Roundtree, S. M., Fleming, A. R., & Pierce, K. L. (2025). Addressing Ableism in Rehabilitation Counselor Education. *Rehabilitation Counselors and Educators Journal*, *14*(1). https://doi.org/10.52017/001c.141469

Topical Manuscript

Addressing Ableism in Rehabilitation Counselor Education

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Keywords: ableism, higher education, rehabilitation counselor education

https://doi.org/10.52017/001c.141469

Rehabilitation Counselors and Educators Journal

Vol. 14, Issue 1, 2025

Ableism is prevalent across community spaces, including disability services and rehabilitation counselor education programs. Rehabilitation counseling reflects historic and current social views on disability. Despite rehabilitation counseling's focus on disability, advocacy, and social justice, counselors and educators are not exempt from perpetuating ableism, harming current students and future clients of their students. In many rehabilitation counseling programs, concepts like disability culture, identity, Disability Justice, academic ableism, and ability privilege remain underexplored. In this article, we examine opportunities and barriers to training anti-oppressive counselors and offer suggestions for supporting students in working towards anti-ableism in their counseling practice. Implications for pedagogy, supervision, leadership, and research are presented.

Advocacy is core to the values of counselors across organizations and institutions. Part of advocacy work is fighting against oppressive systems and ideologies, including ableism. Professional values listed in the most recent American Counseling Association (ACA) code of ethics include both "honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts" and "promoting social justice" (2014, p. 3). Disability is a complex aspect of diversity, representing the largest global minority group (United Nations, n.d.). Disability cannot be considered as a singular aspect of identity and intersects with race, class, and other social structures in this diverse population. These layers of oppression are intertwined deeply in U.S. history, with disability being used to rationalize racism, sexism, and many other types of injustices. For example, laws were created to prevent female and Black Americans from voting because of a perceived lack of cognitive ability or a declaration of mental illness or defectiveness of enslaved Black people who tried to escape (Nielsen, 2012). This is a singular illustration of how dismantling oppression towards disabled people also demands an intersectional approach. This concept is not new; critical scholars have used *intersectionality* for decades, helping bring anti-ableism into conversation with advocacy against all forms of oppression (Annamma et al., 2018; Crenshaw, 1989; hooks, 1994; Schalk, 2017).

Another essential component of advocacy work for counselors is understanding that ableism is rampant across educational, medical, and community spaces. Disability community advocates define ableism as "a system of assigning value to people's bodies and minds based on societally constructed ideas of normalcy, productivity, desirability, intelligence, excellence, and fitness" (Lewis, 2022, para 4). Though ableism impacts disabled folks most significantly, Lewis (2022) states, "you do not have to be disabled to experience ableism" (para 4). Because societal values are ingrained in us at such a young age, the work to deliconstruct ableist notions is significant and takes intention. For instance, while the U.S. has made tremendous progress in disability rights in education, the evolution towards mainstreaming students with disabilities is ongoing. The concept of *mainstreaming* entails the inclusion of students with disabilities in classrooms with nondisabled peers to maximize equitable opportunities for learning and relationship-building (Link, 2023). The lack of mainstreaming in primary education leads to a lack of exposure and an increase in ableist attitudes, such as students with disabilities being bullied more than students without disabilities (Swearer et al., 2012). This negative impression is internalized by disabled and non-disabled people, otherwise known as *internalized ableism*, and is part of our enculturation long before any of us pursues counseling as a career. Internalized ableism impacts disabled students and clients by shaping their relationship with health professionals, peers, and faculty, and their overall experience in the workplace (Feldner et al., 2022; Fuentes et al., 2024; Silverman, 2019). However, in higher education, critical examination of ableism is often left out, even within the context of emphasizing intersectionality (Bialka, 2015; Dolmage, 2017).

Rehabilitation education is not exempt from these aforementioned biases (Hartley et al., 2024; Levine et al., 2020;

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Pierce, 2024). In this article, we examine several barriers to training anti-ableist, anti-oppressive rehabilitation counselors. We review the treatment of disabled people and how societal biases infiltrate higher education. Finally, we suggest how rehabilitation counselor educators might support their students in working towards anti-ableism in their counseling practice. Strategies for pedagogy, supervision, leadership, and research are presented.

Positionality Statement

The authors of this paper represent a range of disability experiences, including visible disabilities, non-apparent disabilities, and able-bodiedness. We are all Certified Rehabilitation Counselors and serve in assistant and associate professor roles across three different institutions. While we differ in our disability identities, we have a common positioning regarding disability, including shared values of independence, community-building, empowerment, and resilience (Andrews & Forber-Pratt, 2022; Pierce, 2024). As such, we lean on the use of identity-first language to align with the disability community (Hartley & Saia, 2022). These varying lived experiences aid us in reflections on our own ableism and in discussing our experiences as faculty and counselors. At the same time, we acknowledge what is missing across our experiences as three White women and the privilege that grants us in academia. In our research, we aim to think outside of our own perspectives to critically examine disability across minoritized identities. Each of us is engaged in disability community approaches that affirm disability as an important identity and culture.

Our goal is not to act as experts, but rather to call attention to the need for critical examination of rehabilitation education to align more closely with the tenets of Disability Justice. Critical applications of disability is not a novel concept and has been discussed in many other fields (e.g., DisCrit, intersectionality), many of whom are Women of Color such as Subini Ancy Annamma and Kimberlé Crenshaw. Rather than presenting this as a new idea, we argue that rehabilitation education needs to meet the progress of other fields in honoring the complexity of the disability experience across identities.

