

Career Selection and Use of Accommodations by Students with Disabilities in Rehabilitation Education Programs

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Rehabilitation Counseling Bulletin

VOLUME 44, NUMBER 4, Summer 2001

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The Rehabilitation Counselor Disability (RCD) Survey was administered to 186 rehabilitation students throughout the United States. Data were gathered related to disability (prevalence and type), program awareness of disability, influence of disability upon career choice, levels of functional limitation, and use of accommodations. Sixteen per cent (n = 30) of rehabilitation students surveyed reported disabilities. Most indicated moderate functional limitations, and about half required accommodations. A large majority of students having a disability intend to work with persons with the same disability. Implications for rehabilitation educators are discussed in terms of personal and professional student needs.

The Americans with Disabilities Act of 1990 (ADA) is considered to be the most comprehensive civil rights legislation ever passed for persons with disability (Adams, 1991). Consequently, disability awareness, destigmatization, and accommodation for disability have received a great deal of attention since the bill's passage in 1990 and implementation in 1992. Professionals in the field of rehabilitation counseling consider this attention to be long overdue. Awareness of disability and associated limitations are essential for making accommodations that will assist many people with disabilities in achieving their goals and living fulfilling, productive lives.

Despite the increased attention given to the topic by the popular media, little professional literature has been generated about the characteristics and needs of rehabilitation counseling students who have disabilities. A literature search of PsycInfo and Social Work Abstracts using the key words rehabilitation student and student disability found no studies regarding rehabilitation counseling students with disabilities. The Council on Rehabilitation Education (CORE) tracks enrollment data of rehabilitation counseling students with disabilities. Recently, CORE reported that of the 3,301 students enrolled in accredited programs, 19.8% (655) reported having disabilities ("Profile of CORE - Accredited RCE Programs," 1999). This percentage is somewhat higher than the estimated 14.7% rate of disability believed to exist in the general U.S. population (LaPlante, 1992). CORE does not report statistics regarding disability type, severity of limitations, or the nature or extent of educationally related accommodations of rehabilitation counseling students with disabilities. This information is important for rehabilitation educators (and may be tracked by programs on an informal basis), but there are no such published studies on a larger scale. Awareness of student disability type, the level of limitations imposed, and the need for educationally related accommodations seems to be essential to maximizing the potential for graduation among students with disabilities for and ensuring their eventual success as rehabilitation counselors. Furthermore, disability may affect students' decisions about career specialization; their approach to, empathy for, and relationships with clients; and their overall effectiveness after graduation.

Szymanski and Handley, Maxwell (1996) have suggested that disability may negatively affect self-esteem and result in career indecision. In addition, limited life experiences due to disability may hinder career exploration (Chubon, 1985; Kiernan, 1986) and lead to maladaptive career development and incongruent career choices (Holland, 1985). In a study of the relationship between disability status and career, Enright (1996) examined differences between college students with and without disabilities and concluded that disability was a "significant predictor of career indecision" (p. 134). Although these examinations did not center on rehabilitation counseling students, the results raise the question of whether some rehabilitation students with disabilities enter the profession lacking exploration of alternative careers or with feelings of indecision.

In a controversial article, Thurer (1983) argued that there were negative social and political components involved when persons with disabilities become counselors. She argued that persons with disabilities who become counselors may

inadvertently foster a situation in which one socially devalued group renders service to another... This does nothing to raise the status of either group. A juxtaposition of deviant staff with deviant clients, regardless of whether these individuals freely choose to work with one another, may convey a message, or perpetrate an image that these individuals are "relegated" to one another. It may suggest that they are not prestigious enough to work with a more if glamorous" population.... Regrettable as this is, it may not be in the best interests of the disabled population. (p. 146)

Thurer also suggested that some persons with disabilities might choose to counsel "their own" for reasons of self-gratification, which could be detrimental to the client. Additional areas of concern were counselor need for approval, desire for increased status and recognition, unconscious strategy to work through self-doubt and personal issues, and a need to prolong ties with the rehabilitation system. Although Thurer does not suggest that persons with disabilities cannot become good counselors, she strongly urges examination of motives and recognition of specific circumstances related to career choice of individuals with disabilities. Rehabilitation educators may be reluctant, however, to question their students' career intentions on the basis of the students' disability. Thurer, however, argued that "it is time that the rehabilitation profession critically evaluated this issue. I suggest that rehabilitation professionals treat disabled would be counselors as they would any human being that they credit them with the ability for tolerating the truth" (p. 148).

