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2018

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Impacts of Experiencing Social Injustice on Infusing of Social Justice in Rehabilitation Counselor Education Curriculum

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Purpose: To examine the extent to which rehabilitation counselor educators understand and are committed to infusing social justice in their curricula, and impacts of personal and social injustice experience along with demographic factors on their infusion of social justice into the rehabilitation curricula.

Methods: A quantitative descriptive design using multiple regression was applied. The participants included 101 rehabilitation counselor educators who completed an online survey: Social Justice and Rehabilitation Counseling Questionnaire.

Results: The study revealed that the majority of participants deemed integrating of social justice as important and used various infusion strategies. In addition, the study found the impacts of social injustice experiences, along with age, significant in predicting the perception of infusing social justice into rehabilitation curricula.

Conclusions: Personal experiences of social injustice of rehabilitation counselor educators along with age influenced the level of perception of importance of infusing social justice into the rehabilitation curricula. The field should focus on training on the awareness and impact of social justice for faculty to ensure students receive the education needed to effectively counsel the rehabilitation consumers.

The field of counseling has evolved due to systemic changes, legislative mandates, and client needs. The accrediting bodies and professional associations, such as the American Counseling Association (ACA), have taken the charge to address these changes in professional standards by infusing social justice components to meet the needs of clients by training students to have the knowledge and skills to work within a social justice framework. For example, the 2007 accreditation standards as set forth by the Commission on Rehabilitation Education (CORE) have social justice principles by which rehabilitation counseling programs must adhere to for accreditation (Council on Rehabilitation Education, 2007). The merging of CORE and the Council for Accreditation of Counseling and Related Programs (CACREP) has new standards specifically

geared towards rehabilitation counseling. In 2016, CACREP put forth a new set of standards pertaining to rehabilitation counseling, entitled, *Clinical Rehabilitation Counseling*. The 2016 Clinical Rehabilitation Counseling accreditation standards (e.g., 5.D.2.s, 5.D.2.t, 5.D.3.c, 5.D.3.e, etc.) also have social concepts that rehabilitation programs must meet for accreditation purposes. Under the 2016 CACREP standards, rehabilitation counselor edu-

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cators must develop curricula that address social justice concepts, which serves to promote social justice in the society through confronting oppressive systems of power and privilege that affect professional clients and to assist in the positive change in our society.

Little has been done to examine the infusion of social justice into the rehabilitation counselor training curricula. Literature pertaining to social justice in the rehabilitation counseling curricula has typically focused on the challenges of infusing social justice in the curricula and identifying a unified definition for social justice. For example, Dong, Ethridge, Rodgers-Bonaccorsy, and Oire (2015) examined the extent to which rehabilitation counselor educators understand and are committed to infusing social justice in the rehabilitation counseling curricula. According to Dong et al.'s (2015) study, rehabilitation counselor educators are open to social justice concepts and infusing them in the curricula; however, there has not been a consideration for why rehabilitation counselor educators choose to infuse social justice within the curricula, other than for the purpose of accreditation. Despite various instruments having been developed to assess the efficacy and attitudes of social justice proponents (Fietzer & Ponterro, 2015), the instruments do not address items pertaining to curriculum development or instructional methods, nor do they examine the participants' experiences of social injustice and its impacts on integrating social justice into the curriculum. There is paucity in the rehabilitation counseling literature pertaining to rehabilitation counselor educators' social injustice experiences and how these experiences influence curriculum development and pedagogy. A critical examination of one's own social experiences of privilege and oppression, as well as their impact, is considered integral to the development of critical consciousness, which involves a reflective awareness of the differences in power and privilege and the inequalities that are embedded in social relationships and the fostering of a reorientation of perspectives towards a commitment to social justice (Kumagai & Lypson, 2009). On the other hand, experiential avoidance (i.e., efforts to alter the frequency or form of unwanted private events, including thoughts, memories, emotions, and bodily sensations, even when doing so causes harm) (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996) is contradictory to the development of critical

consciousness and awareness (Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Hayes, Pistorello, & Levin, 2012). A rehabilitation educator who has a better awareness of his/her personal social injustice experience will tend to understand himself/herself better on personal and professional levels. The enhanced understanding may assist them to integrate social justice into the rehabilitation education and training, which in turn will prepare counselors-in-training to be fully prepared to combat social injustice for themselves and their future clients through taking initiatives and advocacy. High frequencies of perceived discrimination and lag in access and quality of care exist among clients from various marginalized cultural groups due to a deficit in effective social justice and multicultural training (Corrigan et al., 2003; McGuire & Miranda, 2008; Pernell-Arnold, Finley, Sands, Bourjolly, & Stanhope, 2012). The research calls on counselor educators to constantly reflect on their past experiences and commit to critical self-awareness. Thus, the purpose of this article is to examine the extent to which rehabilitation counselor educators understand and are committed to infusing social justice in their curricula, and the impacts of social injustice experience and demographic factors on their perception of infusion of social justice into the curricula.

