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# POWER, PRIVILEGE, AND PERMISSION: A QUALITATIVE STUDY ON THE PERSPECTIVES OF VOCATIONAL REHABILITATION COUNSELORS WHO SERVE RACIALLY DIVERSE CLIENTS

#### Cherrelle D. Singleton, PhD

#### Western Michigan University, 2022

This qualitative study explored the experiences of vocational rehabilitation counselors (VRC) serving racially diverse clients and how VRCs are trained and educated to work with racially diverse clients. VRCs are typically employed by federally funded state or federal rehabilitation agencies. In their role, they aim to provide individualized tools and services that empower people with disabilities by alleviating barriers to being successful when preparing for and maintaining employment and being independent in their adult life (Donnell et al., 2013). Often tasked to work with clients who have marginalized identities including race and disability, VRCs must be able to understand and address the client's racial identity as well as their disability. My goal with this study was to understand the experiences of VRCs in serving clients from racially minoritized backgrounds and the training VRCs receive to work with racially diverse clients.

This study used combined lenses of critical race and critical disability theories to analyze the experiences of eight VRCs employed in Midwestern states, including Ohio, Michigan, Illinois, and Indiana. Their experience ranged from 6 to 16 years on the job. Four participants identified as Black women, two as White women, and two as White men. Participants were interviewed using a semi-structured protocol that included visual stimuli, which allowed them to go beyond the "here and now."

The experiences and perspectives of the eight rehabilitation counselors were categorized into five themes that captured their experiences when serving racially diverse clients: (1) My Life's Work; (2) Our Hands are Tied; (3) Power, Permission, and Privilege; (4) The American Mask; and (5) Training Counts but it Doesn't Add Up. An unexpected finding was the distinction in experiences between Black and White counselors regarding power and privilege in serving clients and working as a rehabilitation counselor. This finding demonstrated that the persistent and difficult history experienced by people of color impacts both clients and counselors. Another important finding was the perceived lack of value and impact in attending multicultural training to better serve racially diverse clients receiving VR services. Participants did not believe that currently available training accounts for the overlapping factors of race compounded with disability, making it challenging to translate to the population they serve. Findings from this study suggest a difference in serving racially diverse clients concerning alleviating barriers to preparing and maintaining employment. This study also found that multicultural training and education do not translate into the field due to the systemic restraints counselors have to work within, as well as a lack of applicable information.

This study provides implications for assessment guidelines, examination, and amendment of policies using discourse analysis and evidence-based practices. It also underscores the need to effectively train all VRCs to serve racially diverse clients effectively.

# POWER, PRIVILEGE, AND PERMISSION: A QUALITATIVE STUDY ON THE PERSPECTIVES OF VOCATIONAL REHABILITATION COUNSELORS WHO SERVE RACIALLY DIVERSE CLIENTS

by

Cherrelle D. Singleton

A dissertation submitted to the Graduate College in partial fulfillment of the requirements of the degree of Doctor of Philosophy Counselor Education and Counseling Psychology Western Michigan University August 2022

Doctoral Committee:

Regina Garza Mitchell, PhD, Chair D. Eric Archer, PhD Glinda Rawls, PhD



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#### CHAPTER I

#### INTRODUCTION

In the United States, individuals from racially diverse backgrounds (i.e., non-White) experience challenges due to their race and ethnicity (Blanchett et al., 2009). Many of these challenges include discrimination in employment based on race, culture, and language (Capella, 2002). In fact, several research studies have highlighted the inequities and challenges members of racially diverse groups experience in the workforce, especially in terms of being underrepresented and unemployed (Blanchett et al., 2009; Hammond et al., 2017). Beyond race, some of these individuals also face challenges due to disability. Such individuals often experience "double jeopardy," wherein the intersection of race and disability brings about significant barriers (Beachum, 2005; Becton et al., 2016; Fierros & Conroy, 2002; Mwachofi et al., 2009). This intersection of race, ethnicity, and disability is critical and pertinent when studying differences between White and minoritized racial groups in the workforce.

While both race and disability refer to different aspects of a person, this study focuses on the intersection of the two, recognizing the marginalization of people whose identities encompass multiple minoritized groups. As with race, persons with disabilities are also underrepresented and underemployed in the workplace (Mik-Meyer, 2016). The dual barriers of race and disability often lead to even higher unemployment rates (Blanchett et al., 2012; Blanchett et al., 2005). Vocational rehabilitation counselors (VRC) work with clients who may have marginalized identities including both race and disability. To best serve those clients, VRCs must be able to understand and address the racial aspect of identity, as well as the disability aspect. My goal with this study was to understand the experiences of VRCs in serving clients from racially minoritized backgrounds, as well as the training VRCs receive to work with

racially diverse clients. Although this study focuses specifically on VRCs, findings from this study have broader implications for other service-oriented education and training.

## **Background and Problem Statement**

For this study, I use the term *people of color* broadly to represent several demographics, including but not limited to, African Americans, Asian Americans, American Indians, and American Hispanics. These racial groups were selected based on the demographic populations that have increased significantly in the United States. (Lewis et al., 2007). It should also be noted that the term Hispanic is being used in direct alignment from the federal government definition and is a broad ethnic category that includes Latino/a/x. However, when reporting on existing research, I will use the term used and defined by the authors in each specific study. The meaning of disability is broad and usually used as an umbrella term. Often, the term is used to describe the limitation or need of a person and in some situations can be based on the "agenda or perspective of the federal agency or other entities" (Turk & McDermott, 2014, p. 368). For purposes of this study, disability is defined according to the Federal Vocational Rehabilitation legislation, which states that a person with a disability includes any person who has a physical or mental disability, including legal blindness, which results in an impediment to employment (RSA.gov, n.d.). This definition grounds vocational rehabilitation services and provides a framework for eligibility of services.

#### **Vocational Rehabilitation**

The vocational rehabilitation system is a state-federal initiative that strives to address disparities in employment opportunities for adults with disabilities (Conyers & Boomer, 2014). The system consists of agencies and personnel. A vocational rehabilitation agency is a federally funded assistance program that focuses on helping persons with disabilities achieve gainful

employment (Beveridge & Fabian, 2007; Mwachofi et al., 2009). Within this system, a key player tasked with assisting such individuals in obtaining employment regardless of race or disability is a vocational rehabilitation counselor (VRC). Often employed by state rehabilitation agencies, VRCs can provide services through local non-profit agencies, as well as in-house through some large corporations. The role of a VRC is to provide individualized tools and services that empower people with disabilities by alleviating barriers to success when preparing for and maintaining employment, as well as those that limit independence in their adult lives (Donnell et al., 2013). Essentially, VRCs offer comprehensive support and training to both transitioning high school students and adults to help clients so they can develop the skills needed for job placement (Conyers & Boomer, 2014).

In seeking services through a vocational rehabilitation agency, individuals acknowledge their disability as a barrier and the need for additional support and assistance in obtaining employment. The VRC is a focal point of their preparation for employment; however, while clients may view their VRC as a leader, the process of rehabilitation counseling is a mutual relationship that relies on evaluative assessments (Froehlich & Linkowski, 2002) mandated by federal policy (rsa.ed.gov, 2019). As such, all clients are assessed to determine eligibility based on health and functional ability (MI.gov, 2019). Results from initial assessments guide the rehabilitation process and inform appropriate goals and services for a client's individualized plan for employment (IPE).

Further assessments, while not required, can also reveal information on the person's attitude, strengths, needs, and goals for rehabilitation services (Tansey, 2010), as well as give more insight into the person's disability and their needs regarding social and cultural circumstances. Though assessments can consider cultural factors, experiences, and planned

services for clients, it appears many VRCs serving clients from diverse minoritized backgrounds do not provide services that adequately address or consider cultural barriers (Capella, 2002; Groomes et al., 2011). The diversity of clients also means diversity of experiences and needs, which suggests flexibility in approaches and services is needed (Zanskas et al., 2011). The needs, attitudes, causes, and understanding of disability varies from culture to culture (Boston et al., 2015), which can make the rehabilitation process challenging depending on the person's cultural background. Barriers associated with race and culture often are not eliminated, which has resulted in clients from diverse backgrounds having unsatisfactory experiences with vocational rehabilitation services.

Barriers that include limited access and resources, as well as cultural and language barriers, all have an impact on racial and ethnic minority clients' experience with VR services (Anderson & Smart, 2010). Studies suggest that such obstacles have resulted in clients from minoritized groups with disabilities receiving inequitable access to services, lower quality of services, and the inability to become gainfully employed (Anderson & Smart, 2010; Capella, 2002). A study by Fabricio et al. (2012) on the outcomes of minority clients receiving rehabilitation services, for example, found that minority clients are more likely to have their case closed unsuccessfully and receive fewer services than non-minority clients. Although research contends that the use of VR services increases the likelihood for persons with disabilities (PWD) to become gainfully employed (Conyers & Boomer, 2014), people of color who also have a disability continue to have disparately high unemployment rates (Larkin et al., 2003; Mwachofi et al., 2009). This suggests that when receiving vocational services, race does matter.

Legislative mandates have made attempts to address multicultural concerns in vocational rehabilitation services. For example, according to Balcazar et al. (2012), "The Rehabilitation Act

of 1973 amended in 1998 attempted to increase consumer control and address inequitable treatment and outcomes of minorities with disabilities in all phases of the rehabilitation process" (p. 43). The Rehabilitation Act, which is a federal civil rights law, aims to protect individuals with disabilities from discrimination. Section 504 of the act protects anyone receiving rehabilitation services from discrimination, including race or gender. Furthermore, Section 21 prompted action to better prepare counselors to serve diverse clients. This section also addressed the limited hiring and availability of racial minority vocational rehabilitation counselors, as well as the limited availability of minority rehabilitation counselors who also have a disability. There is underrepresentation of hiring for both groups in all workplace settings. (Middleton et al., 1996; Yalamanchili, 2014). The Workforce Innovation Opportunity Act (WIOA), an amendment that replaced the Rehabilitation Act (United States Department of Labor, 2016), aims to improve services for persons with disabilities through education and skills training. More education and skills training provides better opportunities for employment, as well as continued efforts toward equal employment opportunities (United States Department of Labor, 2016). This progression of federal mandates has aimed to create rehabilitative services that are more culturally responsive. Despite these legislative advances, however, race is still a significant issue in the workforce and the vocational rehabilitation system (Balacazar et al., 2012; Mwachofi et al., 2009).

#### **Preparation and Education**

The role of a VRC is complex and is further complicated through the notion of serving the underserved, so the field of rehabilitation counseling aims to prepare highly qualified counselors who have essential knowledge and skills to work with individuals with disabilities (Chan et al., 2017; Forehlich & Linkowski, 2002). VRCs are required to have a minimum education of a master's degree, in which they gain knowledge and applicable skills that help

them better serve and prepare clients (Chan, 2004). VRCs learn several models for serving and assessing their clients, with the biopsychosocial model being one of the most common models used in vocational counseling (Chan et al., 2017). Through this model, VRCs learn to work with individuals based on their disability, environment, and individual skills. The biopsychosocial model also allows the VRC to conceptualize the person based on biological, psychological, and social factors. Biological factors give insight into a person's behavior based on diagnosis (Bergeman & Seroczynski, 1998; Tansey, 2010). Psychological factors focus on personality traits and behavior in interpersonal interactions. Finally, social factors address developmental considerations or needs concerning the society or environment the person lives (Paget, 1991; Tansey, 2010). The overlapping factors this model provides allows the counselor to understand the unique components of the person and their environment. Not only do such factors help VRCs better understand their client but they also aid the VRC in aligning the person with a job that is compatible with the whole person (Tansey, 2010).

Though some statistics show an improvement in employment opportunities for clients of color, there continues to be a gap among racially minoritized groups, despite education attainment (Williams, 2011). Vocational rehabilitation counselors need more than knowledge gained through graduate-level education on multiculturalism to work with these individuals, as scholars suggest the initial training and occasional refreshers that once sustained the field are not enough (Dymock & Tyler, 2008; Queeny, 2000). VRCs need continued education and training to remain upskilled and up-to-date in a growing and rapidly changing industry and population (Dymock & Tyler, 2018). Over the past 25 years the African American and Hispanic population has steadily increased, with projections predicting that by 2050 current racial minorities will increase to 52% of population (Groomes et al., 2011). With changing demographics in the

United States population, coupled with an increase in people with disabilities, more individuals from diverse backgrounds are seeking rehabilitation services (Boston et al., 2015; Groomes et al., 2011). To address the influx of diverse clients, the objective for rehabilitation counselors to strengthen their cultural competence is imperative. While cultural competency has been defined many ways, the explanation of Tervalon and Murray-Garcia (1998) is most appropriate for this study. Not only do they highlight cultural competence as a life-long commitment to understand one's own views and the culture of others, but they also define cultural competence as consisting of cultural humility, which requires self-reflection and critique (Tervalon & Murray-Garcia 1998). It should be noted, that while the current study explores the racial inequities experienced by clients, race is used as an umbrella indicator for other cultural categorizations. Therefore, the term cultural diversity is also used throughout the study to describe the challenges and issues of clients receiving vocational rehabilitation services.

Continuing education and professional development are critical to enhancing knowledge, dispositions, and competencies for VRCs serving people of color. The Code of Professional Ethics for Counselors, which includes rehabilitation counselors, says that VRCs should have a commitment to understanding their own views and culture of others, along with cultural humility, which requires self-ongoing education and training (Donnell et al., 2009). The Code of Professional Ethics additionally acknowledges that the field needs more training for culturally competent counselors (Arrendondo & Toporek, 2004; Constantine, 2002; Donnell et al., 2009). Although experience does increase knowledge, experience alone is not enough. Most employers offer opportunities for professional development through training and seminars focused on improving competency areas for VRCs to effectively serve clients.

The field of rehabilitation counseling has continued to progress. Through all the changes and expansions, this field has stayed consistent in preparing clients for the workforce market (Chan et al., 2012). Research shows that the employment rate for individuals with disabilities obtaining a job and entering the workforce has increased; however, the rates have not increased at the same rate or as significantly for clients of color (Zankasas et al., 2011), Although research indicates that one of the VRC's top knowledge domains and job functions is job placement and development in which they are expected to stay current with labor market demands and disability (Leahy et al., 2003), there is no guidance about how VRCs are expected or prepared for domains around cultural and demographic shifts within the larger population. Comparable to labor market shifts, the vocational rehabilitation field has started and can expect to continue to see a change in demographic populations as well. The U. S. Census Bureau's decennial census projects that in the coming years, the world can expect a turn in population with more culturally diverse clients (Lewis et al., 2007; Vetter & Fairbanks, 2014), which represents a broad range of racial and ethnic identities that fall outside of the dominant culture (Wilt & Morningstar, 2018). This means more clients from ethnic cultural and diverse backgrounds will be seeking rehabilitation services (Boston et al., 2015; Lewis et al., 2007). Although this research focuses on vocational rehabilitation counseling specifically, other fields such as social work, nursing, leadership, and more share related concerns and may benefit from this study's findings.

#### **Problem Statement**

Employing and training culturally competent and capable rehabilitation counselors who can effectively serve a diverse range of clients has been an ongoing challenge in the rehabilitation counseling profession (Alston & Bell, 1996; Bellini, 2003; Boston et al., 2015; Middleton et al., 2000). Despite employment rates increasing among people with disabilities,

clients from racially diverse backgrounds who also have a disability have not been as successful (Burris, 2012). Research has consistently identified inequities among racial/ethnic minority clients when compared to non-minority clients, noting a difference between services delivered as well as the outcome of services (Alston & Bell, 1996; Wilson et al., 2001). Clients from minoritized racial groups receiving rehabilitation services are more likely to have their case closed unsuccessfully and receive fewer services than non-minority clients (Andersen & Smart, 2010; Fabricio et al., 2012). Research also suggests that minority clients and their families are more likely to experience challenges in trying to navigate service systems and are often unfamiliar with service delivery options (Blanchett et al., 2009), giving rise to the premise that such groups were not considered during development.

Federal legislation has attempted to address the inconsistency of services offered to individuals from culturally diverse backgrounds, as well as limited knowledge around multiculturalism among rehabilitation counselors through initiatives. Such initiatives mandated training to better prepare rehabilitation counselors for cultural and racial differences (Rehabilitation Act Amendments, 1992). Although there have been attempts to address the inequities of services through plans and policies to prepare culturally competent rehabilitation counselors, there is still a gap in culturally competent counselors (Cross et al., 2015).

Over the last 60 years, the field of rehabilitation counseling has shifted several times (Leahy et al., 2003). Such shifts have been impacted mainly by the labor market and legislative mandates. Though the field has experienced and adapted to various changes, the processes and services offered have maintained a generalized standard for job placement. LeBlanc and colleagues (2008) suggest that standards tailor to the dominant culture of White clients. As a result, LeBlanc et al. (2008) assert that the processes and services received likely do not meet the

needs of diverse clients, even though the cultural view of a client significantly impacts their vocational rehabilitation process (Boston et al., 2015). Policymakers have not considered or highlighted the intersection of multicultural issues with disability throughout the initiative or development of policies (Cross et al., 2015), which limits and creates more challenges for effective service delivery with diverse populations. Current rehabilitation practices and procedures do not reflect the needs and identities of varying cultures, which impacts the client's ability to benefit from rehabilitation counseling successfully (Cartwright & Fleming, 2010).

Although VRCs are educated, and in some instances trained to address multicultural issues, they still are not addressing such issues (Bellini, 2002; Donnell, 2008). Core standards for vocational rehabilitation programs require a knowledge area on multiculturalism to educate VRCs (CORE, 2003; Donnell, 2008; CACREP, 2016). However, the distinction between being educated versus trained in this area refers to a VRC's ability to translate cultural knowledge and principles when serving clients (Bellinin, 2002; Delk, 2017; Donnell, 2008). Instead, most VRCs tend to focus more on the construct of disability as opposed to the realities of a client's racial identity (Boston et al., 2015). The education and training VRCs receive on and off the job influences the success of clients. Based on knowledge gained through such training, VRCs should learn strategies and methods to work with racially diverse populations, as well as identify and alleviate related cultural barriers. One study suggested that to alleviate the disparity of services for minority clients, VR services would need to prepare more culturally sensitive services and workers (Capella, 2002). However, the availability of research and knowledge regarding the type of training on clients of color is limited in the discipline of vocational rehabilitation. Based on an extensive search, I was able to locate only five articles that inform best practices for VRCs to successfully serve diverse clients. Though VRCs are trained to assess

clients through a biopsychosocial lens and have a core standard to exhibit multicultural sensitivity and awareness, most services and training focus on disability views.

Within the field of rehabilitation, even fewer studies have explored the ongoing preparations, training, and continuing education of rehabilitation counselors to work with racially diverse clients. Of the available literature, there was consensus on hiring more rehabilitation counselors from diverse backgrounds to better serve diverse clients (Fleming et al., 2012; Donnell et al., 2009; Leblanc et al., 2008) on the premise that counselors of color bring better representation and are more culturally savvy. However, this also places the onus of serving diverse clients squarely on people of color rather than addressing practices that unconsciously result in bias against groups of clients. I found no study that specifically addressed the experiences, including successes and challenges, with serving such clients.

To summarize, several studies have examined the inequities of VR services for racially diverse clients, particularly those that identify as non-White (Zanskas et al., 2011), as well as the multicultural curriculum for graduate-level VRC programs (Donnell, 2008; Lee & Matteliano, 2007). Many studies highlight the demographic shift and the need for multicultural competencies to better serve diverse clients from different racial backgrounds better (Groomes et al., 2011; Lewis et al., 2007; Zanskas et al., 2011), but few have focused on best practices and needed strategies to work with racial or ethnic minority clients, and none, according to my search, have a focus on the experiences or preparations and training from a counselor perspective. Therefore, my study fills a significant gap in the literature.

#### Significance

The knowledge and services provided by the VRCs have a direct impact on the client's experiences and outcomes. Rehabilitation counselors are serving more clients from racially

diverse backgrounds, and with continued projected shifts for the U.S. population, they will continue to see a growing number of racially diverse clients seeking services (LeBlanc, 2008). Research contends that the experience of racially diverse clients is much different from White clients, wherein non-White clients receive fewer services and are less likely to have a successful outcome of employment (Bellini, 2003). However, cultural training is not required continuing education for VRCs, which may contribute to VRCs having limited knowledge in providing culturally sensitive services. With scattered and limited research, it is unclear how rehabilitation counselors are preparing for the demographic shift to assist better and serve racially diverse clients. Results from this study, will benefit current vocational rehabilitation counselors to better serve clients from diverse background and educators of vocational rehabilitation master's program to prepare future vocational counselors.

Additionally, this study attempts to understand the breakdown that limits successful outcomes for racially diverse clients. Through exploring the experiences and perspectives of rehabilitation counselors, this study may reveal where a counselor's learned behavior impacts a client's experience and outcomes in the rehabilitation process, while also highlighting the implicit bias that does not allow counselors to intervene or address racial barriers. Moreover, this study will also prompt policymakers to consider outdated structures and policies that do not encompass comprehensive services for racially diverse clients (Cross et al., 2015). Finally, this study demonstrates the need for counselors to learn techniques and methods to translate and apply their education and preparation centered around multiculturalism.

#### **Purpose Statement and Research Questions**

The purpose of this basic interpretive qualitative study is to explore the experiences of vocational rehabilitation counselors serving racially diverse clients through their perspectives,

and to understand how vocational rehabilitation counselors are trained and educated to work with racially diverse clients. Three research questions guide this study:

- 1. What are the experiences of vocational rehabilitation counselors in serving racially diverse clients?
- 2. How do VRCs translate what they learn through multicultural trainings into their practice?
- 3. How do implicit biases emerge when VRCs work with racially diverse clients?

#### Theoretical Framework

## **Critical Race Theory**

Critical race theory (CRT) broadly highlights the social constructs of race, racism, and society. Devised by Crenshaw and Bell in the 1980s with a focus to legal studies, CRT showcases disparities among people of color in general law. This theory, which became a movement among activists and scholars, has since been applied to other fields to continue to study and transform the relationship of race, racism, and power (Delgado et al., 2012). CRT is based on four premises: (1) racism is ordinary, not aberrational; (2) racism serves important purposes; (3) race is a product of social thought and relations; and (4) intersectionality, in which no person has a single easily stated identity (Delgado et al., 2012). These themes speak to the strong, innate reality that racism is systematic as opposed to individual. Such insights also challenge unequal power relations, oppressive systems, and systemic biases among our institutions (Liasidou, 2014). Essentially, CRT seeks to address the many systems that continue to perpetuate racial inequality in America. For this reason, CRT was used to ground this study to speak to systemic biases and racism, as well as the oppression experienced by racially diverse clients when experiencing the structural system of vocational rehabilitation services.

#### **Critical Disability Theory**

Critical disability theory (CDT), devised from critical race theory, also highlights the oppressed experiences of people with disabilities (Rocco, 2005). CDT's supposition that persons with disabilities (PWDs) are grouped by their disability speaks to the discrimination of depreciating the person's ability to be normal. Describing disability as a social construct, the impairment of the person becomes their defining characteristic (Rocco, 2005). Beyond this, the impairment places focus on the person's inabilities to function in society. Comprised of six principles, CDT affirms:

(a) disabled people have a voice and complex experience, (b) disability should be viewed as part of a continuum of human variation (c) disability is socially constructed (d) ableism is invisible (e) disabled people have a right to self-determination (f) the commodification of labor and disability as a business combine to maintain a system of poverty and isolation. (Rocco, 2005 p. 4)

Such principles align and correlate with the issues highlighted in this study.

## **Intersection of Race and Disability**

I use the intersection of race and disability to discuss experiences of racially diverse clients receiving vocational rehabilitation counseling services. This should not be confused with the theory of intersectionality, which describes how characteristics such as race, class, gender, and other factors intersect and overlap with one another (Crenshaw, 1989). To overlap the characteristics of race and disability would mean to minimize the full identity of a person by only focusing on overlapping issues. This would negate the prominent factor that such individuals experience dual mistreatment and oppression from both race and disability and are double

minoritized. In this study, I limit my focus to these two areas rather than looking at all possible intersecting issues.

The parallel of race and disability is unavoidable, as the experiences of both groups are interrelated on the grounds of social constructs and inferior identities (Liasidou, 2014). I frame this intersection through combining CRT and CDT. The overlapping factors of both CRT and CDT demonstrate how race and disability as social categories stigmatize along differences of the dominant race and an abled-body person. This study converges the interactions of both groups met by one person and underlines the inequities experienced through the vocational rehabilitation system from cultural differences.

Serving racially diverse clients through the vocational rehabilitation program is a complex process. The role of a vocational rehabilitation counselor stems from federal legislation and is bound to ethical regulations and core standards. Yet, the field of rehabilitation has a long-standing gap in experiences and preparation with serving such clients, despite federal legislation informing key competencies, skills, and training needed on serving diverse clients. Experiences of clients of color are different from White clients, and rehabilitation counselors are not adequately prepared or equipped to serve racially diverse clients (Bellini, 2002; Donnell, 2008). While several variables generally contribute to the vocational rehabilitation process, even more variables contribute with people of color who also have a disability. The theoretical framework for this study helps to identify and understand the complexities that overlap the structure and services for vocational rehabilitation counseling serving clients of color.

