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Assessing Infusion of Social Justice in Rehabilitation Counselor: Education Curriculum

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Abstract

Purpose: To examine the extent to which rehabilitation counselor educators understand and are committed to infusing social justice in the rehabilitation counseling curricula. **Method.** The authors used a quantitative descriptive research design to examine the level and extent of integrating social justice into rehabilitation counseling curricular. The participants were 59 rehabilitation counselor educators recruited during the 8th Annual Rehabilitation Educators Conference hosted by the National Council on Rehabilitation Education (NCRE). **Results.** The study found that a majority of participants perceived it important to integrate social justice into rehabilitation counseling curricula. The level and extent of integration varied by academic rank and years of teaching. **Conclusion.** To ensure future rehabilitation counselors gain social justice competency, it is of great significance that rehabilitation counseling educators infuse the concepts of social justice into the curricula through knowledge and fieldwork domains.

Assessing Infusion of Social Justice in Rehabilitation Counselor Education Curriculum

In the past decade, there has been an increased commitment to the principles of social justice in expanding professional activities within the counseling profession. Hailed as a ‘new force’ in the counseling field (Lee & Hipolito-Delgado, 2007), social justice concerns itself with fostering social change in the society by engaging in advocacy for social action based on the principles of equity and fairness, and is perceived to be the next force beyond multicultural competence and emphasis in issues of diversity for professional counselors (Lee & Hipolito-Delgado, 2007).

Within the counseling sub-specialties, social justice assumes different facets. For example, Bell (1997) argued that a social justice approach to counseling emphasizes societal concerns, including equity, self-determination, and social responsibility. According to Bell (1997), social justice “includes a vision of society in which the distribution of resources is equitable and all members are physically and psychologically safe and secure” (p. 3). Sue and Sue (2013) argued that social justice counseling could dictate social and political actions that seek to ensure that “all people have equal access to resources, employment, services, and opportunities they require to meet their basic human needs” (p.113). Miller (1999) contended that social justice is primarily concerned with understanding “how advantages and disadvantages that are distributed to individuals in society” (p. 11). Vera and Speight (2003) posited that social justice forms the core of multiculturalism and focuses on tackling “institutionalized racism, sexism, and homophobia account for inequitable experiences for people of color, women, gay, lesbian, and bisexual people” (p.254). Harley, Alston, and Middleton (2007) offered tenets of social justice such as full and equal participation of all groups; resource distribution to all

members of society; and liberty and equality in society. Rimmerman (2013) recommended that in order for the 'human rights' of people with disabilities to address the needs of persons with disabilities, social welfare should be transformed to a social justice model in which "the focus of government policy is to remove barriers in the labor market and in society as a whole in order to promote economic and social participation." (p. 180). It is instructive that most of the early approaches to justice emphasized access to, and distribution of resources, or, distributive justice. Modern approaches to social justice emphasize communitarian or deliberative justice approaches (Young, 1990) that emphasize the processes involved in decision making rather than solely focusing on outcomes. A casual assessment of rehabilitation counselor educators' understanding of social justice indicates that there is a lack of coherence in how rehabilitation counseling professionals pursue social justice. There still lacks a comprehensive understanding of how social justice is defined, perceived, and advocated for by rehabilitation counseling professionals. For the purpose of this article, we employ the definition offered by Lee and Hipolito-Delgado (2007), who argued that social justice involves

“... promoting access and equity to ensure full participation of all people in the life of a society, particularly for those who have been systematically excluded on the basis of race or ethnicity, gender, age, physical or mental disability, education, sexual orientation, socioeconomic status, and other characteristics of background or group membership” (p. xiv).