THE SOCIAL INJUSTICE EXPERIENCES OF REHABILITATION COUNSELOR EDUCATORS

The literature review pertaining to the personal experiences of social injustices of rehabilitation counselor educators is quite limited. A thorough research review in Academic Search Complete, PsychINFO, and ProQuest Central using search terms, such as counselor education and social justice, rehabilitation and counseling, and social justice yielded very few articles in this research area. Therefore, the literature search has extended to other disciplines in social science and education. Overall, research in this area has focused primarily through reflective articles focusing on the educator's experience of learning about social justice (Waite, Nelson, & Guarjardo, 2007) and educators' experiences of social injustice (e.g., Hassouneh, 2006; Moule, 2005; Ringo, 2008). For example, Moule (2005) completed a personal analysis of her experiences with social justice. The teacher education program in which she serves as a faculty

member encompassed a social justice vision but did not provide instructional support for academicians in the program on how to infuse the concept within their pedagogy. Because the department did not have a working framework for incorporating social justice in the curriculum, the researcher wanted to examine why infusing social justice in the classroom had an impact on her. The researcher used a qualitative approach to understand her lived experiences. Her personal analysis of the social justice experience helped to bring out the department's vision of social justice. Hassouneh (2006) infused social justice in the classroom as a result of directly experiencing racism and sexism. The author challenged her students' way of thinking as she lectured and developed assignments that focus on social justice issues. Like the previous two authors, Ringo (2008) taught from a social justice perspective of her personal experience of social injustice: both indirectly and directly. Her indirect experience involved her spouse being racially profiled of committing a crime he did not commit. The direct experience the author indicated was locating a new place of residence with her spouse. The author and her husband were informed of housing availability via a phone conversation but was informed that there were no options available upon arriving to view these options. This occurrence was not an isolated incidence as the author noted that this experience occurred on several occasions. As a result of both experiences, Ringo (2008) began to discuss and incorporate social justice concepts in her instructional methods and assignments as a means to bring awareness to students. Other authors have also used their personal experiences of social injustice to inform their students' learning. For example, Waite et al. (2007) provided personal accounts of their experiences with social injustice. These personal accounts from the authors extend from having directly experienced a social injustice act to experiencing a social injustice act indirectly. The authors have used their personal experiences as frameworks in training educators and administrators. Ginwright and Cammarota (2015) used a different approach when infusing social justice concepts in their classrooms. The authors challenged students to think about their own personal experiences of social injustice to inform their research. For example, the researchers asked students to identify a situation relating to their own gender and sexuality they believed to be unfair and how these experiences

have shaped both their lives and the lives of others. Students provided situations, such as gender and sexuality, poverty, and health care affordability. To enhance students' knowledge and understanding of social justice, the authors also provided students with vignettes of situations by which a social injustice act occurred to better inform student's research. What can be deduced from the reviewed literature is that pedagogy and curricula development can be shaped by academicians' personal experiences of social injustice. However, no study has specifically examined the impact of social injustice experiences and demographic factors on infusing social justice into the rehabilitation curriculum through a quantitative approach.

This study examined the following three questions. (a) What are rehabilitation counselor educators' perceptions towards integrating social justice in the curricula? (b) To what extent are social justice components integrated into rehabilitation counseling curricula? (c) What are the impacts of personal experiences of social injustice on perception of infusing social justice in the rehabilitation curricula for rehabilitation counselor educators while controlling their demographics such as age, gender, race or ethnicity, academic title, and years of teaching.

METHOD

Participants

The participants of this study were recruited through the NCRE listserv, which includes 1,207 subscribers. Out of the 1,207 subscribers, 101 rehabilitation counselor educators completed the online survey, yielding a response rate of 8.3%. Among the participants, 37.6% of participants were male, and 62.4% of participants were female. In terms of race/ethnicity, 57% of participants were White, 24% African American, 3% Asian American, 7% Hispanic, and 7% multiracial. Participants in this study reported various age groups they belonged to: individuals 25–30 years consisted of 6.9%, 31–40 years 30.7%, 41–50 years 19.8%, 51–60 years 25.7%, and more than 60 years 16.8%.

