

THE DEVELOPMENT AND EXPLORATORY VALIDATION OF THE
AWARENESS OF SOCIAL JUSTICE FOR INDIVIDUALS
WITH DISABILITIES SCALE

by

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ABSTRACT

The Development and Exploratory Validation of the Awareness of Social
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by

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Utah State University, 2012

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Individuals with disabilities (IWDs) continue to experience stigma, prejudice, and discrimination that result in social injustice. Counselors of all specialties and theoretic orientations provide services to IWDs. However, there is little discussion about disability-related social justice in the counseling and psychology literature. Counselors, psychology professionals, rehabilitation counselors, and society as a whole, must first be aware of the social injustices that IWDs experience and the role that society has in maintaining them; otherwise, counselors risk perpetuating these social injustices. However, there are no instruments that measure the awareness of social justice issues as they relate to IWDs. By creating and validating an instrument that measures awareness of social justice issues as they relate to IWDs, counselors may be able to increase their sensitivity, and develop both curricula and empirical research designed to address the social injustices faced by IWDs.

This research focused on the exploratory development and validation of a new instrument, the Awareness of Social Justice for Individuals with Disabilities Scale (ASJIDS). Five domains were identified that underlie disability-related social justice, (a) equity, (b) access, (c) participation, (d) the effects of the biomedical model of disability, and (e) sympathy and lowered expectations for individuals with disabilities. Items for the ASJIDS were grounded in these five domains and evaluated by expert reviewers. The ASJIDS was administered to 503 undergraduate students at a Midwestern state university, of which 436 completed every item. Internal consistency of the ASJIDS was found to be high; however, Cronbach's alpha for each of the five domain-grounded subscales did not meet the accepted 0.70 cutoff. The values obtained from Bartlett's test of sphericity and Kaiser-Meyer-Olkin's measure of sampling adequacy met the criteria needed for exploratory factor analysis (EFA). However, interitem correlations were low, suggesting a weak factor solution. A five-factor solution accounted for 30.33% of the variance. The limitations of this research, implications for theory, practice, and training, and recommendations for future research are discussed.

(159 pages)

PUBLIC ABSTRACT

The Development and Exploratory Validation of the Awareness of Social
Justice for Individuals with Disabilities Scale

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Daniel J. Kelsey, Doctor of Philosophy

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A researcher in the Department of Special Education and Rehabilitation at Utah State University conducted exploratory research in the development and validation of a scale that measures an individual's awareness of disability-related social justice. No instrument currently exists that specifically and exclusively measures the awareness of disability-related social justice. The researcher analyzed the disability/rehabilitation, social justice and multicultural literature to establish which domains underlie an individual's awareness of disability-related social justice. Moreover, the researcher reviewed the methodologies utilized in constructing instruments that measure social justice and multicultural issues. Items for this new instrument were grounded in the literature and reviewed by experts. Final items were included in the new Awareness of Social Justice for Individuals with Disabilities Scale (ASJIDS). The ASJIDS was administered to undergraduate students at a Midwestern state university. Results obtained were evaluated through exploratory factor analysis to determine if the ASJIDS measured

the domains supported in the literature. Additionally, the internal consistency of the ASJIDS was measured.

In order to remove the barriers to social justice that individuals with disabilities experience, counselors, psychology professionals, rehabilitation counselors, and society as a whole, must first be aware of these social injustices and the role that society has in maintaining them, otherwise, counselors and society risk perpetuating these social injustices. The potential benefit of the ASJIDS is that it will increase awareness about the social injustices that many individuals with disabilities experience, thereby, resulting in the removal of these socially created barriers to social justice.

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Daniel J. Kelsey

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CHAPTER I

INTRODUCTION

Importance of Problem

Social justice has been defined as the “fundamental valuing of fairness and equity in resources, rights, and treatment for marginalized individuals and groups of people who do not share equal power in society because of their immigration, racial, ethnic, socioeconomic, religious heritage, physical ability, or sexual orientation status” (Constantine, Hage, Kindaichi, & Bryant, 2007, p. 24). Miller (1999) explained that “social justice has to do with how advantages and disadvantages are distributed to individuals in society” (p. 11). However, individuals who are marginalized or oppressed experience unequal access to societal benefits (i.e., resources, services, and civil rights) in contrast to individuals who are part of the American so-called “mainstream,” such as white, middle class, heterosexual males without disabilities (Crethar, Rivera, & Nash, 2008; Israel, 2006; Smart, 2009; Tatum, 1997). Stated differently, individuals who belong to or identify with marginalized groups are likely to experience a lack of social justice.

It is well documented that individuals with disabilities (IWDs) have experienced a longstanding, systematized and institutionalized lack of social justice. The “Findings” section of the Americans with Disabilities Act (ADA, 1990) clearly outlines the prejudice, discrimination, and social injustices that IWDs experience, including isolation and segregation by society, preventing IWDs from fully participating in society. The ADA also acknowledges that IWDs have experienced a history of unequal treatment and

political powerlessness and have been subjected to discrimination in employment, housing, public accommodations, education, transportation, communication, recreation, institutionalization, health services, voting, and access to public services. Furthermore, of noninstitutionalized IWDs between the ages of 21 to 64, the national employment rate is only 33.9% compared to 75.4% for individuals without disabilities (IWODs), while the national rate of IWDs who have full-time employment is 20.9% compared to 55.3% for IWODs. Moreover, many more IWDs are living below the national poverty line (27.0%) than are IWODs (11.9%), and many more IWDs have less than a high school education (23.3%) than IWODs (10.8%; Disability Statistics, 2010).

Many disability advocacy groups are transitioning from stigma management to identity politics and viewing themselves as an American minority group. Indeed, when compared to racial/ethnic groups, IWDs can be considered the largest minority group in the United States. According to the U.S. Census Bureau (2008a), 54.4 million Americans, or nearly one fifth (18%) of the U.S. population, experience a disability. Whereas IWDs account for 54.4 million people in the U.S., the U.S. Hispanic/Latino population accounts for 46 million, African Americans 39.6 million, and Asians 14.4 million (U.S. Census Bureau, 2008b, 2008c, 2008d). While IWDs represent the largest minority population in the U.S., it is likely that the number of IWDs will continue to increase due to advances in neonatal medicine, emergency medicine, and trauma care (Smart, 2009). The aging of the U.S. population, longer life spans of IWDs, the liberalization of disability definitions, and more accurate counting will also contribute to an increase in the population of IWDs (Smart, 2009). Although the disability population is increasing, IWDs continue to

experience significant oppression and social injustice.

Social justice for IWDs may be defined as an important aspect of the practice of rehabilitation counseling. Kelsey and Smart (in press) explained:

Rehabilitation counselors, because they serve individuals with disabilities, are aware of social justice issues due to the fact that most individuals with disabilities experience the effects of social injustice, regardless of any other disadvantaged or minority status they may experience. Further, the profession of rehabilitation counseling may be more advanced in promoting social justice than other counseling and psychology specialties, with a long history of political activism, combating negative societal attitudes toward people with disabilities, movements to remove barriers for people with disabilities, and, at minimum, understanding the relationship between rehabilitation (in which the individual adapts and copes) and accommodation (in which society adapts and changes).

In addition to rehabilitation counselors, counselors of all specialties and theoretic orientations provide services to IWDs (Smart & Smart, 2006). However, there is very little discussion about disability-related social justice issues in the counseling and psychology literature (Kelsey & Smart, in press). Most individuals *without* disabilities (IWODs) believe that the majority of the difficulties experienced by IWDs are due to the limitations and losses of the disability; however, most IWDs feel that their greatest difficulty is lack of social justice (Smart, 2009). If general counselors continue to focus solely on the coping skills of clients with disabilities—ignoring the social barriers that the client experiences—the counselor may inadvertently perpetuate the unjust status quo of the client (Bemak & Chung, 2005, 2008; Comstock et al., 2008; Crethar et al., 2008; D’Andrea, Skouge, & Daniels, 2006; Fondacaro & Weinberg, 2002; Fouad, Gerstein, & Toporek, 2005; Goodman et al., 2004; Lopez-Baez & Paylo, 2009; Prilleltensky, 2001; Roysircar, 2009; Shin, 2008; Smith, Chambers, & Bratini, 2009; Sue, 2008; Vera & Speight, 2003).

In order to provide just and equitable counseling services, including rehabilitation counseling, it is necessary to raise awareness of social justice issues as they affect IWDs (Bemak & Chung, 2008). Counselors may not be aware of the lack of social justice for IWDs in such areas as institutional policies, allocation of resources, and the bias inherent in counseling education and training. Indeed, many counselors may not be aware of “able-bodied privilege” or are unaware of the ongoing inequities and injustices perpetuated by society on IWDs. In addition, counselors may not recognize how their own practices and biases about disability may be perpetuating these injustices. Nonetheless, in both professional practice and academic training, one of the underlying principles to ethical and effective outcomes is counselor self-awareness. Hays, Dean, and Chang (2007), while citing Neville, Worthington, and Spanierman, emphasized the importance of awareness by stating the following:

Counselors who examine their privileged statuses are less likely to succumb to racial stereotypes, more likely to view problems from a systemic perspective, more likely to gain culturally specific knowledge from their clients, and less likely to impose ethnocentric values onto their clients. (p. 317)

Although Hays and colleagues (2007) were discussing awareness of racial issues, their point is equally important when working with any minority population, including IWDs. Simply being aware of the socially constructed barriers and social injustices that IWDs experience may help counselors to recognize the etiology of a client’s presenting problem, and subsequently ameliorate the problem.

Counselor education and training is critical in helping counselors develop an awareness of social justice issues faced by individuals of minority groups including IWDs. However, Zalaquett, Foley, Tillotson, Dinsmore, and Hof (2008a) outlined several

obstacles that impede proper training on social justice. For example, some faculty members within counselor education programs continue to feel that social justice is nothing more than a politically correct fad and not an essential component of a counselor's education. Moreover, traditional counseling programs are based on European-American norms, with little consideration of social justice issues. Many faculty and students are (a) unaware of their racial, cultural and able-bodied privileges; (b) may be unaware of ongoing forms of discrimination; and (c) do not know how to address inequalities. Therefore, counseling students and trainees should be taught to be sensitive and aware of social justice issues. It is acknowledged that awareness alone will not eliminate the inequities and injustices that IWDs experience. Counselors must participate in advocacy and activism in order to ameliorate these inequities.

Feeling overwhelmed by social justice issues, and not knowing how to address them can lead to inaction or professional paralysis (Bemak & Chung, 2008). Nonetheless, by teaching or subtly communicating to clients to cope with social injustices, counselors are ignoring the impact of social contexts, which results in maintaining the status quo of social injustice and perpetuating oppression (Kelsey & Smart, in press). However, while simple awareness of social justice issues is not sufficient in empowering clients, awareness is an essential introductory step (Prilleltensky, 1989; Vera & Speight, 2003). Action is unlikely to be undertaken if there is no awareness of the social justice issues that IWDs face. Prilleltensky (as cited in Smith et al., 2009) stated, "Through its silence about the pathogenic nature of structural oppression and its preference for casting oppression's damage as an individual's disorders, mainstream psychology risks helping

to perpetuate an unjust status quo” (p. 167).

However, despite the social injustices experienced by IWDs, and a call for awareness, there is a lack of empirical research on this topic. A review of the literature reveals that there are 20 instruments that purport to measure some aspect of social justice. Many of the instruments focus on racial, ethnic, and cultural minority groups, but none claim to measure the awareness of social justice issues experienced by IWDs. Speaking of psychology, Worrell, Cross, and Vandiver (2001) concisely described the relationship between empirical research and instrument development. “The development of valid and reliable instruments is one of the most critical issues that psychology faces. Without a way to measure construct validity, there is little that can be done in the way of research” (p. 203).

The development of an instrument that measures awareness of disability-related social justice could be used to improve the education and training for rehabilitation counselors and general counselors by increasing their awareness of social justice issues affecting IWDs. Kelsey and Smart (in press) stated:

Educators are perhaps in the best position to assist rehabilitation students in recognizing social justice principles. However, before educators can instruct students on the principles of social justice, educators must be able to recognize social injustices and understand the way in which privilege, oppression, power, values, and culture affect the social justice experienced by individuals who belong to minority groups due to race, ethnicity, gender, ability, sexual orientation, socioeconomic class, or a combination of these statuses.

Moreover, Kelsey and Smart outlined six methods to improve social justice for IWD in training and education: (a) include social justice principles in education or training curricula; (b) take action on social justice issues in counseling practice, by moving

beyond traditional intra-psychic, biomedical approaches; (c) publish special issues of journals devoted to social justice for IWDs; (d) include academic accreditation requirements that specifically focus on disability-related social justice; (e) include social justice issues in continuing education and training settings; and (f) licensing and certifying bodies should consider requiring a specific number of continuing education credits (CEUs) that focus on social justice issues. A disability-related social justice instrument could be used as a tool to measure and address the improvement in each of these six areas by evaluating the level of awareness of students, trainees and educators of social justice issues for IWDs. Increasing educators' awareness of disability-related social justice will, in turn, improve educators' ability to increase the awareness of their students, all of which will likely improve students' ability to practice in a manner that promotes social justice for IWDs.

In addition to improving education and training, developing an instrument that measures awareness of disability-related social justice could be used to improve practice. Goodman and colleagues (2004) defined social justice work as "scholarship and professional action designed to change societal values, structures, policies, and practices, such that disadvantaged or marginalized groups gain increased access to these tools of self-determination" (p. 795). Therefore, counselors working with IWDs must be aware of their own biases toward IWDs and understand the social injustice experienced by IWDs. There are few social justice or multicultural instruments available in the counseling literature that include disability issues, and none that addresses disability issues exclusively. This lack of social justice and multicultural instruments that include IWDs

may be one indication that general counselors typically view IWDs as outside their scope of professional practice and/or are not aware of the social injustices experienced by IWDs. Therefore, the development, validation and use of the an instrument that measures the awareness of disability-related social justice issues is essential to guide practice, and could act as a catalyst to positive changes in professional practice, including helping counselors more effectively deconstruct the barriers that their clients with disabilities experience, instead of simply helping clients to cope with the unjust status quo.

Statement of Problem

With the absence of empirical research on social justice awareness, there is no validation of the components of this construct. Within the social justice literature, issues of equity, participation, and access, have been explored and are considered essential for social justice. However, these broad social justice issues have typically been used to address the injustices experienced by individuals belonging to minority groups due to their race, ethnicity, culture, sexual orientation, or socioeconomic status (SES). While IWDs experience these same barriers to social justice, they, however, experience some additional barriers such as sympathy, lowered expectations, and the influence of the biomedical model of disability. If an instrument that measures awareness of social justice issues as they apply to IWDs could be validated and standardized, it could act as a starting point for increasing counselor sensitivity and theory development, thereby acting as a catalyst for future research, and curricula development.

Therefore, the purpose of this dissertation was to construct an instrument to

measure awareness of social justice issues as they affect IWDs. This new instrument will incorporate the broad issues of social justice as they relate to race, ethnicity, culture, sexual orientation, and SES. However, this new instrument will also include the additional social justice issues that are more central to disability.

A review of the literature revealed that there are only 20 social justice instruments, none of which specifically measures awareness or disability issues. These previous scales must be reviewed in order to determine the best practice for constructing a new scale. However, because there are so few social justice scales, and none measure awareness of disability-related issues, more information on test constructions is needed. Conversely, there are several instruments measuring a broad range of other psychosocial constructs—multiculturalism is one example.

Multiculturalism is of interest when attempting to construct a social justice instrument for several reasons. First, although social justice encompasses a broader concept, multiculturalism is an important component of social justice (Kelsey & Smart, in press). Second, there are a considerable number of multicultural instruments that have been constructed and validated that provide a useful guide for the methodology needed to construct a social justice instrument. Finally, the multicultural movement in counseling has achieved great successes in its 40-year history. It may be possible to replicate many of the aspects of the evolutionary pathway of multiculturalism, applying them to awareness of social justice issues as they relate to IWDs. Therefore, in addition to reviewing the social justice literature, a review of the construction of multicultural instruments was performed to assist in constructing a scale that measures the awareness

of social justice awareness issues as it relates to disability. As with multiculturalism, the first step for social justice is to raise counselor awareness.

Purpose of the Study

The purpose of this study was to complete the following.

1. Conduct a detailed review of the literature on social justice issues in general counseling and psychology and on social justice issues in disability/rehabilitation.
2. Analyze the general social justice issues and determine which components best synthesize the literature.
3. Analyze the disability/rehabilitation literature and determine which components might be used to determine the awareness of social justice issues.
4. Analyze the methodology used in the construction of both social justice instruments and multicultural instruments.
5. Develop the *Awareness of Social Justice Issues for Individuals with Disabilities Scale* (ASJIDS), including the use of an expert panel.
6. Administer the ASJIDS to undergraduate students at a Midwestern state university.
7. Gather demographic information from each of the participants.
8. Determine the validity and reliability of the scale, *Awareness of Social Justice for Individuals with Disabilities Scale* (ASJIDS).

Research Objectives

1. To create an instrument grounded in the social justice and disability literature, which measures awareness of disability related social justice.
2. To determine through statistical analysis if there is evidence to support the existence of the five proposed factors of this new instrument:
 - a. Equity
 - b. Participation
 - c. Access
 - d. Biomedical Model of Disability
 - e. Sympathy and Lowered Expectations
3. To discover the reliability of this new instrument and identify whether there are ways to increase its reliability in future research.

Definition of Key Terms

Social Justice

Social justice refers to “how advantages and disadvantages are distributed to individuals in society” (Miller, 1999, p. 11). Moreover, social justice is the “fundamental valuing of fairness and equity in resources, rights, and treatment for marginalized individuals and groups of people who do not share equal power in society because of their immigration, racial, ethnic, age, socioeconomic, religious heritage, physical ability, or sexual orientation status groups” (Constantine et al., 2007, p. 24).

Disability

Disability is not always consistently defined. Smart (2009) discussed four different categories of disability definitions: clinical definitions of disability (used in biomedical approaches), legal definitions (used to determine who is covered by varying laws and entitlements), cultural definitions (represent the way in which a culture or subculture defines a condition as disabling), and personal definitions of disability (the individual's perception of his or her disability). Each approach can produce differing definitions. However, this research will define disability based on the definition provided in the ADA (1990), which is the following:

A physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment. (Sec. 12102.1)

Disabilities are often categorized as being physical, intellectual, cognitive, or psychiatric (Smart, 2009). Physical disabilities include conditions such as blindness, deafness, quadriplegia, muscular dystrophy, and amputations. Intellectual disabilities consist of mental retardation, Down syndrome, and autism. Cognitive disabilities “impair perception, memory, information processing, reasoning, sensory discrimination (auditory and visual), and attention” (Smart, 2009, p. 30). This includes learning disabilities and brain injuries. Finally, psychiatric disabilities are comprised of mental illnesses and chemical and substance abuse. Examples of mental illness are: schizophrenia, bipolar, major depression, and anxiety disorders.

In relation to social justice, IWDs, regardless of what type, are often the recipients of oppression, prejudice, and discrimination (Antonak, 1980; Charlton, 1998; Deal, 2003;

Furnham & Pendred, 1983; Harasymiw, Horne, & Lewis, 1976; Henderson & Bryan, 1997; Horne & Ricciardo, 1988; Jones, 1974; Jones et al., 1984; Olshansky, 1965; Smart, 2009, Tringo, 1970).

Equity

Equity is “the fair distribution of resources, rights and responsibilities to all members of society” (Crethar et al., 2008, p. 207). Moreover, equity is differentiated from the concept of equality. Equality implies that every individual receives the same quantity of resources, rights, services, and so forth. In contrast, the concept of equity involves granting individuals the quantity of a resource needed in order to obtain an equal outcome, or stated differently, some individuals may receive more resources than others, in order to obtain the same outcome (Alston, Harley, & Middleton, 2006; Crethar et al., 2008; Renner, Alksnis, & Park, 1997; Vera & Speight, 2003).

There are several areas in which equity is essential for social justice, these include: equity in resources (Alston et al., 2006; Baggerly & Zalaquett, 2006; Blustein, McWhirter, & Perry, 2005; Burnes & Manese, 2008; Chung, Bemak, Ortiz, & Sandoval-Perez, 2008; Constantine et al., 2007; Prilleltensky, 2001; Prilleltensky & Nelson, 1997; Ratts & Hutchins, 2009; Smith, Foley, & Chaney, 2008; Toporek, Gerstein, Fouad, Roysircar, & Israel, 2005; Vera & Speight, 2003), opportunities (Bemak & Chung, 2008; Chung et al., 2008; Goodman et al., 2004; Sue, 2008; Toporek et al., 2005; Turner & Pope, 2009; Van den Bos, 2003), power (Alston et al., 2006; Blustein et al., 2005; Burnes & Manese, 2008; Constantine et al., 2007; Goodman et al., 2004; Lopez-Baez & Paylo, 2009; Miller et al., 2009; Prilleltensky, 2001; Shin, 2008; Smith et al., 2008; Sue, 2008;

Toporek et al., 2005), treatment (Alston et al., 2006; Bemak & Chung, 2008; Constantine et al., 2007), safety and security (Alston et al., 2006; Turner & Pope, 2009; Vera & Speight, 2003), civil and human rights (Chung et al., 2008; Constantine et al., 2007; Crethar et al., 2008; Toporek et al., 2005; Turner & Pope, 2009), distribution of wealth (Miller et al., 2009), and access to education (Bemak & Chung, 2005, 2008; ; Goodman et al., 2004; Smith et al., 2008). Furthermore, discussion about the incompatibility of equity and meritocracy is found throughout the literature (Alston et al., 2006; Comstock et al., 2008; Pope & Arthur, 2009; Shin, 2008; Sue, 2008; Wood, Heimpel, Manwell, & Whittington, 2009). However, it is also noted that social justice does not only include the allocation of rights and privileges but also the equitable distribution of obligations (Burnes & Manese, 2008; Goodman et al., 2004; Prilleltensky, 2001; Turner & Pope, 2009).

