Counselors’, Rehabilitation Providers’, and Teachers’ Perceptions of Mental and Physical Disabilities

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The diversity perceptions of human service professionals may be critical indicators of effective service provision. Specifically, this study explored the disability perceptions of counselors, rehabilitation providers, and teachers (N = 172) enrolled in a large, southeastern university. A 76% response rate was achieved in the study, indicating clear differences by human service providers’ preparation area and perceptions of disability type. Implications for preparation and future research are discussed.

As the United States becomes increasingly diverse, the challenge to provide culturally relevant services to individuals of diverse backgrounds becomes even more critical to human service professionals (Alston, Harley, & Middleton, 2006; Carney & Cobia, 1994; Thomas & Alfred, 2008). Cultural refers to more than ethnic or racial heritage; cultural also includes social and interpersonal relationships, institutions, language and communication, values, age, gender, religion, belief systems, occupations, sexual orientations, disabilities, and appearance (Baruth & Manning, 2003; Corey, 2005; Gopaul-McNicol & Thomas-Presswood, 1998). The importance of understanding service professionals’ perceptions of cultural diversity in a pluralistic society is especially significant for human service professionals and those who prepare future human service professionals (Curtis, 1998; Shippen, Crites, Houchins, Ramsey, & Simon, 2005). For the purposes of the current study, this understanding begins with a deconstruction of the term disability and what it means.

Societal constructs include the many ways that society refers to the concept of disability. Disability is a broad term that encompasses ideologies that refer to a “non-normative” existence and a “departure from that which is ideal” (Robinson-Wood, 2009, p. 253). The term has also been socially constructed from a devaluing of “bodies that do not conform to cultural standards” (Robinson-Wood, 2009, p. 252) of normalcy. The conceptual understanding of disability has been shaped by language and other sociocultural practices, by institutions, and by politics (Moore & Feist-Price, 1999). Having a disability can include a myriad of physical, cognitive, sensory, developmental, psychiatric, or multiple conditions. These multiple identities and how people are socialized to think and feel about disability affect the quality of life and life satisfaction of individuals with disabilities (Alston et al., 2006; Larkin, Alston, Middleton, & Wilson, 2003). People with disabilities face discrimination resulting from negative opinions, beliefs, attitudes, and perceptions held about disabilities (Biklen, 1986; Biklen & Bailey, 1981; Bogdan & Knoll, 1995; Bowe, 1978, 1990). In fact, Fleischer and Zames (2001) have defined handicapism as a set of assumptions and practices that promote the dissimilar and unequal treatment of people on the basis of differences that are physical, mental, or behavioral in nature. These differences can be either apparent or assumed of individuals. Often, people with disabilities may be perceived as a threat to the physical safety of individuals without disabilities because of assumed violent, destructive, aggressive, and antisocial behavior on the part of the individual with a disability (Hyler, 1988; Hyler, Gabbard, & Schneider, 1991). Additional assumptions may be that individuals with a disability are dangerous because they are contagious or can contaminate others with their disability (Mackelprang & Salgiver, 1999).

Even at the professional level, people with disabilities may find that they are attributed with negative or greater limitations than those actually experienced because individuals without disabilities are unsure how to respond to them (Smart, 2009). This discomfort and ambiguity, or interaction strain (Fichten, Robillard, Tagalakis, & Amsel, 1991; Gouvier, Coon, Toed, & Fuller, 1994), is often experienced by individuals without disabilities as decreased interaction with people with disabilities, including fewer conversations and less physical and eye contact (Livneh, 1982, 1983, 1991). To some individuals without disabilities, the effects of the disability are overgeneralized (or spread) to all aspects of the individual with the disability to the point that such individuals are discounted or underrated in general (Wright, 1988).