Approximately 74% of the 101 respondents reported that they were full time faculty (9% were full professors, 20% associate professors, 29% assistant professors, and 16% were instructors), with 26%

indicating a status of emeritus professors or teaching assistants. The participants taught at various levels at their institutions: 43.6% taught at the bachelor level, 80.2% master level, and 21.8% doctoral level, while 44.5% reported teaching at multiple levels. Among the participants, 86 (85.1%) were from CORE-accredited programs, while 24 (23.8%) and 10 (9.9%) were from CACREP-accredited and nonaccredited programs, respectively. Participants also reported different lengths of time teaching at their current institutions. A majority (65%) of participants had less than 4 years of teaching experience, 13% had 5–9 years of teaching experience, 8% had 10–14 years of teaching experience, and 14% had 15 years or more teaching experiences. The participants were from various parts of the United States. Approximately 36% participants were from the South (West South Central, East South Central, South Atlantic), 32.7% Midwest, 13.9% West (Pacific, Mountain), and 10.9% Northwest (Middle Atlantic, New England). The remaining participants (6.9%) were from outside of the United States.

Procedure

The study was approved by the National Council on Rehabilitation Education (NCRE) Research Committee and the Institutional Review Board at one of the author's institution. After approval from both entities, an online survey was sent to the NCRE Administrative Office, which distributed the survey to its members through NCRE listserv on behalf of the authors.

After opening the online survey, participants read the cover letter that includes the title and purpose of the study, research activities, and risks and benefits of participating in the study. The informed consent was implied by participants' reading the cover letter and completing the questionnaire. Completion of the questionnaire was anonymous and voluntary. Additional recruitment efforts were conducted by the NCRE Administrative Office (on behalf of the authors) through sending three reminder emails to ask listserv subscribers to complete the survey if they had not responded to the email invitations to this study.

Instrumentation

To examine the impact of rehabilitation counselor educators' experiences of social injustice on their infu-

sion of social justice into their rehabilitation curricula, and extent to which they are committed to integrating social justice tenets into their curricula, the participants were asked to complete an online questionnaire. The questionnaire included both demographic and curriculum questions. Most of the questionnaire questions remained the same as those in "Social Justice and Rehabilitation Counseling Questionnaire" in the study of Dong et al. (2015). The current study included items related to social injustice experiences participants either personally experienced or witnessed (neither witnessed or experienced, witnessed only, experienced only, and both witnessed and experienced), and perceptions of impacts of social injustice on respondents measured on a 5-point Likert scale: *not at all impacted* (1) to *very strongly impacted* (5).

Data Analyses

This study examined the impact of experiencing or witnessing social injustice on infusion of social justice in the rehabilitation course curriculum among rehabilitation counselor educators through regression analysis. To further identify the impact, we controlled for the demographic variables including age, race, gender, years in teachings, and academic title. We gathered preliminary data regarding the perceptions and practices of rehabilitation counselor educators in infusing social justice into their curricula. Analysis of variance was conducted to detect any differences in terms of participants' perceptions of infusing social justice into the curricula among participants with different demographic characteristics such as age, gender, academic positions, and years of teaching.

RESULTS

Research 1: What Are Rehabilitation Counselor Educators' Perceptions Towards Integrating Social Justice in the Curricula?

The participants were provided a list of social justice competencies and asked to identify which competencies they believed that rehabilitation counselor educators should possess. The list included the following competency items: exploration of consumer's worldview, analysis of systemic issues affecting consumers, understanding of political advocacy, ability

to facilitate social change, identification of sources of injustice to determine the impact on consumers, strategies to address injustice, analysis of access of equal services, ability to advocate at the individual level, and ability to advocate at the system level. The social justice competency items were endorsed by participants ranging from 66.3% to 81.2%. The analysis of systemic issues affecting consumers and ability to advocate at the individual level were endorsed highest (81.2%), while understanding of political advocacy was endorsed lowest (66.3%).

The participants were asked to rate the conceptual disability frameworks they used in their teaching. The conceptual models provided to the participants included: medical model, functional model, biopsychosocial model, environmental model, social model, social political model, multicultural model, and social justice model. Participants indicated a range of primary conceptual frameworks of disability used in their programs. Fifty percent of the participants reported using the biopsychosocial model, followed by 34% using the social model, with 31% using the multicultural model, and 27.8% and 17.6% using the social justice model and social political model, respectively. In addition, 12.4% of respondents reported using environmental and medical models in their programs.

A majority of participants believed infusion of social justice as very important or important (80%). In addition, we compared and contrasted the perceptions of importance of infusing social justice by age, race, academic position, years of teaching, and region where the participant's institution was located. There was a significant difference in terms of age: $F(4, 94) = 2.927, p < .05$. Participants who were less than 40 years old and those between 51 and 60 were found significantly higher in terms of integrating social justice into the curricula than individuals who were above 60 years of age. Years of teaching, though not found significant in general, contained certain subgroups that were different. For example, individuals who had less than 10 years of teaching experience reported a higher level of perception of infusing social justice than individuals who had 15 years or more teaching experiences. No significant difference was found for race, gender, academic position, and region where the participant's institution was located. Sixteen participants believed the infusion of social justice was not at all, little, or somewhat important. Among these par-

ticipants, 64.3% were White, 43% have 0–4 years of teaching experience, and 64.3% of them were full-time faculty. Nearly 76% of participants believed that no or little modification was needed to modify their curriculum.

