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SOCIAL JUSTICE ADVOCACY AND COUNSELOR EDUCATION: A STUDY OF COUNSELOR EDUCATORS’ AND COUNSELING INTERNS’ PERCEPTIONS OF SOCIAL JUSTICE ADVOCACY TRAINING

by

Darryl C. Steele

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Advisor: Phillip D. Johnson, Ph.D.

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SOCIAL JUSTICE ADVOCACY AND COUNSELOR EDUCATION: A STUDY OF COUNSELOR EDUCATORS’ AND COUNSELING INTERNS’ PERCEPTIONS OF SOCIAL JUSTICE ADVOCACY TRAINING

Darryl C. Steele, Ph.D.

Western Michigan University, 2011

Social justice and advocacy have become increasingly important topics in counselor training. The 2001 Council for the Accreditation of Counseling and Related Educational Programs (CACREP) training standards require counselor education programs to provide studies in social justice and advocacy processes. Moreover, 2009 CACREP standards stipulate that accredited programs must provide advocacy training specific to each specialty area. The American Counseling Association (ACA) adopted advocacy competencies, in part, to guide this training (Goodman, 2009; Lewis, Arnold, House, & Toporek, 2003). Despite training standards and frameworks such as the ACA Advocacy Competencies to help prepare students for advocacy, few studies have explored the extent to which counselor education programs provide curricular experiences in this area (Nilsson & Schmidt, 2005). Moreover, there is minimal research that investigates the extent to which training programs address the skills and behaviors identified as important to competent advocacy counseling (Ratts, DeKruyf, & Chen-Hayes, 2007).

The purpose of this study was to investigate perceptions of social justice advocacy training in counseling programs. Specifically, counselor educators and master’s level counseling interns were asked to report the extent to which the skills and behaviors
outlined in the advocacy competencies are a) important to counselor preparation, b) included in counselor training, and c) how ready counseling students are to engage in the competencies when beginning their internship.

A total of 212 counselor educators and interns from CACREP programs participated in an online administration of the study. Findings showed that participants perceived the competencies are important to counselor education and students are generally not ready to engage in advocacy skills and behaviors upon beginning their internship. Counselor educators’ reported that advocacy is included during instruction more so than the interns, but neither reported that it is included often. Positive ratings of importance, training, and readiness decreased as the competencies moved from individual counseling (microlevel) to advocating in a public arena (macrolevel). Finally, it was found that being a racial/ethnic minority and being born between 1970 and 1979 or after 1979 increased the likelihood that a participant would perceive that it is important to include advocacy training in counselor education.
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Acknowledgments—Continued

My family has loved me unconditionally. Family, you demonstrate that you are proud of me in all that I do. I do not fear failure because of the love you continually offer. I love you for all that you have done and continue to do.

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Finally, “For the Lord God is a sun and shield; The Lord will give grace and glory; No good thing will He withhold from those who walk uprightly”

Darryl C. Steele
TABLE OF CONTENTS

ACKNOWLEDGMENTS ........................................................................................................ ii
LIST OF TABLES .................................................................................................................. ix
LIST OF FIGURES ............................................................................................................... x

CHAPTER

I. INTRODUCTION .............................................................................................................. 1
   Background .................................................................................................................... 2
   Statement of the Problem ............................................................................................. 5
   Purpose of the Study .................................................................................................... 8
      Research Questions ................................................................................................... 9
   Significance of the Study .............................................................................................. 10
   Definition of Terms ..................................................................................................... 13

II. LITERATURE REVIEW .................................................................................................. 15
   Social Justice Advocacy in Counseling ....................................................................... 16
      Historical Development ........................................................................................... 18
      Opposition, Rebuttal, and Cautions ...................................................................... 24
      Rationales for Social Justice Advocacy ................................................................... 34
   Professional Standards ................................................................................................. 51
   ACA Code of Ethics ..................................................................................................... 52
   Council for the Accreditation of Counseling and Related Education Programs ....... 54
<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA Advocacy Competencies</td>
<td>59</td>
</tr>
<tr>
<td>Social Justice Advocacy and Counselor Preparation</td>
<td>66</td>
</tr>
<tr>
<td>Status</td>
<td>67</td>
</tr>
<tr>
<td>Training Programs</td>
<td>68</td>
</tr>
<tr>
<td>Instructional Methods</td>
<td>72</td>
</tr>
<tr>
<td>Research</td>
<td>81</td>
</tr>
<tr>
<td>Published Studies</td>
<td>82</td>
</tr>
<tr>
<td>Dissertations</td>
<td>85</td>
</tr>
<tr>
<td>Social Justice Advocacy in other Disciplines</td>
<td>91</td>
</tr>
<tr>
<td>Psychology</td>
<td>91</td>
</tr>
<tr>
<td>Social Work</td>
<td>94</td>
</tr>
<tr>
<td>Summary</td>
<td>101</td>
</tr>
<tr>
<td>III. METHODOLOGY</td>
<td>104</td>
</tr>
<tr>
<td>Hypotheses</td>
<td>105</td>
</tr>
<tr>
<td>Instrumentation</td>
<td>108</td>
</tr>
<tr>
<td>Counselor Advocacy Competence Survey</td>
<td>108</td>
</tr>
<tr>
<td>Demographic Questionnaire</td>
<td>116</td>
</tr>
<tr>
<td>Population and Sample</td>
<td>117</td>
</tr>
<tr>
<td>Population</td>
<td>117</td>
</tr>
<tr>
<td>Sample</td>
<td>119</td>
</tr>
</tbody>
</table>
Table of Contents—Continued

CHAPTER

Research Design and Data Collection ........................................ 127
  Data Collection Procedures .................................................. 127
Survey Administration ............................................................ 131
Data Analysis ......................................................................... 132
  Missing Data ....................................................................... 132
  Descriptive Statistics .......................................................... 133
  Mixed Design ANOVA ............................................................ 134
  Multiple Regression ............................................................. 135
  Summary ............................................................................ 136

IV. RESULTS ............................................................................. 137

Handling of Data .................................................................... 138
  Collapsed Data .................................................................... 138
  Extent and Pattern of Missing Data ....................................... 139
Research Question 1 ............................................................... 146
  Research Question 1a .......................................................... 152
  Research Question 1b .......................................................... 153
  Research Question 1c .......................................................... 153
Research Question 2 ............................................................... 155
  Research Question 2a .......................................................... 160
  Research Question 2b .......................................................... 162
# Table of Contents—Continued

## CHAPTER

- Research Question 2c .................................................. 162
- Research Question 3 .................................................. 164
- Research Question 3a ............................................... 169
- Research Question 3b ............................................... 169
- Research Question 3c ............................................... 170
- Research Question 4 .................................................. 172
- Summary .............................................................. 178

## V. DISCUSSION .......................................................... 179

- Limitations of the Study ............................................. 182
- Summary of Findings ................................................ 184
- Research Question 1 ................................................ 184
- Research Question 2 ................................................ 185
- Research Question 3 ................................................ 186
- Research Question 4 ................................................ 188
- Conclusion ............................................................ 188
- Research Question 1 ................................................ 189
- Research Question 2 ................................................ 193
- Research Question 3 ................................................ 197
- Research Question 4 ................................................ 199
- Implications for Counselor Education ......................... 203
Table of Contents—Continued

CHAPTER

Recommendations for Future Research ........................................ 207
Summary......................................................................................... 209

REFERENCES .................................................................................. 212

APPENDICES

A. ACA Advocacy Competencies .................................................. 238
B. Counselor Advocacy Competence Survey................................. 247
C. Demographic Questionnaire ...................................................... 264
D. Pre-Notice Letter ....................................................................... 268
E. Email Invitation .......................................................................... 270
F. Informed Consent ........................................................................ 272
G. Thank-You Postcard ................................................................. 275
H. Replacement Email .................................................................... 278
I. Approval Letter from Human Subjects Institutional Review Board .. 280
# LIST OF TABLES

1. Research Questions and Hypotheses ................................................................. 105
2. CACS Scale and Subscale Organization................................................................. 114
3. Frequencies and Percentages for Participant Demographics ............................... 125
4. Counselor Advocacy Competence Survey Pattern of Missingness ....................... 140
5. Ratings for Importance Across Competency Levels and Domains ....................... 149
6. Correlations Between Importance Domains ....................................................... 151
7. Between-Subjects by Within-Subjects Analysis of Variance on Importance Ratings .......... 152
8. Ratings for Training Across Competency Levels and Domains .............................. 157
9. Correlations Between Training Domains .............................................................. 158
10. Between-Subjects by Within-Subjects Analysis of Variance on Training Ratings ............. 160
11. Ratings for Readiness Across Competency Levels and Domains ........................ 166
12. Correlations Between Readiness Domains .......................................................... 168
13. Between-Subjects by Within-Subjects Analysis of Variance on Readiness Ratings ........ 168
14. Stepwise Regression Analysis for Variables Impacting Importance Ratings .... 177
LIST OF FIGURES

1. ACA Advocacy Competencies Domains.......................................................... 60
2. Importance Ratings by Domain ........................................................................ 155
3. Training Ratings by Participant Status and Domain ......................................... 161
4. Readiness Ratings by Domain ........................................................................... 172
5. Normal P-P Plot Regression Standardized Residual for Total Importance ...... 175
6. Scatterplot of the Standardized Residuals for Total Importance ....................... 175
CHAPTER I

INTRODUCTION

Social justice and advocacy have become increasingly important topics in counselor training. The 2001 Council for the Accreditation of Counseling and Related Educational Programs (CACREP) training standards require counselor education programs to provide studies in social justice and advocacy processes (Standard II.K.1.g.; Standard II.K.2.d.), while 2009 CACREP standards stipulate that accredited counselor education programs must also provide advocacy training specific to each specialty area. The American Counseling Association (ACA) adopted advocacy competencies, in part, as a framework to guide the training of ethical advocacy practices in counseling (Goodman, 2009; Lewis, Arnold, House, & Toporek, 2003; Toporek, Lewis, & Crethar, 2009). Despite training standards and frameworks such as the ACA Advocacy Competencies (Appendix A) for preparing counseling students for advocacy, there are few studies that have explored the extent to which counselor education programs provide curricular experiences in this area (Nilsson & Schmidt, 2005). Moreover, there is minimal research that investigates the extent to which training programs address the skills
and behaviors identified as important to competent advocacy counseling (Green, McCollum, & Hays, 2008; Ratts, DeKruyf, & Chen-Hayes, 2007).

This study incorporated use of the ACA Advocacy Competencies to explore perceptions of social justice advocacy training in CACREP accredited counselor education programs. This included an exploration of perceptions of the extent to which skills and behaviors outlined in the ACA Advocacy Competencies (2003) are (a) considered important to counselor preparation; (b) included in counselor preparation; and (c) if students are ready to engage in the competencies by the start of internship.

Background

Multiple terms have been used to describe the role of the counselor in social change. These terms include change agency, social action, advocacy counseling, and counseling for social justice. Each term refers to a similar listing of knowledge, skills, and attitudes aimed at social justice (Kiselica & Robinson, 2001). The term social justice advocacy was used in this study to match current terminology within the counseling literature used to describe skills and behaviors aimed at social change (see Ratts, 2009; Toporek, Lewis, & Crethar, 2009).

In general, social justice places an emphasis on ending oppression, privilege, and inequality (Lee & Hipolito-Delgado, 2007). It supports equality and human rights, and
the equitable distribution of necessary resources (Crethar, Torres Rivera, & Nash, 2008).

Advocacy, on the other hand, describes the actual process of “identifying unmet needs and taking action to change the circumstances that contribute to the problem…” (Trusty & Brown, 2005, p. 259). Combined, social justice advocacy describes counselor activities that are intended to eliminate external or institutional barriers to client development (Toporek, 2000; Toporek & Liu, 2001). More specifically, social justice advocacy is “professional practice… intended to identify and intervene in social policies and practices that have a negative impact on the mental health of clients who are marginalized on the basis of their social status” (Steele, 2008, pp. 75-76). As described within the ACA Advocacy Competencies, social justice advocacy occurs on multiple levels. These levels include: (a) microlevel advocacy through client empowerment and speaking up on behalf of clients, (b) mesolevel advocacy through community collaborations and system-level efforts, and (c) macrolevel efforts that include working with and on behalf of clients to change public policy (Lewis, et al., 2003; Lewis, Lewis, Daniels, & D’Andrea, 1998; Toporek, 2000; Toporek & Liu, 2001).

Social justice advocacy represents a departure from traditional counseling approaches, which primarily attend to intrapsychic functioning and client adjustment, whereas social justice advocacy involves intervention at the environmental or systemic
level (Herlihy & Watson, 2007; Toporek, 2001). According to Ratts (2009), social justice advocacy is important because it equips counselors with a theoretical understanding of oppression and how to implement social action, and a more realistic understanding of how clients are affected by environments.

As explained by Ratts (2009), the social justice advocacy perspective also represents a shift in the direction of the counseling profession. Recent calls for advocacy training is one example of the counseling profession’s shift toward social justice advocacy. Numerous authors have challenged counselor educators to take a more proactive role in preparing counselors-in-training for social justice advocacy (Bemak & Chung, 2005, 2007; Collison, et al., 1998; Osborne et al., 1998, Vera & Speight, 2007). According to Vera and Speight, preparation in social justice advocacy is necessary to assist clients who are overburdened by the stress of oppression. Likewise, Toporek (2000) noted that counselors are more likely to practice ethically as a result of training in social justice advocacy.

Another example of the profession’s shift toward advocacy occurred when the ACA Governing Council adopted the ACA Advocacy Competencies (Lewis, et al., 2003). The competencies are a model for proficiency in social justice advocacy at various levels (i.e., client/student, school/community, and public arena) and describe how
counselors should act with or on behalf of clients across each level (Goodman, 2009; Rubel & Ratts, 2007). According to Lee (2007), they “prescribe best practice in advancing advocacy on behalf of those individuals with whom counselors work” (Lee, 2007, p. 262). Because the ACA Governing Council has endorsed the competencies, they are applicable to the full membership of ACA. As such, the advocacy role has been solidified within the profession (Toporek, Lewis, & Crethar, 2003).

Statement of the Problem

As previously mentioned, CACREP (2001, 2009) standards state that counselors-in-training must be prepared to engage in social justice advocacy. Specifically, curriculum must be geared toward “advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients” (CACREP, 2001, Standard II.K.1.g). The standards also require that students learn constructs related to advocacy (e.g., prejudice, discrimination, and oppression) and counselors’ roles related to social justice advocacy (e.g., conflict resolution and other skills that affirm human development) (CACREP, 2001, Standard II.K.1.g; Standard II.K.2.d). Nevertheless, counselor education has been heavily criticized for its inadequacy in preparing trainees as advocates (Bemak & Chung, 2005; Lewis & Lewis, 1971; Vera & Speight, 2007). Lately, there has been an increased call for counselor educators to prepare students as social
justice advocates (Bemak & Chung, 2005; Osborne, et al., 1998; Trusty & Brown, 2005).

This call has been supported at the profession's governance level through the adoption of
the ACA Advocacy Competencies (Lewis et al., 2003) and through the ACA Code of
Ethics (2005).

Despite accreditation standards and ethical mandates in support of social justice
advocacy, there is a history of counseling professionals who have stated that the client
advocate role is inappropriate for counseling professionals, and therefore, should not be
extended to counselor preparation (Smith, Reynolds, & Rovnak, 2009; Weinrach &
Thomas, 1998). These counseling professionals suggest that counselors who are
supportive of social justice advocacy in counseling are typically liberal and are more
concerned with using client issues to advance personal liberal agendas (Drapela, 1974;
Hunsaker, 2008). These opposing views suggest that the counseling profession is in
disagreement about preparing counselors-in-training as social justice advocates.

Moreover, little is known about counselor educators' perceptions about the
importance of including advocacy training in counselor education. Nilsson and Schmidt
(2005) stated that the counseling profession lacks research that confirms the extent to
which counselor educators value social justice advocacy training. It is also worth
mentioning that the perceptions of counseling students have been absent from the debate
of whether counselors-in-training should adopt the advocate role or if they feel prepared to meet the professional standards for engaging in social justice advocacy.

This study, therefore, addressed the need to assess counselor educators’ perception of preparing students as social justice advocates and investigate how students perceive being prepared for this role. Specifically, the research was necessary to assess: the extent to which counselor educators and counseling students, who are a part of CACREP accredited programs (a) perceived advocacy competence to be important to counselor preparation, (b) perceived that advocacy competence is included in counselor preparation, and (c) perceived counselors-in-training are prepared to engage in social justice advocacy.

The advocacy competencies have been described as a useful framework for the preparation of counselors to engage in the skills and behaviors associated with social justice advocacy (Green, McCollum, & Hays, 2008; Ratts, DeKruyf, & Chen-Hayes, 2007). However, prior to this research, there were no published studies that investigated the extent to which counseling programs have implemented the skills and behaviors outlined in the competencies. This study used the identified skills and behaviors as a tool to investigate the extent to which social justice advocacy is perceived as important, included, and that students are ready to engage in social justice advocacy.
Purpose of the Study

Given the lack of studies that have explored the extent to which counselor education programs provide social justice advocacy training (Nilsson & Schmidt, 2005), the overall intent of this study was to investigate the preparation of counseling students to engage in advocacy. The study targeted counselor educators who taught in a program accredited by CACREP and master’s level counselors-in-training that were at the internship phase of a CACREP accredited counseling program. Counseling interns were selected because the internship represents the final phase of counselor preparation; therefore, counseling interns were more likely to have been exposed to the entire curriculum. Moreover, because the advocacy competencies were not adopted by ACA until 2003, many graduates of CACREP accredited programs were unlikely to have been exposed to the competencies during training.

The first objective of this study was to examine the extent to which counselor educators and master’s level counseling interns perceived that the skills and behaviors included in the ACA Advocacy Competencies are an important aspect of counselor preparation. Secondly, this study explored the extent to which participants reported that preparation programs included the skills and behaviors outlined in the ACA Advocacy Competencies. The final purpose of this study was to assess the extent to which counselor
educators and master's level counseling interns perceived students as prepared to perform
the skills and behaviors outlined in the same set of competencies.

Research Questions

The research questions that guided this study were as follows:

1. To what extent do counselor educators and master’s level counseling interns rate
   the skills and behaviors comprising the ACA Advocacy Competencies as
   important to counselor preparation?

   a. Does status, either as a counselor educators or master’s level counseling
      intern, affect importance ratings?

   b. Is there a difference in importance ratings across the three levels comprising
      the competencies?

   c. Is there a difference in importance ratings across the six domains comprising
      the competencies?

2. To what extent do counselor educators and master’s level counseling interns
   report that the skills and behaviors comprising the ACA Advocacy Competencies
   are taught in counselor preparation?

   a. Does status, either as a counselor educator or master’s level counseling intern,
      affect reports of advocacy training in counselor education?
b. Is there a difference in training reports across the three levels comprising the competencies?

c. Is there a difference in training reports across the six domains comprising the competencies?

3. To what extent do counselor educators and master’s level counseling interns perceive that counselors-in-training begin their internship ready to engage in the skills and behaviors comprising the ACA Advocacy Competencies?

a. Does status, either as a counselor educator or master’s level counseling intern, affect perceptions of counselors-in-training’s readiness?

b. Is there a difference in perceptions of readiness across the three levels comprising the competencies?

c. Is there a difference in perceptions of readiness across the six domains comprising the competencies?

4. What demographic variables account for participants’ rating of the importance of training for social justice advocacy skills and behaviors?

Significance of the Study

Problems associated with professional calls to prepare students for social justice advocacy include doubts that counselor educators perceive such training as important
(Vera & Speight, 2007), contention over the appropriateness of social justice advocacy (Drapela, 1974; Hunsaker, 2008; Smith & Reynolds, & Rovnak, 2009; Weinrach & Thomas, 1998), and students’ perception of social justice advocacy preparation has been missing from the debate. Much of what has been suggested about students’ development of a social justice advocacy perspective has only been theoretical (Nilsson & Schmidt, 2005). That is, many authors have argued that students are not prepared to engage in social justice advocacy without any empirical support for these arguments. A goal of this study was to address the call for research that investigates the inclusion of social justice advocacy in counseling and counselor education (Canfield, 2008; Smith & Reynolds, & Rovnak, 2009).

The study explored how counselor educators and counseling interns rated the importance of social justice advocacy training and gathered participants’ reports of the extent to which such training was included in training program. The results were used to compare participants’ perceptions of social justice advocacy training to professional mandates for such training (ACA, 2003, 2005; CACREP, 2001) and perceptions within the counseling literature (e.g., Bemak & Chung, 2005; Toporek & Liu, 2001; Trusty & Brown, 2005; Vera & Speight, 2007).
Additionally, comparisons were made between counselor educators' and counseling interns' perceptions of the importance of social justice advocacy training, the extent to which the training occurs, and perceptions of readiness. The perceptions of counselors-in-training are an important aspect of this research because the literature has primarily reflected the perceptions of counselor educators and other counseling practitioners.

The inclusion of the skills and behaviors outlined in the ACA Advocacy Competencies also represented a significant aspect of this study (see Ratts, DeKruyf, & Chen-Hayes, 2007; Smith, Reynolds, & Rovnak, 2009). The competencies have been described as best practice for counseling professionals (Green, McCollum, & Hays, 2008; Lee, 2007); however, prior to this study, there was no research that indicated the extent to which members of counselor education agreed with such claims. Again, such research was important given that some counseling professionals have concluded that social justice advocacy is inappropriate for counseling professionals. Therefore, this study allowed counselor educators and interns to indicate if they perceived that the skills and behaviors as important to counselor education, are included in counselor education, and if students are ready to engage in the skills and behaviors when beginning their internship.

By including the skills and behaviors outlined in the competencies, this results of this
study provided some insight into current issues and practices related to counselor education and the advocacy competencies.

**Definition of Terms**

— *ACA Advocacy Competencies*: A three dimensional model that provides a framework for counselor preparation and practice in advocacy for and on behalf of clients (Goodman, 2009) (Appendix A).

— *Advocacy Competence*: “… the ability, understanding, and knowledge to carry out advocacy ethically and effectively” (Toporek, Lewis, & Crethar, 2009, p. 262).

— *Counselor Educator*: Faculty members who are appointed to a counselor education academic unit accredited by CACREP and have earned, or will soon earn, a doctoral degree in counselor education or a closely related field (CACREP, 2001, Standard IV.A.).

— *Master’s Level Counseling Interns*: Students who are seeking a master’s level degree within a counselor education academic unit accredited by CACREP and are enrolled in a supervised internship (CACREP, 2001, Standard III.H).

— *Social Justice Advocacy*: “professional practice… intended to identify and intervene in social policies and practices that have a negative impact on the mental health of clients who are marginalized on the basis of their social status” (Steele, 2008, pp. 75-
Social justice advocacy may occur at the individual, group, or sociopolitical level and counselors may act with or on behalf of clients to advocate for social change (ACA, 2005; Lewis, Arnold, House, & Toporek, 2003; Lewis, Lewis, Daniels, & D’Andrea, 1998; Toporek, 2000; Toporek & Liu, 2001).
CHAPTER II

LITERATURE REVIEW

Social justice advocacy has always been a part of counseling (Kiselica & Robinson, 2001; Lee & Hipolito-Delgado, 2007; Ratts, 2009). Environmental intervention was an important aspect of the work of individuals such as Frank Parsons, Jessie Davis, and Arthur Jones (McClure & Russo, 1996). For example, Arthur Jones suggested that counselors should intervene in sociopolitical issues such as standards of living, education reform, and weakening moral and religious values among other issues (Sweeney, 2001). Jones assumed that intervention of this kind was necessary in order to truly facilitate human development.

Advocacy has since emerged as a professional imperative for all counselors (Ratts, 2009). As noted in the previous chapter, advocacy is included in the most recent ACA (2005) Code of Ethics and the CACREP (2001, 2009) Standards state that counselor education programs must provide studies in social justice and advocacy. Although these organizations have described advocacy as an important role for counselors, there are some who have argued that this role is not appropriate (Hunsaker,
2008; Weinrach & Thomas, 1994). Furthermore, little is known about the extent to which counselor educators are preparing students for this role. Even less is known about students' perception of preparing for this role.

Therefore, the overall purpose of this study was to investigate perceptions of training for social justice advocacy in counselor education. The content of this literature review focuses on social justice advocacy in counseling and is intended to connect the proposed study to the on-going discussion of advocacy in counseling (Creswell, 2003). The following areas are covered in this chapter: social justice advocacy in counseling, social justice advocacy ethics and competence, social justice advocacy training and standards, social justice advocacy research, and social justice advocacy in related disciplines.

Social Justice Advocacy in Counseling

Advocacy in counseling has occurred in two forms: (1) political advocacy for the profession, and (2) client-focused activities based on the needs of those served by counselors. Some have suggested that client-focused advocacy was a foundational aspect of the profession (Baker & Cramer, 1972; Kiselica & Robinson, 2001; Lee & Hipolito-Delgado, 2007). In contrast, advocacy for the profession did not begin until the 1960’s (Engels & Bradley, 2001; Herr, 1982). Recently, ACA (2005) highlighted these two
traditions in its definition of advocacy, that is the “promotion of the well-being of individuals and groups and of the counseling profession within systems and organizations” (p. 20). Both forms of advocacy aim to promote access; however, the two have been distinguished among authors within the counseling literature.

Professional advocacy occurs when counselors go before local, state, and federal policymakers to address issues that affect the process of counseling (e.g., access to services, credentialing, and reimbursement) (Herr, 1982). This form of advocacy is intended to demonstrate the legitimacy of the counseling profession among public policymakers, to secure the profession’s access to the opportunities that arise from such policies, and to guarantee the life of the profession (Engels & Bradley, 2001). Some view professional advocacy as necessary to improve clients’ access to mental health services (Engels & Bradley, 2001), but others have argued that such advocacy primarily seeks to maintain the competitiveness of the profession (Toporek, 2000).

Client advocacy or social justice advocacy, on the other hand, includes direct action aimed at improving the environmental conditions that impede the psychological welfare of clients (Kiselica & Robinson, 2001; Lee & Hipolito-Delgado, 2007; Menacker, 1976). Many proponents of this practice agree with Lee (1998), who suggested that this form of advocacy involves “... the process or act of arguing or
pleading for a cause or proposal” (see Arredondo & Lewis, 2001; Kiselica & Robinson, 2001; Lee & Hipolito-Delgado, 2007). Therefore, this form of advocacy is distinguished by its emphasis on intervention within clients’ environment (Toporek, 2000; Toporek & Liu, 2001; Watson, Collins, Correia, 2004). Social justice advocacy is the focus of the proposed study.

The purpose of this section is to review social justice advocacy in counseling in further depth. The following areas are discussed: historical developments; opposition, cautions, and rebuttal; and the rationale for social justice advocacy.

**Historical Development**

Given the efforts of some notable counseling professionals, many authors have suggested that social justice advocacy has always been at the forefront of the counseling profession (Lee & Hipolito-Delgado, 2007; McClure & Russo, 1996; Toporek & Liu, 2001). As an example, several authors have pointed to the career of Frank Parsons, who has also been referenced as the “father of vocational counseling” (see Bemak and Chung, 2005; Kiselica & Robinson, 2001; McWhirter, 1997). At the beginning of the 20th century, Parsons witnessed the exploitation of immigrants and attempted to improve youths’ situation by offering career guidance to poor, out-of-school children (McWhirter, 1997). Another social change movement stemming from the mental health field was the
Mental Hygiene Movement, which was launched by Clifford Beers’ 1908 publication of *A Mind That Found Itself* (Kiselica & Robinson, 2001). The increased attention he brought to mental health raised awareness and improved treatment for individuals with mental health impairments.