Ability Privilege

Early societal messages, combined with a significant lack of representation of disabled people in rehabilitation counseling and rehabilitation counselor education, create a situation rife with unrecognized and unexamined *ability privilege* (Hartley et al., 2024). Ability privilege (also referred to as able privilege or able-bodied privilege) describes the advantage someone without a disability gains within a society that treats able-bodiedness as normal and the default (Wolbring, 2014). Examples of ability privilege include securing housing without considering the physical accessibility of that housing, being reasonably sure that employers will not be discouraged from hiring you because of disability bias, and not being questioned by strangers about your medical condition(s).

Without examining ability privilege, tension may arise between wanting to support disabled people by providing care and sustenance to those who may not be able to become financially self-sufficient through employment, and marginalizing people by restricting their rights and access to align with benefits and protections. The paternalistic view that disabled people need care and protection is also present within the medical model of providing treatment and services, which is visible through interventions that will address disability-related deficits and simultaneously result in the person being more like non-disabled people. This dichotomy has been present throughout our history and continues today through existing policies and infrastructure (Bagenstos, 2009; Fleming et al., 2023). Within counseling and human services fields, professionals have inflicted violent and inhumane treatment on disabled people in the name of "helping." Some ready examples of this are found in the institutionalization of those with mental illness and developmental disability, suggesting that removing people from their families and society was for the good of everyone. Primitive approaches to treating mental illness and psychiatric disability included restraint, punishments, and sedatives (Juckel et al., 2009; Nguyen-Finn, 2018). Even now, rehabilitation counselors working in the public vocational rehabilitation program are positioned to make a judgment on whether a person's vocational goal is worthy of public financial investment via services based on potential or whether a person can benefit from vocational support and have influence over the individual's vocational goals (34 CFR Part 361, 2011; Rubin & Roessler, 2008). Remnants of these historical approaches prevent authentic alignment with the core principles of Disability Justice.

Despite a shared value for advocacy among counselors and trainees, disability culture, disability identity, pride, and Disability Justice are all concepts that remain underexplored in many counseling programs, including rehabilitation counseling (Hartley et al., 2024; Levine et al., 2024; Saia et al., 2024). Clinical rehabilitation counseling programs are often considered the counseling specialty most educated on disability and most closely aligned with the disability community (CRCC, n.d.), as school and clinical mental health specialties often do not include disability-related topics. However, situating our field in the context of disability history highlights the erasure of disabled people and leaders, particularly in public vocational rehabilitation. For example, the 1978 amendments to the Rehabilitation Act expanded the role of the Client Assistance Programs (CAP) to include assistance for clients pursuing remedies to ensure legal protections and accessing vocational rehabilitation services; this was in response to recognition that clients had very little recourse when counselors made decisions that the client did not agree with (Rubin & Roessler, 2008). It was not until the 1992 amendments to the Rehabilitation Act that major shifts to enhance customer involvement mandated an assumption of the ability of a person to be able to benefit from services, informed consumer choice on vocational goals, and an expected timeline for service eligibility decisions (Parker & Szymanski, 1998). In

rehabilitation counseling texts, often the labor of disability advocates (see Annamma et al., 2018; Lewis, 2022) is erased in the description of these updates, leaving the impression that the changes were somehow self-directed by the field.

Furthermore, existing counseling research and training tend to center the medical model of disability, in which disability is understood as something that needs to be fixed or cured, such as in the field of medicine (Saia et al., 2024; Smart & Smart, 2006; Tucker, 2017). The medical model perpetuates a deficit-based view of disability that is harmful to disabled people, problematizes disability, and minimizes the role of ableism and other social and environmental barriers (Friedman, 2023; Hartley et al., 2024; Hartley & Saia, 2022; Rivas & Hill, 2018). As both rehabilitation services and academia stem from this model of disability, it seems intractable that we, as rehabilitation counselors, are also not prepared to confront how we perpetuate ableism in our programs (Hartley et al., 2024).

Contemporary clinical practices also continue to be influenced by anti-disability sentiment. Practices such as the "oralist" movement, insisting that Deaf people learn speech rather than use sign language (Longmore, 1995), and Applied Behavior Analysis, designed to train Autistic people to behave in a more socially acceptable way according to the priorities of the therapist, persist today (Shyman, 2016). We argue a need to go beyond "disability-specific" training that presents medical and psychosocial information pertinent to disability, and embrace "disability-conscious" training, which "proactively expands beyond a narrow focus on biomedical explanations of disability to situate lived experiences within sociopolitical structures and built environments" (Bowen et al., 2025, p. 2).

Though scholarship on ableism in rehabilitation counseling is scarce, similar issues are seen in other fields also housed in similar realms of medicine, disability, and rehabilitation. In reflecting on humanness in critical disability studies and rehabilitation, Mosleh (2019) urged researchers to take a more nuanced approach that no longer maintains ableist beliefs, but instead allows authentic recognition of differences:

> Given these insights, rehabilitation research and therapies may be more fruitful if they were to recognize difference as the default human condition. Such an approach would subvert the normative gaze of ableism and accept the inherent beauty of the diversity that characterizes the human body and life itself. This interdisciplinary and collaborative agenda requires us to question the meanings we have attributed to impairments, and the ways in which our understandings restrict what people can do and become. (p. 10)

Applying this sentiment to rehabilitation counseling requires critical self-reflection to think about (a) what meanings we attribute to disability and (b) how we may be replicating restrictive or exclusive practices as rehabilitation counselors, no matter how subtle or implicit.

