

## DISABILITY-RELATED COUNSELING COMPETENCIES

American Rehabilitation Counseling Association (ARCA) Task Force  
on Competencies for Counseling Persons with Disabilities

Task Force Members:

Martha Chapin, Henry McCarthy, and Linda Shaw (Co-chairs)  
Michelle Bradham-Cousar, Richard Chapman, Margaret Nosek,  
Sonia Peterson, Zeynep Yilmaz, and Noel Ysasi

Originated by: Toni Saia, Camelia Shaheed, Zeynep Yilmaz

Approved by the American Rehabilitation Counseling Association Board of Directors on 5-29-18

Approved by the American Counseling Association Governing Council on 3-27-19

***Please address questions or recommendations to the Task Force Co-Chairs:  
Martha Chapin ([chapinm@ecu.edu](mailto:chapinm@ecu.edu)), Henry McCarthy ([hmccar@LSUHSC.edu](mailto:hmccar@LSUHSC.edu)),  
and Linda Shaw ([lshaw@email.arizona.edu](mailto:lshaw@email.arizona.edu))***

*Suggested citation:* Chapin, M., McCarthy, H., Shaw, L., Bradham-Cousar, M., Chapman, R., Nosek, M., Peterson, S., Yilmaz, Z., & Ysasi, N. (2018). *Disability-related counseling competencies*. Alexandria, VA: American Rehabilitation Counseling Association, a division of ACA.

Having a disability is an experience that is shared by many individuals across every segment of the population. Therefore, it is highly likely that counselors of all backgrounds and specializations will, from time to time, work with persons with disabilities (PWDs). This set of competencies is intended to serve as a resource and provide aspirational guidelines to help shape best practices in counseling by expanding meaningful understanding and support of PWDs in contemporary American society. The goal of this document is to encourage counselors to pursue the competencies identified below to better understand and assist PWDs and is not intended as a mandatory list of standards that must be met in order to provide effective counseling to PWDs. It is recommended that counselors and counselor training programs support the attainment of these competencies among all counselors, in recognition of disability as a part of personal identity and cultural diversity and in affirmation of their professional commitment to social justice.

This list of competencies was developed by the individuals listed above. However, it benefits from the work of many people over decades. As such, it represents an evolution of conceptual thinking, research, and utilization of input from multiple stakeholders that have collectively shaped the current understanding of best practices in serving PWDs. The list is

organized into five sections that cover various contexts and functions within the work of counselors. The first two sections identify broad conceptual issues related to the experience of disability; the latter three sections are focused on activities within different areas of counseling practice. Many of the competencies apply to multiple sections. However, to avoid redundancy, each item is stated once and is not repeated in any subsequent sections, even though several items may be important to consider and apply when working with PWDs in a variety of contexts.

The document concludes with a Glossary that provides a definition of selected terms that might not be familiar to all who will use this resource.

### **Section A: Understanding and Accommodating the Disability Experience**

A.1 Understand that PWDs, like all people, can live full and productive lives, and they deserve to have encouragement and opportunities to develop and express themselves as they progress through every stage of the lifespan.

A.2 Understand that the process and timing of adapting to the onset of a disability, the way individuals develop a disability identity, and the ways in which that identity is expressed vary from individual to individual. This naturally occurring variability, should not be interpreted as abnormal adjustment, psychopathology, or delayed development. This understanding makes assessment, diagnostic interpretations, counseling, and goal setting more valid and effective.

A.3 Demonstrate comfort and respectful behavior in interacting with PWDs, by knowing how to:

- be authentic, use common courtesies, and not pity or patronize.
- talk and have eye contact with the PWD, rather than an interpreter/aide/relative.
- offer assistance when it appears to be needed, wait for the person to accept or decline the offer, follow instructions from the PWD, and not be offended if your offer of help is declined.
- check for accessibility when planning activities that require PWDs to enter new environments and make or advocate for any needed accommodations in the plans.
- discuss specific accessibility needs with each PWD, solicit preferences, explore options, and assist in implementing needed accommodations.