Regarding the need of students with disabilities for approval, this need may be a characteristic of most, if not all, rehabilitation counseling students. In a study that examined rehabilitation counseling students' interpersonal characteristics, Huebner and Thomas (1996) concluded that they "showed a consistently high need for the expression of affection, anticipation of affection from others, and satisfaction in relationships" (p. 56). This study did not, however, test for differences between rehabilitation students with and without disabilities.

Antithetical to Thurer's position, McKay, Dowd, and Rollins (1982) suggested that there may be some advantages to rehabilitation counselors' having disabilities themselves. They argued that counselors with disabilities may feel "uniquely qualified" to help their clients by virtue of their own success as consumers of the rehabilitation system. Paralleling this perspective, some within the substance abuse treatment field have long believed that counselors in recovery may be more

effective because of their personal experiences with dependency and treatment (Culbreth, 2000). In some studies, researchers estimated that over 70% of substance abuse counselors identified themselves as recovering persons (e.g., Brown, 1991; Sobbel & Sobbel, 1987). More recently, Glover-Graf and Janikowski (2001) found that about 37% of substance abuse counselors were in recovery themselves. It is safe to say that many substance abuse clients realize that their counselors were once former clients who have struggled with the same problems that they are currently confronting. Brown (1991) examined the transition process that substance abuse clients go through when they become treatment professionals and noted that persons in recovery can transform themselves from stigmatized, devalued persons into valued professionals with positive status. Such a transformation might also occur for persons with other disabilities who become helping professionals working with clients with similar disabilities.

In rehabilitation counseling, the issue of client preference for a counselor with disability has been examined, but no clear conclusions can be drawn. Strohmer, Leierer, Cochran, and Arokiasamy (1996) reviewed the research on the effects of counselor disability on client perceptions. They summarized commonly perceived advantages of being a counselor with a disability as follows: (a) clients prefer counselors who share similar life experience and coping strategies that are unique to disability; (b) by virtue of their disability, counselors with disabilities may have enhanced empathy skills; and (c) counselors with disabilities may benefit from improved client acceptance and enhanced client perceptions of counselor expertness, attractiveness, and trustworthiness. These perceptions are similar to those found in the substance abuse treatment field, where counselors who are in recovery are seen as relating better and feeling more connected to their clients than counselors without substance abuse histories (Nosek, Fuhrer, & Hughes, 1991).

Strohmer et al. (1996) suggested that the notion of preference for counselors with disabilities was not well supported. After systematically reviewing the results of 10 studies, they concluded that "the effect of counselor disability status, on individuals with and without disability, is probably small, and ... limited to a narrow set of circumstances" (p. 108). Nevertheless, other studies have found statistically significant effects. Allen and Cohen (1980) studied students with and without disabilities and found that students with disabilities preferred counselors with disabilities, and, similarly, students without disabilities preferred counselors without disabilities. Conversely, in an analog study of 48 university students with disabilities, Leierer et al. (1996) found that counselors with disabilities were initially rated higher on attractiveness than were non-disabled counselors. They concluded that a visible disability and attending behaviors may send meaningful messages to clients: "When counselors with a disability use attending skills in session, they are perceived as more attractive. However, when counselors with a disability use poor attending skills, they are seen as being less attractive than other counselors" (p. 92).