Disability Training in Rehabilitation Counselor Education

In the updated 2024 CACREP standards, the intention was to infuse disability throughout the curriculum, broadening the coverage beyond the rehabilitation-specific specialties (CACREP, 2024). Indeed, the term disability was added to the foundational counseling curriculum intended for all entry-level program students. Specifically, disability is now mentioned in the requirements on Professional Counseling Orientation and Ethical Practice (Standard 3.A.4), Lifespan Development (3.C.9), and Career Development (3.D.2). The greatest attention to disability still resides within the Clinical Rehabilitation Counseling and Rehabilitation Counseling entry-level specialties (CACREP, 2024). While standards reflect suggestions of disabled people as members of a minoritized group and holding a shared cultural identity, standards also reflect a medical model approach to disability discourse. Specific examples are found within standards, such as 5.G.7 "classification, terminology, etiology, functional capacity, and prognosis of disabilities" and 5.G.9 "evaluation and application of assistive technology with an emphasis on individualized assessment and planning" (CACREP, 2024, p. 24). Both standards reflect a view that pathologizes disability and centers the individual in seeking access through an accommodation rather than considering access from a more systemic approach (Hartley & Saia, 2022).

The goal of rehabilitation counselor training is to produce professional counselors who understand and value individuals for who they are, serve as advocates, and promote social justice (Hartley et al., 2024). While rehabilitation counselor education is poised to address social justice concepts as they relate to disability and other minoritized identities, a shift in models, approaches, and scholarship needs to occur to center these concepts in our curriculum and in-service training efforts (Levine et al., 2024). While disability is often addressed directly in rehabilitation counseling education and research through a medical model lens, it is less often presented through a Disability Justice paradigm or through an intersectional framework. As stated by Levine et al. (2024), "Promoting intersectionality in professional development that embodies Disability Justice and social justice principles is paramount to advancing rehabilitation counseling and ensuring its relevance to and for disabled people" (p. 10).

With only limited information available on disability as a salient identity and the oppression of disabled people in our society, it is unlikely we are fulfilling our vision in effectively serving disabled clients. This discrepancy between goals and outcomes of counseling programs has a trickle-down effect on the disability competence of counselors-in-training who often move into clinical practice after graduation. For instance, ableist microaggressions from counselors towards their clients continue to exist at the clinical level and are correlated with negative mental and physical health impacts for clients with disabilities (Branco et al., 2019; Olkin et al., 2019). While it is difficult to conclude whether disability education or experience affects

disability competence, preliminary research has supported that both do (Feather & Carlson, 2019). Furthermore, microaggressions are only one of the many manifestations of ableist discrimination (Hunt et al., 2006; Olkin et al., 2019) and it is imperative that counselors, counselor educators, and counseling programs address the ways they too contribute to ableism.

Counseling as a field has begun to reexamine and reflect on how counselors or counseling can continue to act in ways that perpetuate oppression, even when they have good intentions. This has led to further development of the Multicultural and Social Justice Competencies to include disability and ableism (Ratts et al., 2016). The American Rehabilitation Counselor Association (ARCA), a division of the ACA, created a Task Force on Competencies for Counseling Persons with Disabilities (Chapin et al., 2018). Researchers have also recently called for greater commitment to addressing ableism within counseling organizations that are reflective of pervasive attitudes within the discipline (Hartley & Saia, 2022). Authors argue that within rehabilitation counseling:

> There is a need to engage in deep reflection regarding how disabled people are viewed and treated within rehabilitation counseling associations. We cannot assume we are free from disability bias by nature of the fact we are rehabilitation counselors. In fact, rehabilitation counselors may be susceptible to the paternalistic tendencies of ableism and the medical model, including a belief that they know disability advocacy without input from disabled people. (p. 1)

While disability discrimination has been acknowledged with both research and lived experiences, the extent to which it applies to rehabilitation counselor educators has not been as thoroughly analyzed. As disability specialists, it makes it easier to point to other counseling specialties as being "more" ableist. Though many of the examples of ableism discussed thus far have become more nuanced throughout the years, oppression that occurs subtly still requires a willingness to analyze, reflect, and react to our own ableism.

Aligning Rehabilitation Counselor Education with Disability Community Principles

The erasure of people with disabilities in rehabilitation counselor education illuminates cognitive dissonance existing in rehabilitation counseling around disability. In this final section, we will turn our attention to providing recommendations for infusing concepts of Disability Justice, identity, and pride into rehabilitation counselor education and training as a method to combat ableism. Much like other efforts to become more active in combating oppressive attitudes, behaviors, and systems impacting marginalized groups of people, we suggest shifting to an anti-ableist stance to combat ableism and other forms of oppression inherent in higher education and disability services. As argued by Levine et al. (2024), "Rehabilitation counselor education is the frontline for improving the services available to clients, and therefore, the training of rehabilitation counselor educators and their professional development is crucial to mitigating ableism and overcoming shortcomings in the field" (p. 1).

Infusing Anti-Ableist Teaching Practices

Unrecognized ableism and ability privilege are a threat to clinical judgment and providing quality counseling services; intentional, critical, and inclusive teaching pedagogies can attempt to change how ableism shows up in academia (Dolmage, 2017; Hartley et al., 2024). Unfortunately, faculty may overestimate their proficiency in social justice (Koch et al., 2018; Levine et al., 2024) and may need to be more intentional in their efforts to demonstrate how they attend to it in their own practice, not just as an expectation from their students. Drawing on Lewis' (2022) definition of ableism that highlights the interconnectedness of ableism with racism, sexism, anti-blackness, capitalism, eugenics, and imperialism, it is necessary to consider the interwoven aspects of oppression present for disabled people and those holding other marginalized identities.

