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# Diversity and Equity in Rehabilitation Counseling Professional Associations: An Evaluation of Current Perspectives and Future Directions

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Historically, research on professional association consolidation in the rehabilitation counseling profession has not been inclusive of issues related to diversity, equity, and inclusion (DEI). There is a long history of professional associations in rehabilitation counseling struggling to meet the diversity needs of professionals within the field. It is essential for the viability of the profession and its associations that DEI is always present in such conversations. The current study analyzed the data from 613 qualitative responses to a prompt about whether participants would like to see an organization focused on multicultural diversity and equity included in a hypothetical, consolidated professional association in rehabilitation counseling. Implications for professional association leadership, educators, and researchers are discussed.

### A Foreword by Debra A. Harley

*Periodically, a compilation comes along that substantially contributes to a much-needed introspection and deep understanding of the historical and contemporary focus and priority of a profession. This current work offers such introspection.*

*Contributing authors have ushered forward the need to focus not only on the fact that the professional rehabilitation counseling organizations are fragmented, but also their deliberate compartmentalization of multicultural diversity. Although these fragmented organizations acknowledge the historical and continuous marginalization of Black and Indigenous people of color (BIPOC) and LGBTQ+ persons, their own organizational emphases serve to maintain segregation of multicultural diversity, and to an extent, omission within the profession.*

*This study expressly inquired of rehabilitation counselors' desire to be affiliated with an association in their profession focused on multicultural diversity and equity, and their views on incorporating multicultural competence into a consolidated professional association. Beginning with a clarification of contiguous marginalization of BIPOC and LGBTQ+ professionals and consumers, the authors assert the role and responsibility assumed by NAMRC activism and advocacy for the legitimacy and inclusion of multicultural diversity in the profession. The study reveals rehabilitation professionals overwhelmingly are in favor of a unified professional association with a focus on multicultural diversity and equity infused within such an as-*

*sociation. As with any issue addressing marginalized groups, there is opposition that includes reasons along a continuum of not seeing worth in doing so, denial of the existence of positionalities and disadvantages, and feelings of being threatened by fairness and equity. Likewise, there are those who are uncertain if such an organization and focus should exist. Often, uncertainty equates to opposition.*

*We continue to see many of the old attitudes remain prevalent. Such attitude is the belief that multicultural diversity is a training or course to take and, once done, can be checked off as being met. Imagine your physician not upgrading their skills after completing residency for the remainder of their professional practice. You would question their competency and be appalled at a profession that would permit such a thing to happen. Yet, in rehabilitation counseling, a disconnect exists between idealism and realism for a percentage of professionals and practitioners. Although the words diversity, inclusion, and equity have positive meanings, they are translated into something negative by certain individuals, groups, and organizations because to actually be inclusive is perceived as a threat. Ironically, the resistance to multicultural diversity is intensifying politically in the United States at a time when the country is becoming more diverse by race, gender, and sexual orientation.*

*The results of this study indicate more participants are in favor of a unified organization and incorporating multicultural competence. The question is: how do we as a profession move the needle towards the realization of this? First, we must con-*

*sider that outward support for diversity and inclusion is not followed by private endorsement behind-the-scenes. A positive vote must be translated into action. Second, we must recognize when asked to demonstrate competence in an area which is deeply misunderstood and often has its importance called into question. That is, inability and unwillingness both fuel resistance to inclusivity and equity. Third, we should understand that a consolidated organization includes not only members across all identity groups, but focuses across the diversity of those members. Finally, we must examine our core values. If they are exclusionary, change them. The boldness of an organization stands on both the voices and visionaries of the many (diversity).*

*One of the most valuable lessons offered from this study calls attention to the need for continued dialogue in the rehabilitation counseling profession about reflecting our core values in our actions. Overall, the results suggest that professionals in the field have differing opinions about multicultural diversity as a focus of rehabilitation counseling and for a consolidated organization with such a focus. However, the majority of the respondents were in favor and a smaller minority were opposed. Unfortunately, a substantial percentage were uncertain, which suggests that professionals in the field should continue dialoguing about how to move the profession forward on this front.*

## Introduction

The history of professional associations in rehabilitation counseling is rich and complex. The broader organizations of the National Rehabilitation Association (NRA) and the American Counseling Association (ACA) hosting rehabilitation counseling-specific divisions such as the Rehabilitation Counselors and Educators Association (RCEA) and the American Rehabilitation Counselors Association (ARCA), alongside independent organizations such as the National Rehabilitation Counselors Association (NRCA) and the National Council on Rehabilitation Education (NCRE), have been discussed in depth throughout their histories (e.g., Leahy et al., 2011; Leahy & Tarvydas, 2001; National Rehabilitation Association, n.d.).

Oftentimes, such discussions revolved around the unification of these professional associations wherein there would be one, overarching, professional organization home for rehabilitation counselors and educators. In fact, several scholars have suggested unification of all groups, while warning against potential issues related to fragmentation (Emener, 1986; Leahy et al., 2011; Leahy & Tarvydas, 2001; Shaw et al., 2006). At present, many of these fears have come to fruition, including: (a) the merger of accrediting bodies and dissolution of the Council on Rehabilitation Education (CORE), (b) the reauthorization of the Workforce Innovation and Opportunity Act (WIOA) (Workforce Innovation and Opportunity Act, 2014) legislation to state that a bachelor's degree "in a field of study reasonably related to vocational rehabilitation" (p. 37) is sufficient for state-federal rehabilitation counseling program employees, and (c) continued decline of membership in professional associations.