Although early leaders demonstrated individual efforts of social action within the mental health field, the social milieu of the 1970s caused the entire counseling profession to grapple with the role of advocacy (Toporek & Liu, 2001). This is made evident by the literature published during that decade. For instance, in 1971, the American Personnel and Guidance Association (APGA), which is now ACA, released a special issue of *The Personnel and Guidance Journal* entitled “Counseling and Social Revolution. This issue of the journal urged members of the profession to consider the social issues of the day, such as racism, sexism, gay rights, and war (Gardner, 1971; Killinger, 1971; Kincaid & Kincaid, 1971; Smith, 1971), and to take an active role toward social change through self-evaluation (Dworkin & Dworkin, 1971) and counselor preparation (Lewis & Lewis, 1971).

In response, Baker and Cramer (1972) and Banks and Martens (1973) directly challenged APGA to support social justice advocacy as a legitimate counseling role. Baker and Cramer warned that if counselors assume a change agent role without
professional support, they might face backlash within their respective work settings. Therefore, they proposed that counselors and counselor educators form a power base wherein such activists may support one another. Baker and Cramer’s challenge to the profession was as follows: “If the leadership of the profession cannot show real evidence of change-agent behavior and the ability to support individual members, they should discontinue their encouragement of the activist change-agent model for practitioners in the field” (p. 664).

Other voices emerged who also criticized the underpinnings of counseling practices (e.g., Adams, 1973; Halleck, 1971). They recommended advocacy as an alternative approaches to traditional counseling practice. Menaker (1976), for instance, recommended the use of an activist approach as opposed to the more traditional counseling models, which he identified as “general theory.” He argued that general theory attended to client activity (e.g., reflection and conversation) and concentrated on the client as the object to be altered. In contrast, the activist approach was based on the counselor taking an active role in eliminating barriers to client development and the object to be changed was the client’s environment.

Despite the call for advocacy during the 1970’s, some proponents expressed doubt as to whether advocacy would ever be fully adopted at a professional level (Sherman,
Simon (1975) wrote in favor of advocacy on the behalf of clients; however, he indicated that various factors thwart counselors from engaging in social justice advocacy. He pointed to issues such as disagreement with the role, the absence of professional support, and a lack of “... social recognition, economic benefits, or a sense of professional achievement” (p. 245). According to Simon, the social justice advocacy role would only be legitimized when mental health professionals engage in efforts that support the dignity of clients and when mental health professions take a more proactive approach in adopting the role. Simon recommended that mental health professionals advocate to change counseling on behalf of clients. This may occur through “congenial... low-profile, educational efforts,” such as informing the public about mental health and emotional disturbance, or through more drastic, resistance efforts like protest and strikes (p. 249). Simon further postulated that the counseling profession would remain “interested bystanders” until it (a) shifted its perspective to “quality of life” rather than counseling technique and (b) prepare students to advocate on behalf of clients with the intent of developing a cohort of professionals who support and reinforce the role.

The struggles of the social justice advocacy movement continued to be published in the counseling literature. Toporek and Liu (2001) noted that the proponents of advocacy “seemed to have difficulty maintaining a foothold in the profession” during the
1980s and 1990s (p. 389). Lee and Hipolito-Delgado (2007) suggested that the conservative ethos of the 1980s helped to diminish the support for social justice advocacy. Moreover, counselors' interests switched to asserting the credibility of the profession during that period (McClure & Russo, 1996). According to McClure and Russo, as individual mental health professionals gained prominence within their respective fields (e.g., American Counseling Association, American Psychological Association, and the American Association for Marriage and Family Therapy) for leadership and professional advocacy (e.g., establishing accreditation, certification, and licensure), their turf wars damaged any collective power that may be used to advocate on behalf of clients. This further redirected attention from social justice advocacy among mental health professionals (McClure & Russo, 1996; Simon, 1975).

The multicultural counseling movement gained momentum during the late 1980s and 1990s, and refocused counseling professionals' sense of social responsibility (Lee and Hipolito, 2007). During that time, it was proposed that counseling professionals must be prepared to meet the needs of clients of diverse backgrounds (Sue, Arredondo, & McDavis, 1992). Increased contact with diverse clients and varying needs demonstrated that therapy had to extend beyond the client level and include environmental intervention.
As a result, counselors were again called to engage in social justice advocacy to decrease the effects of oppression and the marginalization of client groups (Lee, 1991).

The current call for counselors to engage in social justice advocacy and for counselor educators to prepare students to advocate on behalf of clients has been described as a reemerging theme in the counseling literature (Bemak and Chung, 2005; Toporek, 2000). Moreover, efforts at the governance level of the counseling profession have demonstrated a more concerted attempt to shift the profession toward social justice advocacy. For example, the 1999 Presidential Theme for ACA focused on the topics of advocacy practice and training (Toporek, 2000; Yep, 2000). Soon after, Dr. Jane Goodman, 2000-2001 ACA President, called for a task force to explore ways in which counselors may intervene within clients’ environments, as opposed to a sole focus on intrapsychic approaches (Ratts, DeKruyf, & Chen-Hayes, 2007). This task force eventually authored the *ACA Advocacy Competencies* (Lewis, Arnold, House, & Toporek, 2003), which have been described as best practice in advocacy counseling (Lee, 2007). CACREP (2001), the accrediting body for counselor training programs, also included advocacy training as an important part of counselor preparation. Additionally, ACA (2005) identified advocacy as an ethical and appropriate function in its most recent code of ethics.
A review of the literature, however, reveals that not all counseling professionals agree with the call for advocacy practice or training. The following section reviews the dialogue concerning the advocacy role in counseling.

_Opposition, Rebuttal, and Cautions_

Some counseling professionals have argued against counselors’ involvement in advocacy. These authors have primarily written in response to proponents of advocacy counseling. Witness the following examples.

Adams (1973) observed, “how guidance, in four of its emphases that are held in common with progressivism, has become a force reacting against fundamental change...” (p. 532). These emphases included access to opportunity, pragmatism, adjustment, and individualism.

\textit{Access to opportunity, or pluralism, involves counselors’ attempt to improve} individuals and engage in social change that opens access for all people while ignoring the core issues that cause social exclusion and require radical intervention (e.g., elitism). Pragmatism in counseling often focuses on the process of individual change as opposed to attending to the larger social factors that create problems for individuals. \textit{Adjustment} occurs when counselors assist clients to cope within a society that maintains its harmful features, which further entrenches society because there is an illusion that society has
accommodated the needs of individuals. Finally, *individualism* occurs when counselors promote self-sufficiency and independence, which support the American values of consumerism and competition, as opposed to a focus on community and interdependence that encourages fundamental social change. Adams (1973) concluded that counselors who support fundamental change should (a) stop using methods that supports the status quo, (b) apply knowledge and skills to increase clients’ awareness marginalization, and (c) assist clients in banning together to take action.

In response, Drapela (1974) opposed Adam’s (1973) tendency toward a political stance of counseling, particularly Adams’ support of “fundamental change.” It was Drapela’s argument that counselors should hold true to personal political convictions, but it is unjustifiable to invoke “one’s political partisanship into counseling encounters as a matter of premeditated strategy…” (p. 450). Drapela warned that the potential consequences of the profession’s adhering to Adam’s recommendations were that the profession suffers damage to its credibility, counselors’ conceptualizations may supersede clients’ concerns, and damage to clients who do not receive the help they expect. Drapela further suggested that counselors who hold that their current role supports oppressive elements of society should disengage and assume a role other than guidance. In the same issue of the *Personnel and Guidance Journal*, Adams (1974)
rebutted by suggesting that Drapela's "love-it-or-leave-it" attitude supported his original argument, that counselors support the existing social structure by remaining apolitical in practice. Adam suggested that a realistic approach to change does not assume a "utopian change," but recognizes that change is continuous and will include problems that also require resolution.

As of late, Counseling Today, an ACA publication, has been a forum for those who oppose the legitimacy of social justice advocacy in counseling. Opposing views have come from various levels, which have ranged from the 2007-2008 ACA President, Brian Canfield (2007, 2008), to those of doctoral level students (Lockard & Stack, 2008). A consistent argument of those who have challenged the perspectives of social justice advocates in Counseling Today is that the movement is actually representative of counselor's political stance (Hunsaker, 2008; Lockard & Stack, 2008). According to Canfield (2007) "counseling is a poor substitute for political and social activism..." (p. 5). He argued that the social justice movement is yet to prove its effectiveness for clients and suggested that counseling meets the needs of society one client at a time.

Other opposing views have identified specific instances where social justice advocacy is detrimental to the profession. Lockard and Stack (2008) argued that counselors expression of political stances, such as anti-war sentiment, actually work to
shun those who need counseling services, such as returning service members and their families. Henriksen (2008) argued that those who oppose the opinions of social justice advocates are likely to be the recipients of ostracism and ridicule for their stance.

Henriksen cited being named "narrow minded, an enemy of social justice, and a person who needed to be outed" because he disagreed with using a list serve to discuss politics.

*Counseling Today* has also been a forum of debate between counseling professionals. D'Andrea (2007) commented that counseling professionals have attempted to "silence" proponents of "multicultural-social justice." D'Andrea wrote, "It is distressing to note the frequency with which individuals in our profession assert that it is inappropriate for counselor educators, supervisors, and practitioners to address various sociopolical issues that negatively affect the mental health and psychological development of the people who we are called on to serve" (p. 34). It was further argued that counselors and students expand their understanding of how to function as a result of discussing sociopolical issues. Finally, D'Andrea listed the ramifications of the actions taken by those who oppose the discussion of sociopolical issues, which included (a) detriment to how counseling professionals and students conceptualize their role and responsibilities, (b) an impingement on the First Amendment rights of those who discuss those issues, (c) and the delaying of social change.
Several articles appeared in *Counseling Today*, where authors raised opposition to D’Andrea’s (2007) comments. As previously mentioned, Henriksen (2008) responded that it is actually those who challenge the views of the social justice advocacy movement that are ostracized. Similarly, Hunsaker (2008) argued that the “inconvenient irony” of the social justice movement is that its proponents use half-truths to conceal their true agenda. In his words:

> While claiming to fight against oppression, social justice actually perpetuates its own form of oppression by seeking to impose a far-left political agenda on all mental health professionals. Social justice’s most ironic turn, then, is that it seeks to erase differences, impose its values and proclaim only one standard of ethics. (p. 21)

Hunsaker further commented that social justice advocates should avoid the “euphemism” of social justice and simply identify the movement as a desire for “counseling professionals to agitate on behalf of political minorities” (p. 43). Finally, Hunsaker encouraged other professionals to become more knowledgeable about the topic and speak against the movement if they disagree. In a direct rebuttal, Foley (2008) argued that Hunsaker’s comment, that social justice belongs to those who hold a far-left viewpoint, was “absurd.” Despite a faculty position at a religious university perceived to be far-right, Foley argued that counselors and counselor educators do have a role in challenging unjust social systems. Further, in response to Hunsaker’s call for examples of the
relationship between social justice issues and counseling, Foley offered examples of (a) school counselors' potential to interrupt schools' tendency to disproportionately place children of color in lower tracks and exclude them from advance placement and the school-to-prison pipeline; (b) community mental health counselors' encounters with individuals displaced from their homes to benefit developers and politicians, (c) and counselors in private practice who learn of the racism experienced by people of color who are educated and middle class.

The appropriateness of social justice advocacy has also been discussed in other mental health professions. Community psychologist, Isaac Prilleltensky (1997) wrote that mental health workers should consider and articulate the values and assumptions that underlie their work. His premise was that morality should guide the practice of mental health practitioners, and stated, “a right moral action is that which enhances the well-being of others” (p. 517). As such, Prilleltensky recommended the use of emancipatory communitarian approaches to mental health workers. Such approaches require community members, clients, and mental health professionals to collaboratively define personal or social change and intervene at the societal level. The practice of an emancipatory communitarian approach is one of social responsibility because participants seek to ensure just and fair communities for all people. According to Prilleltensky, “This
orientation envisions a society in which mutuality [as opposed to self-interests], participatory democracy, and distributive justice prevail and in which the citizenry is politically conscious, active, and involved” (p. 529).

Several psychologists have challenged Prilleltensky’s (1997) recommendations. Ramm (1998) found the perspective to be “ill-conceived” because he found it to be based on a faulty conceptualization of morality (i.e., actions that emphasizes the well-being of others), and “ill-advised” because it promotes communist ideals that have been rejected in other parts of the world. Ramm further stated that a sociocentric stance toward morality, such as distributive justice, actually violates the rights of the whole by redistributing resources. Moreover, personality theory and family systems models have shown that individuals tend to suffer when they center their own interests and desires on the dispositions of others (Ramm, 1998). Prilleltensky (1998) response was brief and he pointed to the apparent difference in values and assumptions between the two. According to Prilleltensky, Ramm presented the history of capitalism in the US and the emphasis on self-interests in psychological theory as if they are irrefutable truths. Prilleltensky did not detail his argument, but did argue that Ramm’s assumptions of appropriate human relationships and society are refutable.
Sollod (1998) was somewhat less critical of Prilleltensky (1997). Prilleltensky argued the values and assumptions of traditional counseling approaches (e.g., Roger's humanistic/client-centered therapy) actually blame clients for their suffering by ignoring the role of society and, consequently, perpetuate the status quo. Sollod, however, wrote that Prilleltensky's emancipatory communitarian approach was a more traditional approach because it links back to the ethics of the Bible, particularly with its emphasis on social/community responsibility. "As a secular ethical approach, however, Prilleltensky's version leaves out any reference to God or to the divine, but otherwise it appears that he is well on his way toward reformulating the traditional ethos of Western culture (and, to a lesser extent, Confucianism) with its pedigree of thousands of years" (p. 324). Sollod added that people are less likely to adopt such values when they stem from a seemingly authoritative source (e.g., religious figure), but are more readily adopt these same values and view them as liberating when the individual thinks that she or he freely chose the perspective such as emancipatory communitarian. Sollod also pointed to the current use of religious values in counseling practice. From his perspective, it is unnecessary for mental health professionals to omit the religion/spiritual dimensions of the ethics that drive counseling theory, research, and practice, particularly when the American public, and potentially clients, find religion/spirituality to be a major influence in their lives. For
Sollod, the implication of Prilleltensky’s emancipatory communitarian approach is the need for research that examines the unexamined agnosticism and atheism in the mental health profession.

Again, Prilleltensky (1998) was brief in his response. In this case, however, Prilleltensky stated that Sollod’s point, that the same value may be rejected or accepted based on the source, was insightful. Moreover, Prilleltensky suggested that the important message for him is to avoid immediately rejecting values of other cultures simply because they challenge those of US culture. Therefore, the value of Sollod’s observations, according to Prilleltensky, is that it promotes diversity. In his conclusion, Prilleltensky reported that he has discovered that discussing values and assumptions is a dangerous practice. He cited an instance where it was recommended that he leave the profession and another time when he was portrayed as playing God. Prilleltensky wrote that comments such as those of Ramm (1998) and Sollod (1998) were appropriate and necessary for progress, as opposed to “intellectual pugilism.”

An added dimension to the debate over the legitimacy of social justice advocacy in counseling is the fact that even those who support advocacy have pointed to the associated risk (Toporek & Liu, 2001; Watson, Collins, & Correia, 2004). According to Lee (1998), counselors are vulnerable to personal and professional risks when they
espose a social justice philosophy and act accordingly. These risks may include workplace harassment, being labeled as a “troublemaker,” ostracism, disciplinary actions and less opportunity to advance (Lee, 1998; Kiselica & Robinson, 2001). According to Lee, each of these consequences has the opportunity to spill over into the counselor’s personal life and affect home affairs. Lee and Hipolito-Delgado (2007) added that counselor educators risk additional consequences (i.e., limited opportunity for tenure and promotion) because universities generally place more value on research and publication than on service.

Several proponents of advocacy have discussed ethical concerns associated with social justice advocacy as well. Lee (1998) reported that it is normal for counselors, in their advocacy role, to speak up on behalf of clients to challenge unjust institutions; however, they may foster dependence when they omit client contribution to such interventions. According to Lee, the ultimate goal of advocacy should be to empower clients to challenge institutional inequities. Pinderhughes (1983), McWhirter (1994), and Toporek (2000) suggested that a barrier to counselors fostering empowerment is mental health professionals’ tendency to pity clients. McWhirter described this process as “the paradox of counseling for empowerment” (p. 20.). It was argued that over-sympathetic counselors perpetuate powerlessness in clients by treating them as victim and working
out of a sense of guilt. The power imbalance between counselor and client is maintained when the counselor is relieved of the stress associated with working with the marginalized and the clients “must learn to live with stress, conflict and contradiction” (Pinderhughes, 1983, p. 333; Toporek, 2000).

Rationales for Social Justice Advocacy

Despite the varying opinions regarding and cautions regarding social justice advocacy, counselors have been called upon to partner with and act on behalf of clients to confront social injustice (Lee & Hipolito-Delgado, 2007). There have been numerous reasons offered for why counselors should engage in these advocacy efforts. First, social injustice and oppression are major challenges to mental health (Arredondo & Lewis, 2001). Research shows that oppression, in its various forms, is related to poor mental health. Additionally, proponents of social justice advocacy claim that traditional approaches to counseling are not adequate to meet the needs of oppressed clients. It has also been offered that counselors are uniquely positioned to advocate for social change. Not only do they work face to face with clients, but counselors also hold positions of power and privilege within the institutions that comprise clients’ environment (Toporek, 2000). Finally, it is suggested that counselors have a moral responsibility to engage in client-focused advocacy (Lee & Hipolito-Delgado, 2007, Prilleltensky, 1997).
Oppression as a challenge to mental health. Social justice advocacy is predicated on the notion that oppression is detrimental to the mental health of clients (Herlihy & Watson, 2007; Lee, 2007; Lewis et al., 2003; Ratts, in press). Schwarzbaum and Thomas (2008) stated that proficient social justice counseling cannot be done without understanding the nature of oppression. Jacoby (1994) argued that, beyond illness, disease, or genetics, all forms of psychopathology could be attributed to oppression. Likewise, Lee and Hipolito-Delgado (2007) reported that the affective and cognitive impairment caused by a negative environment has deleterious effects on individuals’ behavior.

Oppression has been variously defined within the social science literature. Generally, these definitions describe a relationship wherein a dominant segment of society subjugates another so that interests of the subordinate groups “are not effectively represented in the political, economic, and social institutions of the society” (Yetman, 1985). Prilleltensky (2003) wrote that oppression affects individuals and groups both politically and psychologically. He defined oppression as “a state of asymmetric power relations characterized by domination, subordination, and resistance, whereby the controlling person or group exercises its power by processes of political exclusion and violence and by psychological dynamics of deprecation” (p. 195). In simpler terms,
Deutsch (2006) defined oppression as “the experience of repeated, widespread, systematic injustice” (p. 10).

Oppression has been understood as either a process or outcome (i.e., state of being) (Prilleltensky & Gonick, 1996). As a process, oppression is the collective behaviors of individuals and institutional bodies that lead to the domination of another segment of society (Mar'i [1989], as cited by Prilleltensky & Gonick, 1996). In this case, the dominant group enacts specific policies and practices in order to maintain economic, political, and psychological advantage. Oppression as a state of being describes the outcome of a long period of domination and the withholding of resources that leads to the detriment of the well-being of a people (Watts & Abdul-Adil, as cited by Prilleltensky & Gonick, 1996; Yetman, 1985). This state is maintained through the consistent perpetuation of “deprivation, exclusion, discrimination, and exploitation” (Prilleltensky & Gonick, 1996, p. 129).

Key to understanding oppression is a discussion of the forms in which oppression appears in daily life. Analyzing forms of oppression allows one to examine the nature of oppression and how oppression impedes justice and equity (Zutlevics, 2002). As such, oppression is often expressed as racism, classism, sexism, or homophobia (Holcomb-Mc Coy, 2007; Schwarzbbaum & Thomas, 2008). That is, discrimination or inequality
based on social status (e.g., race, class, or gender), which differs from the dominant social

group (Holcomb-McCoy, 2007; Root, 1992).

Deutsch (2006) described other forms of oppression that include distributive

injustice, procedural injustice, retributive injustice, moral exclusion, and cultural

imperialism. *Distributive injustice* refers to unequal standards of living (e.g., job security,

shelter, food, mobility), distribution of wealth (i.e., the ability to create income),

education and specialized training, and social capital (i.e., “social ties...that provide

access and information”) (pp. 11-12). *Procedural injustice* is when unfair practices or

procedures are used to determine how standard of living, wealth, education and social

capital are distributed. As an example, women are often paid less than men for the same

job. Deutsch added that procedural injustice could be more psychologically damaging

than distributive injustice, because it may cause resentment, decreased compliance or

commitment to authority or rules, or have a negative impact on relationships or self-

confidence.

*Retributive injustice* is the unequal assignment of retribution for similar

violations. Similarly, *moral exclusion* occurs when different treatment occurs for

different people. Specifically, “individuals and groups who are outside the boundary in

which considerations of fairness apply may be treated in ways that would be considered
immoral if people within the boundary were so treated" (p. 14). Lastly, cultural imperialism is a form of oppression where the dominant group’s culture is treated as normal or the standard for comparison. As an example, culturally dominated groups (e.g., women) often interact with and adopt the customs of those (e.g., men) who have created stereotypes and images of their group (Deutsch, 2006; Holcomb-McCoy, 2007).

Forms of oppression often exist as “natural, given, or unquestionable” aspects of society (Podgórecki, 1993). Goldenberg (1978) analyzed the commonalities of people subjugated to the various forms of oppression. By doing so, he was able to identify specific structures that preclude the development of all oppressed social groups. These structures were: (a) containment, which creates the sense that one is stuck in his or her current predicament and causes physical and psychological stagnation; (b) expendability, which creates a sense of being invaluable insignificant, and replaceable; (c) compartmentalization, which segments dimensions of life, preventing a sense of wholeness from being obtained; and (d) personal culpability, which encourages the oppressed to believe their condition is attributable to inalterable personal deficits.

Somewhat different, Hanna, Talley, and Guindon (2000) described oppression as occurring at primary, secondary and tertiary levels. Primary oppression occurs as forced abuse mistreatment, or oppression through deprivation, and is often the most blatant form
of oppression. At the secondary level, oppression is expressed when individuals passively engage in the oppression by knowingly or unknowingly accepting the benefits thereof.

Tertiary oppression has often been thought of as the internalization of oppression, wherein the victim identifies with the oppressor and or takes part in further acts of victimization (e.g., discrimination).

Prilleltensky and Gonick (1996) concluded that the various forms of oppression and their ubiquity lead to political and psychological oppression. Political oppression is concerned with how distributive and procedural injustices exclude some from political, economic, and social institutions, which makes equity, justice, and democratic participation unachievable (Prilleltensky, Dokecki, Frieden, & Wang, 2007; Yetman, 1985). Psychological oppression occurs when affective, cognitive, and behavioral techniques of domination have led to the internalization of a negative self-image, hopelessness, and a feeling that one is undeserving of full societal participation. Bartky (1990) also argued that psychological oppression happens as a result of institutional and systematic efforts to establish dominance. She gave the following illustration of the consequent affect on the oppressed:

to be weighted down in your mind; it is to have a harsh dominion exercised over your self-esteem. The psychologically oppressed become their own oppressors: they come to exercise harsh dominion over their
own self-esteem. Differently put, psychological oppression can be regarded as "internalization of intimations of inferiority. (p. 22) Some mental health professionals have pled that the day-to-day traumas caused by oppression are worthy of expanding the American Psychiatric Association's *Diagnostic Statistical Manual (DSM)* definition of Post Traumatic Stress Disorder (PTSD) (Berg, 2006; Root, 1992). Berg (2006) investigated the extent to which everyday sexism impacted women's health. Specifically, she hypothesized that "women who experience greater numbers of sexist events in their lives also experience more symptoms of trauma" (p. 972). All 382 women who participated in the study reported experiencing sexism within their lifetime and within the past year. Such sexism included jokes, being called sexist names, and sexual harassment. The sources of such sexism included strangers, employers, boyfriends and spouses, and their families. The majority of the sample believed that their lives would have been different had they not experienced sexism. Moreover, correlation analysis indicated that posttraumatic trauma or psychological symptoms (i.e., anxious arousal, depression, anger or irritability, intrusive experiences, defensive avoidance, disassociation, and impaired self-reliance) could be explained by sexism within their lifetime (11%) and within that year (18%). Accordingly, Berg concluded that it would be appropriate to expand the *DSM* diagnosis of PTSD "to
include occurrences of abuse, discrimination, and oppression directed against target groups..." (p. 984).

In a similar study, Klonoff, Landrine, and Ullman (1999) examined the psychological impact that racial discrimination has on Blacks. They examined whether racial discrimination, generic stressful events (e.g., getting married or unemployment), or demographic variables (i.e., gender, age, income, and education) best explained psychological symptoms (i.e., total symptoms, somatization, obsessive-compulsive, interpersonal sensitivity, depression, and anxiety). After a series of analysis, Klonoff and colleagues’ study supported the hypothesis that racial discrimination represented a statistically significant predictor of psychological symptoms. More specifically, the symptoms were best accounted for by the combination of generic stress, racial discrimination, plus being a woman; yet, racial discrimination accounted for the greatest amount of variance.

As can be seen through the above discussion of the forms of oppression, and the associated research findings, oppression is a widespread and insidious problem in society. Given that oppression is widespread and has an impact on its victims psychologically, it is logical to conclude that the oppressed make up a sizeable portion of those who seek counseling (Arredondo & Lewis, 2001; Lewis, Lewis, Daniels, & D’Andrea, 1998).
Moreover, the nature of oppression is likely to lead clients to contribute to their own oppression (Bartky, 1990; Deutsch, 2006; Prilleltensky, 1997; Prilleltensky & Gonick, 1996). Therefore, counselors must be prepared to meet the needs of marginalized clients without perpetuating oppression (Prilleltensky, 1989; Schwarzbaum & Thomas, 2008).

Traditional counseling is insufficient. A common theme among proponents of social justice advocacy is the argument that the traditional approach to counseling is not enough to overcome oppression and its affect on clients' mental health (Crethar & Ratts, 2008; Lewis et al., 1998; Menacker, 1976). Historically, counseling has focused on the intrapsychic functioning of clients and has attempted to assist them in personal adjustment, adapting to or coping within their environments (Kiselica & Robinson, 2001; Lewis et al., 1998). Lewis and colleagues (1998), however, suggested that counseling that does not challenge oppressive social structures are inherently oppressive; however, the dominant mode of counseling practice espouses the traditional paradigm (Prilleltensky, 1997). That is, counseling typically involves one-to-one interventions, occurs in the counselor's office, and it is remedial in nature (Lewis et al., 1998). Also, the object of change is the client rather than the environment. This means that counselors who adhere to a strictly traditional approach to counseling are in fact complicit in the perpetuation of oppressive social structures that have a negative impact on the well-being of their clients.
Proponents of social justice advocacy have increasingly argued that the traditional approach to counseling only maintains the status quo and further entrenches clients (Lee & Hipolito-Delgado, 2007; McClure & Russo, 1996; McWhirter, 1997; Lewis et al., 1998). McWhirter (1997) argued that focusing on the personal adjustment of clients, as opposed to advocating, reduces the probability of any change. Lee and Hipolito-Delgado suggested that the consequence is that intervention is aimed at assisting the client to adapt/adjust while social injustice persists. According to Prilleltensky (1997), “By neglecting the social domain the traditional approach faces two major risks. When it denies the role of society in personal suffering, it inadvertently blames the victim, and when it promotes personal solutions to social problems, it weakens community bonds and strengthens the status quo” (p. 526).