One approach is to encourage greater discourse on equity and access within the classroom rather than a singular focus on accommodations. Teaching practices encapsulate not only what we are teaching, but how we are teaching it. Universal design (UD) is often discussed in K-12 education but is not regularly applied to conversations about pedagogical approaches in university settings. Regardless of pedagogical approach, incorporating elements of UD can be helpful for increasing inclusivity in counseling classrooms. The seven principles of UD include equitable use, flexibility in use, simple and intuitive use, perceptible information, tolerance for error, low physical effort, and size and space (Burgstahler, 2004). Intentionality around classroom setup, such as creating space between rows of desks, providing different seating options, or choosing accessible buildings, can address multiple UD principles such as equitable use, tolerance for error, low physical effort, and size and space. Choices in instructional materials and approaches, including providing audio and text options or utilizing videos and written materials, may increase equitable use, flexibility in use, and perceptible information. With a classroom culture that welcomes diversity and disability, these elements can be more easily infused.

There are many well-established pedagogical approaches that can readily be applied to rehabilitation counselor education and incorporated alongside principles of UD. Incorporating social justice-related teaching pedagogies is an important form of modeling for students, who stand to benefit from real-world applications. "Teaching that is focused on social justice also encourages students to be able to evaluate injustices and understand oppression while emphasizing the relevance of these topics to students' daily lives," (Kim et al., 2023, p. 36). Feminist disability pedagogy (Garland-Thomson, 1997; Wendell, 1989), disability critical race theory (DisCrit; Annamma et al., 2018), and crip theory (McRuer, 2006) are all relevant models—sharing common values of creating an inclusive classroom environment for all students, incorporating an intersectional lens of disability (Crenshaw, 1989), and

Table 1. Intersectional Disability Pedagogies

Pedagogy	Main tenets
Feminist Disability Pedagogy	Considers interactions of power and bodies in and out of the classroom Encourages incorporation of UD Advocates against all forms of oppression Believes that representation and knowledge production are political
DisCrit	Draws attention to the complexities of ableism and racism together Advocates against all forms of oppression Focuses on disabled people's lived experiences
Crip Theory	Draws attention to the complexities of queerness and disability Focuses on how ableism perpetuates biases through all forms of oppression Goal of dismantling the concept of normality

consistently challenging ableist assumptions about disability (see Table 1).

Integrating the Disability Counseling Competencies (DCC; Chapin et al., 2018) into clinical training provides a starting framework for recognizing the impact of exclusion and marginalization on well-being. Training consistent with the DCC supports students in learning to emphasize disability identity as a point of pride that may be important to future clients, and teaching students specific approaches to explore, attend to, and center disability identity in a way that matches and honors clients' sense of self (Forber-Pratt et al., 2019). Discussions of oppression and marginalization should also include issues of access, including the experiences of disabled people as they attempt to seek affordable and accessible housing, medical care, and educational and economic opportunities (Fleming et al., 2023).

A critical point of reflection and self-awareness comes from faculty and instructors being transparent about their own competence in anti-ableist practices, cultural humility, and social justice, as students notice and are negatively impacted when we do not "walk the walk" (Levine et al., 2024, p. 10). In the classroom, some questions to consider include: Do I incorporate perspectives from disabled people in my course material? How do I promote an inclusive classroom environment for everyone (physically and socially), including students with disabilities? In what ways does my classroom setting support disabled students of color, queer disabled students, older disabled students, and other students with multiple minoritized identities? How am I continuing to work on my own biases and challenging those of my students'? If I identify as non-disabled, how am I actively attending to my ability privilege in the classroom?

Infusing Anti-Ableist Supervision Practices

Across multicultural competency work, supervision is a key component in the education of counselor educators. Multicultural supervision demands exploring the concepts of identity and intersectionality, and considering and addressing identity development, power differentials, and cultural differences in counseling and supervisory relationships (Bernard & Goodyear, 2019). While disability is often missing from that conversation in the broader multi-cultural supervision literature, these areas are relevant to connect with disability and ableism in clinical supervision (Robertson, 2020).

Anti-ableist supervision practices are necessary to prepare counselors to provide effective services to disabled clients and to provide effective supervision to disabled counselor trainees (Robertson, 2020). Friedman (2023) recently found high rates of anti-disability bias among disability service professionals who have chosen a career supporting disabled people. Respondents reported high rates of both implicit and explicit disability bias, with just over a third classified by high explicit and implicit preferences for non-disabled people, and another 30% endorsing low explicit but high implicit preferences for non-disabled people. Only 16% of the sample recorded responses consistent with truly low prejudice towards disabled people. Negative disability attitudes among support professionals are a major barrier for disabled people, as staff are often gatekeepers to opportunities, treatment plans, and services that disabled people may want or need.

Supervision that is attentive to diversity encourages supervisees to think deeply about biases, assumptions, and the organizations and systems in which they work, as necessary to reduce inequities. Anti-ableist supervision practices allow for proactive interventions to consider potential work with disabled clients before it occurs and for support in examining responses to disabled clients as work occurs. Practices extend to methods used to evaluate supervisees regarding professional dispositions and skills demonstrated in counseling sessions, with acknowledgement of social frameworks that dictate power, privilege, and marginalization that impact disabled clients (Levine et al., 2021). Unfortunately, recommendations on incorporating anti-ableist practices in counseling supervision or even inclusive practices for supervisees are scarce (Robertson, 2020).