Social justice is based on a belief that all people have a right to equitable treatment, support for their human rights, and fair allocation of societal resources. Rehabilitation counseling has primarily focused on diversity and other multicultural issues, leaving little or no dialogue pertaining to social justice (Harley et al., 2007). Rephrasing Vera and Speight (2003),

if rehabilitation counseling is to be fully committed to an agenda of diversity and multiculturalism, the field must also be committed to social justice. The scope of interventions must go beyond individual and group sessions, beyond advocacy for social change, and be integrated into training of the next generation of rehabilitation counselors. How students encounter and identify manifestations of social injustice is important to how they devise approaches to resolving these injustices. For example, Sue and Sue (2013) argued that “social justice is quite different from the traditional clinical role in which student are trained. In many respects it dictates playing roles that involve advocating on behalf of clients who are victimized by the social system that creates disparities in health care, education, and employment” (p.113). In addition, Rimmerman (2013) recognized that "using equality and social justice language is remarkable, but persons with disabilities require both resources and the opportunity to utilize those resources to achieve their potential” (p. 125).

In order to arrive at a coherent approach to social justice advocacy, it is important to promote the infusion of social justice themes in rehabilitation counselor educators’ research and student engagement. We begin by highlighting the relationship between multiculturalism and social justice, and then examine the differences between a social justice perspective and traditional rehabilitation counseling, followed by examining the differences between various models of disability and social justice-based rehabilitation counseling approaches. We end the introduction by examining the rehabilitation counseling curricula and establishing the need to incorporate social justice in the curricula.

The Relationship between Multiculturalism and Social Justice

Social justice and multicultural counseling competence are inextricably linked. Social justice concepts are the pillars upon which multicultural counseling competency standards were

founded, as well as providing the guiding principles for systemic social change. Multicultural competence rests on individuals' awareness of their own values, culture, and assumptions; knowledge of other cultural groups; and skills to engage in culturally appropriate behavior with other culture groups (Pope, Reynolds, & Mueller, 2004). According to Warren (1998), the pursuit of social justice is manifested in a society that is constantly striving for equality, inclusion, peace, and active participation of its citizens. Building on this understanding, Hurtado (2007) argued that active citizenship and civic engagement should be a vehicle for pursuing the ideals of justice and equality in a multicultural society.

Other studies have helped to understand the link between social justice and multicultural competence. This relationship is demonstrated in practitioners' increased commitment to diversity issues and pursuit of societal equity. Findings from a qualitative study by Einfield and Collins (2008) suggested that individuals who reported a high level of multicultural awareness demonstrate increased awareness of societal inequality. The researchers posited that as individuals become increasingly aware of societal inequality, they focus on developing skills necessary for effectively interacting in a multicultural setting, such as, empathy, patience, attachment, reciprocity, trust, and respect. They further argued that lack of multicultural knowledge and skill are a driving force behind inequality, and that "multicultural education is a necessary component of understanding structural inequalities and how to produce social change toward equality and justice" (p 106).

Multicultural counseling takes into consideration the cultural background and individual experience of diverse clients and how their psychosocial needs might be addressed through counseling (Lee & Ramsey, 2006). Similarly, Palmo, Weikel, and Borsos (2006) argued for a systems approach to counseling which considers a person's mental health on the basis of a

healthy social environment. They further posited that multicultural counseling incorporates a systems perspective by taking into account of the person, the person's presenting concern, the social environment, and the interaction between these three. This approach focuses on individualized experiences and how challenges and adverse situations affect an individual. There are however, environmental challenges that may not be fully addressed merely by being competent in multicultural approaches to counseling. Challenges such as economic injustices, poverty, and technology may have adverse affects on clients, particularly for people with disabilities (Harley et al., 2007). Social justice approaches explain environmental conditions and barriers that people with disabilities encounter on a day-to-day basis, not because of their condition, but for other extenuating circumstances beyond their control. These two approaches can co-occur as one may allow the counselor to look at clients' cultural worldview, while the other looks at the environment and how the structural and social environment may need to be modified in order for the client to function and to live. Monk, Winslade and Sinclair (2008) argued that, "because multicultural counseling writers are usually committed to social justice in counseling and therapy, they inevitably are engaged in some kind of political enterprise....we need some overarching theory of democracy within which a vision of social justice can be materialized. Most multicultural counseling theorists and practitioners acknowledge that counseling is not a politically neutral process... it is people having a say in the creation of the conditions of their own lives" (p. 49).