Thus, it appears that disability status of rehabilitation counseling students is a potentially important issue, for themselves, their teachers, and prospective clients. The purpose of this study was to (a) estimate the prevalence and types of disability among students enrolled in rehabilitation counselor education programs; (b) determine whether students disclosed the presence of their disability to others in their programs; (c) examine whether having a disability influenced students' decisions to enter their educational programs; (d) estimate levels of limitation resulting from disability; and (e) identify the frequency and type of educationally related accommodations used. To this end, the Rehabilitation Counselor Disability (RCD) Survey was developed by the authors and administered to

a national sample of rehabilitation counseling students

METHOD

Instrumentation

The RCD survey was developed from a review of the literature on counselor disability research and was constructed to gather data on rehabilitation students' disability, the relation of disability to career choice, and use of educational accommodations. The RCD survey was given to a panel of four university faculty for review (three rehabilitation counseling faculty and one expert on survey research). The expert panel was asked to review the survey for item clarity and comprehensiveness and suggest changes they deemed necessary to improve its clarity and efficacy. Minor modifications were recommended by the panel, such as updating language (e.g., change race to ethnicity), increasing item spacing to decrease crowding of items, and clarifying wording of items regarding functional limitations. After modification, the three-page RCD survey was administered to a pilot group of nine rehabilitation counseling students enrolled in a master's degree program. The pilot group was asked to complete the survey and provide information regarding time of administration, clarity of items, spelling or grammar errors, and any other comments they wished to make. No problems with the instrument were identified through the pilot study.

The final version of the RCD survey consisted of fill-in-the-blank, yes/no, and Likert-type items that gathered the following demographic information, age, gender, ethnicity, educational level, employment status, and employment goals. Disability-related items asked participants if they had a disability and if they had family or close friends with disabilities. Students reporting disabilities were also asked to identify their primary disability and their secondary disabilities, if any, and the level of functional limitations they experienced in academic, physical, psychological, occupational, and social functioning. Career choice was investigated by asking students whether their disability or the disabilities of friends or family influenced their decision to become a rehabilitation counselor. They were also asked whether they had work experience or planned on working with persons who had similar disabilities.

Participants and Procedure

The National Council on Rehabilitation Education Membership Directory (1998-1999) was used to identify rehabilitation training programs in the United States. Of the 89 rehabilitation education programs listed in the directory, 30 were selected from the 10 regions (3 programs randomly chosen in each region), and letters of inquiry and research packets were sent to the respective program directors. Research packets included a letter of explanation to participants, an informed consent form, a copy of the RCD survey, and a return envelope. Program directors were asked to facilitate the study by distributing the surveys, accompanying forms, and return envelopes to rehabilitation counseling majors enrolled in one of the courses that they were currently teaching. Students who elected to participate were asked to read and retain the letter of explanation to participants and informed consent form, complete the RCD survey, seal the completed survey in the unmarked envelope provided, and return the envelope to the course instructor, who was to place all collected surveys in a larger envelope and return them.

Twenty-one (70%) of 30 programs directors initially contacted agreed to participate. In line with the estimates they provided, 513 research packets were sent out. Of those, 186 were returned, for a 36% return rate. This low return rate is common to survey research but may be considered a conservative estimate in this study because the number of surveys mailed were based on program director estimates and we could not readily ascertain the number actually distributed to students.

Results

The 186 rehabilitation counseling students who responded to the survey included 145 (78%) women and 37 (20%) men (4 [2%] did not report gender). Participants ranged in age from 18 to 54 years ($M = 27$, $SD = 8.2$). The majority were enrolled in master's degree programs ($n = 143$, 76.9%); 35 (18.8%) were undergraduates; and 3 (1.6%) were doctoral students (5 participants did not report educational standing). Although the survey was intended for rehabilitation counseling students (typically enrolled in master's level programs), program directors who administered the surveys gave surveys to both undergraduate and doctoral-level students enrolled in rehabilitation counseling courses. The researchers decided to include these students in the study because they were enrolled in rehabilitation education programs, were taking rehabilitation counseling coursework, and all presumably would have the opportunity to work with clients with disabilities after graduation.