One of the more comprehensive definitions of social justice provided by J. M. Smith (as cited in Goodman et al., 2004), illustrated how broad the concept of equity is within social justice by stating that everyone should have *adequate* access to the following:

Adequate food, sleep, wages, education, safety, opportunity, institutional support, health care, child care, and loving relationships. “Adequate” means enough to allow [participation] in the world...without starving, or feeling economically trapped or uncompensated, continually exploited, terrorized, devalued, battered, chronically exhausted, or virtually enslaved (and for some, still, actually enslaved). (p. 796)

By stating that everyone should have *adequate* access, Smith defined a vision of equity in which everyone would have a right to those services needed. Furthermore, Smith’s discussion acknowledges another fundamental requirement of social justice—access.

Access

In addition to equity, access is a critical element of social justice. Crethar and colleagues (2008) stated:

Access is a principle of social justice that includes notions of fairness for the common good that are based on the ability of people to access the knowledge, power, resources, and services that are crucial to realizing a standard of living that allows for self-actualization and self-determination. (p. 271)

Without access to knowledge, power, resource, and services, individuals of marginalized groups “cannot be expected to function as effectively as those with more privileges that enable them greater access to these forms of social capital” (Crethar et al., 2008, p. 271). In addition to Crethar and colleagues, several other authors acknowledged that in order to obtain social justice, individuals must have access to resources, services, and opportunities (Alston et al., 2006; Blustein et al., 2005; Burnes & Manese, 2008; Chung et al., 2008; Goodman et al., 2004; Hartung & Blustein, 2002; Kiselica & Robinson, 2001; Pope & Arthur, 2009; Ratts & Hutchins, 2009; Smith et al., 2008, 2009; Toporek et al., 2005; Vera & Speight, 2003). Beyond a general discussion of the importance of access, scholars have specifically addressed the need for access to education (Hartung & Blustein, 2002; Pope & Arthur, 2009; Smith et al., 2008), medication (Pope & Arthur, 2009), accommodations and accessibility (Alston et al., 2006), and anything that will contribute to one’s self-determination (Goodman et al., 2004; Smith et al., 2009; Vera & Speight, 2003). Furthermore, the literature established that many barriers to accessing services and resources was due to oppressive sociopolitical systems (Chung, 2005; Crethar et al., 2008; Ratts & Hutchins, 2009; Toporek et al., 2005), and that counselors or other professionals should help individuals overcome these systemic barriers so that

clients are empowered to obtain access to services and resources (Burnes & Manese, 2008; Goodman et al., 2004; Hartung, & Blustein, 2002; Kiselica & Robinson, 2001; Ratts & Hutchins, 2009; Toporek et al., 2005).

Participation

Similar to the principle of access, participation is another critical element of social justice. Although they are related principles, access does not guarantee participation. For example, an individual may have access to a treatment program, yet not be able to fully participate in the decisions regarding the type and application of treatment. Participation refers to the “right of every person in society to participate in and/or be consulted on decisions that affect their lives as well as other persons in their environmental systems” (Crethar et al., 2008, p. 271). Exclusion from participation can lead to perpetuating the social injustice that an individual experiences.

When individuals are not permitted to participate in processes that influence their lives, they often lose a sense of control. This can result in a loss of hope, a sense of helplessness, and an increased sense of personal and collective disenfranchisement. Such losses can serve to lessen their motivation to actualize their human potential within the existing sociopolitical context. (Crethar et al., 2008, p. 271)

Like equity and access, the importance of an individual’s ability to fully participate is supported by the social justice literature (Blustein et al., 2005; Burnes & Manese, 2008; Toporek et al., 2005; Van den Bos, 2003; Vera & Speight, 2003). Additionally, it is recognized that, due to their professional status, counselor and other human service workers, generally possess greater power in their relationship with clients, especially with individuals from minority groups. Therefore, it is important that counselors and other

professionals allow their clients to have a voice and to be willing to share their power by allowing clients to participate in the processes of assessment, diagnosis, and intervention (Burnes & Manese, 2008; Pack-Brown, Thomas, & Seymour, 2008; Van den Bos, 2003).

Biomedical Model

The previously mentioned principles are essential components to social justice in general. However, when discussing the social injustices experienced by IWDs there are additional themes to be addressed. The first is the effects of the biomedical model on IWDs. Traditional approaches to medicine, psychology, counseling, and many other human service fields have been grounded in the biomedical model. Smart (2009, p. 60) explained that the biomedical model “focuses on the anatomy and physiology of the individual and uses standardized procedures to make diagnoses.” Furthermore, Smart elaborated that “there are two dimensions of this model, normal and pathological, with the diagnosis of normal often defined as simply the absences of any pathology” (p. 60). Because the biomedical model emphasizes an individual’s deficits rather than his or her strengths, an individual is pathologized (Burnes & Manese, 2008; Chung et al., 2008; Crethar et al., 2008; Kiselica, 2004; Zalaquett, Fuerth, Stein, Ivey, & Ivey, 2008b). Moreover, the pathogenesis of the symptoms are placed in the individual; therefore, the individual client/patient is often held responsible for his or her pathology/problem (Kiselica, 2004; Zalaquett et al., 2008b). Additionally, the biomedical model involves a top-down professional approach. In other words, the professional is the expert on a client/patient’s problem, and therefore, only the professional makes decisions pertaining to treatment and services (Blustein et al., 2005; Kiselica, 2004; Smith et al., 2009; Vera &

Speight, 2003; Zalaquett et al., 2008b). Furthermore, under the biomedical model, a healthy *normal* person is considered to be individualistic, separate, autonomous, self-actualized, and receives what is deserved based on her or his merit (Bemak & Chung, 2005; Blustein et al., 2005; Chung et al., 2008; Comstock et al., 2008; Shin, 2008).

As a result of the assumptions of the biomedical model, IWDs are not considered *normal*. Labeled as *abnormal* or *defective*, IWDs are often excluded from the sociopolitical benefits that able-bodied individuals experience.

Sympathy and Lowered Expectations

When discussing the social injustice experienced by IWDs, sympathy and lowered expectations must be considered. Disability is often perceived, by those who do not have a disability, as being an unbearable and devastating tragedy (Hahn, 2000; Smart, 2009; Thompson, 1982). Moreover, IWDs are expected to suffer because their loss is considered catastrophic (DeLoach & Greer, 1981; Dembo, Leviton, & Wright, 1956; Livneh, 1991; Wright, 1960). The lives of IWDs are consequently, considered undesirable, and of little worth (Smart, 2009). Therefore, IWDs often become the object of pity and charity. However, pity and charity relegate IWDs to a less powerful position in which they often experience social injustices (Fleischer & Zames, 2001; Marks, 1999; Smart, 2009). Smart explained that “pity has resulted in lack of opportunities for PWDs [people with disabilities]; social isolation and institutionalization of PWDs; reduced social and legislative change; and most important, the deaths of many PWDs” (p. 305). Whereas Marks (1999) clarified the barrier to social justice that charity creates for IWDs:

Charity supports a society which is based on the unequal distribution of wealth,

and where tax concessions offered to donors rather than redistribution of resources maintain an unequal status quo. Charities tend to exist because of socially constructed dependence in a society which fails to address the needs of citizens with disabilities. (p. 167)

Sympathy also engenders paternalism, infantilization, and lowered expectations (Grouvier, Coon, Todd, & Fuller, 1994; Hahn, 1997, 2005; Morris, 1991). Paternalism reduces the ability of IWDs to enjoy autonomy and equity, while infantilization, occurs when IWDs are treated, and even spoken to, as if they were children. By treating IWDs like children, their ability to have equal power is reduced. Furthermore, because IWDs are pitied, and treated paternalistically, society does not expect much from them. In other words, expectations for IWDs are lowered. When expectations are lowered for IWDs, their competence is also doubted (Smart, 2009).

Sympathy and lowering of expectations create a context in which IWDs experience social injustices such as reduced autonomy, equity, power, and integration in society. Therefore, in order to measure awareness of disability-related social justice, sympathy and lowered expectations must be addressed.

Awareness of Social Justice for Individuals with Disabilities Scale

The ASJIDS is the scale created from this research that is designed to measure an individual's awareness of social justice issues experienced by IWDs.

Summary

IWDs constitute the largest minority group in the United States, and the number of IWDs continues to rise, yet IWDs continue to experience stigma, prejudice, and

discrimination that result in social injustice. Counselors of all specialties and theoretic orientations will provide services to IWDs. However, there is little discussion about disability-related social justice in the counseling and psychology literature. Because the barriers to social justice experienced by IWDs are socially constructed, these barriers can be deconstructed. If these barriers are to be deconstructed, counselors, psychology professionals, rehabilitation counselors, and society as a whole, must first be aware of the social injustices that IWDs experience and the role that society has in maintaining them, otherwise, counselors risk perpetuating these social injustices. However, there are no instruments that measure the awareness of social justice issues as they relate to IWDs. By creating and validating an instrument that measures awareness of social justice issues as they relate to IWDs, counselors may be able to increase their sensitivity, and develop both curricula and empirical research designed to address the social injustices faced by IWDs. In order to create such an instrument, the domains that underlie the construct of awareness of disability-related social justice must be identified. Therefore, the purpose of this research was to identify these domains and then construct and determine the reliability of a scale that measures an individual's awareness of the social justice issues experienced by IWDs.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

Rehabilitation counselors, as well as counselors of all specialties and theoretical backgrounds, and psychology professionals will increasingly encounter clients who are experiencing disability-related social justice issues (Smart & Smart, 1997). Furthermore, as IWDs continue to experience discrimination and marginalization, it is essential that counselors and society as a whole recognize the social justice issues experienced by IWDs. Compounding this failure to include IWDs is the paucity of empirical research done on social justice topics (Kelsey & Smart, in press). While several social justice instruments have been developed which focused on the source of the social injustice as arising from race, ethnicity, and culture, presently, there is not an instrument that measures awareness of social justice issues related to IWDs. Therefore, a review of social justice instruments was conducted in order to provide direction and guidance in the methods and process of developing instruments which measure the awareness of social justice issues as these issues affect IWDs.

This chapter will focus on the following topics. First, the evolutionary relationship between the constructs of social justice and multiculturalism is discussed; second, the methodology of this review of the literature is described; third, a review of both social justice instruments and multicultural instruments is provided; and fourth, a synthesis of social justice instrumentation and multicultural instrumentation is presented.

A brief summary concludes this chapter.

Relationship Between Multiculturalism and Social Justice

Because of the evolutionary relationship between social justice and multiculturalism and the limited discussion on social justice instrument construction, this review of the literature was expanded to include the construction of instruments which measure multicultural issues. Indeed, only 11 articles were discovered that discussed the methods of construction for 12 social justice instruments. Moreover, the multicultural literature provides guidance on instrument construction, including multicultural awareness, competence, and other similar topics.

Nonetheless, it is acknowledged that multiculturalism and social justice are different, albeit related constructs. Social justice is a broader, more inclusive conceptualization than multiculturalism. Vera and Speight (2003) discussed the narrower construct of multiculturalism.

Currently, counseling psychology's operationalization of multicultural competency has been focused narrowly on how, within the context of counseling, mental health professionals can work effectively with diverse clients. A broader analysis would suggest that multicultural competency cannot be limited to an awareness of cultural differences. (p. 254)

Some scholars have further restricted the definition of multiculturalism to include only race and ethnicity, while others have argued that multiculturalism encompasses all disadvantaged groups (Pope & Arthur, 2009). However, it is apparent that there has been a longer history of addressing multicultural issues regarding race and ethnicity than there has been concerning other disadvantaged groups (Smith et al., 2008). Kelsey and Smart

(in press) addressed the importance of including other disadvantaged groups, including IWDs.

Multiculturalism, as it relates to race and ethnicity, is an essential component of social justice; however, IWDs, those of lower social economic status, individuals who are gay, lesbian, or transgendered, and women comprise other, equally significant components of social justice. Moreover, the construct of social justice can consider the needs and experiences of individuals who identify with more than a single disadvantaged status, such as an African American woman with a disability. In contrast, to date, most multicultural literature has dealt with only one disadvantaged status, that is, the ethnic and racial diversity of the individual. This neat, but artificial classification of individuals in non-overlapping categories is simplistic and does not reflect the reality of the experiences of many individuals.

Despite the similarities between these two constructs, the evolution of social justice beyond multiculturalism has been recognized. The social justice literature illustrates a small, but growing body of work. A review of social justice publications indicated that a significant portion of these include references to prominent scholars of multiculturalism, such as D. W. Sue, D'Andrea, and Prilleltensky (Kelsey & Smart, in press). Thus, it can be seen that the authors of social justice articles in the counseling and psychology literature appeared to be using the construct of multiculturalism as a foundation on which to support their views of social justice.

Therefore, while the differences between multiculturalism and social justice are acknowledged, three considerations warrant the incorporation of the multiculturalism literature with the social justice literature in this review. These considerations are: (a) multiculturalism and social justice are related concepts and, for some scholars, multiculturalism appears to be a foundation for social justice; (b) multiculturalism literature has a longer history and thus, is a rich source of information; and (c) when compared to the number of social justice instruments, there are many more

multiculturalism instruments. Consequently, both the social justice and multicultural literature was reviewed to determine the process of developing an instrument that measures awareness of disability-related social justice issues. Specifically, a search for instruments which measure some aspect of social justice or multiculturalism will illuminate the following: (a) the developmental process of instrument construction, including item development and the use of expert panels, (b) the statistical analyses undertaken, and (c) the psychometric properties necessary to determine validity and reliability.

Methodology of the Review of Literature

The review of the literature was completed using the PsychINFO search engine, which is designed to review publications in psychology and related fields. Separate searches were performed using the key word *social justice* in conjunction with other key terms including: *testing*, *test construction*, *measurement*, *instrument*, *assessment*, *scale*, *psychometrics*, and other related terms. Articles met inclusion criteria if they included discussion of an actual instrument that was reported to quantitatively measure social justice. Twenty-one articles met the inclusion criteria. In these 21 articles, 20 social justice instruments were identified. However, the method of construction was discussed for only 12 of the social justice instruments.

In addition to the search for social justice instrument construction, three additional searches were performed incorporating multiculturalism. Initially, a search was undertaken, using the *Journal of Multicultural Counseling and Development* because of

its emphasis on multicultural issues in counseling. The following key terms were used: *instruments, psychodiagnostics, psychometrics, reliability, scale, and test*. However, in order to perform a more comprehensive review of the literature, additional searches were performed using the PsycARTICLES and PsycINFO databases. These searches were completed using the key terms *multicultural, awareness, competency, cross cultural counseling, and test construction*. Additional publications were found by examining the reference lists of the articles that were discovered through the previously discussed searches. Articles that described the construction of an instrument measuring an element of multiculturalism were included. Twenty-three articles met the inclusion criteria. Two of the articles discussed a single instrument, while one article discussed two instruments. Therefore, the construction methods of 23 multicultural instruments were identified.

Social Justice Instruments

The articles that met the inclusion criteria had publication dates ranging from 1980 to 2011. Four of the articles were published between the years of 1980 to 1991 followed by an 8-year period in which no social justice articles were published. From 1999 to 2011, only 17 additional articles were published. Twenty instruments purporting to measure some aspect of social justice were identified.

In this section, constructs measured in these social justice instruments are discussed, followed by a description of the inclusion of disability issues in these instruments. Finally, the instrumentation and development of each of these social justice instruments are described, including the use of expert panels, statistical analyses, and the

theoretical models utilized.

Constructs Measured

These instruments measured a variety of social justice constructs including perceptions or evaluations of social justice (Fondacaro, Frogner, & Moos, 2005; Fondacaro, Jackson, & Luescher, 2002; Kennedy, 2002; Raney, 1999; Sabbagh, 2003; Thorkildsen, 1991); social justice advocacy, actions, and behaviors (Chen-Hayes, 2001; Dean, 2009; Nilsson, Marszalek, Linnemeyer, Bahner, & Misialek, 2011; Powers, Cramer, & Grubka, 2007); self-efficacy and outcome expectations regarding social justice (Miller & Sendrowitz, 2011; Miller et al., 2009); commitment to social justice (Miller & Sendrowitz, 2011; Miller et al., 2009); social justice interest (Miller & Sendrowitz, 2011; Miller et al., 2009); social justice attitudes, beliefs, and values (Durrheim, Baillie, & Johnstone, 2008; Lecci & Myers, 2008; Ludlow, Enterline, & Cochran-Smith, 2008; Nilsson et al., 2011; Rasinski, 1987); social justice competence (Krentzman & Townsend, 2008; Ludlow et al., 2008), tolerance (Krentzman & Townsend, 2008); and development (Enright, Enright, & Lapsley, 1981; Enright, Enright, Manheim, & Harris, 1980; Miller, 2009). Although some of these instruments included items that reflected awareness of social justice, only two instruments were especially designed to measure awareness. The *Miami University Diversity Awareness Scale* (Mosley-Howard, Witte, & Wang, 2011) focused on awareness of diversity, while the *Social Issues Advocacy Scale* (Nilsson et al., 2011) addressed awareness of social justice as it relates to advocacy.

Inclusion of Disability Issues in Social Justice Instruments

In addition to the social justice constructs measured, these instruments were used with several types of populations including: elementary school and college students, families, health care recipients, jurors, persons who identify as lesbian, gay, bisexual, and transgendered (LGBT), individuals with mental illnesses, and persons who self-identify as belonging to racial or ethnic minority groups. Despite the diversity of populations addressed, IWDs were only targeted exclusively in one instrument—Involuntary Civil Commitment Hearing Petitioners' Survey (Kennedy, 2002). However, this survey focused on a petitioner's general perception of how fair a completed civil commitment hearing was for a specific individual with a mental illness. This survey focused more on procedural justice and not the broader issue of social justice or the awareness of disability-related social justice.

Of the 21 articles that met inclusion criteria, 10 discussed disability within the article (Chen-Hayes, 2001; Dean, 2009; Krentzman & Townsend, 2008; Ludlow et al., 2008; Miller, 2009; Miller et al., 2009; Mosley-Howard et al., 2011; Nilsson et al., 2011; Sabbagh, 2003). Not all articles included the social justice instrument discussed; instrument items were included in 15 of the articles. In addition to the Involuntary Civil Commitment Hearing Petitioners' Survey, five other instruments included items specific to disability; however, this was very minimal. Learning to Teach for Social Justice—Beliefs Scale (Ludlow et al., 2008) included one item from a total of 12 that addressed disability, while Social Issues Advocacy Scale (Nilsson et al., 2011) included one out of 21, the Social Issues Questionnaire (Miller et al., 2009) contained one item out of 52, the

Miami University Diversity Awareness Scale (Mosley-Howard et al., 2011) three out of 37, and the Social Justice Advocacy Readiness Questionnaire (Chen-Hayes, 2001) included four disability items of a total of 188 items. Therefore, the literature reveals that there are several social justice instruments available; however, awareness of disability-related social justice is not being adequately addressed. As IWDs continue to experience social injustice, there is a pressing need to create an instrument that measures the awareness of disability-related social justice.

Social Justice Instrumentation and Development

Learning to Teach for Social Justice—Beliefs Scale. The Learning to Teach for Social Justice—Beliefs Scale was developed by Ludlow and colleagues (2008) for the purpose of measuring the extent to which a teacher teaches social justice. Specifically, the instrument measures the ability to teach social justice conceptualized by six core components: teacher's knowledge and skills; teacher's beliefs, attitudes, and values; practice and pedagogy; community participation; and promoting academic, social and civic learning. Although this instrument measures beliefs, values and attitudes about social justice, it does not focus on awareness of disability-related social justice. The construction of this instrument included item generation was grounded in the literature and reviewed by student experts. Furthermore, the authors reported that classical test theory and item response theory procedures were used to analyze the items.

Racial Justice Scales. Durrheim et al. (2008) developed the Racial Justice Scales (RJS) in order to measure social justice related to racial issues, specifically measuring

racial attitudes. Awareness of disability-related social justice issues were not included. The construction of the instrument included a thematic analysis of existing racial attitude measures. New items were coded based on these themes and were then reviewed by experts. Principle component factor analysis was performed using a Varimax rotation. Eigenvalues suggested a four factor solution. Furthermore, a Cronbach alpha was used to determine internal consistency and a test-retest analysis was performed to determine reliability.