To paraphrase Kumagai and Lybson (2009), at the heart of efforts to instill cultural competence is the notion of justice – to treat all people equally – with all the emotional, experiential, and cultural richness and depth that comprise an individual's identity – with fairness. In much the same manner, a critical consciousness of oneself and others in the world

develops, as well as a commitment to alleviate suffering and address disparities through action. This is the goal of social justice – the development of a critical awareness that is rooted in diversity advocacy. Efforts to achieve this goal must take the form of an educational praxis, i.e., action informed by an overarching theoretical framework. In this way, we may educate ourselves in the process of training counseling practitioners who are capable of addressing the broad diversity of society's needs.

Differences Between a Social Justice Perspective and Traditional Rehabilitation Counseling

According to the Council on Rehabilitation Education (CORE, 2007), a rehabilitation counselor is “a counselor who possesses the specialized knowledge, skills, and perceptions needed to collaborate in a professional relationship with people who have disabilities to achieve their personal, social, psychological, and vocational goals” (p. 2). Many of the major job duties as offered by Rubin and Roessler (1987; 2001) and Jenkins, Patterson, and Syzamski (1992) include case management, eligibility determination, developing individualized plan of employment, counseling, and job placement. Ethridge, Rodgers, and Fabian (2007) highlighted emergent job roles that rehabilitation counselors will take on, such as consultants, private practitioners, and disability managers. The job duties and role functions that have been previously mentioned often looked at helping individuals with disabilities locate, obtain, and maintain employment. Often during employment exploration, the rehabilitation counselor will work with employers to identify their needs and to make the appropriate workplace accommodations for the client/potential employee. While this is important with clients, there are other aspects that must be considered when working with and advocating on behalf of clients.

Rehabilitation counselors operating from a social justice perspective have different agendas and functions in working with people with disabilities. Fabian (2007) noted that there

are significant differences in the focus area, such as type of intervention and type of social action. For example, rehabilitation counselors operating from a more traditional model will use the medical model as a paradigm for people with disabilities to access services and as a way to understand the people with disabilities, while rehabilitation counselors working from a social justice paradigm operates from a civil rights approach, meaning that there is equality in terms of service. Instead of using counseling, assessments, case management, and career and job counseling, rehabilitation counselors operating from a social justice perspective will use interventions, such as peer mentoring, self-help, political advocacy, and self-determination. Finally, under the traditional approach of rehabilitation counseling, social action will take place in terms of individual advocacy and employer intervention, but from a social justice perspective, social action takes place in terms of collective political action, lobbying, and political protests. Overall, traditional rehabilitation counseling approaches help people with disabilities one person at a time, but social justice approaches help groups of people at a time. Both are necessary in when working with clients with disabilities.

Differences Between a Social Justice Perspective and Traditional and Contemporary Models of Disability

There are many models of disability that rehabilitation counselors typically utilize in working with clients who have disabilities. The medical model, for instance, is the most widely used model in rehabilitation counseling (Smart & Smart, 2006). While the medical model does provide useful information for rehabilitation counselors, it does not take into consideration the day-to-day struggles (e.g., prejudicial and stereotypical notions) that people with disabilities encounter, which is where social justice may help to explain. Disability in the medical model is perceived to be a “biological inferiority, malfunction, pathology, and deviance” (Smart & Smart,

2006, p. 30). The authors also highlighted that other models of disability include functional and environmental models, in which the client and the environment operate interact with one another. Disability from this perspective is looked at in terms of abilities, skills, and achievements of individuals. From a social justice perspective, though the individual with the disability lives in the environment, there might be changes that need to be made to the environment so that the person can be able to live more fervently in the environment. For example, Smart and Smart used the example that lack of education and poverty are indeed social problems, but they are not considering a disability. A social justice perspective will examine the lack of education as not the individual's problem, but examine whether the individual had the access to an education. In terms of poverty, a social justice perspective will examine poverty in terms of a societal issue, not an individual issue. The sociopolitical model is the final type of traditional disability model. Under this model, people with disabilities identify themselves as a cultural group. Disability under this model is a "social construction in that the limitations and disadvantages experienced by people with disabilities have nothing to do with the disability but are only social constructions..." (p. 34). Although disability under this model does coincide with the underlying premise of social justice, what it does not address is the advocacy or becoming actively involved in changing those limitations and disadvantages that society places on people with disability.