On average, students had been enrolled in their rehabilitation counseling programs for a total of 2.54 semesters ($SD = 1.69$), including the current semester. Fifty-nine (31.1%) were currently employed in the rehabilitation field; their years of work experience ranged from 1 month to 20 years ($M = 4.7$ years, $SD = 4.9$ years). Regarding ethnicity, the sample consisted of 132 (71%) Caucasians, 31 (16.7%) African Americans, 6 (3.2%) Hispanics, 4 (2.2%) Asians, 1 (0.5%) Native Americans, and 6 (3.2%) "others" (6 participants did not report ethnicity).

Participants were asked whether they had a family member or a close friend with a disability and, if so, whether that experience influenced their decision to be, come rehabilitation counselors. Ninety-six (51.6%) indicated that they had a family member who had a disability, and of this number 45 (46.8%) indicated that this experience influenced their decision to become a rehabilitation counselor. Seventy-one (38.2%) indicated that they had a close friend who had a disability, and of this number 28 (39.4%) indicated that this experience influenced their decision to become rehabilitation counselors. When asked if they had a disability, 30 of the 186 respondents (16.1%) indicated yes, 151 (81.2%) indicated no, and 5 (2.7%) did not respond. Twenty-five of the 30 who reported having a disability (83%) indicated that their disability influenced their decision to become a rehabilitation counselor.

Disability Group Responses

The 30 participants who indicated that they had a disability meeting eligibility criteria were asked to identify their primary and secondary (if any) disabilities. The types of primary disabilities identified were nervous system (9, 30%), musculoskeletal (7, 23.3%), psychological (5, 16.7%), hearing (4, 13.3%), visual (11 3.3%), substance abuse (1, 3.3%), and "other" (3, 10%). (Five additional participants who indicated that they did not have a disability responded to this question as well; these participants were not included in any of the other analyses.) Eleven students indicated that they had secondary disabilities: learning disability (2, 6.7%), nervous system (2, 6.7%), substance abuse (2,

6.7%), visual (2, 6.7%), psychological (2, 6.7%), and "other" (1, 3.3%) disabilities.

To understand how they were affected by their disabilities, we asked participants to rate the functional limitations they experienced in academic, physical, psycho, logical, occupational, and social arenas. Students characterized their functional limitations using ordinal-level response anchors of Severe, Moderate, Minimum, and None. Table I depicts the frequency of responses. These responses may be better understood by assigning a ranking where Severe = 3, Moderate = 2; Minimum = 1, and None = 0 and calculating mean responses. Mean ratings of impairment levels were all in the severe to moderate range: 2.67 for physical, 2.47 for social, 2.40 for occupational, 2.2 for academic, and 2.07 for psychological functioning.

Participants were asked whether their educational programs were aware of their disabilities. Of the 30 participants with disabilities, 21 (70%) indicated yes and 8 (26.7%) stated no (1 student did not respond to this item). Students who indicated that their programs were not aware of their disability were additionally asked to indicate reasons for not informing their programs regarding their disability status; 3 (38%) indicated no accommodation was needed, 1 (13%) reported reasons of stigma, 3 (38%) reported reasons of privacy, and 1 (13%) listed "other."

In terms of accommodations, 16 (53.3%) participants indicated that they had requested an accommodation from their program or school. There were three sources of accommodations used by students: instructors (n = 13), fellow students (n = 12), and centralized disability services of the university or college (n = 10). Because of multiple responses, the total number of responses (25) exceeded the number of participants (16) who used accommodations. Table 2 indicates, by source, the types of accommodations requested from students with disabilities.