Participants reported the challenges to integrating social justice into rehabilitation counseling training. A list of challenges were provided to participants to examine including: faculty need to become knowledgeable of the social justice perspectives, lack of interest in social justice infusion, time consuming to transform curriculum to address social justice, and difficulty gaining nonrehabilitation counseling professors' buy-in regarding the importance of infusing social justice into the curriculum. In addition, the participants were provided the options of "not applicable" and "other challenges." In terms of challenges of incorporating social justice in rehabilitation education, "Faculty needing to become knowledgeable of the social justice perspective" was deemed the biggest obstacle, with about 80% of participants believing this was the most difficult or difficult challenges. Other challenges included lack of interest from faculty (37.4%), time consuming for integration (37.3%), and lack of supports from non-rehabilitation faculty (31.4%).

Research 2: To What Extent Are Social Justice Components Integrated into Rehabilitation Counseling Curricula?

Nearly 70% of participants reported that they offered at least one course or more in the area of social justice in their program. However, nearly one-third of the program did not offer a social justice specific course. As for the level of integration of social justice into rehabilitation curriculum, participants indicated a higher percentage to embed social justice through presenting social justice topic in a class (56.4%) or conducting assignments specific on social justice (30.7%). In addition, nearly 42% of participants indicated that they incorporated social justice into the entire curriculum. Only 3% of participants indicated having a new course on social justice.

Participants also reported the knowledge-based courses would be where they would integrate social justice. The top three courses that participants indicated integrating social justice included: social and cultural diversity (65.3%), professional identity

(52.5%), and medical and psychosocial aspects of disability (47.5%). Only 29.7% of the participants indicated integrating social justice into the research and program evaluation course. Other courses that participants listed to integrate social justice included: theories of counseling and ethics, practicum/internship, and substance abuse counseling.

Participants ranked the integration strategies in knowledge-based courses. The provided list of integration strategies included having students write a reaction paper after interviewing the program director of a rehabilitation center regarding social justice issues faced by their consumers; having students write a paper analyzing the social justice issues in the rehabilitation field; inviting individuals with disabilities to guest lecture on the social justice issues that they have faced; and having students conduct group presentations on social justice topics related to rehabilitation counseling. Participants seemed to deem approaches of engaging students to have personal experience related to social justice as more important. About 71% of participants believed that “Inviting individuals with disabilities to guest lecture on the social justice issues that they have faced” as either most important or important; about 46% of participants thought that “Having students write a reaction paper after interviewing the program director of a rehabilitation center regarding social justice issues faced by their consumers” as most important or important. General integration strategies such as writing a general paper analyzing the social justice issues in the rehabilitation field or conducting a group presentation were deemed as less important: 34% and 36.5% of participants believed these strategies were most important or important, respectively.

Participants also provided their own integration strategies on knowledge-based course through an open-ended question. These strategies can be summarized into two categories: personal experience-based strategies and knowledge-based strategies. The first category includes examples such as first person accounts and commentary on social justice issues, getting students out in the community to talk and interact with individuals experiencing social injustice. The second category includes examples such as reading articles on the long-term unemployed for career development and stigma analysis.

Participants also ranked the integration strategies in field practices. The provided list of integration strategies included: having students document social

justice competencies with the use of a portfolio; having students participate in service learning projects (such as letter writing, protesting, or lobbying for new rehabilitation legislation); having students maintain a service log and personal journal regarding insights and feelings about social justice-focused practicum experiences; and using simulation, role plays, films, and case studies to discuss social justice issues. Participants seemed to deem approaches of engaging students to have personal or hands-on experiences related to social justice as more important. About 55% of participants believed that “Use simulation, role plays, films, and case studies to discuss social justice issues” or “Have students participate in service learning projects, such as letter writing, protesting, or lobbying for new rehabilitation legislation” were “most important or important.” While general strategies such as documenting social justice competency through portfolio and maintaining service log and personal journal as less important: 39% and 36.7% of participants deemed these strategies as most important or important, respectively.

Other field-based infusion strategies provided by participants through an open-ended question included the following examples such as engaging students in activities to promote self-advocacy among the consumers or clients during their practicum and internship experience, and placing students in practicum and internships where they will get a good opportunity to deal with marginalized populations.

Research 3: What Are the Impacts of Personal Experiences of Social Injustice on the Perception of Infusing Social Justice in the Rehabilitation Curricula for Rehabilitation Counselor Educators While Controlling Their Demographics Such as Age, Gender, Race, Academic Title, and Years of Teaching?