These changes have affected the profession and taken a heavy toll, especially given that, at several points, unification has seemed both imminent and necessary (e.g., Leahy et al., 2011; Shaw et al., 2006). In the early 1990s during a unification movement, the development of The Alliance created a bridge between ARCA (within ACA) and NRCA (within NRA at that time); unfortunately, the opposite occurred: the groups did not merge, The Alliance dissolved in 2002, in 2008 NRCA left the NRA to create an independent organization, and RCEA was established in its place (Leahy et al., 2011; Sales, 2012). However, unification remains a controversial topic, and one that often lives within the pages of academic journals and at conferences, but not within the everyday experience of rehabilitation counselors. Furthermore, professional association discussions have historically overlooked a central factor to the vitality of the profession: the diversity of its membership.

## The Historic Segregation of Cultural Issues

The concept of unification has always been centered on the rehabilitation counseling and rehabilitation counselor education-specific organizations or divisions (e.g., NRCA, RCEA, ARCA, NCRE). What has been largely absent from that broader discussion is that our professional associations have historically served to segregate rehabilitation counseling issues related to multicultural counseling, diversity, equity, and inclusion (DEI), and social justice from the mainstream. As a result, there has been further fragmentation within the profession, as well as a lack of representation of rehabilitation counselors from marginalized groups. The work of rehabilitation counselors is dedicated to improving social injustices experienced by people with disabilities and thus, the profession should be well placed to be leading social justice and equity movements (Kelsey & Smart, 2012). However, our history tells a different story.

Since 1969, there has been a group of dedicated activists within rehabilitation counseling advocating for cultural and diversity issues within the profession. The National Association of Non-White Rehabilitation Workers (NANWRW) was formed during the NRA Conference, during which time nine members of the Non-White Caucus, led by Thomas Washington and Dr. George Ayers, submitted demands to the NRA Board of Directors. These demands included (1) expanding the non-white voting membership, (2) employing people of color within the association staff, (3) inclusion of non-white people in the legislative agenda, and (4) expanding NRA support of public funds contributing to non-white rehabilitation and community organizations (McConnell et al., 1995). The NRA Board agreed with the request, and thus NANWRW became a formal division of NRA. This movement evolved to become what we now know as the National Association of Multicultural Rehabilitation Concerns, which was established as a formal division of NRA in 1991 (NAMRC; McConnell et al., 1995; NAMRC, 2022).

NAMRC and its leadership have been solely responsible for raising up people of color and their narratives within the rehabilitation counseling profession since that board meeting in 1969. "Mainstream" rehabilitation counseling

journals have historically relegated decades of research and theory related to social justice and multicultural diversity to special issues (e.g., *Rehabilitation Education* [now *Rehabilitation Research, Education, and Policy*], *Journal of Applied Rehabilitation Counseling*, and the *Journal of Rehabilitation Administration*; Harley et al., 2008). This relegation sent the message that social justice and multicultural diversity issues are distinct from the general topics fundamental to rehabilitation counselors, educators, and researchers, rather than inextricably central to such topics. A notable example of the historic necessity of NAMRC within the profession comes from a study of the microaggressions experienced by Black faculty in rehabilitation counseling programs; Cartwright and colleagues (2009) recommended that junior faculty of color build their networks outside of their own institutions and seek out those who “embrace diversity and multicultural issues (e.g., National Association on Multicultural Rehabilitation Concerns members)” (p.179).

### ***Beyond Race***

Racial issues lie at the forefront of many diversity works, oftentimes with the most evidence upon which to rely. It is essential to point out that exceedingly little is available regarding the experiences of members of the LGBTQ+ (Lesbian, Gay, Bisexual, Trans, Queer) community within the current discussion, or that of the experience of any other marginalized groups, including the disability community. This issue is not a new one; in a ten-year review of the primary rehabilitation counseling journals from 1984 to 1994, Harley and colleagues (1996) found that of 1,601 articles reviewed, only 128 addressed cultural diversity and of those, only 3 regarded sexual orientation (0.02%).

The majority of currently available literature on the topic of LGBTQ+ needs in rehabilitation counseling center on the perceived preparation of students and counselors to work with people from sexual minority groups (e.g., Dispenza, Elston, et al., 2017; Pebdani & Johnson, 2015). Little, if anything, is available regarding the experiences of students, faculty, and counselors who are members of the LGBTQ+ community. The dearth of academic literature on this topic is echoed in the rehabilitation counseling professional associations; although NAMRC’s mission is to promote cultural diversity and disability throughout the profession, it is not always apparent that cultural diversity encompasses the LGBTQ+ community—which it should (Cartwright et al., 2017).

### ***The Impact of Lacking Diversity***

The lack of professional association inclusivity and the lack of diversity in the rehabilitation counseling profession appears to be correlated, to say the least. The Commission on Rehabilitation Counselor Certification (CRCC) does not provide available demographic data regarding the composition of certified rehabilitation counselors. That said, we can assume given the underrepresentation of racial diversity within the counseling profession and CACREP-accredited programs that rehabilitation counseling resembles its

allied cousins (Baggerly et al., 2017; Council for Accreditation of Counseling and Related Educational Programs, 2018). Although it may be a chicken or the egg situation, there is a symbiotic relationship between the professional associations’ treatment of cultural diversity, the lack of diversity in the field, and the services provided to clients who are culturally diverse. The side effect of having a lack of diversity within our professional associations, and thus more broadly within our profession, more than likely has a direct and negative impact on the services provided to consumers from marginalized groups.