A.4 Recognize that self-concept and quality of life can be compromised if expected and desired milestones or goals are delayed or complicated as a result of a disability or society's response to PWDs.

A.5 Understand that various forms of ignorance about or prejudice against disability tend to influence authorities and others to make discriminatory decisions, either conscious or unconscious, that limit opportunities for PWDs within the social, familial, vocational, housing,

and healthcare environments. This may be particularly true in those instances where multiple minority statuses of a PWD intersect.

A.6 Validate and collaboratively problem-solve client concerns about their experiences of oppression and ableism.

A.7 Understand how PWDs may be negatively impacted by their own internalization of the oppression they have experienced or observed.

A.8 Understand how prejudice and fear of disability are a part of the history and ingrained culture of many institutions and social practices and, therefore, continue to contribute to higher rates of disenfranchisement, abuse, and neglect of PWDs.

A.9 Examine their beliefs and assumptions about disability to reveal unintended, indirect, or subtle ways in which biases may influence counselor behavior and interpretations (e.g., immediately assuming that the disability is the presenting problem or the cause of it).

A.10 Take steps to ensure, to the extent possible, that services provided to PWDs are:

- inclusive: emphasize meaningful participation in the community and in society.
- holistic: explore many aspects (e.g., personal, vocational, spiritual, sexual) of the person's life.
- strengths-based: focus on developing goals and strategies that build on the person's existing assets.
- respectful of privacy: because clients' privacy rights are often compromised due to personal assistance needs, counselors should take extra steps to ensure these rights.

A.11 Advocate for the accessibility of all spaces in their organization. These include: the parking lot, building entrance, waiting area, restrooms, offices, and meeting rooms.

A.12 Advocate for the development and use of an evacuation plan for wheelchair users and people with other disability-related needs to exit safely and expeditiously in emergency situations.

A.13 Use professional development opportunities as needed to develop or enhance their attitudes, knowledge, and competencies specific to issues, preferences, and concerns of those with disabilities whom they serve as well as the disability community at large.

A.14 Seek consultation, as needed, from persons knowledgeable about disability (e.g., persons experienced in managing their disability, rehabilitation counselors, professionals with specific, relevant expertise) to increase the accessibility and effectiveness of services provided to PWDs.

A.15 Solicit the direct involvement of PWDs in organizational decisions affecting them; make collaborative decisions throughout the counseling process, including decisions about the goals,

processes and evaluations of counseling that are evidence-based and culturally-sensitive; and work in partnership with them in implementing decisions.

### **Section B: Advocacy for PWDs and Support of Their Self-Advocacy**

B.1 Advocate for equality of opportunity to achieve full inclusion and participation in all aspects of society.

B.2 Develop the knowledge, skills, and commitment to social justice necessary to be effective advocates at the individual, group, institutional, and societal levels for PWDs.

B.3 Obtain and share useful information to reduce physical, programmatic, communication, and attitudinal barriers affecting PWDs.

B.4 Recognize and constructively confront misinformation and biases about PWDs when interacting with other professionals, students, supervisees, consumers, and the public.

B.5 Inform clients about their right to due process and mechanisms for reporting discrimination or unfair treatment.

B.6 Initiate advocacy on behalf of PWDs only with their consent and participation, whenever possible, to ensure that they agree with and can choose to direct the goals and strategies of the advocacy efforts.

B.7 Become familiar with their organization's disability-related, equal opportunity policies and practices (e.g., non-discriminatory job requirements or criteria for admission to educational institutions) and disseminate this information to others, as appropriate.

B.8 Listen to and learn directly from PWDs and their recognized allies what their needs, goals, and resources are so that the counselors can expand their understanding and identify opportunities to contribute to the efforts toward change and take action as needed.

B.9 Engage in advocacy, as appropriate, for students with disabilities in school settings where discriminatory or exclusionary practices are evident (e.g., not being encouraged to attend college, disproportionate disciplinary measures, segregated instruction).

B.10 Engage in advocacy, as appropriate, for proactive planning and consideration of all aspects of transition services (e.g., child to adult medical care, school to work and school to higher education) for PWDs.

