

Psychological counseling services for persons with disabilities in rehabilitation centers: Evidence from social work practice in Vietnam



M. A. Do Thi Kim Hue, Nguyen Trung Hai *

Social Work Faculty, University of Labor and Social Affairs, Hanoi, Vietnam

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ABSTRACT

Psychological counseling is an important component of social work services in residential rehabilitation centers for persons with disabilities (PWDs). However, limited evidence is available on counseling practices, perceived effectiveness, and professional competence in low- and middle-income countries, including Vietnam. This mixed-methods study was conducted at a public residential rehabilitation center in Vietnam. Quantitative data were collected through a structured survey of 148 PWDs selected from the center's disability management records and assessed for their ability to participate. Analyses related to psychological counseling focused on 58 PWDs who had directly received counseling services. Qualitative data were obtained through non-participant observation and semi-structured interviews with PWDs and caregivers (n = 6), social workers (n = 4), and center leaders (n = 2). Quantitative data were analyzed descriptively, and qualitative data were analyzed thematically. The results showed that stress-relief counseling and supportive conversations were the most common counseling activities. Individual face-to-face counseling was the most widely used and was considered the most effective approach, while group and telephone counseling were less common and showed more varied effectiveness ratings. Social workers received generally positive evaluations, especially regarding ethics and attitudes, although differences were observed in counseling methods and practical skills. The findings emphasize the need for continuous professional development and interdisciplinary collaboration.

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1. Introduction

Globally, persons with disabilities (PWDs) represent a highly diverse population facing multiple and intersecting barriers that affect their physical, psychological, and social well-being. According to the World Health Organization, over one billion people worldwide live with some form of disability, many of whom experience disproportionately high rates of psychological distress due to health-related limitations, social exclusion, stigma, and restricted access to support services (WHO, 2011). Psychological difficulties such as anxiety, low self-esteem, emotional withdrawal, and reduced coping capacity are commonly reported among PWDs and can significantly limit participation in education, employment, and community life.

Within this context, psychological counseling has been widely recognized as a core intervention to support emotional regulation, coping strategies, and psychosocial adaptation for PWDs. Social workers, as frontline practitioners in rehabilitation and social care systems, play a crucial role in delivering counseling services that are person-centered, ethically grounded, and responsive to individual needs. The International Federation of Social Workers emphasizes that social work practice should promote dignity, social inclusion, and empowerment, particularly for vulnerable and marginalized populations such as PWDs.

In Vietnam, the social work profession has undergone rapid development over the past decade, with increasing institutionalization of social work services in health, rehabilitation, and social protection systems. Residential rehabilitation centers for PWDs constitute a key service setting, providing not only medical and functional rehabilitation but also psychosocial support and social integration services. Despite policy recognition of social work and psychological counseling, empirical research examining how these

* Corresponding Author.

Email Address: haint79@ulsa.edu.vn (N. T. Hai)

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Corresponding author's ORCID profile:

<https://orcid.org/0009-0009-2831-2616>

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services are implemented in practice, and how they are perceived by service users, remains scarce.

This study seeks to address this gap by examining psychological counseling services delivered by social workers in a residential rehabilitation center for PWDs in Vietnam. Specifically, it aims to (1) describe the scope and modalities of psychological counseling services, (2) assess service users' perceptions of counseling effectiveness, and (3) evaluate perceived competence of social workers in delivering psychological counseling. By combining quantitative and qualitative data, the study provides an evidence-based account of social work counseling practice within a developing-country rehabilitation context.

2. Literature review

Disability is increasingly understood through a biopsychosocial lens, as articulated in the WHO's International Classification of Functioning, Disability and Health (ICF). This framework conceptualizes disability as an interaction between health conditions and contextual factors, including environmental barriers and social attitudes (WHO, 2001). Empirical studies consistently show that PWDs are at higher risk of psychological distress compared to the general population, not solely due to impairment but also due to stigma, discrimination, and reduced social participation (Shakespeare et al., 2018).

Stigma and negative societal attitudes have been identified as key contributors to emotional distress among PWDs. Corrigan et al. (2012) demonstrate that both public stigma and internalized stigma can undermine self-esteem, reduce help-seeking behavior, and exacerbate mental health difficulties. These findings underscore the importance of psychological interventions that address both individual coping mechanisms and the broader psychosocial context of disability.

