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A Grounded Theory of Counselors' Post-Graduation Development of Disability Counseling Effectiveness

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A Grounded Theory of Counselors' Post-Graduation Development of Disability Counseling Effectiveness

Abstract

Many persons with disabilities engage in counseling services in a variety of settings. However, the development trajectories of counselors who seek to compensate for the lack of training and advance their post-graduation skillset to work effectively with clients with disabilities has not been explored. This grounded theory study illuminated several dimensions involved in twenty-one Licensed Professional Counselors' post-graduation development of disability counseling effectiveness. In this study, counseling effectiveness refers to self-perceived improved skillset rather than a benchmark (i.e., competence). The core category, Evolving Commitments, was common to all participants' trajectories when developing disability counseling effectiveness. The other categories (causal conditions, contextual factors, actions, and intervening conditions) accounted for multiple dimensions in their developmental process. We discuss several implications for counselor training and future research, as well as the limitations of the study.

Keywords

counselor development, multicultural counseling, disability, grounded theory, disability counseling effectiveness

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One in four American adults have a disability (Centers for Disease Control and Prevention [CDC], 2020). Of the 18-64 aged adults with disabilities, 7.8 million have sensory difficulties, 9.4 million have physical difficulties, 8.8 million have cognitive difficulties, and 10.8 million experience difficulties for self-care and independent living (U.S. Census Bureau, 2020). Moreover, only 35% of all American adults who have a disability engage in counseling services across disability types when needed (Smart, 2018). The mental health concerns of individuals with disabilities have been largely documented (Cree et al., 2020; Reeve, 2000; Smart, 2018). Cree et al. (2020) reported that adults with disabilities generally experience higher levels of sustained mental distress which is associated to deleterious health outcomes, persistent mental illness, and difficulty to perform activities of daily living. Furthermore, the mental distress experienced by people with disabilities has been intensified because of the covid-19 pandemic (Lund et al., 2020).

Given the fabric of intersecting identities represented in this minority group, the counseling needs of clients with disabilities are varied and complex, requiring mental health systems and professionals to respond to their specific and individualized needs while understanding their cultural context. The counseling profession has embraced renewed guiding frameworks that provide counselors with enhanced opportunities to provide competent counseling services to minoritized groups. Specifically, multiculturalism and social justice advocacy currently drive complex and intersectional conceptualizations of identity in the counseling work with marginalized communities (Ratts & Pedersen, 2014) through the Multicultural and Social Justice Counseling Competencies (Ratts et al., 2016) and the Disability-related Counseling Competencies (Chapin et al., 2018).

Additionally, the need for an enhanced integration of disability-related competencies throughout the counseling curriculum was prompted by the merger of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and the Council on Rehabilitation Education (CORE). Although these multicultural frameworks progressively embrace the varied dynamics of power that influence the counseling relationship and process, the multicultural training of counselors typically underemphasizes disability issues and privileges concerns of race, gender, and social class (Deroche et al., 2020; Emir Öksüz & Brubaker, 2020; Feather & Carlson, 2019; Pieterse et al., 2009; Rivas & Hill, 2018). Moreover, given that practicing licensed professional counselors (LPCs) are responsible to ethically and effectively respond to and further advocate for the mental health needs of marginalized clients, including clients with disabilities, the analysis of counselors' response and approach to effectively working with clients with disabilities is warranted.

Disability in Counselor Training

The existing counseling literature mainly reflects the absence of disability as a construct in training, potentially bolstering biases about clients with disabilities who might need to access counseling services (Deroche et al., 2020; Emir Öksüz & Brubaker, 2020; 2017; Pieterse et al., 2009; Rivas & Hill, 2018; Watts et al., 2009). For instance, in counselor education curriculum, disability content is generally reflected as part of the class design in the form of a population-specific lecture in the multicultural course and in isolation from other cultural identities (Feather & Carlson, 2019; Pieterse et al., 2009).

In a content analysis of 54 multicultural and diversity-related course syllabi from counseling (*n*=25, 46%) and counseling psychology programs (*n*=29, 52%) accredited by CACREP and the American Psychological Association (APA), Pieterse et al. (2009) identified

several themes that account for the representation of some minority identities as well as issues in the curricular enactment of the professions' multicultural commitments of social justice advocacy. Pieterse et al. (2009) identified course content categories (i.e., multicultural concepts, racial identity, racial/ethnic groups, racism, counseling interventions, social justice, forms of oppression, and specific populations), and found that within the category of specific populations, "disabled" (Pieterse et al., 2009, p. 103) was identified in 12 syllabi as a particular population of study, which represented 29 percent of the documents reviewed. In other words, disability is documented in syllabi as a multicultural learning objective only one out of 3 times. Moreover, ableism as a type of discrimination that perpetuates oppression and marginalization of differently abled clients was documented in only 7 percent of the syllabi reviewed (Pieterse et al., 2009).