#### **Methods Overview**

This study applies a basic interpretative qualitative research design (Marshall & Rossman, 2016) to explore the experiences of VRC's in serving racially diverse clients. I am

interested in understanding the experiences of rehabilitation counselors and interpreting their education preparation and trainings in serving racially diverse clients. The goal of this study, therefore, was to construct interpretations and understandings of services for clients of color, and a qualitative study allows for such findings (Stake, 2010). A basic interpretive qualitative approach was the best approach to understand and interpret the experiences of rehabilitation counselors participating in this study. I collected data through individual interviews. I also employed an interview technique known as visual elicitation (Barton, 2015) to ask critical questions and gain a deeper understanding. After data was collected through one-on-one interviews, I categorized the data to highlight any patterns and consistencies through coding and analytic memoing.

#### **Summary and Conclusion**

Preparations and standards for the field of rehabilitation counseling has progressed over time due to legislative mandates and the progression of vocational rehabilitation higher education programs. Such improvements have aided in the increase of people with disabilities becoming employed. However, there continues to be larger and ongoing issues with focus on race-related concerns (Burris, 2012). The double-sided barrier of race and disability demonstrates that people of color face double jeopardy of higher unemployment rates and disproportionate of services when receiving vocational rehabilitation services. The significance of the ongoing issue of racially diverse clients receiving unequal services warrants a thorough investigation into the preparation and training vocational counselors receive to better serve Black Indigenous People of Color (BIPOC). In Chapter II, I further explore the literature related to my study.

#### CHAPTER II

#### LITERATURE REVIEW

Vocational rehabilitation services have been a long-standing option for persons with disabilities seeking employment. While the essential role for this profession has been stable, functions and services have evolved over time. Such functions have progressed with legislative mandates, broadening of settings that rehabilitation counselors work, service delivery trends, and the growing of diversity populations, including racial and disability groups (Chan et al., 2004). The emergence of such areas has influenced the expansion of knowledge areas for vocational rehabilitation counselors (VRCs) to effectively provide progressive services. A study conducted by Leahy and Arokiasamy (2010) identified six knowledge and skill domains that have emerged with progression, including career counseling, assessment and consultation, counseling theories, techniques and applications, rehabilitation services and resources, case and caseload management, healthcare and disability systems, medical, functional, and environmental implications of disability. Although the identified knowledge and skill domains have improved services, clients from diverse backgrounds have not been positively impacted from such progressions (Mwachofi et al., 2009). Studies continue to show a large disparity in the process and success of obtaining employment when clients of color work with VRCs (e.g., Balcazar et al., 2012; Leblanc et al., 2008; Mwachofi et al., 2009;). Therefore, the intent of this dissertation was to understand the perception of rehabilitation counselors in serving diverse populations, as well as their knowledge and preparation to serve such clients. In this chapter, I review the literature through a critical lens that focuses on the multiple barriers and challenges created by the intersection of culture and disability.

Research for this literature review focuses on cultural differences and discrepancies among racially diverse clients with disabilities seeking rehabilitation counseling services. The mandate for cultural competence among federal and local government has been a standard and objective for service programs for some time now (Commission on Rehabilitation Counselor Certification, 2010, 2017; Council for Accreditation of Counseling and Related Educational Programs, 2017; 2021). Setting strong standards demonstrates the importance and impact the concept has on intervention, communication and outcomes in a helping profession (Gallegos, et al., 2008). The vocational rehabilitation counseling field maintains consideration for such standards and has implemented competencies and changes for service providers. Nevertheless, it is unclear on how the implementation of culturally competent standards has influenced changes in legislation or policies for this field.

Although the goal of this review is not to dismantle the legislation or policies and procedures developed for the field, they cannot be overlooked and should be reexamined. Through this review I hope to bring attention to the consciousness of rehabilitation counselors and raise awareness on the impact racial differences have on services and successful closure based on the perspective and preparation of the service provider. This review first defines and explores the critical components of race alone and then disability alone. After providing an understanding of the critical aspects of both, I combine and explore the complexities for people of color with a disability. Lastly, this literature review examines the vocational rehabilitation system in relation to serving racially diverse clients.

#### **Theoretical Framework**

The dual lenses of critical race theory (CRT) and critical disability theory (CDT) are applied to this study because of the need to highlight the double oppression experienced by a

person of color with a disability. Often, scholars reference marginalized groups separately and overlook groups that are disadvantaged in multiple ways. The reality for people of color with a disability is that they cannot isolate or ignore either piece; to do so would separate their identity. In my role as a vocational rehabilitation counselor, I observed experiences that were unique to clients of color. As a rehabilitation counselor I also worked to reduce and break barriers so clients with disabilities could be defined by their capabilities and not limited or labeled because of their disability; yet, I was not able to speak to or address the invisible label my clients of color also had to experience through the rehabilitation system and employers. This literature review emphasizes the reality of individuals living with doubly minoritized statuses. Though researchers have examined similar topics (e.g., Balcazar et al., 2012; Mwchofi et al., 2009; Zanskas et al., 2011), I saw none that approached their study using combined critical and disability theories or from the perspective and experience of the rehabilitation counselor. Using these theories to explore the perceptions of rehabilitation counselors, I aspire to bring attention to historical and current institutionalized racism and implicit biases that may be overlooked in the counselorclient relationship. Additionally, I aspire to encourage vocational counselors who strive for cultural competence but struggle with cultural humility. Moreover, both CRT and CDT strive to impact change, as does this literature review.

## **Ethnicity, Race, and Culture**

Often, the terms *ethnicity*, *race*, and even *culture* are used synonymously. While these terms are similar in meaning, using them interchangeably can be confusing and weaken their key distinctions. In this review, I use these terms intentionally. Culture is challenging to clearly define and has been described many ways in different studies and disciplines. For this study, the perspective of Cindy Garthwait (2012) aligns and is most appropriate. She defined *culture* as

customs, beliefs, ideology, worldview, and values common to a group of people and which guide their individual and social behavior. More specifically, it is the product of the values, ideas, perceptions, and meanings which have evolved over time. These values, ideas, perceptions, and meanings constitute the individual's knowledge and understanding of the world in which he or she lives. (Garthwait, 2012, p. 16)

She further highlights culture as being fluid and constantly in motion of changing according to an individual's values, patterns and behaviors. *Race* on the other hand, is a socially constructed term that refers to genetic or biological identity describing physical characteristics. Constant and cannot be changed, race does create characteristics that helps to form identities and indicators for culture (Steinstra, 2002). Separating but understanding the connection of culture and race is imperative for this study. Highlighting the connection of the two terms brings attention to the mistake most make, using race as a defining factor to stereotype a person. Defining the terms separately demonstrates the necessary distinctions that are often overlooked, which creates barriers and limitations for a person. In this study, race is used to identify groups identified through physical characteristics and culture is used to understand individual differences.

Race and ethnicity are both socially constructed terms that shape the identity of culture. The underlying depiction is that race bounds some to the macro force of social and political constraints (Hughes & Giles, 2010; Steinstra, 2002). Viewed as a social construct, the ideological point is that race categorizes the differences among groups of people. Also, described as a social construct, ethnicity aligns with the individual's cultural identity through outward expressions of language, dress, customs, and religion (Slay & Smith, 2011). Ethnicity can also be formed or gained through learned behavior. Race and ethnicity inform culture through the distinction and feature of differences among racial groups. Such distinctions also depict

inequities among races (Risch et al., 2002). The distinction of these terms is important for this study as it demonstrates how people can be of the same race but have different cultural backgrounds. Throughout this literature review, all the above terms will be used and, in some instances, appear to be used interchangeably. My intent is not to use the terms synonymously but instead as a group to highlight the importance of recognizing all the terms to fully distinguish the identity of an individual.

One of the largest and most critical aspects of differentiation race provides is the separation of people of color from the dominant group, which is White Americans in the United States. The categorization and separation of White Americans from other racial groups creates a marginalization from the dominant culture group, which leads to less power, disenfranchisement and oppression. White Americans also have White privilege, which are unearned benefits and advantages as a result of their whiteness (LeBlanc et al., 2008). These privileges and benefits give rise to the hierarchical power, social advantages and legal entitlements as well as the devaluation whiteness hold over other races (Hughes & Giles, 2010; LeBlanc et al., 2008). The oppression of people of color and the uplifting for White power is deeply rooted through institutionalized systems and structural inequalities that were created to appease the dominant White culture (Blessett & Littleton, 2017; LeBlanc et al., 2008).

# **Systemic Racism**

W.E.B. Dubois gave rise to the premise of systemic racism through scientific evidence which brought attention to the institutional and inequality racism Blacks experience due to a closed system that discriminates according to race (Du Bois, 1899; Foreman, 2017). While the blatancy of racism can be overt or experienced in subtle ways in the everyday lives of people of color, systemic racism is silent. Though forceful, systemic racism is observed and experienced

through laws, policies, and procedures that limit people of color (Doane, 2006). Such laws and policies written by and for the dominant culture do not account for the race, culture or environmental manifestations of minoritized groups. These systems and structures have negatively impacted success and economic indicators for people of color in many sectors including employment, education, housing, and healthcare (Yearby, 2018); however, for purposes of this study, I focus on employment hindrances.

Hindrances derived from a historical system of policies and practices (though these systems appear to be equal for all) have a disproportionate impact on people of color, largely Black Americans (Blessett & Littleton, 2017). Standards for professionalism and workplace culture also rest on and oblige White supremacy culture. For example, ideals that inform dress codes, speech, work style, and timeliness all cater to the dominant culture and thus create disadvantages for upward mobility and opportunities for non-White clients. Accordingly, systems, policies, procedures, and organizations that are labeled as "colorblind" give rise to racism, both systemic and personal, and continue to keep people of color and individuals with disabilities oppressed from such systems.

## **Societal Narratives About Race and Disability**

W.E.B. DuBois dedicated much of his research to what he coined "Negro Problems." These problems speak to the experiences of inferiority and inequality felt by Black Americans. In his discussion of these problems, DuBois (1903) pointed out the recurring theme that despite the progress or accomplishments of Black Americans, they are seen as an issue. Moreover, the bodies and minds of Blacks are assumed criminal and a threat (Entman & Rojecki, 2001). This view of Black Americans and other people of color is evident in the way their lives are devalued or seen as lesser (White et al., 2020). Recently, this issue came to the forefront during the 2020

Black Lives Matter protests in response to the disproportionate number of Black Americans being killed by police. Moreover, the realism of DuBois's harsh question, "How does it feel to be a problem?" highlights the masked reality negative narratives from society place on race.

Judiciously, my 9-year-old Black son, suggested the term "mask," to illustrate the double-edged reality people of color experience. Often, people of color must "mask" their culture to fit the dominant culture. Moreover, White supremacists "mask" the oppressive experiences of Black and Brown people and instead insult our experiences by denying our pain and dismissing our reality. Today, the statement of DuBois is still relevant to the Black community but also aligns to the underlying metaphors for other "dark people." Harris-Perry (2013) passionately spoke about this in an interview:

How does it feel to be trapped on the roof of your home as the flood waters rise and be called a refugee? How does it feel to wear the symbol of your faith and be assumed to be a terrorist threat to your own nation? How does it feel to have the president who looks like you demanded to produce proof of his citizenship? How does it feel to know that when you speak the language of your parents, you will be assumed to be illegal? How does it feel to know that if you marry the person you love, some will say you are destroying the very fabric of the country? How does it feel to fear sending your son the 7-Eleven for a bag of skittles on a rainy night? (1:03)

The absurdity of these questions describes the ugly stigmas and narratives society uses to describe and stereotype Black, Indigenous, and other people of color (BIPOC) through cultural narratives about their individuality and social behaviors.

Cultural narratives, described as overlearned stories, are promulgated by the dominant culture to maintain social control and act as subtle oppression (Hasford, 2016). Controlled by and

communicated through social networks, society has devalued certain cultural identities and further marginalized groups using such narratives. Race has been used to define culture, which in turn has continued to keep racial groups segregated and devalued (Ani, 2012). Creating long-term historic and systemic effects that impacts the equity and inclusion of "dark people." The use of racial and cultural narratives permeates society, victimizing and discrediting the color and existence of "dark people" as a group and limiting the progress for individuals.

Comparably, individuals with disabilities are subjected to stereotypical negative attitudes and narratives. Disability represents the differentiation between a person's mind and body, which highlights the difference on how one functions in society (Smith, 2004). A person with a diagnosed disability is a representation of one of the largest minoritized groups. Belonging to such a group is also associated with the experience of automatic barriers to work and life. Individuals can experience internal barriers, portrayed as self-perceptions of adequacy or attitudinal anticipations of encountering stigmas and biases (Fabian et al., 2009). The portrayal of external barriers is also common and mostly described as environmental or concerning accommodations and sometimes job opportunities (Fabian et al., 2009; Loprest & Maag, 2001). Due to the misconceptions and limited awareness for disabilities, employers continue to impose the same barriers on persons with disabilities seeking to obtain employment (WHO, 2011; Ostlund & Johansson, 2018).

One of the most notable challenges due to society's negative attitudes and stereotypes is the impediment to work. When compared to the "able-bodied," people with disabilities (PWD) are underrepresented in terms of employment, pay, and hours worked (Fabian et al., 2009). Vocational rehabilitation professionals have aided in addressing such disparities through adequately assessing, advocating for, and equipping PWDs with the necessary skills and services

needed to enter into work. However, individuals with disabilities that also represent a racial minoritized group have not been as successful with vocational services or obtaining employment.

## **Intersection of Race and Disability**

In Chapter I, I discussed my position of using a critical lens to explore this topic. Critical race theory brings emphasis to the status of marginality society has imposed on people of color. It started as a derivative of legal studies but has evolved as a mechanism to explore other fields including social science. Essentially, this theory questions the role of race and systematic racism (Hughes & Giles, 2010). More specifically, calling attention to the long suffering and deeply embedded experiences and realities from social constructions and racially cultural indications, CRT highlights White supremacy and unconscious cognitive biases (Hughes & Giles, 2010). Moreover, this theory makes meaning of racism by creating an understanding for individuals who experience and live through the continued patterns and behaviors that influence an unparalleled system of inequality (Corbin, 2017). It brings awareness to the reality that people of color must exist in a world and be bound to a system that does not encompass their cultural identities, while carrying the narrative associated to their race, controlled by White privilege.

Critical disability theory (CDT), a derivative of CRT, strives to showcase the oppression society has inflicted on persons with disabilities (Smith, 2004). Similar to cultural narratives that promote systemic racism, society has characterized and negatively described the differences of people with disabilities in efforts to exclude them from the mainstream (McDonald et al., 2007; Smith, 2004) using shameful labels to speak to the incapability and devalue the inabilities by defining the person based on their impairment. Perspectives from this theory stress the systemic limitations people with disabilities endure, including in terms of power, attitudes, and economic and political gains (Gleeson, 1999; Rocco, 2005). This theory demonstrates the critical

segregation and social injustices people with disabilities experience by separating them from the dominant group of "able-bodied" (Liasidou, 2014; Rocco, 2005).

The relationship between race and disability is complex in that both have become social categories that highlight differences that clearly present one group of people as dominant while "othering" those who are minoritized. The intersection of a racially minoritized group and a disability signifies an individual who experiences multiple layers of oppression (Steinstra, 2002). A person of color who is also categorized as a person with a disability experiences double jeopardy (Blanchett et al., 2005). This suggests that individuals who have a disability and come from another devalued group experience multiple and intersecting forms of oppression from the experiences of their racial group and exclusions from their disability (Blassett & Littleton, 2017; Zanskas et al., 2011). Consequently, disabled people of color are limited from workforce opportunities that are subjective to institutionalized systems that were not designed for devalued groups, despite receiving vocational rehabilitation services. LeBlanc et al. (2008) made a stance for vocational rehabilitation counselors to begin bridging the gap between the "power and privilege of a White-dominated society and the recognized needs of racial/ethnic marginalized clients who face both the stigma of racial minoritized status and disability status" (p. 15). Clients with marginalized identities of both race and disability cannot successfully navigate the vocational rehabilitation system, particularly when working with a vocational counselor who does not understand or address race relations as a barrier to employment.

#### **Vocational Rehabilitation Services**

The provisional services and client demography for vocational rehabilitation (VR) has changed significantly over time. While the primary focus has always been to assist individuals with disabilities in seeking and obtaining employment, the initial phase of the legislation targeted

veterans (Chan et al., 2004; Elliot & Leung, 2004). Over time, public policy and population trends have shifted VR services to serve more disabled groups and clients from diverse racial and ethnic backgrounds (Middleton et al., 2000). Centered in federal law, the progression of legislation and expansion of defining disability helped to widen services to all people with disabilities needing employment which diversified the population receiving services. By 1965, vocational rehabilitation programs had a broader definition for disability, which expanded the role of rehabilitation counselors and demography of clients seeking services (Elliot & Leung, 2004). Rehabilitation programs began serving more clients of color; yet, in doing so, the field yields a continual gap in services that includes types of services provided and successful placement and case closure (Donnell, 2008). Despite the progression of services, 40 years later research continues to find challenges and disparities among clients of color in navigating the system.

The implementation of the Rehabilitation Act of 1973 prompted a notable change and crucial revisions. Revising the initial law for services, this act better defined rehabilitation agencies, provided widespread services for clients, and appropriated funds for more training and continuing education for rehabilitation counselors (Chan et al., 2004). Arriving on the cusp of the Civil Rights Movement, the Rehabilitation Act facilitated addressing and advocating for all clients seeking services. However, on the contrary, scholars Atkins and Wright (1980) found that all clients were not receiving comparable services. Conducting one of the first studies that highlighted inconsistencies in vocational services among racial marginalized clients, they found clients of color were treated differently when compared to the dominant cultural group in VR services. Their seminal study also identified discrimination against minoritized clients when being accepted to vocational services and disparate treatment from their counselors. Results from

this study contradicted the Rehabilitation Act, which intended that widespread of services be representative for clients of color.

Results from Atkins and Wright (1980) captured the attention of the Rehabilitation

Service Administration (RSA), which in turn prompted action to develop a plan to improve services for minoritized clients. RSA, an establishment of the Rehabilitation Act, aids in providing leadership and resources to assist state rehabilitation agencies (U.S. Department of Education, 2020). This administration evaluates and monitors federal, state, and private rehabilitation agencies based on federal policies and principles to ensure proper program planning and implementation. They place evaluative standards on rehabilitation programs and projects offered through state agencies in that these agencies must comply with the basic principles for all clients, including respect and equal access, inclusion and integration to all programs and activities, inclusion of the client's representative if desired, and individual and systematic advocacy (U. S. Department of Education, 2020). All principles must be enforced for eligible clients from the application of services through the case closure of services. Yet, such standards and interventions have not been as effective for culturally diverse clients (Middleton et al., 2000; Zanskas, 2011).

The progression of time and results from research highlighting inequities in services for clients of color influenced changes for amending and adding to the Rehabilitation Act. Section 21 was added in 1992 to further ensue better representation for the changing population and address issues of biased services. This section aimed to ensure that all Americans with disabilities were represented despite race or gender (Middleton et al., 1996, 2000). This pivotal mandate prompted many initiatives with efforts to diversify the field and prepare VRCs to work with clients of color. From more diversified trainings and workforce to the strong emphasis of

the limited hiring and availability of vocational counselors of color that also have a disability, Section 21 aimed to diversify rehabilitation counselors to represent more racial and ethnic groups (Middleton et al., 1996, 2000; Yalamanchili, 2014). To further address this widespread issue, the RSA initiated the National Rehabilitation Cultural Diversity Initiative (N-RCDI), with a purpose to uphold diversity in the profession of vocational rehabilitation in the state-federal rehabilitation system as well as to focus on the needs of racial and ethnic diverse clients with disabilities when delivering services to minoritized clients with disabilities (Middleton et al., 1996; Rubin & Roessler, 2008; Yalamanchili, 2014). Section 21 affirmed not only the ineffectiveness of services for minoritized clients but also the importance of preparing rehabilitation counselors to understand and provide multicultural services.

# **Vocational Rehabilitation Preparation**

The vocational rehabilitation profession recognizes the importance of adequately preparing counselors through education and experience. Counselors are required to have a master's degree, in which they are educated as counselors with a specialty focus on disability and workforce development areas (Leahy et al., 1993). With over 98 accredited higher education vocational rehabilitation programs offered throughout the country, programs are required to enforce evidenced-based standards and curriculum (CORE, 2013) that align with the trends and needs of the workforce and services. Though required to have a master's degree, it should also be noted the field is open and hires people with affiliated service-providing degrees, including social work. This means practicing vocational rehabilitation counselors do not necessarily have the same knowledge base or background for training and preparation but are bound to the same credentialing eligibility and national standards and ethics (Chan et al., 2017).

The rehabilitation field places a strong emphasis on the accreditation of educational programs and certification for the credentialing process offered through two counseling accrediting bodies. Commission on Rehabilitation Counselor Certification has long set forth the code for professional ethics (CACREP, 2017; CORE, 2013; Leahy & Szymanski, 1993) for the profession. The recent merger between CORE and CACREP continues to set forth the same ethical values and standards for accreditation. With a commitment to serve and address oppression and discrimination for clients, the code of ethics sets an obliged standard for counselors and the well-being of clients (Waldmann & Blackwell, 2010). Such standards evolve and emerge with populations seeking and receiving service, application of legislative mandates and research. The continuous and ongoing research disseminated through CACREP, CORE and CRCC allows for responsiveness and application for knowledge and training in both the preservice preparation of graduate programs and field based (Leahy & Szymanski, 1993). Several scholars have prompted and encouraged action on the preparation of rehabilitation counselors through their studies. Middleton et al. (2000) prompted action from CORE and influenced a change to the graduate curriculum to have multiculturalism added as a needed knowledge area. An ongoing bi-annual study conducted by CRCC and CORE continues to develop standards and changes to the curriculum to influence the roles and functions of vocational rehabilitation counselors.

#### **Roles and Functions of Vocational Counselors**

Although the essential duty remains consistent in that vocational counselors prepare clients with disabilities to achieve gainful employment, the roles and functions to achieve this have changed overtime (Noll et al., 2006). One of the first studies to investigate the roles and functions of VRCs determined that counselors equally fulfill three primary duties of counseling

and guidance, clerical work, and professional growth (Muthard & Salamone, 1969). These authors concluded that the amount of time counselors spend preparing and placing clients into employment is comparable to the amount of time spent on professional development and paperwork. While the findings of these authors established a common ground for the main roles and functions of VRCs, their study did not highlight specific or specialty areas of rehabilitation counselors. In 1993, Leahy and Szymanski conducted a study that shed light on specialty areas. Using a descriptive and ex post facto study, these authors examined knowledge areas based on the difference between gender, education, job level, employment setting, job title, and years of experience. Surveying certified rehabilitation counselors that had practiced for at least 5 years, they concluded seven major dimensions of the role for counselors, several of which aligned with the findings of Muthard and Salamone (1969). In addition, they identified the counseling relationship, using community-based rehabilitation services, and applying research to practice as significant roles. Findings also conveyed that such roles are contingent on the setting and work environment of the rehabilitation counselor.

Since the Leahy and Szymanski (1993) study, several other scholars have conducted similar studies and found parallel roles and functions for this discipline. (Chan et al., 2004; Kluesner & Taylor, 2005; Leahy et al., 2009). However, with the progression of time and implementation of legislative mandates, scholars began to study the need for new knowledge areas. Considering the future and expansion of rehabilitation counseling and the need to address issues and challenges, the call for new and relevant knowledge areas was necessary. To address the large issue of inequalities among culturally diverse clients despite the increase in population, scholars expressed the need and importance for cultural competency (Cartwright & Fleming, 2010). The call to strengthen the function of advocacy and accessibility for clients was deemed

vital (Waldmann & Blackwell, 2010). The CRCC and CORE responded to the call for new competencies and infused them within the revised code of ethics, making them obligations for rehabilitation counselors (Cartwright & Fleming, 2010).

## Advocacy

The additions to the code of ethics expanded on the need to advocate to ensure clients the opportunity to become participants within their communities (Waldmann & Blackwell, 2010). Upholding advocacy for clients ensures their well-being and addresses individual, systems, and organizations barriers (Waldmann & Blackwell, 2010). This entails building and instilling advocacy skills (Toporek et al., 2010; Waldmann & Blackwell, 2010). Advocating for clients not only reduces barriers but empowers clients to identify and request services and/or support for their own needs. Empowering clients also helps to increase their self-confidence within the rehabilitation process, this also contributes to the success of a case closure. While rehabilitation counselors strive to encourage clients to advocate for their own needs, advocacy should start and stem from the counselor. As a standard and expected competency, rehabilitation counselors are expected to uphold and demonstrate skills of advocacy; however, research reveals that clients of color are not as supported or advocated for in comparison to White clients (Rosenthal, 2004; Rosenthal & Chan, 2003).

