

Counseling Persons with Learning Disabilities: Counselor Perceived Competencies

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Abstract

Persons with learning disabilities¹ (PWLD) have the second most prevalent disability yet there is limited counseling literature on the population. This study examined counselors' perceived beliefs and knowledge serving PWLD and their self-reported multicultural competency. Findings suggest a need for additional training and educational experiences focusing on serving PWLD.

Keywords: learning disability, multiculturalism, competency, counselor, counselor preparation

¹ The first author uses a person first approach to disability to emphasize the individual first and disability second. Some authors in the field may use the approach that emphasizes disability as a valued identity (i.e., disabled person). Both approaches are represented in the literature, however, the first author, who identifies as able-bodied, uses the person first approach when discussing disability related issues in the literature.

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Persons with disabilities (PWD) constitute the largest marginalized group in the United States; it is also a group that any person can become a member of at any point in time across their lifespan (Barton, 2009; Forber-Pratt & Zape, 2017; Rawlings & Longhurst, 2011). Like other marginalized groups, PWD experience barriers and challenges in employment, housing, and healthcare due to discrimination and biases (Olkin, 2017; Polo Sanchez et al., 2018; Smart & Smart, 2006). These daily barriers can have an impact on the mental health of PWD, yet the dearth of recommendations from the scholarly literature in the counseling field continues to create disparities on how counseling professionals can effectively provide services to this population (Foley-Nicpon & Lee, 2012; Woo Goo, & Lee, 2016).

Furthering this concern, persons with learning disabilities (PWLD) constitute one in every five people within the U.S. population (National Center for Learning Disabilities [NCLD], 2017; U.S. Census Bureau, 2016). According to NCLD (2017), a learning disability is defined as “brain-based difficulties in reading, writing, math, organization, focus, listening comprehension, social skills, motor skills, or a combination of these” (p. 1). PWLDs face discrimination and oppression because of their disability identity (American Psychological Association, 2012; Chapin et al., 2018). Discrimination experiences can cause stress and frustration beyond that of their non-disabled counterparts. There is an assumption that rehabilitation counselors and psychologists are the only professionals trained to serve PWD (Olkin, 2017; Smart & Smart, 2006). This misconception has become so imbedded that counselors outside the rehabilitation counseling and psychology realm may not believe they need to be trained and skilled in counseling PWLD (American Psychological Association,

2012; Chapin et al., 2018). Mental health professionals should utilize a holistic approach for PWLD by assessing level of functioning and personal and environmental factors together (Chapin et al., 2018; Smart & Smart, 2006). Failure to integrate a holistic approach can result in a host of issues, including marginalization of clients, health disparities, and premature termination of treatment.

Identity of Persons with Learning Disabilities

As it relates to learning disabilities, Higgins, Raskind, Goldberg, and Herman (2002) outline identity development specific to individuals with learning disabilities over a 20-year period. Five stages emerged from their ethnographic, qualitative study; (a) awareness of a difference, (b) the labeling event, (c) understanding/negotiating the label, (d) compartmentalization, and (e) transformation (Higgins et al., 2002). According to Higgins et al. (2002), awareness of a difference involved a time where participants reported having difficulties and problems (i.e., academic and non-academic difficulties and judgements) but were not able to determine the personal changes in the emergence of a disability. In the same study, the labeling event occurs when other stakeholders (e.g., doctors, teachers, parents) labeled them as having a learning disability. To differentiate from the labeling event, understanding/negotiating the label indicated the time when the participant struggled with making sense of the label, what the label meant, and what was needed to be successful in various settings. Compartmentalization focused on the period of time when participants attempted to downplay the potential importance of the label. In the final stage, transformation, participants reached acceptance of the label and identified the label as positive (Higgins et al., 2002). Integration of the model postulated by Higgins and colleagues (2002) provides a better understanding of the impact of learning disabilities on clients to

allow for treatment that uses developmental approaches, contextual factors, and holistic perspectives.

