

# The Professional Counselor™

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## *Digest* Volume 13, Issue 4



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## “A Learning Curve”: Counselors’ Experiences Working With Sex Trafficking



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## Diondre Also Has Bad Days: Cannabis Use and the Criminalization of Black Youth



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# Bridging the Gap Symposium

*Eliminating Mental Health Disparities*

## *Special Issue*



### **Read full article and references:**

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# Bridging the Gap: From Awareness to Action

## Introduction to the Special Issue

Jennifer M. Cook, Camille Y. Humes

This special issue of *The Professional Counselor* (TPC) is in honor of the NBCC Foundation (NBCCF)'s 2023 Bridging the Gap Symposium: Eliminating Mental Health Disparities. The theme for the 2023 Symposium, From Awareness to Action, represented the importance of attendee reflection on current issues and the need for intentional engagement in meaningful work that empowers underserved and never-served clients and communities. The event was attended by over 500 counselors and counselors-in-training who connected with peers and had the opportunity to learn from presenters of 70 sessions. Unique to this year's Symposium was the celebration of the 10th anniversary of the Minority Fellowship Program (MFP). Members of the inaugural cohort, affectionately known as the Dream Team, came together to share memories of receiving their awards and spent time engaging in discussions about their remarkable contributions to the counseling profession over the past decade.

In this special edition of *TPC*, guest editors from the first and second cohorts of the MFP reviewed submissions and selected articles for publication. Keeping the 2023 Symposium theme in mind, we worked hard to ensure that the articles in this issue reflect the purpose and vision of the event. Submissions covered a wide range of topics that provided perspectives about mental health disparities across diverse populations. Our hope is that this issue, like Symposium, will provoke thought and promote action.

We divided the articles in this issue into two sections: The first section is comprised of articles that align with the special issue theme but were not presented at Symposium. The second section is comprised of articles that were written by authors who presented at this year's Symposium and transformed their presented work into articles.

The three articles in the first section of this issue are those that align with the Symposium's theme. Although the authors of these articles did not present at Symposium, we think you will find what the authors share captures the Symposium's purpose beautifully. In "A Learning Curve: Counselors' Experiences Working With Sex Trafficking," the authors present findings from their qualitative study with clinicians who work with clients who have experienced sex trafficking to offer recommendations for working with this population. "Ableist Microaggressions, Disability Characteristics, and Nondominant Identities" reveals how ableist microaggressions manifest most frequently for people with a range of disabilities and sociocultural identities, and the authors suggest ways to better support clients with disabilities. In the third article of the issue, "Using the Cultural Formulation Interview with Afro Latinx Immigrants in Counseling: A Practical Application," the authors utilize a case study to demonstrate how to use this assessment tool with an Afro Latinx immigrant client from Mexico.

In the second section of the issue, "Diondre Also Has Bad Days: Cannabis Use and the Criminalization of Black Youth" and "Utilizing Collective Wisdom: Ceremony-Assisted Treatment for Native and Non-Native Clients" introduce readers to communities, concepts, and skills with which they may be less familiar. The authors convey clearly that counselors must develop these skills in order to serve populations who are in need of their identity-affirming, empathetic services. In "Diondre Also Has Bad Days," the author challenges readers to examine how they treat Black and White youth and to overcome potentially biased approaches that have traditionally served one group more affirmatively than the other. "Ceremony-Assisted Treatment for Native and Non-Native Clients" presents readers with intervention options that integrate Indigenous practices, such as smudging and drumming.