Waldmann and Blackwell (2010) pointed out that there is a link between the attitude of a counselor and their value and awareness toward a client. While their research speaks to the negative impact a counselor can have on a person with a disability, the same can be said for Black, Brown, and Indigenous clients. Research pertaining to the counselor client relationship suggests biases and perceptions stem from race, culture, gender, age, and disability type (Rosenthal, 2004; Strohmer & Leierer, 2000). These biases and perceptions are formed within

the first 30 seconds of engaging someone, which can hinder and impact the valid assessment of a person (Sandifer et al., 1970; Rosenthal, 2004). Evidence supports that counselors' perceptions can influence the diagnostic determinations, services, plans, and outcomes (Rahimi et al., 2003; Rosenthal, 2004; Rosenthal & Berven, 1999). With the heavy use of racial and cultural descriptors formed through media outlets and generational upbringing, it is easy to assume that such perceptions and biases impact the valid assessment of Black, Indigenous, and people of Color (BIPOC) populations, resulting in disparate services. In a web-based study, Rosenthal (2004) studied the effects of race on the judgment of vocational rehabilitation counselors that identified as European American. He specifically studied the effects of African American clients and concluded that the European (VR) counselors do underestimate the future potential of African American clients and judge them more negatively. While results from this study are troubling and disappointing, they further validate trends and findings on disparities that are likely related to additional barriers and biases that already exist.

## **Barriers and Biases Impact Services**

An important yet overlooked quality of rehabilitation counselors is that they are trained and educated to treat people with disabilities; however, many factors including cultural and individual views and barriers can impact this process (Boston et al., 2015). Few researchers have examined aspects from a cultural perspective that may add or cause barriers for such clients during the rehabilitation process. Although disability is common in all cultures, there is variation on how cultures address or interpret disabilities (Steinstra, 2002). Depending on a person's culture, disability can be defined and received with different outlooks. For example, background and familial attitude toward disability can impact the view and process of working with a client (Boston et al., 2015). In some cultures, disability is categorized negatively and can potentially

impact the person inwardly. How a person views and identifies their disability is undoubtedly essential for the counseling relationship. The correlation of this barrier while receiving vocational services may hinder the progress of the client.

The building of trust is another factor that is important among some culturally diverse groups and needed for the progression of rehabilitation. Yalamanchili (2006) noted in her research that having a working alliance within the counselor-client relationship is valuable. A therapeutic alliance would offer care, empathy, and support when working with the client. Few have researched the therapeutic-relationship and the connection between successful outcomes. However, many have noted within their discussions the disconnect experienced between the counselor and the client (Cross et al., 2015; Hein et al, 2005; Rosenthal, 2004). Not having a counselor with whom the client identifies or connects with can serve as an issue in the relationship and building of trust. Not having trust or a relationship with the vocational counselor can cause breakdowns in the rehabilitation process.

The use of models and methods aid rehabilitation counselors to access clients to better understanding the whole person, but they do not reveal the biases or negative stereotypes portrayed onto clients. Most rehabilitation counselors rely on the combined use of the biopsychosocial model, which emphasizes the importance of cultural and environmental factors and the interaction with the disability and the ICF model, which focuses on individual functionality to further assess clients beyond their disability (Brage et al., 2015; Escorpizo et al., 2011). My concern is not with the model but in how the counselor interprets and uses the model. The challenge comes when VRCs interpret the model through a mainstream perspective that reflects the dominant culture and "others" minoritized cultures and groups. If the counselor uses the model to discover mainstream information and barriers based on their understanding, then the

likelihood of missing barriers derived from cultural associations is high. The concern then becomes the competency and outlook of the VRC in working with clients from culturally diverse backgrounds.

## The Intersection of Disability and Race in VR

The disparity among racially diverse clients receiving vocational rehabilitation services is a deep-rooted issue (Atkins & Wright, 1980; Capella, 2002; Cartwright & Fleming, 2010; Donnell, 2008, 2013; Yalamanchili, 2006). Researchers have long studied the differences in services and reasons such clients experience a different service. This became a pivotal issue for the field of vocational rehabilitation when Atkins and Wright (1980) conducted a study that essentially prompted action. They examined inequality within vocational rehabilitation services, comparing outcomes by race. They looked across clients who applied for services, received services, and cases that were closed. Furthermore, they explored patterns among the differences in services. At the conclusion of their study, they determined that Black clients were less likely to be accepted for VR services and if accepted, they were less likely to be rehabilitated when compared to White clients. Wright and Atkins (1980) determined that Black clients were more difficult to rehabilitate, and rehabilitation counselors required a higher level of expertise to serve these clients.

This seminal study evoked awareness that African Americans with disabilities seeking VR services are underrepresented and disadvantaged. Moreover, they prompted further research to explore other racial groups of color. Herbert and Martinez (1992) examined if ethnicity correlated with case service statuses when receiving VR services. These researchers compared services across several races, including Native American, Alaskan Native, Asian/Pacific Islander, African American, and White. In addition, they explored all case statuses, not just

limiting to those that had applied and successfully rehabilitated, relying on RSA 911 data, which is required information that highlights the status of all clients that have applied or received services from a federal rehabilitation program. Through their study, they sought to determine specific reasons and status of services offered and provided at the time of case closure. The results of their study supported the findings of Atkins and Wright (1980). They concluded that clients of color were more likely to be determined ineligible for services and less likely to be successfully rehabilitated.

After years of compiled data with similar findings, evidence of minoritized races with disabilities receiving different services than White clients continues to grow. Different from previous research, Dziekan and Okocha (1993) conducted a comparative study on access to rehabilitation services between minority and majority clients. With a reliance on past data, they compared racial groups, including African Americans, Hispanics, Native Americans, and Asian Americans, to White Americans. They studied data from 1985 to 1989 from a Midwestern State Vocational Agency, and their results reflected those of previous researchers. Findings from this study suggested White Americans are accepted for VR services at a higher rate, despite Black Americans applying for services at a higher rate. Though this study is limited in generalizability, the findings are still comparable to past findings (e.g., Atkins & Wright, 1980; Herbert & Martinez, 1992), in that there is inequality with access and treatment of services in vocational rehabilitation programs among clients of color.

## **Impact on Employment Outcomes**

In response to the limited successful case closure of employment among BIPOC clients, many studies have sought to understand potential factors and reasons. Capella (2002) conducted a follow-up study to previous research that examined the difference in service among culturally

diverse groups. She studied various constructs and controlled for many factors in efforts to determine if inequities still exist. She specifically attempted to determine if employment outcomes for European Americans versus racial minoritized groups differ. Going beyond other studies, she also considered the education level and severity of a disability. Relying on RSA-911 data, which provides nationwide records from all 50 states, she was able to conclude that there is a significant difference in successful employment outcomes among racially minoritized groups. European Americans were employed at a higher right when compared to other groups. In addition, she found that there was also a difference in employment types, noting European American clients were more likely to obtain high employment opportunities that earned above minimum wage. Moore et al. (2009) conducted a similar study to compare employment outcomes between African American and White American clients. A key difference in this study from previous studies was the unique factor that all clients had the same diagnosis. Nevertheless, results still revealed a significant difference between the two groups. Despite having the same disability diagnosis. Whites were more likely to be successfully rehabilitated with employment as compared to African Americans. More recently, Moore (2017) conducted another study that focused on trends in rehabilitation agencies with successful closures for culturally diverse groups. He was able to track consistent disparities among successful case closures throughout the years and found that minorities are still less likely to gain employment when compared to nonminorities

#### Summary

A review of the literature verifies the differences in services and experiences for BIPOC seeking vocational rehabilitation services. Research has shown that vocational rehabilitation services have aided in the gap between people with disabilities and the workforce, which

insinuates people that receive VR services are more likely to become employed (Burris, 2012). However, there is little research on best practices or strategies to address the issue for clients of color that are still underserved and unemployed despite applying and receiving vocational services (Alston & Bell, 1996; Capella, 2002; Donnell, 2008; Mik-Meyer, 2016; Wilson et al., 2001). Exploring this issue through experiences of vocational rehabilitation counselors is significant as it informs their shortcomings and challenges in addressing the gap for clients of color.

The topic of multiculturalism is essential and relevant in all areas. With projections that the demographics of the U.S. population are changing leading to a greater number of racially diverse individuals in society, there will also be a change in clients seeking and receiving services (Moore et al., 2009). Research has highlighted an awareness and acknowledged disparities in the field that must be addressed to prepare for the changing demographics (Moore et al., 2009). Many have called for action, and some have prompted the change. However, few have identified evidenced-based practices or training that address this problem. To understand how current and new rehabilitation counselors are trained to serve culturally diverse clients is a start to the conversation and a problem worth studying.

#### CHAPTER III

#### **METHODS**

Clients of color who receive vocational rehabilitation services are less likely to enter into employment or reach their vocational goal, resulting in unsuccessful case closure (Fabricio et al., 2012). In addition, clients of color are also known to receive disparate and inequitable services when compared to White clients (Anderson & Smart, 2010; Capella, 2002). Through a review of the literature, studies have shown this is an ongoing issue that has made little progress despite legislative and curriculum updates. Professional standards for the workforce to obtain and maintain employment and vocational rehabilitation services are centered on the dominant White culture (LeBlanc et al., 2008; Mwachofi et al., 2009), which impacts the counselor and client relationship when serving racially diverse clients.

The purpose of this basic interpretive qualitative study was to explore the experiences of vocational rehabilitation counselors serving racially diverse clients through their perspectives and to understand how vocational counselors are trained and prepared. There is limited research on this topic from the counselor's perspective. This study contributes to the field of vocational rehabilitation counseling and provides insight and awareness in said areas.

Three research questions guided this study:

- 1. What are the experiences of vocational rehabilitation counselors in serving racially diverse clients?
- 2. How do VRCs translate what they learn through multicultural trainings into their practice?
- 3. How do implicit biases emerge when VRCs work with racially minoritized clients?

This chapter describes the methodology for this study, including data collection and analysis procedures.

## Research Design, Approach, and Rationale

The goal of qualitative research is to construct meaning, as well as interpret how individuals make meaning of their lives (Merriam, 2002). Employing this research paradigm allowed me to make meaning of the counselor's perspective in serving culturally racially diverse clients through their socially constructed worlds. Results from this study were not intended to highlight a difference or compare populations, which is often the focus of quantitative research design (Stake, 2010). Instead, I was solely interested in exploring the perspectives of VRCs serving racially diverse clients. In addition, I hoped to discover preparation or educational strategies that are effective in working with clients from minoritized backgrounds. A quantitative study does not allow for this because the focus is more to verify as opposed to uncover (Worthington, 2010).

This study utilized a basic interpretive qualitative research design, allowing me to gain a deeper understanding of the experiences and preparations around serving racially diverse clients from rehabilitation counselors' perspective (Marshall & Rossman, 2016). A basic interpretive qualitative research design is a common approach used in education and applied fields of practice (Merriam & Tisdell, 2016). The overall goal of this approach is to help researchers understand an individual's lived experience and how they make meaning of their lived experience (Merriam, 2009). This goal aligns with the purpose of my study, which is to understand the experiences of vocational rehabilitation counselors serving culturally racially diverse clients through their perspective and to understand how vocational rehabilitation counselors are trained and educated to work with culturally racially diverse clients.

Framing this qualitative study through the overlapping lenses of CRT and CDT allowed me to understand the perspectives, views, and phenomena (Merriam, 2009; Merriam & Tisdell, 2016) of the counselors who serve these clients. Furthermore, in applying a critical lens, I hoped to challenge and transform the thoughts of vocational rehabilitation counselors on culture and people of color (Merriam, 2009). To achieve this, an in-depth understanding of the counselor's thoughts and experiences was needed. Therefore, a qualitative design with a basic interpretive approach was the appropriate methodology to understand and interpret the experiences of rehabilitation counselors participating in this study.

My beliefs align closely with the constructivist paradigm that undergirds qualitative research. A constructivist researcher understands there is no single meaning or truth. Instead, an event or experience is understood and interpreted by people (Stake, 2010). As a constructivist researcher, I believe people make meaning of their world through human experiences, some of which are embedded or learned through interactions (Crotty, 1998). I feel and believe that people will interpret events differently (Stake, 2010), which is why I seek to engage with others to better understand their perspectives. My constructivist view helps me to interpret and better understand the different perspectives of the rehabilitation counselors interviewed for this study. In making meaning of the individual counselor perspectives, I can understand and consider their experiences to the account for their personal experiences and interactions prior to serving people of color through their role as a vocational rehabilitation counselor.

## **Reflections on My Identity**

As a former vocational rehabilitation counselor for the State of Michigan who identifies as a Black woman, I am personally vested and interested in this study. I have a passion for working with individuals with disabilities, as well as people of color, and I have an interest in

helping people maintain and obtain independence and employment through receiving effective vocational services. For 7.5 years, I worked as a vocational counselor and teacher. My primary goal was to provide services that benefitted my clients regardless of race, gender, or age. However, while working in this system, I observed and heard about the challenging encounters and processes from counselors serving clients of color, as well as obstacles and struggles from clients of color navigating the rehabilitation process.

My pursuit of becoming a rehabilitation counselor was to help clients understand and address problems that interfered with their success. I desired the gratification the occupation offered through making a difference in someone's life. I felt the standards and values aligned with my personal philosophy and interest to better people. From the very beginning, I believed in the VR system. I witnessed and assisted clients achieve employment, address barriers, and discover who they were through the rehabilitation process. Nonetheless, I have also observed the reverse effects of the system and have seen clients struggle, remain stagnant, or not receive appropriate services conducive to their needs.

While the work of rehabilitation counseling was fulling, it was also tough. I despised my monthly action alerts. I felt these alerts served as a constant reminder of the many expectations I was under, the outlandish timelines, and the "deadwood" that was still on my caseload. As a new counselor who was the youngest and only Black counselor in the region at the time, I thought these alerts would highlight me as incompetent. To keep in line with my duties and demonstrate my capabilities, I had to prioritize my clients. This caused me to have little to no tolerance for a client that had too many barriers, or as we would call them in the office "excuses."

I will be candid and acknowledge that most of the clients that had "excuses" or outlandish stories were clients of color. Initially, I was so immersed in the system and the pressure of proving to be a good counselor that I overlooked the patterns of which clients I myself and our office closed the most. However, after a few years, I did start to notice the revolving door. This was when a client continuously returned after having their case closed. During this time, I was beginning to feel more confident in my role. I began to advocate for clients that needed more time or training that fully addressed their needs. I also started to speak up and offer a different perspective on behalf of our clients, but I never highlighted the issue from a racial viewpoint. It my head it was too risky. As the only Black, I did not want to be the one to "stir the pot" on racial issues. However, as a person of color, I was observing and deciphering between the disability-imposed barriers from the racial barriers. After all, I had experienced some of the same barriers and had observed family and friends experience them as well. I began to struggle with the thought of closing and witnessing cases being closed due to inability of the client to demonstrate they could benefit from the rehabilitation process when essentially the process or system was not equipped to address some of their needs or barriers. I could never find the right program or the time to address the web of barriers that most of my racially diverse client were experiencing.

Many times, I felt conflicted as a rehabilitation counselor. I knew I was doing my job and the work was both meaningful and impactful. However, as I reflect, I remember thoughts of needing more time to work with clients of color and the desire for trainings and available resources that could alleviate the nuances of their barriers. I also remember feeling isolated because I was one of the few that felt the need for such trainings or time to better serve these "difficult" clients. After years of working as a rehabilitation counselor, the gratifying feeling I once felt left. In fact, I spent more time focusing on the areas the rehabilitation process would not allow me to address as a counselor. I struggled with the thought of the clients that desperately

needed support but yet and still, I closed their case. I wanted to serve as a solution but instead I was adding to their problems. Ultimately, I made the choice to resign from my position as a rehabilitation counselor and to return to school to research and address the revolving door and underlying issues clients experienced.

My initial quest to research in this field was to break paradigms and barriers for individuals with disabilities. I wanted to understand accommodations that would provide equity and not just access. However, while on this journey, I was invited to research and write on the topic of community colleges fulfilling their workforce development mission with diverse demographics (Garza Mitchell et al., 2019). I was tasked with the section on urban and rural areas. The discovery that there was a disparity in this area was not surprising, but the issue of such students not having access and different experiences when attending or enrolling in community colleges was. As I learned more, I noticed some parallels to vocational rehabilitation processes and services. I started to recall those "difficult" clients with the many "excuses" and the "overwhelmed" counselors. The more I remembered and thought, the more I began to consider the idea that the client was not being difficult, or the counselor not overwhelmed but perhaps there was an incompatible relationship due to the difference of race and associated barriers

For the last 3.5 years, I have worked as a private consultant who collaborates with rehabilitation counselors to develop and provide pre-employment training programs for clients. My mission as a consultant is to serve as a bridge between the client and counselor. I have worked diligently to prepare the training programs I often wished were available when I worked in the field. I strive to meet the needs of the participants to best prepare them for employment while also helping them to understand the rehabilitation process to effectively work with their

counselor. Oftentimes, I am appalled at how many clients do not understand the purpose of rehabilitation services, the counselor's role, or how to work with their rehabilitation counselor.

My choice to return to school and work as a consultant has allowed me to discover myself and my passion with vocational rehabilitation services. My research coupled with my experiences as a vocational counselor and consultant has heightened my interest in pre-employment services, how these services prepare clients from racially minoritized populations, and how to alleviate related cultural barriers during the transition process. My personal experiences as a counselor and knowledge helped to guide my thinking of working with and interviewing vocational rehabilitation counselors for this study. I reflect on my past clients who were of minoritized race or ethnicity and recall the challenge areas I experience and observed when delivering services. I also recall the struggle of being so immersed in a system and work culture that did not allow me to confidently point out racial differences or needs. As a vocational counselor, I received very few opportunities for training, continuing education, or updated research that focused on service delivery to racially minoritized clients. Analyzing the results of this study will assist me in developing future programs that are racially and culturally representative, as well as working more effectively with rehabilitation counselors.

I understand that cultural representation and service delivery is a complex issue that can involve several factors that hinder the counseling process. I am certainly aware that my personal identity and experience as a person of color, as well as my experience as a rehabilitation counselor and consultant, impacts my interpretation as it relates to the phenomenon of this study and may have affected my interpretations during the study. While preconceptions of race are inevitable, I assessed my own assumptions before and after each interview through reflexivity. I maintained field notes that served as self-reflections toward my thoughts and feelings behind

each interview (Marshall & Rossman, 2016; Richards, 2015). I was aware of my relationship with my research as well as the individual races and cultural differences each interviewee brought (Richards, 2015). Where necessary, shared my interpretations and perceptions to help understand how the interviewee perceived my cultural perceptions of their identity (Richards, 2015).

## **Participants**

Participants for this study were vocational rehabilitation counselors practicing in the Midwest who graduated from a master's degree program in counseling. Requiring a master's degree from a counseling program ensured all participants had received education and preparation on the CORE and CACREP standards for rehabilitation counseling. This also allowed me to better examine and understand the education and preparation provided in the different vocational rehabilitation programs on serving racial diverse clients. This is inclusive of all counselors despite race or demographic factors. It is important to note that 73% of vocational counselors are White, making that the common race for this occupation (U.S. Census Bureau, 2019); however, I did not want to limit participants by racial demographics. Maintaining a sample that was representative of all races allowed for consideration of cultural elements and structural biases that can interfere with the application of teaching and training methods during the rehabilitation process. Such elements can also impact the counselor-client relationship.

I requested participation from vocational counselors who worked in specified states within the Midwest region of the United States and served clients who belonged to a racially minoritized group. Vocational rehabilitation counselors in this study were all employed at a rehabilitation agency that receives federal funding and had a minimum of 2 years experience.

Agencies that receive federal funding must report and remain in compliance with the evaluative

standards and basic principles of the Rehabilitation Service Administration (RSA). Such standards allowed me to infer counselors are complying with the requirement to provide inclusive services to all clients. Furthermore, several factors and services influence an employment outcome and increase the quality of service and experience of the client (Hayward & Schmidt-Davis, 2005), so assuring the counselor has worked for 2 years ensured they have received on the job training and gained enough experience working with a variety of clients.

### **Access and Recruitment**

The Midwest region consists of 12 states, each of which has a state vocational rehabilitation agency. Each agency is responsible for servicing the entire state, meaning one state can have up to 30 satellite offices and employ over 60 rehabilitation counselors. I developed a purposeful sample of vocational counselors practicing in four Midwestern states: Michigan, Illinois, Indiana, and Ohio. These states were chosen for proximity in case there was a need to travel to conduct in-person interviews. Additionally, these states are all rich in diversity and likely have noticed an increase in racial diverse clients seeking services.

Recruitment for the specified sample was conducted using the social media platforms

Facebook and Linked-In, as well as a listserv designated for vocational rehabilitation counselors.

A description of the research study along with a link to complete a demographic survey was posted on my personal Facebook page, a national group page for vocational rehabilitation counselors, the individual state pages for vocational services, and a group for doctoral students.

All these efforts combined, welcomed and informed thousands of vocational counselors to participate. I also asked members to share and pass along to other qualifying vocational rehabilitation counselors who would be a good fit for the study. To guarantee and exclude interested vocational counselors that did not meet the criteria, I created a qualifying demographic

survey (Appendix B) through Qualtrics. The demographic survey allowed me to gain background information about the participant and to validate they met the criteria for the study. Additionally, the questions provided context for the data to better describe each participant and analyze my findings (Allen, 2017). The survey collected identifying information about their geographic location, agency, years of experience, and graduate program. This process also allowed me to obtain online consent to use the information detailed in the survey.

Based on the Qualtrics survey, I received immediate interest. However, after accessing the completed surveys I realized more than half of my responses were from bots. A bot or robot is an automated response that completes tasks over the internet (Norton, 2018). Essentially, this was a fake user who responded to the survey multiple times. To decipher between the bot and actual potential participants I looked for patterns of inconsistency, including information that did not align to the study, unanswered questions, and IP addresses. Once I eliminated all bot responses, I emailed the interested and eligible vocational counselors with more information about the study and a link for a Doodle poll to schedule an online interview (Appendix C). The use of a Doodle poll allowed me to control how many interviews were scheduled in a week. As I wanted to allow enough time between interviews to transcribe each of them, I did not want to schedule more than two in one week.

I also used snowball sampling to identify vocational rehabilitation counselors. I purposely selected and identified vocational rehabilitation counselors who had experience in working with diverse clients (Creswell & Plano Clark, 2011). Criterion sampling allowed me to identify counselors based on the predetermined criteria (Creswell, 2013). Vocational counselors are required to have a master's degree, but most agencies hire counselors from closely related fields including, social work and general counseling. In addition, the counselor must have maintained

employment with an organization for at least 2 years that receives federal funding as an organization. To snowball more participants, I asked accepted participants to share the flyer and refer other counselors within their cohort and network for this study (Marshall & Rossman, 2016).

I interviewed eight rehabilitation counselors with the set criteria of select areas in the Midwest and delimiting the study to vocational rehabilitation counselors who graduated from a master's level counseling program. In qualitative research, quality is much more important than quantity (Creswell, 2013). Quality provides detailed data and a thorough discovery of meaning, through details (Richards, 2015). I planned for a sample size of eight to 12 participants to allow me to have representation from all selected states. This was important for my study, as I wanted to ensure I had adequate variation. With the complexities of this study, representation was important to me. I wanted to ensure my sample had diverse settings and situations and differed on characteristics and traits (Creswell, 2013). While participants in this study were not as diverse in race, they varied greatly in demographics. Moreover, the sample size was large enough to uncover new and rich understandings but small enough to make analysis and reach saturation (Sandelowski, 2001; Vasileiou et al., 2018). When I covered the breadth of all ideas and categories and nothing new or relevant emerged, I knew I had reached saturation (Richards, 2015).

#### **Data Collection Procedures**

To address my research questions, I conducted individual, semi-structured interviews for data collection. The interviews also involved visual elicitation.

### **Interviews**

I individually interviewed eight vocational rehabilitation counselors using the online video communication platform WebEx. While the preferred method was face-to-face interviews, recommendations to prevent risks due to COVID-19 were to conduct interviews remotely. Conducting interviews via video still allowed me to connect and understand the personal perspectives and experiences of the counselors and to observe their body language during our discussion. As recommended by WMU Human Subjects Institutional Review Board (HSIRB), I ensured the video meeting was in compliance by ensuring a private, relatively quiet space with no unauthorized people to allow for an effective discussion (Western Michigan University, n.d.). All meetings were private and password protected. As the host, I set the privacy settings to which I had to admit all participants, this was to ensure others could not enter or access the meeting.

For the interviews to be effective, I created a plan that enabled me to build rapport and connect with them in their natural setting (Stake, 1995). All interviews were semi-structured and ensured consistency in the information being gathered (Creswell, 2013). All interviewees were asked the same pre-set open-ended questions with the variation of follow-up and probing questions that best fit the interviewee. I conducted one interview in two phases, which lasted up to 120 minutes. However, four of the eight interviews went beyond the 120 minutes. To ensure participants had enough time to articulate their thoughts, I allowed the interviews to extend past the allotted time. Of the four participants that went over, no one needed more than an extra 20 minutes.

During interviews, I also informed the participants that I may request a brief follow-up interview if clarification or expansion of points was needed after reviewing the transcript. While a follow-up interview was not needed for anyone, I did ask a follow-up question of one

participant via email. This was to ensure I was clear and understood their words accurately. This approach allowed me to gain deeper and richer insight into their experiences (Read, 2018). In addition, discussions of race and ethnicity can be uncomfortable and sensitive for some, and I wanted to allow enough time for the counselor to express and think deeply. Meeting for up to 120 minutes helped to increase their comfort level.