Levine (1973) used the term “intrapsychic supremacy” to describe how mental health professionals approach the counseling process. Intrapsychic supremacy holds that all client issues are intrapsychic. “It is not so much the circumstances of life, but the meaning and perceptions, conscious and unconscious, of the circumstances of life which are of importance” (p. 246). Levine moreover argued that intrapsychic supremacy is so ingrained that mental health professionals tend to believe that external change would be inconsequential because client’s problems are solely intrapsychic and, again, are better
accounted for by understanding how clients interpret their circumstance. From this perspective change will only occur through counseling or psychotherapy with a trained professional.

Sherman (1984) argued that the profession would never be able to engage in fundamental social change due to intrapsychic supremacy. She supported the notion that the focus ignores sociocultural and sociohistoric events and, therefore, places the onus of change on individuals. When such change does not occur, Sherman reported that victim blaming is the consequence.

Additionally, traditional approaches to counseling have claimed a value free, apolitical, and objective stance. Proponents of social justice advocacy have also challenged this. Katz (1985), for instance, argued that although counselors will acknowledge the detrimental effects of the environment and culture on clients, they do not acknowledge the cultural values and norms that are used to judge clients. In her words, “As counseling professionals, we have for too long beguiled ourselves into thinking that the practice of counseling and the data base that underlies the profession are morally, politically, and ethically neutral” (Katz, 1985, p. 615). Prilleltensky (1989) argued that the dangers of
assenting that counseling is value-free include falsely purporting that professionals
practice objectively or in a depoliticized way, that their assertions are indisputable truths,
and perpetuating victim blaming. McClure and Russo (1996) suggested, “Because of this
narrow, reductionistic focus, counseling has abdicated its ability to effect social change
and thus be seen as a positive force for an improved society, especially by those groups
that continue to suffer the most from societal inequities” (p. 168).

Menacker (1976) differentiate social justice advocacy from traditional practice.
He suggested that there is a fundamental conflict between what he described as general
theory (traditional counseling approaches) and activist guidance (social justice advocacy).
He argued that the generalist/traditionalist will use conversation and reflection while the
client demonstrates development through behavioral changes. Conversely, the activist
approach emphasizes counselor activity, with or without the client, which intends to
eliminate obstacles and create more favorable conditions for clients. Menacker secondly
pointed to the traditionalist’s emphasis on the client and lack of attention to the
environment. Conversely, the social justice advocacy oriented counselor’s primary target
is the environment, whether human or inanimate, with the same goal of emphasizing the
client’s advantage.
Moreover, proponents of social justice advocacy have argued that traditional counseling alone is likely to cause further harm as it only maintains the status quo by treating client symptoms and returning them to the same harmful systems (Baker & Cramer, 1972; Banks & Martens, 1973; Lee & Hipolito-Delgado, 2007; Toporek, 2000). Conversely, the goal of advocacy is to disrupt or fundamentally reorganizing systems so that the policies and practice of such systems are in alignment with those who are served (Adams, 1973; Cook, 1972).

*Positioned to advocate for clients.* Another rationale for social justice advocacy is that counselors hold positions of power and privilege within the institutions perceived as oppressive to clients (Crethar & Ratts, 1998; Toporek, 2001). Toporek stated, “the professional positions of the counselor, their institutional involvement, and the ascribed credibility of their role and stature, may influence policy and practice in a way that is unavailable to many clients” (p. 6). As such, mental health professionals are in the most suitable position to assist clients in examining their sociopolitical contexts, which is essential to any social change (Halleck, 1971; Prilleltensky; 1997).

Cook’s (1972) reference to school counselors provided a contextual example of why counselors should be involved in advocacy. He observed that school counselors hold a unique position that commits them to both institutional goals and those of the students
who are served by the school. This means that school counselors are familiar with school procedures and policies as well as the developmental needs of children and youth. In instances where the interests of the school and those of students conflict, school counselors must make a choice. Cook depicted schools as bureaucratic organizations that frequently advance the goals of the institution, which is often detrimental to student learning. Cook suggested that school counselors should use their position within the school system and their relationship with students and families to influence schools to adopt goals that are commensurate with student learning.

More recently, Lee (2005) emphasized how necessary it is for school counselors to assume a systematic perspective to their work and advocate for initiatives aimed at student learning. According to Lee, as counselors become more aware of the interactions among various systems (e.g., education, family, political) and their effect on student development, they become more prepared to advocate for students. “In this role, counselors intervene in social systems on behalf of students in ways designed to eliminate barriers to academic success” (p. 187).

Lewis and colleagues (1998) also pointed to counselors’ mediating role in reference to community counseling. They similarly found that the need for social justice
advocacy becomes increasingly apparent as counselors perceive client vulnerabilities in contrast to powerful institutions and oppressive systems. In their words:

Their work brings community counselors face to face with the victims of poverty, racism, sexism and stigmatization; of political, economic, and social systems that leave individuals feeling powerless, of governing bodies that deny their responsibility to respond; of social norms that encourage isolation. In the face of these realities, counselors have no choice but to promote positive change in those systems that directly impact the psychological well-being of their clients or that blame the victim (pp. 23-24).

The dominant theme is that counselors inevitably become aware of the harmful results of oppression. Arredondo and Lewis (2001) argued that, for this reason, advocacy should be the role of counselors more so than any other professional. Arredondo and Lewis further argued that counselors’ are positioned to inform schools and communities of how their students and members are affected by sociopolitical factors, participate in community initiatives, ally with advocacy groups, and engaging in social justice advocacy at the legislative level.

Several authors have discussed how avoidance of social justice advocacy contributes to the oppression of clients. For one, omitting advocacy in counseling upholds the status quo (Halleck, 1971; Katz, 1985). The status quo may be thought of as the existing social ideology and sociopolitical structure that inhibits the development of the oppressed (Helleck, 1971; Prilleltensky, 1989; 1994). McWhirter (1994) and Halleck
(1971) argued that counseling participates in oppression when it promotes coping and omits empowering clients to challenge the environment. Similarly, Prilleltensky (1989) remarked that the structure of counseling maintains the status quo because individuals are "studied as an asocial and ahistorical being whose life vicissitudes are artificially disconnected from the wider sociopolitical context" (p. 796). As a consequence, the existing social order is deemed neutral and interventions are aimed at the individual level.

Closely related is the concept of blaming the victim. Ryan (1976) reported that victim blaming occurs when inequality is justified by pointing to defects within the victims of inequality. Ryan observed that victim blaming is most prevalent when societal problems (e.g., oppression) are treated through individualistic interventions (e.g., self-actualization). As an example, the traditional counseling paradigm focuses on intra- and interpersonal intervention, which requires clients to change, adapt, or cope as opposed to engaging in change at the social level (McWhirter, 1994). Furthermore, "[by] neglecting societal inequalities counselors fail to detect environmental conditions that affect individual clients" (Lee & Hipolito-Delgado, 2007, p. xix). This is a form of blaming the victim.

Moral responsibility. Ethical codes have addressed counselors' professional responsibility to engage in social action or client advocacy. According to ACA (2005),
best practice and professional decision making in counseling are guided by ethical codes. The ACA Code of Ethics Section A.6.a states, “[when] appropriate, counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or the growth and development of clients.” This means that counselors have an ethical duty to be competent and willing to engage in advocacy as needed.

Although ethical codes recommend an appropriate course of action, ethical codes have limitations (Prilleltensky, 1997). Prilleltensky (1997) contended that codes (a) lack input from the public, which results in statements that primarily serve the interests of the profession; (b) do not challenge power or inequality between the helping professional and those severed; and (c) offer approaches that are reactive as opposed to a proactive stance. Herlihy and Watson (2007) contended that ethical codes are not written with social justice in mind and, instead, reflect the traditional values of the profession.

Another limitation to ethical codes is that they are primarily suggestions open to interpretation (Corey, Corey, & Callanan, 2007). As such, the aforementioned ACA standard is susceptible to these limitations. Therefore, proponents of social justice have suggested that advocacy is predicated upon counselors’ moral responsibility (Collison et al., 1998; Lee, 2007; Lee & Hipolito-Delgado, 2007; Prilleltensky, 1997).
According to Lee and Hipolito-Delgado (2007), "social action encompasses the professional and moral responsibility that counselors have to address the significant social, cultural, and economic challenges that may negatively affect psychosocial development" (p. xv). This statement points to counselors' moral obligation to speak up on behalf of clients to end social injustice.

From the moral perspective awareness of the harmful influence of negative environments should invoke a sense of social responsibility and social action (Lee & Hipolito-Delgado, 2007). Prilleltensky (1997) argued that if counseling ignores the role of society, "it inadvertently blames the victim, and when it promotes personal solutions to social problems, it weakens community bonds and strengthens the status quo" (p. 526). According to Lee and Hipolito-Delgado (2007), social justice advocacy comes from counselors' sense of moral or social responsibility, and leads them to take stance on social issues, challenging systems and ideologies that promote discrimination and oppression, and support justice and humanity.

Professional Standards

Given the current trend toward social justice advocacy and its subsequent impact on the profession, some counseling professionals have labeled the movement as the "fifth force" guiding counseling theory and practice (Ratts, 2009; Ratts, D'Andrea, &
Arredondo, 2004). According to Ratts (2009), this label "is about recognizing the depth, breadth, and widespread impact the social justice perspective is currently having on the counseling profession." Recent ACA and ACES presidential themes, the chartering of Counselors for Social Justice as a division of ACA in 2001, and the development of the _ACA Advocacy Competencies_ (Lewis, et al., 2003) each demonstrates the impact that social justice advocacy has had on the counseling profession (Kiselica & Robinson, 2001; Lee & Hipolito-Delgado, 2007; Ratts, in pres).

This section focuses on the impact of social justice advocacy in counseling at the governance level. Specifically, this section reviews professional standards that call for social justice advocacy in counseling. These documents included the _ACA Code of Ethics_ (ACA, 2005), Council for Accreditation of Counseling and Related Education Programs (CACREP) _2001 Standards and 2009 Standards_, and the _ACA Advocacy Competencies_ (Lewis, et al., 2003).

**ACA Code of Ethics**

ACA Past President David Kaplan (2002-2003) developed the Ethics Code Revisions Task Force for the purpose of revising the ACA (1995) _Code of Ethics and Standards of Practice_ (Hubert & Freeman, 2004; Kocet, 2006). The task force was asked to specifically focus on issues of multiculturalism, diversity, and social justice. The ACA
Governing Council adopted the code of ethics in July 2005. Ratts (2009) suggested that the 2005 ACA Code of Ethics support the notion that social justice advocacy is necessary to challenge oppression.

The code of ethics included several new features (Kocet, 2006). For instance, a glossary was included to demonstrate how various terms were used throughout the document. As an example, the term *advocacy* was included in the glossary and was defined as the “promotion of the well-being of individuals and groups … within systems and organizations. Advocacy seeks to remove barriers and obstacles that inhibit access, growth, and development” (ACA, 2005, p. 20). This was the first time advocacy had been addressed in the ACA ethical codes (Herlihy & Watson, 2007). The extent to which advocacy had previously been discussed in ACA ethics was the recognition that counselors hold positions that are not typically accessible to clients (American Personnel and Guidance Association, 1974, 1981).

Another additional feature of the ACA (2005) ethical codes were the “aspiritional introductions” that precede each section of the codes (Kocet, 2006). “The introductions to each section discuss what counselors should aspire to with regard to ethical behavior and responsibility. The Introduction helps set the tone for that particular section and provides a starting point that invites reflection on the ethical mandates contained in each part of
the *ACA Code of Ethics* (ACA, 2005, p. 3). As an example, the introduction to Section C (Professional Responsibility) mandates that counselors use advocacy. Specifically, the introduction states, "Counselors advocate to promote change at the individual, group, institutional, and societal levels that improve the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered" (ACA, 2005, Section C).

Advocacy is also mentioned twice more in Section A, the Counseling Relationship. Statement A.6.a. mandates that counselors take a proactive stance to examine potential barriers to clients' access or well-being. Statement A.6.b. requires counselors to obtain clients' consent prior to engaging in advocacy efforts on their behalf. These statements have been identified as evidence that the profession supports counselors' use of social justice advocacy to meet the needs of marginalized peoples (Ratts, 2009). Moreover, they proved instruction for engaging in advocacy. According to Lee (2007), counselors must adhere to these sections of the ethical code if they are to adopt a social justice perspective.

Collison (2001) identified the Council for the Accreditation of Counseling and Related Education Programs (CACREP) as the most important accrediting body in
counseling. The Association for Counselor Education and Supervision (ACES) developed CACREP as an accrediting body, to be led by counseling professionals, for the purposes of developing curriculum and evaluating counselor education programs (Steinhauser & Bradley, 1983). In 1981, APGA made the decision to take responsibility for creating CACREP as an independent body that would serve the purpose of accrediting counseling programs while receiving personnel and financial support from APGA, which is still the case (Collison, 2001; Steinhauser & Bradley, 1983).

CACREP (2006) states its vision as follows: “...to provide leadership and to promote excellence in professional preparation though the accreditation of counseling and related educational programs... CACREP is committed to the development of standards and procedures that reflect the needs of a dynamic, diverse and complex society” (http://www.cacrep.org/mission.html). CACREP (2001) makes numerous references to social justice training, which support the call for social justice. Even more emphasis is placed on advocacy training in the CACREP (2009) standards, thereby suggesting that CACREP supports the notion that social justice advocacy training is necessary to prepare counselors to meet the needs of society.

2001 standards. CACREP (2001) recommend curricular experiences across eight core areas, which include Professional Identity, Social and Cultural Diversity, Human
Growth and Development, Career Development, Helping Relationships, Group Work, Assessment, and Research and Program Evaluation. Students must demonstrate knowledge in each of these areas irrespective of their specialty area (i.e., career counseling, college counseling, community counseling, gerontological counseling, marital, couple, and family counseling/therapy, mental health counseling, school counseling, student affairs, or counselor education and supervision at the doctoral level).

Within the eight curricular areas, social justice advocacy training was recommended twice, where advocacy is defined as “action taken on behalf of clients … [that] promote individual human worth, dignity, and potential and to oppose or work to change policies and procedures, systemic barriers, long-standing traditions, or preconceived notions that stifle human development” (CACREP 2001).

CACREP (2001) Standard II.K.1.g., Professional Identity, required training that focuses on “advocacy processes needed to address institutional and societal barriers that impede access, equity, and success for clients.” Likewise, Standard II.K.2.d., Social and Cultural Diversity, required studies on “counselor’s role in social justice, advocacy and conflict resolution… the nature of biases, prejudice, process of intentional and unintentional oppression and discrimination, and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind, and body.”
In addition to the core curriculum, each program or specialty area (e.g., college counseling) requires curriculum that focuses on the role of equity issues. Equity issues are defined as “an equal opportunity for everyone to have access to advancement and success” (CACREP, 2001). Therefore, “Foundations of College Counseling” requires curricular experiences that focus on “the role of … equity issues in college counseling” (CACREP, 2001, Standards for College Counseling Programs A.7.). CACREP demonstrated its emphasis on social justice advocacy in the call for training in equity issues specific to each specialty area, advocacy studies within the core curriculum, and by providing a definition of advocacy.

2009 standards. Henriksen, Wisener, & Kinsworthy (2008) reported that CACREP has called for increased training in social justice and advocacy across counselor education. The CACREP (2009) Standards, which took effect July 2009, actually demonstrate an increased focus on social justice advocacy training. Under the core curriculum, the updated standards still require (a) curricular experiences that introduce students to counselors’ use of “advocacy processes” necessary for addressing social barriers to client success (CACREP, 2009, Standard II.G.1.i.; CACREP, 2001, Standard II.K.1.g.) and (b) counselors’ role in social justice, advocacy, conflict resolution, and ending oppression (CACREP, 2009, Standards II.G.2., e and f; CACREP, 2001, Standard
II.K.2.d). The updated Social and Cultural Diversity core curriculum area additionally requires studies that address social justice theory (Standard II.G.2.c) and "individual, couple, family, group, and community strategies for working with and advocating for diverse populations..." (Standard II.G.2.d).

The CACREP (2009) standards also deal with advocacy across specialty areas differently. As previously noted, CACREP (2001) required that the specialty area/program addressed "equity issues" related to the respective program. Each specialty area of the CACREP (2009) Standards, however, includes a subsection entitled "Diversity and Advocacy" wherein recommendations for particular knowledge, skills and practices are listed. For instance, student affairs and college counseling – diversity and advocacy preparation standards require curriculum that focuses on knowledge such as institutional and systemic barriers to postsecondary education (Student Affairs and College Counseling Standard E.2.), sociopolitical and socioeconomic factors that affect students (Student Affairs and College Counseling Standard E.3), and the roles of discrimination and oppression at postsecondary institutions (Student Affairs and College Counseling Standard E.4). Likewise, skills and practices curriculum should prepare students to "[advocate] for policies, programs, and services that are equitable and
responsive to the unique needs of postsecondary students” (Student Affairs and College Counseling Standard F.6.).

ACA Advocacy Competencies

Jane Goodman, ACA Past President (2000-2001), focused on the need for counselors to examine environmental factors that negatively affect clients’ mental health and counselors’ need to engage in advocacy (Ratts, DeKruyf, & Chen-Hayes, 2008). At Goodman’s request, Judy Lewis, Mary Smith Arnold, Reese House, and Rebecca Toporek developed advocacy competencies as a model for proficient social justice advocacy (Goodman, 2009). In 2003, the ACA Governing Council adopted the competencies as the ACA Advocacy Competencies (Appendix A). “This endorsement of the advocacy competencies... signifies the increased role of social justice advocacy in the field and the importance of preparing counselors to be social justice advocates” (Ratts, DeKruyf, & Chen-Hayes, 2007, p. 91).

The skills and behaviors that comprise the ACA Advocacy Competencies are arranged across three levels (client/student, school/community, and public arena) and each level has two domains (with clients and on behalf of clients) (see Figure 1). “The resulting model consists of six different domains: client/student empowerment, client/student advocacy, community collaboration, systems advocacy, public information,
and social/political advocacy” (Toporek, Lewis, & Crethar, 2009, p. 262). Each domain lists skills and behaviors that advocacy oriented counselors should be able to do. The levels, domains, and competences are described below.

Figure 1. ACA Advocacy Competencies Domains

Client/student level. When counselors intervene at this level, they focus on a particular case and their activity occur within the client’s or student’ environment (Ratts, et al., 2007; Ratts & Hutchins, 2009; Toporek, Lewis, & Crethar, 2009). The client/student level comprises counselors’ activity within the empowerment domain and advocacy domain.

Empowerment occurs when counselors acknowledge that clients or students are impacted by sociopolical factors, help them to understand how they may be impacted by
their environment, and assist clients or students to develop self-advocacy skills (Lewis, et al., 2003). According to Lewis and colleagues (2003), the empowerment domain requires that counselors utilize the following skills and behaviors: identifying client or student strengths and resources, identifying factors that impact the client or student, recognizing symptoms of oppression, identifying external barriers, assisting clients or students to develop self-advocacy skills, assisting clients or students to develop a plan of action, and assisting clients or students in carrying out the plan of action.

Counselors may also engage in social justice advocacy at the client/student level by speaking-up on behalf of a particular client or student, which fits within the advocacy domain. Lewis and colleagues (2003) indicated that advocacy oriented counselors operate in this domain when they perceive that external factors represent a barrier to clients’ or students’ development and clients or students lack access to appropriate resources. At this point, the advocacy oriented counselor will determine if it is necessary to intervene on behalf of the client or student within the system (Toporek et al., 2009). Within this domain, counselors are able to utilize the following skills and behaviors: seeking the appropriate services for a client or student, assisting the client or student gain access to appropriate resources, identifying barriers to marginalized client or student groups, developing a plan of action to challenge those barriers, aligning with allies, and executing
the plan of action (Lewis, et al.). These actions often force counselors to work outside of their offices (Ratts & Hutchins, 2009).

School/community level. Counselors' daily interaction with people informs them of common barriers to healthy functioning and the systemic factors that create these barriers (Lewis et al., 2003). Advocacy oriented counselors will then shift their focus from a particular case to that of a client or student group who is affected by injustice (Toporek, et al., 2009). “Counselors can intervene in the advocacy process either by assuming a position as an ally to others in the school/community or by moving from an ally position to a position of leadership in advocating for the desired change needed within the school/community” (Lopez-Baez & Paylo, 2009, p. 276). School/community level intervention, therefore, comprises advocacy efforts within the community collaboration domain and systems advocacy domain.

The counselor’s primary role in the community collaboration domain is that of ally. The counselor will offer her or his expertise to assist organizations that are already working to resolve school or community level barriers. Lewis and colleagues (2003) identified the following skills and behaviors as necessary for community collaboration: identifying environmental barriers, alerting appropriate groups or organizations to issues related to their concern, developing alliances, applying effective listening skills,
acknowledging and respecting the strengths and resources that the organization already has, offering her or his skills and resources, and assessing her or his contribution to the collaboration.

System advocacy, on the other hand, requires skills and behaviors that acknowledge "the experiences of the affected clients or communities but does not necessitate their direct involvement" (Toporek, et al., 2009). Lewis and colleagues (2003) suggested that the goal within this domain is to change the status quo, which requires vision, persistence, and leadership among other qualities. The following skills and behaviors were therefore recommended for social justice efforts within the systems advocacy domain: identifying those environmental factors that impinge on clients’ and students’ development, using data to demonstrate the need for change, collaborating with others to plan change strategies, analyzing sources of power and influence within the system to be changed, specifying the steps toward change, developing a plan to deal with resistance and dealing with resistance, and assessing how her or his efforts effect the system and those whom the counselor serves.

Public arena level. At this level, counselors intend to increase the public’s awareness of inequity and end social injustices (Lee & Rodgers, 2009; Lewis, et al., 2003; Ratts et al., 2007). According to Lee and Rogers (2009), this “advocacy
encompasses the professional and moral responsibility that a counselor has to address the
significant social, cultural, and economic challenges that have the potential to negatively
affect psychosocial development” (p. 284). Social justice advocacy occurs within the
public information domain and the social/political advocacy domain (Lewis et al., 2003).

Advocacy oriented counselors operate in the public information domain when
they partner with affected populations to alert the greater public of widespread injustice
(Toporek, et al., 2009). This domain requires that the counselor is aware of the oppressive
circumstances of the client population and the ability to disseminate the information
through a variety of media outlets. Lewis and colleagues (2003) specifically identified the
following skills and behaviors: recognizing the effects of oppression on healthy
development and those environmental conditions that promote development, presenting
this information in written and multimedia formats and in a way that is ethical and
appropriate, disseminating information individually and in collaboration with others, and
assessing her or his efforts to disseminate the information.

Lee and Rogers (2009) emphasized the need for advocacy oriented counselors to
remain cognizant of the constituent group who they serve in the public information
domain. The social/political advocacy domain, however, includes more risks and may
require that the counselor take action without the affected group’s participation (Toporek
et al., 2009). This primarily occurs when the counselor's interaction with client or student groups demonstrate a persistent pattern of injustice that must be dealt with the public policy or legislative level. In such cases advocacy oriented counselors intend to influence policy among local, state, or national level policy makers. According to Lewis and colleagues (2003), the skills and behaviors appropriate for advocating in the social/political advocacy domain are as follows: distinguishing which issues require social/political action, devising strategies for appropriately addressing social/political level problems, seeking and aligning with allies, supporting and working with allies to present a rationale for social/political change, lobbying for change among legislators and other policy makers, and ensuring that social/political advocacy is consistent with the goals of the affected client or student group.

Because the ACA Governing Council has endorsed the competencies they are applicable to the full membership of ACA and its divisions, as opposed to other proposals for advocacy competencies (e.g., Constantine et al., 2007; Trusty & Brown, 2005). Moreover, the ACA Advocacy Competencies have been described as "best practice in advancing advocacy... [and] a manifesto for social action" (Lee, 2007, p. 262). The competencies, along with ACA (2005) ethical statements regarding advocacy and CACREP (2001, 2009) standards for social justice, support preparing counselors-in-
training for social justice, but several counseling professionals have challenged the extent to which such training actually occurs in counselor education (Bemak & Chung, 2005; Rubel & Ratts, 2007; Vera & Speight, 2007). The next section details the call for social justice advocacy training.

Social Justice Advocacy and Counselor Preparation

The counseling profession has mandated that counselors engage in social justice advocacy (ACA, 2005). Moreover, counselor educators have supported the notion that counselors' preparation should involve advocacy training (Collison et al., 1998; Lee, 2007; Lewis & Lewis, 1971; Toporek, 2000). The beginning counselor, however, may find it difficult to engage in social justice advocacy because her or his training most likely reflected a traditional counseling approach (Lewis, Cheeks, & Hendricks, 2001; Lewis et al., 1998). Social justice advocacy preparation requires trainees to understand how clients are affected by external barriers, the ability to challenge those barriers, and how one must face the personal and professional risks that come along with engaging in social justice (Lee & Hipolito-Delgado, 2007). CACREP (2001, 2009) required counselor education programs include curriculum that discusses the nature of advocacy.
The following sections review the status of counselor training for social justice advocacy, examples of counselor education programs, and proposed instructional methods for preparing counselors-in-training as social justice advocates.

**Status**

Despite calls for social justice advocacy training, counseling professionals have questioned the extent to which such preparation has actually occurred in counselor education (Bemak & Chung, 2005, 2007; Vera & Speight, 2007). Toporek and Liu (2001), for instance, observed that ethical standards, graduate programs, curriculum and textbooks often offer little to no guidance for students concerning advocacy. Vera and Speight (2007) noted that practicum and internship experiences seldom involve opportunities for trainees to engage in social justice advocacy. Moreover, Lewis and colleagues (2001) added that counselor educators are often unprepared to implement adequate supervision to counseling students for advocacy oriented experiences.

These notions have also received some empirical support. Nilsson and Speight (2005) conducted a study among graduate level counseling students and found no significant relationship between the number of courses completed and a desire for social justice advocacy involvement or actual involvement. According to the researchers, this indicated that either the coursework is ineffective in preparing students as advocates or
the coursework does not address advocacy at all. Field and Baker (2004) facilitated focus groups with professional school counselors and found that only some learned advocacy through their counselor education program. Hayes, Dean, and Chang (2007) also facilitated interviews and focus groups with counselors regarding the extent to which the topics of privilege and oppress were addressed in their training. Participants reported that discussion of these topics was lacking and they felt underprepared to address privilege or oppression with clients. They also reported that advocacy was not discussed during their training. Moreover, the participants reported that they welcomed talking to their clients regarding instances or ordeals with privilege and oppression, but never engage in social justice advocacy with or on the behalf of their clients. Hayes and colleagues concluded that counselor educators must focus on training and supervision that prepares students to grow as advocates who may competently address issues such as privilege and oppression.

