Effects of counsellor race on racial stereotypes of rehabilitation counselling clients

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Abstract
Purpose: This study investigated perceptions of European American, African American, and Asian American rehabilitation graduate students in rehabilitation counselling by assessing their clinical impressions of African American, European American, and Asian American clients. This investigation is a continuation of several studies investigating clinical perceptions and client race.

Method: Rehabilitation graduate students in rehabilitation counselling participating in this study were randomly assigned to one of three groups and were asked to review case materials for a client portrayed either as African American, European American, or Asian American. In pursuit of the main effect of client race, three separate MANOVA analyses were conducted: one for African American graduate students in rehabilitation counselling, one for Asian American graduate students in rehabilitation counselling, and one for European American graduate students in rehabilitation counselling.

Results: Contrary to previous findings from comparable research, MANOVA results did not reveal a significant main effect of bias by European American, Asian American, and African American graduate students in rehabilitation counselling against any of the three groups.

Conclusions: Understanding the conditions in which racial biases and subsequent judgmental errors are likely to occur (or not occur) should allow clinicians to recognise tendencies for their assessments to be influenced by client characteristics that elicit stereotypes and thereby to make more accurate judgements.

Introduction
Counsellor biases triggered by specific client characteristics may hinder the valid assessment of client assets and limitations. These biases can lead to disparities in eligibility determination, inadequate assessments, and ineffective service plans. Racial and ethnic bias, in particular, has been shown to lead some practitioners to make invalid assumptions about clients.1,4 Previous research has indicated that European American rehabilitation counsellors-in-training are susceptible to racial bias. Rosenthal and Berven2 conducted a true-experimental study to examine the effects of client race on clinical judgement of European American graduate students in rehabilitation counselling. The students were randomly assigned to review case materials for a hypothetical client; for one group, the hypothetical client was identified as a European American and for the other, African American. In the African American condition, the client was judged to have less potential for education and employment. Rosenthal and Berven2 attributed these group differences to racial bias.

Similarly, Rosenthal1 explored the effects of race on practising European American rehabilitation counsellors in a web-based study. The participants assessed a hypothetical client by completing ratings at two different points in time: after being provided only minimal information, at which time initial impressions might be more vulnerable to racial stereotypes, and after being provided additional information expected to facilitate more definitive judgements. In this study, counsellors rated the African American client more negatively than the European American client in terms of potential for education, employment, and clinical perceptions (e.g., levels of psychopathology) and these biases persisted across both sets of ratings (after the presentation of
minimal information and after the presentation of subsequent information). Rahimi, Rosenthal, and Chan conducted a study assessing the perceptions of African American students in rehabilitation services toward European American and African American clients and found that the African American participants demonstrated no bias, with the exception that they rated the African American client as having significantly more educational potential.

Stereotypes as sources of bias

Counsellors must rely upon their perceptions, often developed quickly from only limited information, to assess client needs and long-term potentials. Because these perceptions depend both upon present observation and prior predictions and beliefs (whether consciously articulated or not), counsellors are prone to error. Racial stereotypes—simplifying schemata that attribute complex behavioural and social tendencies to members of ethnic groups on the basis of superficial characteristics—often dramatically affect perceptions and therefore constitute a significant potential source of assessment error.

Stereotypes of African Americans have persisted largely unchanged throughout US history. Research in social cognition has repeatedly demonstrated that there is a clear, consistent contemporary stereotype of African Americans and that this stereotype is highly negative in nature. African Americans as a minority group are particularly vulnerable to stereotypes and are likely to be seen in rehabilitation agencies. Although the opportunities for African Americans have improved over the past several decades, they still experience some of the most severe underemployment, unemployment, and undereducation of any racial or ethnic group in American society.

Americans also have a tendency to stereotype Asian Americans that largely results from portrayals of Asian Americans by the media, since many Americans have limited contact with Asian Americans. Asian Americans are usually perceived as homogenous individuals, when in reality they are one of the most heterogeneous ethnic groups, consisting of more than 30 ethnicities. Stereotypes of Asians show both positive (e.g., ‘exemplary student’) and negative (e.g., ‘sneaky’) extremes.