Aggravating the impact of interaction strain and spread is the “hierarchy of stigma” (Smart, 2009, p. 34) associated with four primary categories of disabilities:

In ascending order, this is the hierarchy of stigma: Individuals with physical disabilities have the least amount of stigma directed toward them; individuals with cognitive disabilities have more stigma; individuals with intellectual disabilities experience even more stigma; and, finally, those with psychiatric disabilities experience the greatest degree of stigma. (pp. 197–198)
The impact to those who experience the hierarchy of stigma is felt in employment, friendships, romantic relationships, and one's social life in general (Bell & Klein, 2001; Richardson & Ronald, 1977; Smart, 2009). Smart (2009) also noted that those with physical disabilities experience the least degree of stigma and prejudice, probably because these types of disabilities are the easiest to understand. The cause, the onset, the course, and the limitations are easier for most people to comprehend. Simply stated, physical disabilities do not have the degree of ambiguity that other types of disabilities do. (p. 200)

The enactment of laws through social policy and legislation has provided individuals with disabilities protection from discrimination. These social justice efforts have had an impact on stigma, affected access, influenced inclusion, and shaped understanding through civil rights (Moore & Feist-Price, 1999).

Legislation

Federal legislation has been enacted to help circumvent the impact of negative attitudes and the resulting discrimination experienced by many people with disabilities (Rabren & Curtis, 2007). In the mid-20th century, as groups of marginalized people in American society began to seek redress regarding their civil rights, individuals with disabilities began to form partnerships and associations that targeted their specific need (Martin, 2007; Smart, 2009). Indeed, the beginning of the disability rights movement closely mirrored that of the civil rights movements for many Americans and resulted in the furtherance of civil rights that were undergirded by the passage of federal legislation ensuring such rights. A small number of the significant laws that have helped to form the foundation and movement of civil rights for individuals with disabilities include the Community Mental Health Centers Act of 1963, the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Education for All Handicapped Children Act of 1975, and the Americans With Disabilities Act of 1990 (Gerig, 2007; Martin, 2007; Vaughn, Bos, & Schumm, 2007).

Contact and Interaction With Human Service Professionals

Despite the enactment of federal laws that promote equality of opportunity for all Americans, individuals with disabilities continue to experience discrimination in most areas of life on the basis of their status alone. To negate the impact of spread and interaction strain, perceptions regarding people with disabilities that are faulty and negative must be identified and challenged. It has been noted that individuals who reported more favorable attitudes toward people with disabilities had increased contact with these individuals (Hunt & Hunt, 2000) and that the reduction of stereotypes and hostility between different groups is eased by contact between those groups (Hamburger, 1994). When contact between individuals with and without disabilities occurs in a way that refutes stereotypes, positive attitudes toward individuals with disabilities occur (Spagnoto, Murphy, & Librera, 2008; Yuker, 1994). Additionally, more positive attitudes toward individuals with disabilities are experienced when contact occurs that is personal, intimate, and mutually rewarding.

There is a distinctive body of literature that informs what is known about different groups of people who (a) work with individuals with disabilities, (b) have been educated to work with these individuals, and (c) frequently interact with them on a professional level (Barr & Bracchitta, 2008; Cottone & Belcher, 1987; McCarthy & Leierer, 2001; Middleton et al., 2000; Mitchell & Hegde, 2007; Tervo, Palmer, & Redinius, 2004).

A positive attitude toward persons with disabilities is one desired characteristic in human service professionals (McCarthy & Leierer, 2001). For rehabilitation counselors, attitudes toward disability type were found to be affected by education. For example, Cottone and Sklare-Lancaster (1981) surveyed rehabilitation counselors’ attitudes specifically toward psychiatric vocational rehabilitation. It was noted that a positive attitude toward a specific disability type (i.e., psychiatric vs. physical) was affected by the type of graduate degree obtained by counselors who participated in the study. Additionally, Cottone and Belcher (1987) found a positive effect on attitudes toward psychiatric rehabilitation after undergraduate rehabilitation psychology majors experienced a 4-week field activity in this area. Therefore, specific educational experiences, both in the classroom and in the form of practicum/internship (field) activities, seem to affect attitudes toward persons with disabilities. More important, the focus of the educational experience (psychiatric vs. physical disabilities) seems to influence attitudes toward the disability area in which the education occurs.