Psychological counseling is a central component of social work practice with PWDs, aiming to support emotional adjustment, enhance coping skills, and facilitate social participation. Counseling approaches commonly emphasize relational engagement, empathic communication, and empowerment, rather than symptom-focused treatment alone (Corey, 2017). Meta-analytic evidence highlights the importance of the therapeutic alliance—characterized by trust, empathy, and collaboration—as a robust predictor of positive counseling outcomes across diverse populations (Flückiger et al., 2018; Stubbe, 2018; Wampold, 2015). More recent rehabilitation-oriented research further underscores that sustained psychosocial support within institutional or supported-living contexts enhances emotional regulation, participation, and long-term adaptation among individuals with disabilities (Bourne et al., 2022).

For PWDs, counseling often needs to be highly individualized and adaptive, taking into account cognitive capacity, communication needs, family involvement, and environmental constraints.

Research suggests that counseling effectiveness is enhanced when interventions are integrated within multidisciplinary rehabilitation teams, allowing coordination between medical, educational, and psychosocial services.

Existing literature identifies individual face-to-face counseling as the most commonly used and effective modality for psychosocial support, particularly for individuals experiencing emotional vulnerability or adjustment difficulties (Corey, 2017). Group counseling, while potentially beneficial for social skills development and peer support, may be less suitable for heterogeneous disability groups due to differences in functional ability and concerns about confidentiality. Systematic reviews indicate that group-based psychosocial interventions for adults with intellectual and developmental disabilities can be beneficial, yet outcomes are highly contingent on group composition, facilitation strategies, and adaptation to diverse communication needs (Bourne et al., 2022; Gustafsson et al., 2009).

More recently, remote counseling modalities such as telephone or tele-mental health services have gained attention, especially in contexts where access to in-person services is limited. Systematic reviews indicate that remote counseling can be effective for certain mental health conditions, although limitations related to assessment accuracy and therapeutic rapport remain (Bulkes et al., 2022). Recent evidence suggests that remote delivery models (telehealth and telerehabilitation) can be feasible for people with physical disabilities, but effectiveness depends on communication support, assessment adaptations, and practitioner training (Buckingham et al., 2023; Ko et al., 2025). Disability-inclusive mental health and psychosocial support (MHPSS) guidance further emphasizes the need for reasonable accommodations, accessible communication formats, and safeguarding procedures when delivering psychosocial services in institutional or supported-living environments.

While international research provides substantial insights into counseling interventions for PWDs, much of the existing evidence originates from high-income countries. There remains a lack of empirical studies examining social work-led psychological counseling within rehabilitation settings in low- and middle-income countries, including Vietnam. In particular, service users' perspectives on counseling effectiveness and workforce competence are underrepresented in the literature. By focusing on a residential rehabilitation center in Vietnam, this study contributes context-specific evidence on psychological counseling practices, service modalities, and social worker competence, thereby enriching the global literature on disability-focused social work and rehabilitation services.

3. Methodology

This study employed a mixed-methods research design to examine psychological counseling services for PWDs in a residential rehabilitation setting in

Vietnam. The mixed-methods approach was selected to capture both the quantitative scope and patterns of counseling service delivery and the qualitative depth of experiences and professional practice in social work. This design is particularly suitable for research on psychosocial services, where complex interactions between service provision, professional competence, and service user experiences need to be explored comprehensively (Creswell and Clark, 2017). The study was conducted at the Thuy An Rehabilitation Center for Persons with Disabilities, a public residential facility providing integrated medical, rehabilitation, educational, and social work services. Psychological counseling constitutes a core component of social work practice at the Center and is delivered to both inpatient and outpatient PWDs.

A systematic document and literature review was conducted to establish the theoretical, legal, and policy foundations of the study. Sources included national laws and policy documents related to social work and disability, institutional regulations governing residential rehabilitation centers, and academic literature on psychological counseling and social work practice with PWDs.

Academic sources were retrieved from books, peer-reviewed journals, and scientific reports to synthesize key theoretical perspectives, concepts, and empirical findings relevant to psychological counseling services for PWDs. The document review informed the conceptual framework of the study and guided the development of research instruments, ensuring consistency between empirical data and existing theoretical and policy contexts (Bowen, 2009).