One prevalent stereotype that Americans have of Asian Americans is that they are a ‘model minority group’ that has been successful despite their past history as victims of prejudice and discrimination. Two consequences of these stereotypes are the pervasive beliefs that Asian Americans are somehow immune to cultural conflict and discrimination, and that they experience few adjustment difficulties.

We expect that stereotypes of African Americans and Asian Americans would likely be activated when a counsellor perceives a client as showing consistencies with some elements of the schemata held regarding a population. When the stereotypes are activated, they then influence clinical perception and judgement. While this activation of stereotypes in the processing of information may result in greater efficiency, the individuality of the client would tend to be obscured, leading to possible bias in the assessment of problems, needs, and potential.

Counsellors seem particularly vulnerable to bias associated with stereotypes early in the counselling process, when less information about clients is available and the working model of the client is not well developed. However, evidence suggests that such biases may persist as the counselling process continues.

Purpose

This study investigated perceptions of three groups: European American, African American, and Asian American graduate students in rehabilitation counselling by assessing their clinical impressions and estimates of future potential of an African American, European American, or Asian American client. These students were randomly assigned to one of three conditions (African American, European American, or Asian American client) and were asked to review identical case materials with exception to race of the hypothetical client.

Method

PARTICIPANTS

The participants included 146 graduate students in rehabilitation counselling. Due to the difficulty of accessing a sufficient sample of Asian American and African American students in rehabilitation counselling, targeted recruitment of subjects was necessary. Thus, paper and pencil protocols were sent to cooperating professors who worked in rehabilitation counsellor education programs with large numbers of Asian American students (such as Hawaii) or large numbers of African American students (historically Black Universities). The European American participants were recruited from three different rehabilitation counselling programs located in small to moderate sized cities in the Midwestern USA. All data were collected over a period of three semesters (fall 2002, spring 2003 and fall 2003). Of the 146 participants included in the analysis, 49 participants
(33%) identified themselves as European American, 53 (36%) African American, and 45 (31%) Asian American; 106 (72%) of the participants were female and 41 (28%) were male. Ages were widely distributed and reported in categories: 25 (17%) were 24 or younger, 40 (27%) were 25–29 years old, 19 (19%) were 30–34 years old, 22 (15%) were 35–39 years old, 30 (20%) were 40–49 years old, and 10 (7%) were 50–59 years old. Coursework completed in graduate study varied from less than one semester to six semesters or more, with a mean of 2.4 semesters of study (SD 1.8) and a median of 2 semesters of study.

PROCEDURE

The procedures for the paper and pencil administration of the research were identical to those conducted by Rosenthal and Berven. The case materials used in this study were extracted from information used both in the Rosenthal and Berven study and in the Rosenthal study. Participants were asked to review case materials regarding a client served by a rehabilitation agency and rate their perceptions and judgements of the client at two different points in time: (a) after the presentation of preliminary information that might typically be available at the conclusion of an initial interview; and (b) after the presentation of subsequent information that might typically be available later in the rehabilitation counseling process after receiving reports from other agencies and professionals providing evaluative information. This format follows Lopez’s suggestion that the potential effects of bias should be considered at different points in the clinical process, both early in the process when initial impressions are formed and later in the process after additional information is accumulated.

MATERIALS

The minimal information case materials depicted the hypothetical client shortly after an arrest for operating a vehicle while intoxicated. These materials included: (a) a referral letter from a detoxification unit to a rehabilitation counsellor, (b) an involuntary admissions form from the detoxification unit; (c) an arrest report that included a police photograph, or ‘mug shot’, of the client; (d) an application for rehabilitation services completed by the client; and (e) an intake interview script from the beginning of the initial interview. The subsequent information packet included: (a) an alcohol and other drug abuse (AODA) assessment, (b) documentation of client participation in AODA treatment, (c) an arrest report that included a police photograph or ‘mug shot’ of the client (for race salience), (d) a letter from a veteran’s organisation explaining the client’s military discharge, (e) a letter from the client’s most recent employer, and (f) a vocational evaluation report. Note: Photographs from an earlier study were used in this study. A class of undergraduate students ranked photographs of African American, Asian American, and European American individuals for similarity in appearance.