Training Programs

Several counselor education and related programs have reported on how they go about preparing trainees as social justice advocates (Bemak & Chung, 2007; Goodman et al., 2004; Osborne et. al, 1998; Reeser, 2007). These programs commonly undergo a restructuring process with the goal of emphasizing social justice advocacy as a part of the revised philosophy. As an example, Osborne and colleagues (1998) presented the social
advocacy program model at Oregon State University. The primary objective of the program was to establishing a philosophical base that is predicated on social justice advocacy. Their mission involved preparing students to promote the well being of people and to proactively challenge injustice. Accordingly, “the application and admission process… curriculum and instructional strategies, the master of science portfolio defense for graduate students, and faculty role modeling” all reflect this mission (pp. 194-195).

Bemak and Chung (2007) also provided an example of how social justice advocacy was infused through the counselor education program at George Mason University. Their process involved reaching a consensus on how the program would define social justice and establishing a mission statement that reflected that definition of social justice. Bemak and Chung presented the following mission statement:

The program strives for national and international excellence in implementing a counseling perspective that provides a foundation in basic counseling skills and focuses on multiculturalism, social justice, leadership, and advocacy. It is our belief that a global perspective on development across the life span, and an understanding and appreciation of multiculturalism, diversity, and social justice are integral to the preparation of professional counselors, requiring that they are prepared to assume leadership roles, be proactive change agents, and become advocates for social, economic and political justice (Bemak & Chung, 2007, p. 244).

Similar to Osborne and colleagues (1998), this mission statement also served as a foundation for the admittance and preparation of students, recruitment of faculty,
and the revamping of the doctoral curriculum within the counselor education program at George Mason University.

Bemak and Chung (2007) also noted that the faculty role model social justice advocacy through their scholarship, services, and instruction and these activities extend outside of the United States. In fact, they suggested that faculty role modeling is important for any program interested in preparing students as social justice advocates. Other recommendations included (a) communication between faculty members, (b) articulating a "value-filled" mission to applicants, adjunct faculty, and site supervisors, (c) empowering students by encouraging their feedback regarding coursework and faculty, (d) evaluating the program and articulating the programs progress with university administers, and (e) establishing social justice-focused relationships at the local, state, national, and international levels.

According to Osborne and colleagues (1998), infusing social justice throughout their programs has proven effective for their students. Follow-up data from former students and their employers has shown that the students are now effective counselors who actually engage in advocacy at the individual and community levels. Osborne and colleagues cite this feedback as justification for counselor education programs to adopt a social justice philosophy.
Challenges. Training students in social justice comes with some challenges. Some challenges may come at the institutional level because the training program may have to engage in activities that oppose the status quo, policies and procedures of higher education (Arredondo and Rosen, 2007). At the departmental level, many faculty members have not received training in social justice themselves and lack knowledge concerning the nature of advocacy (Hayes, Dean, & Chang, 2007; Lewis, et al., 2001; Toporek et al., 2009). Similarly, Resser (200) noted that student sociocultural factors (i.e., White, female, and over 30 years of age) and lack of awareness about injustice, social justice, and power contribute to the obstacles related to social justice education. Scholars have referred to students' attitudes of white privilege, fear, and a sense of powerlessness as an additional challenge (Bemak and Chung, 2007; Reeser, 2007). Bemak and Chung (2007) reported that these attitudes often interfere with students adopting a social justice perspective, particularly when the instruction comes from faculty of color or women. Other programmatic issues may include identifying practicum and internship placements that are willing to provide students with advocacy experiences, hiring part-time or adjuncts faculty who agree with the program's mission, and ensuring that faculty members are actually engaging in advocacy as opposed to just teaching it (Bemak & Chung; Osborne et al.).
Instructional Methods

There are various recommendations for instructing counselors in training for social justice advocacy. Some counseling professionals have briefly suggested instructional strategies that may be included in counselor education, while others have addressed social justice pedagogy for counselor education in more depth. The following subsections are a review of the various recommendations for social justice advocacy preparation in counselor education.

Strategies. Some authors have offered strategies for social justice advocacy preparation, but only as a note within a larger discussion of counseling for social justice. For example, McClure and Russo (1996) suggested that the counseling profession has shifted to self-advancement efforts (e.g., credentialing and accreditation), as opposed to its original focus on the sociopolitical barriers that precluded client development. They made several points as to how counselors may reclaim clients as their primary focus, one of which was that counselor education should offer an interdisciplinary curriculum. McClure and Russo specifically identified curricular experiences in political science, economics, history, and anthropology as helpful for counselors-in-training.

Similarly, Bemak and Chung (2005) argued that if urban school counselors are going to take part in closing the educational achievement gap, then they must incorporate
social justice advocacy in their practice. The purpose of the article was to outline the
challenges associated with an advocacy role in counseling and offer recommendations for
how counselors may implement social justice advocacy in school settings. According to
Bemak and Chung, one strategy is for counselor educators to infuse advocacy training
either into the existing curriculum or as a theme throughout the entire program.

Wendler and Nilsson's (2009) recent study is another example of how authors
have briefly offered strategies for social justice training in the context of a larger or
different topic. Wendler and Nilsson intended to determine if counselor trainees'
cognitive complexity and social activism predicts the degree to which they understand
and appreciate diversity (universal-diversity orientation). Cognitive complexity "is the
ability to formulate an understanding of social behavior in a multidimensional way" (p.
30), and may range from simple to complex. The researchers only found a predictive
relationship between advocacy behaviors and students' universal-diversity orientation
and, therefore, recommended that counselor educators (a) encourage students to become
involved in social justice advocacy and (b) allow students to explore their advocacy
related interests through the curriculum, as opposed to outlining specific assignments.

Social justice pedagogy. Some publications are more devoted to offering teaching
frameworks that counselor educators may use to prepare counselors-in-training for social
justice advocacy. Steele (2008), for instance, reported that the counseling profession lacks pedagogical resources to prepare counseling students for advocacy. She further noted that without such instructional methods, students will lack the "knowledge, skills, and levels of awareness necessary to participate in social justice advocacy" (p. 76). As such, Steele developed *The Liberation Model*, based on the theory of Paulo Freire and constructivist pedagogy, as an instructional method for preparing counseling students for social justice. The Liberation Model is broken into four phases. The first phase involves the instructor lecturing about the role of social justice in counseling and/or how social justice pertains to a particular course. The primary activity during phase 1, however, is discourse analysis of popular media (e.g., books, magazines, television and cinema). This process involves discussing the meanings derived from these materials and the socialization that is portrayed from the sources, with particular attention to issues of inequity and oppression. Journal writing is also used to support students learning during this phase. Discourse analysis also characterizes phase 2 of the Liberation Model, but the content is material from the counseling profession (e.g., textbooks and journal articles, ethical standards, and counseling theory). This phase "consists of the deconstruction or removal of the privilege students convey to the dominant knowledge within counseling literature and models" (p. 79). Thus, this phase is intended to examine the extent to which
counseling theory and practice works to support or challenge the cultural themes discovered in the previous phase. Journal writing is an important aspect of this phase too.

The third phase of the Liberation Model is comprised of an advanced study of the themes that were found in the previous two phases. Student groups are assigned to conduct an interdisciplinary search of the resources related to an identified problem (e.g., distribution of wealth). Steele (2008) recommended that counselor educators encourage students to identify the factors that contribute to the problem, as opposed to searching for a solution. Phase 3 culminates with a written report that demonstrates students' analysis and integration of the information they have gathered. It is the fourth and final phase when students develop a social justice advocacy plan concerning the identified problem. Each group is assigned to present the process they used and how they would go about intervening. This model represents one instructional approach that counselor educators may use to prepare students for social justice advocacy; however, because the approach is new there is no evidence of its efficacy or specific accounts of the benefits or challenges associated with the model.

Green, McCollum, and Hays (2008) also offered an approach to social justice pedagogy, which they labeled the Advocacy Counseling Paradigm. Their model for teaching advocacy draws from the tripartite framework of the multicultural counseling
competencies (awareness, knowledge, and skills), counseling ethics, and the ACA Advocacy Competencies (Lewis et al., 2003). According to these authors, “To be an advocate for clients, counselors begin with awareness of the issue, increase understanding of the issue and develop skills that can help clients to both understand what the issue is and how to take responsibility for solutions” (p. 19). The model is presented in a prism diagram sectioned into three ascending levels. Counselors-in-training begin at the awareness level, and move up to knowledge, and then to skills in social justice advocacy. The base is representative of counselors’ awareness of social injustice. The next level is comprised of counselors’ knowledge of self and how client’s circumstance fit within the sociopolitical context. Finally, at the apex of the Advocacy Counseling Paradigm is counselors’ ability to advocate and empower others to do so.

Green and colleagues (2008) suggested that counselor educators could use the Advocacy Counseling Paradigm to teach social justice advocacy. For instance, awareness may be addressed by focusing on students’ racial identity, engaging in experiential activities that focus on the experiences of marginalized populations, examining how advocacy would make a difference during their own experiences of marginalization, and journaling about contemporary instances of oppressions in society. It was recommended that counselor education may assist students in reaching the knowledge level by
preparing them to implement interventions delineated in the advocacy competencies, observing advocacy efforts, interviewing advocates, and volunteering with agencies that advocate for clients. According to Green and colleagues, once students acquire knowledge about how to intervene from a social justice perspective, they are better prepared to implement the skills necessary to engage in social justice advocacy. Learning at this level may occur during internship or practicum experiences or by developing social action plans. Moreover, Green et al. suggested that experiential learning should occur in a variety of geographical locations (i.e., urban, suburban, and rural) with diverse client populations.

While Steele (2008) suggested implementing the Liberation Model in any counseling course, Green et al. stated that the Advocacy Counseling Paradigm might either be infused throughout the counselor education program’s curriculum or during an experiential course. However, similar to Steele’s instructional method, this approach is yet to receive empirical support for the efficacy of its use.

**Competencies.** Instructional methods for preparing students for the role of social justice advocate have also been discussed in the form of competencies. In fact, a theme among most authors who suggest social justice advocacy preparation is that a particular set of knowledge, awareness, and skills are necessary to engage in the task (Boy & Pine,
1976; Green, McCollum, & Hays, 2008; Steele, 2008; Waltz, 2000). According to Bemak and Chung (2005), “If training programs are committed to advocacy as a core aspect... of counseling, it makes sense to include content and skill development along with other basic theories and skills” (p. 199). As such, several authors have offered competencies sets by which trainees’ ability to engage in social justice advocacy may be measured.

Constantine and colleagues (2007) experiences in multicultural and social justice counseling led to a list of nine social justice advocacy competencies believed to be important. While the authors did not arrange the competencies in any particular order, each reference either a level of self-awareness or social cognizance, knowledge, or some social action. For instance, Constantine and colleagues encouraged awareness of how oppression, power, and injustice are manifested at the self, other, and societal level. Constantine and colleagues addressed counselors’ knowledge by suggesting that they consider the efficacy of various counseling interventions and the effect of social injustice across the globe. Skill in advocacy may involve the ability to intervene at the systems level, which may include institutions, neighborhoods, and communities.

Trusty and Brown (2005) developed advocacy competencies for professional school counselors based on a model of advocacy competence for special education (Fiedler, 2000), a literature review of advocacy in counseling, and their personal and
professional experience. They found that an advocacy disposition, knowledge and skills are necessary to engage in advocacy. According to Trusty and Brown, an advocacy disposition encompasses counselors’ agreement with social justice and embracing the role of advocate. A disposition toward advocacy also entails a willingness to incorporate family and communities into one’s actions and utilize an advocacy perspective to settle ethical dilemmas. Trusty and Brown wrote that an advocacy disposition is related to counselors’ beliefs and values. Therefore, this competency is least mutable and the most difficult to develop.

Advocacy knowledge, according to Trusty and Brown (2005), is relevant to the setting in which one practices. They noted that school counselor’s advocacy competence requires knowledge of resources, the parameters of their role and other stakeholders, dispute resolution and advocacy models, and systems change theory. It was noted that this information is often absent from training programs or the counseling literature. Finally, Trusty and Brown identified the skills that are necessary for school counselors to competently engage in social justice advocacy. These included the ability to communicate and listen effectively, collaborate with various stakeholders, assess problems and their etiology, organizational skills, and manage the risks and stress associated with advocacy.
The ACA Advocacy Competencies (Lewis et al., 2003), which were previously discussed, have also been cited as an appropriate framework for preparing counseling students for social justice advocacy (Green, et al., 2008; Ratts, et al., 2007; Toporek, et al., 2009). Moreover, these competencies are unique because they were developed as a result of an ACA presidential order and were later adopted by the ACA Governing Council (Goodman, 2009).

Ratts and colleagues (2007) recommended that counselor educators determine how to appropriately implement the advocacy competencies in their training programs. For instance, the competencies may be introduced in a course (e.g., social cultural diversity/multicultural counseling), a group of courses, or infused throughout the entire program. Another approach may involve incorporating the competencies into existing teaching models. As an example, Green and colleagues (2008) included the ACA Advocacy Competencies' in their Advocacy Counseling Paradigm, which attempts to move students from self/social awareness, to social justice knowledge, and finally to the ability to implement skills. Green and colleagues suggested that counselor educators assist students to gain knowledge of the social justice advocacy role by introducing them to the interventions outlined within the competencies. Finally, Toporek and colleagues noted that the skills and behaviors outlined in the competencies offer guidance for
preparing counselors in the area of systems level advocacy. They too recommended that the training be included throughout the program and practicum experiences.

A problem associated with the status of social justice advocacy in counselor education is the lack of research to support its place in training programs (Ratts, et al., 2007; Toporek et al., 2007). The next section reviews research related to social justice advocacy in counselor education. Emphasis is particularly given to research that is pertinent to the proposed study.

Research

Again, this study will use the ACA Advocacy Competencies (Lewis, et al., 2003) to investigate the preparation of counseling students to engage in social justice advocacy. Counselor educators who teach in a CACREP accredited program and master's level counseling interns who are at the internship phase of their CACREP accredited counseling program will be targeted. The objectives of the proposed study are to examine the extent to which participants (a) perception that skills and behaviors included in the ACA Advocacy Competencies are important to counselor preparation, (b) report that their preparation program includes the skills and behaviors, and (c) perceive students are prepared to conduct the skills and behaviors outlined in the competencies.
Relative to the purpose of the proposed study, this section intends to outline studies that have focused on social justice advocacy and preparation in counselor education. Currently, there is a lack of research that examines social justice advocacy in counselor education. This section looks at both peer-reviewed published studies and dissertations in the field of counselor education.

Published Studies

Nilsson and Schmidt’s (2005) study of graduate level counseling students has been frequently referred to in the counselor literature. Their study was comprised of 135 counselor education and counseling psychology graduate students and sought to identify factors that predict social justice advocacy among the sample. They used the Activity Scale (ACT; Kerpelman, as cited by Nilsson and Schmidt, 2005) to measure social justice activity, because the survey measures respondents’ actual engagement in sociopolitical activism and their desire to engage in such activism. The results showed that among the predictor variables (i.e., age, number of courses taken, political interest, problem solving style, worldview orientation, and social interest collectively) only political interest could individually account for a desire to engage in social justice advocacy. Similarly, of the same variables, political interests and a desire to engage in social activism predicted actual social justice advocacy. Nilsson and Schmidt concluded that, apparently,
counseling students are more likely to engage in social justice advocacy if they have an interest in sociopolitical issues coupled with a desire to take social action.

Nilsson and Schmidt (2005) also found that participating students were unaffected by the number of courses taken in training programs. The researchers assumed that increased awareness of client oppression and the need for intervention would increase counseling students' desired and actual social activism. The likely cause, according to the researchers, is that counselor educators have not exposed students to the type of training necessary for social justice advocacy. A second cause “may be that counseling students enter the field of counseling with an urge to help people improve their personal lives, but without the interests in nor seeing it as their role to get involved in the work of social and political change” (p. 276). Nilsson and Schmidt concluded that it appears that social justice advocacy has not been infused into counselor education curriculum despite the call for counselor engagement in the practice and the need for training to acquire a social justice orientation.

Pieterse and colleagues (2009) explored counselor preparation for social justice advocacy from a different methodological stance. In their words, “The present article presents a data-driven review and analysis of multicultural course syllabi drawn from APA and CACREP accredited counseling psychology and counselor training programs”
Pieterse and colleagues’ goal was to provide a foundation by which counselor preparation programs may be critiqued as it relates to multicultural competence and social justice training. The researchers received 54 usable syllabi from multicultural and diversity related courses, of which Pieterse identified the following content categories:

“course goals and objectives, required texts and readings lists, class schedule and content, and methods of grade assessment” (p. 100).

These four categories provided the lens by which the research team investigated the syllabi. Social justice was emphasized among the sample of counselor education and counseling psychology course syllabi. In regard to required texts, 26 of the 54 required a text that emphasized social justice concepts (e.g., inequality, power, and oppression).

Likewise, a majority of the syllabi (59%) identified social justice as a goal or objective of the multicultural course. Of the actual content, social justice concepts were addressed through focuses on “racism, classism, heterosexism, anti-Sexism, and ageism” (p. 105).

Only 8 (15%) syllabi, however, cited a social justice related activity as a part of the method for grading student performance.

The fact that 20 (37%) syllabi included social justice concepts and 7 (13%) included content related to the counselor as a social change agent provides evidence that social justice advocacy is a focus of multicultural courses (Pieterse et al., 2009). Pieterse
and colleagues, however, noted that the discrepancy between the inclusion of social justice concepts, goals, and objectives and that of preparation for the role of change agent demonstrates minimal “focus on the role of counselors in the process of social change and specifically on teaching strategies for social change” (p. 108). Pieterse and colleagues also commented that topics that are critical to social justice education psychology (e.g., political ideology, liberation consciousness, and social activism among others) were absent from the syllabi in their sample. For these reasons, Pieterse and colleagues concluded that counselor training programs are inadequately preparing students for the role of social justice advocate. Moreover, it was suggested that counselor educators and counseling psychologists take a more proactive role toward ensuring accreditation standards that clearly call for social justice preparation.

Dissertations

Manivong Ratts. Ratts (2006) indicated that it was necessary to investigate whether or not CACREP accredited counseling programs were adequately preparing students for roles in social justice counseling. He gathered that the call for training in social justice advocacy lacked clear evidence that such training was actually happening. Ratts described the scope of the study in the following terms,

... this study will explore whether CACREP-accredited counselor training programs are preparing master’s level counseling students for social
justice counseling. In particular, this study will examine if CACREP-accredited counselor training programs are infusing social justice principles into courses designated to meet CACREP Standard Section II.K.2 (Social and Cultural Diversity). (p. 9)

Ratts’ (2006) participants included 108 counselor educators who taught the designated social and cultural diversity course within a CACREP accredited program. Ninety-seven percent of his respondents indicated that their social cultural diversity designated course “addressed social justice principles and social advocacy/activism” as compared to 3% who indicated that their course does not address these topics (p.89). According to Ratts, this indicated that social justice is an important component of counselor education for those who teach the social cultural diversity course and counsellors-in-training are being exposed to social justice training. Ratts, however, cautioned that the results do not necessarily indicate that students are ready to apply social justice counseling to their practice. He mentioned that social justice training was sometimes limited to one course, only 10% of the respondents actually introduced students to theories of social justice, and much of the training appeared to focus on microlevel advocacy.

Ratts described the study as “a baseline for understanding what CACREP-accreditation preparation programs are doing in the areas of social justice training” (p. 123). It was also noted that there is a need to explore social justice training in counselor
education beyond faculty who teach social and cultural diversity. Additionally, Ratts reported a need to operationalize competencies for social justice counseling. This may occur by conducting research that allows competence in social justice counseling to be measured, which is an approach similar to the multicultural counselor competencies.

*Robert Kircher.* In his dissertation, *Counselor educators’ perceptions of the preparation of school counselors for advocacy*, Kircher’s (2007) purported that school counselor preparation programs are likely not preparing school counselors as advocates. Kircher also noted that, at the time of the study, the majority of school counseling programs were not accredited by CACREP (2001) and, subsequently, may not adhere to guidelines for advocacy related curriculum. The purposes of the dissertation were as follow: (a) “to assess the perceptions of school counselor educators relative to the importance of advocacy dispositions, knowledge and skills...”, (b) “to assess the perceptions of school counselor educators with respect to the extent to which advocacy competencies are addressed and taught in the master’s degree program preparing school counselors”, (c) “to assess the perceptions of school counselor educators relative to the readiness of master’s degree program graduates to apply the advocacy competencies”, and (d) “to determine if significant differences of perceptions exist between counselor educators representing CACREP accredited and non-CACREP accredited school
counseling programs..." (pp. 5-6). Kircher identified advocacy competencies as dispositions, knowledge, and skills according to Trusty and Brown’s (2005) model of advocacy competencies for school counselors.

Kircher (2007) found several themes within the results of his study. He first reported that his sample of school counselor educators from CACREP and non-CACREP accredited programs seem to agree with the inclusion of Trusty and Brown’s (2005) advocacy competencies for school counselors. The results of this study indicated that school counselor educators from CACREP and non-CACREP accredited programs (a) perceived the advocacy competencies as an important component of master’s degree school counseling programs, (b) reported that the advocacy competencies are actually being taught as a part of their respective training program, and (c) perceived that trainees are ready to apply the advocacy competencies. Moreover, Kircher found that there was no statistically significant difference between school counselor educators’ report of the importance of including the advocacy competencies, the extent to which students are taught, and student readiness to apply the competencies. Subsequently, the second theme of the results was that school counselor educators from CACREP and non-CACREP accredited programs appear to be more alike than different concerning the 15 advocacy competencies identified by Trusty and Brown.
Kircher's (2007) third theme, that “...study results, program descriptions, and comments involved indication of agreement or disagreement with the literature or trends for preparing school counselors for the role of advocacy,” demonstrates contrasting opinions regarding advocacy training in school counselor education (p. 49). This suggest that school counselor educators from CACREP and non-CACREP accredited programs both have differing perceptions about preparing students for competence in advocacy counseling. For instance, the issues of teaching students to develop an advocacy disposition was questioned and or challenged by some respondents while others perceived that it is a necessary component of counselor education. Program descriptions also demonstrated differing expectations regarding preparing school counselors for advocacy. Some program descriptions listed course titles that reflected traditional school guidance roles (e.g., clerical or administrative tasks), while others emphasized a focus on school counselors' role as advocates in school settings (e.g., Advocacy in School Counseling, Leadership, Advocacy, and Change, Systems Approaches in School Counseling). Finally, even among those programs that included advocacy, some programs offered a stand alone course focused on advocacy while others emphasized advocacy throughout the school counselor education curriculum.
The proposed study differs from the aforementioned research in several ways. The population from which the samples were drawn limits the aforementioned research. Samples included counselor educators who were a part of CACREP accredited school counseling programs or taught the social cultural diversity designated course in CACREP accredited programs (Kircher, 2007; Pieterse et al., 2009; Ratts, 2006). On the other hand, Nilsson and Schmidt (2005) focused on counselor education and counseling psychology students, but made no distinction in their results regarding the desire to engage in social justice, actual social justice activity, and the effect of their respective program.

Additionally, only Ratts (2006) addressed the ACA Advocacy Competences (Lewis et al., 2003), but only asked rather instructors included the competencies as a part of their instruction. Ratts later suggested the need for more research that addresses the competencies (Ratts et al., 2007). This is significant because the competencies were adopted by ACA, which shows the professions commitment and understanding of proficient and ethical practice in social justice advocacy (Toporek, et al., 2009). This researcher will attempt to account for these limitations by using the ACA Advocacy Competencies and including both counselor educators and counseling students, irrespective of CACREP (2001, 2009) accredited specialty area.
Social Justice Advocacy in other Disciplines

This study focused on social justice advocacy preparation in counselor education.

Social justice advocacy preparation is supported by the ACA (2005) *Code of Ethics* and the CACREP (2001, 2009) accreditation standards. This section reviews related human service disciplines concerning social justice advocacy. CACREP (2001) specifically identified psychology and social work as closely related disciplines, and indicated that psychologists and social workers may serve as site supervisors for internship-level counselor education students (Section III.C.1.). Site supervisors are licensed professionals who provide on-site supervision for counseling students during the internship phase of their training. Because social workers and psychologists contribute to counselor preparation, those professions are addressed here. This section is a review of ethical statements, accreditation, and literature that address social justice in psychology and social work.

Psychology

The American Psychological Association (2002) produced the *Ethical Principles of Psychologists and Code of Conduct* (Ethics Code) to provide psychologists with guidelines for ethical and professional conduct. The Ethics Code is broken into four sections (i.e., Introduction and Applicability, Preamble, General Principles, and Ethical
Standards). "The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology... The Ethical Standards set forth enforceable rules for conduct as psychologists" (APA, 2002, p. 2). The terms social justice, advocacy, or social justice advocacy are absent in these sections; however, the introduction and preamble do identify social intervention as an activity and role of psychologists, respectively. The document does not provide a definition for social intervention or any information concerning how psychologists may engage in the activity or role of social intervention. Moreover, the APA ethics code does not refer to social intervention in the Ethical Standards Section 7, which addresses Education and Training.

Arredondo and Rosen (2007), however, suggested that the tenants of social justice are addressed in the preamble to the ethics code, which state: "Psychologist respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication" (APA, 2002, p.3). Toporek and Williams (2006) agreed that social justice is an aspect of the ethics code, but they noted that the ethics code does not expressly recommend social justice advocacy. Specifically, Toporek and Williams questioned if the lack of clarity in the ethics code actually cause
resistance to social justice, rather than social action. Another criticism of APA ethics
codes has been that they have tended to protect psychologists and the profession more so
than clients or patients (Payton, 1992; Vasquez, 1994).

**APA’s 2008 Guidelines and Principles for Accreditation** is another document
worth review. According to the guidelines, the Commission on Accreditation (CoA) has
the duty of reviewing programs that provide doctoral level training in psychology. The
CoA generally reviews programs that offer training in clinical, counseling, or school
psychology.

The terms social justice, advocacy, social justice advocacy, or social intervention
do not appear in the accreditation guidelines. The document does refer to issues of
“individual and cultural diversity” for Doctoral Graduate Programs’ eligibility for
accreditation (A.5.), curriculum (B.3.d.), and the recruitment and retention of “students
and faculty from differing ethnic, racial, and personal backgrounds” (D.1.). These
guidelines, however, may be more appropriately described as standards for multicultural
competence, which is relevant to social justice advocacy (Crethar, Torres Rivera, &
Nash, 2008; Constantine et al., 2007), but not sufficient for social justice advocacy (Vera
& Speight, 2003).
Regardless of the extent to which social justice advocacy has been addressed in APA ethics code or accreditation standards, there is a clear call among psychologists for social justice advocacy training (Chen, Kakkad, & Balzano, 2008; Constantine, et al., 2007; Goodman, et al., 2004; Toporek et al., 2006; Vera & Speight, 2003, 2007).

Goodman and colleagues wrote:

“... faculty members need to prioritize social justice work, making it integral to the curriculum and not just an appendage to traditional academic programs... we recommend that programs begin to integrate a social justice perspective into existing courses. Just as the field has called for their integration of a multicultural perspective into all courses, so should we integrate the study of major social problems and incorporate meso- and macro-level analyses of clients’ difficulties” (pp. 829-830).

Additionally, psychologists have offered suggestions for social justice advocacy curriculum. According to Arredondo and Rosen (2007), “Educators must operationalize the ethical codes and principles for students” (p. 449). This may include ensuring that psychology students are exposed to a diverse range of clients, are capable of considering oppression in their conceptualization of clients, and social justice advocacy as a focus of supervision (Arredondo & Rosen, 2007; Vera & Speight, 2007).