Vocational rehabilitation services historically have been disproportionately inaccessible to and unsuccessful for Black and Indigenous people of color (Giles, 1992; Wilson, 2000). Notably, those same issues are present three decades later. The faculty makeup of CACREP-accredited programs is 88.1% White, while Black and Latino/a students enrolled in CACREP-accredited programs account for just over a quarter of all students enrolled in those programs (Baggerly et al., 2017; Council for Accreditation of Counseling and Related Educational Programs, 2018). Furthermore, Black, American Indian/Alaskan Native, and Hispanic people with disabilities have been identified as less likely to be found eligible for services, receive services, and achieve employment outcomes at case closure (Shaewitz & Yin, 2021). Similarly, although there are no data regarding the proportion of the rehabilitation counseling professionals (counselors, students, educators) who are members of the LGBTQ+ community, research demonstrates that this group is using vocational rehabilitation services only moderately (Dispenza & Hunter, 2015). Dispenza and Hunter (2015) identify that the intersection of being a sexual minority as well as a woman contributes to increased dissatisfaction with VR services, as compared to gay men. Notably, LGBTQ+ persons experience higher disability rates across the lifespan (Dispenza, Varney, et al., 2017).

There exists a chasm within our professional association dialogue related to upholding our ethical duty to embody social justice and mitigate the oppressive systems that hold back people with diverse identities. While it has been indicated that working with people with disabilities makes rehabilitation counselors inherently practiced at social justice, it is apparent that there may be blinders on when embodying social justice beyond disability (Harley et al., 2008; Kelsey & Smart, 2012). As stated by Cartwright et al. (2017),

Although rehabilitation counseling professionals have acknowledged awareness of some of the ways in which diverse cultural contexts impact their clients’ lives, many of these professionals fail to effectively implement this knowledge in ways that result in maximized employment, economic self-sufficiency, independence, inclusion, and integration. (p. 345)

This sentiment applies readily to the current discussion of professional association inclusivity, and directly to the current issues with diversity within the profession. As such, the current study seeks to answer the following research questions, as a component of the larger study described earlier in this special issue:

1. Would rehabilitation counselors want an organization focused on multicultural diversity and equity to be part of a consolidated rehabilitation counseling association?
2. What do rehabilitation counselors think about incorporating multicultural competence into a consolidated professional association?

Research Question 1 was addressed through descriptive data using measures of central tendency. Chi-square analysis was also conducted to determine differences in perspectives based on participant race or ethnicity. Research Question 2 was addressed using qualitative data analysis of responses submitted in support of participant responses of *Yes*, *No*, or *Unsure*, related to the question, "If ARCA, NRCA, and RCEA consolidated into one association, would you like to see an organization focused on multicultural diversity and equity included in the primary association (either as a division of the primary association or folded into the primary association)?"

## Method

This study uses data that was collected as a component of the Professional Association Survey used in Phillips et al. (2022), which is discussed throughout this special issue. The methods for the data collection, instrumentation, and procedures are identical. Readers should reference Phillips et al. (2022) for a detailed overview of these components. Research Question 1 addressed in the current article was asked to all participants of the study participants; Research Question 2 was asked to all those who responded to the previous question. The sample size for each of these questions is described in the results below. A detailed description of the survey instrument is provided in the Phillips et al. (2022) article. Data analysis techniques for Research Question 2 can be found in this section.

### Research Question 1: Results

Research Question 1 focused on whether rehabilitation counselors would want an organization focused on multicultural diversity and equity to be part of a hypothetical consolidated rehabilitation counseling association. Results are displayed in [Figure 1](#).

Of the 2,547 participants responding to this question, 1,639 (62.8%) were in favor, 679 (26.0%) were unsure, and 229 (8.8%) were opposed. To better understand survey responses, we followed up this question with a consideration of how participant demographics shaped perspectives on the inclusion of an organization focused on multicultural diversity and equity. Results are shown in [Table 1](#).

The table above shows statistically significant and proportionally substantial differences between groups in their perspectives on multicultural diversity and equality. As shown in [Table 1](#), participants who were unsure or opposed to including an organization focused on multicultural diversity and equity were disproportionately White and male. In general, females were explicitly in favor more than males, and the reverse was true for those explicitly op-

posed. Those with a bachelor's degree or less or a master's degree were also more likely to be unsure. Racial and ethnic minorities were more in favor when compared to their White counterparts, and White rehabilitation professionals were five times more opposed than their racial/ethnic minority counterparts. As education increased, both support for multicultural diversity and equity went up, and the proportion of unsure went down, while the opposed remained relatively stable. Finally, years in the profession had an impact on DEI focus. The longer people had been in the field, the more likely they were to oppose having an organization focused on multicultural diversity and equity.