This study analyzed data derived from the research project "Social work services supporting persons with disabilities at the Thuy An Rehabilitation Center, Hanoi." The total study population consisted of 148 PWDs currently receiving services at the Center. The sample size was determined based on a comprehensive review of the Center's disability management records to ensure coverage of the full service-user population.

Eligible participants included PWDs across different disability types who possessed sufficient cognitive and communicative capacity to understand and respond to the survey questions. Prior to participation, a screening process was conducted by trained social workers at the Center to assess residents' functional communication abilities and mental status, based on professional judgment and existing case records. This procedure was implemented to ensure ethical participation and data reliability. However, it may have excluded individuals with more severe cognitive or communication impairments whose perspectives are also important. Therefore, the findings primarily reflect the views of residents with relatively higher functional capacity and should be interpreted within this context. Following the screening process, all 148 PWDs meeting these criteria were invited to participate in the quantitative survey.

However, among the total sample, only 58 PWDs had directly received psychological counseling services provided by social workers during the study period. Consequently, analyses specifically examining psychological counseling activities, service effectiveness, and perceptions of social workers' competence were conducted using this analytical subsample of 58 respondents. While this analytical strategy ensured that conclusions regarding counseling were grounded in the lived experiences of actual service users, the relatively small subsample ($n = 58$) limits the generalizability of findings beyond this group and should be considered when interpreting the results.

A structured questionnaire was developed specifically for this study and comprised three main sections:

1. General information on respondents' demographic and disability-related characteristics;
2. Experiences with social work services, focusing on psychological counseling activities, counseling modalities, and perceived effectiveness;
3. Perceived influencing factors and recommendations for improving the effectiveness of psychological counseling services delivered by social workers.

Most items were measured using closed-ended questions and Likert-type scales to facilitate descriptive statistical analysis.

Non-participant observation was conducted to collect contextual information on psychological counseling and social work practice within the residential setting. Observations focused on:

- The implementation of psychological counseling activities by social workers;
- Interactions between social workers and PWDs;
- The physical and social environment of the Center;
- Daily routines and observable psychological states of PWDs.

Observation notes were recorded systematically to complement survey data and support data triangulation.

Semi-structured in-depth interviews were conducted to explore perspectives and experiences related to psychological counseling services. A purposive sampling strategy was applied to include key stakeholder groups:

- Six PWDs and/or their family members or caregivers, focusing on experiences of psychological counseling, perceptions of social workers' attitudes and skills, satisfaction with services, and expectations for improvement;
- Four social workers, exploring counseling practices, professional challenges, perceived effectiveness of interventions, and reflections on social work roles in residential rehabilitation settings;

- Two members of the Center's leadership, addressing organizational conditions, management perspectives, and institutional support for psychological counseling services.

All interviews were conducted using an interview guide aligned with the study objectives and were audio-recorded with participants' informed consent.

Quantitative data were analyzed using SPSS version 22.0. Descriptive statistics, including frequencies and percentages, were used to summarize respondent characteristics, psychological counseling activities, service modalities, perceived effectiveness, and evaluations of social workers' competence.

Qualitative data from interviews and observations were analyzed using thematic analysis, following established procedures of data familiarization, coding, theme development, and refinement (Braun and Clarke, 2006). Integration of quantitative and qualitative findings was conducted during the interpretation stage to enhance analytical rigor and credibility through methodological triangulation.

4. Findings

4.1. Psychological counseling activities for persons with disabilities

The findings indicate that PWDs exhibit complex and heterogeneous psychological characteristics, shaped by disability type, severity, age of onset, duration of disability, family context, and social environment. Consistent with previous studies, many PWDs experience low self-esteem, social withdrawal, anxiety, and pessimism regarding their future, which significantly affect their behavior, interpersonal relationships, and social participation (Shakespeare et al., 2018). These psychological vulnerabilities often lead to reduced self-confidence, avoidance of social interaction, and diminished engagement in daily living, education, employment, and community life.

Qualitative data from in-depth interviews with social workers underscore the central role of psychological counseling in supporting PWDs' emotional regulation, behavioral adjustment, and coping capacities. As one social worker noted, psychological counseling at the Center focuses on helping PWDs recognize and manage their emotions, adjust maladaptive behaviors, and develop coping strategies for stressful life situations, alongside psychosocial assessment, therapeutic support, and follow-up monitoring. Empathy, timely encouragement, and an in-depth understanding of individual strengths and resources were identified as critical factors facilitating gradual community integration (Interview, V.T.Q., social worker).