In terms of experiences of witnessing and personally experiencing social injustice, 8.9% had neither witnessed nor experienced social injustice, 20.8% only witnessed social injustice, 4% personally experienced social injustice but had no witness experience, and 66.3% had both witnessed and personally experienced social injustice. A significant difference ($p < .01$) in terms of the level of impact on participants was found among four types of social injustice experiences (neither witness no experience, witness only, experience only, both). Participants who had personal experiences (experienced

TABLE 1. Level of Impact of Social Injustice Experience

	Neither Witness Nor Experience Mean (SD) N	Witness Only Mean (SD) N	Experience Only Mean (SD) N	Both Witness and Experience Mean (SD) N	Stats
Impact of social injustice experience	0 (0) 9	1.19 (.981) 21	1.5 (1.291) 4	2.94 (1.984) 67	$F(3) = 11.762$ $p < .00097$ Partial $\eta^2 = .267$

social injustice personally or both experienced social injustice and witness social injustice) reported significantly higher level of impact than participants who had reported no personal experience of social injustice (i.e., neither witness nor experience, witness only). See Table 1 for detail.

In addition, a significant correlation (.315) was found between level of impact and the perception of importance of infusing social justice into rehabilitation curriculum ($p < .001$). Impact of social injustice experience and age were the significant factors in terms of predicting the infusion of social justice among rehabilitation professionals while holding demographic factors (gender, race, academic title, years of teaching) constant. See Table 2 for detail.

DISCUSSION

This study aimed to examine rehabilitation counselor educators' perceptions toward integration of social justice in the curricula, the extent to which social justice were integrated into the curricula, and the impact of experiences of social injustice on the perception of infusing social justice in the curricula. Areas of discussion will be social justice competency,

conceptual framework, evaluation of factors affecting social justice curricula integration, such as gender, race, age, years of teaching, academic title, and experience and witness of social injustice.

Research findings show that social justice competencies were endorsed by the majority of the participants, 66.3% to 81.2%. The analysis of systemic issues affecting consumers and ability to advocate at the individual level were endorsed highest while understanding of political advocacy was endorsed lowest. Dong et al. (2015) found a similar range of social justice competency endorsement ranging from 65% to 90%. Several conceptual frameworks were selected by participants including social model, multicultural model, social justice model, and social political model; however, half of the participants reported using the biopsychosocial model. The finding indicates that social conceptual frameworks are not individually as valued as more commonly used frameworks as the biopsychosocial model. The socially based models directly influence the rehabilitation field and specifically the social justice field.

The discrepancies of incorporating social justice in terms of years of teaching, age, and race imply training needs for these specific populations.

TABLE 2. Factors Affecting Perception of Importance on Infusion of Social Justice

Factor	<i>R</i>	<i>R</i> ²	β	<i>T</i>	<i>p</i>	<i>F</i>	<i>p</i>
Model	.437	.191		.9361		3.392	<.01
Gender			-.144	-.134	.184		
Age*			-.272	-.235	.021		
Race			.092	.908	.139		
Academic title			-.175	-1.49	.160		
Years of teaching			-.179	-1.42	.033		
Impact experience*			.224	2.162	.033		

*Significant at .05 level.

Individuals who had less than 10 years of teaching experience reported a higher level of perception of infusing social justice than individuals who had 15 years or more teaching experiences. These results indicate an importance for continued training on the importance and impact of social justice factors with more established faculty members. Additionally, the majority of participants reported that they offered at least one course or more in the area of social justice in their program; however, nearly one-third of the programs did not offer a social justice course. Participants indicated a higher percentage to embed social justice through presenting the topic in a class or conducting assignments specific on social justice. In addition, there was a high percentage of integrating social justice into the entire curriculum. Among the participants who indicated “not applicable” to integration of social justice into the curriculum, a majority of the individuals were White, those who have limited teaching experiences, individuals between the age of 41 and over 60 years, and adjunct faculty, instructors, or teaching assistants. Similarly, the study of Dong et al. (2015) found that a majority of participants perceived it important to integrate social justice into rehabilitation counseling curricula; however, the level and extent of integration varied by academic rank and years of teaching. Rehabilitation counselor educators who were in the beginning years of their career were more flexible in considering modifications to the curriculum compared to their counterparts who were well established in their teaching careers (Dong et al., 2015). These results indicate a need for training on the importance and impact of social justice factors with those well established in their careers.

Additionally, the top three courses that participants indicated integrating social justice included: social and cultural diversity, professional identity, and medical and psychosocial aspects of disability; however, only one-third of the participants indicated integrating social justice into the research and program evaluation course. This suggests the need to strengthen integration of social justice into research and program evaluation.