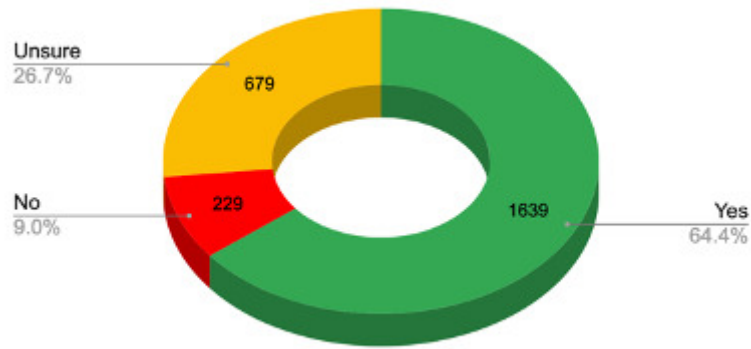
Survey respondents were given the option to provide a rationale for their response as to whether to include an organization focused on multicultural diversity and equity in a consolidated association. A total of 613 provided feedback (including 97 opposed, 387 in favor, and 129 unsure). We analyzed each of the three groups of responses separately and summarize and describe their analysis below.

## Research Question 2

### Researcher Positionality and Reflexivity

At the outset of the data analysis process, researchers engaged in a process of identifying their relationships to the data, and their preconceived opinions about the topic of the research. As they engaged in the bracketing process, all researchers also completed a written statement of positionality to identify their location in relationship to the data and its implications (Creswell & Poth, 2018; Giorgi, 1998). Prior to analyzing the data, the researchers held a meeting to engage in reflexivity and review their positionalities in relationship to the data, as well as the impact of their positionality in how they move through the rehabilitation counseling profession. Of note is that the researchers discussed concerns related to the publication of this manuscript given its focus.

The researchers in the current study all identify as rehabilitation counselor educators and range in academic title, including Assistant Professor, Clinical Associate Professor, and Associate Professor and Department Chair. The researchers work at universities from across the United States, including the Midwest, the South, and the West Coast. The researchers also all engage in research and advocacy work to improve the inclusion of social justice within rehabilitation counselor education and have been published on these topics. Importantly, all the researchers discussed their relationship to the professional association consolidation controversies, including the identification that all were trained at highly-ranked doctoral programs in rehabilitation counselor education; as such, they were exposed to significant dialogue regarding professional association consolidation and held preconceived notions about the importance of consolidation for the vitality of the profession. Furthermore, the researchers come from a variety of demographic backgrounds including diversity of race and sexual orientation. Given that this group has a vested interest in the rehabilitation counseling profession and are especially committed to the inclusivity of professional asso-



**Figure 1. Perspectives on Whether to Include an Organization Focused on Multicultural Diversity and Equity in a Consolidated Association**

**Table 1. Perspectives on Including an Organization for Multicultural Diversity and Equity by Demographic Data**

Characteristic	In favor count (%)	Opposed count (%)	Unsure count (%)
<b>Gender**</b>			
Male	335 (54.8)	93 (15.2)	183 (30.0)
Female	1295 (67.4)	134 (7.0)	492 (25.6)
<b>Race-Ethnicity**</b>			
Asian, Pacific Islander, Native American or Alaskan Native	54 (75.0)	1 (1.4)	17 (23.6)
Black or African American	241 (82.3)	8 (2.7)	44 (15.0)
Hispanic or Latino	104 (80.0)	3 (2.3)	23 (17.7)
White or Caucasian	1174 (59.9)	211 (10.8)	575 (29.3)
Biracial or Multiracial	63 (74.1)	5 (5.9)	17 (20.0)
<b>Highest degree**</b>			
Bachelor's or less	33 (49.3)	5 (7.5)	29 (43.3)
Masters	1378 (63.1)	202 (9.2)	605 (27.7)
Doctoral	226 (77.1)	22 (7.5)	45 (15.4)
<b>Years in rehabilitation counseling**</b>			
5 years or less	236 (75.6)	11 (3.5)	65 (20.8)
6 - 10 years	227 (67.2)	28 (8.3)	83 (24.6)
11 - 15 years	186 (66.7)	24 (8.6)	69 (24.7)
16 - 20 years	163 (64.4)	21 (8.3)	69 (27.3)
21 - 30 years	235 (61.7)	45 (11.8)	101 (26.5)
More than 30 years	171 (54.3)	45 (14.3)	99 (31.4)
<b>Perspective on whether to consolidate**</b>			
In favor	874 (73.1)	103 (8.6)	218 (18.2)
Opposed	92 (53.5)	32 (18.6)	48 (27.9)
Unsure	673 (57.0)	94 (8.0)	413 (35.0)

Note. \*\*indicates areas of statistically significant and proportionally substantial differences ( $p < .001$ ).

ciations, care was taken to ensure that data in opposition to the coder's identity or personal beliefs was treated as objectively as possible.

### Intercoder Reliability

In order to establish intercoder reliability (ICR), 10% of the data were coded by the researchers, which is within the typical range of the proportion of data multiply coded

(O'Connor & Joffe, 2020). The adaptation of the codebook and ICR took place in two rounds to reach satisfactory reliability; a round of independent coding was followed by a meeting to discuss where the agreement was missed and to arrive at a consensus agreement on codebook modifications needed to satisfy differences that arose (Campbell et al., 2013). Kappas have been calculated as ranging from 0.75 to 1.0, indicating substantial to almost perfect agreement (Landis & Koch, 1977). Once the final codebook was agreed upon, the data were distributed among the coders equally and each coded independently. A final meeting took place wherein the coders engaged in a review of the results including discussions for reflexive bracketing and clarification.