B.11 Support the efforts of PWDs to self-advocate at school, work, and in the community by providing opportunities to problem-solve and role-play or by providing referrals to advocacy resources.

B.12 Identify resources that promote self-determination and self-advocacy by PWDs, and work to reduce factors that act as barriers to PWDs through collaboration with these individuals, groups, or organizations.

B.13 Work to identify resources that improve their organization's culture or services, when the needs of PWDs are not being appropriately met.

B.14 Promote decisions and actions that make mental health, medical, and wellness services accessible to PWDs within their community.

B.15 Practice in a manner that respects basic human rights, including respect for PWDs' dignity, right to pursue an independent lifestyle, and autonomy to make choices, even when those choices may include a risk of failure.

B.16 Make efforts to provide current, relevant, accessible, and disability-affirmative resources (e.g., publications, websites, experienced referrals, and organizations) to clients, colleagues, and the public.

### **Section C. The Counseling Process and Relationship**

C.1 Make efforts to ensure that client communication is available in alternative formats as needed (e.g., Braille, closed captioning, and digital versions), including information about counseling services, cancellation policies, confidentiality, and other information provided at the beginning of the counseling relationship.

C.2 Make efforts to ensure the accessibility of technology used for distance counseling, websites, social media sites, software, and computer applications.

C.3 Demonstrate caution about attributing a PWD's distress, anger, frustration, or negative outcomes to the disability, or personal reactions to it, without considering the possible contribution of other external stressors and barriers involved in living with a disability, including inadequate access or accommodation within the agency or wider service system.

C.4 Consider various factors (e.g., time since diagnosis and cognitive capacity) when screening PWDs for inclusion in group counseling.

C.5 Recognize that PWDs have often been socialized to believe they are responsible for the comfort of others and may suppress the expression of their own feelings for the sake of others. Counselors should invite PWDs to share negative emotions, even if they are directed at the counselor or others.

C.6 Resist the tendency to assume the primary reason PWDs seek counseling services is related to the disability and recognize that holistic assessments must incorporate all major life domains, regardless of the presenting issue.

C.7 Understand that some PWDs may have had disempowering developmental experiences and, where appropriate, counselors should address these concerns.

C.8 Ask about and provide accommodations, as necessary, for the effective delivery of individual and group counseling services to PWDs.

C.9 Select treatment/assessment approaches consistent with client strengths and do not rely upon cognitive, physical or sensory abilities that are directly or indirectly influenced by disability.

C.10 Modify sessions as indicated to address specific PWDs needs (e.g., shorter sessions, frequent breaks).

C.11 Understand that disability can affect the entire family system. Supportive services and/or counseling interventions that address family dynamics and concerns may be helpful.

C.12 Seek to ensure that information and advice about the long-term planning needs (e.g., personal futures planning, special needs trusts) is available to PWDs and their families, as appropriate.

C.13 Seek services and/or consultation from other professionals when the disability-related needs of the PWDs exceed their scope of practice as evidenced by education, training, and experience.

C.14 Avoid discriminatory referrals based solely on the presence of a disability.

C.15 Learn how to access referral resources who can consult with or educate current or potential employers on disability issues and methods to facilitate inclusion in the workplace (e.g., accommodations, accessibility, staff training, and maintaining a welcoming environment in the workplace).

C.16 Acquire knowledge about available disability-related services and service providers (e.g., vocational rehabilitation, assistive technology, accommodation and support in educational settings) for timely referrals and/or collaborations.

## **Section D. Testing and Assessment**

D.1 Demonstrate sensitivity about how some tests and assessments are products of an ableist culture and may reflect and/or reinforce stereotypes or disability-negative

perspectives about the abilities and characteristics of PWDs. When scoring and interpreting test results, counselors should remain cognizant of the potential ways disability, culture, or other considerations may result in misinterpretation of results.