The final three articles in the second section are "Taking Action: Reflections on Forming and Facilitating a Peer-Led Social Justice Advocacy Group," "Comorbidity of Obsessive-Compulsive Disorder in Youth Diagnosed With Oppositional Defiant Disorder," and "Bridging the Gap Between Intentions and Impact: Understanding Disability Culture to Support Disability Justice." In "Reflections on Forming and Facilitating a Peer-Led Social Justice Advocacy Group," the authors provide their individual insights about their experiences as students who established a social justice advocacy group for peers in their counseling program. "Comorbidity of Obsessive-Compulsive Disorder in Youth Diagnosed With Oppositional Defiant Disorder" gives readers insight into the complexity of distinguishing between OCD and ODD in youth and the potential for misdiagnosis, while "Bridging the Gap Between Intentions and Impact" offers counseling professionals strategies for competent care and allyship for disabled clients through a disability justice framework.

As you read the articles in this issue, we hope you will accept the opportunity to discover new ways to engage in the profession and to reflect on the why behind your commitment to your work. May this special issue serve as an inspiration for lifelong learning and lasting impact in the spaces where it is needed the most.

# “A Learning Curve”

## Counselors’ Experiences Working With Sex Trafficking

Claudia G. Interiano-Shiverdecker, Devon E. Romero, Katherine E. McVay, Emily Satel, Kendra Smith

Sex trafficking of any individual is a significant concern globally. Over the past 5 years, all 50 states, the District of Columbia, and U.S. territories have reported all forms of human trafficking. As a form of human trafficking, sex trafficking exposes individuals to torture, kidnapping, and severe psychological, physical, and sexual abuse. Because of the prevalence of sex trafficking, the health consequences that result from it, and the diverse areas in which counselors practice (e.g., community clinics, private practices, behavioral health departments, college/universities, K–12 schools), counselors must be prepared to work with sex trafficking survivors. Therefore, first-hand accounts of counselors providing services to this population can provide an overview of current needs, challenges, and recommendations for clinical practice and research.

In this phenomenological study, we interviewed 10 counselors who have clinical experience working with sex trafficking survivors. Through in-depth individual interviews, participants discussed their lived experiences providing counseling to this population. Our analysis revealed four primary themes: (a) counselor knowledge: “learning curve”; (b) counselor skills: “creating a safe space to dive into work”; (c) counselor attitudes: “being able to listen to the client’s story”; and (d) counselor action: “more than just a counselor.” The findings indicate that counselors working with sex trafficking survivors need to not only understand trauma but also gain specific knowledge throughout their work with survivors. Participants noted a “learning curve” when working with this population. Counselors’ experiences of assessment and ensuring safety consisted of effectively engaging with their clients during the intake interview, assessing risk, applying crisis skills, and formulating personalized treatment plans. Our findings also demonstrate that working with sex trafficking survivors requires additional competencies as illustrated in previous research. All participants highlighted the importance of embracing a philosophy of empathy and validation in their work with clients by being someone who was warm, genuine, open-minded, patient, and nonjudgmental. Counselors also recognized the need to engage in work that advocated for clients within and outside of the session. Despite their dedicated work with clients to process the emotional repercussions of sex trafficking and rebuild their lives, their efforts often did not seem to be enough to support clients in their recovery. So much of what ailed their clients fell on systemic or external forces (e.g., poverty, employment, lack of resources).

The findings of this study encourage counselors to conceptualize through a trauma-focused lens, which considers how sex trafficking impacts all aspects of a client’s life and how they will interact in session. Participant narratives indicated that clients could present defiant behaviors, distrust, angry or irritable mood, and refusal to comply with treatment. Collectively, these themes underscore the importance of counselors’ ability to create safe, trusting, and empathic relationships that allow the client to disclose risk and eventually process trauma. While counselors establish a strong therapeutic relationship, they can integrate other counseling goals, including psychoeducation, assessing for risk, supporting clients through the stages of personal change, and helping the client rebuild and reintegrate into society.