Sociopolitical Model of Disability and Multicultural and Social Justice

Counseling Competency

Smart and Smart (2006) and Rawlings and Longhurst (2011) discussed three models which serve to define disability: the biomedical model, the functional and environmental model, and the sociopolitical model. The biomedical and functional and environmental models tend to define disability from an abnormal aspect and environmental or functional factors of disability, respectively. The sociopolitical model, however, defines disability as a social construct developed by the dominant, non-disabled society. To expand, from the sociopolitical model, when the dominate culture stigmatizes, discriminates against, and prejudices an individual (or in this case group) with a disability, the problem is with the thinking of the non-disabled dominate culture, not that of PWD (Rawlings & Longhurst, 2011; Smart & Smart, 2006). Therefore, the non-disabled group who created the social construct is charged with fixing and dismantling the social construct. When conceptualizing disability and disability culture from a sociopolitical framework, professionals are able to view the environment as oppressive and see how the environment needs to be fixed, not PWD. Conceptualizing disability from the sociopolitical model, professionals are also able to engage in advocacy and social justice initiatives to eradicate the systems of oppression that prevent PWD from reaching their full potential.

When understanding disability from a sociopolitical model, the multicultural and social justice counseling competencies can serve as a model to assess a counselor's capability

in working with PWLD. In 1992, an influential article by Sue, Arredondo, and McDavis addressed multicultural counseling competencies and standards that should be implemented in counselor preparation programs to produce culturally competent counselors. These counseling competencies and standards focused on beliefs and attitudes, knowledge, and skills of counselors working with clients from different racial and ethnic backgrounds (Sue, Arredondo, & McDavis, 1992). Multiculturally competent counselors are consistently aware of their biases, assumptions, and prejudices as related to underrepresented groups, continue to understand the worldview of their underrepresented clients, and practice appropriate techniques and interventions when working with clients from underrepresented groups (Sue et al., 1992). This document set the groundwork for counseling accreditation bodies to charge counselor preparation programs with including courses and educational experiences that teach counselors-in-training (CIT) how to become culturally competent counselors (Castillo et al., 2007). Sue et al. (1992) identified racial and ethnic groups that were the most visible in society, such as African Americans, Asian Americans, Hispanic and Latino/as, and Native Americans. Eventually, the multicultural standards were used as a model of competency standards for additional cultural traits such as disability, sexual orientation, and gender (Sciarra, Chang, McLean, & Wong, 2005).

Related to disability, Strike, Skovholt, and Hummel (2004) defined the term disability competency utilizing 1992 multicultural standards and competencies, disability literature, and counseling literature. Disability competency was defined as “self-awareness/beliefs/attitudes toward disability, perceived knowledge of disability and disability related issues, and perceived skills/behaviors in working with clients with disabilities” (Strike et al., 2004, p. 322). From these three areas, the researchers developed an instrument, Counseling Clients with Disability Survey (CCDS), which assessed the self-reported disability competency of

mental health professionals (Strike et al., 2004). Results from the study revealed a significant difference between experienced and inexperienced counselors among all three subscales (Strike et al., 2004). Results also revealed that mental health professionals in this study rated themselves high in awareness and low in knowledge and skills in working with PWD (Strike et al., 2004).

Sue et al. (1992) multicultural counseling competencies were expanded to focus on the intersection of identities, the impact of this intersection on the counseling relationship, and the need for advocacy at all levels (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015). The MSJCC describes several domains (i.e., counselor self-awareness, client worldview, counseling relationship, and counseling advocacy and interventions) and how counselors can become more competent in those areas (i.e., developing attitudes, knowledge, skills, and action; Ratts et al., 2015). These competencies provide a framework for counselors to expand their definition of multicultural competency outside of race/ethnicity and expands it to be inclusive of additional social identities of clients while also providing areas for counselors to engage in action and advocacy efforts for and with PWLD.

The Counseling Profession

The counseling profession is a recent field to emerge from psychology (Mellin, Hunt, Nichols, 2011). Only recently has the profession developed a unified definition of what counseling is and what counselors do: “counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (Kaplan, Tarvydas, Gladding, 2014, p. 366). Counselors emphasize a wellness approach to their work with clients. More recently, there

has been a call for the profession to integrate not only a wellness and preventative approach with clients but to also integrate social justice and advocacy (Ratts et al., 2015). Counselors are charged with viewing clients as part of the systems in which clients live and to consider how those systems impact clients' ability to navigate their lives. For example, when working with PWLD, counselors are charged with viewing clients as unique individuals and as part of a system or systems that may impede their abilities to navigate their worlds. However, the counseling literature providing counselors with resources and support for working with PWLD is lacking (Foley-Nicpon & Lee, 2012; Woo et al., 2016).