## Research Question 2: Results

Our purpose was to understand beliefs about the prioritization of multiculturalism within a newly-formed association. A total of 613 participants responded to the qualitative prompt asking for further information about their choice regarding a unified organization with a multicultural diversity and equity infusion. Thematically, several categories emerged from each of the three categories of responses. Specifically, of the 613 responses to this question, 97 (15.8%) were in opposition, 387 (63.1%) favored, and 129 (21.0%) were unsure. Blank responses were removed from the data analysis, and items were potentially coded under multiple themes, yielding a total of 680 total coded items.

### Opposition

A total of 114 (18.6%) respondents provided responses as to why they would not like to see an organization focused on multicultural diversity and equity included in the primary association. Themes emerging from the data indicated that respondents believed (a) diversity was the wrong focus, and the field had bigger issues to contend with than multiculturalism; (b) the primary focus for the organization should prioritize rehabilitation only; (c) DEI causes division as opposed to unification; (d) economic factors should inform the decision; (e) there was already considerable emphasis on multiculturalism; (f) training is sufficient to address DEI; (g) general confusion about the question at hand; and (h) miscellaneous responses outside of the overall themes. The final theme included responses that alluded to a "colorblind" ideology.

**Wrong Focus: Bigger Issues.** Twelve responses reflected beliefs that a focus on multiculturalism was misguided and overshadowed the needs of the field as a whole. In particular, respondents believed there were bigger issues the field should prioritize, such as the overall well-being of the profession. Selected responses under this category included: "I would like to see an organization that promotes the profession itself. These topics are important, but what good is any of it if nobody goes into the field in the first place?" Another respondent commented, "Our primary direction should remain on a return-to-work goal. The barriers have not changed."

**Resistance: Focus on Rehabilitation.** Similar to the responses described above, a significant portion of responses indicated that a consolidated organization's only focus should be rehabilitation and disability only. A total of 21 (18.4%) comments were categorized under this theme, and sample comments include: "Of course diversity and equity are important considerations. However, I feel that tech firms (Google and assistive technology) are now doing the leading edge of rehab work and not us because we are so focused on diversity." Or, "By focusing on diversity and equity the focus is moved away from competency." Another responded commented: "I would prefer to see the emphasis of the organization focus on advocacy for the growth and promotion of our profession..."

**Resistance: DEI Causes Division.** Sixteen (14.0%) respondents believed DEI is a divisive topic and, often, over-addressed. Collectively, these respondents believed DEI-focused efforts serve to fragment members and, ultimately, cause division rather than unification. One respondent noted, "In my opinion, DEI initiatives are divisive, politically motivated, and often focus on matters counterproductive to real change." Another deepened this sentiment:

*I think there is too much focus on this. I have had to take probably 8 courses in this in the last three months. I also was trained in this in my counseling degree. I feel the focus is driving people apart. A good and ethical counselor does not have to be told "by the way, be fair and culturally sensitive."*

**Economic.** Economic factors were a concern to a couple of participants; they believed the cost of joining numerous associations was an important factor to consider moving forward. One respondent commented, [I'm] "not a fan of having to spend extra money to join divisions - keep costs down and have everything in one association."

**Already Done.** The largest percentage of the No participants (19.3%) indicated there was no need for a consolidated organization to focus on diversity, believing multiculturalism is inherent to the profession itself. These participants ( $n = 22$ ) either believed equitable philosophies and practices were already thoroughly embedded in the work rehabilitation counselors perform, while others felt sufficient attention is already paid to multiculturalism. One participant commented: "The disability arena already is an area of great diversity. I do not believe we need to diversify it any further." A separate participant commented: "Multicultural diversity is already abundant in this field."

**Wrong Focus: Diversity and Equity Training.** Other respondents believed we did not need another organization; they believed that prioritizing DEI training is a meaningful alternative to emphasizing multiculturalism within an organization. Responses coded under this category included those individuals who believed DEI topics are meaningful, but that they should not be addressed at the organization level. One respondent commented: "...I would prefer the emphasis to be on education opportunities. I think this topic mentioned above is covered in the CRCC Code of Ethics and does not need special attention other than education/webinar opportunities for individual professional growth."

**Confusion.** A total of eight (7.0%) respondents appeared confused about the question. Participants whose responses either explicitly stated confusion, or those who were clearly confused about the question and/or the purpose of the study were coded here. For example, one responded commented: “The question is stated as a choice and the answers are yes or no. Folded into one primary association.” Similarly, individuals who appeared to respond to a different question, or who asked a question in their response were coded here. For example, “I believe in the importance of multiculturalism; however, I feel that it neglects and stigmatizes the causation race.”

**Miscellaneous or Not Applicable.** Participants ( $n = 16$ ; 14.0%) who wrote “not applicable,” who used some variation of that comment, or whose responses did not align with other categories were coded into this category. Sample responses included: “Don’t care,” “Diversity is a dog whistle for woke politics,” and “Because everyone knows this will not happen and will get hijacked by some progressive assholes.”