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### Read full article and references:

Interiano-Shiverdecker, C. G., Romero, D. E., McVay, K. E., Satel, E., & Smith, K. (2024). “A learning curve”: Counselors’ experiences working with sex trafficking. *The Professional Counselor*, 13(4), 385–403. doi: [10.15241/cgis.13.4.385](https://doi.org/10.15241/cgis.13.4.385)







## Read full article and references:

Deroche, M. D., Ong, L. Z., & Cook, J. M. (2024). Ableist microaggressions, disability characteristics, and nondominant identities. *The Professional Counselor*, 13(4), 404–417. doi: [10.15241/mdd.13.4.404](https://doi.org/10.15241/mdd.13.4.404)





# Ableist Microaggressions, Disability Characteristics, and Nondominant Identities

Melissa D. Deroche, Lee Za Ong, Jennifer M. Cook

The United States has an extensive history of treating people with disabilities (PWD) as outcasts and as less worthy than people who do not have disabilities. Although great strides have been made since the Americans with Disabilities Act (ADA) was instituted in 1990, PWD continue to report experiences of ableism on a regular basis. Microaggressions represent one form of ableism and are characterized as commonplace overt and covert forms of prejudice and discrimination that convey disparaging messages to individuals who hold marginalized identities, including PWD. Microaggressions can be expressed as insults, assaults, and/or invalidations. Though PWD are known to experience microaggressions, little is known about ableist microaggressions within this culturally diverse community. Therefore, the purpose of our study was to examine the lifetime occurrence and types of ableist microaggressions experienced by PWD, whether differences exist based on type of disability and visibility of disability, and if additional marginalized identities impact PWD's experiences with ableist microaggressions.

In our study, ableist microaggressions included messages that communicated perceived helplessness of PWD by others; minimization of a PWD's disability; otherization based on requests for accommodations or assumption of additional impairments; and denial of personhood, which results in a focus on one's disability and denial of other identities. Our results revealed that PWD have a moderate level of lifetime occurrences of ableist microaggressions, that there are differences between the lifetime occurrences and types of ableist microaggressions PWD experience depending on whether they have visible or non-apparent disabilities, and that PWD with additional marginalized identities may experience more minimization-type ableist microaggressions. The results provide valuable information for practicing counselors, students, counselor educators, and supervisors, so they can work affirmatively with PWD while not perpetrating common ableist microaggressions.

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# Using the Cultural Formulation Interview With Afro Latinx Immigrants in Counseling

## A Practical Application

Kirsis Allennys Dipre, Diana Gallardo, Susan F. Branco, Ladylanis Grullon Cepeda

Afro Latinx immigrants are a growing subgroup among Latinx populations in the United States. Their intersecting racial and immigrant status identities expose them to interlocking oppression that negatively impacts their overall health and wellness. Members of this subgroup are subjected to immigration challenges, including acculturation, stigma, hostility toward Latin immigrants in the United States, potential fear of deportation, and language acquisition. In addition to immigration-related challenges, Afro Latinx immigrants encounter marginalization in multiple areas, including colorism, internalized racism, and the subsequent racial discrimination perpetuated by those within and outside their Latinx communities. The compounded impact of such challenges results in poorer physical and mental health outcomes for Black or darker-skinned Latinx persons compared to light-skinned Latinx persons. Yet, Afro Latinx immigrants are often rendered invisible within the larger Latinx population, leaving counselors unprepared to properly address the unique needs of this population.

The Multicultural and Social Justice Counseling Competencies (MSJCC) not only provide a framework for professional counselors to identify culturally responsive interventions unique to client needs, engage in advocacy efforts, and consider marginalized and privileged identities, but also call for counselors to provide culturally competent and sensitive counseling services. Specifically, counselors are called to implement culturally responsive andragogy within counselor training and supervision via empirically validated tools and interventions. One such tool is the Cultural Formulation Interview (CFI). In this article, the authors use the CFI as a tool to support counselors in assessment and conceptualization of Afro Latinx clients within a culturally responsive framework. The authors suggest the CFI is a helpful assessment to use when working with Afro Latinx immigrant clients.