Carney and Cobia (1994) found that counselors-in-training (mental health, school, and rehabilitation) demonstrated positive attitudes toward persons with disabilities. However, rehabilitation counselors-in-training reported the most positive attitudes. These findings suggest that degree/career selection may reflect beliefs about populations that counselors serve. Additionally, Barr and Bracchitta (2008) investigated attitudes of undergraduate education majors of individuals with “physical, developmental, and behavioral disabilities” (p. 228) related to choosing education as a major. This study indicated the importance of contact with individuals with disabilities. Specifically, findings indicate that “contact with individuals with behavioral disabilities is the most influential variable in both predicting their becoming an education major and predicting their having lower misconceptions of disabled populations” (Barr & Bracchitta, 2008, p. 237). Mitchell and Hegde (2007) also discussed beliefs and practices of in-service teachers. Both quantitative and qualitative findings included an examination of the relationship between beliefs and prac-
tices with inclusive settings, comfort level, level of education/licensure, and attitude toward inclusion, level of preparation, support, and training needs. Findings of the study indicated no significant relationship between beliefs and attitudes, knowledge, and comfort levels with inclusion.

Therefore the purpose of this study was to investigate perceptions of preservice and in-service human service professionals toward individuals with physical and mental disabilities. Three broad research questions were addressed in the study:

- **Research Question 1:** Is there a difference between perceptions of physical and mental disability by human service professionals?
- **Research Question 2:** Is there a difference between human service professional groups?
- **Research Question 3:** If differences exist by group, what are the differences?

The examination of perceptions is warranted because of the previous research conducted. The current study is significant because human service provider perceptions have the potential to behaviorally affect service provision to individuals with disabilities. By investigating these questions, the study aims to extend what previous research connotes and reveals about differences among groups. Additionally, the study seeks to serve as a springboard for understanding the impact these perceptions have on behavior and interactions with individuals with disabilities.

### Method

**Participants**

Participants in this study were graduate students (N = 172) enrolled in general and special teacher education, rehabilitation, and counseling courses at a large southeastern university. Participants were students enrolled in the similar course concentrations and formed the following three groups: special education/rehabilitation providers (40%, n = 69), counselors (29%, n = 50), and general educators (31%, n = 53). With respect to degree attainment, 67% (n = 116) had a bachelor’s degree, 30% (n = 51) had a master’s degree, and 3% (n = 5) had an education specialist degree. Gender demographics were 21% (n = 34) male and 79% (n = 130) female; eight participants did not respond to this item. In terms of race and ethnicity, 75% (n = 122) identified as Caucasian or European American, 15% (n = 24) as African American, 4% (n = 6) as Hispanic or Latino/Latina American, 3% (n = 4) as Asian American, and 3% (n = 4) as other; 12 participants did not respond to this item. The overall response rate was 76%.

**Survey Instrument**

Each participant anonymously completed the Disability Perception Survey (DPS; adapted from Shippen et al., 2005; Soodak, Podell, & Lehman, 1998). The demographic data requested of participants on the survey included current professional position, level of education achieved, race, gender, age, and years of experience in their field. The survey consisted of two separate one-paragraph hypothetical scenarios regarding serving individuals with disabilities. The first scenario focused on serving individuals with physical disabilities, and the second scenario focused on serving individuals with mental illness. The individuals with disabilities described in the hypothetical scenario regarding physical disabilities were identified as having (a) quadriplegia, (b) severe cerebral palsy, or (c) mobility challenges because of amputation. The individuals with disabilities described in the hypothetical scenario regarding mental illness were identified as having (a) schizophrenia, (b) bipolar disorder, or (c) major depressive disorder. Each scenario was followed by a list of 17 adjectives that were rated on a 5-point Likert-type scale delineated as negative, somewhat negative, neutral, somewhat positive, and positive feelings toward the scenario. Therefore, higher scores represent more positive perceptions. The items were counterbalanced with positive and negative variations.

The psychometric properties of the DPS indicate more than sufficient internal validity constructs. According to Shippen et al. (2005), a confirmatory factor analysis demonstrated that the 17 items presented in the DPS held their factor structure even after manipulation of the scenario content. Additionally, these authors reported a reliability coefficient for the overall instrument of r = .96, indicating extremely strong test-retest consistency. Therefore, the utility of the instrument made it possible to adapt the scenarios without disturbing the validity and reliability, which was the primary rationale for our selection of the DPS.