Given that each PWD presents unique psychological needs, counseling interventions are implemented in a highly individualized manner. At the Thuy An Center, psychological counseling

activities primarily include emotional support and stress relief, social communication counseling, crisis intervention following sudden accidents or illness, and regular visits and conversations with PWDs and their families or caregivers. In many cases, counseling is complemented by informational support and close coordination with families, often conducted via telephone or during family visits due to institutional care arrangements.

PWDs at the Center represent diverse disability groups, including hearing and speech impairments, autism spectrum disorders, neurological and mental disabilities, intellectual disabilities, physical disabilities, and multiple disabilities. Most residents are classified as having severe or profound disabilities, each posing distinct psychological and communicative barriers. Consequently, psychological counseling emerges as an indispensable yet highly demanding professional task, requiring social workers to possess not only specialized knowledge but also strong empathy, ethical commitment, and advanced counseling skills. Effective counseling depends on trust-building, appropriate communication strategies, accurate assessment, and sustained interdisciplinary collaboration under institutional leadership.

4.2. Implementation level of psychological counseling activities

Table 1 summarizes the frequency with which key psychological counseling activities were implemented for PWDs who received counseling services (N = 58). Overall, the findings indicate substantial variation in implementation frequency across different types of counseling activities.

Psychological counseling for stress relief was the most consistently delivered intervention. A large majority of respondents reported receiving this service either very frequently (39.7%) or frequently (36.2%), while only a small proportion indicated occasional (22.4%) or no exposure (1.7%). This pattern reflects the routine role of stress-related counseling in addressing ongoing emotional vulnerability among PWDs, who often experience chronic psychological strain associated with functional limitations and social exclusion (Emerson et al., 2016).

Similarly, visits and supportive conversations with PWDs and their family caregivers were reported at high frequencies. More than half of respondents indicated that these activities were conducted frequently (51.7%), and an additional 41.4% reported very frequent implementation. Only a small minority reported occasional (5.2%) or no engagement (1.7%). These findings highlight the centrality of relational and communication-based interactions in social work practice within residential rehabilitation settings, where ongoing assessment and emotional support are integral to service delivery (Healy, 2014).

Social communication counseling was also implemented regularly, but with greater variability.

Approximately one third of respondents reported receiving this activity very frequently (32.8%) or frequently (34.5%), while over one quarter reported occasional implementation (27.6%). A smaller proportion (5.2%) indicated that this activity was never provided.

This distribution suggests that communication-focused counseling is widely available but not uniformly applied, potentially reflecting differences in disability type, communication capacity, and individual psychosocial needs among PWDs (Shakespeare et al., 2018).

Table 1: Frequency of psychological counseling activities for persons with disabilities (N = 58)

Counseling activity	Very frequently n (%)	Frequently n (%)	Occasionally n (%)	Never n (%)
Psychological counseling for stress relief	23 (39.7)	21 (36.2)	13 (22.4)	1 (1.7)
Social communication counseling	19 (32.8)	20 (34.5)	16 (27.6)	3 (5.2)
Crisis intervention counseling	3 (5.2)	8 (13.8)	15 (25.9)	32 (55.2)
Visits and conversations with PWDs and their family caregivers	24 (41.4)	30 (51.7)	3 (5.2)	1 (1.7)

In contrast, crisis intervention counseling exhibited a markedly different implementation pattern. More than half of respondents (55.2%) reported that this activity was never implemented, while 25.9% indicated occasional delivery. Only a small proportion reported receiving crisis intervention frequently (13.8%) or very frequently (5.2%). This finding indicates that crisis intervention counseling was selectively applied to specific cases rather than integrated as a routine service, consistent with established crisis intervention frameworks that emphasize targeted, short-term responses to acute psychological destabilization following traumatic events or sudden health changes (Hobfoll et al., 2021).

contextual understanding. This modality enables social workers to observe verbal and non-verbal cues, often with the support of special education teachers for deaf PWDs, thereby enhancing assessment accuracy and intervention relevance (Corey, 2017).

Taken together, the findings demonstrate that routine, relationship-based counseling activities—particularly stress relief counseling and supportive conversations—were implemented most consistently, whereas specialized interventions such as crisis counseling were applied on a case-specific basis within the rehabilitation center.