Counselors' Role in Counseling Clients with Learning Disabilities

Research, Counselor Preparation, and Curriculum

The amount of counseling literature focusing on disability related issues, specifically learning disabilities, is scarce (Foley-Nicpon & Lee, 2012; Woo et al., 2016). The limited counseling literature that does exist focuses on disabilities as a whole, and more often than not, on physical disabilities ((Foley-Nicpon & Lee, 2012; Woo et al., 2016). To eradicate systems of oppression for PWLD, it is necessary for mental health professionals to increase their competency with this cultural group. Considering the prevalence of disability, specifically learning disability (Hussar et al., 2020), it is concerning that less than 10% of articles focus on disability-related issues. Furthermore, most disability-related literature focused more on literature reviews or empirical pieces about strategies for generally working with PWDs (Foley-Nicpon & Lee, 2012; Woo et al., 2016).

To help counselors increase their competency in working with PWLD, training

programs should integrate disability related concepts in program curriculum. In July 2017, two of the largest counseling accrediting bodies, Council on Rehabilitation Education (CORE) and Council for the Accreditation of Counseling and Related Educational Programs (CACREP), officially merged (CACREP, 2017). CORE and CACREP were both established in the 70s and 80s to provide educational standards for the preparation of professional counselors (Patterson, 2009; Sweeney, 1992). With the decision to merge, the CORE standards will be infused into the updated 2024 CACREP standards (CACREP, 2016). These new standards will further solidify the call for programs to train students to be ethically and culturally competent in providing services for PWLD.

In addition to the upcoming revisions to the CACREP standards, the American Rehabilitation Counseling Association (ARCA) Task Force developed the Disability Related Counseling Competencies (Chapin et al., 2018), which provides guidelines for work with PWD, including learning disabilities, across various settings. These competencies were approved by the ARCA in May 2018 and endorsed by the American Counseling Association (ACA) in March 2019. The purpose of these competencies is “to serve as a resource and provide aspirational guidelines to help shape best practice in counseling by expanding meaningful understanding and support of PWD in contemporary American society” (Chapin et al., 2018, p. 1). These competencies can provide a framework for counseling professionals and students to provide competent and ethical services for PWLDs.

With the CACREP standards in the works and the Disability Related Counseling Competencies, literature also highlights the limited or lack of training students receive on PWD, including those with learning disabilities. For example, Alvarez, Bhat, and Landmark (2020), Feather and Carlson (2019), Rivas and Hill (2018) investigated the inclusion of disability-related concepts in curriculum, overall disability competency, and clinical training

experiences of counselors in training (CIT). Authors from studies revealed that disability-related concepts were either absent or rarely incorporated into the curriculum and CIT were not prepared to work effectively with PWD (Alvarez et al., 2020; Feather & Carlson, 2019; Rivas & Hill, 2018). Furthermore, Rivas and Hill (2018) revealed that CITs who are engaged in their clinical experiences reported feeling unprepared and incompetent in providing services for PWD. Alvarez et al. (2020) and Feather and Carlson (2019) identified that programs were ineffective in addressing the needs of PWD. These studies further indicated a critical need for more disability-related concepts in all curriculum, classroom, and clinical counseling experiences to further support PWLD and PWD as a whole.

Finally, with the limited counseling literature on supporting and advocating for PWLDs and lack of curriculum surrounding PWLD, Dolmage (2017) indicated how these components reinforce ableism in higher education. Counselor education programs should work to analyze their curriculum, policies, and procedures regarding the inclusivity, or lack thereof, for PWLD. Dolmage further challenges those in higher education institutions to reflect on the following question:

What is it about the history or philosophical foundations, or the map or the architecture, or the current mission or set of budgetary priorities of your own school that makes it particularly ableist, or more accommodation, or that allows the ineffectiveness of these accommodations to be obscured or hidden, or that leads to celebrations of inclusion and diversity that don't ring true or effect change?

(Dolmage, 2017, p. 31)

Reflecting and analyzing these questions helps those who work in counselor education training programs to acknowledge how they unintentionally or intentionally reinforce ableism in the daily operations of their training program. Furthermore, it challenges those to take

action to dismantle the barriers that exist in training programs for not only the clients with learning disabilities that will be served, but the students, faculty, and staff with learning disabilities. When decolonizing our programs, there is an opportunity for regrowth and inclusivity of not only PWLD, but all underrepresented marginalized groups.

