial subject. The Rehabilitation Counselling Module has successfully shaped the subject to build a more meaningful life through group sharing. With hope and goals, subjects believe that they can return to society and lead a life better than ever before. Implementation

of hope is a guarantee of therapeutic factors that occur in the session followed by the subjects so that they feel that the situation can still be improved (Tharbe, 2006). Besides, this counselling session also provides an opportunity for the subject to experience genuine and profound feelings. In fact, subjects seem to enjoy having their own experiences while in rehabilitation counselling sessions because each member's life is identical and relatable.

Genuine relationships are formed as a result of mutual trust. This situation occurs when the subject maintains confidentiality. Confidentiality is very important in a relationship because each subject's story brings its meaning to each individual. Astuti (2006) explains that group counselling sessions can help develop communication and social interaction among members while solving problems. In the case of social interactions between counsellors and group members, a relationship creates a therapeutic atmosphere and indirectly helps to create unity among members.

Based on the experiences shared above, it is clear that subjects who attended the free counselling session were able to think positively and feel positive when they knew the purpose of the session. The use of rehabilitation counselling has given the subjects a chance to explore, experience, and express the psychosocial problems experienced and subsequently use the right medium to alleviate and resolve the problem. The sharing that occurred during the rehabilitation counselling session successfully opened the door to the subjects to explore their strengths despite the physical limitations they experienced. This process has created therapeutic elements among the subjects. The themes that emerged from this experience shows that the Rehabilitation Counselling Module specifically designed for the physically disabled as a result of an accident can also be applied to individuals with psychosocial problems.

Conclusion

In conclusion, it can be said that rehabilitation counselling has been successfully applied to the physically disabled to replace conventional counselling services with more guidance and advice. Through rehabilitation counselling sessions, subjects can learn to dispel negative thoughts about the shortcomings they experience. Subjects also learn to accept themselves as they are and to help start a new meaningful life even with disabilities. Besides, rehabilitation counselling sessions also help subjects make adjustments in terms of social relationships based on unity and communication between subjects and their group members.

Zunker (2002) indicates that a counsellor's knowledge and understanding of the disabled is an effective way of eliminating negative attitudes and developing positive attitudes toward the disabled. Counsellors need to understand and empathize with what the subject is doing to see the subject matter from the perspective of the subject and not the counsellors' point of view. In other words, rehabilitation counsellors can provide the best new alternative to clients with disabilities (Burker & Kazukauskas, 2010).



Based on the above, there are several implications of this study, especially for counsellors and institutions providing counselling services. The counsellor conducting the session should be someone who is specialized in this field and is qualified to conduct counselling sessions. The counsellor's willingness to accept clients with disabilities can help the disabled to trust the counsellor and the counselling session itself. In fact, the counsellor also needs to focus on issues related to the client's views of the counsellor and the counselling session itself. This study found that most of the subjects of different religions believed that counselling was a cornerstone of their religion. This is due to the lack of exposure to counselling services. Therefore, counsellors need to change this negative perception so that the disabled are more open and willing to attend the sessions offered. Counsellors also need to be more productive and open during sessions so that issues or feedback provided by the subject during the session can be discussed.

In addition, the Department of Social Welfare of Malaysia, as an institution that is directly involved in providing counselling services to the disabled, needs to be prepared through the era of change, by replacing conventional counselling services with rehabilitation counselling services that are more focused on the target group, the physically disabled. Through these changes, the rehabilitation counsellor can provide appropriate services. The JKMM also needs to be more aggressive in introducing rehabilitation counselling services to counsellors and people with disabilities so that they know that rehabilitation counselling is a service to help alleviate problems and find the strength to return to normal society, rather than as a platform for religious dissemination.

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Table 1. Subject Perceptions of Rehabilitation Counselling Session

Subject	Theme	Pre Session	Post Session
S1 S2 S3 S5 S6	Perception	Counselling is given to people who have problems with discipline, fighting, smoking, drinking alcohol, bullying, assault, and learning problems. Counselling is a process of spreading religion for non-Muslims. The counsellor will dig for secrets, not help someone.	Learned a decent amount of things. Counselling is not only for significant cases. Counselling helps improve lives and does not serve to expose someone's life. Different religious counsellors do not disseminate religion in sessions but solve the problems encountered.
S2 S3 S5 S6	Acceptance	Concerns and disadvantages are known to group members. Counselling is difficult to accept because of the fear of religious/spiritual elements being provided during counselling sessions.	Starts trusting counselling as you enter the third session. Negative views of counselling were lost when the counselling sessions that followed did not reflect the elements of religious dissemination.
S1 S2 S3 S4 S5 S6	Confidence	At the beginning of the session, distrust and insecurity counselling can help reduce stress/stress. They were not trusting a counsellor, concerned that the counsellor intends to expose their insecurities.	Be confident in the sessions that follow as the counsellor helps a lot throughout the session . She starts trusting a counsellor midway through the session.

Table 2. Experiences Following Rehabilitation Counselling Session

Subject	Theme	Subtheme
S1, S2, S3, S4, S5, S6	Sharing	i. Freedom of sharing personal experiences ii. Demonstrating trust in-group members iii. Openly expressing their feelings
S2, S4	Hopes	i. Setting expectations for the future ii. Building a more meaningful life
S5, S6	Awareness	i. Identifying one's strength ii. Gaining courage and confidence to change for the better
S1,S2,S3,S4,S5,S 6	Expression of feelings	i. Happens naturally and more in-depth ii. Having fun during sessions
S1, S4	Connection	i. Real, genuine connections ii. Unity

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