Table 2: Counseling modalities used in psychological counseling services for persons with disabilities (N = 58)

Counseling modality	n	Percentage (%)
Individual face-to-face counseling	58	100.0
Group counseling	15	25.9
Telephone counseling	9	15.5

Group counseling was less prevalent (25.9%), primarily due to heterogeneity in disability types and cognitive capacities. Nonetheless, qualitative insights suggest that group counseling can be effective for improving social interaction skills and reducing isolation among PWDs with comparable functional abilities. Telephone counseling, although least utilized (15.5%), proved valuable for outpatient PWDs and during emergency contexts such as the COVID-19 pandemic, facilitating continuity of care despite limitations in direct observation.

4.3. Forms and effectiveness of psychological counseling

Regarding counseling modalities (Table 2), individual face-to-face counseling was universally utilized (100%), reflecting its recognized advantages in direct interaction, emotional expression, and

Table 3 presents service users’ assessments of the effectiveness of different psychological counseling modalities among persons with disabilities who received counseling services (N = 58). Overall, marked differences were observed across modalities in terms of perceived effectiveness.

Table 3: Perceived effectiveness of psychological counseling modalities (N = 58)

Counseling modality	Very effective n (%)	Effective n (%)	Moderate n (%)	Not effective n (%)
Individual face-to-face counseling (with PWDs and/or family caregivers)	27 (46.6)	22 (37.9)	9 (15.5)	0 (0.0)
Group counseling	6 (10.3)	10 (17.2)	17 (29.3)	25 (43.1)
Telephone counseling	9 (15.5)	15 (25.9)	29 (50.0)	5 (8.6)

Individual face-to-face counseling was evaluated most positively. Nearly half of the respondents rated this modality as very effective (46.6%), while an additional 37.9% considered it effective. Only 15.5% perceived individual counseling as moderately effective, and no respondents reported negative evaluations. These findings indicate a consistently high level of perceived effectiveness for individual counseling delivered directly to persons with disabilities and/or their family caregivers. In contrast, group counseling received substantially lower effectiveness ratings. Only 10.3% of

respondents rated group counseling as very effective and 17.2% as effective, whereas 29.3% assessed it as moderately effective. Notably, the largest proportion of respondents (43.1%) rated group counseling as not effective, highlighting considerable variability and overall lower perceived effectiveness compared to individual counseling.

Telephone counseling showed a distinct evaluation pattern. Half of the respondents (50.0%) rated this modality as moderately effective, while 15.5% and 25.9% considered it very effective and effective, respectively. A smaller proportion (8.6%)

perceived telephone counseling as not effective. These results suggest that telephone-based counseling was more frequently perceived as providing partial or supportive benefits rather than high levels of effectiveness.

Taken together, the findings demonstrate a clear preference for individual face-to-face counseling, while group and telephone counseling modalities were perceived as less effective and more variable in their outcomes among persons with disabilities receiving psychological support.

To deepen the analysis, exploratory cross-tabulation suggests that perceived effectiveness varied across disability types. Respondents with communication-related impairments (e.g., hearing and speech disabilities) tended to rate telephone counseling less favorably, likely due to functional communication barriers. Conversely, participants with psychosocial or neurological conditions reported higher perceived benefits from individual face-to-face sessions, emphasizing the importance of sustained therapeutic interaction and emotional attunement. Although the sample size does not permit inferential statistical testing, these percentage differences are substantively meaningful and consistent with observed qualitative patterns.

Qualitative interview data further illuminate these quantitative trends. Several participants noted that group counseling sessions were less effective because the composition of groups included individuals with heterogeneous disability profiles and differing emotional needs. One respondent explained that “group discussions often focused on issues that were not directly relevant to my situation,” while another highlighted discomfort in expressing personal concerns in a collective setting. In contrast, participants who valued individual counseling frequently described feeling “carefully listened to” and “personally understood,” underscoring the relational and individualized nature of therapeutic engagement.

These integrated findings suggest that perceived effectiveness is shaped not only by the counseling modality itself but also by disability-specific characteristics, communication dynamics, and the degree of personalization within the intervention. Individual counseling appears to align more closely

with the heterogeneous and complex psychosocial needs of persons with disabilities in institutional rehabilitation settings.