The CFI, first included in the Diagnostic and Statistical Manual of Mental Disorders in 2013, is a guide for how practitioners can engage in culturally responsive mental health assessments. The CFI contains three versions: the core interview, the informant interview, and the supplemental modules. The core interview is divided into 16 semi-structured questions within four domains, while the informant interview is divided into 17 semi-structured questions within the same four domains. The 12 supplemental modules allow for in-depth assessment and gather information on the following four domains: 1) the client's cultural view of the problem, 2) the client's perception of the cause and context of the problem and supports in place, 3) cultural components that impact current and past coping and help-seeking strategies, and 4) the client's future help-seeking and counselor relationship concerns. The 12 supplemental modules include: 1) the explanatory model; 2) level of functioning; 3) social network; 4) psychosocial stressors; 5) spirituality, religion, and moral traditions; 6) cultural identity; 7) coping and help seeking; 8) clinician–parent relationship; 9) school-age children and adolescents; 10) older adults; 11) immigrants and refugees; and 12) caregivers.

The authors provide a fictitious case study, featuring an Afro Latinx immigrant client, with example counselor interventions guided by the CFI and the MSJCC. Counselor educators, counselors-in-training, and practicing counselors are called to increase awareness of the unique circumstances of Afro Latinx immigrant clients and familiarize themselves with how to implement the CFI clinically. The authors argue the CFI needs to be more prominently infused in counselor education, supervision, and practice.

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## Read full article and references:

Dipre, K. A., Gallardo, D., Branco, S. F., & Cepeda, L. G. (2024). Using the Cultural Formulation Interview with Afro Latinx immigrants in counseling: A practical application. *The Professional Counselor*, 13(4), 418–431. doi: [10.15241/kad.13.4.418](https://doi.org/10.15241/kad.13.4.418)





### Read full article and references:

Johnson, R. (2024). Diondre also has bad days: Cannabis use and the criminalization of Black youth. *The Professional Counselor*, 13(4), 433–447. doi: [10.15241/rj.13.4.433](https://doi.org/10.15241/rj.13.4.433)



# Diondre Also Has Bad Days

## Cannabis Use Disorder and the Criminalization of Black Youth

Rommel Johnson

*A*

lthough people of all races use drugs at similar rates, compared to their White counterparts, Black youth often experience more cannabis possession arrests. This is particularly true for Black youth who live in low-income communities because drug enforcement in the United States overly targets marginalized communities. For many Black youth who use cannabis, the combination of their race and social class can lead to a pattern of unfair treatment by their school system and the juvenile justice system (JJS).

Furthermore, these youth are often viewed and treated as criminals, which can lead to feelings of shame that can affect their mental health. Instead of seeking to understand why they use cannabis and how to address those issues, Black youth often receive punishment while their emotional and psychological needs are ignored.

School counselors and professional counselors working in schools or the JJS will likely be Black youth's first experience with the mental health profession. Therefore, it is very important that counselors in these settings promote a supportive approach that seeks to better understand Black youth and their social environment, challenges, and reasons for cannabis use. Also, counselors working with Black youth in these settings need to become aware of their own biases that may affect service delivery. For example, counselors' biases, stereotypes, and misinformation may lead counselors to assume that Black youth use cannabis more frequently than White youth. By understanding these issues, counselors can better understand how to support Black youth and promote alternative coping strategies to substance use.

Black youth in the United States face significant obstacles that both negatively affect their mental health and impact their decision to use cannabis. For instance, Black youth are more likely to live in disadvantaged neighborhoods with limited access to quality education, health care, and recreational resources. Additionally, Black youth face higher rates of unemployment and underemployment compared to their White counterparts. In addition, they also experience significant trauma and personal and secondhand racism. These environmental stressors make Black youth vulnerable to mental health problems, including depression, suicide, and drug use, including smoking cannabis.