**Social Work**

The National Association of Social Workers (NASW) revised 2008 *Code of Ethics* is written to guide the conduct of social workers and other who adhere to the code.
The document is comprised of the following sections: (a) Preamble, which identifies the nature of social work and the core values of the profession; (b) Purpose of the NASW Code of Ethics, which list the intended applications of the code and the extent to which the document can manage ethical conduct; (c) Ethical Principles, which lists the professional ideal to which social workers should aspire; and (d) Ethical Standards, or the enforceable ethical responsibilities of professional social workers.

The preamble identifies the primary mission of the profession as “to enhance human well-being and help meet the basic human needs of all people with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.” Thus, social justice is an integral aspect of the social work profession. In fact the terms social justice and advocate/advocacy appear 7 and 6 times throughout the Ethical Principles, respectively. Also, whereas APA (2002) ethics code identified social intervention as one of many activities or roles of psychologists, the NASW codes identify social workers as promoters of social justice through various activates (e.g., direct practice, advocacy, social and political action, education and research). The document, however, does not refer to social justice or advocacy in Ethical Standard 3.02, Education and Training. Therefore, the NASW ethical code does not require or recommend that social work education prepare students’ for social justice advocacy.
The Council on Social Work Education (2008) publishes Educational Policy and Accreditation Standards (EPAS) for the accreditation of baccalaureate (BSW) and master’s (MSW) level social work programs. The document is broken into four sections, which include: (a) Programs Mission and goals, which guides programs development of a purpose that coincides with the mission and goals of the social work profession; (b) Explicit Curriculum, or the expected coursework, curriculum, and competencies of a program; (c) Implicit Curriculum, or “the environment in which the explicit curriculum is presented...the program’s commitment to diversity; admissions policies and procedures; advisement, retention, and termination policies; student participation in governance; faculty; administrative structure; and resources” (CSWE, 2008, Educational Policy 3.0); and (d) Assessment, which is a program’s method of evaluating the extent to which it met the explicit curriculum competencies. The document is further broken into Educational Policy (EP) and Accreditation Standards (AS). EP outline expectations of the aforementioned sections and AS specifically indicate how a program reaches accreditation in accordance with a particular EP.

Social justice and advocacy are primarily discussed in the Program Mission and Goals (Section 1) and the Explicit Curriculum (Section 2). For instance, EP 1.1 (Values) indicates that programs’ mission and goals should show a commitment to the NASW
core values (e.g., service, social justice, dignity and the worth of the person), which "frame the profession’s commitment to respect for all people and the quest for social and economic justice." Also, the mission and goal statement of a program must demonstrate awareness of how the surrounding community influences the program (EP 1.2) and how the program will promote the values of that environmental context (AS 1.01).

An expectation for preparing social workers to demonstrate knowledge, value, and skill in social justice and advocacy appear throughout the competency areas of the Explicit Curriculum section as well. This is most clearly expressed in EP 2.1.5 (Advance human rights and social and economic justice), which states “Social workers understand the forms and mechanism of oppression and discrimination; advocate for human rights and social and economic justice, and engage in practices that advance social and economic justice” (EP 2.1.5). Thus, CSWE emphasizes social justice advocacy as a component of preparing BSW and MSW students for the social work profession (EP B2.2; EP M2.2).

The literature produced by some social workers has also emphasized the importance of social justice to the profession (Finn & Jacobson, 2003; Pelton, 2001). For instance, Bisman (2004) wrote:

Without this emphasis on social justice, there is little if any need for social work or social workers. The skills and knowledge base of the profession
are not unique nor do they particularly contribute to social interests. Social work skills of relationship building, therapy and case management are performed by other professionals, such as counsellors and public health workers. Similarly, despite the extended intensive efforts to build a knowledge base unique to social work, in practice, social workers draw from the same knowledge base in human behaviour and social systems as do psychiatrists and city planners. It is the application of knowledge and skills towards moral ends that imbues the profession with meaning and defines the role of the social worker in society. (p. 115).

Galambos (2008) noted that despite the prevalence of social justice language found in social work documents and literature, there is a lack of consensus for how the profession defines social justice, which form of social justice is appropriate for the profession, how social justice is approached in social work education, and how social justice should be applied by social workers. This is evident in literature that concerns preparing social workers for social justice. For instance, Bardill (1993) assumed a “con” perspective to social work education for social change. Bardill suggested that a focus on social change in social work education is simply a replication of an outdated paradigm, change people versus change systems. According to Bardill, the basis of such training is that “the greater social systems causes [clients’] problems” (p. 14). Bardill further noted that the proposal for a social change curriculum has not been proven necessary from a practice standpoint or as a result of research. Therefore, Bardill disagreed with proposals for social work curriculum that focus on social change or social policy. His final
argument was that the training would leave novice social workers unprepared to meet
their primary role of direct service to the poor and disadvantaged and consequently
disqualify them for occupations in human services. It was Bardill’s opinion that social
workers cannot engage in social change in the absence of understanding clients and their
problems through the direct care services that social workers traditionally provide.

Abramovitz (1993a) suggested that Bardill (1993) misunderstood the proposal for
social change curriculum in social work education. Namely, Abramovitz argued that
Bardill’s analysis was based on the faulty assumption that proponents of social change
curriculum are opposed to training social workers for direct services. According to
Abramovitz, what actually has been replicated is the assumption that individual (micro-
level) and collective (macro-level) intervention are disparate perspectives. In her words:

The false polarization reflects the contradiction inherent in social work-
that regardless of method, all social work practice can be directed to either
preserving or transforming the psychological and sociological status quo.
This means that both micro and macro practice can be forces for, against,
or indifferent to effective change. Instead of getting rid of the “people-
change versus social-change” argument as Dean Bardill suggests, we need
to reclaim and reframe it in ways that allow social work to promote both.
Otherwise, by definition we become advocates of the prevailing status
quo. (p. 17)

Despite past conflicting opinions concerning the appropriateness of social justice
training in social work education, the recent literature base appears to be supportive of
such training (Abramovitz, 1993b; Pelton, 2001; Saulnier, 2000; Snyder, Peeler, & May, 2008; Weiss, Gal, & Katan, 2005). Therefore, social work is in a position similar to the counseling profession as it relates to social justice advocacy. Both refer to a history of social activism and currently include ethical codes that support the professional practice of social justice or advocacy (ACA, 2005; NASW, 2008). Moreover, the CSWE (2008) and CACREP (2001, 2009) accreditation standards require social work educators and counselor educators to include curricula that emphasizes social justice advocacy; however, the extent to which this training actually occurs has been questioned in both professions (Bemak & Chung, 2005; Galambos, 2008).

Psychologists have also been skeptical of the extent to which trainees are prepared for engaging in social justice advocacy. Therefore, counselor education is not alone in the criticisms of the extent to which trainees are prepared to engage in social justice advocacy, despite calls for such practice. The fact that related professions may vary in this regard is important because CACREP (2001) permits these professionals to supervise counselors-in-training during their internship experience. Those professionals, including licensed counselors, who are unprepared as social justice advocates, may represent a barrier to counseling students gaining practical experience in social justice advocacy (Bemak & Chung, 2007; Collison, et al., 1998; Osborne, et al., 1998).
Summary

In essence, the literature related to advocacy and counselor education reveals that social justice advocacy is an issue that is yet to be settled. The history of the counseling profession demonstrates that it is rooted in changing the social conditions of clients (McClure & Russo, 1996); however, the latter decades of the 20th century included a diminishing of social justice efforts (Lee & Hipolito-Delgado, 2007). Since then, social justice advocacy has remerged as a professional imperative (Bemak & Chung, 2005; Kiselica & Robinson, 2001; Ratts, 2009; Toporek, 2000). This was made most evident when ACA (2005) identified advocacy as an appropriate role for counseling professionals and adopted the Advocacy Competencies as a framework for engaging in social action at the client/student, school/community, and public arena level (Lewis et al, 2003).

Moreover, CACREP (2001, 2009) standards that call for social justice advocacy preparation in counselor education curriculum also demonstrated the profession’s movement toward social justice advocacy.

The call for social justice advocacy may also be viewed as a source of tension within the counseling profession. Social justice advocacy has not been fully accepted among counseling professionals (see Canfield, 2007; Drapela, 1974; Hunsaker, 2008), or among internship supervisors representing other disciplines (Galambos, 2008).
Researchers have shown that social justice is addressed in counselor education, but they have questioned if students are really prepared to engage in social justice advocacy (Kichner, 2007; Nilsson & Schmidt, 2005; Pieterse, et al., 2009; Ratts, 2006). This has led to skepticism of the extent to which counselor education has actually met the call for social justice in accordance with professional standards (Bemak & Chung, 2005; Pieterse, et al., 2009; Trusty & Brown, 2005; Vera & Speight, 2003).

According to the literature, there are many uncertainties regarding the status of social justice advocacy in counselor education. This literature review, however, revealed multiple strategies and models for preparing counselors-in-training for social justice advocacy (Bemak & Chung, 2005, 2007; Green, McCollum, & Hayes, 2008; McClure & Russo, 1996; Osborne, et al., 1998; Steele, 2008). The ACA Advocacy Competencies (Lewis, et al., 2003) are frequently referred to as a framework for preparing students for advocacy (Lee, 2007; Ratts, DeKruyf, Chen-Hayes, 2007). However, there is no literature that shows empirical support for the use of the competencies as an useful model for counselor training (Ratts, DeKruyf, Chen-Hayes, 2007). Moreover, there is a need to investigate if counselor educators and counselors-in-training perceive that advocacy competence is important.
This study involved an investigation of counselor educators’ and master’s level counseling interns’ perceptions about social justice advocacy training in CACREP accredited counselor education programs. The study also involved a query of the extent to which this training actually occurs in those programs. The next chapter describes the methodology used in this study.
CHAPTER III

METHODOLOGY

As noted in the previous chapters, ACA (2005) identified advocacy as an ethical and professional responsibility, and CACREP (2001, 2009) curriculum standards state that social justice advocacy must be included in counselor training. Nevertheless, some proponents of social justice advocacy have noted a lack of social justice advocacy training in many counselor education programs (Bemak & Chung, 2005; Trusty & Brown, 2005; Vera & Speight, 2003). At the same time, other counseling professionals have questioned the overall importance of social justice advocacy in counseling and counselor training (Drapela, 1974; Hunsaker, 2008; Weinrach & Thomas, 1998). Student perceptions have been relatively absent from this debate.

This study involved an exploration of the extent to which counselor educators and counseling students perceive social justice advocacy preparation as important to counselor education, and the extent to which participants perceived that such training occurs in their counselor education programs. Specifically, this study surveyed counselor educators’ and master’s level counseling interns’ perceptions of the importance of
advocacy training, the extent to which advocacy training is included in counselor education, and the extent to which counseling students are prepared to engage in advocacy as identified by the ACA Advocacy Competencies (Lewis et al., 2003) (Appendix A). This chapter presents the methodology that was used for the study. The subsections of this chapter include: (a) a recap of the research questions and introduction of the research hypotheses, (b) instrumentation, (c) population and sample description, (d) data collection procedures, and (e) methods of data analysis.

Hypotheses

This section lists the research questions identified in chapter one. It additionally lists hypotheses associated with each question (see Table 1).

Table 1

<table>
<thead>
<tr>
<th>Research Questions and Hypotheses</th>
</tr>
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<tbody>
<tr>
<td>Research Question 1:</td>
</tr>
<tr>
<td>To what extent do counselor educators and master's level counseling interns rate the skills and behaviors comprising the ACA Advocacy Competencies as important to counselor preparation?</td>
</tr>
<tr>
<td>Research Question 1a:</td>
</tr>
<tr>
<td>Does status, either as a counselor educator or master's level counseling intern, affect importance ratings?</td>
</tr>
<tr>
<td>Null Hypothesis 1a:</td>
</tr>
<tr>
<td>There is no difference between counselor educators' and master's level counseling interns' importance ratings.</td>
</tr>
<tr>
<td>Research Hypothesis 1a:</td>
</tr>
<tr>
<td>There is a difference between counselor educators' and master's level counseling interns' importance rating.</td>
</tr>
</tbody>
</table>
Table 1—continued

<table>
<thead>
<tr>
<th>Research Question 1b:</th>
<th>Is there a difference in importance ratings across the three levels comprising the competencies?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Null Hypothesis 1b:</td>
<td>There is no difference in importance ratings across the three levels.</td>
</tr>
<tr>
<td>Research Hypothesis 1b:</td>
<td>There is at least one difference for importance ratings across the three levels.</td>
</tr>
<tr>
<td>Research Question 1c:</td>
<td>Is there a difference in importance rating across the six domains that comprise the advocacy competencies?</td>
</tr>
<tr>
<td>Null Hypothesis 1c:</td>
<td>There is no difference in importance ratings across the six domains.</td>
</tr>
<tr>
<td>Research Hypothesis 1c:</td>
<td>There is at least one difference for importance ratings across the six domains.</td>
</tr>
<tr>
<td>Research Question 2:</td>
<td>To what extent do counselor educators and master’s level counseling interns report that the skills and behaviors comprising the ACA Advocacy Competencies are taught in counselor preparation?</td>
</tr>
<tr>
<td>Research Question 2a:</td>
<td>Does status, either as a counselor educator or master’s level counseling intern, affect reports of advocacy training in counselor education?</td>
</tr>
<tr>
<td>Null Hypothesis 2a:</td>
<td>There is no difference between counselor educators’ and Master’s level counseling interns’ training reports.</td>
</tr>
<tr>
<td>Research Hypothesis 2a:</td>
<td>There is a difference between counselor educators’ and Master’s level counseling interns’ training reports.</td>
</tr>
<tr>
<td>Research Question 2b:</td>
<td>Is there a difference in training reports across the three levels comprising the competencies?</td>
</tr>
<tr>
<td>Null Hypothesis 2b:</td>
<td>There is no difference in training reports across the three levels.</td>
</tr>
<tr>
<td>Research Hypothesis 2b:</td>
<td>There is at least one difference in training reports across the three levels.</td>
</tr>
<tr>
<td>Research Question 2c:</td>
<td>Is there a difference in training reports across the six domains that comprise the competencies?</td>
</tr>
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<td>----------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Null Hypothesis 2c:</td>
<td>There is no difference in training reports across the six domains.</td>
</tr>
<tr>
<td>Research Hypothesis 2c:</td>
<td>There is at least one difference in training reports across the six domains.</td>
</tr>
</tbody>
</table>

Research Question 3: To what extent do counselor educators and master's level counseling interns perceive that counselors-in-training begin their internship ready to engage in the skills and behaviors comprising the ACA Advocacy Competencies?

Research Question 3a: Does status, either as a counselor educator or master's level counseling intern, affect perceptions of counselors-in-training's readiness?

Null Hypothesis 3a: There is no difference between counselor educators' and master's level counseling interns' perception of counselors-in-training's readiness.

Research Hypothesis 3a: There is a difference between counselor educators' and master's level counseling interns' perception of counselors-in-training's readiness.

Research Question 3b: Is there a difference in perceptions of readiness across the three levels comprising the competencies?

Null Hypothesis 3b: There is no difference in perceptions of readiness across the three levels.

Research Hypothesis 3b: There is a difference in perception of readiness across the three levels.

Research Question 3c: Is there a difference in perceptions of readiness across the six domains comprising the competencies?

Null Hypothesis 3c: There is no difference in perceptions of readiness across the six domains.

Research Hypothesis 3c: There is a difference in perception of readiness across the six domains.

Research Question 4: What demographic variables account for participants' rating of the importance of training for social justice advocacy skills and behaviors?
Table I--continued

<table>
<thead>
<tr>
<th>Null Hypothesis 4</th>
<th>No relationship exists between participants' demographic characteristics (i.e., age, race/ethnicity, gender, sexual orientation, socioeconomic status, CACREP specialty area, and ACES geographic region) and their ratings of the importance of social justice advocacy training.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Hypothesis 4</td>
<td>There is a relationship between participants' demographic characteristics (i.e., age, race/ethnicity, gender, sexual orientation, socioeconomic status, CACREP specialty area, and ACES geographic region) and their ratings of the importance of social justice advocacy training.</td>
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</tbody>
</table>

Instrumentation

Two self-administered surveys were used to meet the objectives of the study. The instruments include the Counselor Advocacy Competence Survey and a demographic questionnaire. Both are described in the paragraphs that follow.

*Counselor Advocacy Competence Survey*

This researcher developed and introduced the Counselor Advocacy Competence Survey (CACS) (Appendix B) for this study. The survey was developed to measure respondents' perception of advocacy training in counselor education. Specifically, respondents were queried regarding the importance of advocacy training, the extent to which advocacy training is included in counselor education, and the extent to which counseling students are prepared to engage in advocacy.
Rationale. The CACS originated out of a need to identify an accurate representation of the extent to which students are prepared to engage in ethical social justice advocacy. Counselor education programs that are accredited by CACREP (2001, 2009) are required to include curriculum that focuses on advocacy and social justice; however, the extent to which counselor educators actually prepare counselors-in-training for social justice advocacy is unknown (Bemak & Chung, 2005; Pieterse, et al., 2009; Trusty & Brown, 2005; Vera & Speight, 2003).

The CACS was also developed to measure differing perceptions of social justice advocacy training. Despite professional support for advocacy competence, there is also a history of counseling professionals who have questioned the appropriateness of advocacy counseling (Drapela, 1974; Hunsaker, 2008; Weinrach & Thomas, 1998). The survey, therefore, may be used to empirically investigate the extent to which the counseling profession perceives advocacy competence as important. The survey was also useful as a gauge of counselors-in-training’s perceptions advocacy training in counselor education. Some research has implied that counseling students may not be in favor of engaging in advocacy, despite a desire to help clients (Nilsson & Schmidt, 2005).

Another reason for the development of the CASC was to expand the use of the ACA Advocacy Competencies (Lewis, et al., 2003). The competencies have been
espoused as a training tool in counselor education (Goodman, 2009; Green, McCollum, & Hays; Ratts, Dekruyf, & Chen-Hayes, 2007), but the competencies have not been used to assess the extent to which advocacy competence preparation is perceived to occur within CACREP accredited programs. Moreover, the endorsement of the competencies by ACA has, in effect, standardized their use as a training and practice framework (Lee, 2007).

The survey allowed this researcher to determine the extent to which participants agreed with positive appraisals of the skills and behaviors outlined in the competencies. To date, there is no measure of the extent to which counseling professionals or students agree that social justice advocacy is important to counselor education. Likewise, there is no measure of whether mandates for social justice advocacy training have influenced counselor preparation, particularly the ACA Advocacy Competencies. The CACS, therefore, used the ACA Advocacy Competencies as a framework for assessing counselor educators’ and master’s level counseling interns’ perceptions of advocacy training in counselor education.

_CACS development._ The CACS was developed using the ACA Advocacy Competencies (Lewis et al., 2003) and the following objectives:
1. To identify the extent to which counselor educators and master’s level counseling interns perceive that the skills and behaviors outlined in the ACA Advocacy Competencies are important to counselor preparation.

2. To identify the extent to which counselor educators and master’s level counseling interns report that the skill and behaviors outlined in the ACA Advocacy Competencies are included in counselor preparation.

3. To identify the extent to which counselor educators and master’s level counseling interns perceive that counselors-in-training begin their internship ready to engage in the skills and behaviors outlined in the ACA Advocacy Competencies.

The CACS is comprised of 43 self-report items derived from the descriptive statements outlined in the ACA Advocacy Competencies. Participants were instructed to read each statement and rate the importance of social justice advocacy preparation in master’s level counselor education on an anchored scale of 1 (Not at all important) to 7 (Extremely Important). Participants were secondly asked to rate the extent to which social justice advocacy training is included in their counselor education programs. Specifically, counselor educators rated how frequently the outlined skills and behaviors are included during instruction (e.g., lectures, discussions, experiential learning, and assignments) to master’s level students on an anchored scale of 1 (Never) to 7 (Always).
Likewise, students rated how frequently the outlined skills and behaviors have been included during preparation to become a counselor (e.g., lectures, discussions, experiential learning, and assignments) on an anchored scale of 1 (Never) to 7 (Always).

Finally, participants’ perception of students’ readiness to engage in social justice advocacy was rated on an anchored scale of 1 (Not At All Ready) to 7 (Absolutely Ready).

Because the CACS was based on the skills and behaviors outlined in the ACA Advocacy Competencies, the tool was also useful for assessing the three levels of advocacy competence outlined by the model (i.e., client/student, school/community, and public arena) and the six domains that comprise those levels (i.e., empowerment, advocacy, community collaboration, systems advocacy, public information, and social/political advocacy). The same items used to assess participants’ ratings of importance, training, and readiness, were used to measure these levels and domains.

The client/student level included 13 items, seven items addressed participants’ rating of empowerment skills or behaviors and six items addressed advocacy skills or behaviors. There are 16 items that comprised the school/community level, eight that address community collaboration and eight that address systems advocacy. The final 14 items fit within the public arena level, which included of seven items that addressed public information and seven that addressed social/political advocacy.
Scoring procedures. As previously mentioned, each scale (i.e., Importance, Training, and Readiness) addressed the levels and domains that comprise the Advocacy Competencies (Lewis et al., 2003). Table 2 presents the subscales, and number of items associated with each scale. As can be seen, each scale was comprised of three level subscale scores and nine domain subscale scores. Overall, the CACS included three scale scores, nine level subscale scores, and 18 domain subscale scores.

The Importance, Training, and Readiness scales each yielded separate score. Aggregate scores for the three scales were calculated by summing participants' responses to each item within the respective scale. Based on the 43 items and 7-point likert scale, the aggregate score had the potential to range from 43 to 301 for each scale. A mean score for each scale was calculated by dividing the aggregate score by 43 (the total number of items in each scale). The mean score, therefore, ranged from 1-7 for the Importance, Training, and Readiness scales.

Higher scores on the Importance scale indicated higher perceived importance of social justice advocacy training in counselor preparation. Higher scores on the Training scale indicated the perception that social justice advocacy training is more frequently included in counselor preparation. Finally, higher Readiness scores indicated higher
perceived readiness of master's level students to engage in social justice advocacy when
beginning internship.

Table 2

*CACS Scale and Subscale Organization*

<table>
<thead>
<tr>
<th>Importance Scale</th>
<th>Training Scale</th>
<th>Readiness Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level</strong></td>
<td><strong>Level</strong></td>
<td><strong>Level</strong></td>
</tr>
<tr>
<td><strong>Subscales</strong></td>
<td><strong>Subscales</strong></td>
<td><strong>Subscales</strong></td>
</tr>
<tr>
<td><em>(items)</em></td>
<td><em>(items)</em></td>
<td><em>(items)</em></td>
</tr>
<tr>
<td>Client/Student</td>
<td>Client/Student</td>
<td>Client/Student</td>
</tr>
<tr>
<td><em>(1-13)</em></td>
<td><em>(1-13)</em></td>
<td><em>(1-13)</em></td>
</tr>
<tr>
<td>School/Community</td>
<td>School/Community</td>
<td>School/Community</td>
</tr>
<tr>
<td><em>(14-29)</em></td>
<td><em>(14-29)</em></td>
<td><em>(14-29)</em></td>
</tr>
<tr>
<td>Public Arena</td>
<td>Public Arena</td>
<td>Public Arena</td>
</tr>
<tr>
<td><em>(30-43)</em></td>
<td><em>(30-43)</em></td>
<td><em>(30-43)</em></td>
</tr>
<tr>
<td><strong>Domain</strong></td>
<td><strong>Domain</strong></td>
<td><strong>Domain</strong></td>
</tr>
<tr>
<td><strong>Subscales</strong></td>
<td><strong>Subscales</strong></td>
<td><strong>Subscales</strong></td>
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<tr>
<td><em>(items)</em></td>
<td><em>(items)</em></td>
<td><em>(items)</em></td>
</tr>
<tr>
<td>Empowerment</td>
<td>Empowerment</td>
<td>Empowerment</td>
</tr>
<tr>
<td><em>(1-7)</em></td>
<td><em>(1-7)</em></td>
<td><em>(1-7)</em></td>
</tr>
<tr>
<td>Advocacy</td>
<td>Advocacy</td>
<td>Advocacy</td>
</tr>
<tr>
<td><em>(8-13)</em></td>
<td><em>(8-13)</em></td>
<td><em>(8-13)</em></td>
</tr>
<tr>
<td>Community</td>
<td>Community</td>
<td>Community</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Collaboration</td>
<td>Collaboration</td>
</tr>
<tr>
<td><em>(14-21)</em></td>
<td><em>(14-21)</em></td>
<td><em>(14-21)</em></td>
</tr>
<tr>
<td>Systems Advocacy</td>
<td>Systems Advocacy</td>
<td>Systems Advocacy</td>
</tr>
<tr>
<td><em>(22-29)</em></td>
<td><em>(22-29)</em></td>
<td><em>(22-29)</em></td>
</tr>
<tr>
<td>Public Information</td>
<td>Public Information</td>
<td>Public Information</td>
</tr>
<tr>
<td><em>(30-36)</em></td>
<td><em>(30-36)</em></td>
<td><em>(30-36)</em></td>
</tr>
<tr>
<td>Social/Political Advocacy</td>
<td>Social/Political Advocacy</td>
<td>Social/Political Advocacy</td>
</tr>
<tr>
<td><em>(37-43)</em></td>
<td><em>(37-43)</em></td>
<td><em>(37-43)</em></td>
</tr>
</tbody>
</table>

Likewise, participants could earn a client/student aggregate score ranging from 13
to 91 under each of the three scales. Items 1 through 7 made up the Empowerment
subscale and 8 through 13 complete the Advocacy subscale. Aggregate Empowerment scores could range from 7 to 49 and aggregate Advocacy scores could range from 6 to 42.

The School/Community aggregate subscale was calculated by summing items 14-29 under each scale. School/Community aggregate subscale scores could, therefore, range from 16-112. Items 14 through 21 comprised the Community Collaboration subscale and aggregate scores could range from 8 to 56. The Systems Advocacy subscale included items 22 through 29 and could yield aggregate score ranging from 8 to 56 as well.

Similarly, the Public Arena aggregate subscale score was the sum of responses to items 30-43 under each scale. Therefore, the potential range for the Public Arena subscale was from 14-98. The Public Information subscale was made up of items 30 through 36 and the Social/Political Advocacy subscale was made up of items 31 through 43. Each of these subscales could yield an aggregate score ranging from 7 to 49.

Mean scores were calculated for each level and domain subscale. This process involved dividing participants’ aggregate score by the amount of items within the respective subscale. Consequently, all mean subscale scores ranged from 1-7.
Demographic Questionnaire

Properly identifying research participants allows researchers to make comparisons across the sample and generalize to the population, and it allows other researchers to replicate the study (American Psychological Association, 2001; Sue & Ritter, 2007). It is recommended that researchers learn the sex, age, and race or ethnicity of participants. It is also recommended that researchers gather other data that may be pertinent to the study and further describes the sample.

A demographic questionnaire (Appendix C) was developed by this researcher to assist in explaining who comprised the sample. A second purpose for the questionnaire was to explore the relationship between specific demographic variables and participants' rating of the importance of social justice advocacy training to counselor education.

The questionnaire was comprised of eight questions that requested the following data: sex (male, female, or transgender), date of birth, race/ethnicity (African American/Black, Asian/Pacific Islander, Caucasian/White, Hispanic/Latino, Native American, Multiracial, and Other), sexual orientation (asexual, bisexual, gay male, heterosexual, lesbian female, or questioning/unsure), 2009 income, highest degree earned (Ph.D., or Ed.D.; Ed.S.; M.Ed., M.A., or M.S.; B.A., or B.S.; or other), CACREP specialty (addictions counseling, career counseling, clinical mental health/community
counseling, gerontological counseling, marital, family, and couples counseling, school
counseling, or student affairs and college counseling), and location of counselor
education program (state).