Family Justice Inventory. The Family Justice Inventory was developed by Fondacaro and colleagues (2002). It is designed to measure the perceptions of procedural and distributive justice in resolving family disputes. Although this instrument addresses social justice, it focuses narrowly on procedural justice. Its purpose is evaluative in nature and does not target issues of awareness or of disability-related social justice. The instrument was constructed based on a review of the literature focusing on six seminal publications which addressed procedural justice. From the review of the literature, five dimensions were identified: decision control, equity, equality, need, and global outcome fairness. Instrument items were reviewed; however the process was not explained in detail. Principle component analysis with a Varimax rotation was used to analyze the items. Four factors were extracted based on eigenvalues and were titled: pain, learned helplessness, positive adaptation, and bigoted. Reliability was measured using Cronbach's alpha. The final instrument included 134 items; none addressed disability issues.

Health Care Justice Inventory. Fondacaro and colleagues (2005) developed two scales: the Health Care Justice Inventory—Provider (HCJI-P), which assesses patients'

perceptions of how they were treated by health care providers; and the Health Care Justice Inventory—Health Plan (HCJI-HP), which assesses patients' perceptions of how they are treated by representatives of their health plan. In relation to distributive justice, Fondacaro and colleagues (2005) stated that “procedural justice refers to appraisal of the fairness of how decisions are made; distributive justice refers to appraisal of the fairness of decision-making outcomes. Furthermore, social justice theorists have also addressed the role of distributive justice and have focused on equity, equality, and need as potential criteria people use to evaluate the fairness of decision-making outcomes” (pp. 65-66). Whereas procedural and distributive justice are important elements of social justice, these two scales focus only on the evaluation of procedural and distributive justice and do not address the broader issue of social justice awareness, nor justice issues related to disability. These scales were developed from a comprehensive review of the literature. The HCJI-P and the HCJI-HP were constructed based on a comprehensive review of the literature and were reviewed by several experts. Principal component analysis with a Varimax rotation was used. Factor extraction was based on eigenvalues and a component loading cut off of 0.6. A three factor extraction was performed on both the HCJI-P and the HCJI-HP. The factors were labeled Trust, Impartiality, and Participation.

Pretrial Juror Attitude Questionnaire. The Pretrial Juror Attitude Questionnaire (PJAQ; Lecci & Myers, 2008) was created in order to evaluate the juror's attitude and the way in which these attitudes affect the juror's decision process. Specifically, the PJAQ addresses the juror's attitudes on conviction proneness, system confidence, and cynicism toward the defense, racial bias, social justice, and innate

criminality. Several of the final items assess social justice issues such as equity; however, awareness of social justice issues as they relate to IWDs is not addressed by the PJAQ. Items for the PJAQ were generated by asking college students to list biases that they thought would likely affect a verdict. These items were refined and thematically coded. Exploratory and confirmatory factor analysis was performed using a Direct Oblimin rotation.

Miami University Diversity Awareness Scale. The Miami University Diversity Awareness Scale (MUDAS) was developed by Mosley-Howard and colleagues (2011) and is “designed to measure the level of student awareness about issues of culture, intergroup interaction, social justice, and the degree to which students believe these issues are presented in the college classroom” (p. 65). The MUDAS is one of the few instruments that specifically measures awareness of social justice issues and does include three items (of a total of 37 items) that target disability issues. This may be the only instrument that attempts to measure disability-related awareness issues; however, the inclusion of only three items illustrates that disability is still relegated to a less visible and acknowledged position relative to other minority groups. Therefore, the MUDAS addresses awareness of diversity in general and not disability specifically. Exploratory factor analysis was performed yielding a five-factor solution, with the factors identified as: value and appreciation, learning and knowledge, intercultural interaction, social justice, and discipline practice.

Social Justice Ally Development Survey. Miller (2009) created the Social Justice Ally Development Survey as an instrument to measure where student affairs

professionals fall on a continuum of social justice ally development. Miller addresses ally development, specifically how one responds to the oppression of others and the support and recognition that is provided to individuals who experience oppression due to sexual orientation, racism, and sexism. The Social Justice Ally Development Survey determines where one falls on this continuum. Items were created based on the stages of the ally development continuum (waking up, getting ready, reaching out, building community, coalescing and creating change). The items were evaluated by a panel of experts and coded according to whether they addressed racism, sexism, heterosexism, or all three, and where each of these items fell on the continuum. There was no focus on the awareness of disability-related social justice issues. The data collected after administering the survey were used to evaluate participants and their responses. No factor analysis was performed to establish the validity of the instrument's factors.

Social Justice Survey. Raney (1999) completed a dissertation in which individuals who enjoy presentations of justice in a crime drama were studied. In this dissertation, Raney developed the Social Justice Survey. The author explained, "Extant literature has repeatedly identified vigilantism and confidence in the criminal justice system as concepts central to the construction of social justice judgments" (p. 35). Therefore, the *Social Justice Survey* was designed to measure social justice as it relates to vigilantism and confidence in the justice system. Items in the Social Justice Survey consisted of a statement that described a belief about a social justice aspect as related to crime. Items of the survey were eliminated based on their correlation to other items. A principle component analysis with a Varimax rotation was performed on the factors and

subfactors. Internal reliability was calculated using a Crohbach's alpha and was found to be high (0.85). The Social Justice Survey does not specifically address any disability issues.

Involuntary Civil Commitment Hearing Petitioners' Survey. The Involuntary Civil Commitment Hearing Petitioners' Survey, developed by Kennedy (2002), surveyed participants in the mental health system and asked their evaluation of the fairness of the judges and other persons involved in the civil commitment process. The survey also asked the participant to evaluate the fairness of the civil commitment process itself. Because it addresses mental health issues, the Involuntary Civil Commitment Hearing Petitioners' Survey addresses relevant issues related to disability. However, this survey evaluates the commitment process and does not measure awareness of disability, nor does it evaluate the broader disability population in addition to those with mental health issues. The development of instrument items involved the adaptation of related studies and surveys. Items were reviewed by mental health professionals familiar with involuntary commitment and family members of individuals with mental illness. Multiple regression analysis was used to evaluate the participants' responses to the civil commitment process. However, no statistical analysis addressing the validity of the instrument construction was reported.

Social Justice Advocacy Skills Survey. In order to assess counselors' competencies in advocating for their clients, Dean (2009) developed the Social Justice Advocacy Skills Survey. A review of the literature was performed to identify the issues related to advocacy and counselor competence. Items were generated based on the review

of the literature. Experts were used to refine the items. A principal axis factor analysis was performed using a Direct Oblimin rotation. Four factors were extracted based on their eigenvalues and were labeled: Collaborative Action, Social/Political Advocacy, Client Empowerment, and Client/Community Advocacy. Construct validity was established by a positive correlation between the Social Justice Advocacy Skills Survey and the Multicultural Knowledge and Awareness Scale (Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002a). While the Social Justice Advocacy Skills Survey was designed to address counselor competence in advocating social justice for their clients, it does not address disability issues related to social justice, nor raise awareness of these issues.

Social Issues Questionnaire. The Social Issues Questionnaire (SIQ) is a scale developed by Miller and colleagues (2009) adapted from an existing scale that measured academic behavior. The SIQ measures an individual's "social justice self-efficacy, outcome expectations, interests, choice goals, and social supports and barriers related to social justice engagement" (p. 499). From a total of 53 items, the SIQ included one question that specifically addressed disability. There were several other questions broad enough that disability issues could be inferred; however, they were not directly addressed. Moreover the SIQ's items directly addressed a counselor's competence at engaging social justice, but do not necessarily raise awareness specific to social justice. SIQ items were developed based on a review of the literature and an existing instrument. Items were reviewed by a panel of experts. Confirmatory factor analysis and latent variable path modeling were used to analyze the SIQ.

Social Issues Advocacy Scale. The Social Issues Advocacy Scale (SIAS; Nilsson

et al., 2011) was an instrument designed to measure social justice advocacy attitudes and behaviors across academic fields. Although it is intended to address awareness and advocacy, it focuses more on advocacy behaviors. The SIAS was interesting in that it is designed to be useful for multiple academic fields as well as targeting several minorities and oppressed populations. Its assessment of advocacy behaviors across a broad range of populations was both its strength and weakness. It can be used to provide a general understanding of an individual's advocacy behaviors; however, the SIAS was limited in providing greater depth related to an individual's awareness of a specific minority group, such as IWDs.

Construction of the SIAS included similar steps to the previously discussed instruments. Item development was grounded in a review of the social justice literature, including in fields of psychology, counseling, public health, nursing, education and social work. Items were coded in three areas: personal social justice advocacy, professional advocacy, and legislative advocacy. A group of experts consisting of five graduate students and three faculty members reviewed the items and revisions were made based on this expert review. Principle component analysis was used to extract four components which were named: Political Social Advocacy, Political Awareness, Social Issues Awareness, and Confronting Discrimination. Scores from the SIAS were compared with scores measures of self-esteem and life satisfaction. The lack of statistically significant correlations helped to establish discriminant validity.

Multicultural Instruments

Twenty three multicultural articles met the inclusion criteria with publication dates ranging from 1990 to 2009. From 1990 to 1999, nine articles were published. However, the greatest concentration of articles occurred in the years 2000 to 2003 when ten additional articles were published. After a 3-year gap, four additional articles were published between 2006 and 2009. Of these 23 articles, all included a copy of the instrument

In this section, constructs measured in the multicultural instruments are discussed, followed by a description of the inclusion of disability issues in these instruments. Finally, the instrumentation and development of each of these multicultural instruments are described, including the use of expert panels, statistical analyses, and the theoretical models utilized.

Constructs Measured

These instruments measure several multicultural issues, including attitudes (LaFleur, Rowe, & Leach, 2002; Ponterotto, Baluch, Greig, & Rivera, 1998; Ponterotto, Potere, & Johansen, 2002b), competence (D'Andrea, Daniels, & Heck, 1991; Holcomb-McCoy, 2000; Khawaja, Gomez, & Turner, 2009; LaFromboise, Coleman, & Hernandez, 1991; Ponterotto et al., 2002a; Rogers & Ponterotto, 1997; Sodowsky, Taffe, Gutkin, & Wise, 1994), cultural adaptation (Sandhu, Portes, & McPhee, 1996), empathy (Wang, Davidson, & Yakushko, 2003), identity (Cardo, 1994; Johnson, Wall, Guanipa, Terry-Guyer, & Velasquez, 2002; Sevig, Highlen, & Adams, 2000; Vandiver, Fhagen-Smith,

Cokley, Cross, & Worrell, 2001; Worrell et al., 2001), inclusion of multicultural issues in university programs (Pope-Davis, Liu, Nevitt, & Toporek, 2000), self-efficacy (Burkard, Pruitt, Medler, & Stark-Booth, 2009; Sheu & Lent, 2007), stressful life events (Mosley & Lex, 1990), supervision (Nilsson & Dodds, 2006), values (Kim, Atkinson, & Yang, 1999), and awareness (D'Andrea et al., 1991; Ponterotto et al., 1998, 2002a).

Inclusion of Disability Issues in Multicultural Instruments

In addition to measuring the previously listed multicultural constructs, these instruments were used to target a variety of populations. For example, several instruments are aimed at issues of race including the Multicultural Counseling Self-Efficacy Scale (Sheu & Lent, 2007), the Cross Racial Identity Scale (Vandiver et al., 2001; Worrell et al., 2001) and the Oklahoma Racial Attitude Scale (LaFleur, Rowe, & Leach, 2002), while others address both race and ethnicity such as the Scale of Ethnocultural Empathy (Wang et al., 2003) and the Scale for the Effects of Ethnicity and Discrimination (Cardo, 1994). More specifically, two instruments target Asian ethnicity: the Asian Values Scale (Kim et al., 1999) and the Orthogonal Cultural Identification Scale (Johnson et al., 2002). A few other instruments focus on youth and young adults including an unnamed survey by Mosley and Lex (1990), which targeted urban minority youth, the Multicultural School Psychology Counseling Competency Scale (Rogers & Ponterotto, 1997), which addressed diverse youth in school settings, and the International Student Supervision Scale (Nilsson & Dodds, 2006), which focused on international university students. Moreover, one instrument targeted people who are lesbian, gay, or bisexual (Lesbian,

Gay, Bisexual Working Alliance Self-Efficacy Scales; Burkard et al., 2009), and another is aimed at individuals with mental health issues (Multicultural Mental Health Awareness Scale; Khawaja et al., 2009). Additionally there were several more instruments which were not as specific; nevertheless these instruments targeted the broader multicultural population (D'Andrea et al., 1991; Holcomb-McCoy, 2000; LaFromboise et al., 1991; Ponterotto et al., 1998, 2002a; Pope-Davis et al., 2000; Sandhu et al., 1996; Sevig et al., 2000; Sadowsky et al., 1994).

Despite the broad range of populations addressed, none of the multicultural instruments specifically targets IWDs. Of the 23 multicultural articles that met the inclusion criteria, five articles mention disability one to two times (D'Andrea et al., 1991; Pope-Davis et al., 2000; Sheu & Lent, 2007; Vandiver et al., 2001; Wang et al., 2003), while one article made four references to disability within the article (Sevig et al., 2000). Instrument items were included in 17 of the articles; however, only two of these instruments include an item specific to disability. The Self-Identity Inventory (Sevig et al., 2000) contains one disability-specific item of 71 items, while the Multicultural Awareness-Knowledge-and Skills Survey (D'Andrea et al., 1991), has one item of 60 that addresses "handicapped persons." Therefore, similar to social justice, there are several multicultural instruments; however, awareness of disability-related issues is not being adequately addressed.

Multicultural Instrumentation and Development

The Multicultural Counseling Awareness Scale (MCAS). Sue, Arredondo, and McDavis (1992) and Sue and colleagues (1982) explored the characteristics and

competencies of a culturally skilled counseling psychologist. As a result Sue et al. set forth competencies that are based on a counselor's awareness (defined by beliefs/attitudes), knowledge, and skills related to cross-cultural issues. The MCAS was developed by Ponterotto, Sanchez, and Magids (1991) in order to empirically measure the multicultural counseling competence as established by Sue et al. The items used in the MCAS were developed by grounding them in the competencies of awareness, knowledge, and skills. Ponterotto and colleagues originally developed 135 items, but through the use of "independent card sorts, a focus group discussion of items, and a content validity assessment" (p. 155) the number of items were reduced to 70. These 70 items were placed on a 7-point Likert scale and administered to a sample of 126 counseling students and professionals. A factor analysis was conducted, resulting in the elimination of further items; 45 were maintained. The MCAS did not load on the three factors as anticipated, instead the knowledge and skills items loaded together on one factor, while the awareness items loaded on to a separate factor. The coefficient alpha for the knowledge/skills factor was consistently measured at .90 or higher, while the coefficient alpha for awareness measured consistently higher than 0.7 and 0.8. A test-retest established coefficient stability over a 10 month period. Ponterotto and colleagues also discovered that the knowledge/skills subscale significantly correlated with other related scales, thereby establishing convergent validity. Although the MCAS addresses awareness of multicultural issues, none of its instrument items addresses awareness of disability issues.

Multicultural Counseling Knowledge and Awareness Scale. The Multicultural

Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002a) is a revision of the MCAS. The MCKAS was designed to more accurately measure and validate the multicultural counseling competencies. Ponterotto and colleagues used a sample of 525 students and professionals in counseling and counseling psychology. An exploratory principal component analysis was performed. Based on the eigenvalues and the scree plot results, three factors were extracted. A minimum factor loading cutoff of 0.4 was used. Convergent validity was established by comparing scores with other similar measures.

Multicultural Counseling Inventory. As with the two previously measured instruments the Multicultural Counseling Inventory (MCI; Sadowsky et al., 1994) was designed to measure multicultural counseling competencies based on the work of Sue and colleagues (1982, 1992). Therefore, items for the MCI were grounded in the constructs set forth by Sue and colleagues, in addition to a review of the literature relevant to multicultural competencies, training, and ethics. Each item was followed by a 4-point Likert scale. Similar to the MCAS and MCKAS, the MCI measured awareness to multicultural issues; however, there is no discussion of disability issues. The MCI was mailed to students in counseling psychology, school psychology and clinical psychology programs, in addition to state psychology professional organizations. The results were analyzed using principle axis factoring using an oblique rotation. Based on eigenvalues which were greater than one, 10 factors emerged and accounted for 52.6% of the variance. However, a scree plot suggested a four-factor solution that accounted for 36.1% of the variance. Solutions consisting of two, three, and four factors were evaluated. The

four factor solution was chosen due to the percent of the variance accounted for, conceptual clarity, and its robust factor structure. The four factors were labeled: multicultural counseling skills, multicultural awareness, multicultural counseling relationship, and multicultural counseling knowledge. Internal consistency was evaluated with a Cronbach's alpha.

Cross-Cultural Counseling Inventory-Revised. Developed by LaFromboise and colleagues (1991), the Cross-Cultural Counseling Inventory-Revised (CCCI-R) was developed to assess the counseling effectiveness in working with culturally diverse clients. The CCCI-R was also created based on the counseling competencies described by Sue and colleagues (1982). In order to construct the CCC-R, items representing each of the characteristics of a cross-culturally skilled counselor were developed. Eight graduate students were used to judge the validity of the items. After items were judged and reviewed, the CCCI-R was sent to a sample of 86 university students. The results were then analyzed using principle component analysis with a varimax rotation. A three factor solution was chosen based on eigenvalues, a scree plot, and factor interpretability. Factors were labeled cross-cultural counseling skill, socio-political awareness, and cultural sensitivity.

Multicultural Mental Health Awareness Scale. Unlike the other instruments discussed, the Multicultural Mental Health Awareness Scale (MMHAS; Khawaja et al., 2009) was developed to assess the effectiveness of a multicultural mental health training program. Items in the scale were grounded in the Queensland Transcultural Mental Health Centre (QTMHC) training program objectives. After items were developed, they

were reviewed by 12 experts and subsequently by staff members of the QTMHC training program. The results of the instrument were examined using principal component analysis. An Oblimin rotation was chosen because of the correlation between items. Moreover, a three factor solution was chosen based on eigenvalues greater than one and because of its parsimonious and meaningful solution in relation to the constructs measured. Items that had low loadings (less than 0.4), cross loaded on multiple factors, or had low communality (less than 0.30) were excluded. Internal consistency was measured and established for the overall scale as well as within each subscale. High test-retest correlations (Pearson's *R* coefficient above 0.80) were established for each subscale and the overall scale. Content validity was measured by correlating participants' scores on the Multicultural Awareness Knowledge and Skills Survey (MAKSS). However, the scores were only in the low to moderate range (0.550 to 0.681). Finally, discriminate validity was determined by calculating T-tests among participants who had previous training and those that did not. Participants with previous training had significantly higher scores.

Because it focuses on mental health issues, the MMHAS addresses issues relevant to disability. However, the instrument items do not discuss disability issues beyond mental health. Moreover, because the MMHAS is exclusively grounded in a specific training program, its ability to generalize beyond individuals associated with the program is limited.

Self-Identity Inventory. The Self-Identity Inventory (SII; Sevig et al., 2000) is an instrument designed to measure identity development as described by the Optimal Theory Applied to Identity Development (OTAID; Myers et al., 1991). The OTAID was

developed as a “pluralistic model, applicable across identity or cultural groups (e.g., race, ethnicity, sex sexual orientation, socioeconomic class, age, religion, and disability status)” (Sevig et al., 2000, p. 170). The SII promotes awareness through self-reflection using a broad approach to multicultural issues. However, because of its self-reflection and broad scope, the SII does not appear to be an instrument that would produce an overt awareness of disability-related issues by IWOD.

Item development for the SII included adapting items from an existing instrument, the Female Identity Development Scale (FIDS), created by Jecmen (1989). Additional items were developed based on the OTAID. A team of experts judged the clarity, readability, and fit of each item. After items were reviewed and revised, they were each set to a 6-point Likert scale. The SII was administered to a sample of convenience consisting of 325 participants in both professional and university settings. Because of the modest sample size and the large number of items, a maximum likelihood factor analysis was performed on each subscale but not on the scale as a whole. Factor loading criteria was set at 0.50, while the cutoff for communality was set at 0.30. Reliability was measured using Cronbach’s alpha, and with test-retest correlations. Construct validity was established due to the high correlations between subscales. External construct validity was measured through correlations with instruments similar to the SII.

Synthesis of Social Justice and Multicultural Instrumentation

Upon reviewing the literature, 35 articles included information on the construction of a social justice or a multicultural instrument. As discussed previously,

none of these instruments adequately addressed awareness of disability-related social justice. However, the methodologies reported in these articles can be useful in developing a new instrument that attempts to measure awareness of social justice and disability issues. Several key components to developing a new instrument were discovered: (a) grounding the instrument, (b) determining domains, (c) developing items and refining them, and (d) statistically analyzing the results.