In recent years, there have been contemporary models that have emerged pertaining to people with disabilities. One such model is the affirmative model of disability. Under this model, disability is looked at as non-tragic and "encompasses positive social identities" (McCormack & Collins, 2012, p. 157) and considers the lifestyle and experiences of the person with the disability. Social justice and this model are similar in that they both consider the external factors of the person rather than focus on the disability of the person. Another

contemporary model of disability is rights based model of disability. Under this model, persons with disabilities are seen as independent rather than dependent, in addition to having a more political voice and being more active (Michigan Disability Rights Coalition, n.d.). People with disabilities under this model have become more empowered to their lives and seek to change those structures that have marginalized them. The rights based model is similar to social justice in that it seeks to ensure that everyone has the access to resources and is treated fairly. The social model “aims primarily at deconstructing and countering the individual model of disability with a perspective situated in the direct experience and understanding of disability by disabled people themselves” (Terzi, 2004, p. 143). Marginalization, oppression, and discrimination are addressed, while simultaneously examining social and cultural barriers. Social justice also considers the aspects as well and further examines how to remove these barriers.

Rehabilitation Counseling Curricula

Throughout the history of rehabilitation counseling, there have been strong advocacy efforts for people with disabilities to access services such as employment, education, housing, and social security benefits. These efforts are comprised of social justice characteristics that are often embedded in rehabilitation courses, but not explicitly stated as social justice features. Recent CORE Standards (CORE, 2007) have integrated social justice concepts for master’s level rehabilitation counseling programs so that all rehabilitation counseling program faculty have an outline pertaining to outcomes under each knowledge domain required for master’s rehabilitation counseling students. For example, listed under the Social and Cultural Aspects Knowledge Domain, students should be able to develop and demonstrate the following outcomes upon course completion (a comprehensive list can be found on CORE’s website):

“practice in a manner that shows an understanding of the environmental and attitudinal barriers to individuals with disabilities” (C.2.4); “continuously assess self-awareness and attitudinal aspects of rehabilitation counseling” (C.2.10); “identify and demonstrate an understanding of stereotypic views toward persons with disabilities and the negative effects of these views on successful completion of the rehabilitation process” (C.2.12)

Though these outcomes do not explicitly state nor mention social justice, given the definition provided in this research proposal, it is evident that these outcomes encompass social justice attributes as it relates to the profession. To effectively address any social justice issue, rehabilitation counselor educators must be able to articulate and understand social justice as it relates to the field. Furthermore, rehabilitation counselor educators should be able to include these concepts into a specific course or in their respective programs so that their graduates are equipped with the essential knowledge to work in settings that provide services to persons with disabilities. However, little has been done to examine the infusion of social justice into the rehabilitation counselor training curricula.

The purpose of this article was to examine the extent to which rehabilitation counselor educators understand and are committed to infusing social justice in their curricula. Three specific research questions guided the study. They include (a) What are rehabilitation counselor educators’ perceptions towards integrating social justice in the curricula? (b) To what extent are social justice components integrated into rehabilitation counseling curricula? and (c) What are the differences between groups of rehabilitation counseling educators’ perceptions and infusion of social justice into the curricula?

Method

Participants

Participants in this study were recruited from 186 rehabilitation counselor educators who registered for the 8th Annual Rehabilitation Educators Conference hosted by the National Council on Rehabilitation Education (NCRE) in San Antonio, Texas. Sixty rehabilitation counselor educators completed the survey, yielding a response rate of 32%. One response was excluded for being incomplete.