**Procedure**

The DPS was distributed and completed by College of Education students enrolled in graduate-level courses at a large southeastern university. Each student was provided with an envelope containing an informed consent letter approved by the university’s institutional review board and a survey packet. The survey packet contained three sections representing three sections of the DPS: (a) demographic information, (b) physical disabilities scenario survey, and (c) mental illness scenario survey. The survey took approximately 20 minutes to complete, and the students who participated did not receive any incentive to do so.

**Data Analysis and Results**

The data were analyzed descriptively and statistically. The statistical analysis of the data included a multivariate analysis of variance (MANOVA) with follow-up pairwise comparisons. Descriptive data analysis included means and standard deviations for the seven dependent measures by the three participant groups. The dependent measures yielded from the two survey
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Scenarios were (a) overall mean for perception of disabilities, (b) overall mean for perception of physical disabilities, (c) overall mean for perception of mental disabilities, (d) mean score on the Anxiety/Calmness subscale related to mental disabilities, (e) mean score on the Anxiety/Calmness subscale related to physical disabilities, (f) mean score on the Hostility/Receptivity subscale related to mental disabilities, and (g) mean score on the Hostility/Receptivity subscale related to physical disabilities.

The results of the 3 (special education/rehabilitation providers, counselors, and general educators) x 7 (overall perception of disabilities, overall perception of physical disabilities, overall perception of mental disabilities, anxiety/calmness related to mental disabilities, anxiety/calmness related to physical disabilities, hostility/receptivity related to mental disabilities, and hostility/receptivity related to physical disabilities) MANOVA indicated a significant between-subjects main effect, Wilk's $\Lambda = .81$, $F(12, 322) = 2.92$, $p < .01$, partial $\eta^2 = .10$. The univariate tests associated with the main effect were highly significant ($p < .05$) for the three overall perception measures as well as the measures pertaining to the two subscales, Hostility/Receptivity and Anxiety/Calmness, with the exception of the mean score for the Anxiety/Calmness subscale related to physical disabilities, which was not significant. Follow-up tests were conducted to evaluate the pairwise differences among the means for special education/rehabilitation providers, counselors, and general educators. The 95% confidence interval for the overall mean differences for the three groups was 3.48 to 3.64.

For overall perception of disabilities (mental and physical), statistically significant differences were found between all three groups, $F(2, 169) = 4.81$, $p < .01$. Special education/rehabilitation providers reported the most positive overall perceptions ($M = 3.70$), counselors reported the second most positive overall perceptions ($M = 3.53$), and general educators reported the least positive overall perceptions ($M = 3.41$). See Table 1 for means and standard deviations for dependent measures by participant group.

For overall perception of physical disabilities, there was not a statistically significant difference between counselors and general educators or between general educators and special education/rehabilitation providers; however, there was a statistically significant difference ($p < .05$) between special education/rehabilitation providers and counselors, with counselors reporting fewer positive perceptions of working with individuals with physical disabilities.

For overall perception of mental disabilities, there was not a statistically significant difference between counselors and general educators or between general educators and special education/rehabilitation providers; however, there was a statistically significant difference ($p < .05$) between special education/rehabilitation providers and general educators and between general educators and counselors, with general educators reporting the least positive perceptions of working with individuals with mental disabilities.

For anxiety/calmness related to physical disabilities, there was not a statistically significant difference between counselors and general educators or between general educators and special education/rehabilitation providers; however, there was a statistically significant difference ($p < .05$) between special education/rehabilitation providers and counselors, with counselors reporting higher levels of anxiety in working with individuals with physical disabilities.

For hostility/receptivity related to physical disabilities, there was not a statistically significant difference between counselors and general educators or between general educators and special education/rehabilitation providers; however, there was a highly statistically significant difference ($p < .01$) between special education/rehabilitation providers and counselors, with counselors reporting lower levels of receptivity in working with individuals with physical disabilities.