Instrument Grounding

The most common method for developing a new measure was to ground the instrument in a thorough review of the literature; this was reported for 12 of the 35 instruments reviewed (Dean, 2009; Fondacaro et al., 2002, 2005; Kim et al., 1999; Ludlow et al., 2008; Miller et al., 2009; Nilsson & Dodds, 2006; Nilsson et al., 2011; Ponterotto et al., 1998; Sandhu et al., 1996; Sheu & Lent, 2007; Wang et al., 2003). In addition to a thorough review of the literature, 3 of the 12 instruments were created using focus or discussion groups that further evaluated findings from the literature (Kim et al., 1999; Ludlow et al., 2008; Ponterotto et al., 1998). Yet another study done by Miller and colleagues (2009) reported using both a review of the literature and the adaptation of another measure to develop a new instrument.

Grounding an instrument in an already existing instrument was another method used for developing a new instrument; this was reported for seven of the 35 instruments (Durrheim et al., 2008; Johnson et al., 2002; Kennedy, 2002; LaFleur et al., 2002; Miller et al., 2009; Ponterotto et al., 2002a; Sevig et al., 2000). In other words, the purpose of the newly designed measure was to take the theoretical components of an existing

instrument and use these components as the foundation for a new or revised instrument. For example, and colleagues stated that the construction of the Social Issues Questionnaire (SIQ), which reportedly measured “social justice self-efficacy, outcome expectations, interests, choice goals and social supports and barriers related to social justice engagement” (p. 499) was adapted from an instrument that measured academic behavior. Similarly, Durrheim and colleagues developed the *new Racial Justice Scale* by thematically analyzing several existing instruments that measured racial attitudes. Yet other studies described the development of new instruments that were revisions of existing measures, such as the Oklahoma Racial Attitudes Scale (LaFleur et al., 2002).

Rather than grounding a measurement in a review of the literature, or upon a previous scale, some instruments were constructed by grounding them to a theoretical framework, or model. Nine instruments were reported to be based on theories or models (Burkard et al., 2009; Holcomb-McCoy, 2000; Khawaja et al., 2009; LaFromboise et al., 1991; Lecci & Myers, 2008; Ponterotto et al., 2002b; Rogers & Ponterotto, 1997; Sadowsky et al., 1994; Vandiver et al., 2001). It is interesting to note that four of these instruments, the Multicultural School Psychology Counseling Competency Scale (MSPCCS, Rogers & Ponterotto, 1997), the Cross-Cultural Counseling Inventory-Revised (CCCI-R, LaFromboise et al., 1991), the Multicultural Counseling Inventory (MCI; Sadowsky et al., 1994), and an unnamed survey by Holcomb-McCoy (2000), were all based on the model set forth by Sue and colleagues (1982) in which beliefs/attitudes, knowledge, and skills were proposed as necessary characteristics of a cross-culturally competent counselor.

In addition to the classic work done by Sue et al., some instruments were based on other theoretical groundings. For example, the Lesbian, Gay, Bisexual Working Alliance Self-Efficacy Scales (LGB-WASES; Burkard et al., 2009) were developed based on social-cognitive theory, conceptualizations of LGB-affirmative counseling, and models of client-counselor working alliances, whereas the Cross Racial Identity Scale (CRIS; Vandiver et al., 2001) was founded in the Revised Nigrescence Model. In summary, most of the instruments in this review reported to have some form of grounding to a valid foundation, either through a theoretical framework, or a thorough review of the literature, or an existing instrument.

Domains

A review of the social justice literature in counseling and psychology revealed several salient themes which are considered critical in addressing social justice. Crethar and colleagues (2008) identified “critical principles” of social justice, three of which are: equality, access, and participation. The themes associated with these “critical principles” are well supported throughout the social justice literature and encompass the important aspects of social justice. However, in relation to social justice issues for IWDs there are two additional themes that have been identified that should be combined with the four Crethar and colleagues discussed. These disability-related themes are: the impact of the Biomedical Model of Disability, and the effects of sympathy and lowered expectations on IWDs.

Equity. Equity has been defined as “the fair distribution of resources, rights and responsibilities to all members of society” (Crethar et al., 2008, p. 207). Moreover, equity

is differentiated from the concept of equality. Equality implies that every individual receives the same quantity of resources, rights, services, and so forth. However, the concept of equity involves granting individuals the quantity of a resource needed in order to obtain an equal outcome, or stated differently, some individuals may receive more resources than others, in order to obtain the same outcome (Alston et al., 2006; Crethar et al., 2008; Renner et al., 1997; Vera & Speight, 2003).

Several areas in which equity is essential for social justice is discussed in the literature. These include: equity in resources (Alston et al., 2006; Baggerly & Zalaquett, 2006; Blustein et al., 2005; Burnes & Manese, 2008; Chung et al., 2008; Constantine et al., 2007; Prilleltensky, 2001; Prilleltensky & Nelson, 1997; Ratts & Hutchins, 2009; Smith et al., 2008; Toporek et al., 2005; Vera & Speight, 2003), opportunities (Bemak & Chung, 2008; Chung et al., 2008; Goodman et al., 2004; Sue, 2008; Toporek et al., 2005; Turner & Pope, 2009; Van den Bos, 2003), power (Alston et al., 2006; Blustein et al., 2005; Burnes & Manese, 2008; Constantine et al., 2007; Goodman et al., 2004; Lopez-Baez & Paylo, 2009; Miller et al., 2009; Prilleltensky, 2001; Shin, 2008; Smith et al., 2008; Sue, 2008; Toporek et al., 2005), treatment (Alston et al., 2006; Bemak & Chung, 2008; Constantine et al., 2007), safety and security (Alston et al., 2006; Turner & Pope, 2009; Vera & Speight, 2003), civil and human rights (Chung et al., 2008; Constantine et al., 2007; Crethar et al., 2008; Toporek et al., 2005; Turner & Pope, 2009), distribution of wealth (Miller, 2009; Miller et al., 2009), and access to education (Bemak & Chung, 2005, 2008; Goodman et al., 2004; Smith et al., 2008). Furthermore, discussion about the incompatibility of equity and meritocracy is found throughout the literature (Alston et al.,

2006; Comstock et al., 2008; Pope & Arthur, 2009; Shin, 2008; Sue, 2008; Wood et al., 2009). However, it is also noted that social justice does not only include the allocation of rights and privileges but also the equitable distribution of obligations (Burnes & Manese, 2008; Goodman et al., 2004; Prilleltensky, 2001; Turner & Pope, 2009).

One of the more comprehensive definitions of social justice provided by J. M. Smith (as cited in Goodman et al., 2004, p. 796), illustrated the broad concept of equity within social justice by stating that everyone should have *adequate* access to the following:

Adequate food, sleep, wages, education, safety, opportunity, institutional support, health care, child care, and loving relationships. “Adequate” means enough to allow [participation] in the world...without starving, or feeling economically trapped or uncompensated, continually exploited, terrorized, devalued, battered, chronically exhausted, or virtually enslaved (and for some, still, actually enslaved).

By stating that everyone should have *adequate* access, Smith defined a vision of equity in which everyone would have a right to all necessary services. Furthermore, Smith’s discussion acknowledged another fundamental requirement of social justice: access.

Access. In addition to equity, access is a critical element of social justice. Crethar and colleagues (2008) stated:

Access is a principle of social justice that includes notions of fairness for the common good that are based on the ability of people to access the knowledge, power, resources, and services that are crucial to realizing a standard of living that allows for self-actualization and self-determination. (p. 271)

Without access to knowledge, power, resource and services, individuals of marginalized groups “cannot be expected to function as effectively as those with more privileges that enable them greater access to these forms of social capital” (Crethar et al., 2008, p. 271).

Therefore, access is an essential component of social justice. In addition to Crethar and colleagues, several other authors acknowledged that in order to obtain social justice, individuals must have access to resources, services and opportunities (Alston et al., 2006; Blustein et al., 2005; Burnes & Manese, 2008; Chung et al., 2008; Goodman et al., 2004; Hartung & Blustein, 2002; Kiselica & Robinson, 2001; Pope & Arthur, 2009; Ratts & Hutchins, 2009; Smith et al., 2008, 2009; Toporek et al., 2005, Vera & Speight, 2003). Beyond a general discussion of the importance of access, authors have specifically addressed the need for access to education (Hartung & Blustein, 2002; Pope & Arthur, 2009; Smith et al., 2008), medication (Pope & Arthur, 2009), accommodations and accessibility (Alston et al., 2006), and anything that will contribute to one's self-determination (Goodman et al., 2004; Smith et al., 2009; Vera & Speight, 2003). Furthermore, the literature established that many barriers to accessing services and resources are due to oppressive sociopolitical systems (Chung, 2005; Crethar et al., 2008; Ratts & Hutchins, 2009; Toporek et al., 2005), and that counselors, or other professionals should assist clients overcome these systemic barriers so that they may obtaining access to services and resources (Burnes & Manese, 2008; Goodman et al., 2004; Hartung & Blustein, 2002; Kiselica & Robinson, 2001; Ratts & Hutchins, 2009; Toporek et al., 2005).

Participation. Similar to the principle of access, participation is another critical element of social justice. Although these are similar principles, access does not guarantee participation. For example, an individual may have access to a treatment program, yet not be able to fully participate in the decisions regarding the type and application of

treatment. Participation refers to the “right of every person in society to participate in and/or be consulted on decisions that affect their lives as well as other persons in their environmental systems” (Crethar et al., 2008, p. 271). Exclusion from participation can lead to perpetuating the social injustice that an individual experiences.

When individuals are not permitted to participate in processes that influence their lives, they often lose a sense of control. This can result in a loss of hope, a sense of helplessness, and an increased sense of personal and collective disenfranchisement. Such losses can serve to lessen their motivation to actualize their human potential within the existing sociopolitical context. (Crethar et al., 2008, p. 271)

Like equity and access, the importance of an individual’s ability to fully participate is supported by the social justice literature (Blustein et al., 2005; Burnes & Manese, 2008; Toporek et al., 2005; Van den Bos, 2003; Vera & Speight, 2003). Additionally, it is recognized that by virtue of their professional status, counselors and other human service workers, generally experience greater power in their relationship with clients, in particular with individuals for minority groups. Therefore, it is important that counselors and other professionals allow their clients to have a voice and to be willing to share their power by allowing clients to participate in the processes of assessment, diagnosis, and intervention (Burnes & Manese, 2008; Pack-Brown et al., 2008; Van den Bos, 2003).

Biomedical model. The previously mentioned principles set forth by Crethar and colleagues (2008), and supported by the literature, are essential components to social justice in general. However, when discussing the social injustices experienced by IWDs, there are additional themes to be addressed. The first is the effects of the biomedical model on IWDs. As discussed previously in the literature review, traditional approaches

to medicine, psychology, counseling, and many other human service fields have been grounded in the biomedical model. Smart (2009) explained that the biomedical model “focuses on the anatomy and physiology of the individual and uses standardized procedures to make diagnoses” (p. 60). Furthermore, Smart elaborated that “there are two dimensions of this model, normal and pathological, with the diagnosis of normal often defined as simply the absences of any pathology” (p. 60). Because the biomedical model emphasized an individual’s deficits rather than his or her strengths, an individual is pathologized (Burnes & Manese, 2008; Chung et al., 2008; Crethar et al., 2008; Kiselica, 2004; Zalaquett et al., 2008b). Moreover, the pathogeneses of the symptoms are placed in the individual; therefore, the individual client/patient is held responsible for his or her pathology/problem (Kiselica, 2004; Zalaquett et al., 2008b). Additionally, the Biomedical Model involves a top-down professional approach. In other words, the professional is the expert on a client/patient’s problem, and therefore, only the professional makes decisions pertaining to treatment and services (Blustein et al., 2005; Kiselica, 2004; Smith et al., 2009; Vera & Speight, 2003; Zalaquett et al., 2008b). Furthermore, under the biomedical model a healthy *normal* person is considered to be individualistic, separate, autonomous, self-actualized, and receives what is deserves based on her or his merit (Bemak & Chung, 2005; Blustein et al., 2005; Chung et al., 2008; Comstock et al., 2008; Shin, 2008).

As a result of the assumptions of the biomedical model, IWDs are not considered *normal*. Labeled as *abnormal* or *defective*, IWDs are often excluded from the sociopolitical benefits that able-bodied individual’s experience.

Sympathy and lowered expectations. When discussing the social injustice

experienced by IWDs, sympathy and lowered expectations must be considered. Disability is often perceived, by those who do not have a disability, as being an unbearable and devastating tragedy (Hahn, 2000; Smart, 2009; Thompson, 1982). Moreover, IWDs are expected to suffer because their loss is considered catastrophic (DeLoach & Greer, 1981; Dembo et al., 1956; Livneh, 1991; Wright, 1960). The lives of IWDs are consequently, considered undesirable, and of little worth (Smart, 2009). Therefore, IWDs often become the object of pity and charity. However, pity and charity relegate IWDs to a less powerful position in which they often experience social injustices (Fleischer & Zames, 2001; Marks, 1999; Smart, 2009). Smart explained that “pity has resulted in lack of opportunities for PWDs [people with disabilities]; social isolation and institutionalization of PWDs; reduced social and legislative change; and most important, the deaths of many PWDs” (p. 305), whereas Marks clarified the barrier to social justice that charity creates for IWDs:

Charity supports a society which is based on the unequal distribution of wealth, and where tax concessions offered to donors rather than redistribution of resources maintain an unequal status quo. Charities tend to exist because of socially constructed dependence in a society which fails to address the needs of citizens with disabilities. (p. 167)

Sympathy also engenders paternalism, infantilization, and lowered expectations (Grouvier et al., 1994; Hahn, 1997, 2005; Morris, 1991). Paternalism reduces the ability of IWDs to enjoy autonomy and equity, while infantilization, occurs when IWDs are treated, and even spoken to, as if they were children. By treating IWDs like children, their ability to have equal power is reduced. Furthermore, because IWDs are pitied, and treated paternalistically, society does not expect much from them. In other words,

expectations for IWDs are lowered. When expectations are lowered for IWDs, their competence is also doubted (Smart, 2009).

Sympathy and lowering of expectations create a context in which IWDs experience social injustices such as reduced autonomy, equity, power, and integration in society. Therefore, in order to measure awareness of disability-related social justice, sympathy and lowered expectations must be addressed.

Development of Instrument Items

After grounding in literature, theory, or existing measures, original items for each new instrument were created. As part of the item development, most authors reported that they used some variation of expert judges to review the items. Judges often determined the quality and relevance of items and whether to accept, improve, or reject each item. This process was utilized in order to increase the validity of the instrument. Twenty-three of the reviewed instruments reported the uses of expert reviewers (Burkard et al., 2009; Dean, 2009; Durrheim et al., 2008; Fondacaro et al., 2005; Holcomb-McCoy, 2000; Kennedy, 2002; Khawaja et al., 2009; Kim et al., 1999; LaFromboise et al., 1991; Ludlow et al., 2008; Miller, 2009; Miller et al., 2009; Nilsson & Dodds, 2006; Nilsson et al., 2011; Ponterotto et al., 1998, 2002a, 2002b; Rogers & Ponterotto, 1997; Sandhu et al., 1996; Sevig et al., 2000; Sheu & Lent, 2007; Vandiver et al., 2001; Wang et al., 2003).

Not all authors reported details about their expert reviewers. Indeed, nine of the articles did not mention the use of expert reviewers, while 11 simply stated that experts were used to review their instrument's items. The remaining articles stated that graduate

students, academic faculty, and/or professionals in a relevant field were used as expert judges. Nine of the articles reported that graduate students were used as expert judges (Burkard et al., 2009; Kim et al., 1999; LaFromboise et al., 1991; Nilsson & Dodds, 2006; Nilsson et al., 2011; Ponterotto et al., 1998; Sheu & Lent, 2007; Vandiver et al., 2001; Wang et al., 2003); whereas, academic faculty and researchers were reported as experts in three cases (Nilsson et al., 2011; Nilsson & Dodds, 2006; Ponterotto et al., 1998), and professionals working in relevant fields were cited as expert judges in five articles (Burkard et al., 2009; Kennedy, 2002; Miller, 2009; Nilsson & Dodds, 2006; Sheu & Lent, 2007; Vandiver et al., 2001; Wang et al., 2003). An additional form of expert review was through the use of focus groups, in which experts discussed and evaluated potential instrument items as a group (Ponterotto et al., 1998, 2002a, 2002b).

In two of the articles reviewed, the authors described an item development process that did not use experts to judge the quality and relevance of the items generated. For example, in the development of the Pretrial Juror Attitude Questionnaire (PJAQ; Lecci & Myers, 2008), the authors reported that “because there were no a priori assumptions regarding the specific constructs that should emerge to assess pretrial attitudes adequately” they recruited 42 college students and asked them to “generate at least three items they felt would indicate ‘a bias that was likely to affect verdicts’” (p. 2012-2013). The responses obtained from the students were subsequently rated by an additional 110 students based on whether they felt the item was a good indicator of pretrial bias. These student-created items were then combined with other items that were theoretically derived by the authors. An unnamed survey developed by Mosley and Lex

(1990), which sought to measure stressful life events experienced by urban minority youth, also did not involve experts to evaluate instrument items. Mosley and Lex stated that because there was too little information specific to this topic, they chose to ask urban minority youths to describe their experiences of stressful events. Instrument items were then created based on the feedback they received.

Statistical Analyses

Nearly all of the 35 instruments underwent some form of component or factor analysis during the construction process. Authors of six instruments reported using only exploratory factor analysis (Burkard et al., 2009; Johnson et al., 2002; Mosley-Howard et al., 2011; Pope-Davis et al., 2000), while eight instruments were distinguished as having undergone both exploratory and confirmatory factor analysis (Kim et al., 1999; LaFleur et al., 2002; Lecci & Myers, 2008; Miller et al., 2009; Nilsson et al., 2011; Ponterotto et al., 2002a; Sodowsky et al., 1994; Wang et al., 2003). The authors of the remaining 17 instruments did not specifically state the use of exploratory or confirmatory factor analysis. The most commonly used method of component or factor analysis was principal components analysis (PCA), which was used on 15 instruments (Durrheim et al., 2008; Fondacaro et al., 2002, 2005; Holcomb-McCoy, 2000; Khawaja et al., 2009; LaFromboise et al., 1991; Nilsson & Dodds, 2006; Nilsson et al., 2011; Ponterotto et al., 1998, 2002a, 2002b; Pope-Davis et al., 2000; Rogers & Ponterotto, 1997; Sandhu et al., 1996; Wang et al., 2003), while principal axis factoring was completed on seven instruments (Burkard et al., 2009; D'Andrea et al., 1991; Dean, 2009; Johnson et al., 2002; Ponterotto et al., 2002b; Sodowsky et al., 1994; Vandiver et al., 2001), and the

maximum likelihood analysis was used on five (Johnson et al., 2002; Kim et al., 1999; Ponterotto et al., 2002a; Sevig et al., 2000; Wang et al., 2003). Furthermore, a few authors reported using more than one method to analyze the factors/components of their instrument. For example, Ponterotto and colleagues (2002a) and Wang and colleagues (2003) used PCA for the exploratory factor analysis of their instrument, while using maximum likelihood during the confirmatory factor analysis. Moreover, Ponterotto and colleagues (2002b) noted that the Quick Discrimination Index, an instrument that measures prejudice and tolerance, was analyzed with both PCA and principle axis factoring, while in their testing of the Orthogonal Cultural Identification Scale, which measures ethnic identification, Johnson and colleagues (2002) used both principal axis factoring and maximum likelihood.

In addition to the statistical method used (i.e., PCA, principal axis, maximum likelihood, etc.) many studies reported using one of the various forms of rotation when analyzing the factor structure. Nine studies reported using only an oblique rotation (Burkard et al., 2009; Dean, 2009; Holcomb-McCoy, 2000; Lecci & Myers, 2008; Nilsson et al., 2011; Pope-Davis et al., 2000; Sadowsky et al., 1994; Vandiver et al., 2001; Wang et al., 2003), seven used only an orthogonal rotation (D'Andrea et al., 1991; Durrheim et al., 2008; Fondacaro et al., 2002; Kim et al., 1999; LaFromboise et al., 1991; Sandhu et al., 1996), and seven used both an oblique and an orthogonal rotation (Johnson et al., 2002; Khawaja et al., 2009; Nilsson & Dodds, 2006; Ponterotto et al., 1998, 2002a, 2002b; Sheu & Lent, 2007). Of those that used oblique rotations, direct oblimin was used in six cases, whereas promax was used in four. Described in 11 studies, varimax was the

most commonly reported form of orthogonal rotation. However, the equamax rotation was used in only one study (Johnson et al., 2002). Authors did not always explain why a particular rotation was chosen. Yet, several stated that an oblique rotation was chosen instead of an orthogonal because it was suspected that the factors were correlated (Dean, 2009; Khawaja et al., 2009; Nilsson et al., 2011; Pope-Davis et al., 2000; Sheu & Lent, 2007; Wang et al., 2003). Oblique rotations are preferred when factor correlations are expected (Worthington & Whittaker, 2006). Furthermore, some authors stated that they ultimately chose the rotation that provided the most interpretable results (Nilsson & Dodds, 2006; Ponterotto et al., 1998).