**Colorblind/Color Evasiveness.** The last category of responses was categorized to group statements that aligned with a colorblind ideology ( $n = 10$ ; 8.8%); these participants’ responses indicated that race or color did not or should not matter. One comment included: “Merit and competence should be the focus of any agency not immutable traits.” Another participant summarized,

*I think that race should not be a factor. As a woman of Mexican decent, I think that all this multicultural stuff is getting out of control and making us look dumb. Making excuses for not working hard...it’s like an excuse...like playing a victim role. I hate it.*

### In Favor

Four hundred and twelve participants ( $n = 412$ ; 67.2%) responded *Yes* to wanting an organization focused on multicultural diversity and equity included within the primary organization. Responses were coded into the following categories: (a) society is diverse, (b) generic support, (c) miscellaneous, apathy, or not applicable, (d) growth, (e) against divisions, and (f) confusion. Many participants mentioned keywords and phrases such as diversity, inclusion, equity, rehabilitation, and the counseling profession in their responses, which led to identifying the codes below.

**Society is Diverse.** Ninety-two participants (22.3%) indicated that a multicultural or diversity-focused organization is vital due to society’s multifariousness; therefore, respondents reported counselors must be culturally competent. For example, one participant stated, “Multicultural diversity and equity should be included in any and all organizations.” Many respondents noted that diversity and multiculturalism are critical components of the counseling profession and community. One participant shared, “We live in a society that needs more competent counselors who are versed in multicultural issues. It would be a disservice not to.” Similarly, another participant noted, “We are a multicultural and diverse society, so it makes perfect sense to be inclusive in every aspect.” Several participants

not only mentioned multiculturalism and diversity in society, but also identified specific suggestions related to unified associations. For example, one stated,

*A culturally diverse association will empower the participants to develop the talents and skills needed in this profession. A new range of ideas and expertise will enable us to learn from a more diverse collection of colleagues. It will boost problem-solving capabilities and can increase happiness and productivity.*

In addition, respondents cited their experience as counselors while responding to support of the consolidation of associations due to a diverse society. One respondent shared, “Having diversity in any association will only make it stronger as it most likely truly represents the membership as well as the clients the membership serves.”

**Generic Support.** One hundred and sixty-eight participants (40.7%) indicated generically that they are supportive of an organization focused on multicultural diversity and equity, but did not include additional content in the response. For example, one respondent said, “I think it’s always beneficial to include diversity and equity into any organization.” Notably another respondent underscored the vital importance of consolidating organizations by sharing, “It’s hard to advocate for diversity and inclusion for clients if we as a professional organization do not strive to achieve equity and diversity ourselves.” Other generic responses included “I think that’s a grand idea for the field” and “Diversity and equity should be always a focus in any and all aspects of our associations.”

**Miscellaneous, Apathy, and Not Applicable.** Forty-five participants (11.0%) indicated a lack of content or interest that did not meet the criteria identified under the other codes. Several responses referenced consolidation, including diversity being a “necessary focus,” or decided not to provide additional comments. Some experiences, even if infrequent, displayed a historical context, as shown in this response from a participant: “Our world is comprised of a variety of people, and our profession represents that, as does our clientele.” Other respondents stated, “Many people find value in a multicultural focus,” while another noted, “Accepting all points of view makes for a well-rounded organization.”

**Growth.** Sixty-one participants (15.0%) indicated that inclusivity, diversity, and/or equity are essential components for growing an organization or the profession of rehabilitation counseling. One respondent stated, “It will be easier for professionals to navigate the field and keep abreast.” Two participants shared the belief that unification is important for the growth of the organization. Specifically, one respondent shared, “A larger umbrella organization assures all rehab professionals align for a common purpose; specializations under the umbrella can offer more opportunities for professional growth.” The second respondent offered:

*A culturally diverse association will empower the participants to develop talents and skills needed in this profession. A new range of ideas and expertise will enable us to learn from a more diverse collection of colleagues. It will*

*boost problem-solving capabilities and can increase happiness and productivity.*

Another respondent mentioned, “Diversity and equity should already be a part of each organization, and bringing the best practices to the primary association will make it stronger for both the organization and its members.”

**Against Divisions.** Twenty-eight participants (6.8%) indicated they were in opposition to including more divisions within a merged professional association, or that DEI should be infused throughout an association and not just as a division within an association. Several participants compared the rehabilitation counseling profession to other professions when sharing thoughts on whether more divisions were a preference. One participant shared, “As an NRA member I am also a paying member of the Multicultural Division, training, and information on cultural diversity and awareness and appreciation of other cultures, how culture and disability differ between cultures.” A second participant referenced, “Too many divisions of an organization make it difficult to navigate information and result in information overload.” Additionally, two participants referenced the need for services in one location. For example, “...not going to multiple locations for services I need,” and “...interested in engaging in one association only.”

**Confusion.** Eighteen participants (4.4%) responses appeared to be unrelated to the question and purpose of the study. For instance, some participants answered a different question or asked a question in their response. One participant shared an unrelated statement of “More attention to race-related disabilities like Sarcoidosis.” Another respondent offered “It would be helpful if detailed information was provided with what each association does and how it would benefit a CRC to join.” Finally, a third participant said “As Rehab Counselors we ‘should’ already know and understand issues of people. Diversity and equity ‘should’ already be discussed at the Bachelors and Masters level course of study.”

## Unsure

One hundred and thirty-nine participants (22.7%) responded that they were unsure about a consolidated organization focusing on multiculturalism. Themes emerging from the data surrounded: (a) colorblind ideology, (b) miscellaneous or not applicable, (c) confusion, (d) apathy, (e) unsure: yes, and (f) unsure: no.