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### Table 1

<table>
<thead>
<tr>
<th>Measure</th>
<th>SE/RPs</th>
<th>Counselors</th>
<th>GEs</th>
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<tr>
<td>Overall perception of disabilities</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(mental and physical)</td>
<td>3.70</td>
<td>3.53</td>
<td>3.41</td>
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<tr>
<td>Overall perception of physical</td>
<td>3.74</td>
<td>3.40</td>
<td>3.54</td>
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<tr>
<td>disabilities</td>
<td></td>
<td>0.55</td>
<td>0.59</td>
</tr>
<tr>
<td>Anxiety/</td>
<td></td>
<td>4.20</td>
<td>3.93</td>
</tr>
<tr>
<td>calmness*</td>
<td></td>
<td>0.58</td>
<td>0.69</td>
</tr>
<tr>
<td>Hostility/</td>
<td>3.07</td>
<td>2.65</td>
<td>2.88</td>
</tr>
<tr>
<td>receptivity*</td>
<td></td>
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<td>0.72</td>
</tr>
<tr>
<td>Overall perception of physical</td>
<td>3.67</td>
<td>3.65</td>
<td>3.20</td>
</tr>
<tr>
<td>disabilities</td>
<td></td>
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<td>0.63</td>
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<tr>
<td>Anxiety/</td>
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<td>4.17</td>
<td>3.73</td>
</tr>
<tr>
<td>calmness*</td>
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<td>0.68</td>
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<tr>
<td>Hostility/</td>
<td>3.04</td>
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<td>2.59</td>
</tr>
<tr>
<td>receptivity*</td>
<td></td>
<td>0.82</td>
<td>0.75</td>
</tr>
</tbody>
</table>

Note: SE/RPs = special education/rehabilitation providers; GEs = general educators.

counselors, with general educators reporting lower levels of receptivity in working with individuals with mental disabilities.

**Discussion**

**Outcomes and the Preparation Effect**

The results of this study showed fundamental differences between all three groups (special education/rehabilitation providers, counselors, and general educators). Overall, special education/rehabilitation providers reported more accepting and less anxious perceptions in serving individuals with both physical and mental disabilities. This finding may not be surprising given the fact that disability service is this group's primary area of programmatic focus. The findings in this regard are similar to those of Carney and Cobia (1994) in that participants' acceptance and calmness related to serving individuals with physical and/or mental needs may be predicated on their area of professional preparation, or what we call the "preparation effect."

An interesting finding was noted with the counselors' responses in that this group indicated that it was the least receptive of individuals with physical disabilities. Using the preparation effect theory mentioned previously, one might expect that general educators would be the least receptive to any category of disability; however, that was not the case here. It is possible to argue, however, that a counselor's primary area of preparation is focused on mental health and not physical challenges. This may explain the lower level of receptivity toward physical disabilities and maintain the preparation effect. General educators reported the lowest overall disability perception ratings as well as the lowest receptivity and highest anxiety ratings toward individuals with mental disabilities. Again, general educators did not have the lowest ratings toward individuals with physical disabilities. This outcome is not completely unexpected given the preparation effect. However, the notion that general educators are more receptive to physical disabilities than are counselors may be reflective of personal contact with those with disabilities or even exposure to people with disabilities. An increased understanding of the role that stigma, stereotyping, and discrimination play can raise awareness levels for various groups of future service providers, almost as an additional benefit when added to what has been referred to as the preparation effect affecting each group. In other words, an increased understanding of the obstacles and prejudices faced by individuals with disabilities has the potential to lessen stigmatized perceptions. When this basic knowledge is increased with the understanding of how specific types of disabilities are affected by stigma in a hierarchical manner, the outcome of the preparation effect can be enhanced to shape perceptions positively in an even greater manner.

Education has the potential to enhance perceptions of human service providers in that clinical components of educational programs can increase students' potential for contact with people with physical and mental disabilities. The time a student is required to spend in practicums and internships can be strategically directed in a way that increases contact with people with specific disability types (Lynch & Gussel, 1996). Irrespective of the preparation effect, increased contact with individuals with disabilities has the potential to positively shape perceptions of human service providers. This also means that supervision efforts for various student groups need to be focused to enhance the possibility of contact and an increased understanding of the stigma experienced by disability groups other than those included by each student's area of preparation. Therefore, the importance of clinical components of programs is evidenced by time spent in contact alone and enhanced on the basis of the amount and type of contact that can be directed, supervised, and incorporated into assignments. As indicated by Yuker (1994), contact that is personal, intimate, and rewarding has an increased positive impact over mere contact alone. Such interactions can be built around assignments, such as journaling, that require reflective learning built on hands-on experiences designed to increase contact. Additionally, significant for all groups would be learning to effectively use active listening skills and reflection based on a person-first mentality within inclusive environments in the provision of services to people with disabilities.