Professional Counselors in Practice

Furthering the limited training surrounding work with PWD, including those with learning disabilities, practitioners are also reporting limited training and familiarity regarding this cultural group in their practice (Beecher, Rabe, & Wilder, 2004; Corrigan, 1998; Dunn & Baker, 2002; Hatch, Shelton, & Monk, 2009; Milsom & Hartley, 2005; Milsom, 2006; Mitcham, Portman, & Dean, 2009; Smart & Smart, 2006; Smith, Foley, & Chaney, 2008). For example, school counselors, like rehabilitation counselors, often provide counseling services to PWD (Dunn & Baker, 2002; Frye, 2005; Milsom, & Akos, 2003; Scarborough & Gilbride, 2006). Milsom & Akos (2003) found that school counselors do receive some formal training related to PWD. However, in other studies, school counselors and school counseling trainees reported feeling inadequately prepared to provide services to PWD and reported the need for additional training (Dunn & Baker, 2002; Helms & Katslyannis, 1992; Milsom, 2002; Romano, Paradise, & Green, 2009). The inconsistency in the literature indicates clear lack of perceived competency when working with PWD. As it relates specifically to PWLD, the literature focuses on postsecondary transitions and college readiness (Durodoye, Combes, & Bryant, 2004; Milsom & Dietz, 2009; Milsom & Hartley, 2005) with little attention given to counselor competency in working with PWLD.

Counseling literature has indicated that disability-related topics are missing or lacking

in curriculum and training programs (Alvarez et al., 2020; Feather & Carlson, 2019; Rivas & Hill, 2018); however, there is very little literature in the counseling field that focuses on practitioners' competency with PWDs, especially those with learning disabilities.

Furthermore, the counseling literature lacks a conceptualization of disability as a social construct and its importance in curriculum focused on surrounding diversity, equity, and inclusion (Feather & Carlson, 2019; Rivas & Hill, 2018). Finally, the focus of much of the literature has been on disability broadly with little attention given to learning disabilities and counselors' competency regarding work with PWLD. The purpose of this study was to investigate how counselors (college, mental health, and school counselors) expressed their beliefs and perceived knowledge regarding PWLD and what differences, if any, existed between the group of counselors. We sought to investigate the relationship between counselors perceived beliefs and knowledge and perceived multicultural competence.

Method

We used a cross-sectional, non-experimental survey design for this research study. Invitational emails were sent out to members of professional counseling organizations outlining the purpose of the study and the link to the website to complete the instruments and demographic questionnaire. Assuming a moderate effect size at $P = .80$ and $\alpha = .05$, a minimum of 156 participants (52 participants per group; Cohen, 1992) were needed for this study. Potential respondents included college, mental health, and school counselors.

Participants

The majority of the sample identified as female (76.6%, $n = 183$) and White/European American (87.4%, $n = 209$), which is consistent with the demographics of other research

studies involving counseling professionals and students (see Bardhoshi et al., 2019; Field et al., 2019; Fye et al., 2020; Jodoin & Ayers, 2017; Lent & Schwartz, 2012; Ober et al., 2012; Simons & Bahr, 2020; Smith et al., 2019; Wambu & Myers, 2019). Most participants (68.6%, n = 164) also indicated having a loved one, close friend, or relative with a disability, reported their highest degree as a master's degree (66.9%, n = 160), and disclosed having more than five years of post-master's counseling experience (79.9%, n = 191).

Instrumentation

Counselors' Beliefs and Perceived Knowledge regarding Learning Disabilities

Instrument (CBPKLDI)

Because there is no instrument that assesses counselors' beliefs and perceived knowledge related to clients with learning disabilities, a 16-item instrument was developed utilizing the *Counseling Clients with Disabilities Survey* (Strike et al., 2004) as a guide. A thorough review of the literature was conducted to determine the common learning disability knowledge counselors should have in the counseling relationship. An initial list of items was generated and later revised by the primary researcher, a research team including experts in survey and disability research, a methodologist, and a statistical consultant.