There are four things that counselors can do to help Black youth cope with these challenges and make alternative choices to using cannabis. First, counselors need to educate themselves about how addiction occurs. Some counselors may hold on to disproven theories of how addiction happens, such as the choice theory or the moral theory. Second, counselors need to understand that many of the drug laws in the United States were not developed based on sound scientific research, but rather on racist ideologies against Black Americans and other racial and ethnic minorities. Third, counselors need to increase their level of self-awareness. Developing self-awareness requires an ongoing effort of deep self-exploration of one's values and beliefs. Fourth, counselors can become allies for Black youth who use cannabis and work to take down barriers to their mental health in school, the JJS, and other community agencies.

Black youth have experienced much distress and for a long time. By seeing them as young people, who are like us when we were their age and made unhealthy choices, we as counselors can listen to them and get to know them and their issues so that we can help them develop healthy, lifelong coping skills.

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## Read full article and references:

Smith-Yliniemi, J., Malott, K. M., Riegert, J., & Branco, S. F. (2024). Utilizing collective wisdom: Ceremony-assisted treatment for Native and non-Native clients. *The Professional Counselor*, 13(4), 448–461. doi: [10.15241/jpy.13.4.448](https://doi.org/10.15241/jpy.13.4.448)





# Utilizing Collective Wisdom Ceremony-Assisted Treatment for Native and Non-Native Clients

Julie Smith-Yliniemi, Krista M. Malott, JoAnne Riegert, Susan F. Branco

Ceremony-assisted treatments are rituals that support one's physical, spiritual, and emotional health to enact healing and sustain wellness and survivance (e.g., resistance and thriving in the face of oppression). In light of the universal practice around making meaning through ritual, certain Indigenous interventions may be adapted for non-Native clientele, albeit with caution and an ethical mindset. In this article, we describe three ceremony-assisted treatments drawn from Indigenous traditions, as practiced personally and professionally by authors Smith-Yliniemi and Branco.

These three practices are smudging, drumming, and a letting-go ceremony. Smudging is an act of burning a traditional medicinal plant with the purpose of cleansing the body, mind, or spirit and renewing energy within and around individuals. Drumming can be used to aid clients in finding rhythm in life—to celebrate, grieve, heal, and feel connected to Mother Earth. Finally, a letting-go ceremony is a ritual for processing or releasing thoughts, emotions, or memories to make room for new ways of being in the world.

Application of these three interventions by non-Native practitioners must be undertaken with respect and sensitivity, awareness, and guidance. Reliance on various ethical guidelines can reduce the risk of appropriation and misuse and ensure that cultural knowledge is applied with respectful attribution to the creators of these interventions without stereotyping. In this article, we draw on two sets of guidelines for attending to ethics in engaging in Indigenous healing ceremonies: the American Counseling Association (ACA) *Code of Ethics* and Meade et al.'s *Checklist for Counselor Practitioners*, which offers guidelines for non-Native practitioners to address issues of cultural appropriation, adaptation, and appreciation. Meade and colleagues, for instance, cite the need for practitioners to acquire cultural knowledge of an intervention to implement practices more ethically, beginning with researching the "origins of the clinical intervention."

This article describes ethical application of ceremonial interventions using relevant ACA ethical codes. Examples of ethical directives include learning appropriate application of the ritual and working to consult, learn, and draw from local cultural protocol and original people/elders/tribes of the practitioner's area. Avoiding harm might also entail clearly crediting the source and origins of ceremonial practice with clients, avoiding use of such interventions solely for profit, and not using more resources than necessary to enact a ritual.

Counselors who apply ceremonial interventions should commit to ongoing learning, as emphasized in the ACA *Code of Ethics*. This includes continual practitioner reflection and eliciting client feedback to meet each person's specific needs. Finally, practitioners should keep in mind that what is acceptable in one community is not the same in others, and that while some Indigenous people believe that Indigenous medicines are there to help individuals of any and all identities, others believe such practices should be maintained as sacred and exclusive to their community.