Feather and Carlson (2019) explored how 141 instructors from different specialty programs accredited by CACREP covered disability-related content in their classes. The authors found that only approximately 21% of instructors worked in programs that required students to complete a disability course whereas the majority (88%) of instructors preferred to infuse disability-related content in their course, typically the multicultural class, rather than encouraging students to take a specific disability course or promoting clinical experiences with clients with disabilities. Overall, participants believed that too little time was dedicated to disability issues.

Furthermore, the lack of emphasis and socio-political focus on disability issues (i.e., ableism) in counselor preparation manifests in multiple ways across the profession. Although some scholars (i.e., Emir Öksüz & Brubaker, 2020; and Rivas, 2020) have challenged medicalized and deficiency-based notions of disability and recommended socio-political, critical approaches to understanding different bodies; the recognition of disability as a marginalized

identity and the need for transformative narratives that amplify dignity if the service to these clients is still needed. Watt et al. (2009) analyzed student journal entries and reaction papers throughout a fifteen-week didactic course on multiculturalism in a US Midwestern university and identified eight typical student reactions to dialogues about cultural differences. They found that disability as a cultural identity typically triggers responses of false envy and inspiration in counseling students. These inspirational views of disability are problematic since they perpetuate objectifying, reductionist, and dehumanizing explanations of disabled experiences (Reeve, 2000).

Lastly, recent counseling research has examined the experiences of counselors in training in regard to their level of preparation to work with clients with disabilities. Deroche et al. (2020) found that students' self-perceived disability competence was strongly related to the amount and type of contact with individuals with disabilities and was higher in areas of self-awareness and knowledge when compared to self-perceived skills. Deroche et al. (2020) argued that exposure only to the multicultural class was the least facilitating type of exposure followed merely by no exposure at all. This finding is highly alarming since the authors found that almost 70% of those who had taken the multicultural class (76.5%, n = 218), claimed that disability issues were given less attention compared to other multicultural issues or no attention at all. These findings are consistent with Rivas and Hill's (2018) where they identified five emerging themes that captured consistent experiences of absence of disability coursework across curriculum, inconsistent levels of exposure to the disability topics and experiences, medicalized narratives of difference, issues of clinical practice, and counselors' emerging reactions of anxiety and incompetence when working with a client with a disability.

Altogether, counseling scholarship evidences the absence and insufficient representation of disability in multicultural training courses and the potential implications for the professional practice of counselors and other mental health professionals (Rivas & Hill, 2018; Smart & Smart, 2006). Given the lack of consistent attention to disability issues in the training of counselors, it becomes critical to examine their post-graduation process of development of counseling effectiveness to work with clients with disabilities. The purpose of this study was to develop a theoretical explanation of how LPCs develop their skillset to gain effectiveness when working with clients with disabilities. The guiding research question for this study was, "How do licensed professional counselors develop the skillset to work effectively with clients with disabilities?" Thus, this study sought to highlight the ways in which LPCs compensate for a lack of training in disability issues by developing post-graduation skills for disability counseling effectiveness (DCE).

Method

Given the dearth of scholarship on the counselors' development of disability counseling effectiveness and the known paucities of disability counseling competence in counselor training (Rivas & Hill, 2018; Pieterse et al., 2009), qualitative inquiry was selected, as it allows the researcher to explore the multifaceted components of a phenomenon and the processes of engaging diverse clients in clinical experiences (Hays & Singh, 2012). Moreover, the advantages of qualitative research include the development of rich and solid understanding of the phenomenon from a small sample, which was ideal for this study. Given the nature of our research question, a grounded theory approach was selected as it provides a methodological anchor to illuminating the conditions, factors, and actions within the phenomenon, yielding to the construction of an abstracted explanation that integrates theory, clinical practice, and social and

cultural contexts specific to the participants in ways that few other approaches can accomplish (Fassinger, 2005). This study used qualitative inquiry, specifically grounded theory, to uncover the co-constructed theoretical explanations (Corbin & Strauss, 2015) investigating LPCs' experiences developing self-perceived DCE.

Participants

The eligibility criteria for this study included full licensure as a professional counselor (LPC, LMHC) and having a current counseling relationship with at least one client with an identified disability. Participants claimed to have experience and therapeutic effectiveness with clients with disabilities. The operational definition of disability used in this study is "any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them (CDC, 2020)" Thus, an identified disability was defined by the presence of vision, movement, thinking, remembering, learning, communicating, hearing, mental health, and social conditions that significantly impacted the client's daily functioning (CDC, 2020). Participants were selected through theoretical and snowball sampling, which required the definition of specific criteria for participation prior to the beginning of the study (Hays & Singh, 2012), and the emergent analysis of previous data (Corbin & Strauss, 2015). Based on the emergent analysis and saturation, we made sampling decisions throughout the data collection process to account for the need of participants with additional clinical and diversity attributes within the same group (Ligita et al., 2020).