Population and Sample

Population

The pool of potential participants for this study included counselor educators and
master’s level counseling interns who were members of a CACREP accredited counselor
education program between February 1, 2010 and May 31, 2010. At that time, there were
239 institutions that hosted a CACREP accredited program (CACREP, 2009b).

In this study, counselor educators included faculty and adjunct faculty members
who prepare master’s level counseling students within a CACREP accredited counselor
education program. Master’s level counseling interns referred to students who were (a)
seeking a master’s level degree within a CACREP accredited counselor education
program and (b) enrolled in a supervised internship course.

Members of the population may also be described with respect to the Association
for Counselor Education and Supervision (ACES). ACES, a division of the American
Counseling Association, is an international organization made up of counseling
professionals and others who are concerned with the preparation and supervision of counselors (ACES, 2005). ACES is divided into five regions.

As of April 2009, ACES membership totaled 2,399 (Richard Halstead, personal communication, April 9, 2009). The majority of CACREP accredited programs were found in the Southern ACES Region (46.77%), followed by North Central ACES (24.91%), North Atlantic and Other Regions (14.16%), Western ACES (7.70%), and the least were in the Rocky Mountain Region (6.04%).

At that time, the majority of the ACES membership was female (56.21%). Forty nine percent identified as counselor educator compared to 18.50% that identified as student. Ethnically, the majority of ACES members identified as Caucasian (86.01%) followed by African American (5.65%), Hispanic/Latino (2.69%), Other (2.61%), Asian (2.17%), and Native American (.87%). Finally, 7.15% of the ACES membership reported an income of less than $9,999, 6.70% reported earning $10,000 - $19,999, 7.78% reported $20,000 – $29,999, 14.12% reported $30,000 - $39,999, 19.55% reported $40,000 - $49,999, 18.01% reported $50,000 - $59,000, 16.20% reported $60,000 - $70,000 and 10.50% reported earning $80,000 or more.
Sample

Each participant was sought out because of her or his status as a counselor educator or master's level counseling intern within a CACREP accredited program. In accordance with the research protocol, 2,229 potential participants, who were believed to be counselor educators within a CACREP accredited program, were contacted directly to participate in the study and invite other counselor educators and students. Two hundred thirty-eight CACREP accredited programs were contacted. The survey was opened a total of 554 times online and 238 of the opened surveys were submitted online. Of those 238 submitted surveys, 26 were excluded from the data analysis because the participant did not respond to any item on one or more subscales on the CACS (i.e., Client/Student, School/Community, and Public Arena) or any items on the demographic questionnaire.

Counselor educators and intern participants were specifically asked to provide the following demographic information: sex, birth date, race or ethnicity, sexual orientation, personal income in 2009, highest degree earned, specialty area, and the state in which their program is located. Responses to these questions are organized according to respondents' status as a counselor educator or counseling intern in the paragraphs below.

Frequencies and percentages of both groups are listed in Table 3.
Counselor Educators. One hundred thirty eight counselor educators participated by submitting responses to the online survey. The majority of the counselor educators identified as female 93 (67.39%) while 44 (31.88%) identified as male and one (0.72%) counselor educator identified as transgender. The age range of counselor educators was between 23 and 59 years old. These respondents were categorized according to year of birth where 21 (15.22%) were born between 1940 and 1949, 43 (31.16%) were born between 1950 and 1959, 33 (23.91%) were born between 1960 and 1969, 22 (15.94%) were born between 1970 and 1979, and 6 (4.35%) counselor educators were born after 1980. The remaining 13 (9.4%) of the counselor educator respondents did not indicate age.

The majority of the counselor educators identified as White or Caucasian, which accounted for 103 (74.64%) members of the subgroup. There were 13 (9.42%) counselor educators who identified as African American or Black. Those who identified as Asian or Pacific Islander, Multiracial, or other were each represented by five (3.62%) respondents. Four (2.9%) counselor educators identified as Hispanic or Latino and one (0.72%) counselor educator identified as Native American. The remaining two (1.45%) counselor educators did not answer this question.
In response to the demographic question of sexual orientation, the majority of the counselor educators identified as heterosexual. One hundred ninety three (86.23%) identified as heterosexual, eight (5.8%) as bisexual, 5 (3.62%) as lesbian female, and four (2.90%) as gay male. Two (1.45%) counselor educators gave no response and no counselor educator identified as asexual or questioning.

Counselor educators reported that their 2009 income levels ranged from “less than $10,000” to “more than $100,000.” Thirty-one (22.46%), of the counselor educators’ 2009 personal income ranged between $60,001 and $70,000. There were 24 (17.39%) counselor educators who indicated an income of $50,001-$60,000 and another 24 who reported an income of $70,001-$80,000. Twenty (14.49%) reported an income of more than $100,000, 12 reported between $80,001 and $90,000, 10 (14.49%) reported between $90,001 and $100,000, 8 (5.80%) reported between $40,001 and $50,000), 2 (1.45%) reported between $10,001 and $20,000. The $30,001-$40,000 range and Less than $10,000 range were each represented by one counselor educator. Five (3.62%) of the counselor educators did not respond to this question.

Nearly the entire sample of counselor educators had a Ph.D. or Ed.D. One hundred twenty-seven (92.03%) reported having earned a Ph.D. or Ed.D., eight (5.50%) reported earning a M.Ed., M.A., or M.S, and two reported having earned a B.A. or B.S.
One person reported “other” for this question, but specified that he or she is a doctoral candidate.

The counselor educators were also asked which specialty area best describes their teaching focus. The majority of these respondents reported teaching clinical mental health or community counseling, which included 63 (45%) counselor educators. This was followed by 48 (34.78%) who reported school counseling, 10 (7.25%) reported marital, family, and couples counseling, eight (5.80%) reported student affairs and college counseling, and addictions counseling and career counseling were each represented by four (2.90%) counselor educators. One counselor educator did not respond.

Finally, counselor educators were asked to identify the state in which their counselor education program was located. Responses were categorized according to ACES regions. Forty-six (33.33%) of the counselor educators were from the Southern ACES region, 41 (29.71) taught in the North Central ACES region, 20 (21.74%) in the North Atlantic ACES region, eight (5.80%) in the Western ACES region, and three (2.17%) taught in the Rocky Mountains ACES region. Ten (7.25%) of the counselor educators did not provide this information, which precluded any categorization by region.

Master’s Level Counseling Interns. Seventy-three counseling interns participated by submitting responses to the online survey. Among the counseling interns, 63 (86.30%)
identified as female, 10 (13.70%) identified as male. The age range for counseling interns was between 22 and 50 years old. Interns were also categorized according to the year of birth where one (1.37%) intern was born between 1940 and 1949, 12 (16.44%) were born between 1950 and 1959, six (8.22%) were born between 1960 and 1969, 12 (16.44%) were born between 1970 and 1979, and 38 (52.05%) were born after 1979. Four (5.48%) of the counseling interns did not identify a birth date and could not be categorized.

The majority of the counseling intern respondents identified as Caucasian or White. This group made up 79.45% of the interns. Seven (9.59%) interns identified as African American or Black, four (5.48%) as Multiracial, three (4.11%) as Asian or Pacific Islander, and one person identified as Hispanic or Latino.

In response to the demographic question of sexual orientation, the majority of the counseling interns identified as heterosexual, which included 66 (90.41%) respondents. Three (4.11%) of the counseling interns identified as asexual, two (2.74%) as lesbian, and bisexual and gay male were each represented by one (1.27%) respondent.

Counseling interns reported 2009 income ranges that varied from less than $10,000 to $90,001-$100,000. The self-reported income ranges for counseling interns included 24 (32.88%) whose income was less than $10,000, 23 (31.51%) at $10,001-$20,000, 14 (19.18%) at $30,001-$40,000, four (5.48%) at $50,001-$60,000, three
(4.11%) at $40,001-$50,000, and two (2.74%) reported a personal income as between $60,001 and $70,000. The ranges of $70,001-$80,000 and $90,001-$100,000 were each represented by one (1.37%) counseling intern.

The most frequent degree identified as the highest earned among the counseling interns was the bachelor’s degree. Fifty-six (76.71%) of the respondents had earned bachelor’s degree (i.e., B.A. or B.S) and 14 (19.18%) earned a master’s degree (i.e., M.Ed., M.A., or M.S.) at the time of this survey. The remaining three (4.11%) counseling intern respondents with “other.” Two of those respondents specified that a master’s degree was forthcoming and another participant reported having no degree.

The counseling interns were also asked which specialty area best describes their training focus. Twenty-seven (36.99%) of these respondents reported clinical mental health or community counseling, 26 (35.62%) as school counseling, seven (9.59%) as marital, family, and couples counseling, six (8.22%) as student affairs and college counseling, four (5.46%) as addictions counseling, and two (2.74%) of the interns reported career counseling. One person did not give a response to this question.

Lastly, the counseling interns were asked to identify the state in which their counselor education program was located. These responses were also grouped according to the ACES regions. The North Central, Southern, North Atlantic, Western, and Rocky
Mountains ACES region was represented by 23 (31.51%), 19 (26.03%), 15 (20.55%), 12 (16.44%), and four (5.48%) counseling interns respondents, respectively.

Table 3

*Frequencies and Percentages for Participant Demographics*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Counselor Educators</th>
<th>Interns</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>f</td>
<td>%</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
<td>93</td>
<td>67.39</td>
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<td>Male</td>
<td>44</td>
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<td></td>
<td>Transgender</td>
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<tr>
<td>Decade of Birth</td>
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<td>15.22</td>
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<tr>
<td></td>
<td>1950-1959</td>
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<td></td>
<td>1960-1969</td>
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<td></td>
<td>1970-1979</td>
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<td></td>
<td>After 1979</td>
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<td>No Response</td>
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<td>Caucasian/ White</td>
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<td>Hispanic/ Latino</td>
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<td>2.90</td>
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<td></td>
<td>Native American</td>
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</tr>
<tr>
<td></td>
<td>Multiracial</td>
<td>5</td>
<td>3.62</td>
</tr>
<tr>
<td></td>
<td>Other</td>
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<td>3.62</td>
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<tr>
<td></td>
<td>No Response</td>
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<td>1.45</td>
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<tr>
<td>Sexual Orientation</td>
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<td>0.00</td>
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<tr>
<td></td>
<td>Bisexual</td>
<td>8</td>
<td>5.80</td>
</tr>
<tr>
<td></td>
<td>Gay Man</td>
<td>4</td>
<td>2.90</td>
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<tr>
<td></td>
<td>Heterosexual</td>
<td>119</td>
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<tr>
<td></td>
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<td></td>
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<td>0.00</td>
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<td>1.45</td>
</tr>
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</table>
Table 3—continued

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<th>Variable</th>
<th>Category</th>
<th>Counselor Educators</th>
<th>Interns</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>f</td>
<td>%</td>
</tr>
<tr>
<td>Education</td>
<td>Ph.D. or Ed.D</td>
<td>127</td>
<td>92.03</td>
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<td>Ed.S.</td>
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<td>0.00</td>
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<tr>
<td></td>
<td>M.Ed., M.A., or M.S.</td>
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<td>5.80</td>
</tr>
<tr>
<td></td>
<td>B.A. or B.S.</td>
<td>2</td>
<td>1.45</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>1</td>
<td>0.77</td>
</tr>
<tr>
<td>2009 Income</td>
<td>Less than $10,000</td>
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<td>0.72</td>
</tr>
<tr>
<td></td>
<td>$10,001-$20,000</td>
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<td>$30,001-$40,000</td>
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</tr>
<tr>
<td></td>
<td>$40,001-$50,000</td>
<td>8</td>
<td>5.80</td>
</tr>
<tr>
<td></td>
<td>$50,001-$60,000</td>
<td>24</td>
<td>17.39</td>
</tr>
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<td></td>
<td>$60,001-$70,000</td>
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<td>$70,001-$80,000</td>
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<td></td>
<td>$80,001-$90,000</td>
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<td></td>
<td>$90,001-$100,000</td>
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<td></td>
<td>More than $100,000</td>
<td>20</td>
<td>14.49</td>
</tr>
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<td>No Response</td>
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<td>3.62</td>
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<tr>
<td>Specialty</td>
<td>Addictions Counseling</td>
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</tr>
<tr>
<td></td>
<td>Career Counseling</td>
<td>4</td>
<td>2.90</td>
</tr>
<tr>
<td></td>
<td>Clinical Mental Health/ Community Counseling</td>
<td>63</td>
<td>45.65</td>
</tr>
<tr>
<td></td>
<td>Gerontological Counseling</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>Marital, Family, and Couples Counseling</td>
<td>10</td>
<td>7.25</td>
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<tr>
<td></td>
<td>School Counseling</td>
<td>48</td>
<td>34.78</td>
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<td></td>
<td>Student Affairs and College Counseling</td>
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<td>5.80</td>
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<tr>
<td></td>
<td>No Response</td>
<td>1</td>
<td>0.72</td>
</tr>
<tr>
<td>Region</td>
<td>North Atlantic</td>
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<td>21.74</td>
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<td></td>
<td>North Central</td>
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<td>Southern</td>
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<td>Western</td>
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<td>5.80</td>
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<tr>
<td></td>
<td>No Response</td>
<td>10</td>
<td>7.25</td>
</tr>
</tbody>
</table>

*Note. One participant did not indicate her/his status (i.e., counselor educator or intern).*
Research Design and Data Collection

This researcher used a cross sectional survey design. The design was appropriate for gathering descriptive data of counselor educators' and master's level counseling interns' perceptions of counselor preparation for social justice advocacy (Fink, 2003).

Prior to collecting any data, approval was sought from the Human Subjects Institutional Review Board (HSIRB) at Western Michigan University. The researcher received approval on February 1, 2010 to conduct the study.

Data Collection Procedures

Upon HSIRB approval, this researcher initiated the following data collection procedures:

Located the sample. At the time of the study CACREP posted an online listing of all institutions that earned accreditation through the body's accreditation process (www.cacrep.org), which was titled the Directory of CACREP Accredited Programs (CACREP, 2009b). This directory was organized by state, institution, CACREP liaison for the institution, title and address of the program/department, telephone number, web address, and the specialty areas for which the program/department had received accreditation.
Developed a contact list. Using the CACREP Directory, this researcher viewed each program/departmental website to verify the program/department CACREP liaison. The following information was then compiled into a list to contact the liaisons: name, title, work address, phone number, and email address. A list of 239 contacts was compiled using this method.

Thereafter, each name and email address was uploaded to Constant Contact® (http://search.constantcontact.com/index.jsp). Constant Contact® is an online service that provides “email marketing.” Constant Contact® reports that messages sent through the service reaches addressees’ inbox, as opposed to a Spam folder, at a rate of 97%. The tool allowed this research to track emails because Constant Contact® kept a record of how many emails were opened, how many emails were sent but not received (bounced), and if the addressee clicked links in the email. Constant Contact® allow each addressee to “opt out” of receiving emails. Recipients of the email had a choice regarding opening the email, clicking links, or opting to not receive future emails.

Began contact. The tailored design method presented by Dillman, Smyth, and Christian (2009) was implemented to collect data. It was suggested that researchers implement a system of multiple contacts that vary in method (e.g., mail, postcard, and email) and content. The timing of each contact was also planned.
Contact was initiated by mailing a pre-notice letter to each program/department CACREP liaison (Appendix D). As suggested by Dillman and colleagues, the letter was brief, personalized, and informed the liaisons that her or his assistance would soon be sought for research purposes. Two hundred thirty-nine letters were sent by first class mail. One letter was returned as undeliverable.

_Emailed the survey._ Constant Contact® was used to email the liaisons four days following the mailing of the pre-notice letter. The email invited faculty and internship course members to participate in the study (Appendix E). Each contact person was (a) asked to forward the email to faculty and students enrolled in the program/department’s internship course and (b) invited to participate in the study.

The content of the email included a short appeal to the recipient that explained the importance of her or his participation, a link to the consent form (Appendix F) and online survey, and a statement that notified the reader that the study was approved by the HSIRB at Western Michigan University. A total of 238 emails were sent using this method. At the close of data collection (May 31, 2010), Constant Contact® recorded that the emailed had been opened by 70 (29.28%) individuals and 36 (51.42%) of those individuals actually clicked to the survey link nested within the email. Eleven (4.60%) emails were bounced.
Thanked liaisons. One week after emailing the liaisons, this researcher mailed them a thank you postcard (Appendix G). Dillman and colleagues (2009) identified several statements that should be included in this postcard. This postcard referenced the aforementioned email and why it was sent, a statement of the researcher’s appreciation for responding and forwarding the email, a statement requesting that the contact person respond and forward the email if she or he had not previously, an invitation for the liaison to contact the researcher if she or he needed a replacement email, and a link to the informed consent and online survey. Of the 239 post cards mailed, three were returned as undeliverable. This researcher received no request to receive a replacement email.

Replacement email. Two weeks later, a second email was sent to each CACREP liaisons (Appendix H). This email was sent directly from this researcher’s university email account. Consequently, no tracking information was available. The email was also short, but it emphasized the importance of participation from the liaisons’ respective program/department. The email was meant to remind the recipient of who was eligible, requested that she/he forward the email to those individuals, and was finally asked to complete the survey if she or he was eligible.

Final email. As a means of increasing the sample size, this researcher went to the website of each accredited program as indicated by the online listing of CACREP
accredited programs. A list of names, job titles, department, university, and email address for each faculty member was compiled for those programs that provided the information. Additionally, specific attention was given to each website for programs that identified faculty members who facilitated the master’s level internship course.

Through this procedure, 516 counselor education faculty or adjunct faculty were identified. Only one of the counselor educators did not have an email address posted.

Survey Administration

Online data collection was used for this study. Email messages sent to CACREP liaisons and faculty within CACREP accredited programs included a link to the website developed for the study. That website took participants to the informed consent document, which was linked to the CACS and demographic questionnaire (Dillman, Smyth, & Christian, 2009; Sue & Ritter, 2007).

Western Michigan University Graduate College (2009) offered on-line survey assistance to doctoral students. According to the College’s website, “The Graduate College is currently partnered with the Academic Technology and Instructional Services (ATIS) office to provide one-on-one consultation and technical assistance for students who want to capture data in a stream-lined, efficient manner” (http://www.wmich.edu/grad/Grad_Ctr_Research_Retention/services.html).
Data Analysis

**Missing Data**

In survey research, missing data refers to instances when participants do not respond to one or more items (item level missingness) or omit all items within an instrument (variable level missingness) (Fox-Wasylyshyn & El-Masri, 2005). Missing data is a problem common to quantitative research, particularly in self-report measures and in the social sciences (Baraldi & Enders, 2010). The effects of missing data are a loss of statistical power, research bias in parameter estimates, and the inability to account for each participant because most statistical packages will omit cases with missing values.

Given the prevalence of missing data and negative associated effects, Schlomer, Bauman, and Card (2010) suggested researchers report the extent and nature of the missing data and procedures used to handle the missing data.

Following data collection, this researcher analyzed the data to determine the amount of missing data, identify the pattern of missing data and implement an appropriate imputation method. Data imputation refers to statistical procedures used to “[replace] missing data with estimates that are based on the values of other variables/items” (Fox-Wasylyshyn & El-Masri, 2005, p. 491).
Expectation maximization was used to impute the missing data. Expectation maximization is a maximum likelihood estimation method because the analysis involves use of missing and observed values to estimate the parameter values that may, in turn, estimate the most likely replacement value (Baraldi & Enders, 2009). This process, also described as iterations, involves two steps during each calculation/iteration. According to Schlomer, Bauman, and Card (2010), the first step, the expectation step, involves obtaining the parameter value (e.g., mean) and regression analyses is then used to estimate the initial replacement value. Next, during the maximization step, a new parameter value is estimated based on the value of the replacement value and observed data. This process restarts and continues until the data converge.

Descriptive Statistics

Descriptive statistics (i.e., mean and standard deviation) were gathered for each survey item. Descriptive statistics allowed this researcher to review the ACA Advocacy Competencies levels and domains counselor educators and counseling interns found to be important, taught in counselor education, and those that participants perceived students were ready to begin at the internship phase of their program.
Mixed Design ANOVA

A 2 x 6 mixed design analysis of variance was used to test the hypotheses associated with research questions one through three. The aim of analysis of variance (ANOVA) research design is to compare the mean score (dependent variable) for one or more factors (independent variables), which is comprised of at least two levels (Pallant, 2007). The comparison occurs across the levels of that factor. The factor is either between-subjects (i.e., between groups design) or across several measures (i.e., within-subjects design). A mixed design analysis was implemented to gather the individual between group and within subjects factors, and the combined effect (Cronk, 2004; Field, 2009; Mills, 2005).

Research Question 1 addressed Importance ratings, Research Question 2 addressed Training ratings and Research Question 3 addressed Readiness ratings. Each of these ratings represented the dependent variable for the respective analysis. For each research question, Status represented the between group factor where counselor educator and master’s level counseling intern were the levels of the factor. Domain represented the within-subjects factor and the levels of comparison included empowerment, advocacy, community collaboration, systems advocacy, public information, and social political advocacy.
The two levels of the between group factor and six levels of the within-subjects factor led to a 2 x 6 mixed design ANOVA. The analysis allowed this researcher to simultaneously investigate the effect of status and domain on participant’s ratings of Importance, Training, and Readiness.

Multiple Regression

A stepwise multiple regression was conducted to test Research Hypothesis 4. Multiple regression is aimed to determine the predictive relationship between several independent (or predictor variables) and a dependent variable (or criterion variable) (Field, 2009). Research Question 4 addressed the relationship between participants’ total Importance rating (criterion variable) and eight identified demographic characteristics (predictor variables).

Types of multiple regression models are distinguished by the order in which predictor variables are entered into the regression equation (Ho, 2006). For instance, a standard multiple regression model involves entering all predictors at once. Predictor variables are entered into the equation according to the researcher’s logic or theory during hierarchical multiple regression. A stepwise regression, on the other hand, involves entering predictors according to statistical criteria. Objections to the latter model stem from the use of automated entry priority of predictor variables, based on correlations
rather than theory (Ho, 2006; Hoyt, Imel, and Chan, 2008). Stepwise multiple regression, however, is recommended when there is no research available to support prioritizing variables (Field, 2009; Garson, 2010).

Summary

This chapter has discussed the method chosen to investigate the preparation of counseling students to engage in advocacy. Specifically, the chapter presented the research hypothesis, instrumentation, details about the population and sample, steps in the data collection process, and the method of data analysis. Chapter IV presents the results of the study.
CHAPTER IV

RESULTS

The purpose of this study was to investigate perceptions of social justice advocacy training in CACREP accredited counselor education programs. Specifically, counselor educators and master's level counseling interns were asked to report their perceptions of the extent to which skills and behaviors outlined in the ACA Advocacy Competencies (2003) are (a) important to counselor preparation, (b) included in counselor preparation, and (c) if students are ready to engage when beginning internship. Another objective of this study was to investigate whether demographic characteristics accounted for participants' ratings of the importance of social justice advocacy training in counselor education.

The Counselor Advocacy Competence Survey (CACS) and a demographic questionnaire were developed by this researcher to meet the purposes of the survey. The CACS addressed participants' rating of the importance of social justice advocacy to counselor education, perceptions of how often such training is included in counselor education, and perceptions of students' readiness to engage in social justice advocacy.
skills and behaviors. The demographic questionnaire was used to gather information about those who participated in the study. Two hundred thirteen subjects participated in the study by completing the CACS and demographic questionnaire online.

This chapter summarizes the data collected from participants and the statistical treatment of the data (APA, 2001). It begins with an explanation of how the data was handled and is followed by the results of the research questions. The results are organized according to the research questions and hypotheses that guided the study.

Handling of Data

**Collapsed Data**

*Race/ethnicity.* Participants were asked to identify their race or ethnicity. The majority of the participants identified as White or Caucasian, 75.94%. Because of the lower percentage of participants who identified in the remaining African American/Black; Asian/Pacific Islander; Hispanic/Latino; Native American; Multiracial; and Other racial/ethnic categories, all non-white participants were collapsed into a single variable called, Racial/Ethnic Minority for data analysis purposes.

*Sexual Orientation.* Participants were asked to identify their sexual orientation. The majority of the participants identified as Heterosexual, 87.74%. Given the markedly lower percentage of participants who identified in one of the remaining categories of
sexual orientation (i.e., Asexual; Bisexual; Gay male; Lesbian female; and Questioning/Unsure), all other participants were collapsed into a single variable identified as GLB/Asexual for data analysis purposes.

**Specialty area.** Participants were asked to specify which counseling specialty area best described their teaching or training areas. The majority of the sample specified Clinical Mental Health/Community Counseling (42.45%) or School Counseling (34.91%) as their specialty areas. The remaining participants who identified with Addictions; Career; Gerontological; Martial, Family, and Couples; or Student Affairs and College Counseling specialty areas were collapsed into a single variable and categorized as Other for data analysis purposes.

**Extent and Pattern of Missing Data**

Of the 212 participants, 97.18% omitted at least one item of the CACS. There were a total of 129 variables that made up the CACS and 119 (92.25%) of those variables had at least one non-response. Finally, of the 27,348 total values (cases x variables), 877 (3.21%) were missing. Table 4 identifies each item and the associated number and percentage of missingness, mean, and standard deviation.

Due to technical difficulties related to the online posting of the survey, 194 (91.51%) participants were unable to, and in some cases did not, respond to item 13,
"Carry out action plans for barriers to the well being of vulnerable groups" for either the Importance, Training, or Readiness scale. Therefore, this research did not include this item in the data analyses. Scoring adjustments were made to the associated scales and subscales.

Little's (1988) MCAR test was implemented to further analyze the missing data and determine if the data was missing completely at random (MCAR), missing at random (MAR) or not missing at random (NMAR). This analysis was conducted using the Missing Data Analysis add-on module for PASW® Statistics GradPack 18 (2009). The results of the test, $X^2 (6029) = 6274.66$, $p < .001$, led to the conclusion that the data was not MCAR. As such, the missing data was handled by implementing the expectation maximization imputation technique.