To establish validity, a content analysis performed by an expert panel of professionals specializing in disabilities and learning disabilities, a format evaluation performed by a methodologist and a statistical consultant, and a peer review of item readability and response option review were conducted. Once feedback was received, instrument revisions were completed. A pilot study was conducted to determine psychometric properties of the instrument. Results were analyzed and the instrument was determined to appear unidimensional and reliable with two subscales (Beliefs and Perceived Knowledge).

Final reliability analysis revealed a Cronbach's α of .66, which is fair for an instrument (Sheperis, Drummond, & Jones, 2020).

Multicultural Counseling Knowledge and Awareness Scale (MCKAS)

The MCKAS (originally the *Multicultural Counseling Awareness Scale* and *Multicultural Counseling Awareness Scale– Form B: Revised Self Assessment*) was developed in 1991 by Ponterotto and colleagues and assesses the perceived multicultural knowledge and awareness of respondents using the multicultural counseling standards (Constantine & Ladany, 2000; Ponterotto et al., 1994, 2002). The MCKAS consists of 20 Knowledge and 12 Awareness items, where the Knowledge items are positively scored and 10 of the 12 Awareness items are negatively scored (Ponterotto et al., 2002). Convergent validity was established through significant moderate correlation with the Knowledge/Skills subscales when compared to other multicultural counseling instruments, such as the MCI (2002). There was a high correlation ($r = .74$) between the Awareness subscale of the MCKAS and the Counseling Relationship subscale of the MCI, however, no correlation existed between the Awareness subscales of both the MCKAS and MCI (Ponterotto et al., 2002). Discriminant validity was also found within both the Awareness and Knowledge subscales. Both were significantly correlated when compared to the *Social Desirability Survey* ($r = -.39$; Ponterotto et al.). Alpha levels for the MCKAS were .85 on both the Knowledge and Awareness subscales.

Results

Data Analysis

Participants completed the CBPKLDI and the MCKAS. A test of homogeneity for dependent variables, total score on the MCKAS, Perceived Knowledge subscale, and Beliefs

subscale, was conducted to indicate the relationship between MCKAS and CBPKLDI. The Pearson correlations, ranging from $r = .153$ to $.225$, which indicated a weak, positive relationship among the Belief subscale, Perceived Knowledge subscale, and the MCKAS; therefore, the instruments are not identical. Normality of the sample was obtained, and a weak, positive correlation of the CBPKLDI subscales and MCKAS was found. A total score for the CBPKLDI was not computed because the focus on the research study was on counselors' scores on the two subscales, Beliefs and Perceived Knowledge. Therefore, further analysis of data was conducted.

When addressing the first research question, which addressed counselors' beliefs and perceived knowledge, descriptive statistics were utilized. The mean for counselors on the Beliefs and Perceived Knowledge were 2.62 and 2.88, respectively (See Table 1). This result indicates that the counselors reported moderate level of beliefs and perceived knowledge regarding PWLD. To answer if differences exist among counselors (college, mental health, school counselors) on the subscales, where those differences occurred, and if a difference exists between the scores on the CBPKLDI subscales (Beliefs and Perceived Knowledge) and MCKAS, a MANOVA was conducted. Using the Wilk's statistic, the MANOVA revealed a statistically significant difference between counselors' scores on the Beliefs and Perceived Knowledge subscales and the MCKAS, $\Lambda = .895$, $F(6, 420) = 3.99$, $p < .05$ (See Table 2). This result indicated that a difference was found among counselors on the CBPKLDI subscales and the MCKAS. To determine where the differences occurred among the groups of counselors on both the CBPKLDI subscales and the MCKAS, a discriminant analysis was conducted, which revealed two discriminant function where one was statistically significant (See Table 2). In Table Two, the first function accounted for 97.8% of the variance, canonical $R^2 = .10$, whereas the second explained only 2.2% of the variance,

canonical $R^2 = .26$. On the first function, MCKAS loaded the lowest ($r = -.845$) whereas the Beliefs subscale loaded in the middle ($r = .380$), and Perceived Knowledge loaded the highest ($r = .634$) (See Table 3). As it relates to counseling groups on the first function, college counselors and mental health counselors loaded the lowest ($r = -.276$ and $r = -.310$, respectively) and school counselors loaded the highest $r = .388$ (See Table 3). The result from the first function reveals that Perceived Knowledge subscale accounted for most of the function while MCKAS accounted for the least (See Table 3). As it relates to counseling groups, school counselors loaded the highest on the Perceived Knowledge and MCKAS (See Table 3). Overall, there was a statistically significant difference in how counselors reported their scores on the Beliefs subscale, Perceived Knowledge subscale, and MCKAS. However, school counselors scores were statistically significant from college and mental health counselors on both the Perceived Knowledge subscale and the MCKAS.