Among those participants who indicated not applicable to integrating social justice into specific courses, a majority was White, with limited teaching experience, and with the highest percentage being adjunct faculty, instructors, or teaching assistant. In comparison, a majority of participants believed infu-

sion of social justice as important or very important (80%). However, some of the participants believed the infusion of social justice was not important, and these participants were over half White, just under half with limited teaching experience, and over half were full time faculty.

Some noteworthy point to glean from the social justice integration results across knowledge-based education, field-based, and within the entire curriculum was participants seemed to deem experiential approaches of engaging students to have personal experience related to social justice as more important than other approaches. Such common examples were “Invite individuals with disabilities to guest lecture on the social justice issues that they have faced” or “Have students participate in service learning projects, such as letter writing, protesting, or lobbying for new rehabilitation legislation.” These examples of social justice integration strategies may provide a valuable impact to the student as well as ultimately the consumer.

Some of the biggest challenges listed for incorporating social justice into rehabilitation curricula were faculty need to become knowledgeable of the social justice perspective, lack of interest of faculty in social justice integration, and the time-consuming endeavor to integrate. The current findings seemed to align with what Sensory and DiAngelo (2009) noted that not all faculty members were supported by their departments, especially junior faculty. The authors noted that junior faculty in tenure track positions may not necessarily receive support. In fact, junior faculty may be informed to be inconspicuous and collegial and to refrain from politicizing social justice within the classroom (Sensory & DiAngelo, 2009).

The current study found that participants who had personally or witnessed social injustice experiences reported a significantly higher level of infusing social justice in the rehabilitation curriculum than participants who had reported no personal experience of social injustice. The results suggest that rehabilitation counselor education professionals are driven to act based on personal experiences. In addition, the results indicate that not only are rehabilitation counselor education professionals driven to implement social justice strategies based on experiences, but they deem the strategies important based on a significant correlation between level of impact and the perception of

importance of infusing social justice into the rehabilitation curriculum.

Related to our study findings, other research indicates that while individuals are capable of suppressing nonsalient experiences, they have a harder time suppressing thoughts that reflect their own experiences (Amstadter & Vernon, 2006). Furthermore, studies have shown that attempting to suppress emotion can lead to higher states of physiological arousal and distress as opposed to allowing themselves to experience an event (Tull, Jakupcak, & Roemer, 2010). All these highlight the importance of critical examination of one's social position and experiences, and their impacts. Lastly, results indicating factors that influence infusing social justice include age and social injustice experience. These findings suggest that there is a great need for training on the awareness and impact of social justice as well as strategies to teach the material in a powerful way to students to relay the benefit to the consumers. Without fully understanding the impacts of these social injustice experiences, rehabilitation counselor educators may run the risk of experiential avoidance in face of social injustice experiences. The higher the impact of social injustice experiences, the more time rehabilitation counselor educators may need to process and reflect on their personal responses, and how they should respond appropriately to address the social justice issues. The rehabilitation counselor educators should set role models for counselors-in-training to identify advocacy, consultation, and social changes strategies through critical self-awareness and reflection. All these will enhance counselors-in-training's repertoires to foster social justice services for their future clients.

LIMITATIONS

The recruitment efforts included email invitations for the survey sent through the NCRE listserv. Therefore, it is possible that not all potential participants received the recruitment emails. Data were collected via a self-report attitudinal survey; therefore, some participants may have provided socially desirable responses or perhaps were specifically interested in the subject matter contained within the survey. These factors may have influenced responses on the survey. In addition, the response rate was low at 8.3%.

IMPLICATIONS FOR REHABILITATION COUNSELING AND RESEARCH

Rehabilitation Counseling Implications

Even though it is important for rehabilitation professionals to advocate for individual consumers, policy influence is impactful for the masses through systemic advocacy. Results of this study support the belief that it is necessary for rehabilitation educators to promote the need to train counseling professional to provide both levels of advocacy but most importantly systemic advocacy. With the goal of the social justice movement to connect individual client issues with social/political concerns, the social justice movement requires counseling professionals to have a better understanding of policy/legislative advocacy and political activism. A greater understanding will assist counseling professionals to implement necessary political strategies. Counseling professionals should gain the necessary perspective of political power of the fifth force in counseling to promote a social justice awareness in the public arena for clients and the communities (Smith & Henry, 2013). For example, Lee and Rodgers (2009) stressed the need for advocacy in the public arena where policy and legislation is formulated that is not client specific, requiring counselors to assume an advocacy role at the macrolevel on behalf of marginalized or oppressed client groups.