- Exercise caution when using tests and assessments that lack normative data for PWDs and when making interpretations or diagnoses based on the results of such tests.
- Select tests and assessments normed on PWDs when appropriate and possible. When such assessments are unavailable, counselors will consider accessing and incorporating other useful information (e.g., behavioral observations, interviews, and contextual/environmental assessments).
- Understand that the commonly held view of disability as a deficit may result in biased interpretations of tests and assessments and lead to misdiagnoses.

D.2 Remain aware of notable within group differences among PWDs and exercise caution in interpreting data normed on the general population or disability groups other than that with which the client identifies.

D.3 Realize that contextual/environmental conditions in an individual's life (e.g., worksite, family, and housing) may impact function and goal attainment. Comprehensive assessment should examine barriers/complications as well as environmental resources/supports rather than an exclusive focus on factors within the PWD.

D.4 Understand that accommodations may be needed during the administration of tests and assessments (e.g., due to the physical requirements for responding to the test items, cognitive or physical load imposed by testing that may affect performance). Adaptations may include the use of computers or adaptive technology, additional time, or test administration in different locations to minimize the effects of disability on test-taking. Further, standardized administration may result in invalid results if it requires tasks and functions that are affected by disability. If the counselor is uncertain about the appropriateness of accommodations, the counselor will consult with the PWD and others with expertise relevant to the situation.

D.5 Note all accommodations in the standardized administration of vocational assessments and career counseling in reports and consider them in the interpretation of results. Counselors will apply this understanding during the supervision of trainees or other personnel charged with test administration.

D.6 When performing an assessment and prior to establishing a diagnosis, make every attempt to ensure the clinical impression reflects an enduring psychological state and is not a function of current psychosocial adaptation to the disability (e.g., initial impact; shock and anxiety, anger, denial, changing perceptions of disability or life circumstances).

D.7 Understand that PWDs are at greater risk for trauma and abuse and screen for these issues during initial assessments.

## **Section E. Working with or Supervising PWDs in School, Employment, Community, and Clinical Settings**

E.1 Examine existing practices and materials (e.g., assessments, occupational stereotyping, employment applications, and career development interventions) for language, assumptions, and concepts that may be inappropriate or disparaging toward PWDs.

E.2 Understand the systems of discrimination that PWDs may experience in their education, job search, and employment, and how their high rate of unemployment and under-employment may affect their ability to function effectively in other spheres of life (e.g., housing, physical and emotional health, ability to support a family).

E.3 Recognize that PWDs have a right to access education, housing, employment, leisure, and public spaces in the least restrictive environment in integrated community settings.

E.4 Understand the major legal concepts and associated provisions (e.g., reasonable accommodation, the multidimensional definition of disability) of the major civil rights laws protecting PWDs in all aspects of education, employment, and community living, including the Americans with Disabilities Act (ADA), Individuals with Disabilities Education Act (IDEA), and others.

E.5 Facilitate welcome inclusion of PWDs in all aspects of the education and employment experience in their organizations or in those with which you have an indirect relationship through your clients.

E.6 Make efforts to provide and/or take advantage of periodic staff training and ongoing resources on best practices with PWDs.

E.7 Promote inclusion of PWDs in organizational advisory boards and other governing or policy-making bodies.

E.8 Consider both potential barriers and accommodation possibilities when conducting or reviewing job duties.

E.9 Seek guidance when necessary to differentiate essential job functions from non-essential job functions and desired attributes, to avoid discriminatory assumptions about ways of performing tasks when writing and revising job descriptions.

E.10 Use multiple media sources and markets likely to reach PWDs when publicizing job vacancies.

E.11 Promote access to essential physical sites, equipment, electronic resources, and communications for all students with disabilities, supervisees, applicants, and employees and strive to employ the principles of universal design.



E.12 Advocate for equal access to employee benefits and advancement programs (e.g., occupational wellness programs, recreational activities, and occupational training programs) for all employees.

E.13 Promote access to organizational and personal resources for consultation on disability issues and understand how to access these resources when needed.

E.14 Make an effort to link clients with mentors who have direct experience or resources help them to recognize the full array of career choices available to them and to understand the value of work-accommodation strategies and work-incentive programs in achieving vocational goals.