**Colorblind/Color Evasiveness.** Participants whose responses reflected a colorblind ideological perspective ( $n = 8$ ; 5.8%) were coded here. These participants indicate that race or color does not matter (to them or in general). Example responses included: “I focus on individuals - not categories or labels of people” or “I feel that each individual should be afforded the best counseling practices. I feel there has been too much attention on issues that focus on human differences.”

**Miscellaneous or Not Applicable.** Responses ( $n = 64$ ; 46.0%) coded under this theme comprised those who responded “not applicable,” offered a similar variation of not applicable, or provided some other response lacking con-

tent that did not align with the other codes. Further, responses indicating the participant does not have enough information to reach a decision were coded here as well. One responded commented: “I’ve just never given this much thought so I don’t know how I really feel. The emphasis should be on individuals with different abilities.” Another participant commented, “I would need more information about what this organization would focus on within that area.”

**Confusion.** This code was used to categorize responses ( $n = 33$ ; 23.7%) where participants either explicitly stated or clearly appeared to be confused about the question and purpose of the study. One responded commented,

*I think that multicultural diversity and equity should be a consideration of counseling (VR or other counseling). I don't believe that making a “separate division of the primary association” is a good idea (is sounds a little too much like “separate but equal.”) This question is awkwardly worded, I would need to know exactly what you are trying to achieve.*

Another participant commented: “I plan to join ARCA as I am concerned about the medical/rehabilitation aspects of disability across the lifespan.”

**Apathy.** Six (4.3%) respondents demonstrated apathy in their responses. This code refers to responses where a person indicated they do not care or that the prioritization of multiculturalism in a unified organization did not matter. Example responses included: “I’m not at all involved” and “I don’t see a need, specifically, but I understand that others may see value.”

**Unsure: Yes.** Responses coded into this theme ( $n = 16$ ; 11.5%) were those who selected *Unsure* but elaborated on their selection in a way that appeared supportive of a unified organization that prioritized multiculturalism. Sample comments include: “If NCRE is maintained as a primary autonomous entity, I would like to see the multicultural component embedded there” and “I don’t think organization should consolidate, but I do feel rehabilitation counseling should emphasize multicultural aspects, across settings.”

**Unsure: No.** Twelve (8.6%) respondents’ responses were coded here. This code refers to responses that appear to be *No*’s, rather than unsure. One participant commented, “I would hope the goal would be for professional growth and progress rather than focus on an individual groups opinion of their needs”. Another responded wrote: “I’m not sure what the benefit would be to handling it that way.”

## Discussion

In general, this specific area of the literature has been largely uncharted. Several articles have addressed the need for DEI in the profession (e.g., Alston et al., 2006; Harley et al., 2008; Kelsey & Smart, 2012; Levine et al., 2022). There have also been articles explicitly addressing the decay of professional organizations (Tansey & Garske, 2007), declining professional membership (Phillips & Leahy, 2012), the dilution of our professional identity (Zanskas, 2017), and most recently, potential threats to the profession (Nerlich et al., 2022). However, these articles rarely marry multicult-



tural diversity and equity considerations with professional organizations in rehabilitation counseling.

Responses in the current study are demonstrative of the current sociopolitical landscape in the United States. That is, there is a clear divide regarding social justice, multicultural diversity, and equity. As expected for a profession steeped in advocacy, most respondents in the current study want an organization focused on multicultural diversity, even in a hypothetical situation. However, there are still sizable proportions of responses by participants who responded in opposition, and those who were unsure.

### Uncertainty and Politics

The vast majority of participants indicated support for an organization with a multicultural diversity and equity infusion. These participants were generally emphatic in their responses, and made clear that many felt it was implausible for an organization at this time in society to not be inclusive of diversity and equity. Some were unsure why this was not already the status quo. Importantly, the sheer volume of support for a consolidated organization that focuses on multicultural diversity and equity in the rehabilitation counseling profession is the most telling aspect of the responses for those in favor. The volume of those who responded they were unsure is also an important consideration.

It is possible that unsure answers were shaped by the increased politicization of the phrases “diversity and equity,” or “DEI.” There may be a social pressure to avoid topics that may potentially label someone as racist or as taking a political stance. Furthermore, in certain states, there may be legislation prohibiting the discussion of such topics that make government employees apprehensive about their use. Amidst the current environment whereby language has been significantly politicized, to the extent that it is impacting public health (e.g., Gostin, 2017), it is reasonable to consider the impact of political rhetoric on participant responses. A similar concern was noted by Levine and colleagues (2022) regarding VR counselor comfort with discussing mask-wearing with clients during the COVID-19 pandemic.

In addition to politics, many in the unsure category seemed to believe that incorporating multicultural diversity and equity would take away from a focus on rehabilitation or people with disabilities. Several participants noted they were explicitly unsure because they wanted to focus on the rehabilitation and/or people with disabilities, only. Broadly, there is a lack of detail available from the unsure responses, given that most who responded unsure provided an answer indicating they either did not have enough information or simply indicated a “not applicable” response to the prompt. This phenomenon within the sample is worth exploring further because it reveals that many rehabilitation counselors working in the field either do not feel comfortable or capable of discussing their perspectives on multicultural diversity and equity.