The procedure for obtaining this sample consisted of using the US Departments of Licensing and Labor's public repository of LPCs' information. Participants were initially contacted through email or phone call and interviewed by the primary researcher. Through the process of recruitment, the types of disability served, and length of clinical practice were

assessed to guarantee maximized variation of sampling. Interviews were conducted in person or over the phone, were audio recorded and later transcribed. Each participant participated in two full interviews to fully saturate their explanations of the phenomenon and two in-between member check brief interviews. After the first interview and the initial member check, the participants were re-contacted to schedule a second interview and final member check. In total, there were four contact points with each of the 20 participants that completed the entirety of the study.

Twenty-one LPC/LMHCs agreed to participate, and twenty participants completed the entirety of the data collection and analysis process. One participant dropped out after the first member check and their descriptions were included in the analysis. The participants' years of licensed practice ranged from 1 to 10 years ($M = 4.7$, $SD = 3.5$). All participants had obtained degrees in CACREP-accredited mental health counseling programs. The age of the participants ranged from 27 to 59 years ($M = 36.9$, $SD = 7.6$), and most of them had been LPCs for one to 3 years ($n = 13$). Seventeen of the participants self-identified as female, three as male, and one as gender queer. Eight of the participants self-identified as having a disability that ranged among chronic illness, attention deficit hyperactivity disorder (ADHD), and physical disabilities. All the participants spoke English as their first language, and three spoke Spanish as their second language. Most of the counselors in this study self-identified as White ($n = 18$), two participants self-identified as Latino/a, and one did not disclose their ethnicity. Participants worked in outpatient settings ($n = 9$), private practice ($n = 6$), school-based programs ($n = 2$), higher education ($n = 3$), and day-treatment programs ($n = 1$). The majority of the participants reported to have between 0 and 1 post-graduation training experiences related to disability ($n = 13$), and the participants had a caseload between 1 and 12 clients with disabilities.

Data Collection

The grounded theory emerged from two semi-structured interviews with each participant. Questions in the initial interview included, how would you define your post-graduation experiences counseling people with disabilities? What factors have influenced (facilitated/hindered) your work clients with disabilities? What has been the process of handling these factors when working with clients with disabilities? What are some indicators of counseling effectiveness when working with clients with disabilities? How have you gained these or not over time? The second interview protocol included approximately twelve questions that grew out of data collected in the first interview, the emerging analysis, and the existing literature. The same second interview protocol was used with all the participants.

Research Team Positionality

The authors are licensed professional counselors and counselor educators and have experience with DCE. The first author has a strong personal and academic connection with the disability studies discipline, and a background in disability work with multicultural communities. The first author completed a certificate of advanced studies in Disability Studies during their doctoral studies and endorses critical views of disabilities as they interface with mental health. The first author played the role of principal investigator throughout the data collection and analysis. The second author actively engaged in the data analysis and acted as a peer-debriefer throughout the research process. The authors in this manuscript identify as female and persons without a disability. One author identifies as White and one as Latina.

Data Analysis

The data was analyzed through a constant comparative process that helped to identify the underlying uniformity of the emerging themes until saturation was achieved (Corbin & Strauss,

2015; Hays & Singh, 2012). The analysis process started with the researchers' immersion in the raw data by reading the initial transcripts and initially capturing the participant narratives that would later inform the coding process. Following Corbin and Strauss (2015), we then started open coding the transcripts by analyzing each sentence for lower-level codes that would later inform major emergent categories or domains, and by identifying potential keywords in participant language. Compiling keywords and lower-level codes from the first interviews allowed the creation of a codebook that contained a list of codes, sub-codes, examples, and thick descriptors of meaning. The creation of this codebook was assisted by the consistent engagement with the counseling literature. For instance, when framing the participants' reactions to counseling clients with disabilities, the current literature was consulted to inform the emerging understanding of the participants' experiences.

Once these open codes were defined, we then proceeded with axial coding. Through axial coding we established preliminary relationships between the open codes and arrived to a more in-depth understanding of the participants' descriptions that facilitated theory construction (Corbin & Strauss, 2015; Hays & Singh, 2012). Simultaneously, we conducted the second round of interviews that allowed for the emerging open codes to be organized, divided, and/or collapsed to start identifying the emerging relationships between them as well as potential causal and intervening conditions, actions, and consequences. These emerging codes were gradually integrated into a logical sequence that would later lead to a visual model that represented a theory or an explanation of the phenomenon (Hays & Singh, 2012). Each of these analytic components was identified and established within the context of LPCs developing self-perceived effectiveness to work with clients with disabilities through the use of Corbin and Strauss' (2015) analytic tools of context, paradigm, conditional and consequential matrix, and process.