#### Visual Elicitation

The second portion of the interview utilized a photo elicitation method. This is an interviewing technique that relies on visual, written, or verbal stimuli to aid participants with their thoughts and ideas on the topic (Barton, 2015). Used with qualitative research, visual methods are a unique and innovative methodology that allows additional layers of meaning (Glaw et al., 2017). Images were employed to capture or highlight specific biases on or around racial groups. According to Havekes et al. (2016), racial residential segregation is high among Black and Brown communities. This means, most people segregate or associate specific races with certain neighborhoods. I incorporated photo elicitation as a means of answering my third research question, which focused on how implicit biases emerge when VRCs work with racially minoritized clients. Since VRCs often meet clients at their home, sharing images of different neighborhoods provided a way to address unconscious biases. The visual stimuli from the images made for rich discussion and triggered deep and specific thoughts. The use of visual stimuli allowed me to understand the meaning of participants thoughts and interpret their perspectives at a deeper level, that may not have been captured without the use of this method.

#### **Pilot Interview**

To assure the effectiveness of the interview's instrument and plan, I conducted a pilot interview with a fellow VRC who does not meet the criteria for this study (Creswell, 2013). The

focus of the pilot interview was to determine if one or two interviews was necessary to ensure effective conversation and deep reflection, and to gauge the length needed for each interview. Realizing that this topic is not usually explored or consciously considered, I want to be sure the interview allowed time to process and opportunity for new memories and experiences to surface (Read, 2018). I had initially planned for two interviews, but the pilot interview demonstrated that one interview with the option of a second would be the best method. The interview protocol allowed fluid conversation and prompted thought provoking experiences. However, I did make the assessment that the formation of the questions in Part Two of the interview should all center around the visual elicitation to allow for natural conversation. Based on the pilot of my instrument, I made minor changes to the protocol and the number and length of interviews necessary for the study.

#### **Interview Process**

The first phase of the interview focused on establishing rapport through learning about the counselor (Seidman, 2013; see interview protocol in Appendix C). The process of building rapport with participants was quite natural. As planned, I established rapport by stimulating opportunity for connection with the counselor around vocational rehabilitation standards and values. I observed that rapport was established at the start of the interview when discussing their path to become a vocational rehabilitation counselor. In some form, I was able to connect and relate to their individualized story for pursuing this field as a career. During this time, I also validated their choices as it related to their path and philosophy as a vocational rehabilitation counselor. I felt this was important to build trust and to demonstrate to the participant my approach is for understanding not to judge. During this phase of the interview, questions focused on their experience as a counselor, their background, and the history of their upbringing, as well

as opportunities for trainings to work with culturally and racially clients. Such questions allowed me to nurture trust and to create natural connections and comfort for conversation.

The second phase of the interview focused specifically on the participants' experiences, including their challenges and successes when working with clients of color. At this time, I also employed visual elicitation, an interviewing technique that relies on visual, written, or verbal stimuli to aid participants with their thoughts and ideas on the topic (Barton, 2015). I used visual stimuli, which included pre-selected photographs of racially and culturally diverse neighborhoods to elicit responses from my participants. All photographs were selected from a Google search using specific key terms that described neighborhoods made up of different racial groups in Mid-western regions. Key words used in the image search included, urban, suburban, Black neighborhoods, Hispanic neighborhoods, and so on. Based on the populated photos, I narrowed the images by photos that captured complete neighborhoods, included enough detail for participants to connect, and did not include images with people.

There was an exception for American Indian and Asian American racial groups, as the available images did not depict neighborhoods. It was challenging to narrow a picture that depicted these racial groups. Historically, and a result of governmental policies, these racial groups are not heavily populated in the Mid-west but tend to migrate to coastal states (Whittle, 2017; Barry & Agyeman, 2020). It is common for these racial groups to have established neighborhoods in larger states but in most other states, they mix with other racial groups. However, their culture is intentional with contributing back into their community (Whittle, 2017). From my experience, in the Midwest this is most evident in community building through their local businesses that serve as a district for shopping and fellowship. Therefore, I chose to rely on cultural symbols that would be found in such neighborhoods and districts. My own

unconscious biases about how neighborhoods reflect different racial groups are reflected in the choices I made in my attempt to share images I believed reflected different racial, cultural, and ethnic backgrounds.

Interviewees were shown visual photographs of racial and cultural neighborhoods for reflection. The use of pre-selected photos allowed me to interview beyond the "here and now" and elicit interviewees to recall and reflect more deeply on their experiences. Photos can trigger ideas or thoughts that may not have been explored or considered verbally (Crilly et al., 2006; Gaskell, 2000), which allowed me to ask critical reflection questions about the counselor's experience on race more deeply. The goal in using photographs of neighborhoods was to prompt participants to recall personal experiences or situations through associations. Moreover, the use of photographs helped me to uncover unconscious biases that might not have been revealed in discussion, such as assumptions about clients they expect to live in a particular area. Follow-up and probing questions were also asked to clarify responses and capture their full experience in serving racially culturally diverse clients. The interview protocol and photos are available in Appendix C.

After each interview was completed, I immediately saved the video to the internal hard drive within WebEx. Unfortunately, I was not able to use the built-in transcription feature on WebEx and instead had to download to my hard drive. Once I downloaded each video, I encrypted the video with password protection. The interviews were transcribed verbatim using a third-party automated transcription online service. I used Trint, which was selected based on security features, efficiency, and turnaround time. The initial plan was to use the built-in transcription through WebEx but due to technology issues this feature was not accessible with my computer. Therefore, I had to seek and received approval from IRB to use Trint. I reviewed

the transcription for errors and accuracy. I emailed each participant their individual transcript and a summary of my interpretation of the interview to ensure I maintained their natural voice and reflected their experience accurately. I also audio recorded using a digital recorder but to avoid unexpected issues such as low battery, I used a backup measure and recorded through the online communication settings. Following each interview, I journaled my thoughts and observations that stood out from the interview. I recorded my thoughts and observations about the tone and non-verbal gestures of the conversation. I also included current events for each area that were publicized heavily for up to at least 2 weeks before the interview and centered around race. Interviewing participants at their location choice allowed me to interact with them in a familiar and comfortable environment. Overall, using semi-structured interviews with visual elicitation to collect data allowed me to draw extensive data in multiple areas and allow the interviewee to reflect deeply to provide a better understanding of their experience regarding racially minoritized clients (Creswell, 2013).

## **Confidentiality of Data**

Confidentiality is a primary concern with the collection of data. Several steps were taken to ensure the confidentiality of data and participants. Permission for this study was formally obtained prior to conducting the interviews. I asked participants to sign and return a consent form that was approved by the WMU IRB (see appendix D). Participants also received a letter of consent that clearly stated the purpose and all methods of data collection for this study. The consent form noted that pseudonyms will be used in place of counselors' actual names and codes will be assigned to each vocational counselor for the purpose of transcription and data analysis. A list of all codes was created and kept separate from any identifying data. All data was stored in an electronic database, which was password protected. All data and consent forms were

electronic; therefore, no hard copies had to be stored separately in the Primary Investigator's office at Western Michigan University for at least 3 years. Additionally, no recordings were taken on my phone and did not need to be deleted at the completion of the study.

## **Data Analysis**

After receiving each transcript, I waited about 3 to 5 days before transcribing the transcripts based on the video. This was a natural tactic that helped me to manage the data, as this process was happening while I was still completing interviews. This also allowed me time to process through some interviews, as some had heavy themes and triggering content. Once all interviews had been transcribed verbatim, I summarized my interpretations of the interview and sent them to each participant along with the transcript for member checking. This also began the data analysis process.

Data analysis involves organizing and interpreting data through the identification of patterns, themes, relationships, and explanations (Hatch, 2002). Data for this study was analyzed using an inductive analytic method (Guest et al., 2012). Using this approach allowed me to identify a mix of recurring patterns, themes, and relationships (Merriam, 2002). To make such identifications, I engaged in coding and analytic memoing. After data was collected through one-one interviews, I categorized the data to highlight any patterns and consistencies.

I began by coding each transcript from the individual interviews. Coding is a data condensation task in which I focused on retrieving meaningful material and quotes, assembling chunks of data that go together, and condensing analyzable units (Miles et al., 2013). To manage and process through the data, I first created participant profiles. The use of participant profiles allowed me to better organize the data and begin chunking. I first highlighted relevant and strong quotes or comments that participants stated during the interview. Once all participant profiles

were completed, I categorized the data based on patterns and similar thoughts of the participants. At this point, I also began to reduce the data by eliminating thoughts that did not align with the purpose of the study. During this process, themes were beginning to emerge and I noticed the parallels in the different comments. Up until this point, coding had been done electronically and I noticed that as a visual learner, I was struggling to keep data organized.

I completed two rounds of in-vivo coding. For this study, I was solely interested in the experiences of vocational rehabilitation counselors serving diverse clients through their perspective and words. The use of in-vivo codes allowed me to understand and make meaning of their experiences but also maintain their natural voice. A second round of in-vivo coding was also done to condense codes and reanalyze my work (Saladaña, 2013; Strauss, 1987).

For the second round of coding, I color coded the quotes within the individual participant profiles and printed them to create categories. I then organized all the quotes using post-its and began to cluster similar thoughts from the vocational rehabilitation counselors' experiences and perspectives. This allowed me to link related and unrelated thoughts and associations between the counselors. At this point, I also began to reorganize and reconfigure data to condense and eliminate (Saldana, 2013). I noticed how some quotes aligned better in different categories and some had double meaning.

During this process, I documented all changes and emotions through my analytical memos (Marshall & Rossman, 2015). The analytical memos allowed me to explore my own thoughts and ideas during the coding process. Analytic memos are brief narratives that document the researcher's reflections and thinking processes about the data (Miles et al., 2013). Moreover, the use of my memos brought more insight based on the observations I made and outside thoughts or conversations beyond the interviews. An analysis of the memos with the codes

allowed me to continue condensing data and also ensured I did not miss any pertinent or significant information while coding. The themes became more apparent.

During the data analysis process, I engaged in reflective memoing. I journaled my personal thoughts and perceptions based on my emotional feelings, biases, and assumptions. My personal reflections allowed me to maintain an awareness of my personal perceptions and feelings. I triggered several emotions based on the thoughts and perceptions of the participants and reflective memoing allowed me to address my thoughts and feelings that might have impacted my interpretation. I wanted to be sure that I fully understood the data as well as the corresponding meanings according to the vocational rehabilitation counselors. Moreover, I wanted to ensure I maintained the natural voice and experience of my participants. After analyzing all data, I completed a member check with all participants to ensure I accurately depicted the true meaning of their experience, as well as maintained their natural voice (Patton, 2002).

#### **Trustworthiness**

Trustworthiness is important in all research but particularly in a qualitative study, as it involves the intervention of individual lives (Merriam & Tisdell, 2016). Lincoln and Guba (1985) stressed four aspects of trustworthiness: credibility, transferability, dependability, and confirmability. While conducting this study, I was mindful of all four strategies to establish a rich and rigorous study. To ensure trustworthiness, I used an audit trail, member checking, peer debriefing, and reflexivity (Richards, 2015). Next, I provide more detail on how I implemented each aspects of trustworthiness.

## Credibility

Lincoln and Guba (1985) believed credibility is one of the most important factors in establishing trustworthiness. Speaking to the internal consistency of the study (Shenton, 2004), Merriam (2002) suggested that credibility can be achieved through the questions and congruence of the findings. To achieve this, I utilized member checking. To ensure that the experiences and perspectives of the vocational counselors are accurate and in their natural voice, I emailed the transcripts of their interviews along with a summary of the interview (Lincoln & Guba, 1985). I highlighted key points and specific quotes that stood out to me. Additionally, I emailed my overall findings to the participants and included specific quotes I used. This allowed the participant to determine if their words match their intent and if their voice was accurately captured (Shenton, 2004).

## **Transferability**

Merriam (2002) described transferability as external validity and generalizability. She explained that the findings of one study should apply to other situations. This can be difficult to achieve given that qualitative studies are typically smaller samples and particular environments. Guba and Lincoln (1985), however, suggested this is the responsibility of the investigator by providing sufficient contextual information. They noted that this can be done through thick description. To achieve this, I provided an in-depth description of each participant, including their main characteristics and the territory within which they work with clients (Guba & Lincoln, 1985). This allows the reader to determine if their locations and environments are similar to those in this study, as well as relate the findings to their own situations (Bassey, 1981; Merriam & Tisdell, 2016).

## **Dependability**

Dependability speaks to the concern of reliability (Guba & Lincoln, 1985). Guba and Lincoln (1985) suggested that if this study was repeated with the same participants, the same context and methods, the findings should still be similar. To achieve this, I maintained an audit trail to explain and describe the decisions I made regarding this study, principally during the methodological procedures (Koch, 1994). I was transparent with my choices and clearly described the steps taken throughout the process, from development to reporting my findings.

### **Confirmability**

Confirmability is comparable to objectivity in quantitative research (Marshall & Rossman, 2016; Shenton, 2004). In any study, it is important to ensure the findings are based on the experiences and perspectives of the participant and not the researcher's personal preferences. To attain this, I engaged in reflexivity through analytic memos and audit trails (Richards, 2015; Shenton, 2004). Throughout this study, I was transparent about myself as well as the step-by-step development and decisions that guided this study.

Through the maintenance of an audit trail, I maintained a description of my methods, decisions, and procedures followed through this study (Merriam & Tisdell, 2016). Throughout the various interviews, I also acknowledged my personal stance. I discussed my views and assumptions as they arrived while studying such a challenging but pertinent topic. I also used memos. I wrote memos during the data collection phase in which after I completed an interview, I wrote about the experience, as well as any other factors I observed during the interview. Such steps are critical and allows others to understand my position as well as this study step by step.

# **Chapter III Closure**

Given that the purpose of this study was to understand the experiences of vocational rehabilitation counselors, as well as their challenges and successes regarding working with racially diverse clients, a qualitative research method was best suited to collect data. Using a basic interpretive qualitative design allowed me to understand their experiences and make meaning to the perspectives of the rehabilitation counselors. The use of purposeful criterion sampling allowed for the diversifying of my sample, and the use of one-on-one interviews and document analysis helped me to gain an in-depth understanding of the vocational counselors' experiences. Trustworthiness and confidentiality during this process was achieved through a variety of techniques within this study.

#### CHAPTER IV

#### **FINDINGS**

The purpose of this basic interpretive qualitative study was to understand the perspectives of vocational rehabilitation counselors who serve racially diverse clients through their experiences. Additionally, I sought to understand the preparation from training and education vocational rehabilitation counselors received to work with racially diverse clients. The general problem that guided this study was the inequities within vocational rehabilitation (VR) services that have impacted the success of racially diverse clients, particularly those that identify as non-White (Zanskas et al., 2011). Clients from racially/ethnically diverse backgrounds who also have a disability have not been as successful with VR services, despite employment rates increasing for people with disabilities (Burris, 2012). Inequities between racial/ethnic minority clients and non-minority clients have always existed among services delivered and the outcome of services (Alston & Bell, 1996; Wilson et al., 2001). Clients from minoritized racial groups receiving rehabilitation services are more likely to have their cases closed unsuccessfully and receive fewer services than non-minority clients (Andersen & Smart, 2010; Fabricio et al., 2012). Therefore, this study focused on the intersection of race and disability based upon the outlook and experiences of current rehabilitation counselors.

This chapter describes my findings after analyzing the data collected. In the first section, I present participant profiles that detail the demographics and workload of each participant. Next, I present the themes and an analysis using CRT as the frame that guided and answered the three research questions for this study:

1. What are the experiences of vocational rehabilitation counselors in serving racially diverse clients?

- 2. How do VRCs translate what they learn through multicultural training into their practice?
- 3. How do implicit biases emerge when VRCs work with racially minoritized clients?

Data collection involved individual, semi-structured interviews with eight vocational rehabilitation counselors. Each interview was conducted virtually, using the video communication software program, WebEx. Interviews were scheduled to last up to 120 minutes, and on average, each participant session lasted for 1 hour and 30 minutes. Participants offered a great variance between territory coverage and years of services, which allowed for rich discussion. To better understand each participant, I created profile descriptions centered on the participant's demographics, professional background, and territory coverage. Each participant graciously shared their perspective and experiences with the assurance of confidentiality. Therefore, identifying information has been removed and pseudonyms were used instead.

To ensure each participant's natural voice and experience was effectively described, I created participant summaries of the interviews and participants' thoughts. The summaries and the interview transcripts were emailed to each participant for member checking. To ensure trustworthiness (Merriam & Tisdell, 2016), I invited participants to check, change, or add additional information to ensure their natural voices and experiences were portrayed. Each participant responded and agreed with their summary depiction. No participants requested changes or added information. The next section describes participants' profiles.

### **Participant Profiles**

Eight participants were interviewed for this study. Participants were selected based upon set criteria. All participants attended a master's program, either CORE- or CACREP-accredited, and were eligible for their Rehabilitation Certification (CRC). Additionally, each had worked for

a state or federal agency in either Illinois, Indiana, Michigan, or Ohio for a minimum of 2 years. Below I outline and provide a brief synopsis of each participant.

# Monique

Monique identifies as a Black woman. She graduated from a CACREP-accredited master's program and immediately transitioned into a state government agency. She has worked with her current agency for 7 years and has prior work experience with a local workforce agency. She credits her path to VR to her younger years and always having a passion for helping people that cannot help themselves. She expressed that her mission has always been to "change the world." Specifically, she has wanted to address the lopsided experiences and disadvantages people of color have endured. Her caseload consists of adults and youth and covers a suburban territory. While Monique resided and was raised near her territory area, she stated she had little reason to visit the area outside of work. Monique feels this area does not fully embrace Black people and her clients have expressed similar feelings. She explained that the area has limited representation for Black people and is predominantly White. Monique and her Black clients do not always feel they are accepted or fit into the embedded culture of this area.

# Mya

Mya identifies as a Black woman who works in state government. She graduated from a CORE-accredited program and has been employed with her current agency for 6 years, where she has held two different positions. Her current position serves a special population across the entire state. She stated that she experiences a spectrum of locations from rural to Amish city, urban farming, and urban areas within her territory. In her position, she does not feel fully accepted. She explained that working with a special population takes time to gain acceptance by the clients and other professionals that also serve the population. She explained that the

population is a closed culture that is slow to warm to avoid being let down. She describes her hometown as rural but has resided in urban areas. Mya expressed that VR was not her initial choice for a profession but strongly believes she works within her calling or what she was destined to do. She takes pride in encouraging clients and empowering them to do things they never saw as possible.

### Cecelia

Cecelia identifies as a White woman. She graduated from a CACREP-accredited program and transitioned into a federal veterans' administration position. She has worked in her current position for 15 years and feels the role offers great variance in clients, needs, and duties. She describes her population as specialized beyond veterans, as most struggle with substance use. Her coverage area is broad, as she services the entire state. In serving the entire state, she worked with many clients and observed the difference in their barriers and experiences. She acknowledged that the different experiences do impact the attitude and success of some of her clients, which she strives to address. She has high hopes to initiate change and has dedicated time to educating herself on ways to do so. She specifically spoke about the justice system and the different ways it has impacted her clients of color. She observed that her Black clients get harsher punishments for crimes than her White clients. She added that this makes it more challenging for Black clients to get competitive jobs due to their records. Cecelia disclosed that she has a disability and this factor contributes significantly to her drive for VR. She strives to add to the benefits of VR while addressing some of the downsides that she experienced herself.

#### Jonathan

Jonathan identifies as a White male. He graduated from a CORE-accredited program and immediately transitioned into a state government position. He has worked in his position for 10

years and covers both rural and urban territories. His main coverage area is an urban region, close to the suburban area where he was raised. Jonathan feels he was destined for a field that services people, as he was raised with examples and standards to do so. Jonathan credits his decision to be a vocational counselor to mother's background in social work and his "salesman mentality." The two characteristics coupled together allow him to empathize with clients and empower or persuade them to try new things or take risks with him as a counselor. He also spoke on his passion and unique efforts to advocate in the community and develop jobs for his clients. Through his strengths, he strives to create opportunities and access for clients that have less advantages. He expressed that as a White counselor, he sometimes struggles to connect with clients of color but is intentional on allowing time so he can gain their trust.

#### Lakendra

Lakendra identifies as a Black woman who works in state government and has 16 years of experience. She graduated from a CORE-accredited program and began serving at-risk youth. She has held several positions and currently serves in a leadership role while carrying a caseload for a diverse population. She was raised and resides near her territory areas. Lakendra describes her path to VR as being immersed in the field as a child. Her brother who has both an intellectual and physical disability struggled to find services that benefitted his needs and interests. She recalled the challenges she observed her brother experience but also the exposure to new opportunities he was afforded through VR. Additionally, she observed her mother spending years advocating on his behalf to ensure he had beneficial services. She shared that she has a passion for youth and disabilities. As an intern, she was especially driven to work with Black teenagers after realizing the large disparity gap for their opportunities and experiences. She believes a large concern for this population is the disconnect and lack of representation in the field, meaning this

population is not represented by counselors that understand their lived experiences. She talked about her efforts to guide counselors to better connect with their clients of color.

## George

George identifies as a White male. He graduated from a CORE-accredited program and works in state government. He has been in his current role for 6 years and services both transition-age youth and adults. He described his territory as urban inner-city with predominantly Black clients. He proudly acknowledged that as a White male, he is protective of clients and strives to dispel racial discrimination. George shared that he was born and raised in an area opposite the territory he covers. He added a lighthearted childhood memory of visiting urban city life as a kid and thinking of it as outer space. He described this feeling as, "Here is the place that used to seem so alien to me and now I pull up, and I'm like, 'Yeah, I'm back, I'm home,' and it's really fantastic." Life-altering experiences led him to this field, which he believes was destiny. After graduating with a master's degree in a separate field, he was in a car accident from which he acquired a disability and essentially had to change his career. Believing his career shift to be purposeful, he expressed that having a disability allows him to connect better with his clients.

# **Ebony**

Ebony identifies as a Black woman. She works in state government and has over 10 years of experience. She has held several positions and currently works with transition youth. She expressed that when working with youth, she strives to help them understand themselves better and their disability. She described her territory as largely rural but noted that over the years, she has worked in urban territories. She spoke on several experiences where she experienced racial discrimination from clients in rural areas. She expressed that while racial discrimination is common in her area, she still struggles to maintain her composure, especially when her

workplace does not support or understand her frustration. Ebony's passion for helping people dates back to high school when she observed a difference in treatment toward students with disabilities. She shared that she was often the kid that played with or went out her way to help kids with physical disabilities. Diagnosed with a disability later in life, she has a personal philosophy to alleviate barriers and provide access for people with disabilities, with particular emphasis on minoritized populations. While her mother, a teacher, was aware of her limitation, she specifically avoided a formal diagnosis from fear of labeling Ebony and the potential of being treated differently. She explained having a late diagnosis made her school experience tough, especially college. She had to work harder and sometimes, despite studying, struggled to do well on tests. She hopes to make the path for her clients much smoother than her own.

### Katherine

Katherine identifies as a White woman. She graduated from a CACREP-accredited program over 15 years ago. Initially, she used her degree to work as a licensed counselor. After relocating, she transitioned back into vocational rehabilitation counseling. She has worked 6 years in her current role, in which she covers a small caseload in rural and inner-city territories. She also works in a leadership role. She shared that in her current role and after experiencing the Black Lives Matter movement, she is intentional on educating herself on multiculturalism. She has begun reading more books to increase her knowledge on understanding different cultures and their history, as well as laws and policies that have hindered different races. She specifically started with reading the bylaws and history of her church that has struggled to connect with and attract racially diverse members. Katherine moved around quite a bit as a child and adult and has lived and worked in areas similar to what she services. Describing her lived experience as polar opposite from her current day, she shared that she has had to separate from several relationships

that do not accept racial diversity. Katherine believes life experiences led her to the field and fit her personality well. She experienced a car accident that left her with a short-term disability but impacted her lifelong career decision in pursuing vocational counseling. She added that she appreciates the variance of the role to work with people and understand the science of how to use the VR process to help clients reach success.

Table 1 presents a snapshot of the demographic factors of all participants in the study. Demographically, there was not a significant variation in diversity of race, as all participants were either White or Black. However, there was a variation among their respective years of experience in the field, which meant participants varied in services rendered, clients served, and exposure to teaching and training methods. The differences in race and variation of the other factors outlined a clear distinction for developed and immersed perspectives. Additionally, there was a critical distinction between connecting with and understanding clients.

**Table 1**Participant Demographics

Name	Gender	Race	Program Accreditation	Years of VRC Experience
Monique	Female	Black	CACREP	7
Mya	Female	Black	CACREP	9
Cecelia	Female	White	CORE	15
Jonathan	Male	White	CORE	10
Lakendra	Female	Black	CORE	16
George	Male	White	CACREP	6
Ebony	Female	Black	CORE	10
Katherine	Female	White	CORE	6

## **Findings**

Five broad themes emerged from data analysis, with one additional sub-theme. The themes captured the overall experiences and expressions of vocational rehabilitation counselors who serve racially diverse clients. The five themes that were identified are: (1) My Life's Work; (2) Our Hands are Tied; (3) Power, Permission, and Privilege; (4) The American Mask; and (5) Training Counts but it Doesn't Add Up.

### My Life's Work

The first theme, *My Life's Work*, underscores how participants describe their decisions to become a vocational rehabilitation counselor. Each participant described different experiences and paths for discovering their career, but they all associated meaning to their career as their life's purpose. Individuals who have purpose through their work role typically find meaning in their work and having meaning at work is significant to making a difference for work performance and outcomes (Haney-Loehlein et al., 2015). All the participants pondered on the broad question of what led them to become a vocational counselor before recounting a life situation or moment that assured them such a field was always their destiny. Associating meaning to a life experience also validates a calling, ensuring that one is working toward purpose. George spoke to the theme and reflected the other participants' feelings. He stated, "My purpose has always been to help those that could not necessarily help themselves." This quote embodies the collective attitude of the participants concerning their path to becoming vocational counselors. Furthermore, George's comment highlights the strong responsibility and value vocational counselors place on individualized processes for helping those that seek such services.