Anti-Ableist Supervision for Disabled Supervisees

Limited scholarship is available to draw from, outlining the experience of disabled supervisees (Robertson, 2020). Andrews et al. (2013), although dated, provided the most comprehensive overview available of concerns and recommendations to improve culturally competent supervision of trainees with disabilities. When disability experience, identity, and ableism are not addressed in supervision, mistrust within the supervisor and supervisee relationship may

form. Considering parallel processes, supervisor mistrust could lead to difficulty in forming relationships with clients (Ladany & Bradley, 2010). Alternatively, the counselor may replicate aversion to discussions of disability with their clients since this has been demonstrated to them. Supervisors can avoid these risks by getting to know supervisees and their identities that may impact the supervision relationship (including disability), routinely inquiring about accommodation needs whether disability status is visible or not, and facilitating opportunities for trainees to connect with other professionals in the field who share a strong disability identity (Andrews et al., 2013; Robertson, 2020). When an open discussion occurs, where the supervisor can understand the supervisee's identity and what disability does and does not mean to them, the dyad can work together to identify strategies and accommodations that will enhance counseling effectiveness (Robertson, 2020).

Anti-Ableist Supervision for Disabled Clients

We encourage consideration of a thorough introduction of disability and social justice content, such as the DCC, for supervisees working with clients with disabilities before they have a disabled client (e.g., disability may not be the client's presenting concern) so these counselors-in-training can begin the process of unpacking their own assumptions about disability. This emphasis on self-reflection is particularly important given the current lack of training on anti-ableism through the classes as discussed above, and consistent with efforts to consider disability identity as an element of diversity. In supervision, there may be additional opportunities for challenging ableist beliefs and behaviors surrounding disability, families, and relationships. For example, some assumptions often made include that disabled people are not sexually active or that disabled people are unfit to be parents (Wong, 2020). Assumptions such as these can negatively impact supervisees' therapeutic relationships with clients. These assumptions may also cause direct harm to clients. One example is that while around half of U.S. states have passed or are in the process of passing laws aligned with the Americans with Disabilities Act (ADA) to prevent disability bias (e.g., not denying parental responsibilities, requiring child welfare agencies to include reasonable accommodations in parents' plans), many states have not. If a supervisee's bias against the fitness of disabled parents leads to a report that might not be made in a similar situation with able-bodied parents, the client may therefore find themselves with disproportionate risks of punitive rather than supportive interventions. Examples such as these can be discussed in supervision, or even prior to supervision within courses, to have proactive conversations that challenge covert and overt forms of ableist behavior surrounding families.

Training and Evaluation

Several methods are recommended to increase awareness and attention to disability and ableism in clinical training and supervision. Beyond the strategies noted above for engaging anti-ableist pedagogy and incorporating concepts of disability culture and justice into training, infusing opportunities for practical application are critical for supporting trainee self-awareness and demonstration of skills. Incorporating disability in case studies and role plays can encourage students to think through the biopsychosocial implications of living in an ableist world and the ethical concerns of being a counselor working with disabled clients who may be impacted by ableist systems, policies, and laws. Similarly, adding training videos that include interabled couples and people with apparent and non-apparent disabilities can normalize disability in the counseling room, as well as provide opportunities for counseling students to consider their own biases before having a disabled client. These simulated practice scenarios prepare trainees for developing insights into how they view disability and disabled clients and how their socialization regarding disability shapes their conceptualizations and treatment approaches with clients. Supervisors must also be willing to self-reflect and take responsibility for their own views on disability and how they may influence their ratings of disabled supervisees (Levine et al., 2021).

Infusing Anti-Ableist Leadership & Advocacy Practices

There are many ways to encourage conversations about being anti-ableist within the classroom, professional development events, and leadership organizations. At the core of our work is education, and teaching counselors-in-training information about disability produced by disabled people is critical in gaining a more accurate perspective of disability culture and history. Replicating what we practice in the classroom in professional development and organization spaces, such as making conferences more accessible and having people with disabilities in leadership roles, can help hold us accountable for applying the information we are learning about being anti-ableist, because disabled people are involved in these conversations.

One example of a disability-affirming approach to anti-ableist leadership and advocacy is pursuing disability community-driven work and allyship rooted in a Disability Justice philosophy. Disability Justice is a framework documented by Patti Berne, an activist, capturing the collaborative work and values occurring in disability community spaces. Key elements of Disability Justice include a focus on the intersectional nature of disability issues and disabled people and a holistic view of the work of disability advocacy. The Disability Justice principles include: intersectionality, leadership of the most impacted, anti-capitalism, cross-movement organizing, recognizing wholeness, sustainability, cross-disability solidarity, interdependence, collective access, and collective liberation (Berne, n.d.). Ensuring that the actions of allyship are aligned with these principles can help verify that disabled people are included in all stages of decision making and that allyship and advocacy efforts are holistic and aligned with elevating disabled voices (Forber-Pratt et al., 2019; Hartley & Saia, 2022; Wolbring & Lillywhite, 2023). These principles can also help us understand where more work may be required. For example, to recognize the principles of leadership of the most

impacted and anti-capitalism, we must acknowledge that disabled people have not been leaders of their own care, their language, or the information counselors are taught, and that many of our settings, including higher education, are capitalist systems by nature. Only then can action steps be identified and implemented.