Lastly, we used selective coding to refine the axial coding and these preliminary relationships identified (Corbin & Strauss, 2015; Hays & Singh, 2012). Even though some of these relationships were preliminarily identified, through selective coding, these relationships and codes became saturated, and yielded to an established and integrated sequence that represented a theory or an explanation for the development of self-perceived DCE in LPCs. At this level of the analysis, we used Corbin and Strauss' (2015) conditional/consequential matrix as well as diagramming to unearth the complex and dense interactions between the different theoretical facets of the phenomenon. The analytic process ended with the integration of codes towards the construction of data that was finalized and represented through a visual model about the theory that explains the phenomenon. Analytical decisions were made at the end of interview round one and two to generate, identify, delimit, and describe a theoretical explanation of the phenomenon that is fundamentally grounded in the participants' descriptions. Information discovered in the second interview predominantly built on the data from the first interview. When we found challenging information, we made every effort to adjust the newer/emerging pieces of data first with the participants in the member check interview and later in peer debriefing among co-researchers.

Trustworthiness

Multiple trustworthiness measures were taken to augment the veracity of the results. These measures pertained to credibility, transferability, dependability, and confirmability (Hays & Singh, 2012). To make sure the results were accurate, some of the strategies for credibility included integrating diverse forms of documentation, triangulation, and debriefing with peer researchers. By documenting analytic memos, reflexive journals, and diagrams, the possibilities to interact with the data were enhanced. The two researchers kept analytic memos throughout the

coding and analysis process, which were debriefed during research meeting. This documentation captured theoretical linkages, emerging code relationships, and researchers' reactions to variables that emerged from participants' descriptions. Furthermore, data sources were triangulated in multiple ways. Some of them include, contrasting multiple participant interviews and member checks, integrating the perspective of an external auditor, and grounding the participants' descriptions on the existing literature. Also, consistent debriefing sessions with the research team helped corroborate the emerging codes and theory.

This study also used thick descriptions and rich narratives of the participants' contextualized experiences to enhance transferability of the results. We strived for dependability, "consistency of study results over time" (Hays & Singh, 2012, p. 201), by co-constructing an interpretive consensus in the interviews and debriefing sessions among researchers. Lastly, confirmability relates to the degree to which findings of the study are genuine and accurate reflections of the participants' experiences (Hays & Singh, 2012). For this, we used a member check strategy where each participant engaged in a brief interview at midpoint and end of the analysis. This member check brief interview provided opportunities to assess intentionality in the narrated descriptions, correct errors in the representation of experiences, and test the adequacy of the participants' descriptions. These member check brief interviews were audio-recorded, transcribed, and the emergent insights were integrated into the analysis. The study also integrated an external auditor for the final phase of analysis who was a 30-year-old LPC who had graduated from a CACREP accredited program, and who self-identified as having intimate knowledge about the research topic based on her professional experience and her lived experiences as a person with a physical disability. The external auditor reviewed a sample of the transcripts along

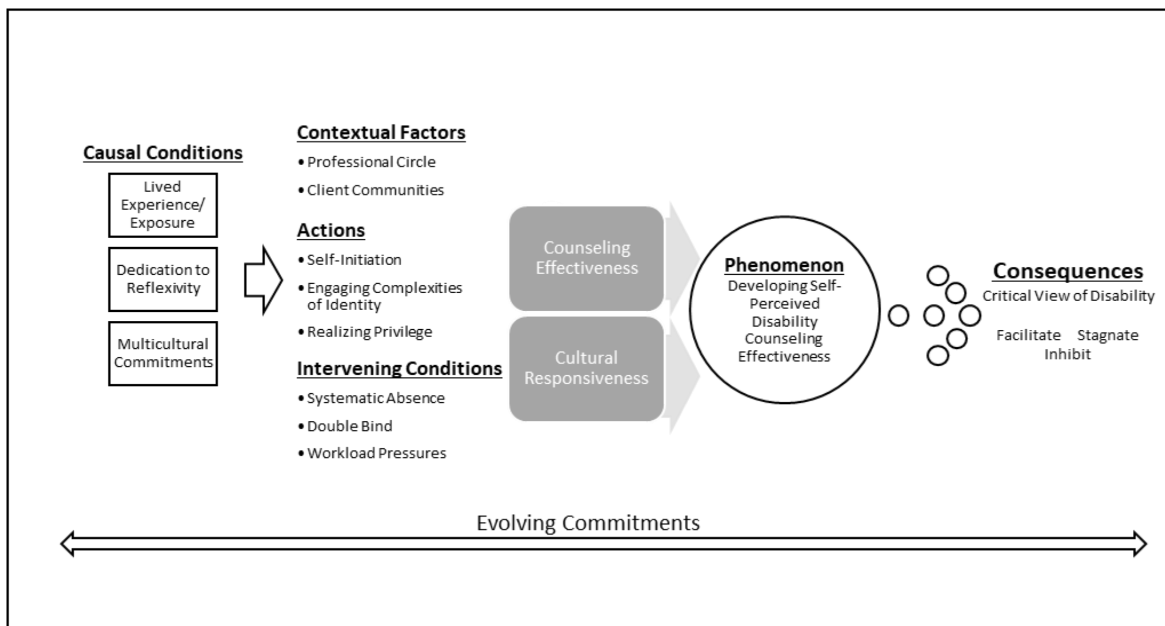
with the emerging analysis and provided feedback to the researchers about the accuracy of the interpretations.