Approximately 80% of the 59 valid respondents reported that they were full time faculty (23% were full professors, 25% associate professors, 30% assistant professors), with 8% were adjunct faculty and 14 % were doctoral level students. The respondents had a wide range of length of time in teaching counselor education. Thirty-seven percent reported having less than five years of total teaching experiences, 22% had five to ten years, 10% had 10 to 15 years, and 29% had 15 years or more total teaching experience. This spread resembled the length of time that counselor educators have spent at their current institutions, with 54% reporting less than five years spent at their current institution, 12% had spent between five and ten years at their current institution, 12% reported 10 to 15 years in their current institution, while 22% reported having been at their current institution for 15 years or longer.

The participants reported teaching courses across all levels of academic programs. A majority of them (90%) have taught masters level courses. Half of the respondents reported teaching undergraduate courses, with 30% taught at the doctoral level and 25% taught at multiple levels.

Participants indicated a range of primary conceptual framework of disability used in their programs. Thirty-nine percent of the participants reported using the biopsychosocial model, followed by 27% using the social model, with 10% using the medical model, and 7% using the social justice model and the multicultural conceptual model respectively.

Participants in the study were from across the U.S. with almost half (47%) of the participants reported from institutions located in the southwest, which is probably because the conference was held in that region of the country. Twenty-three percent were from Midwest institutions, 12% reported from the West, 10% from the Northwest, and 8% of the respondents from institutions located in the Northeastern.

Instrumentation

With the purpose of examining the extent to which rehabilitation counselor educators understand and are committed to infusing social justice in their curricula., the researchers developed a “Social Justice and Rehabilitation Counseling Questionnaire”. The questionnaire consisted of demographic and curriculum questions. The demographic section asked participants to indicate their academic position (i.e., full time faculty, adjunct faculty, teaching assistant), academic title (i.e., full professor, associate professor, assistant professor or instructor), academic level that she/he teaches (i.e., undergraduate, master or doctoral level), and number of years teaching as a rehabilitation educator at her/his current institution and in the rehabilitation field in general. No personally identifiable information was collected for the study.

The curriculum section offered the definition of social justice proposed by Lee and Hipolito-Delgado (2007), and asked participants’ perceptions toward and the practice in her/his rehabilitation education program in terms of infusing social justice into their curricula. Participants were asked to indicate what social justice competencies they believed rehabilitation counselors should possess from a competency list (i.e., exploration of clients’ worldview, ability to advocate at individual/systemic levels, analysis of access of equal services), which was developed based upon the Social and Cultural Aspects Knowledge Domain of CORE Standards (CORE, 2007). Participants were asked to list any additional social justice skills by answering

an open-ended question. Participants were also asked about the number of social justice courses offered in their rehabilitation education program, and how the program incorporated social justice into the curriculum through knowledge-based courses, fieldwork, and entire curriculum. To gain understanding of level of integration of social justice into knowledge-based courses, fieldwork and the entire curriculum, we asked participants to rank order on methods of infusion on a 5 point Likert scale with 5 *being the most important* and 1 *least important*. A question on the challenges foreseen in infusing social justice into the curriculum (such as lack of expertise in social justice, lack of interest in social justice infusion, and difficulty in gaining support from colleagues) asked participants to rank order the perceived difficulty of specified elements of infusion on a 5 point Likert scale, with 5 *being the most challenging* and 1 *least challenging*. Participants were to indicate additional examples of how their program incorporates social justice into the curriculum by answering an open-ended question. Participants were asked to rate the level of modification it would take to ensure that social justice themes are incorporated in their programs' curriculum, and the importance of infusing social justice into the rehabilitation curriculum. Lastly, in an open-ended question, participants were to share additional opinions on integrating social justice into rehabilitation counseling curricula.