Future Research Directions

Conducting research that interrogates ableism within rehabilitation education and counselor education is imperative for working toward offering more equitable services and breaking down biases embedded into policies and practices. A recent study of disability service providers has exposed implicit and explicit disability bias from an empirical standpoint (Friedman, 2023). Yet, similar studies do not exist in counselor education. Historically, disability movements have lacked attention to intersectionality and the impact of racism, sexism, classism, and how ableism and disability stigma are experienced by individuals differently according to their social position and context. Disability was not included in the first wave of critical research approaches, but continued development of frameworks such as DisCrit and Disability Justice account for intersectionality and racial and ableist marginalization (Erevelles & Minear, 2010; Saia et al., 2024). Work that attends to only a single identity ignores intra-group differences and can lead to animosity or tension between social movements (Erevelles & Minear, 2010).

More recently, scholars have made explicit how researchers perpetuate ableism and other forms of oppression and have provided recommendations for re-imagining research approaches and practices (Annamma et al., 2018; Saia et al., 2024). Anti-ableist research must recognize individuals as whole people, rejecting the notion that disabled people are abnormal, broken, or need to be fixed, and acknowledging and respecting that disabled people live full and fulfilling lives. For good reason, people in the disability community may mistrust researchers because of the ways that disabled people have been portrayed, minimized, and excluded from the research and knowledge-generation process (Saia et al., 2024). A commitment to anti-oppressive, anti-ableist research means a reframe of the purpose of research, a consideration of who benefits, and a commitment to shifting the power balance to attain conditions of greater social justice through research (Annamma et al., 2018; Potts & Brown, 2015; Saia et al., 2024). It also means confronting and acknowledging our place as researchers in maintaining ableism within the counseling profession and acknowledging the political aspects of contributing to the counseling literature.

Further, researchers need to ensure centering of disabled voices, accessibility of multiple means of participation and communication, and compensation of time and effort of disabled people who agree to collaborate with researchers (Saia et al., 2024). Practices such as culture brokering may assist researchers in connecting and meaningfully engaging with community members to develop questions and studies that honor the experiences of disabled people (Stone, 2005). Instead of focusing solely on service outcomes and disparities in disability-related metrics (e.g., employment, economic position, health), a shift of the "research gaze" to include the ways we as researchers, counselors, and educators contribute to uphold ableism and other forms of systemic oppression is necessary (Potts & Brown, 2015; Saia et al., 2024).

Conclusion

As rehabilitation counselor educators make efforts to respond to ways that counselors and educators perpetuate inequities and systemic oppression, we urge that education and training shifts to a Disability Justice, anti-ableist paradigm, recognizing the intersecting and interwoven aspects of oppression. Disabled people are subject to social norms and policies that are biased, resulting in marginalization of disabled individuals in ways that threaten educational, economic, and social equity. Evidence of ableism has been found in studies of professionals practicing law, medicine, and disability services, with detrimental impacts for disabled people. However, we lack similar studies of counselors and counselor educators. Recommendations to acknowledge and address ableist attitudes and practices, and infuse disability into counseling curriculum, supervision, leadership, and research are discussed. These recommendations are merely a step towards better aligning with the work of the disability community, who have been doing anti-ableist work for decades. Engaging in active anti-oppressive pedagogy, research, teaching, supervision, and leadership demands our own acknowledgement of ableism in conversation with racism, classism, and other forms of oppression.

Submitted: September 26, 2024 EDT. Accepted: June 16, 2025 EDT. Published: July 01, 2025 EDT.

References

American Counseling Association. (2014). *ACA code of ethics*. https://www.counseling.org/docs/default-source/default-document-library/ethics/2014-aca-code-of-ethics.pdf

Andrews, E. E., & Forber-Pratt, A. J. (2022). Disability culture, identity, and language. In M. L. Wehmeyer & D. S. Dunn (Eds.), *The positive psychology of personal factors: Implications for understanding disability*. Lexington Books.

Andrews, E. E., Kuemmel, A., Williams, J. L., Pilarski, C. R., Dunn, M., & Lund, E. M. (2013). Providing culturally competent supervision to trainees with disabilities in rehabilitation settings. *Rehabilitation Psychology*, *58*(3), 233. https://doi.org/10.1037/a0033338

Annamma, S. A., Ferri, B. A., & Connor, D. J. (2018). Disability critical race theory: Exploring the intersectional lineage, emergence, and potential futures of DisCrit in education. *Review of Research in Education*, *42*(1), 46–71. https://doi.org/10.3102/0091732X18759041

Bagenstos, S. (2009). *Law and the contradictions of the Disability Rights Movement*. Yale University Press. https://doi.org/10.12987/9780300155433

Bernard, J. M., & Goodyear, R. K. (2019). *Fundamentals of clinical supervision* (6th ed.). Pearson.

Berne, P. (n.d.). *10 principles of disability justice*. Sins Invalid. https://sinsinvalid.org/10-principles-of-disability-justice/

Bialka, C. S. (2015). Deconstructing dispositions: Toward a critical ability theory in teacher education. *Action in Teacher Education*, *37*(2), 138–155. https://doi.org/10.1080/01626620.2015.1004602

Bowen, L., Devlin, K., Guidry-Grimes, L., Milner, G. E., Solomon, M. Z., Tolchin, D. W., Young, L., Van, S. P., & Parens, E. (2025). Dismantling ableism in undergraduate medical education: Promising practices in disability-conscious training. *Teaching and Learning in Medicine*, 1–16. https://doi.org/10.1080/10401334.2025.2464672

Branco, C., Ramos, M. R., & Hewstone, M. (2019). The association of group-based discrimination with health and well-being: A comparison of ableism with other "isms." *Journal of Social Issues*, *75*(3), 814–846. https://doi.org/10.1111/josi.12340

Burgstahler, S. (2004). *Universal design: Process, principles, and applications*. Disabilities, Opportunities, Internetworking, and Technology. https://www.washington.edu/doit/universal-design-process-principles-and-applications

Chapin, M., McCarthy, H., Shaw, L., Bradham-Cousar, M., Chapman, R., Nosek, M., Peterson, S., Yilmaz, Z., & Ysasi, N. (2018). *Disability-related counseling competencies*. American Rehabilitation Counseling Association, a division of ACA.