Results

The analysis illuminated multiple categories that were relevant to LPCs' self-perceived development of disability effectiveness, namely, causal conditions, contextual factors, actions, intervening conditions, and consequences (see Figure 1).

Figure 1

A Grounded Theory of Counselors' Development of Disability Counseling Effectiveness



Causal Conditions

Causal conditions represent all the events and situations that led participants to develop self-perceived DCE. Participants described multiple overlapping dimensions and events pertaining to their work with clients with disabilities.

Lived Experience/Exposure

The first causal condition was defined as the lived experiences as a person with a disability or levels of exposure to clientele with disabilities and to a variety of community

settings. Participants described the personal relevance of being disabled as well as the importance of real-world experiences and exposure to a variety of clinical settings that serve the population of clients with disabilities. One participant described,

> I think [what has helped me is] my own experiences. I have worked with different agencies with different interests or focus, and that has given me additional education. It's not just the institutions that have been able to educate me but has also been my own personal experiences in different environments.

Dedication to Reflexivity

The second causal condition was defined as the participants' intentional cultivation of reflexivity that guided their awareness of affective reactions and propelled the actions towards developing self-perceived DCE. Participants described emotional reactions of "fear," guilt," "pity," and "feelings of incompetence" and linked many of these reactions to experiences of avoidance and biases that informed negative attitudes related to the counseling work with clients with disabilities. Participants emphasized the need for engaged and ongoing reflexivity in the work as licensed professional counselors and framed reflexivity as the ability to acknowledge their personal reactions and negative attitudes and self-evaluate to identify areas for growth that would require more training and consultation. One participant reported,

> It was a lot of personal understanding of why am I responding this way or why am I reacting this way? Is this a prejudice that I have? Is there - Really a lot of self-reflection on what I was doing and how I was feeling about a particular session.

Multicultural Commitments

The last causal condition that fueled counselors to develop self-perceived DCE was defined as the set of knowledge, insights, perspectives, and awareness gained during their

counseling training, which was further amplified by professional development opportunities after graduation. Counselors defined general multicultural commitments towards knowledge acquisition, awareness building, and skill development regarding any minority groups, which sparked the attention and enhanced disposition to understand disability in their clinical practice as an additional area of multiculturalism. Lastly, the upholding of professional multicultural commitments encouraged counselors' reflexivity of their affective reactions and propelled the actions towards the development of their self-perceived DCE.

Contextual Factors

The contextual factors are those environmental conditions where the actions are enacted by the participants to undertake their development of self-perceived DCE. Each of these factors are complex and influence the way participants enact their actions and handle the intervening conditions.

Professional Circle

The first contextual factor was defined as the extended network of professional and personal circles that represented learning, collaboration, and first account narratives when developing self-perceived DCE. Counselors mentioned the influence of learning communities (i.e., institutional trainings, online resources, professional conferences) to amplify knowledge and to consult with other professionals that work with similar counseling issues. Specifically, participants expressed the influence of collaborative relationships with supervisors, peers, and other professionals, and highlighted the importance of clinical supervision, that not only responded to the individualized needs of their client but also their development as counselors. One participant with two and a half years of experience counseling clients with disabilities highlighted the relevance of peer consultation and peer networks that enhance mutual

development and strengthen communities of trust and support when developing self-perceived DCE and described, “I have my contacts. I bounce a lot of things back and forth with my other colleagues sometimes if I'm not a hundred percent sure, or I reach a level where I feel like I'm at a standstill.”

Client Communities

Furthering the connection and engagement with the clients’ immediate and extended communities also afforded participants additional opportunities for obtaining insight into their social realities. One participant emphasized the need to step away from the expert role when working with clients with disabilities and learning from their lived experiences, describing, “I have understood that the therapist doesn't know what it's like to be them. I think kind of taking that approach, reiterating to the client that I'm not the expert on them.” Participants also highlighted the importance of engaging with the disabled community for counselors to learn first-accounts of self-advocacy, family resilience, and the power of peer support among people with disabilities.

Action Strategies

Actions were defined as all behaviors, interpretations, efforts, steps, and measures the participants took to develop their DCE. Many of these actions were enacted differently based on participants’ personal styles and resources.

Self-Initiation

Self-initiation actions were defined as self-implemented mechanisms for finding information, exploring lived experiences, understanding clinical needs, and addressing biases and challenges in the professional work with clients with disabilities. The self-initiative expressed by the participants varied according to their possibilities for connection with their

learning communities and typically had the goal to enact counseling effectiveness. One participant described her initiative to acquire clinical knowledge pertaining to disability issues, stating, “I feel like you can't depend on what you learned in the classrooms and what you've learned working with other clients. You have to do the research yourself.”