Finally, implications for education and training are identified in the present study by learning the skills of social justice and advocacy. Students within each of the groups studied

**Implications**

Human service providers' perceptions of individuals with disabilities may be critical features in the dynamic of service provision. One way of shaping the perceptions of human service providers can be found through education (Margolis & Rungta, 1986; McAuliffe & Eriksen, 2000). Educational goals of students in special education and rehabilitation, counselors, and general educators are all content specific and lead to a preparation effect for each group. In this regard, education based primarily on content alone has an impact on future service providers' perceptions toward people with disabilities. An increased understanding of the role that stigma, stereotyping, and discrimination play can raise awareness levels for various groups of future service providers, almost as an additional benefit when added to what has been referred to as the preparation effect affecting each group. In other words, an increased understanding of the obstacles and prejudices faced by individuals with disabilities has the potential to lessen stigmatized perceptions. When this basic knowledge is increased with the understanding of how specific types of disabilities are affected by stigma in a hierarchical manner, the outcome of the preparation effect can be enhanced to shape perceptions positively in an even greater manner.
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(special education/rehabilitation providers, counselors, and general educators) have the potential to be affected by their group’s preparation effect as a result of their increased understanding of the role that stigma and prejudice play in the lives of people with disabilities. In this regard, all students may desire to positively affect and promote the ability of individuals with disabilities to have meaningful choices, and advocacy serves as a tool for such. In this sense, teaching students who are potential future service providers how to advocate for people with disabilities must be based on a grounded knowledge and understanding of laws and human needs affecting all citizens, especially those with disabilities (Bruyère & Houtenville, 2006). Advocacy also implies willingness, on the part of future service providers, to challenge stereotypes based on learned and lived knowledge, experience, and contact that is meaningful and positive in nature.

Limitations of the Study

There are several limitations associated with this study. First, individual responses to the DPS are based on self-report, which may or may not be reflective of individuals’ true perceptions as they responded to the survey. Additionally, there was no measure of the extent to which individuals may have responded in a socially desirable manner. Therefore, responses, again, may not be truly reflective of students’ personal ideas and perceptions. Finally, there was no measure of students’ prior contact with people with disabilities. This factor alone could have the potential to affect perceptions, and in the current study, it is simply unknown as to the impact this force may have had on students’ indicated perceptions.

Conclusion

Unique concerns surround human service professionals’ perceptions of individuals with disabilities. The limited discourse in the literature on counselors, rehabilitation providers, and teachers is disheartening, given the impact that their perceptions can have on the services they provide. Additionally, this study’s results indicate areas that preparation and training programs can use to examine how effectively preserve professionals are educated about issues related to disability. Because perceptions have an impact on the behavior and the decisions of providers (Carney & Cobia, 1994; Cottone & Belcher, 1987), the current study offers further support for the ways provider behavior and decisions can be influenced positively, namely, through interdisciplinary training opportunities.

Having drawn from the existing professional literature and the results of the current study, we submit that future research would further inform human service professionals how perceptions of mental and physical disabilities affect provider behavior and effectiveness. A future study examining prior contact and the nature of contact could help human service professionals to see the connection between interaction with clients/service recipients and positive perceptions. Other human service providers’ perceptions (e.g., social workers, case managers, and nurses) could be studied as well. We propose conducting additional qualitative studies using focus groups or structured interviews. These methodologies could offer a more in-depth view of the themes that influence perception among those who interact with and serve individuals with disabilities. Further examination could also offer a more in-depth view of perception as a reinforcing vehicle for behavior and interactions with individuals with disabilities (Pruett, Lee, Chan, Wang, & Lang, 2008). As supported throughout this study, an understanding of service professionals’ perceptions is important for human services provision and the preparation of these professionals. This work is a social justice imperative for people with disabilities.

References