TABLE I. Frequency of Responses to Level of Impairment Caused by Disability

Area of function	Impairment level								M
	Severe		Moderate		Minimum		None		
	#	%	#	%	#	%	#	%	
Academic	2	6.7	7	23.3	13	43.3	8	26.7	2.20
Physical	5	16.7	8	26.7	9	30.0	8	26.7	2.67
Psychological	2	6.7	5	16.7	15	50.0	8	26.7	2.07
Occupational	3	10.0	7	23.3	13	43.3	7	23.3	2.40
Social	2	6.7	10	33.3	11	36.7	7	23.3	2.47

Participants with disabilities were asked whether they intended, after graduation, to work with clients with the same disabilities as themselves. Fourteen (46.7%) indicated yes, 4 (13.3%) indicated no, and 11 (36.7%) were uncertain (1 participant did not respond to this question). The reasons given for wanting to work with persons with the same disability were investigated via open-ended responses and were grouped (by interrater agreement between the authors) as follows: having empathy for persons with the same disability; having an understanding of the disability; having a desire to help others with the same disability; having shared experiences with others with the disability; and having feelings of inevitability about working with persons with the same disability. Students who did not intend to work with persons having the same disability gave as reasons an interest in working with

persons with other disabilities, limited access to persons with the same disability, and uncertainty regarding personal ability to be objective.

Disability and Non-disability Group Comparisons To investigate possible differences between students with disabilities and their able-bodied peers without, we performed comparative analyses. Independent sample t tests were performed on the demographic variables of age and years of work experience, with self-reported disability as the grouping variable. No significant difference was found on years of work experience; however, students with disabilities were found to be significantly older on average ($M = 33.1$ years) than their able-bodied peers ($M = 26.1$ years), $t = 4.5$, $p = .000$. Chi-square analyses were performed on the variables of gender, ethnicity, employment (whether currently employed or not), having a family member with disability, and having a close friend with disability. No significant differences between the groups were found on gender, ethnicity, current employment, or family members with disabilities. A 2 X 2 Pearson chi-square cross-tabulation did find that students with disabilities were more likely to have close friends with disabilities (18, 60%) than were able-bodied students (53, 35.6%; $X^2 = 6.2$, $P = .013$).

Discussion

Identifying students with disabilities who have accommodation needs is essential for effective postsecondary education (Lynch & Gussel, 1996). This study found that about 16% of rehabilitation students indicated having a disability. This figure is somewhat lower than the 19.8% reported by rehabilitation programs to CORE ("Profile of CORE-Accredited RCE Programs," 1999), perhaps owing to the self-selected, voluntary nature of the study. Our sample may not accurately reflect the incidence of disability in the rehabilitation counseling student population because participants might have underreported disability on the survey.

Nearly one third of our sample indicated that they had not informed their departments of their disabilities, perhaps because no accommodation was needed that warranted notification of the program or because students with readily identifiable (visible) disabilities did not believe that a formal notification of disability was necessary. Students who had not informed their programs about their disability list reasons that are frequently noted in the literature for maintaining secrecy regarding disability status. Thus, it cannot be assumed that rehabilitation students with disabilities will, by virtue of their interests and studies, necessarily eliminate feelings of stigmatization and a desire for secrecy. Rehabilitation educators need to remain aware that they are likely teaching at least some students with disabilities who are not disclosing and that some of these students may indeed be struggling with the same issues as future clients.

TABLE 2. Types of Accommodations Requested by Students with Disabilities, by Source

Instructor service	Classmate	Disability
Increased time testing equipment	Note taking	Educational
Increased time class work accessibility	Personal care	Elevator
Language simplification accommodation	Reading	Furniture
Lecture notes	Recordings	Nap area
Private area for testing testing time	Test taking assistance	Nonstandard
Print accommodation	Transportation	Private room
Recording accommodation		Seating
Taping assistance		Typing

Most students characterized their functional impairments as moderate to severe in nature. About half of the sample indicated that their disability required using educationally related accommodations. When used, accommodations appear to be provided equally by instructors and classmates, with centralized disability services being used somewhat less frequently.