An additional action within self-initiation was the participants’ initiative to tailor their approach when developing DCE. Tailoring the approach was done in different ways that ranged from adjusting the practical aspects of the clinical work, to refining the ethical decision-making process to better serve the needs of clients with disabilities. Participants emphasized the need to take the time to adjust to the client’s verbal abilities. Participants stressed the need to remain mindful of the use of language in the sessions with clients with autism and adjust it accordingly, stating, “It's just making sure that you stay mindful that there's an extra step because they may not understand [what is said], or they may not get a social cue.”

Engaging Complexities of Identity

Participants identified a set of actions or practices that altogether disrupted the traditional underemphasis of disability and helped participants to recognize disability as a complex cultural marker that intersects with other facets of identity . For instance, participants highlighted intersectional aspects of identity that determine the access to services, the living conditions, and wellness opportunities for these clients and their families. One participant described the complexities of the work with clients who experience the amplified effects of marginalization because of being disabled and transgender, stating, “Then you add on that layer of oppressed identity like being transgender.” Furthermore, participants highlighted their efforts to develop effectiveness and sensitivity around legal and historical dimensions of oppression that have defined the history of disenfranchisement of people with disabilities, the issues around access

and accommodations, as well as the pervasive impact of medicalized and deficit-oriented narratives of identity.

Realizing Privilege

Realizing privilege actions were defined as all actions and steps towards counselors realizing their able-bodied and able-minded privilege when working with clients with disabilities and developing DCE. The realization of able-bodied and other privileges related to social class, education level, and language spoken, defined for the participants a two-tiered purpose of the use of their privilege, to remain aware/sensitive, and to change systems that at times fail the clients. Participants described how their acknowledgement and processing of privilege in the counseling room extended beyond fostering warmth in the counseling relationship, but it also served the purpose of fostering awareness to remain sensitive to the client's narratives. Many participants explained that they have never experienced the world as a disabled person but emphasized the ability to understand the clients' emotional experiences by positioning the clients as experts and owners of their experiences.

Furthermore, participants described how understanding their held privileges helped them notice how the system at times has failed their minority clients and inspire them to connect with their own advocacy potential while developing DCE. One participant commented on how her own acknowledgement of privilege has assisted her in identifying and challenging stigmatizing conversations in her job place about clients who experience psychiatric disabilities. Also, participants mentioned their work around understanding the limitations of a system that fails to accommodate a variety of language needs and advocating for clients with disabilities who do not have access to services for this reason. By recognizing how their disabled communities have been oppressed by the system, many participants tended to honor their commitments for social

justice by positioning themselves as allies in their clients' lives and engaging in cultural responsivity as clinicians.

Intervening Conditions

Intervening conditions are defined by the large underlying, institutional, and structural factors that shaped the DCE action strategies counselors used. These intervening conditions influence one another, as well as the contextual factors that framed the action strategies counselors used.

Systematic Absence of Training

Most of the participants described the lack of emphasis of disability trainings, discussions, and representation throughout counselor preparation and in their sites of employment. Some participants reflected on the detrimental consequences of the lack of institutional trainings (i.e., workshops) and professional presentations (i.e., conference presentations) focused on disability issues. One participant stated, “I feel like in my professional training we talked a lot about multicultural issues, but there definitely was not a course or professional presentation on disabilities and working with people with disabilities.”

Double Bind

This intervening condition was defined as the set of factors that place clients in a double bind tension between a supportive community of professionals that can also become difficult to navigate when clients are trying to have their needs met by the system. This double bind dynamic further disenfranchises, disempowers, and discourages clients with disabilities. Participants commented on the quandary present in her clinical practice between the betterment of clients' lives while being able to maintain government benefits to secure the coverage of some basic needs. One participant stated, “Clients have to stay sick to get benefits and so I think that's

a really bad system." Participants not only defined this double bind as problematic and unjust, but also recognized its influence on their development of DCE.

Workload Pressures

A last intervening condition was defined by the participants' difficulties to further engage in learning opportunities to develop DCE given the lack of time and energy resulting from excessive demands for productivity in their sites of employment. Although seeing more clients increases the level of exposure and could boost the development of counselors, most participants experienced this as excessive and counterproductive when developing DCE . One participant described the pressures for productivity through excessive caseloads, the demand to document the effectiveness of counseling interventions, as well as the lack of time and resources to access further learning opportunities.

Phenomenon, Consequences, and Core Category

In grounded theory, the phenomenon is what the participants are performing or executing while influenced by set of processes and variables (i.e., contextual factors, actions, intervening conditions) and that lead to a set of consequences (Corbin & Strauss, 2015). Within the development of DCE, the phenomenon entails the practice of handling and honoring both, the commitment to counseling effectiveness and cultural responsiveness, while influenced by the contextual factors, intervening conditions, and the action strategies involved in the process.