Commission on Rehabilitation Counselor Certification (CRCC). (n.d.). *What is a certified rehabilitation counselor?* CRCC. https://crccertification.com/crc-certification/

Council on the Accreditation of Counseling and Related Educational Programs. (2024). *2024 CACREP standards*. https://www.cacrep.org/for-programs/2024-cacrep-standards/

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*. https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8

Dolmage, J. T. (2017). *Academic ableism: Disability and higher education*. University of Michigan Press. https://doi.org/10.3998/mpub.9708722

Erevelles, N., & Minear, A. (2010). Unspeakable offenses: Untangling race and disability in discourses of intersectionality. *Journal of Literary & Cultural Disability Studies*, *4*(2), 127–145. https://doi.org/10.3828/jlcds.2010.11

Feather, K. A., & Carlson, R. G. (2019). An initial investigation of individual instructors' self-perceived competence and incorporation of disability content into CACREP-accredited programs: Rethinking training in counselor education. *Multicultural Counseling and Development*, *47*(1), 19–36. https://doi.org/10.1002/jmcd.12118

Feldner, H. A., Evans, H. D., Chamblin, K., Ellis, L. M., Harniss, M. K., Lee, D., & Woaik, J. (2022). Infusing disability equity within rehabilitation education and practice: A qualitative study of lived experiences of ableism, allyship, and healthcare partnership. *Frontiers in Rehabilitation Sciences*, *3*, 947592. https://doi.org/10.3389/fresc.2022.947592

Fleming, A. R., Roundtree, S. M., & Pierce, K. L. (2023). The evolution of laws and policies in the U.S. and their impact on disabled people. In I. Marini, A. R. Fleming, & M. Bishop (Eds.), *The psychological and social impact of chronic illness and disability* (8th ed., pp. 85–101). Springer.

Forber-Pratt, A. J., Mueller, C. O., & Andrews, E. E. (2019). Disability identity and allyship in rehabilitation psychology: Sit, stand, sign, and show up. *Rehabilitation Psychology*, *64*(2), 119–129. https://doi.org/10.1037/rep0000256

Friedman, C. (2023). Explicit and implicit: Ableism of disability professionals. *Disability and Health Journal*, 101482. https://doi.org/10.1016/j.dhjo.2023.101482

Garland-Thomson, R. (1997). *Extraordinary bodies: Figuring physical disability in American culture and literature*. Columbia University Press.

Hartley, M. T., & Saia, T. (2022). Rehabilitation counseling associations and the disability community: A return to social action. *Rehabilitation Counselors and Educators Journal*, *11*(2). https://doi.org/10.52017/001c.38192

Hartley, M. T., Saia, T., Mapes, A. C., Taylor, A., & Ficchi, G. (2024). Ableism and able privilege: Integrating social justice concepts in rehabilitation education. *Rehabilitation Counseling Bulletin*. Advanced online publication. https://doi.org/10.1177/00343552241236887

hooks, b. (1994). *Teaching to transgress*. Taylor & Francis.

Hunt, B., Matthews, C., Milsom, A., & Lammel, J. A. (2006). Lesbians with physical disabilities: A qualitative study of their experiences with counseling. *Journal of Counseling & Development*, *84*(2), 163–173. https://doi.org/10.1002/j.1556-6678.2006.tb00392.x

Juckel, G., Uhl, I., Padberg, F., Brüne, M., & Winter, C. (2009). Psychosurgery and deep brain stimulation as ultima ratio treatment for refractory depression. *European Archives of Psychiatry and Clinical Neuroscience*, *259*, 1–7. https://doi.org/10.1007/s00406-008-0826-7

Kim, J. H., Ntinda, K., Townsend, C., Thomas, K., Lee, D. H., Ortega, C., & Yu, H. J. (2023). Multicultural and social justice counseling within the scope of rehabilitation counseling. *Journal of Rehabilitation*, *89*(2), 30–40.

Koch, J. M., Procopio, S. J., Knutson, D., Loche, R. W., III, Jayne, A., Jayne, C., & Loche, L. (2018). Counseling psychology students' perceptions of faculty multicultural competence. *Scholarship of Teaching and Learning in Psychology*, *4*(3), 140–150. https://doi.org/10.1037/stl0000116

Ladany, N., & Bradley, L. J. (Eds.). (2010). *Counselor supervision* (4th ed.). Routledge. https://doi.org/10.4324/9780203877630

Levine, A., Henderson, R., Harley, D., & Wilson, K. B. (2021). Professional disposition evaluation for supervisors: A social justice approach. *Journal of Rehabilitation Administration*, *42*(1), 7–20.

Levine, A., Park, J., & Kuo, H. J. (2020). Understanding disability biases in undergraduate rehabilitation students: An exploratory study. *Rehabilitation Counseling Bulletin*, *64*(3), 172–180. https://doi.org/10.1177/0034355220910238

Levine, A., Saia, T., Guillermo, M., Fleming, A. R., Ko, E., & Qisti, D. (2024). A content analysis of professional development in social justice and diversity in rehabilitation counselor education. *Rehabilitation Counseling Bulletin*. Advanced online publication. https://doi.org/10.1177/00343552241265307

Lewis, T. A. (2022, January 1). *Working definition of ableism: January 2022 update*. https://www.talilalewis.com/blog/working-definition-of-ableism-january-2022-update

Link, S. (2023). *Mainstreaming in the public schools*. EBSCO. https://www.ebsco.com/research-starters/education/mainstreaming-public-schools

Longmore, P. K. (1995). Medical decision making and people with disabilities: A clash of cultures. *Journal of Law, Medicine & Ethics*, *23*(1), 82–87. https://doi.org/10.1111/j.1748-720X.1995.tb01335.x

McRuer, R. (2006). *Crip theory: Cultural signs of queerness and disability*. New York University Press.