Table 4

Counselor Advocacy Competence Survey Pattern of Missingness

<table>
<thead>
<tr>
<th>Item</th>
<th>Missingness</th>
<th>#</th>
<th>%</th>
<th>M</th>
<th>SD</th>
</tr>
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<tr>
<td>Importance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. ... identify their strengths and resources</td>
<td>0</td>
<td>0</td>
<td>6.61</td>
<td>.76</td>
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</tr>
<tr>
<td>2. ... identify the social, political, economic, and cultural factors that affect them.</td>
<td>1</td>
<td>.47</td>
<td>6.21</td>
<td>1.02</td>
<td></td>
</tr>
<tr>
<td>3. ... recognize symptoms of systemic or internalized oppression.</td>
<td>2</td>
<td>.94</td>
<td>5.86</td>
<td>1.31</td>
<td></td>
</tr>
<tr>
<td>4. ... identify the external barriers that affect their development.</td>
<td>0</td>
<td>0</td>
<td>5.98</td>
<td>1.10</td>
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<tr>
<td>5. Train... in self-advocacy skills.</td>
<td>5</td>
<td>2.36</td>
<td>6.15</td>
<td>1.06</td>
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<tr>
<td>6. Train... to develop self-advocacy action plans.</td>
<td>1</td>
<td>.47</td>
<td>5.57</td>
<td>1.31</td>
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Table 4—continued

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<thead>
<tr>
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<th>Missingness</th>
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<tr>
<td>7.</td>
<td>Assist... in carrying out action plans.</td>
</tr>
<tr>
<td></td>
<td>1 .47 5.57 1.37</td>
</tr>
<tr>
<td>8.</td>
<td>Negotiate relevant services and education systems...</td>
</tr>
<tr>
<td></td>
<td>3 1.42 5.71 1.32</td>
</tr>
<tr>
<td>9.</td>
<td>Obtain access to needed resources...</td>
</tr>
<tr>
<td></td>
<td>3 1.42 5.87 1.26</td>
</tr>
<tr>
<td>10.</td>
<td>Identify barriers to the well-being of vulnerable groups.</td>
</tr>
<tr>
<td></td>
<td>1 .47 6.10 1.13</td>
</tr>
<tr>
<td>11.</td>
<td>Develop an initial plan of action for confronting barriers...</td>
</tr>
<tr>
<td></td>
<td>0 0 5.53 1.43</td>
</tr>
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<td>12.</td>
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### Training

1. ... identify their strengths and resources | 2 | .94 | 5.96 | 1.07 |
2. ... identify the social, political, economic, and cultural factors that affect them. | 3 | 1.42 | 5.48 | 1.31 |
3. ... recognize symptoms of systemic or internalized oppression. | 3 | 1.42 | 4.90 | 1.55 |
4. ... identify the external barriers that affect their development. | 2 | .94 | 5.16 | 1.34 |
Table 4—continued

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Readiness

1. ... identify their strengths and resources | 1  | .47  | 5.28 | 1.14 |
2. ... identify the social, political, economic, and cultural factors that affect them. | 3  | 1.42 | 4.77 | 1.29 |
3. ... recognize symptoms of systemic or internalized oppression. | 2  | .94  | 4.22 | 1.40 |
4. ... identify the external barriers that affect their development. | 1  | .47  | 4.69 | 1.27 |
5. Train... in self-advocacy skills. | 5  | 2.36 | 4.69 | 1.36 |
6. Train... to develop self-advocacy action plans. | 2  | .94  | 4.01 | 1.53 |
7. Assist... in carrying out action plans. | 0  | 0  | 4.26 | 1.60 |
8. Negotiate relevant services and education systems... | 4  | 1.89 | 4.33 | 1.48 |
9. Obtain access to needed resources... | 2  | .94  | 4.57 | 1.41 |
10. Identify barriers to the well-being of vulnerable groups. | 1  | .47  | 4.69 | 1.39 |
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Demographic Variables

1. Sex | 0 | 0 |
2. Decade of birth | 17 | 8.02 |
3. Race/Ethnicity | 2 | .94 |
4. Sexual Orientation | 2 | .94 |
5. Income | 0 | 0 |
6. Education | 0 | 0 |
7. Specialty Area | 2 | .94 |
8. Program Region | 10 | 4.72 |

Research Question 1

Research question 1 asked, “To what extent do counselor educators and master’s level counseling interns rate the skills and behaviors comprising the ACA Advocacy Competencies as important to counselor preparation?” Counselor educators and master’s level interns were directed to rate how important it is for counseling students to learn the
skills and behaviors comprising the competencies on an anchored scale of 1 (Not At All Important) to 7 (Very Important).

The Counselor Advocacy Competence Survey (CACS) Importance Scale score was used to measure participants' ratings of the importance of master's level counseling students learning advocacy skills and behaviors. As previously mentioned, the CACS subscales were developed and scored in accordance with the organization of the Advocacy Competencies (Lewis et al., 2003). That is, there are three subscales that address the three levels of the competencies and six subscales that address each domain.

In response to the request to rate the importance of preparing counseling students to learn the skills and behaviors comprising the advocacy competencies, the participants yielded an overall Importance rating of 5.45 (SD = 1.09). This indicates that the sample perceived teaching students the skills and behaviors comprising the advocacy competencies as important. The sample rated preparation at the client/student (M = 5.89, SD = .87), school/community (M = 5.44, SD = 1.21), and public arena levels (M = 5.06, SD = 1.38) as important.

At the domain level, participants rated preparation at the empowerment level the highest (M = 5.97, SD = .84) and within the social/political domain as the least important
(M = 4.97, SD = 1.47). Table 5 depicts the importance ratings across the competency levels and domains by participant status.

Subsequent research questions were implemented to determine if significant differences existed between the groups (i.e., counselor educators and counseling interns), across the three levels or six domains of the competencies.

Prior to conducting any tests for differences in group means, a Pearson correlation coefficient was calculated for the domains comprising the CACS to determine the most appropriate mixed design analysis of variance: two-factor (Status x Domain) or three factor (Status x Level x Domain). The Pearson correlation coefficient allowed this researcher to determine the strength of the relationship among the six domains comprising the Importance Scale. The domains are the smallest components of the scale and make up the larger subscale (Level) and scale score (Importance).

There was a significant positive correlation between each domain pair (p < .001) (see Table 6). The relationships ranged from moderate to strong, indicating that the domains and levels are statistically associated. Due to the strong association among the domains, a one-between one within mixed design analysis of variance was conducted to examine the effect of participant status (i.e., counselor educator and counseling intern) and domain (i.e., empowerment, advocacy, community collaboration, systems advocacy,
public information, and social/political advocacy) on ratings of the importance of advocacy preparation in counselor education. This analysis was appropriate because it allowed for the simultaneous analysis of the effects of each factor on rating of importance (Mills, 2005).

Table 5

*Ratings for Importance Across Competency Levels and Domains*

<table>
<thead>
<tr>
<th>Status</th>
<th>N</th>
<th>M</th>
<th>SD</th>
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<tbody>
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<td><strong>Client/Student</strong></td>
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<td>.88</td>
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<td>Counseling Intern</td>
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<td>.84</td>
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<td>.89</td>
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<td>Total</td>
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<td>.85</td>
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<td><strong>Advocacy</strong></td>
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<td>1.09</td>
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<td>1.18</td>
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<td>1.24</td>
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<td><strong>Systems Advocacy</strong></td>
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<td>1.35</td>
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<td>Counseling Intern</td>
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<td>1.27</td>
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<td>1.20</td>
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<td>Counselor Educator</td>
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Table 5–continued

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<th>SD</th>
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</tr>
<tr>
<td><strong>Public Information</strong></td>
<td></td>
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<tr>
<td>Counselor Educator</td>
<td>138</td>
<td>5.01</td>
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<tr>
<td>Counseling Intern</td>
<td>73</td>
<td>5.35</td>
<td>1.36</td>
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<td><strong>Social/Political Advocacy</strong></td>
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<td>Counselor Educator</td>
<td>138</td>
<td>4.97</td>
<td>1.47</td>
</tr>
<tr>
<td>Counseling Intern</td>
<td>73</td>
<td>4.99</td>
<td>1.50</td>
</tr>
<tr>
<td>Total</td>
<td>211</td>
<td>4.97</td>
<td>1.47</td>
</tr>
</tbody>
</table>

Note. *One participant did not indicate his status

Analysis. The data was analyzed using PASW® Statistics GradPack 18 for Windows®/Mac®. The assumptions of equality of covariance, homogeneity of variance, and sphericity were tested. The assumption of equal covariance, Box’s M (21, 82042.33) = 27.67, \( p = .18 \), was tenable, as was the assumption of equality of variance for each level of Domain at each level of Status \( (p = .12) \). Maulchly’s test for the assumption of Sphericity, however, indicated that the assumption was not tenable, \( X^2 (14) = 182.45, p < .001 \). Because the assumption of sphericity was violated, multivariate statistics were interpreted, as recommended by Ho (2006) and Pallant (2007).

Results from the between-subjects by within-subjects design analysis of variance indicated that there was no significant interaction between Participant Status and the
Domain category, Wilks Lambda = .95, $F(5, 205) = 2.20$, $p = .06$, partial eta squared = .51, which indicated that any effect on importance ratings from Status was independent of the Domain factor and any domain effects were independent of Status. Therefore, analyses of the main effects were conducted to answer research questions subsequent to Research Question 1 (Mills, 2005; Pallant, 2007). Results from the mixed design analysis of variance for Research Question 1 are summarized in Table 7.

Table 6

Correlations Between Importance Domains

<table>
<thead>
<tr>
<th>Domain</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
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<td>.69*</td>
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<td>.60*</td>
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<td>_</td>
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<td>.66*</td>
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<td>.753*</td>
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</tr>
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<td>4. Systems Advocacy</td>
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<td>5. Public Information</td>
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<td>.81*</td>
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</tr>
<tr>
<td>6. Social/Political Advocacy</td>
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<td></td>
<td></td>
<td>_</td>
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</tr>
</tbody>
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*Note. *$p < .001$
Table 7

*Between-Subjects by Within-Subjects Analysis of Variance on Importance Ratings*

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<tr>
<th>Source</th>
<th>df</th>
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<th>P</th>
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</thead>
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<td>Between-Subjects</td>
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<td>.44</td>
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<tr>
<td>Error</td>
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<tr>
<td>Within-Subjects</td>
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<td></td>
<td></td>
</tr>
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<td>Domain</td>
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<td>30.22</td>
<td>&lt;.001</td>
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<td>Error</td>
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</tr>
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</table>

*Research Question 1a*

The first subsequent question to Research Question 1 asked, “Does status, either as a counselor educators or master’s level counseling intern, affect importance ratings?”

This question was addressed by investigating the main effect of status on participant’s importance ratings. It was revealed that counselor educators and counseling interns did not differ significantly, $F(1, 209) = .59, p = .44$, partial eta squared < .01, in ratings of the importance of counseling students learning the skills and behaviors comprising advocacy competence. As a result, this researcher failed to reject Null Hypothesis 1a, “There is no difference between counselor educators’ and master’s level counseling interns’ importance ratings.”
Research Question 1b

Research Question 1b asked, “Is there a difference in importance ratings across the three levels comprising the competencies?” These three levels were measured by the CACS Importance subscales (i.e., Client/Student, School/Community, Public Arena) scores and were comprised by the six training domains, which were strongly correlated (see Table 6). It was previously noted that a two factor ANOVA (Status X Domain) was the more appropriate analysis due to the strong correlation among the six domains. Consequently, this researcher did not consider Level as a factor during the analysis and this research question was not answered.

Research Question 1c

Research Question 1c asked, “Is there a difference in Importance ratings across the six domains that comprise the advocacy competencies?” This question was addressed by investigating the main effect of domain on participant’s Importance ratings. There was a main effect for domain, Wilks Lambda = .58, $F(5, 205) = 30.22, p < .001$, partial eta squared = .42. Consequently, this researcher rejected the null hypothesis that there is no difference in importance ratings across the six domains.

Figure 2 shows that participants rated Empowerment ($M = 6.00$) as the most important domain for which instruction should be included in counselor education. The
The graph also demonstrates that participants rated instruction within the domains less important as the skills and behaviors moved closer to macrolevel advocacy competence. This was evidenced in the post hoc pairwise comparison of the empowerment and social/political advocacy domains, which yielded the greatest difference in ratings, $M_{ij} = 1.02, p < .001$.

The post hoc pairwise comparisons also revealed that each domain differed significantly from all others ($p < .05$) except in the Systems Advocacy-Public Information comparison ($p = .65$). In addition, within each level of the competencies (i.e., Client/Student, School/Community, and Public Arena) the skills and behaviors comprising the “Acting With” domain were rated slightly higher than those categorized as “Acting on Behalf.” That is, Empowerment skills and behaviors were rated significantly higher than Advocacy skills and behaviors ($M_{ij} = .24, p < .001$), Community Collaboration was rated significantly higher than Systems Advocacy ($M_{ij} = .29, p < .001$), and Public Information was rated significant higher than Social/Political Advocacy ($M_{ij} = .20, p = .007$).
Research Question 2

The second research question considered participants' ratings of the extent to which the skills and behaviors outlined in the advocacy competencies are included in their respective programs (Training). Counselor educators were asked to rate how often the skills and behaviors are included in their instruction (e.g., lectures, discussions, experiential learning, and assignments) to master's level counseling students. Counselor educators were provided an anchored scale of one to seven, where the number 1 represented *Never* and the number 7 represented *Always*. Likewise, master's level counseling interns were directed to rate how often the competencies had been included in
their preparation (e.g., lectures, discussions, experiential learning, and assignments) to become a counselor. Interns responded using the same anchored scale where 1 represented *Never* and the 7 represented *Always*.

The overall mean rating for Training was 4.21 (*SD* = 1.26), indicating that the sample perceived training for the skills and behaviors outlined in the competencies occurs about half the time. Participants reported that training occurs about half the time at the Client/Student (*M* = 4.91, *SD* = 1.12) and School/Community (*M* = 4.15, *SD* = 1.43) levels, and occasionally at the Public Arena level (*M* = 3.47, *SD* = 1.50).

Concerning subscales addressing the domains, Training was reported to occur the least within the Social/Political domain (*M* = 3.47, *SD* = 1.50) and most often within the Empowerment domain (*M* = 5.07, *SD* = 1.12). Table 8 depicts the Training ratings across the competency levels and domains by participant status. Subsequent research questions were implemented to determine if significant differences existed between the groups (i.e., counselor educators and counseling interns), across the three levels or six domains of the competencies.

Again, prior to conducting any analysis of group means, a Pearson correlation coefficient was calculated for the domains comprising the CACS to determine the most appropriate mixed design analysis of variance: two-factor (Status x Domain) or three
factor (Status x Level x Domain). Due to the moderate to strong relationship among the
domains (see Table 9), a one-between one-within mixed design analysis of variance was
conducted to examine the effect of participant status (Counselor Educator, Counseling
Intern) and domain (Empowerment, Advocacy, Community Collaboration, Systems
Advocacy, Public Information, Social/Political Advocacy) on ratings of how often
advocacy training occurs in counselor education. This analysis was appropriate because it
allowed this researcher to simultaneously analyze the effects of each factor on rating of
Training (Mills, 2005).

Table 8

*Ratings for Training Across Competency Levels and Domains*

<table>
<thead>
<tr>
<th>Status</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
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</thead>
<tbody>
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<td><strong>Client/Student</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Counselor Educator</td>
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<td>5.11</td>
<td>.97</td>
</tr>
<tr>
<td>Counseling Intern</td>
<td>73</td>
<td>4.51</td>
<td>1.25</td>
</tr>
<tr>
<td>Total</td>
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<td>1.12</td>
</tr>
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<td><strong>Empowerment</strong></td>
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<td></td>
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<tr>
<td>Counselor Educator</td>
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<td>.99</td>
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<td>Counseling Intern</td>
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<td>4.68</td>
<td>1.23</td>
</tr>
<tr>
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<td><strong>School/Community</strong></td>
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<td>1.29</td>
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<td>3.76</td>
<td>1.57</td>
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<tr>
<td>Total</td>
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<tr>
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Table 8–continued

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<tr>
<td>Total</td>
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<td>1.50</td>
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*Note.* *One participant did not indicate his status

Table 9

*Correlations Between Training Domains*

<table>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<td>.70*</td>
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<td>.70*</td>
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<td>.66*</td>
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<td>.76*</td>
<td>.72*</td>
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<td></td>
<td></td>
<td>.83*</td>
<td>.81*</td>
</tr>
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<td>5. Public Information</td>
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<td></td>
<td>.86*</td>
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</table>

*Note.* *p < .001
Analysis. The assumptions of equality of covariance, homogeneity of variance, and sphericity were tested. The assumption of equal covariance, Box’s M (21, 82042.33) = 40.67, \( p = .009 \), was tenable; however, the within-subjects assumptions (i.e., equality of variance and sphericity) were violated. The assumption of equality of variance was rejected for the Advocacy, Community Collaboration, and Public Information domains (\( p < .05 \)), as was the assumption of sphericity, \( X^2 (14) = 219.74, \ p < .001 \). Multivariate statistics and the more conservative alpha level to .001 were used to interpret results for this analysis to account for the violated within-subjects assumptions.

The Status x Domain interaction was first assessed using the Wilks’ Lambda multivariate test. This showed that the interaction was not significant at the .001 Level (Wilks’ Lambda = .94, \( F (5, 205) = 2.64, \ p = .025 \), partial eta squared = .06, which indicated that any effect on Training ratings from Status was independent of the Domain factor and any Domain effects were independent of Status. Therefore, analyses of the main effects were conducted to answer research questions subsequent to Research Question 2 (Mills, 2005; Pallant, 2007). Results from the mixed design analysis of variance for Research Question 2 are summarized in Table 10.
Table 10

Between-Subjects by Within-Subjects Analysis of Variance on Training Ratings

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between-Subjects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status</td>
<td>1</td>
<td>9.23</td>
<td>&lt; .01</td>
</tr>
<tr>
<td>Error</td>
<td>209</td>
<td>(1.465)</td>
<td></td>
</tr>
<tr>
<td>Within-Subjects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domain</td>
<td>5</td>
<td>30.22</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Domain X Status</td>
<td>5</td>
<td>2.20</td>
<td>.06</td>
</tr>
<tr>
<td>Error</td>
<td>209</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Research Question 2a

This question asked, “Does status, either as a counselor educator or master’s level counseling intern, affect reports of advocacy training in counselor education?” This question was addressed by investigating the main effect of status on participant’s ratings of how often instruction address advocacy skills and behaviors outlined in the advocacy competencies.

The results of the test of between-subjects effects indicated that there was a statistically significant difference in counselor educators and interns’ reports on the Training Scale of the CACS, $F (1, 209) = 9.23, p = .003$, partial eta squared = .042. The estimated marginal means demonstrated that counselor educators tended to perceive that the skills and behaviors comprising advocacy competence are included in counselor education more so than counseling interns. Counselor educators indicated that it is
included about half the time ($M = 4.40$), whereas students indicated that skills and behaviors are seldom included during instruction ($M = 3.87$).

Null Hypothesis 2a, "There is no difference between counselor educators' and master's level counseling interns' training ratings," was rejected. In turn, Research Hypothesis 2a, "There is a difference between counselor educators' and Master's level counseling interns' training reports." was accepted. Figure 3 depicts the difference in ratings for counselor educators and interns across the six domains.

![Figure 3. Training Ratings by Participant Status and Domain](image)
Research Question 2b

Research Question 2b asked, “Is there a difference in training reports across the three levels comprising the competencies?” The CACS Training subscales (i.e., Client/Student, School/Community, Public Arena) scores are comprised by the six training domains, which are strongly correlated (see Table 9). It was previously noted that a two factor ANOVA (Status X Domain) was the more appropriate analysis. Consequently, this researcher did not consider Level as a factor during the analysis and this research question was not answered.

Research Question 2c

Research Question 2c asked, “Is there a difference in training reports across the six domains that comprise the competencies?” This question was addressed by using CACS Domain subscale scores and investigating the main effect of domain on participant’s training ratings. There was a small main effect for domain, Wilks Lambda = .38, $F(5, 205) = 66.19, p < .001$, partial eta squared = .62. Consequently, this researcher rejected the null hypothesis that there is no difference in training ratings across the six training domains.

Figure 3 shows that participants collectively reported training in counselor education occurs most often within the Empowerment domain ($M = 5.07$). It is also
noticeable that, similar to ratings for the Importance domains, participants rated instruction occurs less often as the skills and behaviors moved closer to macrolevel advocacy competence. Post hoc pairwise comparisons were conducted to determine if the differences across the domains were statistically significant.

Results of the pairwise comparisons demonstrated that each domain differed significantly from all others \((p < .001)\), except in the Systems Advocacy by Public Information comparison \((p = 1.00)\). The greatest mean difference was, in fact, between the Empowerment and Social/Political Advocacy domains, \(M_{t,j} = 1.69, p < .001\). Other substantial mean differences were found in the comparison of Empowerment to Systems Advocacy \((M_{t,j} = 1.18, p < .001)\) and Public Information \((M_{t,j} = 1.19, p < .001)\), and between Advocacy and Social/Political Advocacy \((M_{t,j} = 1.19, p < .001)\).

Additionally, within each level of the competencies (i.e., Client/Student, School/Community, and Public Arena) the skills and behaviors comprising the “Acting With” domain were rated slightly higher than those categorized as “Acting on Behalf.” That is, Empowerment skills and behaviors were rated significantly higher than Advocacy skills and behaviors \((M_{t,j} = .40, p < .001)\), Community Collaboration was rated significantly higher than Systems Advocacy \((M_{t,j} = .51, p < .001)\), and Public Information was rated significant higher than Social/Political Advocacy \((M_{t,j} = .41, p = \)
.001). As such, this researcher accepted the research hypothesis that there is at least one difference in Training ratings across the six advocacy domains.

Research Question 3

The third research question addressed participants’ about student’s readiness to engage in social justice advocacy counseling. More specifically, Counselor educators and master’s level counseling interns were asked, “In your opinion, how ready are master’s level counseling students to engage in the following skills or behaviors when beginning their internship?” Using the CACS Readiness Scale, participants were directed to respond to the 43 items on an anchored scale where the number 1 represented Not At All Ready and the number 7 represented Absolutely Ready.

The overall mean rating for Readiness was 3.86 (SD = 1.17), indicating that the sample perceived that counselors-in-training are “not really ready” to engage in the skills and behaviors comprising advocacy competence upon beginning internship. Counselor educators rated Readiness at 3.86 (SD = 1.13) compared to interns rating of 3.81 (SD = 1.21). As a collective, participants reported that students are “somewhat ready” at the Client/Student level (M = 4.47, SD = 1.07), and not really ready at the School/Community (M = 3.81, SD = 1.32) and public Arena (M = 3.39, SD = 1.38) levels.
Domain subscale results indicated that participants perceived that counselors-in-training are most ready to engage in advocacy skills and behavior within the Empowerment domain ($M = 4.47, SD = 1.07$) and least ready to engage within the Social/Political domain ($M = 3.23, SD = 1.41$). Table 11 depicts the Readiness ratings across the competency levels and domains by participant status. Subsequent research questions were implemented to determine if significant differences existed between the groups (i.e., counselor educators and counseling interns), across the three levels or six domains of the competencies.

There was a significant positive correlation between each domain pair ($p < .001$) (see Table 12). The relationships ranged from moderate to strong, indicating that the domains and levels are statistically associated. This researcher, therefore, determined that a one between one within mixed design analysis of variance was most appropriate to investigate the effect of participant status (Counselor Educator, Counseling Intern) and domain (Empowerment, Advocacy, Community Collaboration, Systems Advocacy, Public Information, Social/Potitical Advocacy) on ratings of counselors-in-training readiness to engage in advocacy skills and behaviors upon beginning internship. The analysis also allowed this researcher to simultaneously analyze the effects of each factor on rating of Readiness (Mills, 2005).
The assumptions of equality of covariance, homogeneity of variance, and sphericity were tested. The assumption of equal covariance, Box’s M \( (21, 82,042.33) = 38.81, p = .015 \), was tenable; however, the within-subjects assumptions (i.e., equality of variance and sphericity) were violated. The assumption of equality of variance was rejected for the advocacy \( (p = .02) \), as was the assumption of sphericity, \( X^2 (14) = 168.45, p < .001 \). Multivariate statistics and the more conservative alpha level to .001 were used to interpret results for this analysis to account for the violated within-subjects assumptions.

Table 11

*Ratings for Readiness Across Competency Levels and Domains*

<table>
<thead>
<tr>
<th>Status</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client/Student</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselor Educator</td>
<td>138</td>
<td>4.47</td>
<td>1.00</td>
</tr>
<tr>
<td>Counseling Intern</td>
<td>73</td>
<td>4.42</td>
<td>1.19</td>
</tr>
<tr>
<td>Total</td>
<td>212*</td>
<td>4.47</td>
<td>1.08</td>
</tr>
<tr>
<td>Empowerment Counselor Educator</td>
<td>138</td>
<td>4.57</td>
<td>1.03</td>
</tr>
<tr>
<td>Counseling Intern</td>
<td>73</td>
<td>4.55</td>
<td>1.12</td>
</tr>
<tr>
<td>Total</td>
<td>211</td>
<td>4.56</td>
<td>1.08</td>
</tr>
<tr>
<td>Advocacy Counselor Educator</td>
<td>138</td>
<td>4.34</td>
<td>1.09</td>
</tr>
<tr>
<td>Counseling Intern</td>
<td>73</td>
<td>4.23</td>
<td>1.37</td>
</tr>
<tr>
<td>Total</td>
<td>211</td>
<td>4.30</td>
<td>1.20</td>
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Table 11–continued

<table>
<thead>
<tr>
<th>Status</th>
<th>N</th>
<th>M</th>
<th>SD</th>
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</thead>
<tbody>
<tr>
<td><strong>School/Community</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselor Educator</td>
<td>138</td>
<td>4.34</td>
<td>1.29</td>
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<tr>
<td>Counseling Intern</td>
<td>73</td>
<td>3.76</td>
<td>1.57</td>
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<tr>
<td>Total</td>
<td>212*</td>
<td>3.81</td>
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<tr>
<td><strong>Community Collaboration</strong></td>
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<td>Counselor Educator</td>
<td>138</td>
<td>4.10</td>
<td>1.26</td>
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<tr>
<td>Counseling Intern</td>
<td>73</td>
<td>4.09</td>
<td>1.42</td>
</tr>
<tr>
<td>Total</td>
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<td>4.09</td>
<td>1.31</td>
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<tr>
<td><strong>Systems Advocacy</strong></td>
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<td></td>
</tr>
<tr>
<td>Counselor Educator</td>
<td>138</td>
<td>3.54</td>
<td>1.41</td>
</tr>
<tr>
<td>Counseling Intern</td>
<td>73</td>
<td>3.40</td>
<td>1.43</td>
</tr>
<tr>
<td>Total</td>
<td>211</td>
<td>3.49</td>
<td>1.42</td>
</tr>
<tr>
<td><strong>Public Arena</strong></td>
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<tr>
<td>Counselor Educator</td>
<td>138</td>
<td>3.46</td>
<td>1.28</td>
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<tr>
<td>Counseling Intern</td>
<td>73</td>
<td>3.59</td>
<td>1.57</td>
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<tr>
<td>Total</td>
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<td>1.46</td>
</tr>
<tr>
<td><strong>Social/Political Advocacy</strong></td>
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<td></td>
</tr>
<tr>
<td>Counselor Educator</td>
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<td>3.24</td>
<td>1.37</td>
</tr>
<tr>
<td>Counseling Intern</td>
<td>73</td>
<td>3.15</td>
<td>1.43</td>
</tr>
<tr>
<td>Total</td>
<td>211</td>
<td>3.21</td>
<td>1.39</td>
</tr>
</tbody>
</table>

*Note. * One participant did not indicate his status

The Status x Domain interaction was first assessed using the Wilks' Lambda multivariate test, which showed that the interaction was not significant (Wilks' Lambda = .98, F (5, 205) = .95, p = .45, partial eta squared = .02 (see Table 12). This indicated that any effect on Readiness ratings from Status was independent of the Domain factor and any Domain effects were independent of Status. Therefore, analyses of the main effects were conducted to answer research questions subsequent to Research Question 3 (Mills,
Results form the mixed design analysis of variance for Research Question 3 are summarized in Table 13.