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## *Taking Action:*

# Reflections on Forming and Facilitating a Peer-Led Social Justice Advocacy Group

Sunanda M. Sharma, Jennifer E. Bianchini, Zeynep L. Cakmak, MaryRose Kaplan, Muninder K. Ahluwalia

Since the American Counseling Association (ACA) first endorsed the Advocacy Competencies in 2003, counselors have been urged to develop their social justice advocacy (SJA) identities to serve clients and students (a) at the individual level (e.g., client, student, family), (b) at the community level (e.g., agency, school, campus), and (c) at the public level (e.g., legislative, societal). Given the context of the sociopolitical, economic, and health crises in recent years, counselor engagement and confidence in SJA has become critical for competent practice. Although researchers have explored the role of SJA in counseling, there remains a gap in the literature exploring how SJA identity develops within counseling. As counselors and counseling students, we felt unprepared to fulfill our ethical (and for many of us, moral) duty because we had not learned enough about the tangible skills a professional counselor can utilize to challenge oppression and inequity.

### Read full article and references:

Sharma, S. M., Bianchini, J. E., Cakmak, Z. L., Kaplan, M., & Ahluwalia, M. K. (2024). *Taking action: Reflections on forming and facilitating a peer-led social justice advocacy group. The Professional Counselor, 13*(4), 462–472. doi: [10.15241/sms.13.4.462](https://doi.org/10.15241/sms.13.4.462)



As a group of socially conscious mental health counseling students, we developed and facilitated an SJA group to learn about tangible ways to engage in social justice action. Using the S-Quad model developed by Drs. Toporek and Ahluwalia, we formed and facilitated an SJA group for our peers. Being unable to locate any studies regarding peer-led SJA groups for counseling students, we hope to contribute something novel to the counseling literature and encourage counseling students to better understand and grow into their roles as social justice advocates. This paper serves as a reflection of our experiences engaging in the process. We describe the S-Quad model, explain the group structure, outline the proposed learning objectives, and provide the curriculum of the group. In addition, we offer our reflections on the group and extract salient collective themes that have come about through our processing: fear, judgment, self-efficacy, and humility.

As a result of our reflective process about the formation and experience of this group, we have identified potential implications for the counseling profession and counselor education training programs. Per our experience, we believe that social justice counseling—and SJA skills more specifically—must have a more prominent place in counseling curricula. Potential solutions may include consistently operationalizing social justice counseling and advocacy in counselor training programs. Furthermore, it is imperative to have more guidance provided by our institutional standards such as CACREP's, and to have more ethical codes around SJA in the *ACA Code of Ethics*. CACREP requirements establish content that should be covered throughout all coursework, rather than in specific classes. We urge counseling leaders to consider the importance of SJA and the core role it plays in our healing work and our counseling identity.

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# Comorbidity of Obsessive-Compulsive Disorder in Youth Diagnosed With Oppositional Defiant Disorder

Nelson Handal, Emma Quadlander-Goff, Laura Handal Abularach,  
Sarah Seghrouchni, Barbara Baldwin

Youth who are diagnosed with oppositional defiant disorder (ODD) experience symptoms including frustration, anger, and irritability, which can cause defiance and issues with authority figures. The symptoms of ODD occur across multiple environments including the home and school. Children and adolescents who are diagnosed with obsessive-compulsive disorder (OCD) act on obsessions by performing compulsions or repetitive ritualistic behaviors. Oftentimes, the settings in which children and adolescents feel the urge to complete compulsions are inappropriate and restrictive, resulting in frustration and anger. This frustration and anger can be misdirected and viewed as defiance directed at authority figures, including parents and teachers. OCD is considered a highly comorbid disorder, with literature suggesting strong co-occurrence with ODD. Exploring the symptoms of frustration and anger related to obsessions and compulsions experienced by youth who have been diagnosed with ODD will provide insight into the comorbidity of these disorders and the potential for misdiagnosis.