Passion was a common theme stressed by all the participants, but the path to gaining such passion was different. While some participants shared the desire to help others, some

connected more as a result of their disability. George and Katherine each reflected on a lifealtering event in which they acquired a disability and a new passion for life and helping others.

George spoke on a life-altering, traumatic event that he believes was his awakening. Well into his master's program in a different field, he was involved in what could have been a deadly car accident. While recovering from a brain injury, his rehabilitation was lengthy but did not hinder him from graduating. Yet, he struggled to find employment. As life would have it, a friend he met in rehabilitation told him about vocational rehabilitation counseling. George described the experience by stating:

So, like I said, life has funny ways of, you know, focusing our higher power however you want to direct it. But so, yeah, like I said, I never would have predicted this is, you know, after my first degrees, I was kind of rudderless. I couldn't drive. There wasn't a lot of people hiring. And my first job after my first graduate degree was Blockbuster Video. So that kind of tells you. So, it was a longer road, but I'm grateful to be here. Every day I know how fortunate I am, and I'm grateful every day. And that's what keeps me focused in terms of the work I do and trying to connect with my customers. And in one way or another, I try to get through them. I'm not just, you know, "state professional." I can relate. I've been through a lot of the stuff they've been through.

For George, purpose is clearly connected to empathy and understanding the lived experiences of the individual.

Katherine spoke to a divine purpose when describing a car accident during her undergraduate studies as the will to her quest to become a vocational counselor. She stated:

I had a pretty rough car accident when I was in college. That was pretty informative in deciding what kind of field I wanted to get into. I was almost done with college by then,

but it kind of helped me realize what needed to be done, what people really need help with

Katherine described the challenging experiences caused by her accident and felt that she could have avoided some struggles if she had been aware of vocational rehabilitation services. Her remaining college years were challenging. She did not receive proper accommodations and lost her on-campus job and several scholarships. Today, Katherine believes all of her challenges were barriers due to having a disability. She feels strongly that if she had known of and received VR services, her experience and transition back to school would have differed. Learning of and pursuing this field after her recovery, Katherine believes vocational rehabilitation is more than a fit for her personality but her destiny and opportunity to better understand and help other people continue their destiny.

Although the scenarios are different, both George and Katherine illustrated the negative impact of their respective struggles and their strengthened empathetic abilities. Their experiences provide meaningful examples of the theme, My Life's Work, through sub-themes of purpose, a connection to divinity, and the heightened sense of compassion when serving clients.

While some participants described their life's work as destiny from incidents that changed their lives, others felt their professional journeys were inevitable, as their paths were shaped by experiences and influential people. Cecelia, who received services, and Lakendra, who had a brother who received services, both spoke from a personal understanding of vocational rehabilitation services. They illustrated the upside and the downside of services but stressed the essential factor of receiving support and guidance. Cecelia said, "I was inspired, both negatively and positively, to follow a path of service that I utilized and benefitted from coming up. What better way than to make a change than to go and do it myself?" Crediting her own experience,

Cecelia wanted to address the disconnects but at the same time continue to uphold the value of vocational services. She believes her understanding of services has helped her better connect with clients, including thoroughly listening and understanding their needs.

In addition, Lakendra witnessed her brother thrive and advance in life as a result of receiving vocational services. Nevertheless, she also observed her mother's struggle to navigate the system to ensure her brother had access to the best services. She was always drawn to the field to help individuals with disabilities. However, Lakendra's focus and purpose shifted during her internship experience. She described the internship as merging her dedication to people with disabilities and people of color with less access to resources. She articulated her breakthrough as realizing the difference in the justice system and unequal access to rehabilitation. She stated:

You know people that look like I do or, you know, or brown people and so on, and they have disabilities. And so, you know, a lot of it was emotional, and things like that or conduct disorder or it just hasn't been, you know, you know, diagnosed or hasn't been treated effectively. And so, from that and also coupled with my experience of having a disabled brother and being in that life, I said, you know, "OK, I'm going to get my master's and pursue this career." So yes, I picked, but this is really my life's work. I feel this is what I've been destined for, put on Earth to do, to work with people with disabilities and acknowledge what they can do and the ability of the individual and not their disability. And everyone has some ability, and everyone just wants to feel like they're able to contribute to society. And how can we help them do that?

Moving beyond the value of VR services, Lakendra introduced her thoughts on racially diverse clients having a disadvantage when receiving services. She stressed that as a VRC, she strives to position herself to make a difference. Describing the missed diagnoses and disparate

treatment people of color often receive, particularly in areas not representative of them, Lakendra finds purpose and meaning in helping them find their voice. Essentially, she highlighted a different outlook to making a difference in the lives of others through the role of a VR counselor.

Ebony offered similar parallels. She shared her story of receiving a late diagnosis of a learning disability. Her college experience included struggling and failing classes before a college instructor suggested she get assessed. She described the diagnosis as a relief, direction, and guidance for learning. She credited this breakthrough as a motivation to advocate for and serve inner-city students with disabilities. Feeling as though inner-city students are either improperly or under-diagnosed, Ebony strives to help such students understand themselves and get the necessary support and services.

Other counselors described the same passion but with much clearer routes to their purpose. They credited their upbringing and pivotal persons in their life as an influence to pursuing this career. These counselors believe their careers represent what they witnessed or experienced in life, which Jonathan describes as "model behavior." He and other counselors shared sentiments that give credit to the influence they had from their parents' jobs or the work of someone that made a difference in their life. Not surprisingly, these participants described the role of a social worker. Very similar to the role of a vocational counselor, social workers strive to meet the basic needs of individuals to offer an optimal life experience.

Jonathon attributes his personality of being sensitive, easy to connect with, and empathetic to his mother's experience as a social worker. On a lighter note, he shared that his daughter is now pursuing a career in social work, stating "she was raised for it." Similarly, George's mother, also a social worker, groomed him for the field. Recounting Sunday afternoons of feeding homeless people at a shelter and weekly dinner talks on strategies to help people in

need, George wholeheartedly believes his career was inevitable. He also believes it intertwines with the business mindset of his father. He explained that a vocational counselor needs business acumen to perform job placement duties effectively. Collectively, the participants spoke to their careers as destiny caused by childhood and family relationships. While lived experiences begin with the participant's upbringing, the work of a parent or other influential adult can directly influence the values and standards of a person's career choice.

Each participant highlighted an encounter or credited an experience as inspiration to pursue a career in vocational counseling. Their experiences reinforce the fulfillment of working in a field where one finds purpose. In their experiences, working in one's purpose and passion is gratifying, fulfilling, valuable, and beneficial. Moreover, their jobs ignite passion and output to align with their purpose. While the role of a vocational counselor ranks high among purposeful careers, the career also engaged unique feelings of achieving destiny.

### **Our Hands are Tied**

The second theme, *Our Hands are Tied*, speaks to the systemic barriers that limit the vocational counselor. Participants shared their perspectives on the overall role of a vocational counselor and the margins the role places on racially diverse clients. When participants were asked to describe their role, they generally felt that vocational rehabilitation counselors' primary focus is in helping clients become gainfully employed. Jonathan described the many work roles of a VRC that aid in gainful employment. He stated the following:

I teach independent living skills, provide counseling and guidance, counseling, career exploration, and especially case management, and coordinating services to assist individuals with looking at how their disability or the functional limitations of their disability affect their ability to become gainfully employed.

Overall, the focus of services and outcomes for clients must center on employment. Not only are VRCs required to track and report services and closures, but these reports are also used as an evaluation for promotion. Indeed, participants' professional evaluations are connected to their clients obtaining employment. For example, according to Mya, "There are numbers that we must meet to be considered successful by the agency." I asked her for more detail to better understand whether this expectation adds pressure. Mya responded:

The pressure has always been there. To be honest with you, it has lessened due to the pandemic because I think the administration is more understanding that, you know, who wants to go out and find employment in a pandemic. So, it's actually lessened up a bit. But prior to that, it was, you know, at one point in time, you know, they say that it's not anymore, but vocational counseling was numbers driven. You needed to meet these numbers. You needed to meet these goals and to have all your documentation together. So sometimes it can be a little bit stressful, especially at the end of the year when you're doing a performance evaluation. And you didn't find as many jobs as you were supposed to find.

Mya's response refers to a system that dominates and controls vocational rehabilitation counselors through their production. Counselors are expected to go beyond their role within structures that limit control. Their success is measured in part by the success of their clients. Moreover, Mya referenced the progression of the field by noting that VR was once measured largely by numbers. The respondent highlighted the importance of looking beyond closing a case for a number to ensure clients receive services necessary for closure.

Sharing similar sentiments concerning the emphasis on numbers, Monique summarized her thoughts by saying, "At the end of the day, it's a numbers game and, initially when I started,

again, it was to change the world." From Monique's statement, I understand the intimate work of the VRC to rehabilitate the client entirely comes second to the number the client ranks with regard to annual closures that are equal to an economic system. In other words, the annual closures account for funding that vocational rehabilitation agencies are bound to federal funding. Mya also expressed that her role had shifted from saving the world to understanding the numbers game, which speaks to her powerlessness. Categorizing clients as numbers offers limited abilities to address or account for clients' individualized needs. Metaphorically, numbers are not used to identify but instead are used as a label to place value on the client. The irony of this is that VR labels and associates the status of all clients with a number.

Essentially, the use of numbers does not allow counselors to connect with the identity of the client. Desiring to better understand the counselor's perspective and outlook for labeling client status, I asked participants to elaborate on their feelings behind case closures, training, and services for case closure. Most of the counselors described a standard acknowledgment that defended an essential function of their job, which is to keep clients focused on obtaining employment. Jonathan summed it up best by saying, "We are a VRC agency, so employment is our aim." He referred to the importance of staying focused on the goal of employment. However, some counselors introduced a different perspective that presented a barrier for clients and counselors. Mya expanded on this idea saying:

So, your success is based on another person, another human, so it can be so difficult and so frustrating at times. The good thing I will say is that you know, for the most part, management is understanding unless you are seriously neglectful. They understand that you know, people will be people, and things will fall apart. You'll have someone, and they'll walk off the job on the 89th day.

Cynically, her words speak to the inherent perception that some parts of the rehab process are out of the counselor's control. Clients don't have the same pressure for success as a counselor and walking out on the 89th day has a different meaning. For compliance with reporting purposes, clients are required to maintain employment for 90 days to be considered a successful rehabilitated closure (Michigan Rehabilitation Services, 2016). This means the time and commitment the rehabilitation counselor invested into working with the client is not federally accounted. For a counselor, this means all work is null and void and not considered a successful closure per federal regulations.

Realistically, some clients have complex issues that could interrupt the VR process of obtaining employment, and essentially there is nothing the VR counselor can do. Lakendra spoke on the systemic challenges the system's timeline and role expectations sometimes impose on clients. She stated, "In this many days, we have to do this, and we have so many days, and sometimes culturally days don't matter. It's more so about working with them and helping them get to where they want." Bringing a cultural awareness, Lakendra stressed the disconnect and restraints placed on clients. Her quote illustrates the standards the counselor must follow based on the federal timelines, such as the set number of days to open and close a case. However, this becomes a limitation for culturally diverse clients seeking rehabilitation. Katherine also referenced the margins on system timelines. She explained the idea that most clients of color, notably Black clients, struggle to admit or disclose information about their disability. She shared a recent encounter with a Black woman seeking services but was scattered on explaining her disability and apprehensive about getting a diagnosis. Katherine also believes the woman was not as forthcoming from fear of being judged. She stated:

And it's like she once again, will not consent to do a psych eval. And I explained to her, she said, "Well, I didn't show up last time to the psych eval when you referred me because I don't want you to think I'm illiterate and incompetent," her words. And I said, "Well, first of all, I work with people with disabilities all the time. And I would never use those terms to describe anybody," let alone, you know, and she's intelligent. You can tell she's intelligent. And she showed me her high school diploma from 1972. So, I know she passed through that and you know, people from 1972 just don't carry their diploma with them. Yeah, there is the reluctance there. I'm not saying I did it right, but I do think it's harder sometimes to get that information because of stigma. Maybe they don't want to tell you or admit to themselves that there's an issue that might be a stigma for them, that that isn't necessarily a stigma. In other populations like whether she's got anxiety or depression or schizophrenia, I mean, I kind of think she's got schizophrenia, but I'm not a diagnostician, and she won't go see anybody about it.

Highlighting the social degradation that people with intellectual disabilities often incur and the added stigmas that people of color with disabilities are subjected to, Katherine illustrated how set timelines keep clients from benefitting from services.

George also experienced systemic restrictions and limits to serve clients effectively. He shared his frustrations when his role limits him from fully aiding a client. He shared, "I'd love to provide them with X, Y, Z, but we're a vocational rehab agency. These are the items we can provide, and this is what we focus on. My hands are tied." He shared his feelings of discouragement in such situations and how this presents a roadblock to connecting and fully serving the client.

Reflecting on the system and disadvantages in services that directly impact clients who need the most support, participants captured several limitations in their role. They precisely described to clients in low socioeconomic neighborhoods as most impacted by the limitations. The theme *Our Hands are Tied* speaks to the systematic barrier imposed on clients controlling their benefit from services and the limited options for resources and services the counselors can offer, despite the clients' needs.

Hearing the shared acknowledgment for the limitations of what a vocational counselor can do within the rehabilitation system brings context to the term. The overall meaning of rehabilitation is to restore someone to a healthy or normal life through training, leading to the claim that some barriers are too severe for rehabilitation or employment (Fleming et al., 2012). Predictably, when describing clients from Black and Hispanic neighborhoods, many counselors referenced barriers and burdens, including lack of transportation and utility shut-offs. Lakendra spoke on the familiar story of a client of color who had to turn down a third shift job because transportation stopped running after a certain time, highlighting that the barrier was not an association of the disability but the client's socioeconomic status. George referenced a client with a leaking roof and no gas during the winter months, stating: "It's almost a matter of I want to help him get his basic necessities in place first before we could start working on getting him a job. So, he's definitely a challenge for me." While such stories are heartbreaking and highlight the need for services, they also bring context to the types of rehabilitation that do and do not exist in vocational counseling.

Arduous guidelines forced counselors to evaluate clients and their situations early on in the process. Jonathan phrased the process as, "We serve as a gatekeeper. We're trying to evaluate the information. We have to make a decision about what services we will provide." Before

planning services, one of the essential factors a rehabilitation counselor must ensure is the client's functional capacity. After assessing a client, the VRC has the option to identify a client as "too severely disabled." This refers to the client's functional ability and usually means a client has too many impediments to employment and likely would not benefit from services. Ebony described this as the "gray area" the system does not always capture. When asked to elaborate, she paraphrased it as, "This is more person-centered planning, so there's no certain rule to the vocational services needed." She spoke to the multi-layered expenses or obstacles that VR services or employment does not always alleviate. The "gray areas" that support the notion of "too disabled for services" mirrors the sentiments of "too poor to work." There is a lopsided sense when considering the cost of childcare, transportation, and the other "X, Y, and Z" expenses that George reminded us VR could not address and the wages of employment do not always offset. The statement "hands are tied" speaks to expenses and barriers that are often culturally and racially distinguishable but cannot be alleviated with VR funds due to them not leading to employment.

### Power, Permission, and Privilege

The theme *Power, Permission, and Privilege* emphasizes differential power based on racial identity. Distinct differences occurred along racial lines. Black counselors experienced unique pressures and expectations within and outside their counselor role. Despite all counselors stressing the importance of empowering clients during the rehabilitation process, Black counselors dealt with an underlying layer. This section describes the layer that exists both inside the workplace between counselors and in the field when working with clients.

Rehabilitation counselors possess a high level of positional power when working with clients, with two distinct representations: one form illustrates power based on a counselor's

influence over clients, while the other depicts the perceived power clients believe counselors to have. A vocational counselor has the power to make a difference for the client's future through their lens. Jonathan and George both described this notion as clients believing counselors are their workers, meaning that clients perceived counselors as doing the work *for* them instead of *with* them through guidance. George highlighted the expectations that counselors will find jobs for their clients; clients may think counselors have the power to find jobs instead of the client gaining the job through their skillset. On the other hand, Mya and Lakendra shared the viewpoint that counselors need to extend hope to clients, which indicated that counselors empower clients to believe and have optimism about their future.

Clients often associate the opportunity of receiving services to gain employment and guidance to diminish barriers as a solution to their problem. Ebony pointed out that some clients come to VR with assumptions they will gain rapid employment. She explained that such clients are experiencing complex issues such as being in jeopardy of losing their cars or facing a utility shut-off, and they need immediate income. Katherine mentioned that clients perceive rehabilitation counseling as the answer to their financial problems and other barriers. She talked about clients from different countries and general clients who do not always understand how to navigate services. She shared the story of a recent immigrant whom she assumed did not understand the U.S. governmental system, which is a political structure with divisional power. She explained how this client perceived her to have the power to assist him with all of his needs, even calling her at one point because he was suicidal. Having limited knowledge and resources to navigate a system is not uncommon for many clients, so it is not surprising that some clients view rehabilitation counselors as powerful.

Systemically, counselors have a level of power over their clients. Having the advantage of closing a case, setting timelines and expectations, and determining the service a client needs or should complete to obtain employment correlates to an influence of power. Participants acknowledged their power and discussed how power could be used negatively or positively to grow and develop the relationship and guide the client to success. Lakendra spoke on the positive use of power by highlighting the ability to change a client's mindset. She stated: "You have to change their mindset. You have to set the expectation for clients. You know, like they say, 'Nobody rises to low expectations." Furthermore, Mya expressed similar sentiments: "You have to encourage the person to really kind of build up their confidence in their understanding of life and new experiences to see that for themselves." Here, the participant speaks to helping clients understand a world beyond their own through services and experiences. The implication of changing a client's mindset highlights the conscious control a counselor realizes they have to empower clients to accomplish tasks during the rehabilitation process.

Monique introduced the misuse and abuse of power and highlighted how some counselors negatively impacted clients. She spoke on her experiences of observing counselors that failed to advocate and instead inflicted heightened pressures. She discussed a former counselor that made it especially hard for Black male clients. She recalled the counselor's view: "No one gave him [the counselor] handouts, so his clients had to earn their keep as well." Monique also shared that this counselor would favor clients who either came with a job or were job-ready. She indicated that the counselor's theory was to "give a client enough rope to hang themselves." When asked to expand on this, she stated: "People are going to hang themselves because they just aren't able to grasp or do the necessary steps they need to succeed." This statement suggests that power can be used to set a client up for failure. Jonathan also shared his

experiences and observations with the negative side of power. He spoke about a common stereotype with governmental services, suggesting "African American clients try to milk the system." He shared that he has witnessed counselors assess some clients critically or refuse to purchase recommended devices based on this egregious assumption.

Similar to the way Black clients were perceived, Black VRCs in this study experienced power differently from the White VRCs in this study. The Black counselors' experience with power can best be described as a double-edged sword. Racial divisions skewed institutional power despite having the same education and roles as their White colleagues. Black counselors within this study described experiences where they had to be granted power. In contrast, White counselors automatically assumed power in the relationship with the client; thus, demonstrating the privilege they have. Monique and Ebony talked about the condescending treatment they sometimes experienced when working with White clients, specifically noting White clients that immediately shut down upon learning their counselor was Black. Ebony spoke on specific areas where she had challenges and dealt with being called racial slurs:

Now, I would say in some of the rural areas, I've had challenges because I've actually had one call me the N-word. So that was one of those I had to hold it in to still be professional. And I reported it to the supervisor at the time. And she just didn't make a big deal about it. She was like, "Well, sometimes you're going to have days like this." She gave me some stupid comments like that, and I was just like, "Really?" But a good thing for me, the client decided not to come back to voc rehab because he didn't want to work with the N-word. So, he was off my caseload. Now, I don't know if he ever came back or not.

Monique's experiences were not as overt, but she did feel there were negative first impressions and reactions of some White clients when they discovered she is Black. She shared:

So, I have had clients that never wanted me to come to their house. Like especially for my parents that got money, money or got some type of I got a lot like that. Nine times out of 10, they racist. You know, they don't want me to come to their house. So, when I have clients that be like, "Oh no, we can just meet at such and such." I don't care one way or another, but that tells me they don't want me at their house. And even going into some IEP meetings. I can tell they weren't expecting a Black girl to come in here, you know. So, sometimes even for me, in my opinion, sometimes I even think that that plays a part in whether or not the parents sign up for services.

The experiences of Monique and Ebony describe a dynamic of having to receive permission from White clients. They described examples of rejection based on the assessment of their race. Such claims hold merit, as both counselors explained that requests for a different counselor were made after the initial meeting was conducted inside the client's home. In addition to racial slurs, both counselors discussed instances where White clients complained the counselors were "incompetent." For example, Monique shared a story about a White male client who received services but did not secure employment due to a transportation barrier. Although the issue was due to his lack of transportation, the client accused her of being incompetent and complained that she was incapable of doing her job. Despite having structural power due to their role as counselors, Monique's and Ebony's experiences illustrated the hegemonic assumptions of power held by White clients whom they interact with.

Black counselors spoke on the need to code-switch to gain acceptance by White clients. These counselors acknowledged they first had to be accepted by disproving any stereotypes to effectively work with White clients specifically. Ebony expressed it this way:

When I work with Caucasians, I code switch and change down the tone of my voice. I want to make sure that they don't have their stereotypes or perceptions of African Americans or how African Americans are supposed to act.

Lakendra expressed similar sentiments. She explained how she often has to push past the symbols society imposes on her. She emphasized that society believes Black women to be loud and boisterous, and she focuses on speaking calmly and clearly to avoid negative perceptions. Such thoughts and expressions paint a different experience and possession of power between White counselors and counselors of color.

Ebony described code-switching to meet the White standardized characteristics for the workplace in order to advance. She stated, "We have to code-switch to get a raise, to progress in our jobs." Ebony raised the claim that the authenticity and racial norms of Black counselors are not accepted or understood. Black counselors often succumb and immerse themselves into the dominant culture that neither represents nor recognizes Black culture to succeed in the workplace. As a vocational counselor who previously worked for a State agency, I identify with the need to assimilate for development. I can recall being the only Black counselor in my office and region at one point and silencing my cultural voice to avoid not being misunderstood. The internal downfall of cultural assimilation among vocational counselors creates a challenge to project similar attitudes on clients and maintains a system of White superiority.

Black counselors described different racialized experiences with their clients. At one point, each has felt disrespected and the need to prove themselves in the counselor-client

dynamic. Ebony said, "Black counselors have to learn to work with everyone, whereas White counselors can pick and choose whom they work with." I interpreted this to mean that White counselors have more advantages and more power, which affords them such privileges. Ebony validated my interpretation by sharing the attitudes of some White counselors in her office. She noted that most White counselors do not try to work effectively with clients of color. She stated that they have the philosophy of "It's my way or the highway there, and they're not trying to understand their client." Jonathan shared a similar but contrasting thought related to the White experience. He said, "I don't have to go to anything that is predominantly Black unless I choose to, but an African American cannot do the same." Acknowledging the difference in experiences between races, Jonathan underlines the unearned advantages of a White counselor's power in their role and the controversy Black counselors experience to gain the same control.

George further highlighted differences concerning racial privilege in his office. Coming from an office where he is the only White counselor, he spoke on instances where he used his privilege to speak up. George shared an experience during an office meeting that included his and several other regional offices. An employee badmouthed the counselors from George's office and their clients, stating they were unemployable or not a good fit for certain positions. George was offended and spoke up for his team. In explaining why, he spoke up, George said:

It's obvious to me some of the challenges my coworkers and some of my clients go through being from this area, and yes, being people of color and the people outside of this city, you know, they don't get it. And so, I see, and to whatever extent, I can share some of their frustration. I take a lot of ownership of my office, and I get protective of my coworkers and my clients and stuff, especially when I perceive some shady BS from out state like I talked to you about earlier.

As a White man, George was able to speak up about discrimination and bias that he witnessed without facing the judgments or penalties that a person of color might have faced. He used his privilege to speak up for his clients and office.

The apparent racial privilege and different experiences described among Black and White counselors give rise to the actions of White counterparts that perpetuate racism. I was surprised when this theme emerged, yet I was also aware of these feelings and actions of White superiority that have been imposed upon minoritized races. Distinct differences were captured between the experiences and impact of power with Black and White counselors. The paradox behind the experiences showcases the hard truth of race despite earning the power and privileges attributed to their role. Despite the role of a Black professional in the workforce, a White person has the power to grant or disprove permission for identity due to the supremacy of White standards.

#### The American Mask

The American Mask theme underscores the standards of VR that aim to integrate clients into society but instead inflicts a White Americanized identity on clients that clients of color do not trust. Rehabilitation through a vocational agency strives to help clients align and feel adequate within society (Blessing et al., 2016). Simply stated, VR aims to assimilate clients by rehabilitating the unique identifiers that do not fit the predominant Eurocentric standards and attitudes considered acceptable in society. Placing emphasis on the standards that exclude persons with disabilities and neglect the shame and discrimination that hinders racial-ethnic identities, "The American Mask" brings attention to unconscious experiences and biases that highlight the degradation and disregard people of color who also have a disability face, while expecting them to "mask" their identity to exist in "America."