4.4. Perceived competence of social workers in psychological counseling

Table 4 presents service users’ assessments of social workers’ competence in delivering psychological counseling services for PWDs (N = 58). Overall, the findings indicate a predominantly positive evaluation across all assessed domains, with notable differences in the distribution of ratings.

Professional ethics received the most favorable evaluations. A large majority of respondents rated this domain as very good (43.1%) or good (39.7%), while the remaining 17.2% assessed it as average. Importantly, no respondents rated professional ethics as poor. This pattern suggests a consistently high level of perceived ethical conduct in counseling practice, reflecting core social work values such as respect for dignity, confidentiality, and commitment to service users’ well-being.

Similarly, professional attitude was evaluated very positively. More than four-fifths of respondents rated social workers’ attitude as very good (41.4%) or good (37.9%), while 20.7% provided an average rating and none reported negative evaluations. These findings highlight the prominence of respectful, empathetic, and supportive interaction styles in psychological counseling, which are widely recognized as foundational elements of effective helping relationships (Healy, 2014; Corey, 2017).

Assessments of counseling skills also indicated generally favorable perceptions, though with slightly greater variability. Half of the respondents (50.0%) rated counseling skills as good, and an additional 25.9% rated them as very good. However, 20.7% perceived these skills as average, and a small proportion (3.4%) rated them as poor. This distribution suggests that while most service users perceived counseling skills as adequate or strong, some experienced limitations in skill application, consistent with evidence that counseling competence may vary depending on case complexity and individual needs (Flückiger et al., 2018).

Table 4: Service users’ assessment of social workers’ competence in psychological counseling (N = 58)

No.	Assessment domain	Very good n (%)	Good n (%)	Average n (%)	Poor n (%)
1	Professional qualifications	19 (32.8)	24 (41.4)	13 (22.4)	2 (3.4)
2	Counseling skills	15 (25.9)	29 (50.0)	12 (20.7)	2 (3.4)
3	Professional ethics	25 (43.1)	23 (39.7)	10 (17.2)	0 (0.0)
4	Professional attitude	24 (41.4)	22 (37.9)	12 (20.7)	0 (0.0)
5	Counseling methods	22 (37.9)	23 (39.7)	9 (15.5)	4 (6.9)

Professional qualifications were similarly rated, with 74.2% of respondents assessing this domain as very good (32.8%) or good (41.4%). Nevertheless, over one fifth (22.4%) provided an average rating, and 3.4% rated qualifications as poor. These findings indicate that although social workers’ formal training and professional background were largely perceived as sufficient, a minority of service users

identified gaps in meeting diverse or complex counseling needs, which aligns with the characterization of social work as an applied profession requiring continuous learning and professional development (Healy, 2014).

Counseling methods exhibited the greatest variability among all domains. While 77.6% of respondents rated counseling methods as very good

(37.9%) or good (39.7%), 15.5% rated them as average, and 6.9% rated them as poor. Compared with other domains, this higher proportion of negative evaluations suggests greater inconsistency in the perceived suitability or effectiveness of applied counseling approaches, reflecting challenges in tailoring interventions to heterogeneous disability types and psychosocial needs (Shakespeare et al., 2018). Taken together, the findings demonstrate that service users perceived social workers' competence in psychological counseling as strongest in ethical conduct and professional attitude, while greater variability was observed in counseling methods, skills, and qualifications.

5. Discussion

This study provides empirical evidence on psychological counseling services for PWDs in a residential rehabilitation context in Vietnam, with particular attention to service content, delivery modalities, and perceived competence of social workers. Overall, the findings highlight the centrality of relationship-based, individualized counseling within institutional rehabilitation settings, while also revealing structural and professional constraints that shape service implementation.

First, the predominance of stress-relief counseling and routine supportive conversations reflects the chronic and cumulative nature of psychological distress among PWDs. Rather than episodic mental health crises, many PWDs experience persistent emotional strain associated with functional limitations, social exclusion, stigma, and prolonged institutional living (Emerson et al., 2016). In this context, frequent stress-relief counseling functions as a preventive and stabilizing intervention, supporting emotional regulation and sustaining engagement in rehabilitation, education, and vocational activities. This pattern is consistent with international evidence emphasizing the importance of ongoing psychosocial support for individuals facing long-term disability-related stressors (Shakespeare et al., 2018). Recent reviews on psychosocial interventions in rehabilitation and disability contexts similarly emphasize the importance of sustained, structured emotional support within institutional or supported-living environments, particularly for individuals with long-term functional limitations (Bourne et al., 2022).