DEPENDENT VARIABLES

Counsellor perception and judgement of the client was conceptualized as consisting of: general evaluation of the client, perception of psychopathology – conduct disorder and substance abuse, estimates of educational and vocational potential. The general evaluation subscale was developed based on the semantic differential technique. The psychopathology–conduct measure was comprised of eight items (e.g., suspiciousness of others, reluctance to confide in others) using a 7-point scale presented in a semantic differential-type format. Cronbach’s alpha coefficients for the first and second set of ratings were 0.85 and 0.90 respectively. The psychopathology–substance abuse measure was comprised of four items (e.g., frequent intoxication; negative impact of substance abuse on quality of life). Cronbach’s alpha coefficients for the four items representing substance abuse criteria for the first and second set of ratings were 0.88 and 0.88 respectively.

Two of the judgements made by rehabilitation counsellors were conceptualized as components of estimates of future potential: potential for education and training and potential for employment. Cronbach’s alpha coefficients for the six items representing educational potential for the first and second sets of ratings were 0.87 and 0.94, respectively. Seven questions were used to assess the participants’ perception of the client’s likelihood of vocational success. Cronbach’s alpha coefficients for the seven items representing vocational potential were 0.94 and 0.96, respectively, for the first and second sets of ratings.

DATA ANALYSIS

Multivariate analysis of variance (MANOVA) was used to analyse the data in the study. MANOVAs were conducted at each of the two points in time (after the
presentation of the minimal client information and after presentation of the subsequent client information) on all five dependent measures to determine the effects of client race on clinical judgement. An alpha of .05 was used for the multivariate analyses.

Prior to the analysis, data were screened for multivariate outliers using the Mahalanobis distance statistic (deletion criteria p \leq 0.001) as described by Tabachnik and Fidell.\textsuperscript{16} No outliers were found. In addition, Box’s test indicated that the observed covariance matrices were significant p \leq 0.001 for both the minimal information and the subsequent information ratings. Thus, the more conservative Pillai’s Trace statistic was used for the MANOVA analyses for both the minimal information and subsequent information. Intercorrelations among the five dependent measures were examined to determine whether the pattern was consistent with conceptualizing the dependent measures as one measure. As demonstrated in the previous studies, the measures were significantly correlated with one another.

Although one could analyse the main effect of client race simultaneously with the main effects of the race of the graduate students in rehabilitation counselling (via a 3 \times 3 MANOVA), there are too many confounding factors associated with the analysis of the main effect of subject race for such a simultaneous analysis to be worthwhile. The African American participants in the study were from historically Black universities located in the southern US, the Asian American participants were from Hawaii, and the European American participants were from three different small- to moderate-sized cities in the Midwestern USA. Therefore the results on the main effect of subject race could be artefacts of the economic and social conditions of three different geographic regions. This would have a particular influence upon the dependent measures pertaining to subject perceptions of the client’s educational and vocational potential. In pursuit of the main effect of client race, three separate MANOVA analyses were conducted: one for African American graduate students in rehabilitation counselling, one for Asian American graduate students in rehabilitation counselling, and one for European American graduate students in rehabilitation counselling.

Results

EUROPEAN AMERICAN GRADUATE STUDENTS IN REHABILITATION COUNSELLING

The responses of the European American graduate students in rehabilitation counselling to the initial client information, MANOVA results on the main effect of race of the client (F(5, 49) = 0.468, p = 0.906, \eta^2 = 0.052) did not indicate disparate perceptions across the three conditions, nor did MANOVA results indicate differences after participants reviewed the subsequent information (F(5, 49) = 1.890, p = 0.057, \eta^2 = 0.180). Because results for all three groups of graduate students in rehabilitation counselling were non-significant after both the presentation of minimal information and subsequent information, only data from the final ratings (after presentation of subsequent information) are provided. Given that significant multivariate results were not achieved for either set of ratings (minimal or subsequent), univariate Analyses of Variance (ANOVAs) were not conducted as a follow-up analysis for each of the dependent measures. Table 1 presents the European American students’ ratings of the psychopathology, educational, and work potential of the hypothetical European American, African American, and Asian American clients.