Discussion

The purpose of this study was to investigate the beliefs and perceived knowledge of college, mental health, and school counselors regarding counseling PWLD in addition to their self-reported multicultural competency. A statistically significant difference was found among the counselor groups on the Perceived Knowledge subscale and the MCKAS. This finding is consistent with the literature where counselors report a lack of knowledge in counseling PWD (see Costello & Stone, 2012; Foley, 2006; Jones, 2013; Milsom, 2007; Milsom & Dietz, 2009; Weis et al., 2016; Wilson et al., 2009). Results indicated that school counselors scored the highest on the Perceived Knowledge subscale. This is consistent with the literature about PWD, especially those with learning disabilities, as much of the literature is within the school counseling literature (Beecher et al., 2004; Costello & Stone, 2012;

Corrigan, 1998; Dunn & Baker, 2002; Foley, 2006; Hatch et al., 2009; Milsom, 2006; Milsom & Dietz, 2009; Milsom & Hartley, 2005; Mitcham et al., 2009; Smart & Smart, 2006; Smith et al., 2008; Weis et al., 2016). College counselors and mental health counselors scored the lowest on the Perceived Knowledge subscale which could indicate a need for additional training that focuses on addressing PWLD in college and mental health settings (Jones, 2013; Wilson et al., 2009).

Regarding the MCKAS, school counselors' scores were statistically significantly different than college and mental health counselors. This finding is interesting as there has been a significant shift in multiculturalism, social justice, and advocacy over the past several decades in accreditation standards, various competencies, and professional development trainings. It should be noted that the MCKAS is aligned with an earlier version of the multicultural counseling competence (Ponterotto et al., 1994, 2002). Additional research is needed to assess the multicultural competency, social justice, and advocacy among counselors using instruments that align with the multicultural and social justice counseling competencies.

Implications for Practice

With the CACREP standards being revised to include disability-related concepts, and the adoption of the Disability Related Counseling Competencies (DRCC) by ACA in May 2018, knowledge surrounding work with PWLD is likely to improve. Practitioners, CIT, and counselor educators have more explicit language and visibility on how to provide ethical and competent services for PWLD. These standards and competencies can provide counselor training programs specific ways to increase knowledge among students in working with PWLD. For example, the DRCC can aid program to expand curriculum, such as testing and assessment, to include PWD, including those with learning disabilities. According to the

DRCC, mental health professionals should keep in mind how assessment tools may not be normed or inclusive for PWD and proceed with caution when interpreting and utilizing assessment results. For example, the Beck Depression Inventory (BDI) is a popular and reliable and valid depression screening tool utilized by counselors (Peterson et al., 2014); however, the BDI was not originally normed with PWLD. Counselor educators can train students on how to evaluate the usefulness of various assessment and testing measures for PWLD. Furthermore, professional development opportunities should be provided to practitioners on the importance of inclusivity and appropriateness of assessment and testing practices for PWLD. The DRCC also addresses other areas such as understanding and advocating for PWLD, the counseling process and relationship, and working with and supervising PWLD. These other areas can be applicable to courses across the counselor education curriculum and/or development of professional development for practicing counselors (Chapin et al., 2018). Further research assessing the current trend of disability competency among various groups (e.g., clinical mental health, school) and CITs should be explored, both quantitatively and qualitatively. Future research should also focus on the implementation of the DRCC in counselor education curriculum. It is important to document the experiences of PWLDs in counseling to give voice to their experiences and to see how, if at all, practitioners and the current DRCC, speak to their lived experiences.

To increase the perceived knowledge among practitioners, research that focuses on disability-related content needs to be expanded. Two content analyses revealed that less than two percent of research articles in counseling and psychology journals focused on PWD (Foley-Nicpon & Lee, 2012; Woo et al., 2016). Given the prevalence of disability and the needs of PWLD, research that focuses on disability culture, the unique needs of disability, the diversity and intersection within disability culture is needed, along with applicable and

inclusive interventions. Conceptual, theoretical, and empirical studies should be developed to provide practitioners and CIT resources and guidance in understanding disability culture and best practices for working with this population.