All the counselors spoke on the importance of understanding a client's background. Ebony explained that background is typically explored during the self-discovery process, which is a technique that allows vocational rehabilitation counselors to focus on the person to understand clients better and build rapport (Oberoi et al., 2015). However, Katherine indicated that in conducting self-discovery with clients, the background for neighborhoods or the history of the client's town is often overlooked. Referencing the underlying events and the historical past that sets the tone for the neighborhood, Katherine also highlighted how the background and history of a client often influence how they feel about government and their underlying triggers. She spoke on the importance of understanding the "untold stories" within neighborhoods, racial groups, and families. Such stories can give insight into the mindset and situations that develop the client's identity.

Katherine, who recently became interested in exploring and understanding the separation of America, shared how she unfolded some of the untold fables that still exist in her hometown. Volunteering for a church project that focused on understanding why Black residents in the neighborhood did not come to her church, she recognized a separation within her community. She described how some areas of the city have more pride, community, and support than other areas. She explained an invisible separation line that is noticeable when driving through the town, which is mainly separated by race and SES. She referenced the noticeable difference through the different jobs, opportunities, and attitudes that clients have depending on what side of the line they reside. She stated:

I've learned that might not be everybody's reality. We think make America great again all the White people in town are going to think about that time. But that might not be the greatest time for all people in the community.

Referencing a key slogan in Trump's campaign, Katherine's words speak to the different attitudes and experiences associated with the American society. Specifically noting "Make America Great Again" refers to harsh historical times that may have been supreme for White Americans but were hard crucial times when Blacks had little to no rights and experienced overt racism. Katherine points out that White people will think about a great time, which makes a crucial point, that every race or individual does not define or view their identity based on the same America. Katherine's finding did not capture new information but instead speaks to the historical reality and upbringing of people of color. Moreover, it illustrates her unconscious awareness of a history that has been long separated by superiority and inferiority. Many narratives are riddled with shame and belittlement pertaining to Black, Indigenous, and people of color. The narrative plays a significant role in the mindset and attitude toward America. Limited knowledge and understanding of experiences for people of color challenges Katherine's ability to connect with racially diverse clients.

Speaking further about the grave difference in attitudes about her town and America, Katherine spoke about a grisly lynching that took place in the area she lives and services. This lynching for some individuals of the community is considered legendary, victorious, and a proud moment. At the same time, some view it as a trigger associated with racial control, hurt, shame, and division within the city.

For better understanding and connection to my research, I studied the lynching further (Poletika, 2018). I was appalled by the details and the timeline of this event. While the original date of 1930 is approaching 100 years, the generational difference is not that large. For context, my grandmother, who passed in 2016, could have witnessed this event. I still hold tight to the many lessons and stories from her upbringing. Such stories are likely still being passed and

processed within the homes of Indiana and nearby states. The question is which message is being shared or believed, specifically among the VR counselors that service the community: pride and victory or hurt and division. The message is strongly connected to the background, history, and attitudes of individuals and, as the counselors pointed out, has a direct impact on rapport building and their rehabilitation process.

Several counselors expressed the importance of researching an area or city before visiting a client. They discussed how exploring an area allows them to gain insight into the major industries in the area, types of jobs available, transportation options, and personal safety. While this research is necessary for vocational rehabilitation, it may not give insight into the lived experiences or mentality of the client. The term "trigger" is used often in mental health counseling but rarely in vocational counseling. Referring to the reminders of a traumatic event a person may have experienced, events can still be associated with a person, a situation, or an institution. For example, the government is a trigger to many racial groups (Mangum, 2016). Jonathan and Ebony spoke strongly on the importance of clearly distinguishing their role from the government. Jonathan expressed his perspective:

Again, back to the historical dynamic of what's happened to communities of color in the past. There's, I work for a state agency, I work for the government. I have a state decal on my car. So, I need to take a lot more time with my clients of color to establish that relationship, and that's a lot more difficult to do, to get the trust in order to be able to provide comprehensive services effectively.

Jonathan's view considers the history of clients of color and emphasizes the longstanding distrust that exists between Blacks and the government, primarily due to systemic oppression. Realizing that his presence is an association to the government for some, he acknowledges that building a relationship for effective services is essential but can be a challenge. Nevertheless, the perspective of Jonathan's tactic speaks to the uninformed tendency used to view Blacks' experience as an individual act and not as part of an institutionalized system.

Ebony shared a similar outlook and understanding for distrust and triggers. Triggered by the sight of an alligator during the photo-elicitation portion of the interview, Ebony recalled stories she heard as a child about government. The image that was projected to elicit descriptions and perspectives of Native American neighborhoods triggered her past. Ebony explained the term "gator bait" by describing it as a folklore she heard as a child, referring to African American babies being fed to alligators for bait. This horrific practice was used to benefit economic development, further dehumanizing the lives of African Americans, giving them less worth than an alligator (Foxworth, 2016). Even worse, images of these horrific experiences were printed on postcards and sold as souvenirs throughout Florida. This unforeseeable trigger from a participant speaks to the degradation and institutionalized dismissal Black Americans experience within society, which further emphasizes the disparities and social injustice that has existed and continues to persist.

Ebony also brought up displaced housing when families were pushed out of their homes for community redevelopment. Mainly impacting African American and Hispanic families, this caused many families to lose what they worked for and depend financially on the government. Essentially, this created the red line division and a clear separation between neighborhoods. For many families, this is described as their downfall or government control, making it difficult for them to trust governmental services despite being a rehabilitation service. As a Black counselor with a Black lived experience, Ebony exemplified the struggle Black VRCs may have in

separating their individual identity from their counselor identity. Moreover, she pointed out the deep-rooted history and reality that continues to govern and oppress Blacks within the vocational rehabilitation system. Divided by a traumatic past and subjected to poverty and dependency on government, the policies, systems, and procedures in VR impact access and resources for clients of color who live in poverty, ultimately limiting how a vocational rehabilitation counselor can effectively rehabilitate or integrate these clients.

Cecelia stressed a compelling point; that is, that the Veteran Administration (VA) vocational rehabilitation system is a significant trigger as a whole, regardless of the client's race. She explained that the VA upholds a very similar system to the military, and for some clients, this triggers their experience when they were in the service. Cecelia noted that based on her observation, this impacts her Asian American clients significantly. Explaining that while in the service and upon returning to the civilian world, many Asians feel they do not fit in. Cecelia further explained that these clients sometimes struggle with the rehabilitation process. Most of her Asian American clients experienced being shunned in both the service and as a civilian and returning to the VA will trigger those feelings of not being accepted. She explained that such experiences caused some clients to refuse services or eventually stop attending training. Cecelia unconsciously spoke to a large institutional bias within the federal vocational system that hinders racially diverse clients, especially the Asian American clients she services. Her experience points to the traumatic and triggering thoughts and attitudes of clients of color, which prohibits them from accessing and benefitting from services that, ironically, are supposed to help them better assimilate into a society that has already shown itself to be prejudiced against them.

Participants discussed the hidden barriers that often earmark why clients struggle with integrating into society and employment. Several participants stressed the mindset that many

clients, predominantly from Black and Hispanic populations, have regarding losing their income from social security. Ebony explained that many clients fear losing the "security" of the income or, for some, do not believe they can make more money than what they earn through social security. She shared that some participants feel that their Supplemental Security Income (SSI) income affords them the best life they have ever had. She explained that some clients come to VR to maintain their benefits. She stated that clients have to demonstrate they are actively looking for employment, which they use VR as an option to report. She shared the story of a Black client who felt her SSI check was the best thing that ever happened to her. Emphasizing the detail that the client came from a physically and sexually abusive family and her SSI allowed her stability, Ebony stated:

She was honest with me. "I don't want to lose my check. This is the best thing I've ever had in my life. I've never had none. I came from a background where mom and daddy beat me, and dad molested me." She gave me the whole story about why she was just coming to voc rehab, and she was happy with that check.

Sharing an example of a common story, Ebony elaborated that some clients pretend to search for employment with VR to avoid losing governmental benefits, including social security and food stamps. She acknowledges that the best way to help this client and others like her is to help them maintain their existing benefits, knowing that they do not want to find other employment that might place them in a worse situation.

Lakendra described similar experiences with clients and introduced the transitioning youth and guardian relationship perspective. She shared that some clients have a parent or guardians who rely on their kids' benefits and fear jeopardizing their benefits. She told a story of

a client whose mother sabotaged the training by refusing to allow her child to participate or attend training to avoid losing his benefits. Quoting the mother, she stated:

She said, "You're taking away my Social Security because you're trying to help my son get a job." And I said, "Well, you know, I am trying to help him get a job, and he wants to get a job," and she said, "Well, I don't want him to get a job." And she did. She pulled him out of the program because she didn't want him to get a job. I offered benefits, counseling and I said, "We can do all of this," and she said, "No, you are messing up my Social Security benefits."

The comments and behaviors that Ebony and Lakendra expressed highlight clients' fright but do not account for the underlying distress the client is experiencing.

For some individuals and families, SSI provides refuge and an assurance that their basic needs are met. The vocational rehabilitation system is mainly set up for long-term advantages but does not fully meet the immediate needs. Participants referenced clients with immediate needs throughout the interviews who struggled to advance in rehabilitation. Based on the stories and descriptors shared by the participants, clients with immediate needs such as paying bills, purchasing food, and surviving do not have time to understand or look to the long-term rewards of VR services. Additionally, the anxiety that some clients possess in response to losing their benefits does not capture the immediate or desperate need of income clients are experiencing in some situations. The services become a great risk for some clients at the potential to lose their benefits, especially when there is not a guarantee a person will obtain employment. Thus, working with these clients provides challenges for VRCs, particularly if they do not understand or cannot relate to the clients' perspectives.

For many people that reside in underserved neighborhoods, generationally, they have been taught the elements to survive. I do not speak on the survival to be safe but to maintain their basic needs and necessities. This can include shelter and food, which state or social security benefits provide. All participants could recall a client who had a greater need to pay a bill, buy groceries, or risk losing their home. Ebony made a critical point that clients from low SES neighborhoods experience generational poverty. She described generational poverty by saying, "Clients have lived in poverty for generations, and all members receive benefits, and essentially, this is all they know." This comment rings very true and is perforated with the idea that such clients have experienced and witnessed generational survival and security.

Ebony's comment speaks to the immediate ramifications clients may experience at the cost of losing their benefits. The vocational rehabilitation system views integration into society and employment as an opportunity for inclusion, economic development, and independence. At the same time, the client from an impoverished way of living sees the reality of letting their family down for not paying the bills, affording groceries, or being taken out of the home and not being able to care for grandma or the kids. Realistically speaking, clients from low SES neighborhoods, which most counselors described as Black and Brown clients, do not fit the standardized American ideal. Ethnocentric in classifying superiority from inferiority by race, and physical abilities, people of color with a disability cannot effectively integrate nor be independent in a society that places barriers on them; thus, maintaining disparities in employment, housing, and more.

The feelings of being bound to broader institutional systems, both federal and state, likely resonate with many racially diverse clients. Such feelings speak to the institutional racism that emphasizes policies and laws that are not inclusive. It also validates the generational trauma and

experiences that people of color carry. The Black counselors in this study spoke on personal generational triggers and those of clients, which extends to how they understand and connect with clients. For many, the government has no face. Instead, the government is an association of a lived experience that impacted their lives, their race, and their cultural history. Even though vocational rehabilitation is known to make a difference in the lives of persons with disabilities, it seems they have forgotten or do not acknowledge the history of racially diverse clients. For some racially diverse clients, success stories and potential for success are not enough, particularly with emphasis on integration. For these clients, the stories of success do not outweigh the stories and vivid memories passed down for generations that contribute to their identity and attitude.

## Training Counts, but it Does Not Add Up

The final theme, *Training Counts, but it Does Not Add Up*, speaks to the readily access of multicultural training but its limited application toward employment for a successful case closure. Each participant recalled learning about content and information through their program that focused on multiculturalism. However, the amount of information or delivery style of the information varied. Cecelia and Katherine believe content was interwoven between different classes in their master's programs, and content mostly made references and connections to working with different races. Other participants recalled attending at least one class dedicated to exploring multiculturalism and considerations with working with racially diverse clients. None of the participants could recall or attribute the course content as making an impact on their work with racially diverse clients. None of the participants felt the content explored in their master's programs significantly assisted or made a difference in serving racially diverse clients. Both Katherine and Cecelia noted that the time span of more than 10 years since they graduated could be a factor in why they could not recall information from that long ago.

The discussion about information received through their master's program did not only speak to limitations in the availability of information but instead highlighted the inadequacy of practical information to apply to the field. Nevertheless, most participants also spoke about the limited options or lack of training until recently. Many of the Black counselor participants noted that the recent influx of available training is likely a result of the heightened racial climate for Black Lives Matter. This social justice movement calls for political and ideological intervention toward the systemic oppression in Black lives (Garza, 2014), which gained national attention in 2020. Ebony expressed a strong opinion regarding recent training. She stated:

I hope it's not like a trend, right, to do this diversity training, because after some of the events that happened. George Floyd, Breonna Taylor, the Black Lives Matter stuff. It's like I'm getting an overkill of trainings for diversity. It seemed like after that happened and the riots happened, there was trainings left and right, left and right. What is diversity? What is inclusion? Stuff that I felt that you should have already learned.

I empathize with the harsh truth of Ebony's comment. While acknowledgment of the limited options of training is necessary, adult service providers should have already had an awareness and understanding of the basics of diversity and inclusion. As a standard for CORE and CACREP accreditation, rehabilitation counselors and agencies have a moral and ethical obligation to understand and provide diverse and inclusive services. Such sentiments speak to the low precedence relevant and vital topics have had in service delivery training. Furthermore, it emphasizes the unconscious awareness or efforts directed to address social systems that exist and hinder effectively working with racially diverse clients.

Mya shared that as a new counselor, she always felt there was a need for opportunities to learn about racially diverse clients. She expressed, "The U.S. is a melting pot that is ever

growing, and we should be keeping up with new information." Mya's statement speaks to the large diversity in the United States and the need for rehabilitation counselors to stay informed and updated with race. She places an onus on her employer toward the commitment to ensure counselors are learning and developing on such topics. George expressed that his employer as a whole offers training, but they are not specific to his agency, meaning content does not apply directly to his population that also has a disability. Lakendra expressed similar sentiments about the content not transferring to her line of work or the specific population she covers. She highlighted a recent training on implicit bias and pointed out that there were some gains but feels the training was a missed opportunity to explore further intrinsically. She feels the training was limited on exploring intersections with persons with disabilities and those from other minoritized backgrounds, including lower socioeconomic. She stated:

The question that I posed after I took the training and a few people in the agency posed too does not address implicit by individuals with disabilities, as though they said, "Oh, we'll get around to that." And again, I talk about the intersectionality, and you can't just look at the intersectionality of an individual and not include the disability status. So, while there are some gains being made and while our local agency bureau is doing things to provide culturally diverse training for individuals with disabilities, looking at servicing the LGBTQIA community and looking at how we serve those that are living in a lower socioeconomic status, it's still missed because that's a training. But if we're not applying and we're not utilizing it…

The sensible thoughts of Lakendra underlined several critical points. She was pleased that training was offered yet acknowledged the missed opportunity to educate and advance the consciousness on the intersection of other minoritized groups. She shared a harsh feeling that her

employer skipped past these oppressed groups with the thought of getting to them later. When in actuality, there is no later for the groups that are continuously overlooked and provided disparate services. Additionally, while acknowledging the existence and opportunity of training, she questioned its value by pointing out that if the content is not being applied, it essentially does not exist.

Participants also pointed out that all available training is voluntary, and counselors are not required to attend. Ebony shared that if and when she attends a training, she makes it a point to pay attention to who attends. She stated:

I attended all of them because, I'm just going to be honest, I was being nosy. I wanted to know who was attending and what were they talking about because some counselors and they live in some of those sketchy areas. And I wanted to make sure they were there. I work with some people that live in rural areas. And I've had a couple of counselors tell me personally "I don't know how to work with Black people. I don't feel comfortable working with Black people." And I want to really make sure they were listening to, and they were attending.

Ebony makes a captive argument that trainings are not reaching the counselors that could benefit the most. Failing to make diversity training mandatory, VR agencies show the insignificance they hold in the standards for counselors and services.

Jonathan pointed out that most information received through training is technical instead of functional. He expressed, "We don't specifically get the technical assistance like we do with job development or supported employment or some of the other VR specific services." Jonathan stressed the difference in support and guidance received with regard to the type of training. He compared job development and supported employment, which focuses more on obtaining

employment and gaining a closure. In contrast, multiculturalism training encourages reflexivity on racial identity and seeks to reduce racial and equity differences by increasing competency and awareness, consequently, promoting and encouraging stronger counselor-client relationships among racially diverse clients. Essentially, Jonathan highlights the difference in training style with preparing counselors but reveals a lack of incentive for attending, meaning the information or experience does not aid in case closure and therefore is not a practical use of time for a vocational rehabilitation counselor concerning evaluative standards.

All the participants expressed value in having available training to better serve racially diverse clients. Moreover, those that were certified rehabilitation counselors (CRC) acknowledged the requirement to meet and maintain their certification. Nevertheless, the participants felt the training did not adequately satisfy a need or issue about serving racially diverse clients. This speaks to counselors viewing training as a task and not development to better serve clients. Additionally, participants believed that the training simply met a requirement and did not address underlying issues, including implicit biases or individualized experiences. Moreover, it emphasizes the perception that training alone cannot address the disparity and limited successful case closure for racially diverse clients.

Mya further stressed that training did not allow for vulnerability or humility with regard to race or other vulnerable populations. She stressed her feelings as such, "Don't let it be a checkbox that you mark off. And you want to meet this like we did our racial lists. Let it be sincere, honest, and heartfelt and be vulnerable and share what you don't know and share what you want to learn." Additionally, she spoke about the need to recreate experiences that allow counselors to connect and understand better. She recalled an experience she connected with that continues to impact her today. She stated:

I think one of the things that I remember just was we were all asked to stand, and then they were asking questions like take a step back if you've ever been discriminated against in housing and how you would take a step back if you've ever been followed around the store. So, it was interesting to see that my colleagues of color ended up in the back of the room. My colleagues who were not of color were in the front of the room because they didn't experience a lot of like racial discrimination. So that was one of the interesting things that I did take away from that. You know, it was very eye-opening. And, of course, it was something that I knew, but it really gave a visual representation of these are how what we've what people of color typically face every day just trying to live. So, you know, and hopefully, that resonated for, you know, the individuals who were in the front of the room like, wow.

Mya speaks on the importance of value for counselors to have authentic experiences through training. She emphasized the importance of allowing counselors to understand the experiences and reality of clients they are serving. Her detailed illustration represents the value of empathy that does exist within a system that unconsciously sets the same timeline on clients without recognizing subconsciously where their client is in the "room."

Katherine referenced a similar desire to have training she could connect more with: "I really appreciate those trainings when you really leave there, taking more away than what you know. That's an influence that it's like I get it, and here's how I can implement this into what I'm doing." Mya and Katherine speak of training that allows authenticity to grow and learn. They reference the distinction between valued training, highlighting the importance of learning information that can translate to the field. A distinct difference between Mya and Katherine is that Mya, a Black woman, connected with an illustration that reminded her of the struggle for

clients and her own struggle. In contrast, Katherine, a White woman, desired to connect and understand outside of her reality.

There was also consensus among the participants feeling that they independently seek out information regarding multiculturalism more than has been offered by their employer. Those that initiated multicultural information did so by webinars, listservs, or joining specific groups and clubs. Mya spoke about a diversity group that has since disintegrated that would explore and conduct outreach with different racial groups. She stated she now finds similar information through Facebook or her own Google searches. Cecelia shared that she has been seeking information on her personal time as her obligations do not allow time during work. She has been reading books that were donated from a local college. In her studies, she expressed that she is learning and challenging herself to work through misguidance and misconceptions. Her intentionality speaks to the work of trying to dispel the conscious and unconscious biases that she has held about racially diverse groups. Moreover, this draws attention to the many years she operated personally and professionally with false narratives and attitudes toward people of color.

While the ownership for seeking learning opportunities is noteworthy, a more prominent issue exists. The long-standing issue of disparate service delivery and outcomes has impacted people of color for generations and divided the value and effectiveness of successful rehabilitation training. Even more, the inconsequential action for and lack of culturally competent trained rehabilitation counselors dismisses the implicit biases that influence the attitudes and work of vocational rehabilitation counselors when working with racially diverse clients. The field of vocational rehabilitation counseling has a moral and ethical responsibility to ignite a change by addressing implicit biases, increasing knowledge on serving clients of color, and preparing for the evolving population to better serve racially diverse clients. Even more

crucial, federal and state governments must take responsibility for the disparity in the services and experiences racially diverse clients receive. Policies, procedures, and processes as they are now create obstacles in the pursuit of seeking rehabilitation services. I do not minimize the capability for counselors to process and interpret on their own accords, but the impact is greater when structural elements are addressed. Vocational rehabilitation must focus on structural transformation as a whole to address the hidden forces that limit transformation. While multiculturalism training is not the sole solution, it calls attention to the implicit biases, stereotypical narratives, and collective decisions that have propelled institutional racism and limited counselors from rehabilitating clients of color.

### **Summary**

The vocational rehabilitation counselors that participated in this study spoke openly about their experiences in serving racially diverse clients. Although some were uncomfortable, all were transparent and spoke candidly on their insecurities, growth, and development towards race. The counselors described their lived and professional experiences associated with race. Through the discussion and association of different neighborhoods, the counselors shared different viewpoints on serving clients of color. It is interesting to note the personal experiences of counselors of color and the difference in how they see their role from their White peers.

Critical race theory was used to examine and analyze the perspectives of rehabilitation counselors that participated in my study. All codes were interpreted critically regarding race and the complexities of the experiences and attitudes of vocational rehabilitation counselors. The intent was not to scrutinize the perspectives or the role of the counselors but instead to understand counselors' experiences as they relate to serving racially diverse clients. Based on analysis, stories of discrimination and unconscious biases toward racially diverse clients were

present. Consistent with the literature, such stories gave insight into how the experiences of racially diverse clients are different and less likely to be successful.

This chapter presented findings in the form of relevant themes that emerged from the data. The themes were supported with quotes and experiences discussed from the participant interviews. It was also important for me to add my personal experiences and connect them to the themes. As a Black woman conducting the analysis, I tapped into my own suppressed stories and experiences. Additionally, I made several connections and insights toward the development of my personal viewpoints based on the untold stories from the participants. Chapter V presents a discussion and the connection to literature based on my findings.

#### CHAPTER V

#### DISCUSSION

The purpose of this basic qualitative interpretive study was to explore the experiences of vocational rehabilitation counselors serving racially diverse clients. Additionally, I sought to understand how vocational rehabilitation counselors are trained and educated to work with racially diverse clients. The vocational rehabilitation counselors that participated in this study spoke authentically about their experiences in serving racially diverse clients. Although some were uncomfortable, they were transparent and spoke candidly about their insecurities, growth, and development regarding race. Three research questions guided this study:

- 1. What are the experiences of vocational rehabilitation counselors (VRC) in serving racially diverse questions?
- 2. How do VRCs translate what they learn through multicultural trainings in their practice?
- 3. How do implicit biases emerge when VRCs work with racially minoritized clients?

A combined lens of critical race theory and critical disability theory was used to examine and analyze the perspectives of rehabilitation counselors that participated in my study. The intent was not to scrutinize the attitudes or the role of the counselors but to critically understand their views and experiences for awareness and field development. The combination of both theories was essential to understand the overlapping oppressive factors of race and disability. Five themes emerged after interviewing the participants: *My Life's Work; Our Hands are Tied; Power, Permission, and Privilege; The American Mask;* and *Training Counts, but It Doesn't Add Up.* 

This chapter discusses the findings presented in Chapter IV and connects them to the existing literature. To begin, I present and analyze significant results in connection to my

research questions. The findings are presented based on participant responses. This is followed by relating the emergent themes to the existing literature.

## **Summary of Findings**

This research study yielded significant results that aligned with existing literature and revealed gaps in the research. One of the main and unexpected findings of this study is the major distinction between the experiences of Black and White counselors regarding working with clients and themselves as a counselor. In particular, this study revealed a difference in experience regarding power and privilege in serving clients and working as a rehabilitation counselor. Additionally, the vocational rehabilitation counselors in this study serve and view racially diverse clients as people who are a part of a low-incidence group that is devalued and disempowered.

## **Experiences of Vocational Rehabilitation Counselors in Serving Racially Diverse Clients**

The White counselors in this study indicated limited trust and a disconnection with their racially diverse clients. All counselor participants explained the importance of building rapport to work with racially diverse clients effectively. They discussed how the lack of trust between the client and counselor impacts the process of working with racially diverse clients effectively. For example, Katherine expressed a difference between working with racially diverse clients versus White clients, specifically Black clients. She believed that racially diverse clients are not always forthcoming with information, making it challenging to serve them or approve them for services. She specifically spoke on a recent encounter with a Black client and connected the two by saying:

I do think it's harder sometimes to get that information because of stigma. Maybe they don't want to tell you or admit to themselves that there's an issue that might be a stigma

for them. That isn't necessarily a stigma in other populations like whether she's got anxiety or depression, or schizophrenia. But yes, I do notice that there is a difference in what's available to people and what they tell you. And so sometimes I find things out after the fact because people didn't share it, share it with me. So, I try proactively to do something about that.