Procedure

Rehabilitation counselor educators were invited to complete the Social Justice and Rehabilitation Counseling Questionnaire at the 8th NCRE conference. The researchers gained approval from the NCRE Research Committee to conduct the study at the conference as part of NCRE's research initiative during the conference. To recruit participants for the study, a flyer, a cover letter, and the Social Justice and Rehabilitation Counseling Questionnaire were distributed from the conference registration desk to conference attendees. The flyer and cover letter

described the name and purpose of the study, with information about the chance to win a raffle prize, and contact information for the researchers. The cover letter described benefits and risks of participation in the study, informed consent would be implied by reading the cover letter and completing the questionnaire. Completion of the questionnaire was anonymous and voluntary. Additional recruitment efforts were conducted by the NCRE conference organizers and the NCRE President by encouraging completion of the questionnaire throughout the conference. In order to increase the response rate for the survey, participants were offered an opportunity to participate in a raffle in which they could receive a copy of the book, *Counseling for Social Justice*, edited by Dr. Courtland C. Lee.

Data Analyses

This study gathered preliminary data regarding the perceptions and practices of rehabilitation counselor educators in infusing social justice into their curricula. Descriptive statistics provide a broad view of the extent to which rehabilitation counselor educators view social justice as important and the way they currently infuse social justice into their courses. Analyses using One-Way Analysis of Variance by Ranks was conducted to detect any differences between groups of rehabilitation counselor educators' perceptions and infusion social justice into the curricula. Finally, content analyses was utilized to analyze the qualitative data collected from the questionnaire, such as other social justice skills that are important for rehabilitation counselors to possess, additional examples of how the programs incorporate social justice into the rehabilitation curricula, and additional opinions on integrating social justice into rehabilitation counseling curricula.

Results

Perceptions Regarding Infusion of Social Justice in Curricula

In assessing rehabilitation counselor educators' perceptions towards integrating social justice in the curricula, 70% indicated that it is very important for counselor educators to incorporate social justice into the curricula, 16% reported “neutral” on the issue, while only 3% of the respondents reported that it was not important to infuse social justice into their curricula. We surveyed the respondents' opinions on what social justice competencies they considered important for rehabilitation counselors to possess. Sixty-five percent to 90% reported that it is important for rehabilitation counselors to possess specific competencies, including the ability to advocate at the individual level, ability to advocate at the systematic level, exploration of consumers' worldview, identification of sources of injustices to determine their impact on consumers, strategies to address injustice, and ability to facilitate social change.

Although the respondents reported on the need and significance for rehabilitation counselors to have these competencies and skills, they also reported a range of challenges that they foresaw in an effort to integrate social justice components into their curricula. The biggest challenge foreseen by counselor educators' was lack of knowledge on a social justice perspective. Others include the perception that it would be time consuming to transform the counseling curriculum to include components of social justice. There was a notable lack of interest on pursuing social justice concepts among counselor educators, while some counselor educators foresaw difficulty in gaining support from other professionals. Fifteen percent of the participants failed to complete the question, and 8% percent indicated the question as not applicable.

In spite of the above challenges, 13% of the participants reported that they would not need to make any modifications in their current curricula because they already had social justice themes embedded in their counseling curricula. Fifty-eight percent indicated they would make

minor changes to incorporate social justice in their curricula. Only 20% of the respondents reported that they would have to totally reorganize their curricula in order to incorporate social justice.

Extent and Practices of Social Justice Infusion in Rehabilitation Counseling Curricula

The study indicated that social justice concepts are included in rehabilitation counseling curricula at various levels. Thirty percent of the respondents reported that they incorporated social justice throughout the entire curriculum. Another 28% reported integrating social justice components into rehabilitation counseling courses while 23% reported introducing social justice as a class topic. Six percent reported teaching social justice concepts through a class assignment and only 1% of the respondents reported having introduced a new course on social justice. Forty eight percent of participants indicated that they stressed on the relationship between social justice concepts and rehabilitation counseling as a way of passing the social justice message across. Another 33% reported that they taught social justice concepts by having guest lecturers on social justice topics, while 13% reported that they incorporated student presentations on social justice topics. However, 11% of the educators reported that social justice incorporation in the entire curricula was not applicable. Approximately 3% percent of participants failed to answer this question.

Only 35% reported incorporating social justice components in four or more courses. However, 25% of the respondents reported having no course which included social justice concepts. Twenty percent reported three courses, while 15% reported one and two courses respectively. Five percent failed to reply on this question.