### Participant Characteristics

The subject pool for this study was broader than the current makeup of our professional organizations. Traditionally, professional rehabilitation organizations have been populated mainly by master’s-level practitioners and students. Since the implementation of WIOA (2014), the field of rehabilitation counseling, specifically vocational rehabilitation, has expanded to those with an undergraduate degree or related master’s degrees (i.e., not rehabilitation counseling degrees). The current study reveals that degree type played a role in participant responses, indicating that there were significantly more opposed and unsure when it came to those practicing with a bachelor’s or master’s degree as compared to those with a doctoral degree. While the current data does not reveal whether the master’s degrees of the participants were in rehabilitation counseling or not, it is notable that degree level is a significant factor when indicating support of an organization that includes multicultural diversity and equity. In other words, the front lines of the rehabilitation counseling profession are less likely to agree with infusing multicultural diversity and equity into a professional association. This finding is both critical and concerning; uncertainty about cultural diversity and inclusion among those with the most direct client contact is a significant consideration for agency leadership. Agency leaders and supervisors must be aware of this fact, and encourage the embodiment of CRCC ethical code and values within their organizations.

In addition to education level, the sample reveals that White, male-identified participants were significantly more likely to be in opposition to an organization with a multicultural diversity and equity focus. White participants in general were five times more likely to be in opposition than their non-White counterparts. In concert with qualitative responses that indicate a colorblind or color evasive ideology and resistance that may be informed by such beliefs, it is clear that a broad minority of the rehabilitation counseling field, and our professional associations, is actively resisting the inclusion of social justice values in their perspectives.

### Opposition

As a profession and per our ethical standards, rehabilitation counselors strive to reduce bias, minimize discrimination, and prevent harm (CRCC, 2017). However, there are those within the profession who provided responses that would certainly fall in violation of the scope of practice of rehabilitation counselors, as well as the Code of Ethics by which we abide. Although no one participant endorsed prejudicial feelings toward specific groups, several standouts were vocal in their distaste for focusing on DEI at a professional organization level. Of particular concern is the character of the responses of some who were opposed, which could be described as hostile and divisive.

However, due to increased politicization, diversity and inclusion initiatives are viewed more vocally and partisan. The character of some of the responses in the data set may reflect the sociopolitical environment shift over the

last several years. There has been an increase in political rhetoric that has deeply pushed against DEI for political clout. These responses may be due to a societal backlash against multiculturalism, or they may represent a small, albeit vocal, minority within the profession. According to Spanierman and Smith (2017), people in the cultural majority can implicitly feel targeted by multicultural initiatives and may feel characterized as racist or prejudiced. While rarely the intention of these initiatives, these types of characterizations are likely to elicit adverse reactions from cultural majority group members and, according to Cobb and colleagues (2020), reduce their likelihood of endorsing multiculturalism. This backlash against multicultural policies and interventions may arise from a perceived threat to social status (Jardina, 2019) and implicit or explicit characterization.

### Implications

The current study, as well as the broader information encompassed within this special issue, make it apparent that a profession-level discussion of professional association issues is again a necessity. There are also clear implications regarding the centrality of social justice within the rehabilitation counseling profession.

The composition of the rehabilitation counseling profession is increasing in diversity of education level as a result of WIOA. This expansion of acceptable requirements for working in vocational rehabilitation may be a contributing factor for the findings of the current study. More research is needed to identify whether rehabilitation counselors have appropriate levels of social justice competency, and whether there are gaps related to education type. In general, expanding the purview of oversight of a professional organization to include bachelors-level practitioners may be suited. The current study also reveals that increased time in the field was negatively correlated with support of a diversity and equity-infused professional association. Additional exploration of the population of long-term vocational rehabilitation counselors is warranted to identify the impact of potential burnout on social justice attitudes.

As a profession, it has too often been assumed that the desire to work with people with disabilities is intrinsically tied to broader social justice values. Much more information is needed to explore whether our ranks lean more towards being charity-oriented as compared to human-re-

source oriented (e.g., Wright et al., 2020). Similarly, studies regarding racial identity development and rehabilitation outcomes may be warranted to establish more current understandings of factors that impact consumer outcomes.

Finally, in the implementation of any changes to our professional associations, inclusion and equity must be at the forefront, from the members of the boards to the policies and activities of the group. Even more specifically, intentional efforts must be made to seek out, mentor, and lift up people from marginalized groups to lead our associations and our profession, if we are to truly enact a disability social justice agenda (Nerlich et al., 2022).

### Limitations

Due to the nature of the survey, the responses provided by participants did not always fit within the context of the data analyzed in the current study. In other words, participants had simultaneously very specific and broad opinions about professional association consolidation, which often came out in their responses and led to complications when coding the data. While the participant demographics reflect that of the profession, there was a homogeneity among the participants that prohibited between-group analyses. Finally, the lack of familiarity with the consolidation discussion certainly contributed to some confusion within participant responses.

### Conclusion

The current study provides previously unexplored information regarding the perspectives of professional association stakeholders on infusing multicultural diversity and equity into a consolidated organization. There was primarily support both for a consolidated organization, as well as one that infuses cultural diversity and equity into its mission. However, there were a significant proportion of respondents who were either uncertain or unsure about such an infusion. While the current study centered on professional associations, the data reveal themes that may belie the general belief that those attracted to the rehabilitation counseling profession are inherently social justice-oriented. Rehabilitation counseling must take stock of our current status and create policy, training, and protocol that will bring us back to our roots of social advocacy and inclusion, including all intersectional identities of consumers and not just their disability status.

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