Determining factorability and factor extraction criteria was fairly standardized across those studies which discussed the statistical analyses. The Kaiser–Meyer–Olkin measure of sampling adequacy was used to determine factorability while Bartlett’s test of sphericity was used to determine statistical significance (Dean, 2009; Khawaja et al., 2009; Nilsson & Dodds, 2006; Nilsson et al., 2011; Sheu & Lent, 2007; Wang et al., 2003). To determine factor extraction, a majority of the studies used eigenvalues and scree plots. A few of the studies did not state the eigenvalue used as the cut-off criteria; however, most used the Kaiser criterion of an eigenvalue equal to or greater than one as the determining level (Dean, 2009; Durrheim et al., 2008; Fondacaro et al., 2002, 2005; Khawaja et al., 2009; Kim et al., 1999; LaFromboise et al., 1991; Nilsson & Dodds, 2006; Ponterotto et al., 1998; Pope-Davis et al., 2000; Rogers & Ponterotto, 1997; Sandhu et al., 1996; Sheu & Lent, 2007; Sadowsky et al., 1994; Wang et al., 2003). A few studies reported the factor-loading criteria that were used to determine the factor

upon which an item loaded. In order to assign an item to a factor, both Holcomb-McCoy (2000) and Kim and colleagues (1999) reported using a minimum factor loading of 0.3 as the cut off. However, others utilized a higher factor loading of 0.4 (Khawaja et al., 2009; Pope-Davis et al., 2000) and 0.5 as the minimum (Sevig et al., 2000), while Pope-Davis and colleagues (2000) reported that they excluded items that had loadings greater than 0.30 on more than one factor. In addition, a few other studies reported using communality, or the percent of variance that is explained by each item, as an indicator for factor extraction (Burkard et al., 2009; Nilsson & Dodds, 2006; Khawaja et al., 2009). For example, Khawaja and colleagues excluded items that had a communality of less than 0.30.

In addition to factor analysis, many studies reported measuring the reliability of the instrument created. Cronbach's alpha levels were reported in many of the studies as an indication of the instrument's internal consistency (Burkard et al., 2009; D'Andrea et al., 1991; Durrheim et al., 2008; Fondacaro et al., 2002; Holcomb-McCoy, 2000; Khawaja et al., 2009; Kim et al., 1999; Ponterotto et al., 1998, 2002b; Pope-Davis et al., 2000; Rogers & Ponterotto, 1997; Sandhu et al., 1996; Sevig et al., 2000; Sheu & Lent, 2007; Sadowsky et al., 1994; Wang et al., 2003). Although not explained in detail, one study used the theta coefficient in addition to Cronbach's alpha (Ponterotto et al., 1998). The test-retest method was also performed to help determine reliability in eight of the studies (Burkard et al., 2009; Durrheim et al., 2008; Khawaja et al., 2009; Kim et al., 1999; Ponterotto et al., 1998, 2002b; Sevig et al., 2000; Sheu & Lent, 2007).

Conclusion

Although there are several instruments that focus on social justice and multiculturalism; none encompass issues specific to the awareness of social justice as it relates to IWDs. Given that many disability experts consider IWDs to have experienced more prejudice and discrimination than any other minority group (ADA, 1990; Smart 2009), it is surprising that IWDs have not been included in the small body of social justice instruments. Therefore, based on this comprehensive review of the literature, it was determined that the construction and exploratory validation of an instrument that measures awareness of social justice issues as they apply to IWDs will assist both researchers and practitioners to better conceptualize the constructs of social justice for IWDs.

CHAPTER III

RESEARCH DESIGN AND METHODOLOGY

Purpose of the Study

The purpose of this dissertation is to construct an instrument to measure awareness of social justice issues as they affect IWDs. This proposed instrument will incorporate the broad issues of social justice as they relate to race, ethnicity, culture, sexual orientation, and socioeconomic status. However, this instrument will include the additional social justice issues that are more central to disability. This study will complete the following.

1. Conduct a detailed review of the literature on social justice issues in general counseling and psychology and on social justice issues in disability/rehabilitation.
2. Analyze the general social justice issues and determine domains which best synthesize the literature.
3. Analyze the disability/rehabilitation literature and determine which domains might be used to determine the awareness of social justice issues.
4. Analyze the methodology used in the construction of both social justice and multicultural instruments.
5. Develop the Awareness of Social Justice Issues for Individuals with Disabilities Scale (ASJIDS), including the use of an expert panel.
6. Administer the ASJIDS to undergraduate students at a Midwestern state university. Gather demographic information from each of the participants.

7. Determine the validity and reliability of the scale, Awareness of Social Justice for Individuals with Disabilities Scale (ASJIDS).

Research Objectives

1. Create an instrument grounded in the social justice and disability literature, which measures awareness of disability related social justice.

2. Determine through statistical analysis if there is evidence to support the existence of the five purposed factors of this new instrument:

- a. Equity
- b. Participation
- c. Access
- d. Biomedical Model of Disability
- e. Sympathy and Lowered Expectations

3. Determine the reliability of this new instrument, and identify whether there are ways to increase its reliability in future research.

Scale Development

Item Pool Development

In order to construct an instrument that addresses awareness of social justice issues as they relate to IWDs, domains were identified from both the field of social justice and disability. A review of the social justice literature in counseling and psychology revealed several salient themes that are critical in addressing social justice.

Crethar and colleagues (2008) identified “critical principles” of social justice, three of which are: equality, access, and participation. The themes associated with these “critical principles” are well supported throughout the social justice literature and encompass the important aspects of social justice. However, in relation to social justice issues for IWDs there are two additional themes. These disability related themes are: The impact of the Biomedical Model of Disability, and the effects that sympathy and lowered expectations have on IWDs.

Items for the ASJIDS were developed based on these five domains of social justice. The author of this dissertation, in conjunction with a faculty member who is an expert in the social aspects of disability, created 102 items: 21 were grounded in the domain of equity, 21 in the domain of participation, and 20 each for the domains of access, biomedical model of disability, and sympathy and lowered expectations. Internal consistency reliability is a function of how strongly the items correlate with one another, and the number of items in the scale (DeVellis, 2003; Netemeyer, Bearden, & Subhash, 2003). Therefore, it was determined that the final instrument should have no fewer than 10 items per domain, resulting in a minimum of 50 items for the instrument. However, a large number of items would risk respondent fatigue and decrease respondent cooperation (DeVellis, 2003; Netemeyer et al., 2003). Therefore, the final version of the ASJIDS included only half of the original items.

Each of the initial 102 items was developed as a simple declarative sentence, expressing an opinion relevant to one of the three general social justice domains or one of the two disability related social justice domains. Examples for each domain follow.

Equity:

- A skilled worker with a disability is less likely to be promoted than a skilled worker without a disability.
- It is unfair to provide more government assistance to people with disabilities than to people without disabilities.

Participation:

- Most people who do not have disabilities are comfortable around people who do have disabilities.
- Because people with mental illness may not be able to understand political issues, it would be fairer if they were not allowed to vote.

Access:

- Today, individuals with disabilities can easily go to almost any place they want to go.
- Adding wheelchair ramps to buildings is an unfair cost to the owner of the building.

Biomedical Model of Disability:

- Most people with a disability wish they were cured of their disability.
- Most people with a disability feel that they are inferior to people who do not have a disability.

Sympathy and Lowered Expectations:

- Employers who hire individuals with disabilities should be praised for being kind and compassionate.

- I would question if a professional with a disability (such as a surgeon or attorney) could perform as well as a professional without a disability.

Each statement was paired with a Likert scale consisting of four degrees of agreement: *Strongly Disagree*, *Disagree*, *Agree*, and *Strongly Agree*. Therefore, participants are instructed to read a statement and then select their level of agreement. This process mirrors the process explained by Netemeyer et al. (2003): “Likert-type scales generally ask respondents to indicate their level of agreement with a declarative sentence. Labeling [such as *agree*, *disagree*, etc.] serves to give the respondent a better idea of the endorsement he or she is making” (p. 100). Moreover, a Likert scale was chosen because it is the most commonly used response format to measure opinions, attitudes, and beliefs (DeVellis, 2003).

Expert Panel Review

Expert review of the instrument items is an important step in order to establish the content validity of the items (DeVellis, 2003). Therefore, three experts were asked to review the 102 initial items developed for the ASJIDS. Each expert reviewer was chosen due to her or his expertise in the field of disability and her or his understanding of the social justice barriers experienced by IWDs. Each reviewer is a university faculty member in a rehabilitation counseling education program, holds a Ph.D. from a rehabilitation/disability program, and holds the certified rehabilitation counselor (CRC) credential.

The first expert reviewer holds a Ph.D. in psychology with an emphasis in rehabilitation counseling education from Illinois Institute of Technology and holds both

the CRC and certified vocational evaluator (CVE) credentials. This expert has 11 years of experiences as a professor and 24 years of experiences as a rehabilitation counselor and vocational evaluator. Moreover, this expert's areas of research include: psychosocial aspects of disability; multicultural issues in assessment, counseling, and clinical supervision; and vocational rehabilitation issues for persons with psychiatric disabilities.

The second expert reviewer holds a Ph.D with an emphasis in rehabilitation services from Ohio State University and holds a CRC and a licensed professional counselor (LPC) credential. This expert has 11 years of experience as a professor, and 22 years of experience as a professional outside of academia (10 years working with individuals with developmental disabilities, 10 years as a mental health counselor, and two years as a vocational rehabilitation counselor). Additionally, this expert's areas of research include: multiculturalism, psychiatric rehabilitation, adjustment to disability, and geriatric rehabilitation.

The third expert reviewer holds a Ph.D. in psychology with a minor in educational psychology from the University of Wisconsin-Madison and holds a CRC. This expert has 14 years of experience as a professor, and 23 years in professional rehabilitation. In addition, this expert's areas of research include: international issues in rehabilitation; sensory disabilities; and employment of IWDs.

A survey for the expert reviewers was created using an online survey tool produced by Qualtrics. A link to the online survey was emailed to each expert. In the survey the experts were provided with an explanation of the survey followed by five sections. Each section included an explanation of one of the five disability related social

justice domains, followed by the items associated with the domain. Below each item was a set of four Likert scales used to rate the following item characteristics: relevance to the domain, clarity, conciseness, and the extent to which it avoids a socially desirable response. Reviewers were asked to rate each of these four criteria for all 102 items using the Likert scales which consisted of four options ranging from *poor*, *fair*, *good*, to *excellent*. A comment box was provided for each item, providing opportunities to make additional comments or suggestions. The completion rate for each reviewer was 100%. The most frequent feedback from the experts related to increasing the clarity of the items, adjusting the reading level, and correcting minor grammatical errors. Based on the feedback, some items were reworded and adjusted, while other items were excluded. Results of the expert review can be found in Appendix A.

Final Development

After the expert review, 10 items were chosen from each domain based on their high scores, resulting in a total of 50 items. These 50 items were included as the original items for the ASJIDS. A copy of the ASJIDS can be found in Appendix B. For scoring purposes some of the items were reversed coded. After the final 50 items had been selected for the ASJIDS, they were prepared for distribution to participants. An internet based survey tool produced by Qualtrics was used to organize survey items and participants' responses. Qualtrics was chosen for the following reasons: (a) it has a license agreement with the Midwestern state university where the research was undertaken; (b) it is accepted by the Institutional Review Board (IRB) of the same university; (c) it provides high security and privacy through the uses of transport layer

security (TLS) encryption (HTTPS), in addition to other security measures; (d) it maintains responses in an anonymous form; and (e) it collects, stores, and organizes participants' responses in an automated process.

Demographic Survey Items

In order to understand the demographic composition of the participants, a short list of demographic questions was also created and attached to the ASJIDS. These questions elicited information regarding a participant's gender, age, level of schooling, academic major, disability status, and disability status of immediate and extended family members. Information about disability status was collected due to the impact of the disability on the participants' awareness of social justice issues as they relate to IWDs. A participant with a disability has likely already experienced social injustices in the form of discrimination, prejudice, and lowered expectations. Furthermore, participants who do not have a disability yet have an immediate or extended family member with a disability may have an increased sensitivity and awareness to the social injustices that IWDs experience. A copy of the demographic survey can be found in Appendix C.

Ethical Considerations

The administration of the ASJIDS, the use of the data obtained, and all associated research and methodology were approved by the Midwestern state university at which the participants were students. IRB approval was also obtained from Utah State University. A copy of the IRB is found in Appendix D. The ASJIDS was presented in an online electronic format using a survey tool produced by Qualtrics. As described previously,

Qualtrics maintains participants' responses in an anonymous format and uses TLS encryption to maintain the privacy of the responses. To assure the voluntary nature of this research several procedures were undertaken. Before completing the survey, participants reviewed a consent form in which they were informed that their involvement was strictly voluntary and that they could discontinue at any time, for any reason without experiencing any negative consequences. The consent form outlined a description of the research, the risks and benefits, limitations on who could participate (i.e., only students 18 years older who did not have a legal guardian could participate), their right to withdraw, and the way in which confidentiality would be maintained (see Appendix E, for a copy of the consent form.) Furthermore, the electronic consent form included a button that each participant "clicked" verifying her or his desire to voluntarily participate in this research. If a participant did not click this verification button, then he or she was not routed to the ASJIDS. All data collected by the researcher were kept anonymous and confidential. No one, including the researcher, was able to determine the identities of students who participated, nor was the researcher able to identify from which participant a response originated.

Population and Sampling

Participants for this study included 503 undergraduate students at a Midwestern state university. Because there are no instruments to measure the awareness of social justice issues as they relate to IWDs, this study was designed as an exploratory process in developing an instrument which does measure awareness of these issues. As an

exploratory process, a sample of convenience was chosen. It is noted that a sample of convenience, as opposed to a random sample, limits the ability to make generalizations from the results of this research. Nonetheless, a sample of convenience would allow for exploration into areas of disability-related social justice among undergraduates at this university. Moreover, convenience sampling is not uncommon among similar research; nonprobability sampling methods are used in more than 95% of research performed in the social sciences (Gall, Gall, & Borg, 2007; Ludbrook & Dudley, 1998).

An internet based survey tool produced by Qualtrics was used to organize survey items and participants' responses. Approval to sample students was solicited from undergraduate course instructors at a Midwestern university. Internet links to the Qualtrics version of the ASJIDS were either emailed to the students or were posted in the online course management system for each of the courses. The link to the ASJIDS was password protected. Students who chose to participate "clicked" the presented link, entered the password provided and were electronically routed to the Qualtrics based ASJIDS. The first page of the ASJIDS included a consent form. Students who chose to complete the consent form were then routed the ASJIDS.

The ASJIDS was administered to 26 undergraduate classes from a broad range of majors. Many classes also fulfilled general education requirements. Class periods ranged from 8:00 A.M. to 6:00 P.M., Monday through Friday. Of the 503 students who submitted a survey, 436 (86.68%) completed every item of the ASJIDS. Moreover, each item had no fewer than 492 responses. Ninety percent of participants completed the survey in 7 to 16 minutes, with a mean completion time of 13 minutes. When extreme

outliers were omitted, the mean completion time was 11 minutes. Thus, participant fatigue was not an issue in the completion of the ASJIDS.

Sample size is another critical issue that affects the data's suitability for factor analysis. However, among experts there is significant discrepancy relating to the number of participants needed to obtain reliable results from factor analysis. Gorsuch (1983) recommended a sample size of at least 100, while Guilford (1954) recommended 200, Cattell (1978) recommended 250, and Comrey and Lee (1992) stated that a sample of 500 should be used. Tinsley and Tinsley (1987) suggested that a sample size should consist of five to 10 participants per test item. The ASJIDS contains 50 items; therefore, according to the approach by Tinsley and Tinsley, a sample size of 250 to 500 is acceptable. In regard to sample size, the data obtained using the ASJIDS appear to be appropriate for factor analysis because results were obtained from 503 participants.

Data Analysis

Internal Consistency Reliability

The primary focus of this research was the development and psychometric validation of the ASJIDS. One of the important procedures of scale development is the determination of the scale's reliability. It is essential to determine the relationships among test items, both within and across subscales. Establishing these relationships helped to verify the internal consistency of the instrument's items. DeVellis (2003) elaborated:

Internal consistency reliability...is concerned with the homogeneity of the items within a scale. Scales based on classical measurement models are intended to

measure a single phenomenon. Measurement theory suggests that the relationships among items are logically connected to the relationships of items to the latent variable. If the items of a scale have a strong relationship to their latent variable they will have a strong relationship to each other. (p. 27)

Therefore, high measures of reliability suggest that the items within a scale are measuring the same construct. Scale reliability can be measured in various manners; however, each method is related to the true score model of classical test theory in which the “true” variance is compared to the variance “error” (DeVellis, 2003; Gall et al., 2007; Netemeyer et al., 2003). A commonly used method of determining internal consistency reliability is a coefficient alpha (α), specifically, Cronbach’s alpha (Cronbach, 1951).

Netemeyer and colleagues (2003) explained:

Computing α is a means of partitioning variance of the total score into these true and error components. In very simple terms, $1 - \text{error variance} = \alpha$, and $1 - \alpha = \text{error variance}$. Therefore, α represents the proportion of a scale’s total variance that is attributable to a common source—that common source being the true score of the latent construct being measured. (p. 49)

In order to determine the internal consistency of the ASJIDS, a Cronbach’s alpha will be calculated using SPSS 19.

Factor Analysis

Another method in which to develop and validate the ASJIDS is exploratory factor analysis. Factor analysis is a statistical procedure used to discover the variable(s) that underlies or explain the correlations between two or more other variables (Brace, Kemp, & Snelgar, 2006). DeVilles (2003) explained the purpose of factor analysis.

One of its primary functions is to help an investigator determine how many latent variables underlie a set of items.... Factor analysis also can provide a means of explaining variation among relatively many original variables.... A third purpose of factor analysis is to define the substantive content or meaning of the factors

that account for the variation among a larger set of items. This is accomplished by identifying groups of items that covary with one another and appear to define meaningful underlying latent variables. (p. 103)

Therefore, exploratory factor analysis was performed in order to determine if there was evidence to support the five proposed factors that were thought to underlie awareness of social justice issues for IWDs (i.e., equity; participation; access; biomedical model of disability; and lowered expectations and pity).

In order to determine the data's suitability for factor analysis, Bartlett's (1954) test of sphericity and Kaiser–Meyer–Olkin's (KMO) measure of sampling adequacy were performed. Bartlett's test of sphericity is designed to measure the bivariate correlations of test items. If the correlations are high then there is the possibility that the data are factorable (Brace et al., 2006; Tabachnick & Fidell, 2001). A value less than .05 is usually considered appropriate for using factor analysis (Brace et al., 2006). Bartlett's test of sphericity was significant at the 0.000 level when calculated for the ASJIDS, suggesting that the data could undergo factor analysis. However, Bartlett's test of sphericity is very sensitive to sample size, making it likely that its resulting value will be significant with large sample sizes even if the correlations among items are very low (Brace et al., 2006; Tabachnick & Fidell, 2001). Tabachnick and Fidell suggested that Bartlett's test of sphericity may not be reliable with a sample size greater than five cases per variable. Because the ASJIDS consisted of approximately 10 cases per variable, the results of Bartlett's test of sphericity should be used with caution. In addition to Bartlett's test of sphericity, KMO is a measure of sampling adequacy that test the amount of variance that exist among items that could be explained through factor analysis; a value

of 0.6 is considered acceptable (Brace et al., 2006; Tabachnick & Fidell, 2001). The KMO value for the ASJIDS was 0.806.

One of the goals of factor analysis is to examine the patterns of correlations among variables (Tabachnick & Fidell, 2001). The correlations among variables or items in the ASJIDS will affect the strength and number of factors that can be extracted. Using SPSS 19, the level of correlation was calculated for each of the 50 items in the ASJIDS. Surprisingly, the correlation absolute values were very low ranging from .000 to .497. Only two pairs of questions were correlated between an absolute value of 0.400 to 0.499; while 20 ranged from 0.300 to 0.399; 80 between 0.200 to 0.299; while all the remaining correlations where an absolute value of 0.199 or less. These low correlations suggest that the factors extracted are likely to be weak.

CHAPTER IV

RESULTS

This chapter outlines the results and findings during the development process of the ASJIDS and the subsequent statistical analyses. This study proposed three research objectives.

1. To develop an instrument, *Awareness of Social Justice for Individuals with Disabilities Scale (ASJIDS)*, grounded in the social justice and disability literature, which measures awareness of disability-related social justice.
2. To report the reliability of the ASJIDS.
3. To determine, through statistical analyses, if there is evidence to support the five proposed five factors of the ASJIDS.

In this chapter, the following will be presented: first, the results of the expert panel; second the demographic findings; and third, the results of reliability measures of the ASJIDS. Next, the results of the exploratory factor analysis (EFA) will be provided and, finally, the cautions and limitations for EFA will be discussed.