Mosleh, D. (2019). Critical disability studies with rehabilitation: Re-thinking the human in rehabilitation research and practice. *The Journal of Humanities in Rehabilitation*. https://www.jhrehab.org/2019/11/14/making-the-case-for-critical-disability-studies-with-rehabilitation-sciences/

Nguyen-Finn, K. (2018). History of treatment toward persons with psychiatric disabilities. In I. Marini & M. A. Stebniki (Eds.), *The psychological and social impact of illness and disability* (pp. 29–47). Springer. https://doi.org/10.1891/9780826161628.0003

Nielsen, K. E. (2012). *A disability history of the United States*. Beacon Press.

Olkin, R., Hayward, H., Abbene, M. S., & VanHeel, G. (2019). The experiences of microaggressions against women with visible and invisible disabilities. *Journal of Social Issues*, *75*(3), 757–785. https://doi.org/10.1111/josi.12342

Parker, R. M., & Szymanski, E. M. (1998). *Rehabilitation counseling: Basics and beyond* (3rd ed.). Pro-Ed.

Pierce, K. L. (2024). Bridging the gap between intentions and impact: Understanding disability culture to support disability justice. *The Professional Counselor*, *13*(4), 486–495. https://doi.org/10.15241/klp.13.4.486

Potts, K. L., & Brown, L. (2015). Becoming an anti-oppressive researcher. In L. Brown & S. Strega (Eds.), *Research as resistance: Revisiting critical, Indigenous and anti-oppressive approaches* (pp. 17–42). Canadian Scholars' Press Inc.

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2016). Multicultural and social justice counseling competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development*, *44*(1), 28–48. https://doi.org/10.1002/jmcd.12035

Rivas, M., & Hill, N. R. (2018). Counselor trainees' experiences counseling disability: A phenomenological study. *Counselor Education and Supervision*, *57*(2), 116–131. https://doi.org/10.1002/ceas.12097

Robertson, S. (2020). Ableism and clinical supervision. In K. Wilson, S. Chao, & S. Lusk (Eds.), *Clinical supervision: Understanding diversity and interpersonal dynamics nuances and outcomes* (pp. 55–80). Aspen Professional Services.

Rubin, S. E., & Roessler, R. T. (Eds.). (2008). *Foundations of the vocational rehabilitation process* (6th ed.). Pro-Ed.

Saia, T., Yaghmaian, R., Cuesta, R., Mueller, C., & Pebdani, R. N. (2024). A call to action for disability and rehabilitation research using a DisCrit and Disability Justice framework. *Disability and Rehabilitation*, *46*(14), 3189–3195. https://doi.org/10.1080/09638288.2023.2242780

Schalk, S. (2017). Critical disability studies as methodology. *Journal of the Cultural Studies Association*, *6*(1). https://doi.org/10.2307/48671697

Shyman, E. (2016). The reinforcement of ableism: Normality, the medical model of disability, and humanism in applied behavior analysis and ASD. *Intellectual and Developmental Disabilities*, *54*(5), 366–376. https://doi.org/10.1352/1934-9556-54.5.366

Silverman, A. (2019). Contending with ableism from internalized ableism to collective action. In M. R. Nario-Redmond (Ed.), *Ableism: The causes and consequences of disability prejudice* (1st ed., pp. 220–265). John Wiley & Sons.

Smart, J. F., & Smart, D. W. (2006). Models of disability: Implications for the counseling profession. *Journal of Counseling and Development*, *84*(1), 29–40. https://doi.org/10.1002/j.1556-6678.2006.tb00377.x

State Vocational Rehabilitation Programs, 34 C.F.R. § 361.1-361.900 (2011).

Stone, J. H. (2005). *Culture and disability: Providing culturally competent services*. SAGE Publications. https://doi.org/10.4135/9781452232546

Swearer, S. M., Wang, C., Maag, J. W., Siebecker, A. B., & Frerichs, L. J. (2012). Understanding the bullying dynamic among students in special and general education. *Journal of School Psychology*, *50*(4), 503–520. https://doi.org/10.1016/j.jsp.2012.04.001

Tucker, K. L. (2017). Building bridges between the civil rights movements of people with disabilities and those with terminal illness. *University of Pittsburgh Law Review*, *78*, 329–350. https://doi.org/10.5195/lawreview.2017.473

United Nations. (n.d.). *Factsheet on persons with disabilities*. United Nations Department of Economic and Social Affairs. https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html

Wendell, S. (1989). Toward a feminist theory of disability. *Hypatia*, *4*(2), 104–124. https://doi.org/10.1111/j.1527-2001.1989.tb00576.x

Wolbring, G. (2014). Ability privilege: A needed addition to privilege studies. *Journal for Critical Animal Studies*, *12*(2), 118–141.

Wolbring, G., & Lillywhite, A. (2023). Coverage of allies, allyship and disabled people: A scoping review. *Societies*, *13*(11), 241. https://doi.org/10.3390/soc13110241

Wong, A. (2020). *Disability visibility: First-person stories from the twenty-first century*. Vintage.