Katherine's perspective reflects with the findings of Goffman (2018), who suggests individuals who are typically stigmatized attempt to mitigate the negative impacts of stigma by managing the information they convey about themselves. Katherine's example speaks to a Black client who is aware of racial and disability stigmas and attempts to deflect their needs and diagnosis out of fear of being further stigmatized. Moreover, it highlights the client's need to establish trust before disclosing their whole identity. While this allows the client time to gain trust for the counselor, it imposes a disadvantage on their rehabilitation process and, in some cases, limits their eligibility.

While Katherine may feel racially diverse, mainly Black clients, censor information to avoid being judged, her experience may also indicate her unconscious attitude toward her initial perceptions when working with these clients. Rosenthal (2004) pointed out that counselors who perceive clients based on a stereotype are more likely to activate the stereotypes. He suggested that once a counselor formulates negative attitudes or a hypothesis toward a client, they seek and pay more attention to information that confirms their bias and are less attentive to information that contradicts this notion. The likelihood of Katherine and other White rehabilitation counselors typecasting Black clients is high. This exemplifies the treatment racially diverse clients experience and supports the notion of disparities in acceptance, quality of service, and lack of successful case closures continue to exist for such clients (Anderson & Smart, 2010;

Capella, 2002). Counselor biases hinder the assessment process and usually ignite within the first 30 seconds of engaging a client (Sandifer et al., 1970; Rosenthal, 2004).

Jonathan described similar experiences by highlighting that non-White clients tend to hold back to disprove stereotypes about them. He also stressed that clients of color typically feel negatively about him due to his representation of the government. He also suggested that their perception of him as a White man, lack of trust, and stereotypes associated with the need for governmental services, all play a limiting role in developing rapport. Based on this information, Jonathan believes that racially diverse clients often associate VR with other human service programs that have discriminated against them, which causes a greater disconnect between understanding VR services and relationship dynamics. Jonathan is referring to governmental programs that were essentially created to work against people of color instead of in conjunction with them (White, 2006). Such programs include social security, housing programs, child welfare and more, which all impacted and inflicted a separation of wealth, familial bonds and housing to people of color (White, 2006; Hanks et al., 2018). The realism behind such programs is that they were structurally created to divide races from Whites, and they make it challenging for people of color to trust other governmental programs.

Black counselors within the study described rapport building as more attainable and natural with racially diverse clients. All the Black counselors felt that they had a better relationship and understanding with the racially diverse clients than with their White clients. They highlighted a common factor of separating from the system and demonstrating compassion to fully understand the client's needs. Lakendra summed up the experiences of Black counselors very well while describing a natural connection. She stated, "Human nature and organically, I'm going to be drawn to someone who looks like me, and I'm going to feel that they can serve me

because they understand my needs and they've been there before." Lakendra framed the natural connection that similar race and background present an implicit connection and mitigates factors for mistrust and reluctance in the client-counselor relationship. A natural connection, better described as an interpersonal connection, is often influenced by race and increasing engagement. This means when racially diverse clients work with a counselor of the same race, they are more likely to believe the counselor has their best interest in mind and are more inclined to disclose their disability without the fear of it being used against them (Whitfield et al., 2010).

Lakendra highlighted the view from the client experience and demonstrated an organic connection because of shared representation. Monique shared a similar view from the counselors' lens. She stressed that as a counselor of color, she prefers and desires to work with same-race clients. She expressed: "I prefer to work with African Americans because sometimes I feel like, you know, our community, we don't get a lot, there's not a lot of...they have had a lot of stigma and a lot of agencies that don't help like they possibly should." Stressing the many factors that often affect the process and outcome for clients of color, Monique emphasized making a difference and understanding clients she connects with racially. She underscored a vital point that racially diverse counselors understand the stigmas and limitations within their race. Hence, they want to use their platform to show and lead clients to a different outlook.

Atkins and Wright (1980) conducted one of the first studies that found a difference in service delivery among counselor characteristics and biographical variables. They suggested that the White clients in the study were more favored while receiving services, indicating that clients of color were not receiving comparable services to the White clients. My dissertation study further supports this finding, but it also highlights issues of racial similarity and preference. Black counselors preferred to work with racially diverse clients because of similarities in

characteristics and a shared history of discrimination. The Rehabilitation Cultural Diversity Initiative (RCDI), attempting to address the disparity among clients of color, predicted that counselors from the same cultural background as their clients would be more sensitive, provide adequate services, and achieve better outcomes (Bellini, 2003). While this study supports their key assumption, it also emphasizes that cultural pairing has not been achieved and questions the amount of effort directed toward this initiative. Furthermore, it emphasizes the need to train all counselors in regard to working with people from backgrounds that differ from their own. The field continues to evidence a disparity among culturally competent counselor-client matches, which leaves room to question the extent to which this practice is being implemented in the West region territories.

Based on the findings of this study, the participants' experiences in serving racially diverse clients made it clear that there is a notable difference in the connections between clients and counselors from the same racial or cultural background. White counselors captured the dilemma of disconnecting and not immediately gaining the client's trust when they had different racial, ethnic, or socioeconomic backgrounds. This created limitations and time delays in rehabilitation. However, the experiences of Black counselors were tantamount when serving White clients. Black counselors expressed that White clients were less likely to trust or desire to connect with them. Such experiences made the Black counselors more inclined to empower and empathize with racially diverse clients to better support and assist the client. Lakendra summed this as separate from the system and counseling with compassion. She described the importance of stepping away from the medical model and focusing on compassionate care. Mya, who shared similar views, stated:

I think a lot of it comes from the realization that people will apply for services and say they want one thing when they want or need another. So, you have to be flexible and you have to meet people where they are. So, just because you're not successful in employment today, I may have set you up with an independent living skill that you need to practice and work on for the next 6 months and build your confidence because you can and will be successful in the future. So, not a successful closure today does not mean a non-successful closure in the future. So, it's really about meeting people where they are. You know, sometimes employment sounds good until we meet with our VR counselor and we talk, and we have those conversations, and we may realize, okay, I'm in the level of therapy to address this. I need a level of training because while I thought I was competent, I'm really afraid to cross that main street that I need to get across that, you know, find employment. But I was only walking around my community, so I thought I was good, you know? So, meeting people where they are is huge to me.

The difference in experiences and stories provided by the White and Black counselors illustrated the connection that Brené Brown (2013) defines as, "the energy that exists between people when they feel seen, heard, and valued: when they can give and receive without judgment; and when they derive sustenance and strength from the relationship," (p. 39). The counselors' experiences point to the oppressive conditions society places on people of color, and the systemic limitations that make it challenging to connect with these clients. Black counselors understood the disconnection and discomfort from their racially diverse clients since they had also experienced it.

The experiences of vocational rehabilitation counselors serving racially diverse clients highlighted in this study yielded the lopsided truths and disparities regarding race between

clients and counselors. White counselors within this study stressed that racially diverse clients, primarily Black clients, struggle with trusting their counselor. Additionally, Black counselors emphasized the lack of trust White clients have for Black counselors. This notion underlines the importance of trust and connection and confirms unconscious biases placed on racially diverse clients.

Essentially, the difficulties concerning trust and connection between racially diverse clients maintains discriminatory policies, laws, and structures in the vocational rehabilitation process. The lack of trust in the client-counselor dynamic gives power and justifies the discriminatory treatment and systemic inequities that racially diverse clients experience in vocational rehabilitation. In the same way, it undermines the initial need, mental triggers, and associations racially diverse clients might encounter in the initial process of meeting their counselor. Moreover, it reinforces political and structural biases that keep clients of color oppressed. Consequently, it creates a gap to view the intersection of race in the initial assessment and process, making it challenging for racially diverse clients to receive or benefit from such services.

### VRCs Translate What They Learn Through Multicultural Training into Practice

One of the top changes to the code of professional ethics for rehabilitation counselors (Commission on Rehabilitation Counselor Certification, 2010) was the requirement for cultural competence and diversity (Cartwright & Fleming, 2010). This was a direct response and effort to address the gap between the services for racially diverse clients and the influx of such clients. Since all counselor participants in this study were bound to the CRCC code of ethics in being either certified or eligible, the second research question sought to examine what they have learned and how it translates to the field.

In line with the code of ethics, each participant expressed access to multicultural training. Furthermore, most participants indicated that there had been increased attention recently when compared to previous years. Based on the responses and experiences of counselors, they did not believe any of the information translated to the field. Jonathan felt that the information was not technical enough. He said, "We don't specifically get the technical assistance like we do with job development or supported employment or some of the other VR specific services." In other words, there is no support for applying what they learned in practice. This quote speaks of the difference in content and applicability of training content when focused on service delivery for disability instead of multiculturalism. It also emphasizes that content was not critical or applicable enough to work differently with racially diverse clients.

Some counselors spoke about experiences that allowed them to expand their perspectives on multiculturalism. However, this experience was viewed differently among White and Black counselors. Mya, a Black counselor, shared a visual exercise she participated in during a training that left her realizing the disparity and significant gap between Whites and people of color. Conversely, Cecelia, a White counselor, recalled an awakening she experienced in training that left her feeling sympathy for clients of color. This distinct difference highlights the privilege White counselors possess and the reality that Black counselors are more seemingly to relate to disparities than White counselors.

Participants acknowledged the availability and access to multicultural training but shared a lack of value in attending multicultural training. Responses suggested that training is not required and has not impacted the ability to better serve racially diverse clients receiving VR services. Lakendra made a valid point regarding the disregard for intersectionality. She highlighted the challenges and limitations this creates for her ability to translate to her direct

population. She stated, "I talk about the intersectionality, and you can't just look at the intersectionality of an individual and not include the disability status." Negating the overlapping factors compounded with disability during training makes it ineffective when translating or apply to the population VR serves.

Additionally, participants highlighted that training does not allow for vulnerability and counselors cannot openly share what they do not know. This brings to light the inability of counselors to be authentic during training for effective learning and translation. There is a meaningful difference and value for education when information applies to areas people do not know or understand. Based on the participants' experiences in this study, multicultural training is available and accessible but is not impactful. This means information is available but not applicable. This is equivalent to diversity and inclusion. Initiatives have made information available to understand the potential of having a diverse caseload but have not made information applicable to provide comprehensive, inclusive services.

The more significant issue with counselors not translating multicultural training into practice speaks to the neglect of the field to make best practices and competencies a priority. Additionally, it highlights the inability to translate and consider the intersectional forms that racially diverse clients with disabilities experience. Frankly put, multicultural training has not placed enough emphasis on the overlapping forms of oppression that clients of color experience (Liasidou, 2014). This also negatively impacts and influences the process and outcome of achieving gainful employment (Mwachofi et al., 2009). Moreover, it speaks to the cognizance that White privilege and the dominant culture are maintained throughout the functions of counselors and systems for policies and procedures within the institution (LeBlanc et al., 2008). This raises a red flag on the lack of urgency and resistance to change within the field to address

and alleviate the disparity in serving racially diverse clients, despite the research that calls for action.

## Implicit Biases Emerge When VRCs Work With Racially Minoritized Clients

Implicit biases speak to the thoughts, feelings, and beliefs that counselors are unaware of or do not give conscious knowledge and awareness. All participants in this study demonstrated and exhibited implicit biases when responding to visual stimuli.

As mentioned in Chapter III, this study relied on visual stimuli, where participants were shown photographs (Appendix C) of racially and culturally diverse neighborhoods to elicit responses from the participants. Each picture illustrated a different neighborhood, including urban, suburban, mobile home park, and Spanish and Asian American districts of various cities. During this portion of the interview, participants became very engaged and recounted stories and experiences associated with the photos. The counselors went beyond the here and now, and aspects or symbols within the images triggered deep, specific thoughts. Most shared thoughts that were outside of their consciousness until they realized what they had said. Participants often made comments like "I feel bad," "This is revealing all my biases," "I shouldn't say this but...," and more. Such comments exposed their discomfort and revealed biases and assumptions implicitly projected on different racial groups and socioeconomic classes of people.

According to Havekes et al. (2016), racial residential segregation is high among Black and Brown communities. This means most people segregate or associate specific races with certain neighborhoods. For example, most people and, more specifically, White people, view Black and Brown neighborhoods as less safe, less desirable, with fewer amenities, and higher in poverty (Quick & Kahlenberg, 2019). Based on the images used in this study, the participants assumed specific racial groups lived in particular neighborhoods. They expressly noted issues of

safety and poverty for Black and Hispanic neighborhoods. In three of the six images, words and symbols hinted at the possible racial group through business signage written in native languages associated with specific races. However, words or symbols were not included for another three images but only the presentation of homes and a neighborhood. For these photos, participants used specific indicators to make associations about race.

For example, all participants identified Image X as a neighborhood associated with the Black population. Nevertheless, there was discomfort before assigning the race. Participants paused and, in some instances, attempted to rationalize how the photo could represent multiple races. After probing and being asked to associate the image based on the territory associated with their client coverage area, all participants expressed that it was likely a Black neighborhood. They specifically pointed out indicators of abandoned and rundown homes. Lakendra, a Black counselor pointed out a person walking in the image. While she could not identify the race of this person, she pointed out the commonality of people walking as their means of transportation in Black neighborhoods. The notion of pausing and hesitating before associating a race brought attention that the participants became aware of unconscious bias related to the neighborhood. George, a White counselor first tried to label it a "minority" neighborhood and expressed that he feels terrible for identifying it as a Black neighborhood. He clarified by stating:

I found it is very dangerous to assume so, so I don't. I don't like to say, OK, because of rundown homes, it's to be African American. I mean, I don't know, I just know on the east side of where I have some homes that look like that, they're primarily African American.

While George was humble behind making the assumption, he revealed an attitude and behavior that likely shows up in his counseling relationship while working with Black clients, demonstrating guilt while acknowledging that Blacks are less valued and pitied.

Participants revealed additional biases around working with Black clients and Hispanic clients. From the images, every participant spoke about the safety and danger of going into the neighborhood. Interestingly, Monique, a Black counselor made the distinction of chairs being on the porch of the neighborhood she identified as White. She commented that it is safer and more common to sit on the porch in a White neighborhood instead of a Black neighborhood.

Additionally, participants referenced the lack of motivation among the Black and Hispanic clients, family debt, and low value for career-level jobs. Jonathan, a White counselor expressed that clients of color often have preset jobs they desire based on their limited exposure within their neighborhood. He further stated:

You know my clients of color. Depending on, obviously, my client's skills and abilities, there are more of the office environment jobs or administration. But I think that there's a difference between do I think that I could or would ever be hired in this role because even when I could see nobody in administration looked like me? I'm not saying me, but I'm saying that's what the client would say. So. Right. What's the point? They're going to do whatever they're going to do anyway? So, why would I want to try and get into an administration because they're the ones in power. They're the ones making the decision.

Mya, a Black counselor shared a similar perspective in that such clients struggle to see a future for success and lack hope. She stated:

I think one of the things that I've experienced most often is it is so heartbreaking is that clients don't see a future out of the, you know, the four blocks that consist of their

neighborhoods. Sometimes when you go into communities like that, they don't know. They can feel so like this is my life. This is my future, and I need to settle into this or, you know, they don't see a way out. So, I think that's a lot of, you know, in my experience, when people live in that type of housing, which is a huge generalization for me to make, but in my experience, that's what you see, they just seem a little bit hopeless. And they don't realize that sometimes it's life outside of those four blocks right on the other side of town. And sometimes, that's a literal statement.

The comments presented by both Jonathan and Mya illustrate the conscious reality that Black and Brown clients are oppressed and embody an attitude of oppression. Moreover, they bring attention to and validate the findings of Smith and Alston (2010) and Zanskas et al. (2011). Their research found that the diversity of needs and experiences of minority clients call for flexibility in career counseling and job placement approaches. Smith and Alston (2010) suggest the INCOME model, which emphasizes helping minority clients imagine and gain information on occupations beyond their awareness. A framework that allows clients to expand their thinking around the possibilities of their life, understand their strengths and limitations, and gain knowledge on options that align with them (Kosciulek, 2004). While my study supports this finding and the need for flexible career counseling, it also raises the question of whether the implicit biases of rehabilitation counselors translate by not considering or being conscious of factors that narrow racially diverse clients' awareness outside of their experience. Such findings support the need to expose and inform clients about occupations and resources outside of their environment or cultural experience instead of focusing on their perceived perspectives as barriers.

Katherine, a White counselor exposed how her unconscious bias and connection to Black clients translated into practice. She shared:

And so, over the years, I've only done a few where they're just not eligible. Okay, but I had noticed, and nobody pointed this out to me. So, yes, I did this, and it's bad, but I at least noticed it and tried to rectify it. The only ineligibility that I had done were, like, well, 75 percent of them were Black people. So, I thought to myself, is this a bias I have, or don't I think they need my help, or am I trying not to serve them, or are they not telling me everything I need to know?

While she became aware of the pattern of all her ineligible cases, she unconsciously revealed and showcased the projected assumptions of such clients, impeding them from moving forward in the rehabilitation process. All participants talked of an instance or a situation that impacts racially diverse clients and Black clients from moving forward. Therefore, rehabilitation counselors translate such information into the process by closing their cases ineligible or unsuccessful.

Additionally, participants highlighted the microaggressions associated with racial characteristics, explicitly commenting on hair. Participants highlighted the grave difference between Black people's hair from that of White people. Ebony stressed the issue as a hindrance to service. Elaborating on the point, she discussed an encounter she witnessed with another counselor in her office. The other counselor expressed they did not understand dreads and instead referred to them as "twiggs," and a detriment to obtaining employment. Furthermore, Ebony shared that the counselor informed the client that they would need to cut their dreads to gain employment. This story speaks to the penalization of Black experiences due to their hair. The experience is seen as a violation in an academic and work setting, conveying that culture

cannot be represented in such environments. Furthermore, it supports the claim of social constructs that create narratives based on social expression (Slay & Smith, 2011). This instance demonstrated a disconnect due to the counselor's inherent biases and the expectation for clients to align with White Americanized standards.

The potential of implicit biases translating to the field demonstrates the double jeopardy experienced by racially diverse clients while navigating the VR system. Vocational rehabilitation services and counselors have focused on dismantling disability, not racial injustices. The counselor's perspectives from this study give rise to their compassion and purpose for addressing and advocating on behalf of disabilities, not social justice. Therefore, the overlapping factors from race and disability are not accounted and continue to keep clients of color with a disability disempowered. The VR system and as VRCs in this study phrased it "their calling" keeps them from identifying and addressing the biases associated to race. Addressing the value of disability but negating the intersection of race places more limitations on clients of color.

# Relationship of Major Insights in Relation to Existing Studies

The participants' perspectives revealed limitations in connecting with the identity of clients and the ability to address barriers among racially diverse clients. Participants discussed the complexities that clients of color often present, limiting the counselors' ability to rehabilitate the client successfully. Highlighting the focus of vocational rehabilitation services, most counselors discussed the inability to address barriers due to system restraints. Moreover, participants shared that system restrictions create roadblocks and hinder clients from progressing in the rehabilitation process. One counselor discussed the challenge of not being able to move forward with clients that have barriers impacting them from obtaining employment. The counselor stated, "It's almost a matter of I want to help him get his basic necessities in place first

before we could start working on getting him a job." Many counselors shared similar sentiments and frustrations as they are limited in addressing the necessities.

Waldmann and Blackwell (2010) pointed out the ethical obligation for counselors to advocate for clients' needs. They suggested that advocating for clients empowers them to identify and request services specific to their needs. The Rehabilitation Act also places standards and ethical obligations on counselors to advocate for clients' particular needs. However, the findings from this study align with previous research that demonstrates clients of color are not as supported or advocated for compared to White clients (Rahimi et al., 2003; Rosenthal, 2004). Findings also indicate that White counselors are not always able to readily identify or understand needs and therefore struggle or fail to advocate appropriately. While counselors suggest a difference in the needs and barriers associated with clients of color, particularly from Black and Hispanic neighborhoods, there is still the moral commitment to advocate.

This highlights the broad and overlooked issue that cultural and individual barriers can impact the counseling process (Boston et al., 2015). Many of the participants discussed how the background and familial attitude of disability could impact the view and process of working with a client (Boston et al., 2015). When presented with photo images, participants identified certain pictures as representing Black or Hispanic neighborhoods and pointed to barriers of access and resources. This illustrates that counselors perceive such clients to have limitations and need "creative rehabilitation." Many counselors hinted at the task of advocating differently for such clients. For example, one counselor discussed the purchase of bikes for transportation or generalizing employment searches to ensure they are on the bus route. At the same time, participants reminded me that they are limited with creativity, as the system only allows for limited flexibility. By the sentiments of previous research, these findings support the reality that

clients of color require more VR services and resources to attain successful closure (Wheaton et al., 1997; Wilson et al., 2002).

Based on participants' perspectives in this study, clients of color receive quite the opposite. Rather than increasing the quality of services, the cases of clients of color are closed as ineligible or non-successful, as their barriers are too significant to rehabilitate. Although seemingly logical such findings warrant advocacy, the system prevents counselors from addressing the deep-rooted challenges and barriers associated with the background and race of clients.

## **Power and Privilege**

The roles of power and privilege had critical implications within the findings of this study. The experiences and associations described by the participants validated the words of W.E.B. Dubois (1889), who stated that despite the accomplishments or progress of Black Americans, they are always seen as the problem. He studied what he coined "Negro problems" (Dubois, 1889, p. 5) through his research. He described Black Americans using the term double-consciousness, which means having two identities; that is, Black Americans having to be both Black and American. Black Americans have to persist in a society that oppresses and devalues them as equals. This society encourages equality and inclusion but expects Black people to align themselves for the approval through the eyes and standards of a White-dominated world. There was a clear distinction between experiences of power, permission, and privilege between Black and White participants and the clients of color they worked with.

Ebony, alongside other Black participants, shared thoughts that aligned with the concept of a dual consciousness. Participants highlighted the double edge to power. As accomplished vocational counselors holding positional power, they described how they had to gain "approval"

from White clients and, in some instances, were denied that approval. Participants described experiences of clients declining service, not allowing them inside their home, and blaming their inability to progress on working with a Black counselor. For example, Monique spoke about White clients and their parents that chose not to pursue services or meet at their home once they discovered their counselor was Black. She specifically recalled a White client that associated his challenge to obtain employment to her race and competence instead of his disability-related barriers. Based on the two-fold experiences with power, all Black vocational counselors who participated in this study spoke on the need to code-switch in the workplace with colleagues and in the field with clients.

The presence of code-switching was an unforeseen finding. Yet, this was a powerful finding and closely associated with what (Dubois, 1903) describes as double consciousness. Every Black participant spoke on an instance where they had to adjust their identity to gain approval from a White client or colleague. They highlighted strategies to adapt their presentation for better outcomes and perceived professionalism (McCluney et al., 2021). More specifically, participants described this as disproving narratives or discriminatory assumptions associated with their identity. Lakendra described tactics to disprove stereotypes, whereas Mya explained it allows her to gain acceptance. Ebony and Monique explained that it helps to alleviate doubt and incompetence among clients. Ebony further implied that it is needed for promotion and to be considered professional.

Ebony further explained that there is an expectation for Black counselors to code-switch to gain promotion and access in the office and the field. She described Eurocentric standards in the workplace, including hair and dress, that impacted her treatment and progress for clients. She stated:

And not talked down upon if you don't understand dreads, if you don't understand the braids, or I even throw piercings in there and tattoos because a lot of people have those and are very professional. So, as voc rehab counselors, we need to make sure that we're not like just discriminating against people with tattoos and dreads and braids.

Describing the versatility of Black hair and physical attributes, she illustrated how such characteristics have limited people of color. She shared that she wore pink bangs to work during a breast cancer awareness month but was ridiculed for being unprofessional. The irony of her experience, after transferring to a new office, she was replaced with a White woman who wore purple hair. Ebony captured the double standards that exist for Black professionals and the realism of being devalued for their minds and body, illustrating how society imposed expectations limit the expression of Black attributes and characteristics, causing Black individuals to switch their identity to gain access and approval.

The act of code-switching among Black vocational counselors further emphasizes that VRCs of color cannot present themselves authentically and emphasizes that White cultural norms and standards dominate the underlying culture of the field (Crenshaw, 1991). Participants spoke keenly on the notion of code-switching to disprove stereotypes and for promotion based on the ability to adapt their presentation to fit "professional" standards. Professionalism is often the association of respect, particularly in the workplace. It is usually evaluated based on dialect, physical appearance or dress, and mannerisms, all of which derive from historical values and norms of White standards (Gray, 2019; Okun & Jones, 2001). The pressure to assimilate to such standards could impact their commitment to their role and limit their creativity (Cha & Roberts, 2019; McCluney et al., 2021). Moreover, they unconsciously project similar norms and standards

on racially diverse clients and perpetuate a cycle to suppress authentic cultural identity in order to fit in and advance.

Social narratives and stereotypes were also apparent during the elicitation of information using photos during the interview. When participants were shown images of different racial and cultural backgrounds, all the participants described clients from such backgrounds based on societal narratives. Regardless of each participant's race, the congruence of racial descriptions among all counselors emphasizes the dominant culture's strong social and political constructs. Moreover, it speaks to the psychological internalizations promulgated by mass media and social networks that shape perceptions and cultural beliefs around minoritized groups (Harsford, 2016).