The consequences represent ramifications of the development of DCE as it occurs within the context and intervening conditions. Going through the process of development of DCE to compensate for the paucities in training could facilitate, stagnate, or inhibit the participants' critical views of disability. When participants' critical views of disability were facilitated, they better connected with the idea of resolving clients' mental health concerns by addressing the

impact of disabling conditions in the clients' lives and embracing difference. In the participants' views, this afforded meaningful and effective therapeutic relationships with clients, a heightened sense of connection to the disability identity marker, and an enhanced sense of professional purpose. When participants' critical views of disability were stagnant, they experienced their therapeutic role as disconnected from the larger issues that affect the clients' lives. Lastly, when participants' critical views of disability were inhibited, participants more easily engaged in medicalized narratives of disability and approached the therapeutic process as a tool to ameliorate larger pathologies that inherently led to suffering. When participants' critical views of disability were inhibited, they experienced increased difficulties connecting with their clients with disabilities, discomfort, and client disengagement. According to Corbin and Strauss (2015) the core category encompasses the key finding that most frequently occurs within the participants' descriptions. In this study, participants' evolving commitments were overly present across the findings and acted as a driving force for all the efforts taken while they developed DCE. Participants alluded to evolving commitments towards multiculturalism and social justice, towards their professional and personal development, towards the wellbeing of their clients, and towards building meaningful careers.

Discussion and Implications

The analytic categories identified in this grounded theory study (Corbin & Strauss, 2015) account for the multiple dimensions and processes involved in a theoretical explanation of 21 professional counselors' self-perceived DCE. Participants' varied personal and systematic efforts to reflect about disability and develop counseling effectiveness amidst the contextual factors, actions, and causal/intervening conditions accounted for the core category: Evolving Commitments. Evolving commitments represent the internal dynamic processes that propelled

participants to navigate their working environments to develop post-graduation DCE through the engagement of counseling effectiveness and cultural responsiveness. The dimension of counseling effectiveness is congruent with the current emphasis on clinical skills proficiency emphasized throughout curriculum in programs accredited by CACREP. Additionally, the emphasis on Cultural Responsiveness is consistent with the contemporary prominence of multiculturalism and social justice advocacy discourse that drives complex and intersectional conceptualizations of identity in the work with marginalized communities in psychology and counseling (Pieterse et al., 2009; Ratts et al., 2016; Ratts & Pedersen, 2014).

The results emerging from this study provide further evidence to substantiate previous literature about the conditions that motivate counselors to develop DCE (Deroche et al., 2020; Rivas & Hill, 2018), the environmental pressures experienced when working with clients with disabilities (Emir Öksüz & Brubaker, 2020; Feather & Carlson, 2019; Pieterse et al., 2009; Rivas, 2020; Rivas & Hill, 2018), and the importance of behaviors related to engaging the complexities of identity (Ratts & Pedersen, 2014; Rivas & Hill, 2018; Watt et al., 2009). This study provides empirical divergent results from the existing literature in that the researchers highlight additional intervening conditions that question the level of pressure and toxic workload expectations for professional counselors when developing DCE in some settings. This is an important contribution that can potentially shift the sole focus on practitioners' skills (Smart & Smart, 2006) and amplify the ways in which mental health systems are built and maintained to employ counselors to effectively serve clients with disabilities.

The findings of this study provide additional support for the critical emphasis on environmental and socio-political issues that surround different bodies in mental health systems (Emir Öksüz & Brubaker, 2020; Rivas, 2020) and the Social Model of Disability in psychology

and counseling (Emir Öksüz & Brubaker, 2020; Rivas, 2020; Reeve, 2000; Smart & Smart, 2006). Moreover, these results highlight the opportunities for meaningful interdisciplinary and practical synergies between the newest versions of multicultural and social justice competencies (Ratts et al., 2016) and disability studies (Emir Öksüz & Brubaker, 2020; Reeve, 2000; Smart & Smart, 2006) already articulated in the Disability-related counseling competencies (Chapin et al., 2018). In other words, the results of this study provide initial empirical support for the ways in which Chapin et al. (2018) identified disability-related counseling competences to unfold for counselors.

This study's results also support the literature in that they reflect the criticality of behaviors related to self-initiation, realizing privilege, and engaging the complexities of identity. These actions were varied and involved counselors' self-initiation to compensate for paucities in training that have been previously documented in the literature (Deroche et al., 2020; Emir Öksüz & Brubaker, 2020; Feather & Carlson, 2019; Pieterse et al., 2009; Rivas & Hill, 2018). Additionally, participants worked towards honoring multicultural commitments that facilitated them to approach cultural awareness and their realization of their privilege in disability-related discussions (Ratts & Pedersen, 2014; Rivas & Hill, 2018; Watts et al., 2009). Lastly, participants' recognition of the cultural complexities that surround disability can further enhance the possibilities for clinicians to disrupt singular and essentializing views of identity and afford counselors with more complex and human descriptions of lived experience (Emir Öksüz & Brubaker, 2020; Ratts & Pedersen, 2014; Rivas & Hill, 2018).