Results of the Expert Review Panel

A set of four Likert scales were used to rate each item based on the following characteristics: relevance to the domain, clarity, conciseness, and the extent to which it avoids a socially desirable response. Reviewers were asked to rate each of these four criteria for all 102 items using a Likert scale which consisted of four options ranging from *poor*, *fair*, *good*, to *excellent*. Of the 102 items that were reviewed by the expert

panel, most received high ratings. Upon inspection of all five domains, there was little difference in the number of items rated poorly and the number of items rated highly. However, when rank ordered the sympathy and lowered expectations domain received the highest ratings, followed by the domains of access, biological model of disability, and participation, while the equity domain received the lowest ratings. Nevertheless, most items were rated highly by the expert reviewers. For example, the following item received a rating of excellent by every reviewer on each criterion: “Allowing students with disabilities accommodations such as extra time on an exam, or the opportunity to take the exam in another room is unfair for the rest of the students.” However, the following item received a poor rating for avoiding social desirability, and one fair rating for clarity, conciseness, and avoiding social desirability: “While unpleasant to consider, it is true that individuals with disabilities are biologically inferior and, therefore, there is little that ‘society’ can do to change this.” Some items elicited feedback from all reviewers such as: “Individuals with disabilities are less likely than individuals who do not have disabilities to be included in social events.” Experts commented that the use of the term “social events” was too broad and that respondents might interpret this term differently. Overall, comments were mostly directed toward increasing the clarity of the item, and correcting minor grammatical errors. Based on the expert feedback, items were reworded while others were excluded. A sample of the results of the expert review can be found in Appendix A.

Demographic Data

All of the participants were undergraduate students at a Midwestern state university. The majority of the respondents were female (58.1%, $n = 292$) and the mean age was 22.2 years ($SD = 4.44$, range 18 to 55 years). The greatest number of participants, 92% ($n = 463$) reported ages between 18 and 25 (see Table 1).

The sample included participants from every class level. Freshman comprised 16.1% ($n = 81$), of the sample, sophomores 30.8% ($n = 155$), juniors 27.6% ($n = 139$), and seniors 24.5% ($n = 123$). One percent ($n = 5$) of participants did not indicate their class level. Additionally, each of the 40 majors offered by the university were represented in the sample, some of which included apparel design & development, art, business administration, graphic communications, human development & family studies, information technology management, vocational rehabilitation, and 33 others (see Table 2).

In terms of disability, 9.7% ($n = 49$) of participants reported having a disability, while 89.3% ($n = 449$) stated that they did not have a disability, and 1% ($n = 5$) did not indicate their disability status. Additionally, 17.9% ($n = 90$) of participants stated that they had a member of their immediate family with a disability, while 81.5% ($n = 410$) did not have an immediate family member with a disability, and 0.6% ($n = 3$) of participants did not report. Although few participants experienced a disability or had an immediate family member with a disability, the number of participants with *extended* family members with a disability was nearly half. Specifically, 44.3% ($n = 223$) indicated having an extended family member with a disability, whereas 54.9% ($n = 276$) confirmed that

Table 1

Demographic Characteristics of the ASJIDS Respondents

Characteristics	<i>f</i>	%
Gender		
Female	292	58.1
Male	209	41.6
Missing	2	.4
Age at end of calendar year		
19 years old	46	9.1
20 years old	108	21.5
21 years old	130	25.8
22 years old	89	17.7
23 years old	60	11.9
24 years or older	67	13.4
Missing	3	.6
Year of college		
Freshman	81	16.1
Sophomore	155	30.8
Junior	139	27.6
Senior	123	24.5
Missing	5	1.0
Respondent has a disability		
Yes	49	9.7
No	449	89.3
Missing	5	1.0
Family member has a disability		
Yes	90	17.9
No	410	81.5
Missing	3	.6
Extended family member has a disability		
Yes	223	44.3
No	276	54.9
Missing	4	.8

Table 2

College Majors of the ASJIDS Respondents

Major	<i>f</i>	%
Apparel design & development	36	7.2
Applied mathematics & computer science	4	0.8
Applied science	14	2.8
Applied social science	4	0.8
Art	57	11.3
Art education	3	0.6
Business administration	30	6.0
Career, technical education & training	1	0.2
Cognitive science	2	0.4
Computer engineering	5	1.0
Construction	10	2.0
Dietetics	9	1.8
Early childhood education	13	2.6
Engineering technology	13	2.6
Family & consumer sciences education	3	0.6
Food systems & technology	20	4.0
Game design & development	2	0.4
Golf enterprise management	3	0.6
Graphic communications management	45	8.9
Health, wellness and fitness	7	1.4
Hotel, restaurant & tourism management	8	1.6
Human development & family studies	43	8.5
Information & communication technology	3	0.6
Information technology management	22	4.4
Management	3	0.6
Manufacturing engineering	7	1.4
Marketing & business education	4	0.8
Packaging	21	4.2
Plastics engineering	2	0.4
Professional communication and emerging media	8	1.6
Property management	3	0.6
Psychology	10	2.0
Retail merchandising & management	45	8.9
Science education	2	0.4
Special education	8	1.6
Supply chain management	5	1.0
Sustainable management	1	0.2
Technology education	12	2.4
Technology & science education	3	0.6
Vocational rehabilitation	46	9.1
Undeclared/undecided	14	2.8

they did not, while 0.8% ($n = 4$) did not indicate.

The demographic composition of the sample was congruent with the researcher's expectations. As a sample comprised of undergraduate students, most were young adults between 18 and 25 year of age; yet there were a few older, nontraditional students. There were more females than males; however, the difference was neither large nor surprising. Considering disability status, only 10 % reported having a disability, which is less than the 18% who report having a disability nationally (U.S. Census Bureau, 2008a). However, that could be a result of the barriers that many IWDs experience when attempting to receive access to services, including a university education. Furthermore, because multiple courses were sampled across academic fields, it was expected that there would be representation from all class levels and all majors.

Although the sample was large, it was very homogenous. The sample was limited by its narrow age range, with most participants' ages ranging from 18-25 years old. Additionally, participants were university students and, thus, were highly educated. Due to the fact that the sample consisted of undergraduate students at a Midwestern state university, generalizing the results to a broader population is not appropriate.

This sample of college students may have benefitted from the broad social effects of the ADA (1990), including greater awareness of disability issues and greater integration of IWDs into schools, work, and other social organizations. Most of the participants in this study were born after the passage of the ADA. Belonging to this "post-ADA" generation may have affected the responses given to the items in the ASJIDS. Moreover, nearly 45% reported having an extended family member with a

disability, and nearly 18% reported having an immediate family member with a disability. This widespread exposure to the experiences of IWDs may also have impacted the level of awareness of participants toward disability-related social justice issues. Given the homogeneity of this sample, higher correlations between the items of the ASJIDS would have been expected.

Instrument Reliability

Overall Instrument Reliability

Development and psychometric validation of the ASJIDS was one of the primary foci of this study. In order to determine the internal consistency of the ASJIDS, a Cronbach's alpha was calculated using SPSS 19. An analysis including all ASJIDS items resulted in a Cronbach's alpha of .817. Because 0.70 or greater is typically accepted as high reliability (Brace et al., 2006; Netemeyer et al., 2003), the ASJIDS appears to have a high level of internal consistency. However, Cortina (1993) demonstrated that if a scale has a large number of items, it may produce coefficient alpha of 0.7 even if there are low inter-item correlations. It is possible that the obtained Cronbach's alpha was excessively influenced by the number of items included in the ASJIDS.

Subscale Reliability

In addition to creating a reliable instrument, the researcher also desired to determine the reliability of each domain which was designed to reflect the five critical principles of social justice (equity, participation, access, biomedical model, and sympathy and lowered expectations). Therefore, a Cronbach's alpha was calculated for each of the

five domains. Table 3 illustrates the alpha obtained for each subscale. Furthermore, Tables 4-8 display a detailed analysis of each item and its effect on the subscale's reliability. Alpha coefficients obtained for each subscale do not meet the accepted 0.7 cut-off, suggesting that the subscales have only a moderate internal consistency.

Factor Analysis

Methods of Exploratory Factor Analysis

There is considerable variation in statistical tools used for exploratory factor analysis (EFA). Netemeyer and colleagues (2003) stated that both principle components analysis (PCA) and common factor analysis can be used in EFA. Moreover, Netemeyer and colleagues reported that solutions obtained from PCA and common factor analysis tends to be very similar especially when the number of items exceeds 30. The ASJIDS includes 50 items; therefore, the difference in results between using PCA or common factor analysis would likely be small. Because results would likely be similar, and because of the large number of researchers found in the review of the literature who used

Table 3

Reliability for Each Subscale

Subscale	Cronbach's alpha	# of items
Equity	.557	10
Participation	.589	10
Access	.491	10
Biomedical model of disability	.493	10
Sympathy and lowered expectations	.537	10

Table 4

Equality Subscale Item Reliability

Equity subscale items	Cronbach alpha if item deleted	Overall subscale alpha
14. It would be better if people with severe disabilities did not reproduce.	.551	.557
15. A skilled worker with a disability is less likely to be promoted than a skilled worker without a skilled worker without a disability.	.569	
17. Individuals with disabilities are more likely to live in poverty than individuals who do not have a disability	.550	
21. Allowing students with disabilities to have accommodations such as extra time on an exam, or the opportunity to take the exam in another room is unfair for the rest of the students.	.506	
28. Most unemployment or underemployment of individuals with disabilities results from discrimination rather than from the limitations of the disability.	.534	
33. Providing accommodations for individuals with disabilities creates reverse discrimination against people without disabilities.	.491	
37. Giving tax breaks to businesses for hiring people with disabilities is unfair to people who do not have disabilities.	.531	
39. Most individuals with disabilities have excellent health care.	.507	
41. It is unfair to provide more government assistance to people with disabilities than to people without disabilities.	.497	
44. Providing accommodations for individuals with disabilities (such as sign language interpreters, wheelchair ramps, or written materials in Braille) should be considered carefully, taking the cost and degree of hardship into account.	.562	

Table 5

Participation Subscale Item Reliability

Participation subscale items	Cronbach alpha if item deleted	Overall subscale alpha
2. Individuals with disabilities often work in jobs that do not utilize their full potential.	.620	.589
8. People with disabilities should be consulted before any laws affecting disability issues are passed.	.578	
12. Most parents with disabilities are able to make good decisions about raising their children.	.593	
30. Individuals with psychiatric disabilities, such as schizophrenia, are very likely to be violent and commit crimes.	.572	
32. While not all individuals with disabilities belong in a group home or an institution, the majority of them will have a better quality of life if they did.	.537	
36. Because people with mental illness may not be able to understand political issues, it would be more fair if they were not allowed to vote.	.519	
38. Because doctors have years of medical training, it is not necessary to include people with disabilities in the decisions made about their medical treatment.	.505	
42. During times of economic recession, careful consideration should be given to limiting the amount of government funding for expensive assistive technology, such as wheelchairs and hearing aids.	.537	
45. Employers have the right to ask applicants if they have a disability.	.587	
50. Most people who do not have disabilities are comfortable around people who do have disabilities.	.567	

Table 6

Access Subscale Item Reliability

Access subscale items	Cronbach's alpha if item deleted	Overall subscale alpha
5. As a whole, people with disabilities have limited political power.	.560	.491
7. People with disabilities generally have better healthcare coverage than people without disabilities.	.467	
9. Society as a whole should not be held responsible for fixing the problems that keep people with disabilities from being able to get around in the community.	.416	
11. Group homes for individuals with intellectual disabilities or mental illness should be located in residential neighborhoods among other community members.	.449	
19. The reason why unemployed individuals with disabilities do not have jobs is due to the limitations of their disability.	.521	
25. People with disabilities have a right to be upset if they cannot access community resources such as libraries, parks, and museums.	.411	
35. The unemployment rate among individuals with disabilities (who want to work) is higher than the unemployment rate among individuals without disabilities (who want to work.)	.463	
43. There should be emergency evacuation plans in place for individuals with disabilities, such as those who use wheelchairs or those who are blind.	.450	
46. Adding wheelchair ramps to buildings is an unfair cost to the owner of the building.	.443	
48. Today, individuals with disabilities can easily go just about any place they want.	.445	

Table 7

Biomedical Model Subscale Item Reliability

Biomedical model subscale items	Cronbach alpha if item deleted	Overall subscale alpha
1. Individuals who have the same disability (for example: everyone who is deaf) often exhibit the same personality traits.	.461	.493
6. Very few people with disabilities ever find themselves wishing that they could end their lives.	.501	
10. The limitations of some disabilities may be a result of how other people interact with the person who has a disability and not necessarily due to any biological problem.	.503	
13. The quality of a person's life could actually improve by having a disability.	.473	
16. Most people with a disability wish they were cured of their disability.	.443	
18. Most people with a disability feel that they are inferior to people who do not have a disability.	.490	
20. Individuals responsible for causing their own disability (for example: obtaining a brain injury by not wearing a helmet while riding a motorcycle) should not receive financial benefits from the government.	.459	
22. Disability can be an opportunity for growth and learning.	.425	
29. Pregnant women should be encouraged to have an abortion when the prenatal tests show that their baby will have a severe disability.	.456	
40. I think that individuals with disabilities can be too sensitive about the words used to describe them. For example, there is no big difference between the words, "handicap" and "disability."	.448	

Table 8

Sympathy and Lowered Expectations Subscale Item Reliability

Sympathy and lowered expectations subscale items	Cronbach alpha if item deleted	Overall subscale alpha
3. I would question if a professional with a disability (such as a surgeon or attorney) could perform as well as a professional without a disability.	.522	.537
4. Employers who hire individuals with disabilities should be praised for being kind and compassionate.	.533	
23. When I think about the possibility of having severe or multiple disabilities, sometimes I think I would prefer to die.	.480	
24. For parents of a small child with a disability, daily life must be very depressing.	.467	
26. I don't like to hear about the experiences of individuals with disabilities because their stories are so sad and depressing.	.468	
27. For individuals with disabilities, it must be very degrading for a personal care attendant to dress them, spoon-fed them, and give other personal, intimate care.	.482	
31. Television programs and movies, for the most part, portray individuals with disabilities accurately.	.514	
34. An excellent method to learn about the disability experience is the use of simulation exercises, such as wearing a blindfold to simulate blindness or using a wheelchair for a short period of time.	.547	
47. For individuals with severe and multiple disabilities, it is humane to offer them assisted suicide services.	.537	
49. Most professionals who work with individuals with disabilities are especially kind-hearted and compassionate.	.542	

PCA for exploratory factor analysis, PCA was selected to analyze the data obtained using the ASJIDS.

In addition to selecting between PCA and common factor analysis, the rotation of the analysis must also be chosen. Rotation is a statistical tool used in EFA that helps to create the simplest and most interpretable pattern of factor loadings (Brace et al., 2006, DeVellis, 2003; Netemeyer et al., 2003). Rotations are either orthogonal or oblique. Orthogonal rotations keep factors from correlating, whereas oblique rotations allow for factor correlations. In regard to selecting a rotation for scale development, Netemeyer et al. (2003), stated:

That a goal of EFA for scale development is to look for the degree to which

multiple scales/dimensions correlate, oblique rotation methods (such as PROMAX) are advised. Oblique rotation will reveal (in most cases) the more meaningful theoretical factors. (p. 125)

Therefore, an oblique rotation, specifically Promax, was selected.

EFA was performed on the data collected from the ASJIDS using PCA with a Promax rotation. All analyses were calculated using SPSS 19. Using the Kaiser criterion of an eigenvalue equal to or greater than one as the factor cut off, the results of the PCA identified 15 factors accounting for 55.1% of the total variance. Other factor analyses and rotations were employed in order to determine if another approach might provide a more interpretable factor solution with higher communalities and a greater accounting for the total variance. PCA with a Varimax rotation was performed, finding very similar results. Therefore, Principle Axis, and Maximum Likelihood factor analyses were performed with both orthogonal and oblique rotations. Results were, once again, very similar to the original PCA solution with two exceptions. When Principle Axis and Maximum Likelihood factor analyses were performed, the communalities for each item and the factor loadings were lower compared to the PCA solution. Therefore, it was determined that the solutions generated using PCA with a Promax rotation was the most useful.

Factor extraction was initially performed based on the results of the scree plot which indicated three points above the “elbow,” suggesting the possibility of a stable three-factor solution. However, a three-factor solution only accounted for 23.503% of the variance. Communalities for each item were only moderate, ranging from 0.462 to 0.685. Furthermore, the factor loadings were also low to moderate, with 0.618 being the highest loading. Therefore, a three-factor solution did not produce a viable factor solution. It was

anticipated that a five-factor solution, grounded in the domains of equity, participation, access, biomedical model, sympathy and lowered expectation, would be more congruent with the findings of the review of the literature. Therefore, a five-factor solution was created using PCA with a Promax rotation to evaluate its stability and interpretability (see Tables 9 and 10).

The five-factor solution accounts for a low percentage of the variance and resulted in low factor loadings. Therefore, instead of determining if the 50 items of the ASJIDS were measuring different factors (or subscales) of social justice, a one-factor analysis was performed to verify if the combined 50 items measured one general construct—social justice. However, the results of this analysis also accounts for a low percentage of the variance (12.991%) and produced low factor loadings.

Table 9

Variance Explained by Five-Factor Solution

Components	Initial eigenvalues		
	Total	% of variance	Cumulative %
1	6.495	12.991	12.991
2	3.063	6.126	19.116
3	2.193	4.386	23.503
4	1.737	3.474	26.977
5	1.677	3.355	30.331

Table 10

PCA Pattern Matrix (Loadings Values)

Variable	Component				
	1	2	3	4	5
41. It is unfair to provide more government assistance to people with disabilities than to people without disabilities.	.693	-.226	-.111	-.052	-.074
21. Allowing students with disabilities to have accommodations such as extra time on an exam, or the opportunity to take the exam in another room is unfair for the rest of the students.	.657	-.121	-.177	-.207	-.205
46. Adding wheelchair ramps to buildings is an unfair cost to the owner of the building.	.654	-.091	-.088	-.184	.204
38. Because doctors have years of medical training, it is not necessary to include people with disabilities in the decisions made about their medical treatment.	.593	.016	.001	.093	.092
33. Providing accommodations for individuals with disabilities creates reverse discrimination against people without disabilities.	.575	.077	-.053	-.015	-.211
36. Because people with mental illness may not be able to understand political issues, it would be more fair if they were not allowed to vote.	.554	.060	.078	-.013	.061
40. It is unfair to provide more government assistance to people with disabilities than to people without disabilities.	.549	.075	-.042	.081	-.058
25. People with disabilities have a right to be upset if they cannot access community resources such as libraries, parks, and museums.	.525	.011	.072	-.178	.087
42. During times of economic recession, careful consideration should be given to limiting the amount of government funding for expensive assistive technology, such as wheelchairs and hearing aids.	.511	-.024	-.018	.108	-.004
9. Society as a whole should not be held responsible for fixing the problems that keep people with disabilities from being able to get around in the community.	.471	.100	.117	-.068	-.028
43. There should be emergency evacuation plans in place for individuals with disabilities, such as those who use wheelchairs or those who are blind.	.420	-.026	.125	-.247	.187

(table continues)

Variable	Component				
	1	2	3	4	5
20. Individuals responsible for causing their own disability (for example: obtaining a brain injury by not wearing a helmet while riding a motorcycle) should not receive financial benefits from the government.	.412	-.023	-.102	-.025	.079
32. While not all individuals with disabilities belong in a group home or an institution, the majority of them will have a better quality of life if they did.	.393	.110	-.047	.280	-.031
50. Most people who do not have disabilities are comfortable around people who do have disabilities.	.370	-.341	.020	.259	.255
45. Employers have the right to ask applicants if they have a disability.	.365	-.101	-.218	.115	.020
22. Disability can be an opportunity for growth and learning.	.319	.217	.157	-.244	.145
1. Individuals who have the same disability (for example: everyone who is deaf) often exhibit the same personality traits.	.307	.064	-.019	.116	.054
3. I would question if a professional with a disability (such as a surgeon or attorney) could perform as well as a professional without a disability.	.297	.250	-.170	.010	-.171
48. Today, individuals with disabilities can easily go just about any place they want.	.289	-.143	.230	.266	-.027
30. Individuals with psychiatric disabilities, such as schizophrenia, are very likely to be violent and commit crimes.	.262	.134	-.164	.232	.100
44. Providing accommodations for individuals with disabilities (such as sign language interpreters, wheelchair ramps, or written materials in Braille) should be considered carefully, taking the cost and degree of hardship into account.	.228	.056	-.096	.114	-.018
23. When I think about the possibility of having severe or multiple disabilities, sometimes I think I would prefer to die.	.023	.569	.012	.038	.115
14. It would be better if people with severe disabilities did not reproduce.	.070	.555	.097	.187	.062
13. The quality of a person's life could actually improve by having a disability.	-.177	.547	.173	-.125	.004
16. Most people with a disability wish they were cured of their disability.	-.106	.540	-.050	.282	.052

(table continues)