ASIAN AMERICAN GRADUATE STUDENTS IN REHABILITATION COUNSELLING

The responses of the Asian American graduate students in rehabilitation counselling to the initial client information, MANOVA results on the main effect of race of the client (F(5, 45) = 1.086, p = 0.383, \eta^2 = 0.122) did not indicate disparate perceptions across the three conditions, nor did MANOVA results indicate differences after participants reviewed the subsequent information (F(5, 45) = 0.492, p = 0.891, \eta^2 = 0.059). Table 2 presents the Asian American students’ ratings of the psychopathology, educational, and work potential of the hypothetical European American, African American, and Asian American clients.

AFRICAN AMERICAN GRADUATE STUDENTS IN REHABILITATION COUNSELLING

The responses of the African American graduate students in rehabilitation counselling to the initial client information, MANOVA results on the main effect of race of the client (F(5, 53) = 0.980, p = 0.466, \eta^2 = 0.094) did not indicate disparate perceptions across the three conditions, nor did MANOVA results indicate differences after participants reviewed the subsequent information (F(5, 53) = 1.581, p = 0.125, \eta^2 = 0.147). Table 3 presents the African American students’ ratings of the psychopathology, educational, and work potential of the hypothetical European American, African American, and Asian American clients.
The results of the study stand in contrast with Rosenthal’s and Rosenthal and Berven’s results indicating that practising European American vocational rehabilitation counsellors and graduate students in rehabilitation counselling may be over-pathologizing African American clients while simultaneously underestimating their future potential. In the present study, the main effect of client race was found to be non-significant in regards to the participating European American, Asian American, and African American graduate students’ perceptions of the European American, Asian American, and African American clients.

Following Cohen’s discussion regarding effect sizes, the results of the previous study conducted by Rosenthal demonstrated robust effect sizes, indicating the presence of disparate perceptions of the clients when portrayed as African American vs. European American. It is estimated that one may expect the effect sizes for analogue studies using comparable method to be moderate; this is based upon two factors: (a) the effect size may be limited due to a weak stimulus (photograph and written identification of the race of the client), and (b) the potential for a modest increase in effect size due the relatively high control factors associated with analogue methodology. However, the effect sizes of the present study were much smaller than those of previous studies.

### Table 1: Mean ratings of European American participants’ clinical judgements of African American, Asian American, and European American client conditions after presentation of subsequent case materials

<table>
<thead>
<tr>
<th>Client Race</th>
<th>General evaluation</th>
<th>Psychopath conduct</th>
<th>Psychopath substance abuse</th>
<th>Academic potential</th>
<th>Vocational potential</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American client</td>
<td>M = 5.4</td>
<td>M = 5.4</td>
<td>M = 5.1</td>
<td>M = 5.7</td>
<td>M = 5.9</td>
</tr>
<tr>
<td></td>
<td>SD = 0.75</td>
<td>SD = 1.2</td>
<td>SD = 1.4</td>
<td>SD = 0.88</td>
<td>SD = 0.87</td>
</tr>
<tr>
<td>Asian American client</td>
<td>M = 5.3</td>
<td>M = 4.6</td>
<td>M = 4.4</td>
<td>M = 5.2</td>
<td>M = 5.7</td>
</tr>
<tr>
<td></td>
<td>SD = 0.70</td>
<td>SD = 0.87</td>
<td>SD = 1.0</td>
<td>SD = 0.77</td>
<td>SD = 0.81</td>
</tr>
<tr>
<td>European American client</td>
<td>M = 5.1</td>
<td>M = 4.9</td>
<td>M = 4.8</td>
<td>M = 4.7</td>
<td>M = 5.3</td>
</tr>
<tr>
<td></td>
<td>SD = 0.66</td>
<td>SD = 0.61</td>
<td>SD = 0.94</td>
<td>SD = 1.0</td>
<td>SD = 0.71</td>
</tr>
</tbody>
</table>

Higher scores are more positive, indicating more positive evaluation and less likelihood of psychopathology.