A slight majority of the respondents (53%) indicated the “social and cultural diversity” as the way they used to include social justice concepts. A comparable percentage 47% indicated

medical and psychosocial aspects of disability as their choice of incorporating social justice concepts. Thirty-eight percent reported discussing social justice issues when teaching professional identity, and 30% reported case management and career development. Other areas of incorporation included assessment, group counseling, human growth and development, behavioral health counseling, ethics, foundation of rehabilitation, and practicum/internship.

The results indicated that the rehabilitation counselor educators taught social justice in both knowledge-based and fieldwork domains such that 81% of the respondents reported using knowledge-based courses and fieldwork to explore social justice issues. Some examples of social justice incorporation in knowledge-based course work and fieldwork were reported as inviting individuals with disability to guest lecture on the social justice issues, conducting group presentations on social justice, and engaging in experiential activities through incorporating course readings and assignments, exploring diversity issues and conducting accessibility tours off campus with people with disabilities. Additional examples include learning about civil rights legislation, simulation, role-play, videos, case studies, protesting and lobbying with policy makers, journal writing, and creating a portfolio.

Comparisons in Perceptions and Extent of Social Justice Infusion

One-Way Analysis of Variance by Rank was employed to examine the differences in perceptions and extent on incorporation of social justice based on academic title and years of teaching. There were no significant differences found on the importance of infusing social justice or on the need to modify the curriculum among rehabilitation counselor educators based on academic title and years of teaching experience. There was also no significant correlation between counselor educators' perspectives on challenges to infusing social justice and number of years in teaching rehabilitation counseling.

Although no statistically significant differences were identified by One-Way ANOVA, there were some interesting findings to explore considering the small sample size which may not provide adequate statistical power to identify the differences. Table 1 showed that faculty in the lower ranks of academia and/or few years of teaching experience had a higher level of appreciation of infusing social justice. Fifty-seven percent of full professors, in this study, believed that infusing social justice into rehabilitation counseling curriculum was important and/or very much important compared to 73% of associate professors, 83% of assistant professors, and 91% of instructors. Furthermore, 80% of faculty with less than 10 years of teaching experiences in the study held the view that incorporation of social justice into curriculum was important and/or very much important, about 70% of faculty with 10 and more years of teaching experiences held a similar opinion (see Table 2).

Table 3 indicated that junior faculty had a higher need than senior faculty in modifying current curriculum to incorporate social justice. Fourteen percent of full professors and 13% of associate professors indicated that the curriculum need to be totally reorganized to incorporate social justice, 22% of assistant professors and 33% of instructors/teaching assistants held the similar opinion. It also indicated that 14% of full professors and 20% of associate professors expressed no need at all to modify their curriculum, while only 6% of the assistant professors expressed this option.

Table 4 showed an interesting relationship between years of total teaching as a rehabilitation counselor educator and level of integration social justice into curriculum. Thirty percent of faculty with less than 10 years of teaching experience incorporated social justice into the curriculum compared to 17% of faculty with 10 or more years of teaching experience. However, 27% of faculty with less than 10 years of teaching experience believed social justice

should be integrated throughout the entire curriculum compared to nearly 40% of faculty with 10 or more years of teaching experience.

Discussion

A social justice approach to training of rehabilitation counselors prepares them to have an awareness of the systemic nature of clients' presenting issues. This will empower rehabilitation counselors to design and implement interventions that promote social and structural equity. As Vera and Speight (2003) argued, a commitment to social justice is inherent in multicultural counseling. The best point of targeting the general appreciation of social justice is at the level of practitioner training through the counseling curriculum. Modifications of graduate training programs are necessary in order to prepare future counselors to assume their social justice roles (Constantine, Hage, Kindaichi, & Bryant, 2007). Harley et al. (2007) proposed a curricula refinement for rehabilitation counseling programs in order to develop counselors with social justice competencies. In this study, we explored the perception and practice of 59 rehabilitation counseling educators toward infusing social justice into rehabilitation education. The results indicated that the majority of rehabilitation counseling educators recognize the importance of infusing social justice into rehabilitation counseling curricula. Moreover, over two-thirds of the respondents reported that they would not need to or only need to make minor changes in their curricula to incorporate social justice, which may suggest that, to some extent, most of the rehabilitation counseling educators have employed the concepts of social justice in their curricula and do not feel the need to reorganize their curricula. However, the respondents had very diverse opinions about "infusion social justice into the curricula".