Variable	Component				
	1	2	3	4	5
24. For parents of a small child with a disability, daily life must be very depressing.	.058	.491	-.068	.216	.162
6. Very few people with disabilities ever find themselves wishing that they could end their lives.	-.167	.460	-.210	-.164	-.129
26. I don't like to hear about the experiences of individuals with disabilities because their stories are so sad and depressing.	.254	.459	.038	.180	-.039
27. For individuals with disabilities, it must be very degrading for a personal care attendant to dress them, spoon-fed them, and give other personal, intimate care.	.013	.402	-.186	.139	.244
17. Individuals with disabilities are more likely to live in poverty than individuals who do not have a disability.	-.106	.090	.654	.058	-.189
18. Most people with a disability feel that they are inferior to people who do not have a disability.	.182	.025	-.516	.192	-.013
35. The unemployment rate among individuals with disabilities (who want to work) is higher than the unemployment rate among individuals without disabilities (who want to work).	-.015	.123	.510	-.067	-.191
15. A skilled worker with a disability is less likely to be promoted than a skilled worker without a disability.	-.005	-.202	.509	-.031	.145
2. Individuals with disabilities often work in jobs that do not utilize their full potential.	-.196	-.011	.492	.170	.153
5. As a whole, people with disabilities have limited political power.	-.331	-.022	.465	.155	.010
10. The limitations of some disabilities may be a result of how other people interact with the person who has a disability and not necessarily due to any biological problem.	.222	-.055	.346	-.187	.046
11. Group homes for individuals with intellectual disabilities or mental illness should be located in residential neighborhoods among other community members.	.157	.212	.337	-.112	.029
28. Most unemployment or underemployment of individuals with disabilities results from discrimination rather than from the limitations of the disability.	.220	.105	.303	-.113	.165

(table continues)

Variable	Component				
	1	2	3	4	5
8. People with disabilities should be consulted before any laws affecting disability issues are passed.	.225	.030	.253	-.130	.000
49. Most professionals who work with individuals with disabilities are especially kind-hearted and compassionate.	-.064	.019	.052	.576	-.094
34. An excellent method to learn about the disability experience is the use of simulation exercises, such as wearing a blindfold to simulate blindness or using a wheelchair for a short period of time.	-.219	.121	-.158	.508	.060
19. The reason why unemployed individuals with disabilities do not have jobs is due to the limitations of their disability.	.033	.156	-.061	.451	.079
39. Most individuals with disabilities have excellent health care.	.283	-.042	.302	.440	-.270
12. Most parents with disabilities are able to make good decisions about raising their children.	.172	.286	.110	-.287	-.035
4. Employers who hire individuals with disabilities should be praised for being kind and compassionate.	-.037	.108	.013	.264	.146
29. Pregnant women should be encouraged to have an abortion when the prenatal tests show that their baby will have a severe disability.	.129	.395	.051	.033	.555
7. People with disabilities generally have better healthcare coverage than people without disabilities.	.279	-.009	.212	.271	-.498
37. Giving tax breaks to businesses for hiring people with disabilities is unfair to people who do not have disabilities.	.366	.115	-.093	-.132	-.442
31. Television programs and movies, for the most part, portray individuals with disabilities accurately.	.322	-.002	.017	.265	.413
47. For individuals with severe and multiple disabilities, it is humane to offer them assisted suicide services.	.193	.107	-.022	.006	.402

CHAPTER V

DISCUSSION

Statement of the Problem

IWDs experience a longstanding, systematized and institutionalized lack of social justice including, unequal access to resources, services, civil rights and other sociopolitical and financial benefits. Counselors of all specialties and theoretic orientations will provide services to IWDs. However, there is very little discussion about disability related social justice issues in the counseling and psychology literature. Nonetheless, the greatest difficulty of many IWDs is the lack of social justice. Counselors may inadvertently perpetuate the unjust status quo of a client with a disability if they continue to focus solely on the coping skills of the client rather than addressing the social barriers the client experiences. In order to provide just and equitable counseling services, including rehabilitation counseling, it will be necessary to raise awareness of social justice issues as they affect IWDs.

There are no instruments currently available which measure the awareness of social justice issues as they relate to IWDs. However, Crethar and colleagues (2008) identified “critical principles” of social justice, three of which are: equality, access, and participation. The themes associated with these “critical principles” are well supported in the social justice literature and encompass the important aspects of social justice. In relation to social justice issues for IWDs, there are two additional principles that have been identified: the impact of the biomedical model of disability, and the effects that

sympathy and lowered expectations have on IWDs. The purpose of this research was to develop and validate an instrument grounded in these principles of social justice (i.e., ASJIDS), which measures awareness of social justice issues as they relate to IWDs.

Research Design and Methodology

Items for the ASJIDS were developed based on these five principles of social justice. The researcher, in conjunction with a faculty member who is an expert in the social aspects of disability, created 102 items. These items were then reviewed by an expert panel. Based on the experts' evaluation, several items were revised, while several others were excluded. Ultimately, 50 items were selected to be included in the ASJIDS. An internet based survey tool produced by Qualtrics was used to organize survey items and participants' responses. Participants for this study included undergraduate students at a Midwestern state university. Due to the lack of an instrument that measures the awareness of social justice issues as they relate to IWDs, this study was designed as an exploratory process in developing an instrument which does measure awareness of these issues. As an exploratory process, a sample of convenience was used.

There were 503 student participants who completed the ASJIDS, of which 443 completed all survey items. Of the 503 participants 58% ($n = 292$) were female, 42% ($n = 209$) were male, while 0.4% ($n = 2$) of participants did not report their sex. Participants reported ages ranging from 18 to 55 years old. The greatest number of participants, 92% ($n = 463$), reported ages between 18 and 25. In terms of disability, 10% ($n = 49$) of participants reported having a disability, while 18% ($n = 90$) of participants stated that

they had a member of their immediate family with a disability, and 44% ($n = 223$) indicated having an extended family member with a disability. Furthermore, the sample included participants from every class level. Freshman comprised 16% ($n = 81$), of the sample, sophomores 31% ($n = 155$), juniors 28% ($n = 139$), and seniors 24% ($n = 123$). Additionally, each of the 40 majors offered by the university was represented in the sample.

Statistical Analyses and Findings

An analysis including all ASJIDS items resulted in a Cronbach alpha of .817 providing evidence for high internal consistency. However, Cronbach alphas were calculated for each of the five proposed subscales, resulting in coefficients that ranged from .491 to .589, and therefore, did not meet the accepted 0.7 cutoff, suggesting that the subscales only have moderate internal consistency. A sufficient value of 0.806 was obtained for the KMO measure of sampling adequacy, while Bartlett's test of sphericity was significant at the 0.000 level. However, the correlations among items were very low, with absolute values ranging from .000 to .497 (the majority having correlations less than 0.300). Despite acceptable results for sampling adequacy and sphericity, low correlations as these indicate that the data may not be suitable for factor analysis, and any factors obtained are likely to be weak. However, an EFA was performed using a PCA and an oblique rotation. Using the Kaiser criterion of an eigenvalue equal to or greater than one as the factor cut off, the results of the PCA indicated 15 factors accounting for 55.1% of the total variance. The scree plot and the eigenvalues suggest the possibility of a stable

three to five-factor solution. Communalities for each item were only moderate, ranging from 0.462 to 0.685. Factor loadings were low to moderate as well, with 0.618 being the highest loading. Based on the review of the literature it was anticipated that there might be five factors; therefore, a forced five-factor solution was created using PCA with an oblique (Promax) rotation to evaluate their stability and interpretability. A forced-five factor solution accounted for 30.3% of the total variance with low to moderate factor loadings. Other EFA methods were performed using Principal Axis, and Maximum Likelihood with both orthogonal and oblique rotations, each resulting in similar results. No factor solution was found with sufficiently high factor loadings, that accounted for a high percentage of the variance, and that was interpretable. This lack of factor solution is likely due to the poor correlation found among the items in the ASJIDS.

Limitations

The sample used for this research poses a limitation. A sample of convenience was used because this research was designed as an exploratory process. Furthermore, nonprobability sampling is commonly used in research performed in the social sciences (Gall et al., 2007; Ludbrook & Dudley, 1998). However, a sample of convenience does not control for sampling bias. Therefore, the results of this research must be used cautiously.

In addition to the sampling process, social desirability responding must also be considered. Since the ASJIDS is a self-report instrument, respondents may have chosen answers that they considered to be the most desirable or socially acceptable. While citing

Mick (1996), Netemeyer and colleagues (2003) explained that social desirable responding is the “tendency of individuals to make themselves look good with respect to cultural norms when answering researcher’s questions” (p. 83). It is difficult to determine if respondents chose answers that they felt created a favorable impression. However, the anonymity of the respondent and the absence of incentives to answer in any way, other than truthfully might have reduced this tendency to answer in a socially desirable fashion. Moreover, as part of the item development for the ASJIDS, expert reviewers were asked to rate each item according to its probability of eliciting a socially desirable response from participants. Items that were rated to be susceptible to social desirability were either adjusted or excluded.

In spite of the methodology of this research including (a) an extensive, detailed review of the literature; (b) the use of an expert panel consisting of university faculty members in a rehabilitation counseling education program, who each held a Ph.D. and the CRC credential; and (c) a large sample size, the most significant limitation may have been the lack of definitional clarity of one of the major constructs—*disability*. It is possible that a participant’s response to each of the items in the ASJIDS could have been different if, for example, she or he was conceptualizing disability as an intellectual disability rather than a physical disability. That is to say, that a participant’s response may vary depending on how the construct of disability was conceptualized. Contingent upon a participant’s values and bias, she or he may consider one event or scenario to be socially unjust for a person who has one type of disability; yet, socially just for another person who has a different type of disability. Indeed, the poor correlations that resulted

between item responses may be rooted in the possible confounding of the construct of disability.

Implications for Theory Building

The development of an instrument is an extensive process which neither can be completed in a single iteration, nor in one doctoral dissertation. Rather, a scale must be refined and further grounded in theory over several iterations, requiring many years of research. While discussing the development of the *Cross Racial Identity Scale* (CRIS; Vandiver et al., 2000), Worrell and colleagues (2001) elaborated on the ongoing nature of scale development.

Many doctoral dissertations are scale-development exercises that take place over a 1-to-2-year time frame. Students complete the degree and believe that the doctoral thesis represents the culmination of the scale-development process. The theories on which these scales were developed are not revisited, the scales are often used as they were at the completion of the degree, and no further attempts are made to refine the scales or the theories on which the scales were based. In essence, scale development becomes a short-term exercise, and the scales are seen as end products rather than as works in progress. (p. 205)

The current form of the ASJIDS represents an initial exploratory process of an instrument that measures awareness of social justice for IWDs. The process is not completed with this preliminary research and development. However, the results of the current research will help to illustrate the current understanding of disability and social justice. Continuing to improve the ASJIDS will create a reciprocal process wherein theory and instrument development can be mutually refined, thereby, leading to a greater recognition and understanding of the variables in the awareness of social justice for IWDs and the valid manner to measure this awareness.

Recommendations for Future Research

Based on the findings of this study, there are several recommendations for future research. First, more work needs to be performed on clarifying the definition of social justice. There are very few scholars/researchers who have clearly defined social justice or explored the underlying components. Moreover, this lack of definitional clarity has contributed to the paucity of empirical research on social justice. In addition to a general definition of social justice, further work is needed to further clarify the five constructs of social justice used in this research (i.e., equity, participation, access, biomedical model of disability, and sympathy and lowered expectations). Crethar and colleagues (2008) have explored the constructs of equity, access, and participation; however, greater work is needed in understanding how these construct affect IWDs, and identifying additional constructs that may be specific to disability-related social justice. Operationalizing these construct would advance the rehabilitation and general counseling fields toward a better understanding of social justice issues experienced by all types of clients, including those with disabilities.

In addition to definitional clarity, increased research is needed regarding how people conceptualize disability. The ASJIDS may have failed to find results because of the items' generalized approach to disability. Items for the ASJIDS may need to be rewritten in a manner that targets a specific disability, instead of all disabilities generally. However, caution should be given to this approach. By developing items specific to each disability, the instrument may no longer assess a general awareness of disability-related social justice, but instead, measure the awareness of the social justice experienced by

only a specific population among IWDs. An alternative option may be to include an introductory paragraph within the ASJIDS which defines disability and directs participants to consider the broad range of disabilities before responding to each item.

In order to understand how people conceptualize disability, it is recommended that further research be performed. Performing a qualitative analysis of disability concepts could help refine the items of the ASJIDS. Many researchers encourage the use of both qualitative and quantitative approaches in the process of optimizing the development of quantitative instruments (Johnson, Onwuegbuzie, & Turner, 2007; Onwuegbuzie, Bustamante, & Nelson, 2010; Teddlie & Johnson, 2009). Onwuegbuzie and colleagues explained:

...A researcher might blend a constructivist (analytical) stance (i.e., with an ontology that multiple contradictory, but equally valid accounts of the same phenomenon can prevail that represent multiple realities) with a postpositivist (analytical) stance (i.e., with an ontology that social science research should be objective) by, say, using exploratory factor analysis to analyze the structure of themes that emerged from a qualitative analysis. (p. 58)

Quantitative methods include exploratory factor analysis while qualitative methods might include: (a) individual interviews with the participants in the pilot study, (b) group interviews or focus groups, and (c) using diverse types of expert panels to review the items. Thus, these mixed methods are implemented with the same sample of subjects. Indeed, Onwuegbuzie and colleagues (2010) outlined a 10-phase process in developing a quantitative instrument, using both qualitative and quantitative data analysis. At different stages in this process, if construct validity is not found, the instrument developer is advised to return to a previous phase. These methods could act as a type of summative evaluation of the process of instrument development.

In the development of the ASJIDS, data were analyzed using only quantitative measures; therefore, these data were not subjected to qualitative analysis. Since the constructs of “disability” and “social justice” may be “multiple contradictory, but equally valid accounts of the same phenomenon which represent multiple realities,” it is suggested that the next effort to develop the ASJIDS include qualitative methods in the research design. These qualitative methods could include the use of expert panels that not only include rehabilitation professors and practitioners, but those from professions other than rehabilitation in order to allow these “experts” to articulate what “disability” means to them. Additionally, focus groups, individual interviews, and Delphi techniques might elicit the same type of information.

Beyond using mixed methods, it is recommended that a random sample be obtained. A random sample would control for the biases that may have affected the results obtained in this current research. Moreover, it would be ideal to obtain a sample that includes various populations in addition to undergraduate students. For example, it is recommended that future research include professionals (both in the fields of general counseling and rehabilitation counseling), and individuals who belong to a broader range of age and geographic locations.

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APPENDICES

Appendix A
Expert Review Results

A Selection of the Expert Review Results of the Initial Item Pool for the ASJIDS

Based on the expert feedback, some of the following items were included in the final version of the ASJIDS, while others were excluded. An asterisks (*) denotes that the item would be reversed ordered if included in the ASJIDS.

1. * The Americans with Disabilities Act promotes and encourages preferential treatment for individuals with disabilities.

#	Question	Poor	Fair	Good	Excellent	Responses	Mean
1	Relevance	0	0	1	2	3	3.67
2	Clarity	0	2	0	1	3	2.67
3	Conciseness	0	1	1	1	3	3.00
4	Avoids Social Desirability	0	0	0	2	2	4.00

Statistic	Relevance	Clarity	Conciseness	Avoids Social Desirability
Min Value	3	2	2	4
Max Value	4	4	4	4
Mean	3.67	2.67	3.00	4.00
Variance	0.33	1.33	1.00	0.00
Standard Deviation	0.58	1.15	1.00	0.00
Total Responses	3	3	3	2

Comments for above item:

Text Response
I'm not sure that undergrads will understand "promotes and encourages preferential treatment". Is there a simpler way to state this?
Love this question
Again, item may be clearer if use one descriptor, not both "promotes and encourages."

Statistic	Value
Total Responses	3

2. * Allowing students with disabilities accommodations such as extra time on an exam, or the opportunity to take the exam in another room is unfair for the rest of the students.

#	Question	Poor	Fair	Good	Excellent	Responses	Mean
1	Relevance	0	0	0	3	3	4.00
2	Clarity	0	0	0	3	3	4.00
3	Conciseness	0	0	0	3	3	4.00
4	Avoids Social Desirability	0	0	0	3	3	4.00

Statistic	Relevance	Clarity	Conciseness	Avoids Social Desirability
Min Value	4	4	4	4
Max Value	4	4	4	4
Mean	4.00	4.00	4.00	4.00
Variance	0.00	0.00	0.00	0.00
Standard Deviation	0.00	0.00	0.00	0.00
Total Responses	3	3	3	3

Comments for above Item:

Text Response

Statistic	Value
Total Responses	0

3. In at least three college courses that I have taken, individuals with disabilities and their experiences and history were part of the curriculum.

#	Question	Poor	Fair	Good	Excellent	Responses	Mean
1	Relevance	0	0	1	2	3	3.67
2	Clarity	1	0	0	2	3	3.00
3	Conciseness	0	1	0	2	3	3.33
4	Avoids Social Desirability	0	0	0	2	2	4.00

Statistic	Relevance	Clarity	Conciseness	Avoids Social Desirability
Min Value	3	1	2	4
Max Value	4	4	4	4
Mean	3.67	3.00	3.33	4.00
Variance	0.33	3.00	1.33	0.00
Standard Deviation	0.58	1.73	1.15	0.00
Total Responses	3	3	3	2

Comments for above item:

Text Response

Sounds confusing because it's saying that PWD were part of the curriculum -- could reword for clarity.

Statistic	Value
Total Responses	1

4. * Because doctors have years of medical training, it is unnecessary to include people with disabilities in the decisions made about their medical treatment.

#	Question	Poor	Fair	Good	Excellent	Responses	Mean
1	Relevance	0	0	1	2	3	3.67
2	Clarity	0	0	1	2	3	3.67
3	Conciseness	0	0	1	2	3	3.67
4	Avoids Social Desirability	0	0	2	1	3	3.33

Statistic	Relevance	Clarity	Conciseness	Avoids Social Desirability
Min Value	3	3	3	3
Max Value	4	4	4	4
Mean	3.67	3.67	3.67	3.33
Variance	0.33	0.33	0.33	0.33
Standard Deviation	0.58	0.58	0.58	0.58
Total Responses	3	3	3	3

Comments for above item:

Text Response

Statistic	Value
Total Responses	0

5. * The reason why unemployed individuals with disabilities do not have jobs is due to the limitations of their disability.

#	Question	Poor	Fair	Good	Excellent	Responses	Mean
1	Relevance	0	0	0	3	3	4.00
2	Clarity	0	0	0	3	3	4.00
3	Conciseness	0	0	0	3	3	4.00
4	Avoids Social Desirability	0	0	0	3	3	4.00

Statistic	Relevance	Clarity	Conciseness	Avoids Social Desirability
Min Value	4	4	4	4
Max Value	4	4	4	4
Mean	4.00	4.00	4.00	4.00
Variance	0.00	0.00	0.00	0.00
Standard Deviation	0.00	0.00	0.00	0.00
Total Responses	3	3	3	3

Comments for above item:

Text Response

Statistic	Value
Total Responses	0

6. * When wheelchair users are allowed on airplanes, they can endanger the lives of others.

#	Question	Poor	Fair	Good	Excellent	Responses	Mean
1	Relevance	0	1	1	1	3	3.00
2	Clarity	0	0	3	0	3	3.00
3	Conciseness	0	0	1	2	3	3.67
4	Avoids Social Desirability	0	1	0	2	3	3.33

Statistic	Relevance	Clarity	Conciseness	Avoids Social Desirability
Min Value	2	3	3	2
Max Value	4	3	4	4
Mean	3.00	3.00	3.67	3.33
Variance	1.00	0.00	0.33	1.33
Standard Deviation	1.00	0.00	0.58	1.15
Total Responses	3	3	3	3

Comments for above item:

Text Response

Unless a person is familiar with the term 'wheelchair user' they will assume you mean a person in a wheelchair on a plane....if that's your intention the item is fine. If you want to know whether people who use wheelchairs can be safely transported onto an airplane, then this question is confusing.

Statistic	Value
Total Responses	1

7. * While unpleasant to consider, it is true that individuals with disabilities are biologically inferior and, therefore, there is little that “society” can do to change this.

#	Question	Poor	Fair	Good	Excellent	Responses	Mean
1	Relevance	0	0	1	2	3	3.67
2	Clarity	0	1	0	2	3	3.33
3	Conciseness	0	1	1	1	3	3.00
4	Avoids Social Desirability	1	1	0	1	3	2.33

Statistic	Relevance	Clarity	Conciseness	Avoids Social Desirability
Min Value	3	2	2	1
Max Value	4	4	4	4
Mean	3.67	3.33	3.00	2.33
Variance	0.33	1.33	1.00	2.33
Standard Deviation	0.58	1.15	1.00	1.53
Total Responses	3	3	3	3

Comments for above item:

Text Response

Again, I'd remove the first phrase to be more concise.