### Table 2: Mean ratings of Asian American participants’ clinical judgements of African American, European American, and Asian American client conditions after presentation of subsequent case materials

<table>
<thead>
<tr>
<th>Client Race</th>
<th>General evaluation</th>
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<th>Psychopath substance abuse</th>
<th>Academic potential</th>
<th>Vocational potential</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American client</td>
<td>M = 5.1</td>
<td>M = 4.6</td>
<td>M = 4.6</td>
<td>M = 5.3</td>
<td>M = 5.3</td>
</tr>
<tr>
<td></td>
<td>SD = 1.2</td>
<td>SD = 1.2</td>
<td>SD = 1.7</td>
<td>SD = 1.5</td>
<td>SD = 1.4</td>
</tr>
<tr>
<td>Asian American client</td>
<td>M = 5.3</td>
<td>M = 5.2</td>
<td>M = 5.0</td>
<td>M = 5.6</td>
<td>M = 5.7</td>
</tr>
<tr>
<td></td>
<td>SD = 0.76</td>
<td>SD = 1.1</td>
<td>SD = 1.5</td>
<td>SD = 0.90</td>
<td>SD = 1.5</td>
</tr>
<tr>
<td>European American client</td>
<td>M = 5.0</td>
<td>M = 5.0</td>
<td>M = 5.0</td>
<td>M = 5.3</td>
<td>M = 5.6</td>
</tr>
<tr>
<td></td>
<td>SD = 0.81</td>
<td>SD = 0.65</td>
<td>SD = 1.1</td>
<td>SD = 0.95</td>
<td>SD = 1.1</td>
</tr>
</tbody>
</table>

Higher scores are more positive, indicating more positive evaluation and less likelihood of psychopathology.

### Table 3: Mean ratings of African American participants’ clinical judgements of African American, European American, and Asian American client conditions after presentation of subsequent case materials

<table>
<thead>
<tr>
<th>Client Race</th>
<th>General evaluation</th>
<th>Psychopath conduct</th>
<th>Psychopath substance abuse</th>
<th>Academic potential</th>
<th>Vocational potential</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American client</td>
<td>M = 4.7</td>
<td>M = 4.5</td>
<td>M = 4.4</td>
<td>M = 4.7</td>
<td>M = 4.9</td>
</tr>
<tr>
<td></td>
<td>SD = 0.87</td>
<td>SD = 1.3</td>
<td>SD = 1.6</td>
<td>SD = 1.3</td>
<td>SD = 1.2</td>
</tr>
<tr>
<td>Asian American client</td>
<td>M = 4.8</td>
<td>M = 4.6</td>
<td>M = 4.1</td>
<td>M = 4.8</td>
<td>M = 4.9</td>
</tr>
<tr>
<td></td>
<td>SD = 1.3</td>
<td>SD = 1.1</td>
<td>SD = 1.4</td>
<td>SD = 1.1</td>
<td>SD = 1.1</td>
</tr>
<tr>
<td>European American client</td>
<td>M = 4.7</td>
<td>M = 5.3</td>
<td>M = 4.2</td>
<td>M = 4.3</td>
<td>M = 4.6</td>
</tr>
<tr>
<td></td>
<td>SD = 0.58</td>
<td>SD = 0.73</td>
<td>SD = 1.6</td>
<td>SD = 1.4</td>
<td>SD = 1.1</td>
</tr>
</tbody>
</table>

Higher scores are more positive, indicating more positive evaluation and less likelihood of psychopathology.

**Discussion**

The results of the study stand in contrast with Rosenthal’s and Rosenthal and Berven’s results indicating that practising European American vocational rehabilitation counsellors and graduate students in rehabilitation counselling may be over-pathologizing African American clients while simultaneously underestimating their future potential. In the present study, the main effect of client race was found to be non-significant in regards to the participating European American, Asian American, and African American graduate students’ perceptions of the European American, Asian American, and African American clients.
studies, indicating not only non-significant statistical findings but also no group differences of practical significance.