Findings suggested that school counselors self-reported higher knowledge in working with PWLD than college and mental health counselors. However, a statistically significant difference was not found on the Beliefs subscales among the counselor groups. Although the finding related to knowledge surrounding PWLD is consistent with literature on school counselors, when it comes to Beliefs, this finding needs further investigation. Additionally, this finding is concerning because it further reinforces Dolmage's claims about ableism in academia, specifically counselor education curriculum and training programs. Further research focusing on counselors' attitudes, beliefs, and perception of PWLD should be explored. Without an understanding or awareness of PWLD and their experiences, how can counselor training program adequately provide services and advocate for and with PWLD?

Finally, the results of study suggested a statistically significant difference among school counselors as it relates to multicultural competency. Multicultural competency has been an area of focus in the literature, ethical standards, and curriculum and accreditation standards. There has been more of a focus not only understanding diverse cultures, but on the impact of the intersection of power, oppression, and privilege in the counseling relationship (Ratts et al., 2015). Further research related to multiculturalism, diversity, and social justice among practitioners is needed to determine practitioners' perceived competency in this area.

Limitations

Despite its strengths, this project had several limitations. The first limitation was the development of the CBPKLDI. This instrument was developed solely for the purposes of this

research study. The alpha level for the scale was .66, which is fair (Sheperis et al., 2020). Before being used in additional studies, further pilot tests and item and data analysis should be conducted to evaluate the reliability, validity, and item analysis of the CBPKLDI.

A second limitation was the composition of the sample which excluded student members of professional counseling organizations. Inclusion of student members could have provided more information about counselors' work with PWLD, and therefore, might have impacted the results. Future research should incorporate additional methods of recruiting participants, such as soliciting local mental health agencies, vocational rehabilitation centers, family therapy centers, student members within professional counseling associations, and other counseling professional associations.

Additionally, the majority of participants in the study indicated a connection with someone with a disability. Because there was an interest in this topic, results may not be generalizable to all counselors. Further research should ensure sample is representative of both those with and without connections to PWLD. Furthermore, research could control for extraneous variables, such as personal connection with disability, to obtain a clear picture of counselor' perceived knowledge and beliefs regarding PWLDs.

Conclusion

This research study sought to determine counselors' beliefs and perceived knowledge regarding counseling PWLD. Results revealed statistically significant results on the Perceived Knowledge subscale and the MCKAS, specifically among school counselors, which indicates a need for additional education in programs and continuing education opportunities centered on working with PWLD and multicultural competency among college and mental health counselors. The future 2024 CACREP standards and the Disability Related

Counseling Competencies will provide opportunities for programs to include disability-related concepts in curriculum and continuing education opportunities for practitioners, however, programs and practitioners need to work to ensure they are knowledgeable in working with PWLD to ensure they are providing the most ethical and competent services for PWLD. Furthermore, counselor training programs and counselor educators should collaborate with and integrate the work of disability studies texts and disability studies scholars in the curriculum to ensure counselors are engaging in socially just work for and with PWLD.

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Table 1*Participants' Mean Scores on the Perceived Knowledge and Beliefs Subscales*

	Perceived Knowledge	Beliefs
<i>N</i>	239	239
<i>M</i>	2.88	2.62
<i>SD</i>	0.48	0.25
Range ^a	1.43-4.00	1.88-3.38

Table 2*Wilks' Lambda and Discriminant Analysis Results*

	Value	F	Hypothesis df	Error df	Sig
<i>Wilks' lambda</i>	.895	3.99	6	420	.001
Function	Wilks' Lambda		Chi-square		α
1 through 2	0.895		23.401		0.001
2	0.997		0.551		0.759
	Eigenvalue	Percentage of Variance	Cumulative Percentage		Canonical Correlation

1	0.114	97.8	97.8	0.320
2	0.003	2.2	100.0	0.051

Table 3*Discriminant Function Coefficients and Group Centroids*

Scale	Function	
	1	2
Perceived	0.634	0.789
Knowledge		
Beliefs	0.380	-0.235
MCKAS	-0.845	0.483
Counselor		
College	-0.276	0.059
Counselors		
Mental Health	-0.310	-0.077
Counselors		
School	0.388	-0.002
Counselors		



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