Future social justice training is needed to expand counseling professionals service delivery skills on client advocacy and social action (Speight & Vera, 2004). There is limited training available for counselor educators to receive formal training on social justice advocacy to adequately teach courses (Toporek, Lewis, & Crethar, 2009). Therefore, continued efforts towards developing core policy/legislative advocacy skills by providing training for counseling educators would assist in the development of counseling professionals as effective social justice advocates.

Results of this study show the relevance of rehabilitation professional to closely examine social injustices they personally experienced and/or witnessed, the impact on them personally and professionally, and the extent to which these experiences may impact their practices. Counseling professionals should reflect on these experiences to not lead to "experiential avoidance." A therapeutic model,

Acceptance Commitment Therapy (ACT), has demonstrated effectiveness at lowering resistance and experiential avoidance behavior (Hayes et al., 2004). Lubin (2012) proposes an ACT consistent protocol, designed for psychology graduate students, with the aim of decreasing avoidance toward Multicultural Counseling Competence (MCC) based coursework while increasing the awareness of cultural variables that can arise during therapy. Similar programs could be established in teaching social justice competency.

Research Implications

There has been limited research on factors affecting social justice pedagogy across counseling training curriculum. Much of the social justice pedagogical literature in the field of counseling to date has been theoretically based (Lee & Hiploito-Delgado, 2007; Toporek & McNally, 2006). A case study by Talleyrand, Chung, and Bemak (2006) discussed direct experiences of the authors integrating social justice in their pedagogy across training curriculum. Ratts (2006) and Dong et al. (2015) provided critical investigation to social justice curriculum development; however, additional research is needed on the topic to validate the findings of the current study and expand how counselor educators integrate social justice into their pedagogy to further assist counseling professionals to develop more proactive, politically focused, advocacy-based counseling skills. Furthermore, research is necessary to examine how rehabilitation counselor educators' and trainees' self-awareness and understanding of their social injustice experience may impact their levels of social justice competency and the outcomes of their consumers. The current study indicates that the personal experiences of social injustice of rehabilitation counselor educators impact social justice curricula integration. Future research should specifically examine the impact of lived experiences of social injustices of rehabilitation counselor educators on curriculum development. Though this study found that the impact of social injustice experience along with a few demographic factors contributed about 20% of the variance in predicting the perception of importance of integration of social justice into rehabilitation, there is still a large variance that has not been covered by these variables. Thus, future research should

identify factors that could contribute to the integration of social justice into rehabilitation curriculum for rehabilitation counselor education professionals.

CONCLUSION

Despite the limitations in the study, the findings confirm and extend the understanding of what influences and impacts social justice curricula integration. In this study, age and personal experiences of social injustice of rehabilitation counselor educators influenced the level of perception of importance of infusing social justice into the rehabilitation curricula. Ultimately, the results suggest a great need for training on the awareness and impact of social justice for faculty to ensure students receive the education needed to effectively counsel the rehabilitation consumers.

REFERENCES

- Amstadter, A. B., & Vernon, L. L. (2006). Suppression of neutral and trauma targets: Implications for posttraumatic stress disorder. *Journal of Traumatic Stress, 19*(4), 517–526. <http://dx.doi.org/10.1002/jts.20142>
- Corrigan, P., Thompson, V., Lambert, D., Sangster, Y., Noel, J. G., & Campbell, J. (2003). Perceptions of discrimination among persons with serious mental illness. *Psychiatric Services, 54*(8), 1105–1110. <http://dx.doi.org/10.1176/appi.ps.54.8.1105>
- Council on Rehabilitation Education. (2007). Standards for rehabilitation counselor education programs. Retrieved from <http://www.core-rehab.org/>
- Dong, S., Ethridge, G., Rodgers-Bonaccorsy, R., & Oire, S. N. (2015). Assessing infusion of social justice in rehabilitation counselor education curriculum. *Rehabilitation Research, Policy, and Education, 29*(4), 406–420. <http://dx.doi.org/10.1891/2168-6653.29.4.406>
- Fietzer, A. W., & Ponterro, J. (2015). A psychometric review of instruments for social justice and advocacy attitudes. *Journal of Social Action in Counseling and Psychology, 7*(1), 19–40.
- Ginwright, S. A., & Cammarota, J. (2015). Teaching social justice research to undergraduate students in Puerto Rico: Using personal experiences to inform research. *Equity & Excellence in Education, 48*(2),