Several possibilities exist in regards to these results. A positive explanation is that, given that most of the students in the study had completed some coursework in a rehabilitation counseling master’s degree programme (mean of 2.8 semesters of study), it is possible that the multicultural training and awareness of the previous research in rehabilitation revealing disparate perceptions of vocational rehabilitation counsellors and graduate students in rehabilitation counselling given client race1, 2 and evidence of inequitable service delivery patterns for minority consumers3, 4 may have had a de-biasing influence on the perceptions of participants.

Other research has suggested that bias and stereotypes exist within both the unconscious and the conscious mind and that they can be combated both on implicit (sub- or unconscious) and explicit levels. 19 Similarly, Devine, Plant, and Buswell 9 suggest that developing and learning to attend to the conscious activation of personal beliefs in situations where stereotypes are activated automatically can facilitate the reduction of stereotypic thought. The authors contend that stereotypes are often automatically activated and that, to combat stereotypes, one must gain initial awareness of the stereotype and then actively dispute it to break the automatic activation process. Fortunately, both strategies to combat bias19, 20 and other de-biasing strategies22 can be learned (or unlearned, as in the case of stereotype inhibition). It is possible that the participants in the present study have engaged in stereotype inhibition or other de-biasing strategies. However, it is difficult, if not impossible, to discern if such bias reduction is a controlled phenomenon, and if so, an act of social desirability or an actual attitudinal shift, rather than an automatic, uncontrolled response.9, 21

It is also possible that some of the participants may have been demonstrating the contrast effect described by Biernat.22 If some of the participants held stereotypes causing lower (or higher) estimates and perceptions of a specific group, the group means could have been influenced in the direction of contrasts.22 In other words, some participants may have rated the African American client higher in response to their own lower expectations based on the stereotype, thus raising the group mean; or, conversely, if participants held the ‘ideal minority’ stereotype regarding Asian Americans, they may have rated the client lower in response to those higher expectations.

LIMITATIONS

Several limitations of the study should be noted. The results of the present study were based on analogue research methods; thus, participants did not provide perceptions of actual clients. Although analogue methodology has been advocated in the study of bias in clinical perception and judgement,6, 23 a criticism of analogue methodology is that, while it may provide definitive tests of effects (i.e., internal validity), the generalizability of its results to actual clinical situations (i.e., external validity) is questionable. However, Strohmer and Newman24 and Strohmer and Chiodo25 found no differences between hypothesis-testing strategies used by actual counsellor participants vs. written case materials.

Another limitation of the study is that, although Asian American graduate students in rehabilitation counselling as well as an Asian American client condition were included in the present study, Hispanic Americans—the largest minority in the USA10—were not included. This is an artefact of difficulty in accessing sufficient numbers of Hispanic American rehabilitation counsellors (or graduate students in rehabilitation counselling). Given that over 35 million Hispanic Americans live in the USA, it will become increasingly important to assess the potential effects that being Hispanic American may have upon the clinical determinations of rehabilitation professionals.

Lastly, several potential confounding factors are noted. As previously addressed in this paper, we were not able to compare the ratings across the three different racial groups of graduate students in rehabilitation counselling. This was due to the samples coming from three different geographic regions and universities which comprised people with very different backgrounds and histories. Thus, the three analyses must be viewed as separate entities.

Future studies may attempt to control for confounding factors noted in the present study such as the number of semesters of study. If the academic programme actually had a de-biasing affect on the participating graduate students in rehabilitation counselling, future research could identify this by assessing perceptions of graduate students in rehabilitation counselling at differing points in time in their course of studies. Also future research could attempt to shed light on social trends and the potential effect that increased awareness of issues of racial bias and diversity have on counsellor perceptions.

The goal of all research on clinical practice ultimately is the improvement of said practice, and research into stereotypic thinking in rehabilitation counselling should
seek to identify ways to neutralize the automatic activation of stereotypes that reduce the accuracy of clinical judgments.

**Conclusion**

The results of this research should be interpreted cautiously given the study’s limitations.

Given that the results of the study seemingly contradict previous findings, additional studies should be conducted to elaborate the results of the present study. Although this study did not reveal biased judgements among the participants, it seems likely that all rehabilitation counsellors, regardless of race, are susceptible to some forms of bias. Further research may help rehabilitation professionals to learn about the conditions when biases and their concomitant errors are likely to occur.

**Author’s note**

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