The high frequency of visits and supportive conversations further underscores the relational foundation of social work practice in residential rehabilitation centers. These interactions enable continuous assessment, trust-building, and timely emotional support, which are particularly important for PWDs living apart from family members. Healy (2014) emphasized that such relationship-based practice is not ancillary but constitutes a core mechanism through which social work interventions generate meaningful outcomes, especially among vulnerable populations. In contrast, crisis intervention counseling was implemented

selectively and infrequently. This finding should not be interpreted as a service deficiency but rather as an indicator of appropriate targeting. Crisis intervention frameworks emphasize short-term, situation-specific responses to acute psychological destabilization, such as sudden illness, injury, or traumatic events, rather than routine application (Hobfoll et al., 2021). The observed pattern suggests that crisis counseling was reserved for cases meeting clear criteria, aligning with established international practice standards.

Regarding counseling modalities, the universal use and high perceived effectiveness of individual face-to-face counseling highlight its continued relevance in disability-focused psychosocial interventions. Counseling theory and empirical research consistently identify the therapeutic alliance—characterized by trust, empathy, and collaborative engagement—as a robust predictor of positive outcomes across diverse populations (Corey, 2017; Flückiger et al., 2018). Interview narratives reinforced this relational dimension, with participants frequently describing feeling “carefully listened to” and “personally understood,” highlighting the significance of individualized pacing and adaptive communication in disability-focused counseling. For PWDs, who often experience low self-esteem and social withdrawal, direct interpersonal interaction may be particularly effective in facilitating emotional expression and reinforcing a sense of personal value. This emphasis on therapeutic alliance is also supported by recent rehabilitation literature, which highlights the importance of relational depth and personalized adaptation in psychosocial interventions for people with disabilities in institutional settings (Gustafsson et al., 2009). Group counseling and telephone counseling, by contrast, were less frequently utilized and perceived as less effective. Group counseling appeared to be constrained by heterogeneity in disability types, cognitive capacities, and communication needs, as well as concerns about privacy and self-disclosure. While group-based interventions can enhance peer support and social skills under appropriate conditions, their effectiveness depends heavily on careful group composition and facilitation (Shakespeare et al., 2018). Recent systematic reviews similarly indicate that psychosocial group interventions for adults with intellectual and developmental disabilities show variable outcomes when group composition, communication adaptation, and facilitator training are not sufficiently differentiated (Bourne et al., 2022). Qualitative interview data further illuminate this pattern. Both PWDs and social workers reported that mixed disability profiles within the same group often limited relevance and emotional engagement. As one social worker explained, “it is difficult to design a single group session that fully responds to participants with very different communication capacities and psychological needs.” A participant similarly noted that “some group discussions focused on issues that were not directly related to

my personal experience," which reduced perceived usefulness. These insights suggest that the lower ratings of group counseling may stem from insufficient differentiation and adaptation within the group format rather than inherent limitations of group-based intervention itself.

Telephone counseling, although valuable for maintaining continuity of care—especially for outpatient PWDs or during service disruptions such as the COVID-19 pandemic—was more often perceived as moderately effective, reflecting limitations in non-verbal assessment and therapeutic depth (Bulkes et al., 2022). Recent evidence on telerehabilitation and telehealth delivery for people with physical and cognitive disabilities similarly notes that remote modalities require adapted communication strategies, structured assessment protocols, and additional practitioner training to maintain therapeutic effectiveness (Buckingham et al., 2023; Ko et al., 2025). Interview data further contextualize this finding. Several participants emphasized that telephone-based sessions limited emotional connection and clarity of expression. One respondent stated that "without seeing facial expressions or gestures, it is harder to explain what I am feeling." Social workers similarly reported difficulty assessing subtle emotional cues without visual interaction. These qualitative perspectives help explain why telephone counseling was more frequently rated as moderately effective rather than very effective. The assessment of social workers' competence reveals an important pattern. Professional ethics and professional attitude received the most consistently positive evaluations, with no reports of poor performance. This finding underscores the strong alignment of practice with core social work values, including respect for dignity, empathy, and commitment to service users' well-being. Such ethical grounding is particularly critical when working with PWDs, who are at heightened risk of marginalization and power imbalance.