Perhaps not surprisingly, having a disability influenced the majority (83%) of such students to begin a career in rehabilitation counseling. Similar to the phenomenon in the substance abuse field (Culbreth, 2000), many participants believed that having a disability gave them a potential advantage in working with clients. About 50% of participants with disabilities indicated that they planned on working with clients with similar disabilities and that their shared disability experience provided them special empathy, understanding, and a desire to help people with similar disabilities. Research by Leierer et al, (1998) indicated that the perceived benefits from a shared disability experience may occur, but only if counselors with disabilities demonstrate competent attending skills. Counselors with disabilities who do not make a good first impression will likely be viewed as even less desirable and competent than they would be if they had no disability. This result seems consistent with the effects of "spread" (Wright, 1983), or the power of a potentially negative characteristic like disability to evoke powerful inferences (e.g., the counselor's disability caused his or her lack of attending skills). Regardless of whether disability has a positive or negative effect on how rehabilitation counseling students are viewed by clients, it is an important consideration for rehabilitation educators, especially when students begin practicum or internship experiences. Rehabilitation counseling students, as part of their training, should be prepared to discuss their own visible disabilities with their clients to avoid unwarranted inferences by the clients. Also, students should be able to put their own disability in perspective and separate their experiences and feelings from those of their clients with similar disabilities. Although it remains to be seen whether a rehabilitation counselor's disability enhances or hinders the counseling relationship, preparation for client reactions should be incorporated into student training.

Another interesting result of the study was that about half of the participants (regardless of disability status) indicated that a family member had a disability, and about 38% reported having a close friend with a disability. Exposure to these types of relationships also seems to be influential on the career choice of rehabilitation counseling students. Twenty-four percent of participants who had family members with a disability indicated that this experience influenced their decision to become rehabilitation counselors, and 15% of those who had close friends with disabilities indicated that this relationship influenced their career choice. This finding is not surprising and has some implications for rehabilitation educators. Many rehabilitation counseling students have direct, even intimate, contact with persons with disabilities and therefore serve as excellent classroom resources. Educators must be aware of the potential for counter-transference, however. When disability is a personal (rather than a career) issue, it may result in strong feelings being triggered in rehabilitation counseling training; if so, these strong feelings will likely be manifest in practicum or internship, where personal and often emotional client issues are raised. For instance, a strong need to help others may stem from unmet needs or frustrated attempts to do the same for friends or family. Certainly, introspection on a personal basis, and discussion on a formal basis in the classroom, should explore the topic of counter-transference and its adverse effects on the counselor-client relationship. Student self-awareness is clearly important and should extend to students' motivations for entering the field. Students with unresolved issues, a high level of personal needs, or skewed views of disability should be identified as early as possible in the admissions process, and such evaluation should continue throughout the course of student training. If necessary, rehabilitation faculty should not hesitate to take corrective action when they become aware of disability-related issues impairing student judgment or ability to form facilitative relationships with clients.

Limitations exist in this study, most notably the voluntary nature of the sampling allowed for nonparticipation. The individual response rate could not be accounted for because the sampling strategy relied on program directors to indicate the number of surveys to be distributed, resulting in unclear information regarding the number actually administered by instructors in the classroom. The return rate of about 36%, although less than desirable, is typical of survey research. The total number of participants (186) might have been an adequate sample of the population of rehabilitation education students; however, the small number of people reporting disabilities (i.e., 30) made it difficult to generalize findings back to all rehabilitation counseling students with disabilities. Over-sampling of students with disabilities may be required in future research to obtain a stable sample and more generalizable results. In addition, the nature of the survey might have elicited social desirability issues such as stigma or a need for privacy, which might have resulted in under-reporting of disability in this study.

Finally, rehabilitation educators must look to their own programs in addition to taking a broader perspective on how persons with disabilities feel and function. Students may need assistance in dealing with the same issues they are taught in the classroom. Additional studies are needed that focus on students' educational needs in relation to accommodations, impact of personal experiences with disability, appropriateness of career choice, and integration of personal and professional identity.

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