- 162–177. <http://dx.doi.org/10.1080/10665684.2014.959331>
- Hassouneh, D. (2006). Anti-racist pedagogy: Challenges faced by faculty of color in predominantly white schools of nursing. *Journal of Nursing Education, 45*(7), 255–262.
- Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research and Therapy, 44*(1), 1–25. <http://dx.doi.org/10.1016/j.brat.2005.06.006>
- Hayes, S. C., Pistorello, J., & Levin, M. E. (2012). Acceptance and commitment therapy as a unified model of behavior change. *The Counseling Psychologist, 40*(7), 976–1002. <http://dx.doi.org/10.1177/0011000012460836>
- Hayes, S. C., Strosahl, K., Wilson, K. G., Bissett, R. T., Pistorello, J., Toarmino, D., McCurry, S. M. (2004). Measuring experiential avoidance: A preliminary test of a working model. *The Psychological Record, 54*(4), 553–578. <http://dx.doi.org/10.1007/BF03395492>
- Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Experimental avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology, 64*(6), 1152–1168. <http://dx.doi.org/10.1037/0022-006X.64.6.1152>
- Kumagai, A. K., & Lyson, M. L. (2009). Beyond cultural competence: Critical consciousness, social justice, and multicultural education. *Academic Medicine, 84*(6), 782–787. <http://dx.doi.org/10.1097/ACM.0b013e3181a42398>
- Lee, C. C., & Hiploito-Delgado, C. P. (2007). Introduction: Counselors as agents of social justice. In C. C. Lee (Ed.), *Counseling for social justice* (pp. xiii–0). Alexandria, VA: American Counseling Association.
- Lee, C. C., & Rodgers, R. A. (2009). Counselor advocacy: Affecting systemic change in the public arena. *Journal of Counseling & Development, 87*(3), 284–287. <http://dx.doi.org/10.1002/j.1556-6678.2009.tb00108.x>
- Lubin, F. R. (2012). *Utilizing acceptance commitment therapy to enhance multicultural counseling competency*. Illinois, IL: The Chicago School of Professional Psychology.
- McGuire, T. G., & Miranda, J. (2008). New evidence regarding racial and ethnic disparities in mental health: policy implications. *Health Affairs, 27*(2), 393–403. <http://dx.doi.org/10.1377/hlthaff.27.2.393>
- Moule, J. (2005). Implementing a social justice perspective in teacher education: Invisible burden for faculty of color. *Teacher Education Quarterly, 32*(4), 23–42.
- Pernell-Arnold, A., Finley, L., Sands, R. G., Bourjolly, J., & Stanhope, V. (2012). Training mental health providers in cultural competence: A transformative learning process. *American Journal of Psychiatric Rehabilitation, 15*(4), 334–356. <http://dx.doi.org/10.1080/15487768.2012.733287>
- Ratts, M. J. (2006) Social justice counseling: A study of social justice counselor training in CACREP-accredited counselor preparation programs. (Doctoral dissertation). Dissertation & Theses Global. (ATT: 3214372).
- Ringo, S. (2008). Teaching for social justice: experiences and epiphanies. *Multicultural Perspectives, 10*(4), 229–233. <http://dx.doi.org/10.1080/15210960802526334>
- Sensory, O., & DiAngelo, R. (2009). Developing social justice literacy: An open letter to our faculty colleagues. *Phi Beta Kappa International*.
- Smith, T., & Henry, R. G. (2013). Power politics: Advocacy to activism in social justice in counseling. *Journal for Social Action in Counseling and Psychology, 5*(3), 70–94.
- Speight, S. L., & Vera, E. M. (2004). A social justice agenda: ready or not? *The Counseling Psychologist, 32*(1), 109–118.
- Talleyrand, R. M., Chung, R. Y., & Bemak, F. (2006). Incorporating social justice in counselor training programs: a case study example. In R. L. Toporek, L. Gerstein, N. Fouad, G. Roysircar, & T. Israel (Eds.), *Handbook for social justice in counseling psychology: Leadership, vision, and action* (pp. 44–58). Thousand Oaks, CA: Sage.
- Toporek, R. L., Lewis, J. A., & Crethar, H. C. (2009). Promoting systemic change through the ACA advocacy competencies. *Journal of Counseling & Development, 87*(3), 260–268. <http://dx.doi.org/10.1002/j.1556-6678.2009.tb00105.x>
- Toporek, R. L., & McNally, C. J. (2006). Social justice training in counseling psychology. In R. L. Toporek, L. H. Gerstein, N. A. Fouad, G. S. Roysircar, & T. Israel (Eds.), *Handbook for social justice in counseling psychology: Leadership, vision, and action* (pp. 37–43). Thousand Oaks, CA: Sage.
- Tull, M. T., Jakupcak, M., & Roemer, L. (2010). Emotion suppression: A preliminary experimental investiga-

tion of its immediate effects and role in subsequent reactivity to novel stimuli. *Cognitive Behaviour Therapy*, 39(2), 114–125. <http://dx.doi.org/10.1080/16506070903280491>

Waite, D., Nelson, S., & Guarjardo, M. (2007). Teaching and leadership for social justice and social responsibility: Home is where the struggle starts. *Journal of Educational Administration and Foundation*, 18, 200–223.

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