E.15 Discuss, as appropriate, and within ethical and legal guidelines, accommodations needed by counseling professionals with disabilities to perform the essential functions of their job.

E.16 Understand that disclosure of disability status or issues related to the disability of the supervisor, supervisee, or client should be completely voluntary, and facilitate discussions about self-disclosure, as appropriate.

E.17 Seek supervision or consultation to avoid abuse of privilege and power in the counselor-client relationship.

## Glossary

**ableism:** A worldview in which being able-bodied is assumed and acted on as the unquestioned norm for the way things are and should be. Because the ableist viewpoint is so systemically dominant and ingrained in the culture, people are typically unaware of its influence on how they perceive and act (e.g., designing buildings and homes with steps for entering instead of ramps, which everyone can use and which some persons or situations require).

**accommodation and reasonable accommodation:** Any change in the environment or in the way things are customarily done that enables a PWD to enjoy equal opportunity or access. Allowing PWDs to perform a task or accomplish a goal with needed supports or in an alternative way. The term “reasonable accommodation” is specified in Federal legislation to indicate that not all desired accommodations must be provided, and that cost-related factors can be considered in determining what is reasonable.

**acquired disability:** A condition that occurs suddenly or develops gradually during the lifespan; thus, the person has had prior experiences, expectations, and identity as a non-disabled person.

**Americans with Disabilities Act (ADA):** Legislation passed in 1990 that protects individuals from discrimination based on disability. The ADA provides civil rights protections to PWDs in employment, state and local government services, transportation systems, most establishments/resources in the community that are open to the public (referred to in the law as “public accommodations”), and telecommunications services. The law requires that accessibility and alternatives/modifications (“reasonable accommodations”) be provided to PWDs and outlines a few exceptions to those mandates.

**assistive technology (AT):** Products or modifications that are used to increase the functional abilities of PWDs, thereby enabling them to perform activities or accomplish desired outcomes. Assistive technology may be low-tech or involve complex technological products and processes.

**congenital or early-onset disability:** When a condition is identified at birth or so early in the person’s development that her or his recollected experience has been one of always having the disability.

**discriminatory referral:** Refusing to serve and referring a client because the counselor feels uncomfortable working with the client due to the counselor’s judgments about the client’s values or membership in a group (e.g., race, disability, religion, or sexual orientation), without first seeking consultation, education, supervision, or other means to increase the counselor’s capacity to work effectively with the client.

**essential job functions:** Tasks and responsibilities that are considered to be fundamental to the job and not marginal, easily modified, or easily reassigned to other employees.

**Individuals with Disabilities Education Act (now, Individuals with Disabilities Education Improvement Act):** The Federal law that requires local school systems to provide a free and appropriate public education to all children and youth in the least restrictive environment.

**legal definition of “person with a disability”:** Some Federal laws identify who is considered a person with a disability to be covered or protected by the legislation. The term as defined in the Americans with Disabilities Act includes persons who satisfy any one of these three criteria: (1) has an impairment that substantially affects major life activities; (2) has a past or current record that labels a person as having a disability; or (3) is perceived as disabled (e.g., has an abnormality or disfigurement, even if it doesn’t affect functional ability).

**progressive disability:** A disability which is expected, based on medical science models, to increase in degree or severity, as opposed to a disability that typically remains stable in its manifestations for many years.

**personal futures planning or person-centered planning:** A team planning process with the goal of maximizing the probability of personal success and satisfaction in a future stage of life, typically of an individual with a developmental or cognitive disability. That person is at the center of the process, which begins by eliciting her/his desired goals and activities for the future. The process includes mapping out how goal attainment can be accomplished over time with the support and facilitation of a caring circle of family, friends, and other mentors from the community.

**transition services:** Coordinated services that support a PWD through the transition from one significant life phase to the next (e.g., from school to post-secondary education, work, or independent living).

**universal design:** An approach to designing physical and virtual spaces, equipment, programs, materials and processes that is based on principles that prioritize ease of access and use by all persons, regardless of age, size, ability level and that aim to obviate the need for accommodations or special adaptations.