To further explore this phenomenon, we listed nine social justice competencies drawn from CORE's core curriculum areas (2007 CORE Standards) and asked participants to identify,

in their opinions, the ones that rehabilitation counselors are supposed to possess. They were also asked to list other social justice competencies that were not included in our survey. It is noteworthy that some of the competencies reflected by the participants in qualitative narratives could actually be categorized in traditional counseling competencies (e.g. empathy, community skills), or in multicultural competencies (e.g. understand the cultural construct of disability). This suggested the overlap of social justice competencies, traditional counselor competencies, and multicultural competencies. Further investigation of the relationships among these competencies should be conducted and clarification of social justice competencies should be made.

In this study, we also explored the levels of the integration of social justice in the rehabilitation counseling curriculum among the programs of the respondents. Three-fourths of the respondents reported that their program has at least one course addressing social justice. The majority of the respondents reported that their program has incorporated social justice throughout the curricula (30%) or into CORE courses (28.3%). The participants also reported applying a variety of methods to infuse the concepts of social justice in the domains of knowledge and fieldwork. Future studies may further examine the effects of these courses on rehabilitation counseling students by assessing their knowledge and practice in the field.

We were interested in the relationships between the characteristics of rehabilitation counselor educators (academic ranks and years of teaching) and their perception about the incorporation of social justice in the counseling curriculum. Although no statistically significant differences were found, it is noteworthy that rehabilitation counseling educators with more teaching experiences or of higher academic positions reported a lower rate in perceiving social justice as important. Other demographic characteristics (e.g. gender, race...etc.) may also be

utilized to explore this issue in future studies. The findings from this study also indicated that rehabilitation counselor educators who were in the beginning years of their career were more flexible in considering modifications to the curriculum compared to their counterparts who were well established in their teaching careers. Reasons behind these differences were beyond the scope of the current study, as it only sought to explore the extent to which social justice themes incorporated in rehabilitation counseling curricula, and establish a baseline for more exploration.

Limitations of the Study

There are a few limitations associated with this study. First, the sample size is small (N=59) and the source of the sample is limited. The participants were recruited from a national conference held in the south region, and the majority (47%) reported coming from institutions in the southern region. Further research with a representative sample is needed before we can generalize the findings presented in this study. Another limitation is self-report bias. The participants may respond to the questions according to their subjective perception instead of objective observation or reflection. We also did not control the variable of social desirability. Finally, the generalization of our research findings about rehabilitation counseling programs should be cautious. The participants in our study were requested to answer some questions about the incorporation of social justice in their programs, but they might not know enough about their colleagues' courses to answer those questions.

Implications for Rehabilitation Counselor Educators

Two implications are important for rehabilitation counselor educators. One is that majority of rehabilitation counselor educators' curricula already have components of social justice, and that a majority of rehabilitation counselor educators agree that it will take minor changes to their current curricula to incorporate social justice themes. This suggests that

graduates from many rehabilitation counseling programs are prepared to work with clients with disabilities from a social justice perspective. Another implication is that while professors at all levels believed that social justice is important, there were differences in their perception of the extent to which their curricula needed to be modified, mainly traceable to rank and number of years in the profession. More established faculty members seem less enthusiastic about curriculum modifications than their junior counterparts. More research on this topic is needed in order to explain the reasons behind this difference in perception. Future research on this topic may take a consumer's approach and explore rehabilitation counselors' appreciation of social justice and their employment of social justice approaches in resolving client issues. Such a study may also seek to explore how rehabilitation counseling practitioners acquire knowledge about social justice.

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