Limitations

This study has several limitations. Although we took multiple measures for trustworthiness, we also recognize the unintentional influence of researcher subjectivities

throughout the research process (Hays & Singh, 2012). These facets of our personhoods might have impacted the methodological and analytic decisions throughout the process as well as the outcomes of the study. Additionally, although some internal variation pertaining to the participants' personal impact of having a disability was identified and integrated into the analysis, no major analytic observations emerged from racial, gender identity, or language differences in the group of counselors. The majority of participants in this study were early career professionals, which might have influenced their self-assessment of the work. We caution the reader in that the results of this study do not yield a picture of all counselors but only early career professionals.

Similarly, the sample included only licensed professional counselors and did not account for the extensive causal conditions and post-graduations compensatory ways in which other mental health professionals adhere to areas of disability counseling competence. The latter represents a significant limitation as DCE might represent an area of needed focus for both counselors (Pieterse et al., 2009). Finally, the lack of disability-centric perspectives of DCE is one of the major limitations of this study. Thus, the construction of this theory is inherently partial in that it did not include the personal accounts of clients with disabilities who use these counseling services to navigate mental distress while facing the effects of living in a disabling society (Charlton, 1998; Reeve, 2000).

Implications for Practice, Advocacy, Education/Training, and Research

This study examines the connections between disability, counseling effectiveness, and cultural responsiveness in practicing professional counselors, and offers counselors a theoretical model of the development of self-perceived DCE. Using this model, practicing counselors can embrace and move forward from the paucities in their training (Deroche et al., 2020; Emir Öksüz

& Brubaker, 2020; Feather & Carlson, 2019; Pieterse et al., 2009; Rivas & Hill, 2018) and galvanize their commitments for multiculturalism, social justice (Ratts & Pedersen, 2014) and self-initiation from the time when they are entering their internship practice (Rivas & Hill, 2018). Clinicians can also self-initiate and connect to their professional and learning communities to find additional materials that are better suited for different levels of ability (i.e., close captioned materials). Clinicians could further enhance the counseling relationships with and advocate for their clients by openly recognizing and embracing the dimensions of experienced oppression, stigma, and discrimination that people with disabilities experience in society (Emir Öksüz & Brubaker, 2020; Ratts & Pedersen, 2014; Rivas, 2020).

Clinical supervisors can utilize these findings to enhance the supervisees' collaborative relationships, foster supervisees' reflexivity, support supervisees' navigation of workload demands while supporting laws and policies for people with disabilities while advocating for clinicians and clients (Emir Öksüz & Brubaker, 2020). Through attitudinal measures about disability, supervisors can encourage the supervisee to honor the professional evolving commitments for counseling effectiveness and cultural responsiveness and position these as developmental goals. Clinical supervisors can further contrast the same measure at different points in time when working with clients with disabilities and use the proposed model to frame the clinician's critical view of disability. Noticing and framing the clinician's facilitation, stagnation, or hinderance of their self-perceived DCE can further stimulate their development in the context of the multiple factors and dimensions at play in this process.

Training programs can address the systematic absence of disability content by introducing the theoretical model emerging from this study in the multicultural course to highlight the process of multicultural competence development related to disability (Deroche et

al., 2020; Feather & Carlson, 2019; Rivas & Hill, 2018; Smart & Smart, 2006). In addition, faculty can actively integrate systemic dimensions of disability illuminated in this theoretical model within a variety of courses to highlight the social complexities that surround disability (Deroche et al., 2020; Feather & Carlson, 2019; Pieterse et al., 2009). Internship instructors can further use the overall model emerging from this study to normalize students' reactions and biases and illustrate the process of development that follows the recognition and processing of these initial attitudes and reactions (Deroche et al., 2020; Rivas & Hill, 2018). Lastly, counseling programs and clinical supervisors can integrate narrative pedagogical approaches (i.e., autobiographies) into required courses to evoke attitudes and reactions described in this study and further foster counselor reflexivity, enhanced empathetic understanding, and potentialized multicultural consciousness (Feather & Carlson, 2019; Rivas & Hill, 2018).

Since the findings in this study are framed within counseling effectiveness as self-perceived improved skillset rather than a benchmark (i.e., competence), future research on the DCE could compare and validate the developing skills for effectiveness in the context of the Disability-Related Competencies (Chapin et al., 2018). Future research could examine the influence of identity complexities and intersections in the counselors and clients and the development of DCE to illuminate the differential trajectories of the development of DCE as these trajectories are informed by the social identities of the counselors. Future research could explore the impact of personal experience and post-graduation training in the development of DCE for counselors, as well as the lack of enthusiasm that counselor trainees or recent graduates might experience regarding learning about disability. Lastly, future studies can examine what DCE means and looks like for clients with disabilities attending counseling and contrast their experiences with those of the clinicians.

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