At the same time, greater variability in ratings of counseling methods, skills, and professional qualifications suggests areas for further professional strengthening. Social work with PWDs requires not only foundational counseling competencies but also specialized, disability-informed approaches that can be adapted to diverse and complex needs. As an applied profession, social work necessitates continuous professional development to maintain methodological relevance and effectiveness (Healy, 2014). The findings thus reflect a common tension in rehabilitation settings between strong relational commitment and uneven access to advanced, specialized training.

6. Conclusion

This study has several limitations that should be acknowledged. The research was conducted at a single residential rehabilitation center, which limits the transferability of the findings to other

institutional or community-based settings with different organizational structures, staffing models, or service-user profiles. In addition, because the data relied on self-reported perceptions of service users within an institutional environment, the possibility of social desirability bias cannot be entirely excluded. Some participants may have provided more favorable evaluations of counseling services or social workers due to perceived authority relationships or concerns about service continuity.

First, although the overall survey included 148 PWDs, analyses specifically related to psychological counseling were based on an analytical subsample of 58 respondents who had directly received counseling services. This relatively small sample size limits the statistical power of the quantitative analysis and constrains the generalizability of the findings. The subsample represents only those PWDs who were screened as having sufficient cognitive and communicative capacity and who had direct exposure to counseling interventions. As such, it may not fully reflect the experiences of all residents at the Center, particularly those with more severe cognitive or communication impairments.

In addition, the possibility of selection bias cannot be excluded. Individuals who received counseling services may differ systematically from those who did not, in terms of disability type, severity, psychosocial needs, or level of engagement with social work services. The screening process used to determine cognitive and communicative eligibility, while necessary for ethical and methodological reasons, may also have introduced subjectivity and excluded individuals with more complex support needs whose perspectives are equally important.

Consequently, the findings should be interpreted as exploratory and context-specific rather than statistically representative of the broader population of persons with disabilities in residential rehabilitation settings. Despite these limitations, the study provides valuable practice-based insights into psychological counseling delivery within a real-world rehabilitation context. The integration of qualitative data further strengthens the credibility of the findings by offering contextual explanations and triangulation of quantitative patterns.

This study contributes empirical evidence on psychological counseling services for persons with disabilities in a residential rehabilitation center in Vietnam, highlighting both strengths and areas for development in social work practice. The findings demonstrate that psychological counseling is a core component of rehabilitation services, with routine stress-relief counseling and supportive conversations forming the backbone of psychosocial support. Individual face-to-face counseling emerged as the most widely used and most effective modality, underscoring the central role of therapeutic relationships in supporting PWDs' emotional well-being. Social workers were evaluated positively overall, particularly in terms of professional ethics and attitudes, reflecting strong adherence to core

social work values. However, variability in counseling methods, skills, and professional qualifications points to the need for continued capacity building to address the heterogeneous and evolving needs of PWDs.

It is important to acknowledge several limitations when interpreting these findings. The study was conducted in a single rehabilitation center, which may limit broader generalizability. In addition, although 148 PWDs participated in the overall survey, analyses related specifically to psychological counseling were based on a subsample of 58 service users who had direct counseling experience. While this ensured that conclusions were grounded in lived experiences, the relatively small analytical sample may not fully capture the diversity of all residents. Furthermore, the screening process required participants to possess sufficient cognitive and communicative capacity, potentially excluding individuals with more severe disabilities whose perspectives are equally important. Future research should therefore consider multi-site designs and more inclusive methodological approaches to strengthen representativeness and comparative insight. Although based on a single-site study, these findings offer context-specific insights relevant to rehabilitation centers in low- and middle-income countries. Strengthening psychological counseling services for PWDs requires sustained institutional support, interdisciplinary collaboration, and ongoing professional development to ensure that social work practice remains responsive, ethical, and effective in promoting psychosocial well-being and social inclusion.

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Compliance with ethical standards

Ethical considerations

The study adhered to ethical principles of social research, including voluntary participation, informed consent, confidentiality, and respect for participants' dignity. All participants were informed about the purpose of the study and their right to withdraw at any time without consequences. Identifying information was removed from transcripts and datasets, and all data were used solely for academic research purposes.

Conflict of interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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