Statistic	Value
Total Responses	1

8. Only a few people with disabilities ever find themselves wishing that they could end their lives.

#	Question	Poor	Fair	Good	Excellent	Responses	Mean
1	Relevance	0	0	1	2	3	3.67
2	Clarity	0	0	1	2	3	3.67
3	Conciseness	0	0	1	2	3	3.67
4	Avoids Social Desirability	0	0	1	2	3	3.67

Statistic	Relevance	Clarity	Conciseness	Avoids Social Desirability
Min Value	3	3	3	3
Max Value	4	4	4	4
Mean	3.67	3.67	3.67	3.67
Variance	0.33	0.33	0.33	0.33
Standard Deviation	0.58	0.58	0.58	0.58
Total Responses	3	3	3	3

Comments for above item:

Text Response

Might be clearer to say "Very Few" or just "Few"

Statistic	Value
Total Responses	1

9. * It must be very overwhelming to have a disability.

#	Question	Poor	Fair	Good	Excellent	Responses	Mean
1	Relevance	0	0	0	3	3	4.00
2	Clarity	0	0	0	3	3	4.00
3	Conciseness	0	0	0	3	3	4.00
4	Avoids Social Desirability	0	1	0	2	3	3.33

Statistic	Relevance	Clarity	Conciseness	Avoids Social Desirability
Min Value	4	4	4	2
Max Value	4	4	4	4
Mean	4.00	4.00	4.00	3.33
Variance	0.00	0.00	0.00	1.33
Standard Deviation	0.00	0.00	0.00	1.15
Total Responses	3	3	3	3

Comments for above item:

Text Response

There seems to be some social bias here but it's still a good question.

Statistic	Value
Total Responses	1

10. * Television programs and movies, for the most part, portray individuals with disabilities accurately.

#	Question	Poor	Fair	Good	Excellent	Responses	Mean
1	Relevance	0	0	1	2	3	3.67
2	Clarity	0	0	1	2	3	3.67
3	Conciseness	0	0	1	2	3	3.67
4	Avoids Social Desirability	0	0	1	2	3	3.67

Statistic	Relevance	Clarity	Conciseness	Avoids Social Desirability
Min Value	3	3	3	3
Max Value	4	4	4	4
Mean	3.67	3.67	3.67	3.67
Variance	0.33	0.33	0.33	0.33
Standard Deviation	0.58	0.58	0.58	0.58
Total Responses	3	3	3	3

Comments for above item:

Text Response

Statistic	Value
Total Responses	0

Appendix B

The Awareness of Social Justice for Individuals with Disabilities Scale

The Awareness of Social Justice for Individuals with Disabilities Scale

1. Individuals who have the same disability (for example: everyone who is deaf) often exhibit the same personality traits.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

2. Individuals with disabilities often work in jobs that do not utilize their full potential.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

3. I would question if a professional with a disability (such as a surgeon or attorney) could perform as well as a professional without a disability.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

4. Employers who hire individuals with disabilities should be praised for being kind and compassionate.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

5. As a whole, people with disabilities have limited political power.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

6. Very few people with disabilities ever find themselves wishing that they could end their lives.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

7. People with disabilities generally have better healthcare coverage than people without disabilities.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

8. People with disabilities should be consulted before any laws affecting disability issues are passed.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

9. Society as a whole should not be held responsible for fixing the problems that keep people with disabilities from being able to get around in the community.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

10. The limitations of some disabilities may be a result of how other people interact with the person who has a disability and not necessarily due to any biological problem.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

11. Group homes for individuals with intellectual disabilities or mental illness should be located in residential neighborhoods among other community members.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

12. Most parents with disabilities are able to make good decisions about raising their children.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

13. The quality of a person's life could actually improve by having a disability.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

14. It would be better if people with severe disabilities did not reproduce.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

15. A skilled worker with a disability is less likely to be promoted than a skilled worker without a disability.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

16. Most people with a disability wish they were cured of their disability.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

17. Individuals with disabilities are more likely to live in poverty than individuals who do not have a disability.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

18. Most people with a disability feel that they are inferior to people who do not have a disability.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

19. The reason why unemployed individuals with disabilities do not have jobs is due to the limitations of their disability.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

20. Individuals responsible for causing their own disability (for example: obtaining a brain injury by not wearing a helmet while riding a motorcycle) should not receive financial benefits from the government.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

21. Allowing students with disabilities to have accommodations such as extra time on an exam or the opportunity to take the exam in another room is unfair for the rest of the students.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

22. Disability can be an opportunity for growth and learning.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

23. When I think about the possibility of having severe or multiple disabilities, sometimes I think I would prefer to die.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

24. For parents of a small child with a disability, daily life must be very depressing.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

25. People with disabilities have a right to be upset if they cannot access community resources such as libraries, parks, and museums.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

26. I don't like to hear about the experiences of individuals with disabilities because their stories are so sad and depressing.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

27. For individuals with disabilities, it must be very degrading for a personal care attendant to dress them, spoon-fed them, and give other personal, intimate care.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

28. Most unemployment or underemployment of individuals with disabilities results from discrimination rather than from the limitations of the disability.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

29. Pregnant women should be encouraged to have an abortion when the prenatal tests show that their baby will have a severe disability.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

30. Individuals with psychiatric disabilities, such as schizophrenia, are very likely to be violent and commit crimes.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

31. Television programs and movies, for the most part, portray individuals with disabilities accurately.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

32. While not all individuals with disabilities belong in a group home or an institution, the majority of them will have a better quality of life if they did.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

33. Providing accommodations for individuals with disabilities creates reverse discrimination against people without disabilities.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

34. An excellent method to learn about the disability experience is the use of simulation exercises, such as wearing a blindfold to simulate blindness or using a wheelchair for a short period of time.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

35. The unemployment rate among individuals with disabilities (who want to work) is higher than the unemployment rate among individuals without disabilities (who want to work.)

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

36. Because people with mental illness may not be able to understand political issues, it would be more fair if they were not allowed to vote.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

37. Giving tax breaks to businesses for hiring people with disabilities is unfair to people who do not have disabilities.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

38. Because doctors have years of medical training, it is not necessary to include people with disabilities in the decisions made about their medical treatment.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

39. Most individuals with disabilities have excellent health care.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

40. I think that individuals with disabilities can be too sensitive about the words used to describe them. For example, there is no big difference between the words, “handicap” and “disability.”

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

41. It is unfair to provide more government assistance to people with disabilities than to people without disabilities.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

42. During times of economic recession, careful consideration should be given to limiting the amount of government funding for expensive assistive technology, such as wheelchairs and hearing aids.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

43. There should be emergency evacuation plans in place for individuals with disabilities, such as those who use wheelchairs or those who are blind.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

44. Providing accommodations for individuals with disabilities (such as sign language interpreters, wheelchair ramps, or written materials in Braille) should be considered carefully, taking the cost and degree of hardship into account.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

45. Employers have the right to ask applicants if they have a disability.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

46. Adding wheelchair ramps to buildings is an unfair cost to the owner of the building.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

47. For individuals with severe and multiple disabilities, it is humane to offer them assisted suicide services.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

48. Today, individuals with disabilities can easily go just about any place they want.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

49. Most professionals who work with individuals with disabilities are especially kind-hearted and compassionate.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

50. Most people who do not have disabilities are comfortable around people who do have disabilities.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Appendix C

Demographic Survey for the Awareness of Social Justice for
Individuals with Disabilities Scale

Demographic Survey for the Awareness of Social Justice for Individuals with Disabilities Scale

Please answer the following Demographic questions:

51. What is your sex?

- Female
- Male

52. In what year were you born?

- 2000
- 1999
- 1998
- 1997
- 1996
- 1995
- 1994
- 1993
- 1992
- 1991
- 1990

[Options continue descending yearly until 1900]

53. Do you have a disability?

- Yes
- No

54. Do you have a member of your immediate family who has a disability?

- Yes
- No

55. Do you have a member of your extended family who has a disability?

- Yes
- No

56. Which level of school are you currently in?

- Freshman
- Sophomore
- Junior
- Senior

57. Please indicate your major:

- Apparel Design & Development
- Applied Mathematics & Computer Science
- Applied Science
- Applied Social Science
- Art
- Art Education
- Business Administration
- Career, Technical Education & Training (was VTAE)
- Cognitive Science
- Computer Engineering
- Construction
- Dietetics
- Early Childhood Education
- Engineering Technology (was Industrial Technology)
- Family & Consumer Sciences Education
- Food Systems & Technology
- Game Design & Development
- Golf Enterprise Management
- Graphic Communications Management
- Health, Wellness and Fitness
- Hotel, Restaurant & Tourism Management
- Human Development & Family Studies
- Information & Communication Technology
- Information Technology Management (was TS)
- Management (was Industrial Management)
- Manufacturing Engineering
- Marketing & Business Education
- Packaging
- Plastics Engineering
- Professional Communication and Emerging Media (was Technical Communication)
- Property Management
- Psychology
- Retail Merchandising & Management
- Science Education
- Special Education
- Supply Chain Management
- Sustainable Management
- Technology Education
- Technology & Science Education
- Vocational Rehabilitation
- Undeclared/ Undecided

Appendix D

Institutional Review Board Approval Letter



715/232-1126
 715/232-1749 (fax)
<http://www.uwstout.edu/rs/>

April 27, 2012

Daniel Kelsey
 Rehabilitation & Counseling
 UW-Stout

RE: Development and Exploratory Validation for the Social Justice and Individuals with Disabilities Questionnaire

Dear Daniel,

The IRB has determined your project, "*Development and Exploratory Validation for the Social Justice and Individuals with Disabilities Questionnaire*" is **Exempt** from review by the Institutional Review Board for the Protection of Human Subjects. The project is exempt under **Category 2** of the Federal Exempt Guidelines and holds for 5 years. Your project is approved from **April 26, 2012**, through **April 25, 2017**. Should you need to make modifications to your protocol or informed consent forms that do not fall within the exemption categories, you will need to reapply to the IRB for review of your modified study.

If your project involved administration of a survey, please copy and paste the following message to the top of your survey form before dissemination:

This project has been reviewed by the UW-Stout IRB as required by the Code of Federal Regulations Title 45 Part 46

If you are conducting an **online** survey/interview, please copy and paste the following message to the top of the form:

"This research has been reviewed by the UW-Stout IRB as required by the Code of Federal Regulations Title 45 Part 46."

Informed Consent: All UW-Stout faculty, staff, and students conducting human subjects research under an approved "exempt" category are still ethically bound to follow the basic ethical principles of the Belmont Report: 1) respect for persons; 2) beneficence; and 3) justice. These three principles are best reflected in the practice of obtaining informed consent from participants.

If you have questions, please contact Research Services at 715-232-1126, or foxwells@uwstout.edu, and your question will be directed to the appropriate person. I wish you well in completing your study.

Sincerely,

Susan Foxwell
 Research Administrator and Human Protections Administrator,
 UW-Stout Institutional Review Board for the Protection of Human Subjects in Research (IRB)

Appendix E
Consent Form

This research has been reviewed by the UW-Stout IRB as required by the Code of Federal Regulations Title 45 Part 46.

Consent to Participate In UW-Stout Approved Research

Title: Development and Exploratory Validation of the *Social Justice and Individuals with Disabilities Questionnaire*

Investigator:

Daniel Kelsey
Assistant Professor
Dept. of Rehabilitation & Counseling
University of Wisconsin-Stout
Phone: 715-232-3094
Email: kelseyd@uwstout.edu

Description:

You are being asked to participate in a study designed to increase the understanding of social and political issues related to people with disabilities. As a participant you will be asked to complete one survey. This survey will contain statements that reflect disability issues. For each statement you will be asked how much you agree or disagree with the statement. There are no incorrect answers. You will simply select whether you *Strongly Disagree, Disagree, Agree, or Strongly Agree*. After completing the survey you will be asked to submit your responses. Once submitted, your participation in this research will be concluded. Participation will be completely voluntary. You may discontinue at any time for any reason without negative consequences.

Benefits and Risks:

Although there may not necessarily be any direct benefits for you as the participants of this research, there is potential for this research to benefit people with disabilities and those that work with people with disabilities. Participation in this study may generate data that will be useful for understanding social and political issues as they apply to individuals with disabilities. It may also increase counselors' and other human services workers' awareness of issues faced by people with disabilities, and in turn help these professionals in their work with people with disabilities. Furthermore, participation in this research may help to refine this survey so that it may more accurately reflect disability issues.

There are no foreseeable risks associated with participating in this study. You will be asked to rate your agreement or disagreement to statements that apply to social and political issues pertaining to disability. At most, participants may experience some minor psychological or emotional discomfort to how they feel about disability issues. However,

each participant's responses will be anonymous (even to the researcher); therefore no response could be traced back to any specific participant.

Special Populations:

You may only participate if you are 18 years-old or older and do not have a guardian.

Time Commitment:

Commitment to this research only involves taking the following survey once. The time it takes to complete this survey will vary depending on each individual, but it is anticipated that it will take 10 to 15 minutes.

Confidentiality:

All data collected will be kept anonymous. Therefore, no one (including the researcher) will be able to determine which participant provided the survey responses. All survey responses will be kept secured by password, which only the researcher will have access to. Although the researcher will have access to all participants responses; the researcher will not know which responses were yours. Therefore the researcher will not be able to trace your answers back to you.

Right to Withdraw:

Your participation in this study is entirely voluntary. You may choose not to participate without any negative consequences to you. You have the right to stop the survey at any time. Once you submit your survey responses, the data cannot be linked to you and therefore cannot be withdrawn.

IRB Approval:

This study has been reviewed and approved by The University of Wisconsin-Stout's Institutional Review Board (IRB). The IRB has determined that this study meets the ethical obligations required by federal law and University policies. If you have questions or concerns regarding this study please contact the Investigator. If you have any questions, concerns, or reports regarding your rights as a research subject, please contact the IRB Administrator.

Investigator:

Daniel Kelsey
Assistant Professor
Dept. of Rehabilitation & Counseling
University of Wisconsin-Stout
Office: Vocational Rehabilitation Bldg. 230
Phone: 715-232-3094
Email: kelseyd@uwstout.edu

IRB Administrator

Sue Foxwell, Director, Research Services

152 Vocational Rehabilitation Bldg.

UW-Stout

Menomonie, WI 54751

715-232-2477

foxwells@uwstout.edu

Statement of Consent:

By clicking the “NEXT” button you are agreeing to participate in the project entitled, Development and Exploratory Validation of the *Social Justice and Individuals with Disabilities Questionnaire* and you are thereby giving implied consent for the use of your responses.

VITA

DANIEL J. KELSEY, MRC, CRC

POSITION**Assistant Professor**

Dept. of Rehabilitation & Counseling
University of Wisconsin-Stout
Voc Rehab Bldg 230
Menomonie, WI 54751
(715) 232-3094
kelsey@uwstout.edu

EDUCATION**Ph.D.**

Graduation Date: Dec, 2012
Disability Disciplines, Rehabilitation Counseling
Utah State University, Logan, UT.

M.R.C.

Rehabilitation Counseling
Utah State University, Logan, UT, December 2006.

B.S.

Psychology
Brigham Young University, Provo, UT, April 2003.

CERTIFICATIONS

Certified Rehabilitation Counselor (CRC), Certification Number: 101332

WORK EXPERIENCE

2011-present *Assistant Professor, Dept. of Rehabilitation & Counseling, University of Wisconsin-Stout, Menomonie, WI. Instruct both undergraduate and graduate students in rehabilitation courses.*

2007-present *Ph.D. Student, Disability Disciplines, Rehabilitation Counseling, Utah State University, Logan, UT.*

- 2006-2007 *Rehabilitation Counselor, Idaho Division of Vocational Rehabilitation, Idaho Falls Regional Office, Idaho Falls, Idaho.* Met with individuals with disabilities and determined barriers to employment. Assessed functional limitations, medical and vocational records, and determined eligibility for services. Helped individuals determine and obtain services needed for rehabilitation process. Maintained a general caseload, giving me a breadth of experience working with people with diverse disabilities, including people with mental illnesses.
- 2005-2006 *Graduate Assistant, Utah State University, Rehabilitation Counseling Program, Logan, Utah.* Worked with professors, Program Director, and the Director of The National Clearinghouse of Rehabilitation Training Materials. Made documents and course materials accessible to students with disabilities. Did research. Assembled course readers and other class materials. Did other projects in conjunction with the above named individuals.
- 2003-2005 *Case Manager, Wasatch Mental Health, Provo, Utah.* Provided case management services to adults with mental illnesses. Coordinated with doctors, hospitals and other healthcare providers. Helped clients obtain/maintain adequate housing and applicable financial benefits. Was protective payee for clients.

AWARDS / DISTINCTIONS

Graduate Assistantship. Department of Special Education & Rehabilitation. Utah State University, 2005.

RESEARCH INTERESTS

Sociopolitical construction of disability, social justice, multiculturalism, power and ethics in the counseling relationship

COLLEGE TEACHING

University of Wisconsin-Stout

Undergraduate Level:

- Introduction to Rehabilitation (REHAB 101)
- Community Resources (REHAB 102)
- Rehabilitation Practicum (REHAB 205)
- Psycho-Social Aspect of Disability (REHAB 230)
- Field Experience in Rehabilitation (REHAB 398)
- Job Placement Processes (REHAB 410)

Graduate Level:

Foundations of Rehabilitation (REHAB 701)

Utah State University

Graduate Level:

Instructor

Introduction to Rehabilitation Counseling (REH 6100), Utah State University, Fall Semester, 2008

Practicum & Internship in Rehabilitation Counseling (REH 6140/6170), Utah State University, Summer Semester, 2009; Fall Semester 2010; Spring Semester 2011.

Co-Instructor

Culturally Relevant Rehabilitation Practices (REH 6220), Utah State University, Summer Semester, 2010.

Teaching Assistant

Ethical Decision Making in Rehabilitation Counseling. (REH 6240), Utah State University, Fall Semester, 2008.

Rehabilitation Counseling Skill Development (REH 6130), Utah State University, Summer Semester, 2008, 2009, 2010.

Practicum & Internship in Rehabilitation Counseling (REH 6140/6170), Utah State University, Summer Semester, 2008.

Theories of Counseling Applied to Persons with Disabilities (6200), Utah State University, Spring Semester, 2008

Distance Education Instruction

All Utah State University courses listed above used technology to provide synchronous and asynchronous instruction, and supervision to both on-campus and distance students.

REFEREED JOURNAL ARTICLES

Kelsey, D. J., & Smart, J. F. (in press). Social justice, disability, and rehabilitation education. *Rehabilitation Research, Policy, and Education*.

MANUSCRIPTS IN PREPARATION

Kelsey, D.J., & Schultz, J.C. (in preparation). The ethics of power, influence, and empowerment in rehabilitation counseling. *Journal of Applied Rehabilitation Counseling*.

PROFESSIONAL PRESENTATIONS

Kelsey, D. J., & Smart, J. F. (2011, April). *Social justice in rehabilitation counseling*. Paper presented at the National Council on Rehabilitation Education Annual Conference, Manhattan Beach, CA.

Kelsey, D. J., & Schultz, J. C. (2009, June). *The ethics of power and influence in rehabilitation counseling*. Paper presented at the Utah Conference on Effective Practices in Special Education and Rehabilitation, Logan, UT.

Kelsey, D. J., & Smart, J. F. (2008, February). *Ethics in multicultural rehabilitation counseling*. Paper presented at the National Council on Rehabilitation Education Annual Conference, San Antonio, TX.

PROFESSIONAL POSTER PRESENTATIONS

Kelsey, D. J. (2010, April). *Graduate instruction on the ethics of power and influence in rehabilitation counseling*. Poster presented at the National Council on Rehabilitation Education Annual Conference, Manhattan Beach, CA.

RESEARCH PROJECTS

Schultz, J. C., Kelsey, D. J., & Grizzell, S. (in process). *Examining factors that contribute to case success in public VR settings: A Delphi study*.

Schultz, J. C., & Kelsey, D. J. (2009). *Rehabilitation counselor training needs assessment process*.

EDITORIAL EXPERIENCE

July 2009 Guest Reviewer for the Journal of Vocational Evaluation and Work Adjustment Association

PROFESSIONAL ORGANIZATION MEMBERSHIP

National Council on Rehabilitation Education

UNIVERSITY COMMITTEES

University of Wisconsin-Stout

Member; Positive Action, Ethics and Competition Review Committee, 2012- present

Member; Mentoring Committee, 2011- present

PROFESSIONAL DEVELOPMENT

In-Services & Trainings

2011 National Council on Rehabilitation Education Conference, Manhattan Beach, CA.

2010 National Council on Rehabilitation Education Conference, Manhattan Beach, CA.

2009 Utah Conference on Effective Practices in Special Education and Rehabilitation

2008 National Council on Rehabilitation Education Conference, Washington, DC.

2008 Effective Practices in Special Education & Rehabilitation: Interventions Across The Lifespan.

2008 National Council on Rehabilitation Education Annual Conference, San Antonio, TX.

2006 Idaho Division of Vocational Rehabilitation, State In-Service Conference, Idaho Falls, ID.

2006 Idaho Division of Vocational Rehabilitation, Self Employment training, Idaho Falls, ID.

2006 Career Information Systems training, Idaho Falls, ID.

2005 National Council on Rehabilitation Education Conference, San Diego, CA.

OTHER SKILLS

Speak Spanish

Trained Mediator