Consideration of the co-occurrence of ODD and OCD is critical for assessment and accurate diagnosis and will influence the trajectory of treatment. In this study, scores for symptoms and severity of ODD and OCD were retrospectively collected from the patient charts of 179 children and adolescents who had been previously diagnosed with ODD. The ODD symptoms collected in this study included annoyance, anger, resentfulness, and spitefulness or vindictiveness. The OCD symptom that was collected referred to frustration or anger related to obsessions and compulsions. The findings of this study indicated significant associations between frustration and anger related to OCD symptoms (i.e., obsessions and compulsions) and the annoyance and anger symptoms of ODD. Furthermore, OCD severity predicted increased scores of ODD severity and symptoms.

This study sought to assess the relationships between symptoms of anger and frustration that were associated with ODD and OCD. Additionally, analysis of severity ratings of ODD and OCD provided further insight into the co-occurrence of these disorders. The premise of this article was that the inability to act on obsessions and compulsions results in increased anger and frustration, which can contribute to a diagnosis of ODD. Children and adolescents experiencing comorbidity of these disorders or who have been misdiagnosed with ODD as opposed to OCD are at risk for ineffective treatment. In this study, we highlight the need for thorough clinical assessment completed by clinicians working with youth who are exhibiting anger or frustration related to these disorders. Specifically, we discuss areas to consider when evaluating children and adolescents in order to recognize the diagnostic differences between ODD and OCD. Lastly, the article provides resources for the parents and guardians of youth who are diagnosed with either of these disorders. Accurate diagnosis of these disorders is imperative for youth to receive the necessary treatment that will impact their daily functioning.

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**Read full article and references:**

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# Bridging the Gap Between Intentions and Impact

## Understanding Disability Culture to Support Disability Justice

K. Lynn Pierce

The persistent presence of ableism in higher education, counseling practice, and society underscores the urgent need for disability justice advocacy. Over 60 million Americans live with a disability, making them the largest minority group in the United States. The Americans with Disabilities Act (ADA) defines disability as impairments limiting major life activities, like walking or working. Despite the ADA's introduction over three decades ago, institutional ableism still undermines the quality of life for many people, perpetuating societal stigma and discrimination. This calls for a multifaceted approach that not only addresses legal compliance, but also fosters a general culture of empathy and inclusion. Educational institutions and communities must evolve beyond mere accommodation to actively celebrate and integrate the diverse experiences of disabled individuals.

A fundamental obstacle to understanding, equity, and advocacy is able privilege, the phenomenon in which non-disabled bodies are viewed as normative, leading to lack of representation and disempowerment of disabled people. Restrictive policies and social norms push disabled people to the fringes of society, further entrenching this able privilege through continual exclusion and erasure from public spaces and consciousness. Society must cultivate environments in which disabled voices are not only heard but are also given priority in matters affecting their own lives and well-being.

In counselor education, ableist ideologies often permeate content, conveying biased perspectives. Programs must deeply assess their accessibility and prepare students for disability-competent practice. This means inviting disabled professionals to lead educational sessions and integrating curriculum about disability (throughout the core content areas mandated by the Council for the Accreditation of Counseling and Related Educational Programs). Using a disability justice framework, which highlights the importance of leadership of the most impacted, to evaluate advocacy efforts is a good way to check for inclusion of disabled voices and keep the focus on community priorities and values.

In clinical practice, adherence to the ADA's requirements for accessibility is a legal obligation. Practitioners must ensure their offices and materials are accessible and maintain open communication channels that respect disabilities without automatically attributing all challenges or issues to the disability. Counselors need to address any disability-related bias and become comfortable broaching and discussing disability-related topics with clients.

In summary, counselors and counselor education programs bear an ethical responsibility to advance disability justice. This involves enhancing accessibility, embedding disability narratives within training and curriculum, and aligning efforts with activists and allies. As we move forward, it is essential to integrate these principles into the core of counseling practices and training, ensuring that disability competency and disability justice are not an afterthought, but are instead foundational aspects of our approach to mental health and education.

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