These internalizations were evident when all counselors in the study described Native

Americans as clients with substance abuse issues. This description displayed unconscious biases
that stem from stereotypical expectations (Hasford, 2016). Participants also shared similar
descriptions of clients from lower SES neighborhoods, which they believe would be typically
Black or Hispanic clients. Participants described these clients as hard to connect with, having
limited resources and work skills, and dedicated or indebted to family or, as Ebony described,
"generational poverty." She explained this to imply that most Black clients come from a history
of poverty with little expectations or goals to leave their neighborhood. The narratives captured
during the interview shed light on the overlearned stories that Harsford (2016) described as a
method to reproduce oppression. Similar to the narratives participants described in this study
around work skills and barriers, Harsford (2016) suggested that narratives are portrayals of racial
characterization. In other words, the historical myths associated with people of color give rise to
roles, behaviors, and attitudes that emphasize institutionalized racism and stereotypes in the
workplace. This brings attention to the social control and oppressive attitudes derived from

narratives, which the counselors of this study unconsciously used to devalue racial and cultural groups.

Jonathan and George acknowledged the separation of power that exists between races and, at the same time, recognized their privileges. They were the only males in the study, both White men, and they demonstrated a strong autonomy in their desire to break disparities by practicing individual transformations. Jonathan expressed that diversifying services and client demographics have always been an area of interest. He shared:

When I was getting my vocational rehabilitation counseling degree, when I was going through the program, you know, as a field and practice the race, the demographics of vocational rehabilitation counselors are usually White women. And you know that one of the biggest parts about what I've seen is that is the way to change some of the outcomes for vocational rehabilitation services is to assist with diversifying the demographics of vocational rehabilitation.

Jonathan spoke about his efforts to work effectively with clients of color toward a successful outcome. He discussed the importance and value of allowing clients to trust him and the significance of helping clients discover their strengths and capabilities. Jonathan's approach demonstrates his moral commitment as a counselor and individual toward addressing racial disparities and lend transformations within the vocational rehabilitation system.

George echoed similar sentiments concerning working with clients of color and the essential values to serve effectively. Notably, he also mentioned his commitment to addressing implicit biases within his agency. He discussed his observations of the assumptions imposed on his regional office and the differential treatment experienced by his clients of color. He highlighted the hidden discrimination he has spoken out against, based explicitly on names and

territory. Making a critical point, George referenced one of the top types of discrimination against people of color in the labor market, an individual's name, which sometimes reveals their race, primarily African Americans and Asians, and lends to racial employment and economic disparities (Kang et al., 2016).

### **Long-Standing Issue**

The outcry for social justice is not a new topic in research on vocational rehabilitation services. The Rehabilitation Service Administration (RSA) has made several attempts to address the injustices and gaps in experiences associated with racially diverse clients. Despite the efforts to revise the law and update mandates (Commission on Rehabilitation Counselor Certification, 2010; 2017), redefining rehabilitation agencies, and appropriating funding for rehabilitation counselors (Chan et al., 2004; LeBlanc et al., 2008), little to no progress has been made in better serving racially diverse clients (Balcazar et al., 2012; LeBlanc et al., 2008; Mwachofi et al., 2009). Through studying the experiences of VRCs that serve racially diverse clients, this study exposed some of the complex realities of the history of racially diverse clients. An unexpected finding demonstrated that the persistent hard history impacts racially diverse clients and counselors. This study found that people of color are triggered and bound to a history that America diminishes.

While policies have been revised, they fail to align with the needs of racially diverse clients. Instead, new approaches have created unintended barriers and challenges for racially diverse clients. Middleton et al. (2000) and Zanskas (2011) called attention to the standards and interventions that have not effectively supported or translated to racially diverse clients. Findings explain that standards and interventions cannot consider the long-standing suffering of barriers that have kept Black and Brown clients oppressed for generations. Such barriers have made it

extremely difficult, if not impossible, to navigate and persist through Americanized systems.

This difficulty was also experienced by the counselors who try to work with these clients.

Lakendra pointed out the set standards of VR that project an agenda with constraints on clients. She stated, "And while our agenda is, we have to move them again that day that time frame, we have to move them through the system. You have some people that have some serious issues." Her quote highlights issues that do not allow a client to continue progressing. She gave an example of an African American woman due for eligibility verification but who lost her kids the same day and had to "reprioritize." Due to the system, her case was closed, but she was offered resources that could potentially assist with some of her issues and the reminder that she can always sign back up for services. The irony associated with signing back up for services is that counselors would still not have the adequate services or experience to understand or help her successfully navigate VR and manage her generational issues.

Much has been written about the attitudes and acceptance of disability from the racial and cultural perspective (Barnes, 2012; Boston et al., 2015; Groomes et al., 2011). Boston et al. (2015) affirmed that cultural influences play a significant role in attitudes toward having a disability. Findings from my study, based on the perspectives of the counselors, indicated that clients viewed disability culturally, and as a result, their rehabilitation process and services were affected. Moreover, findings disclosed that rehabilitation counselors were not prepared or able to service clients based on their attitudinal needs. Subsequently, highlighting the inequalities associated with disability can be dismissed based on social and cultural attitudes, whereas the inequalities of race based on the natural makeup of a person cannot be socially dislodged.

The findings from the Boston et al. (2015) study further acknowledge that rehabilitation counselors understand that clients of color perceive their race and generational beliefs more as a

hindrance than their actual disability. This study also finds that rehabilitation standards project the expectations of clients of color to assimilate to White American norms instead of advocating and helping to alleviate barriers. Cynically, suggesting that with access to services, clients of color should pull themselves up by the "bootstrap" and work harder.

### **Implications for Practice**

Evaluation and assessment of a client is a vital step and among one of the first in the rehabilitation process. The essential purpose of an initial assessment is to objectively determine a client's employability, assess opportunities for a client to return to work, and identify their transferrable skills concerning education, experience, and functional abilities (Michigan Rehabilitation Services, 2005, 2014). Findings from this study based on the experiences of counselors suggest the need to reconsider assessment guidelines and the role that cultural elements play in assessing racially diverse clients. This is a key issue not only for vocational counseling but also for other fields that have client intakes or assessments. How are clients assessed and from whose perspective? How are cultural elements taken into consideration? Rehabilitation counselors from this study indicated that racially diverse clients had limited transferrable skills and barriers too severe for the rehabilitation process to alleviate. As a result, counselors assessed clients as ineligible or too severe to benefit from services, despite their barriers being systemic and associated with their race and cultural background. Any comprehensive assessment should include racial and cultural considerations and be conscious of the preconceived obstacles based on the counselor's attitudes and judgments.

Vocational rehabilitation policies and procedures reflect the idea that people with disabilities are devalued and stereotyped in society (Daughtry et al., 2009). For example, policies and procedures have focused on restoring clients physically and mentally to successfully obtain

employment and integrate into society. Guidelines also allow for services and training to enhance employability options and obtain gainful employment (Code of Federal Regulations, 2002; 2014). On the other hand, policies do not consider clients who are disempowered in society due to historical racial narratives. Participants in this study acknowledged that clients of color struggle to trust the process and their counselor. This study also found a distinct difference between Black and White clients and counselors regarding power despite education or skills. The lack of trust from clients and distinction in power due to polices and systemic barriers persist in multiple fields beyond VRC. This is a highly noted issue within health fields, among public authorities, and in education systems (Kaczmarek & Romaniuk, 2020). Hence, implications for this study can be applied to other fields through a thorough examination and amendment of policies to account for systemic barriers that impact clients.

An additional implication for practice is the need for evidence-based practices and to effectively train all VRCs to serve racially diverse clients effectively. A direct focus for training and competencies should be on awareness, knowledge, and skills to train all VRCs to effectively serve the overlapping factors from racially diverse clients. Additionally, practices should encompass social and cultural humility. The Commission on Rehabilitation Counselor Certification's 2010 Code of Professional Ethics for Rehabilitation Counselors has set standards for knowledge and competencies in multiculturalism. For these reasons, more scholarships and Rehabilitation Service Administration funding should be directed towards cultural training and recruitment for racially diverse rehabilitation counselors.

Although, the implication for more evidence-based practices and focus on training competencies is specific to vocational rehabilitation, it does align and can speak to broader implications for similar fields. Research highlights the many limitations to diversity and equity

trainings and the inability to change workplace culture and current practices (Dobbin & Kalev, 2016; Nathoo, 2021). While multiple fields have attempted to make cultural competence a standard, they have negated several important factors that this study has highlighted. For example, many trainings have focused on short-term solutions and reduced competencies to a checkbox (Nathoo, 2021). There has also been little consideration for the lived experiences and the historical triggers this may affect racially diverse employees. Fields such as healthcare, education, social work, and industry should consider a curriculum that is inclusive of knowledge and application. Additionally, these fields should be conscious of long-term implementation and meaningful practices that are considerate of different experiences and interpretations.

Along with evidence-based practices in the workplace, I recommend implementing an evidence-based curriculum in education settings. I would specifically highlight the need for such curriculum in higher education and programs that translate information directly to the field. All participants in this study spoke on the limited ability to translate information from their master's program to the field. They expressed that content was not directly applied or taught as a set curriculum but instead interwoven in the curriculum between multiple classes. While all courses should be inclusive, curriculum specialists must ensure content is not just an addition or revising of current courses but responsive and inclusive of removing dominant voices and narratives. This allows students to understand racial perspectives through a different lens. Students must understand the socialization and political perspectives for constructing and classifying not only race but also class, disability, gender, and so on. An inclusive curriculum that highlights and differentiates between the attitudes and reality of "power, permission, and privilege" cultivates and prepares students for the accurate field that is made up of historical disadvantages and different lived experiences. Curriculum for trainings offered in non-educational settings, such as

professional development opportunities would also benefit from a review of how applicable and inclusive the material is. Again, this suggestion applies to multiple fields that work with clients from diverse backgrounds.

Another implication is to create and direct efforts toward recruiting and hiring racially representative counselors. I suggest creating a nationwide board made up of VRCs that are representative in race. This board should be tasked with identifying racial gaps in state and federal agencies, making suggestions and enforcement of training, and ensuring recruitment and scholarship for more racially diverse counselors. I suggest partnerships and scholarships with Historically Black Colleges and Universities (HBCU), and racial and equity groups on college campuses for more vigorous recruitment efforts. Section 21 of the Amendments of 1992 prompted action to better prepare counselors to serve diverse clients and hire racial minority vocational rehabilitation counselors.

#### **Recommendations for Future Research**

The first recommendation for future research is to study the differences in experiences between White vocational rehabilitation counselors and counselors of color. Considering that many studies have explored and discovered a difference between racially diverse and White clients, little research exists on the comparisons of counselors. This study explored the experience of counselors of various races with a focus on their experience in working with diverse clients. Findings proved there was a difference in experience based on race. This study also revealed a difference in relation to biases between Black and White counselors. This suggests that vocational counselors from other racial and ethnic backgrounds might have similar experiences and challenges. More research is needed in this area to better understand how this

influences the field of vocational rehabilitation counseling and how experiences play out for VRCs from different racial and ethnic backgrounds.

The second recommendation is to conduct more qualitative research on the current rehabilitation process that impacts clients from a racial standpoint. While quantitative research is helpful, it does not articulate participants' hidden thoughts and experiences or illustrate how individuals experience these biases in practice. Findings from this study suggest that the multiple layers of barriers racially diverse clients have, along with the system's constraints, place limitations on navigating the rehabilitation process. Results also reveal the challenge of building trust due to a connection with governmental services. The current process does not address racial needs and barriers, accounting for the heightened unsuccessful closures.

Finally, the last recommendation is to assess and evaluate the current training centered on multiculturalism, and along with that, the applicability of the curriculum and follow-up to aid counselors with translating training into practice. I also recommend studying evidence-based practices in other related fields that have proven success when working with racially diverse clients.

#### Limitations

This study yielded important findings and strengths for the field and literature.

Nevertheless, like all research, there were limitations to the study. One limitation of this study was that participants were not fully representative of all racially diverse clients. While this study did not aim to target counselors of a particular race, the participants identified as either Black or White. Therefore, this study is limited by not including the perspectives of other counselors identifying with other races. Another limitation is the likelihood that some counselors did not share everything about their experiences. At several points, participants paused and corrected

their thoughts. Additionally, while the images helped participants recall beyond the here and now, they likely could not remember all encounters.

#### **Reflection Thoughts**

"A man does not look behind the door unless he himself has stood behind that door"

-W. E. B. DuBois

The task of conducting this research was not an easy feat. In the beginning, I struggled to embrace the challenge of writing on this topic. As a vocational counselor that strongly believes in the process and supports the value of vocational rehabilitation counseling, assessing it critically was petrifying. I feared my colleagues would not understand the significance or, worse, fail to receive the hard facts from a critical lens. However, as a Black woman that has experienced some of the hardships and feelings of discrimination and being stereotyped both internally and externally, I had to take the charge to speak up for this long-standing issue.

I believe in the process of vocational counseling. Equally, I also believe that the field has resisted change and has not directed efforts to address the gap and disparities among racially diverse clients effectively. Accordingly, this research is within my destined purpose and has brought me great pride to conduct. I am honored to continue the conversation and am optimistic that this research will ignite the change to impact the role and work of rehabilitation counselors working with racially diverse clients.

I am immensely grateful to the vocational counselors that took part in this study. I realize race is a taboo conversation and the climate of the world today likely made it even more challenging to discuss. The participants were highly humble and transparent in their experiences and stories. I must admit that some of their stories and experiences were tough to hear and process. Many of the stores resonated with me and caused me to relive and address my own

experiences with the hard, complex history that impacts my identity. It was exhausting and excruciating to listen to the difficult history that I have had to rise above, and in some ways, suppress to thrive in specific settings. Moreover, I found my authentic voice in completing this accomplishment and conducting this research. I developed the Black woman who once suppressed her cultural voice in the effort to attain success and appear professional. In finding that person, I found confidence in the will to tell this story and advocate for racially diverse clients that can benefit from services if given racially and culturally appropriate services that align with their needs. I have gained the ability to speak out candidly, to share this story and experience from the lens of vocational counselors, and to prompt action from the field to not only diversify caseloads but to include and provide inclusive services to clients that are dually oppressed.

#### Conclusion

"Not everything that is faced can be changed; but nothing can be changed until it is faced"

—James Baldwin

This basic interpretative qualitative study captured the perspective and experiences of rehabilitation counselors that serve racially diverse clients. Using critical race theory and critical disability theory as an interpretive framework, findings from this study suggest there is a difference in serving racially diverse clients. Moreover, this study highlights that clients of color with a disability are devalued and disempowered. As a result, unconscious biases and judgments are projected on clients during the assessment and service delivery. Additionally, inadequate services hinder racially diverse clients from addressing or alleviating barriers associated with their race, even though they are a hindrance to employment.

Based on the findings of this study, racially diverse clients that reside in poverty have more racial barriers that impact the rehabilitation process. Research contends that Blacks and Hispanics are more likely to reside in poverty (Delman, 2019). Concurrently, within the past 25 years, these populations have consistently increased, with greater projections for increased populations by 2030 (Groomes et al., 2011). With changing demographics of the population coupled with an increase in people with disabilities, more individuals from Black and Hispanic backgrounds will continue to seek rehabilitation services (Boston et al., 2015; Groomes et al., 2011). Accordingly, it is imperative to better prepare rehabilitation counselors and serve racially diverse clients. This study, therefore, recommends the provision of evidence-based practice with training and services to address racial and cultural barriers. Additionally, the profession should make greater efforts to recruit more racially diverse clients and direct practice and strategies to address implicit biases in the assessment and training areas when serving racially diverse clients.

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Appendix A

Recruitment Email

#### Dear Vocational Rehabilitation Counselor:

My name is Cherrelle Singleton, and I am a fellow vocational rehabilitation counselor. A few years ago, I decided to pursue my Ph.D. at Western Michigan University and currently, I am working on my dissertation. I am interested in the experiences and perspectives of vocational counselors. Therefore, I am writing to let you know more about my research and the opportunity to participate in this research study.

The purpose of my study is to understand your experiences as a vocational rehabilitation counselor when serving racially culturally diverse clients. I am also interested in understanding your training and education as it relates to this population. This study is not intended to scrutinize the vocational rehabilitation counseling field or you as a counselor. Instead, I hope to bring attention to the consciousness of rehabilitation counselors and raise awareness on the impact cultural differences have on services and successful closure.

I also want to add, that despite the recent mainstream attention on cultural diversity, this topic was already my choice. During my studies, I realized there is large disparity among successful closures for clients of color that receive vocational rehabilitation services. Many have studied this notion from the client's perspective but very few have explored the perspective of the counselor. Your participation in this study can add to the existing research and contribute to the understanding of working with clients that are dually oppressed.

I am looking for counselors in Michigan, Illinois, Indiana, and Ohio that have worked in the field for at least two years or more. In addition to this, the counselor must have graduated from a vocational rehabilitation master's degree program. If you are interested or would like additional information, please contact me via phone at (616) 307-3594 or email at Cherrelle.j.alexander@wmich.edu.

I realize times are uncertain and your time is valuable, for this all contact will take place virtually. We will meet for one individual interview that can last up to 120 minutes, with the option and consideration that a second interview might be needed. As an appreciation for your time and participation, a gift card will be provided.

Appendix B

Flyer

# Vocational Rehabilitation Counselors Needed

- Do you serve racially diverse clients?
- Did you graduate from a vocational rehabilitation counseling master's program?
- Are you a VRC in Michigan, Illinois, Indiana, or Ohio with minimum of two years of experience?

YOUR PARTICIPATION IS NEEDED FOR A RESEARCH STUDY: TO EXPLORE THE EXPERIENCES AND PERSPECTIVES OF SERVING RACIALLY CULTURALLY DIVERSE CLIENTS.

Study involves two, 60 minute virtually recorded interviews.

Participation is confidential and your name will not be associated to the study.

For more information, please contact:

Cherrelle Singleton- Ph.D. Candidate

**Western Michigan University** 

Cherrelle.j.alexander@wmich.edu

(616) 307-3594

Study supervised by: Dr. Regina Garza Mitchell

Regina.garzamitchell@wmich.edu

Appendix C

Interview Protocol

#### **Background Questions:**

- Can you tell me about your role and path to becoming a vocational rehabilitation counselor?
   (probing questions: how long have you worked at the agency? Where did you earn your degree?)
- 2. Tell me a little about yourself and how this influenced your decision to become a vocational counselor. (probing questions: How did you choose this career? How does this field align with your personality)?
- 3. What has been your experience with education and preparation to work with racially culturally diverse clients? (Probing questions: How did your courses prepare you for diverse clients? Can you describe any trainings you've attended on working with racially culturally diverse clients? Can you talk about the type of trainings your job offers on racially and culturally diverse clients?

#### Part 2: Questions related to photos

- 1. What type of client are you likely to serve in this neighborhood?
- 2. What steps would you or have you used to prepare to meet with a client from this neighborhood?
- 3. Can you recall any experiences of challenges or successes when serving a client from a similar neighborhood? (Probing questions: Have you successfully closed with employment? How did this impact the counseling relationship? Do you notice any differences when serving diverse clients versus White clients?)
- 4. What other thoughts come to mind based on this photo of this neighborhood?
- 5. Are they any other thoughts or experiences you would like to share with me that we did not discuss?













### Appendix D

Informed Consent and HSIRB Approval

#### Western Michigan University Educational Leadership, Research, Technology

**Principal Investigator:** Dr. Regina Garza Mitchell

**Student Investigator:** Cherrelle Singleton

**Title of Study:** Examining the perspectives of vocational rehabilitation counselors

that serve culturally racially diverse clients

You are invited to participate in this research project titled "Examining the perspectives of vocational rehabilitation counselors that serve racially diverse clients."

STUDY SUMMARY: This consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in this study. Participation in this study is completely voluntary. The purpose of the research is to: is to explore the experiences of vocational rehabilitation counselors serving racially diverse clients and to understand how vocational rehabilitation counselors are trained and educated to work with racially diverse clients. This study will serve as Cherrelle Singleton's dissertation, research project) for the requirements of the Doctor of Philosophy. If you take part in the research, you will be asked to participate in one virtual interview to discuss your experiences as a vocational rehabilitation counselor and preparation and training in serving racially diverse clients. Your time in the study will take up to 120 minutes. There are no known risks to your participation in this study, though you may experience discomfort in discussing race and culture. Potential benefits of taking part may be adding to the body of knowledge on serving racially diverse clients from the counselor's perspective and awareness to reexamine policies and procedures in individual agencies. Your alternative to taking part in the research study is not to take part in it.

The following information in this consent form will provide more detail about the research study. Please ask any questions if you need more clarification and to assist you in deciding if you wish to participate in the research study. You are not giving up any of your legal rights by agreeing to take part in this research or by signing this consent form. After all of your questions have been answered and the consent document reviewed, if you decide to participate in this study, you will be asked to sign this consent form.

#### What are we trying to find out in this study?

Our goal is to explore the experiences of vocational rehabilitation counselors serving racially diverse clients and to understand how vocational rehabilitation counselors are trained and educated to work with racially diverse clients.

#### Who can participate in this study?

You may participate in this study if you are a vocational rehabilitation counselor that works in Michigan, Illinois, Indiana, or Ohio with two years' experience and graduated from a master's degree counseling program accredited by Council on Rehabilitation Education (CORE) and/or Council for Accredidation of Counseling Related Educational Programs; and if you serve clients who belong to a racially minoritized group.

#### Where will this study take place?

Interviews will be conducted using an online video platform.

#### What is the time commitment for participating in this study?

Participating in this study will require one interview that will last up to 120 minutes. If additional information is needed, participants may be asked to participate in a second interview with follow-up questions.

#### What will you be asked to do if you choose to participate in this study?

If you choose to participate in this study, you will be asked to participate in 1 interview.

#### What are the risks of participating in this study and how will these risks be minimized?

There are no known risks associated to participating in this study. All information is confidential, and you can withdraw at any time.

#### What are the benefits of participating in this study?

The potential benefits from participating in this study involve adding to the body of knowledge on serving racially diverse clients from the counselor's perspective. There are no direct benefits to participants.

#### Are there any costs associated with participating in this study?

There are no costs associated with participating in this study.

#### Is there any compensation for participating in this study?

As a thank you for your participation in this study, upon completion you will receive a \$25 virtual gift card to Amazon or Target.

#### Who will have access to the information collected during this study?

Only the study investigators will have access to the information collected during this study. Participants will be assigned pseudonyms, and any identifying information will be removed or hidden prior to sharing the results. The findings from this study will be part of Cherrelle Singleton's dissertation and might be presented at a conference or published in educational journals and newspapers.

# What will happen to my information or biospecimens collected for this research project after the study is over?

After information that could identify you has been removed, de-identified information collected for this research may be used by or distributed to investigators for other research without obtaining additional informed consent from you.

#### What if you want to stop participating in this study?

You can choose to stop participating in the study at any time for any reason. You will not suffer any prejudice or penalty by your decision to stop your participation. You will experience NO consequences either academically or personally if you choose to withdraw from this study. The investigator can also decide to stop your participation in the study without your consent.

Should you have any questions prior to or during the study, you can contact Dr. Regina Garza Mitchell at 269-387-3540 or regina.garzamitchell@wmich.edu or Cherrelle Singleton at 616-307-3594 or <a href="mailto:Cherrelle.j.alexander@wmich.edu">Cherrelle.j.alexander@wmich.edu</a>. You may also contact the Chair, Institutional Review Board at 269-387-8293 or the Vice President for Research at 269-387-8298 if questions arise during the course of the study.

This consent document has been approved for use for one year by the Western Michigan University Institutional Review Board (WMU IRB) as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate in this study if the stamped date is older than one year.	
I have read this informed consent document. The agree to take part in this study.	ne risks and benefits have been explained to me. I
Please Print Your Name	
Participant's signature	Date

## WESTERN MICHIGAN UNIVERSITY





Date: April 11, 2021

To: Regina Garza Mitchell, Principal Investigator

Cherrelle Singleton, Student Investigator for dissertation

From: Amy Naugle, Ph.D., Chair

Re: IRB Project Number 21-03-22

This letter will serve as confirmation that your research project titled "Exploring the Perspectives of Vocational Rehabilitation Counselors that Serve Racially Diverse Clients" has been **approved** under the **expedited** category of review by the Western Michigan University Institutional Review Board (IRB). The conditions and duration of this approval are specified in the policies of Western Michigan University. You may now begin to implement the research as described in the application.

Mmy Naugle

Please note: This research may **only** be conducted exactly in the form it was approved. You must seek specific board approval for any changes to this project (e.g., *add an investigator, increase number of subjects beyond the number stated in your application, etc.*). Failure to obtain approval for changes will result in a protocol deviation.

In addition, if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the IRB for consultation.

The Board wishes you success in the pursuit of your research goals.

A status report is required on or prior to (no more than 30 days) April 10, 2022 and each year thereafter until closing of the study.

When this study closes, submit the required Final Report found at <a href="https://wmich.edu/research/forms">https://wmich.edu/research/forms</a>.

Note: All research data must be kept in a secure location on the WMU campus for at least three (3) years after the study closes.

251 W. Walwood Hall, Kalamazoo, MI 49008-5456 PHONE: (269) 387-8293, FAX: (269) 387-8276