Table 12

*Correlations Between Readiness Domains*

<table>
<thead>
<tr>
<th>Domain</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empowerment</td>
<td></td>
<td>.79*</td>
<td>.72*</td>
<td>.66*</td>
<td>.62*</td>
<td>.59*</td>
</tr>
<tr>
<td>Advocacy</td>
<td>.81*</td>
<td></td>
<td>.74*</td>
<td>.66*</td>
<td>.61*</td>
<td></td>
</tr>
<tr>
<td>Community Collaboration</td>
<td>.82*</td>
<td>.76*</td>
<td></td>
<td>.67*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systems Advocacy</td>
<td></td>
<td>.82*</td>
<td></td>
<td>.77*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Information</td>
<td>.82*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social/Political Advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. *p < .001

Table 13

*Between-Subjects by Within-Subjects Analysis of Variance on Readiness Ratings*

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between-Subjects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status</td>
<td>1</td>
<td>.08</td>
<td>.77</td>
</tr>
<tr>
<td>Error</td>
<td>209</td>
<td>(.109)</td>
<td></td>
</tr>
<tr>
<td>Within-Subjects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domain</td>
<td>5</td>
<td>55.23</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Domain X Status</td>
<td>5</td>
<td>.95</td>
<td>.45</td>
</tr>
<tr>
<td>Error</td>
<td>205</td>
<td></td>
<td>.</td>
</tr>
</tbody>
</table>
Research Question 3a

Research Question 3a considered whether differences exist between counselor educators and interns in ratings of students’ readiness to perform advocacy skills and behaviors upon beginning internship. The question specifically asked, “Is there a difference between counselor educators’ and master’s level counseling interns’ perceptions of counselors’- in-training readiness?” This question was addressed by investigating the main effect of status on participant’s ratings of students’ readiness to engage in advocacy skills and behaviors on the CACS Readiness Scale.

As previously noted, the mean Readiness rating for Counselor Educators was 3.86 (SD = 1.13) in comparison to Counseling Interns’ rating of 3.81 (SD = 1.21). The analysis of the main effect for Status revealed that the ratings did not differ significantly, \( F(1, 209) = .08, p = .77, \) partial eta squared < .001. This researcher, therefore, failed to reject the null hypothesis that “There is no difference between counselor educators’ and master’s level counseling interns’ perception of counselors-in-training’s readiness.”

Research Question 3b

Research Question 3b asked, “Is there a difference in perceptions of readiness across the three levels comprising the competencies?” These three levels are measured by the CACS Readiness subscales (i.e., Client/Student, School/Community, Public Arena)
scores and are composed of the six training domains, which are strongly correlated (see Table 12). It was previously noted that a two factor ANOVA (Status X Domain) would be the more appropriate analysis. Consequently, this researcher did not consider Level as a factor during the analysis and this research question was not answered.

**Research Question 3c**

Research Question 3c asked, “Is there a difference in perceptions of readiness across the six domains comprising the competencies?” This question was addressed by investigating the domain subscale scores for the CACS Readiness Scale, which included a calculation of the main effect of Domain on participant’s Readiness ratings. The results showed a significant main effect for Domain, Wilks Lambda = .43, $F(5, 205) = 55.23, p < .001$, partial eta squared = .57.

Figure 4 depicts that participants were collectively most confident in counseling students’ ability to engage in advocacy skills and behaviors within the Empowerment domain ($M = 4.56$). The previous scales (i.e., Importance and Training) had a pattern where positive ratings decreased as the behaviors and skills moved from microlevel to macrolevel advocacy. This also occurred in participants’ rating of Readiness, except for the small spike from Systems Advocacy to Public Information. Post hoc pairwise
comparisons were conducted to determine if the differences across the domains were statistically significant.

Results of the pairwise comparisons demonstrated that each domain differed significantly from all others \((p < .001)\), except in the Systems Advocacy-Public Information comparison \((p = 1.00)\). Similar to the previous two scales, the greatest mean difference was between the Empowerment and Social/Political Advocacy domains, \(M_{ij} = 1.37, p < .001\). Other substantial mean differences were found in the comparison of Advocacy and Social/Political Advocacy \((M_{ij} = 1.09, p < .001)\), Empowerment to Systems Advocacy \((M_{ij} = 1.09, p < .001)\) and Public Information \((M_{ij} = 1.01, p < .001)\).

Additionally, within each level of the competencies (i.e., Client/Student, School/Community, and Public Arena) the skills and behaviors comprising the “Acting With” domain were rated slightly, but significantly, higher than those categorized as “Acting on Behalf.” That is, Empowerment skills and behaviors were rated higher than Advocacy skills and behaviors \((M_{ij} = .27, p < .001)\), Community Collaboration was rated higher than Systems Advocacy \((M_{ij} = .62, p < .001)\), and Public Information was rated higher than Social/Political Advocacy \((M_{ij} = .36, p = .001)\). As such, this researcher rejected the null hypothesis that there is no difference in perceptions of Readiness among the six domains.
The final research question addressed the relationship between participants' demographic characteristics and their ratings of the importance of social justice advocacy training in counselor education. The question specifically asked, "What demographic variables account for participants' rating of the importance of training for social justice advocacy skills and behaviors?"

A stepwise multiple regression was conducted to determine if a predictive relationship existed between participants' status (i.e., Counselor Educator or Counseling Intern), gender (i.e., Female or Male), race/ethnicity (i.e., Caucasian/White or
Racial/Ethnic Minority), sexual orientation (i.e., Heterosexual or GLB/Asexual), decade of birth (i.e., 1940-1949, 1950-1959, 1960-1969, 1970-1979, or After 1979), 2009 personal income (i.e., Less than $10,000, $10,001-$20,000, $30,001-$40,000, $40,001-$50,000, $50,001-$60,000, $60,001-$70,000, $70,001-$80,000, $80,001-$90,000, $90,001-$100,000, and over $100,000), highest degree earned (i.e., Doctorate, Master’s, Bachelor, or Other), specialty (i.e., Clinical Mental Health/Community Counseling, School Counseling, or Other) and CACS Importance scale score. Each of the predictor variables were dummy coded and entered into the regression model as stepwise blocks (Garson, 2010).

Preliminary analyses were conducted to ensure no violation of the assumptions of multicollinearity, normality, linearity, homoscedasticity, and independence of residuals. Multicollinearity was evaluated by reviewing the PASW® Statistics GradPack 18 (2009) output for tolerance and variance inflation factor (VIF). The tolerance values for the independent variables comprising the predictor model were above the commonly accepted cutoff of .10. Likewise, the VIF values were each well below the cutoff of 10. Outliers, normality, homoscedasticity, and independence of residuals were inspected by reviewing the normal probability plot (P-P) of the regression standardized residual and the scatter plot provided by PASW® Statistics GradPack 18.
Figure 5 depicts the Normal P-P Plot for the dependent variable, Total Importance. Because the points are plotted in a reasonably straight diagonal line from the bottom left to the top right, it was determined that there are no major deviations from normality.

Figure 6, displays the scatterplot of the standardized residuals. When the assumptions are not violated, the plots would reveal a centralized rectangle (Pallant, 2007). The scatterplot is somewhat awkward due to the dummy coding (variable were coded as either 0 or 1) and the equation for this model \( Y = c + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 \). Variable one represents the presence or absence of a year of birth from 1970-1979, variable two represents race (White/Caucasian or Racial/Ethnic Minority) and variable three represents a year of birth after 1979. Variables one and three are mutually exclusive. Therefore, the scatterplot (Figure 6) excluded predictions of an individual being born in both decades. The plot, however, revealed no violations.
Figure 5. Normal P-P Plot Regression Standardized Residual for Total Importance

Figure 6. Scatterplot of the Standardized Residuals for Total Importance
The stepwise multiple regression analysis revealed that a Racial/Ethnic Minority identity and decade of birth (i.e., 1970-1979 and after 1979) significantly predicted participants' ratings on the Importance scale, $F(1, 207) = 4.79, p = .03$. $R^2$ for the model was .26 and the adjusted $R^2$ was .07, which indicates that Racial/Ethnic Minority, and being born between 1970 and 1979 or after 1979 only accounted for seven percent of the variance in this model. The remaining variables did not enter into the equation; thus, other variables, not suggested by the researcher, explain the bulk of the variance. Table 14 shows the unstandardized regression coefficient (B), standard error for B, standardized regression coefficient ($\beta$), partial correlation, and significance values for the model.

Results from the stepwise multiple regression also revealed a significant regression equation for predicting CACS Importance scale scores based on Racial/Ethnic Minority, being born between 1970 and 1979 and after 1979 ($F(3, 207) = 5.06, p = .002$). Subjects predicted CACS Importance scale score is equal to $5.34 + .383 \text{ (Race)} + .54 \text{ (Decade}_1) + .40 \text{ (Decade}_2)$, where Race is coded as 1 = Racial/Ethnic Minority and 0 = White, where Decade$_1$ is coded as 1 = 1970 to 1979 and 0 = 1950-1959, and where Decade$_2$ is coded as 1 = After 1979 and 0 = 1950-1959. In other words, subjects' CACS Importance ratings increased by .38 points for participants who identified as a racial/ethnic minority, by .54 if born between 1970 and 1979, or by .40 if born after 1979.
Being born between 1970 and 1979 ($t(210) = 2.55, p = .01$), a Racial/Ethnic Minority ($t(210) = 2.20, p = .03$), and being born after 1979 ($t(210) = 2.19, p = .03$) are significant predictors of subjects' Importance scale score. The magnitude of the $t$-statistic showed that the difference in impact among the three variables was minimal. Based on these results, this researcher accepted Research Hypothesis 4, "There is a relationship between participants' demographic characteristics (i.e., age and race/ethnicity) and ratings of the importance of social justice advocacy training."

Table 14

*Stepwise Regression Analysis for Variables Impacting Importance Ratings*

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<thead>
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<th>Step</th>
<th>Variable</th>
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<th>SE B</th>
<th>B</th>
</tr>
</thead>
<tbody>
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<td>Constant</td>
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<td>.09</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Racial/Ethnic Minority</td>
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<td>.17</td>
<td>.16</td>
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<tr>
<td>2</td>
<td>Constant</td>
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<td>.09</td>
<td></td>
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<tr>
<td></td>
<td>Racial/ethnic minority</td>
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<td>.14</td>
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<td>.15</td>
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<tr>
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<td></td>
<td>After 1979</td>
<td>.40</td>
<td>.18</td>
<td>.15</td>
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</table>
Summary

This chapter presented results from the data collection phase of this research study. Specifically, it identified how data was handled and results of the hypotheses testing for the research questions that guided the study. The next chapter is a discussion of these results. Chapter V will summarize the results, and offer implications and conclusions from this study.
CHAPTER V

DISCUSSION

This chapter provides an overall summary of the research conducted in this dissertation. The sections comprising this chapter include a summary of the study, limitations of the study, a review of the findings, conclusions, implications for counselor education, and recommendations for future research.

The overall intent of this study was to investigate perceptions of training for social justice advocacy in counselor education. Several issues identified within counseling’s training standards and literature base prompted this study (see ACA 2005; CACREP, 2001, 2009; Lewis et al., 2003; Bemak & Chung, 2005). First, the 2001 CACREP training standards require counselor education programs to provide studies in social justice and advocacy processes, while 2009 CACREP standards additionally stipulate that accredited programs must provide advocacy training specific to each specialty area. ACA adopted advocacy competencies, in part, to guide this training (Goodman, 2009; Lewis, et al., 2003). Few studies have explored the extent to which counselor education programs provide curricular experiences related to social justice.
advocacy (Nilsson & Schmidt, 2005). Moreover, there is minimal research that investigates the extent to which training programs address the skills and behaviors identified as important to competent advocacy counseling (Green, McCollum, & Hays, 2008; Ratts, DeKruyf, & Chen-Hayes, 2007). Some scholars have suggested that counseling students may not be receiving any training in this area (Trusty & Brown, 2005; Vera & Speight, 2007).

Beyond the CACREP standards, issues discussed within the counseling literature that served as an impetus for this study included opposition to social justice advocacy in counseling and ethical standards mandating advocacy in counseling. Although the ACA Code of Ethics (2005, A.6.a) indicates that counselors should advocate for clients when appropriate, Counseling Today, an ACA publication, has published several articles and letters questioning the relevancy of social justice advocacy in counseling and counselor training. Individuals who question the relevancy of social justice advocacy in counseling have come from various levels, including ACA leadership (Canfield, 2007, 2008), counselors (Hunsaker, 2008), counselor educators (Henriksen, 2008), and doctoral level students (Lockard & Stack, 2008). While the perceptions of some counseling
professionals and counselor educators have been made evident through the counseling literature, the perceptions of counselor education students have remained notably absent.

These issues suggested the need for research regarding the perception of social justice advocacy training in counselor education. Therefore, this study was designed to (a) explore counselor educators’ and master’s level counseling interns’ perceptions of the importance of social justice advocacy training to counselor training, (b) to explore perceptions of the extent to which advocacy skills and behaviors are included in counselor training, and (c) investigate perceptions of students’ readiness to engage in advocacy skills and behaviors when beginning internship.

Counselor educators and master’s level counseling interns were surveyed concerning their perceptions of importance, inclusion (training), and readiness concerning the skills and behaviors outlined in the advocacy competencies. All participants were members of CACREP accredited counselor education programs. The participants were asked to rate the importance of advocacy related skills and behaviors to counselor education, the extent to which advocacy skills and behaviors are included in counselor preparation, and personal perceptions of students’ readiness to engage in advocacy skills and behaviors.
Participants, who represented 233 CACREP accredited counseling programs, were invited to participate in the online study by email. The survey was viewed a total of 554 times and 238 participants completed and submitted the survey online. Of the 238 submitted surveys, 26 were excluded from data analysis due to the number of omitted items.

Limitations of the Study

The limitations of this study primarily relate to the sampling technique, instrumentation, and its self-report nature. Master's level counseling interns were contacted via snowball sampling. “In snowball sampling, previously identified members of a group are asked to identify other members of the population” (Fink, 2003. p. 18). Counselor educators and CACREP liaisons were invited to participate in the study and directed to invite counseling interns to participate as well. Consequently, an invitation to interns was at the discretion of faculty. Thus, until faculty distributed the invitation to interns, these potential participants did not have complete choice in the option to participate. Therefore, the sampling procedure limits the generalizability of the results because each member of the population did not have an equal probability of participating in the study (Howell, 2002).
Furthermore, participation among counselor educators and interns was limited to those who were a part of CACREP accredited program in the United States and who had contact information posted on the program’s website. Only counselor educators whose names and email addresses were listed on the counseling program’s website were invited to participate in this study. Therefore, the results may not be representative of counseling faculty or students who are not members of a CACREP accredited program, whose program is outside of the United States, or not listed on the program’s website.

This study’s instrumentation, the Counselor Advocacy Competence Survey (CACS), was developed and used for the first time to collect data for this research. Therefore, the CACS is still in need of analysis of the associated reliability and validity. Self-report surveys are also vulnerable to bias due to participants’ tendency to respond in socially desirable ways (Krosnick, 1999; Worthington et al., 2000). Because the survey was only available online, it was subject to the likelihood of ineligible participation and may have presented computer access issues for those who were eligible to participate (Fink, 2003).
Summary of Findings

This section reviews all of the major findings from the statistical analyses conducted for this study. The findings are organized by research question and are sequenced in order with the research questions.

Research Question 1

Counselor educators and master’s level counseling interns were asked to rate the importance of the 43 skills and behaviors outlined in the ACA Advocacy Competencies to counselor preparation on a scale that ranged from 1 *Not at all important* to 7 *Extremely important*. Overall, participants perceived instruction regarding these competencies as important at each level (i.e., client/student, school/community, and public arena). Participant ratings for the domains (i.e., empowerment, advocacy, community collaboration, systems advocacy, public information, and social/political advocacy) ranged from somewhat important to important.

Results of the mixed design ANOVA revealed that status as a counselor educator or intern had no effect on respondents’ rating of the importance of including the skills and behaviors identified in the advocacy competencies in counselor preparation, as counselor educators and interns did not differ statistically in importance ratings. The
analysis of the domains, however, showed that domain had an impact on importance ratings. Specifically, as the skills and behaviors moved from advocacy within the individual advocacy domains, to the advocacy within a public arena, participants perceived advocacy as less important to preparation. Moreover, skills and behaviors that focus on advocacy with clients were rated higher than those rated as acting on behalf of clients.

Research Question 2

Counselor educators and master’s level counseling interns were asked to rate the extent to which counselor training included instruction in the skills and behaviors comprising the ACA Advocacy Competencies on a scale that ranged from 1 Never to 7 Always. Counselor educators were specifically asked to report the extent to which the skills and behaviors are included during their instruction to master’s level counseling students. On the other hand, counseling interns were asked to rate the extent to which the skills and behaviors were included during the instruction they received in their counseling programs.

Overall, participants reported that advocacy training occurs about half the time. Mean scores showed that participants perceived more instruction was offered at the
client/student and school/community level as compared to the social political level.

Likewise, mean scores revealed participants perceived that training occurred more within the domains comprising client/student advocacy (i.e., empowerment and advocacy) than those comprising the school/community level (i.e., community collaboration and systems advocacy) and public arena domain (i.e., public information and social/political advocacy).

Results of the mixed design ANOVA revealed that counselor educators tended to report teaching the advocacy skills and behaviors more often than counseling interns reported receiving instruction in the advocacy competencies. The extent to which the skills and behaviors are included across the domains differed as well. For instance, the competencies that occur at the individual level or within the client/student’s immediate environment were reported to be taught more often than those that involved advocating in larger public arenas. It was also found that that instruction most often addresses skills and behaviors that require “acting with” clients versus “acting on behalf” of clients.

Research Question 3

Research question 3 assessed participants’ perceptions of the extent to which master’s level counseling students are ready to apply the advocacy competencies when
beginning internship. This was measured on a scale that ranged from 1 *Not at all ready* to 7 *Absolutely ready*. The overall mean rating showed that participants perceived that counseling students are not really ready to engage in the advocacy skills and behaviors outlined in the advocacy competencies.

Mean scores showed that counselor educators and interns perceived students as somewhat ready to implement the competencies during individual counseling or within client/students’ immediate environment. However, it was also revealed that counselor educators and interns perceived that students really are not ready to implement the skills and behaviors when working in collaboration with others, or to present issues of injustice before the public, stakeholders, or policy makers.

Results of the mixed design ANOVA revealed that counselor educators and interns did not differ in perceptions of students’ readiness to engage in social justice advocacy when beginning internship. Both groups perceived that students are not really ready at the internship phase. The results, however, demonstrated that participants’ confidence in students’ readiness decreased as the skills and behaviors moved from individual level advocacy to advocacy on behalf of clients in the public arena.
Additionally, participants perceived that students begin internship more ready to work alongside clients than advocating on behalf of clients.

*Research Question 4*

The objective of the final research question was to investigate if selected demographic characteristics explained counselor educators’ and interns’ perception of social justice advocacy training in counselor education. A stepwise multiple regression was conducted to determine if counselor educator or intern, gender, race/ethnicity, sexual orientation, decade of birth, 2009 income, highest degree earned, specialty area, or region predicted importance rating. It was revealed that being a racial/ethnic minority, and being born between 1970 and 1979 or after 1979, had a statistically significant effect on participants’ importance ratings. The remaining variables did not enter into the equation; thus, other variables, not suggested by the researcher, may explain the bulk of the variance.

**Conclusion**

This section outlines the conclusions made by this researcher as a result of the findings from the study. Similar to the previous section, conclusions are organized in the same sequence that the research question appeared.
Research Question 1

Counselor educators and counseling interns agreed that it is important to include advocacy competence training in counselor education; however, counselor educators and interns were much more supportive of advocacy skills and behaviors that addressed individual, direct counseling. Participants perceived that it is least important to prepare students to address inequality or social injustice in larger public settings (e.g., among stakeholders, policy makers, or legislative bodies). Moreover, counselor educators and interns found it more important that students learn to work jointly with clients to engage in social justice advocacy rather than advocating on behalf of clients.

While this study provided evidence of support for social justice advocacy among counselor educators and interns, this support is somewhat limited to preparing counseling students to engage in skills and behaviors that involve individual counseling and addressing factors that have an impact on the immediate environment of the client through empowerment. Empowerment skills and behaviors (e.g., identifying clients’ strengths and resources or sources of oppression) are important to social justice advocacy; however, these abilities are limited in terms of effecting systemic change within clients’ communities or the social/political environment (Adams, 1973).
Results of this study suggested that the members of the profession perceived that it is less important to teach competencies that address oppression, discrimination, and injustice in the larger public arena (e.g., disseminating information or lobbying legislators and stakeholders). In essence, the profession seems to value preparing students in social justice advocacy skills and behaviors when those skills and behaviors align with traditional definition or practices of therapy (e.g., individual counseling, case management, personal action plans). This perspective can be identified in the argument of Smith and colleagues (2009), who suggested that social advocacy has the potential to redefine the role of counseling. They wrote:

The movement brings to question the very definition of “professional counseling” (ACA, 1997) and challenges traditional roles, skills, interventions, and so on. For example, are we stepping too far outside the traditional role of counseling in some ways? ... advocacy has not been embedded in the professional role expectations of counselors… The movement represents many competing ideologies to the established counseling theories and practices because of its unique philosophy and underlying worldview. (p. 489)

Several professional issues may contribute to the perception that advocacy is less important when operating within the public arena than during individual therapy. Smith and colleagues’ warning, that social justice advocacy challenges traditional definitions of counseling, may be the primary explanation. Critics of counseling and psychology have
continuously argued that the disciplines are embedded within culture and typically endorse ideologies that maintain the status quo (Adams, 1973; Cushman, 1991; Halleck, 1971; Sherman, 1984).

According to Prilleltensy (1989), counseling professionals engage in this practice in two ways. First, they view individuals ahistorically and asocially disconnected from their sociopolitical realities and, subsequently, attempt to discover the origins of human problems solely within the individual. Secondly, psychology and society maintain a reciprocal relationship whereby cultural values are supported through psychological science. Therefore, any focus on the detrimental effects of environmental factors or deviations from societal values is contrary to the training and socialization of counseling professionals. As found in this study, such approaches may therefore be perceived as unimportant to counselor preparation.

A related explanation for the finding may be that counselor educators and interns are desirous of change but are unwilling to advocate on behalf of clients. This is consistent with research that has shown counseling students to be interested in helping clients improve, but with little to no interest in participating in social or political change (Nilsson & Schmidt, 2005). In such cases, counseling professionals and students may not
be aware of how they maintain the status quo (Sherman, 1984). According to Adams (1973), good faith efforts often maintain the status quo because they focus on progressive values (i.e., *pluralism* or access to opportunity, *pragmatism* or the process of change versus change itself, *adjustment* or learning to cope, and *individualism* or encouraging clients toward self-sufficiency and independence) of fixing individuals rather than fundamental systemic change.

A final rationale for this finding can also be found in Smith and colleagues (2009) critique of social justice advocacy wherein the authors disagreed with professional mandates to advocate in specified ways. It was argued that such an approach ignores the diversity of thought within the profession and it is a challenge to counselors' freedom of speech. Sollod (1997) wrote that individuals are less likely to engage in advocacy when they feel that it is mandated from authority figures. On the other hand, individuals are more apt to engage in the same moral behaviors when they perceive that the idea was their own.

A historic, but infrequently discussed explanation is that there is minimal support or recognition from the profession for counselors who engage in social justice advocacy (Baker & Cramer, 1972). There are personal and professional risks associated with social
justice advocacy (Toporek & Liu, 2001), and these risks may increase as counselor educators or interns proceed across the advocacy continuum. Baker and Cramer suggested the need to build a professional base to support counselors in their effort.

Research Question 2

Counselor educators and interns disagreed regarding the perceived extent to which advocacy skills and behaviors are taught in counselor education. Master’s level counseling interns reported receiving advocacy competence instruction less often than counselor educators reported including advocacy skills and behaviors during instruction. Specifically, counseling interns reported receiving the instruction “seldom” compared to counselor educators’ report of “about half the time.”

Several possible conclusions can be drawn from this result. First, counselor educators and counseling interns may simply differ regarding perceptions of what constitutes advocacy related skills and behaviors. Apparently, there was a discrepancy between what information counselor educators perceive as taught and what students perceive as learned. This suggests the need for counselor educators to effectively convey the definitions and purpose of social justice advocacy instruction to avoid ambiguity. This finding is consistent with other researchers who have found discrepancies in the
reports of counselor educators and interns. Duan and Roehlke (2001), for instance, investigated perceptions of the supervisory relationship among cross-racial dyads and found that counselor educators/supervisors reported broaching cultural issues more often than what students perceived. Duan and Roehlke suggested counselor educators become more “overt, open, and explicit” in their instruction to decrease ambiguity (p. 141).

Secondly, the difference may reflect counselor educators and interns’ differing exposure to social justice advocacy in counseling. For instance, counselor educators have been described as unprepared to teach or to supervise students who engage in advocacy (Lewis et al., 2001), which may be particularly true for those whose training occurred during the 1980s and 1990s when discussion of advocacy and social justice diminished in the profession (Lee & Hipolito-Delgado, 2007; McClure & Russo, 1995). Current students have entered counseling after advocacy has been defined as an ethical responsibility (ACA, 2005), the advent of Counselors for Social Justice and the advocacy competencies (ACA, 2003), and since CACREP (2001) has included accreditation standards that emphasize advocacy. Students, therefore, may have higher expectations of what actually constitutes training in the advocacy competencies, which will affect
personal perceptions of the extent to which social justice advocacy is included in
counselor education.

While it has been argued that advocacy training is nonexistent or inadequate in
counselor education (Bemak & Chung, 2005; Toporek & Liu, 2001), participants in this
study overall perceived that social justice advocacy was included in counselor education
to a moderate degree, or about half the time. This finding is important given that
CACREP (2009) has increased the amount of curriculum requirements that should
address social justice advocacy. The standards require that advocacy knowledge and
skills be taught throughout the training experience and across each specialty area.

The second major finding from research question 2 was that the domain in which
the skills and behaviors of advocacy effects the frequency at which social justice
advocacy instruction is included in counselor education. That is, instruction in advocacy
competence decreased as the skills and behaviors moved from individualized therapy to
advocating in large public settings. Moreover, counselor educators and interns reported
that instruction occurred more often when the competencies involved acting with the
client as compared to acting on a client’s behalf.
Findings from research question 2 suggest that counselor education is less likely to include instruction that teaches social justice advocacy skills and behaviors beyond direct counseling and case management. While instruction may address empowerment and advocacy skills and behaviors (e.g., identifying client strengths, resources, sources of oppression, and linking clients to needed resources), it is not likely that students will learn to inform the public of injustices through social justice advocacy by disseminating information to the public, influence public policy by seeking out allies, or working with allies to influence change. Therefore, counseling students are not receiving enough instruction to "address institutional and social barriers that impede access, equity, and success for clients..." as outlined by CACREP (2001, II.K.1.g; 2009, II.G.1.i) or to meet ACA (2005) defined ethical standards that require social justice advocacy.

The perception that students are not taught advocacy skills and behaviors is most likely linked to participants' ratings of the importance of social justice advocacy instruction to counselor education. Perceptions of importance decreased as the skills and behaviors involved more systems or social/political advocacy as did reports of the extent to which such training occurs in counselor education. Stated otherwise, the domains and associated skills and behaviors perceived as least important (i.e., systems advocacy,
public information, and social/political advocacy) were also the skills and behaviors that were least likely to be included during instruction. Combined, these findings suggest that counselor educators are less apt to include instruction for which they do not perceive as important, despite professional mandates (Sollod, 1997). Likewise, despite curricular standards, students may be less likely to acknowledge instruction that they perceive as less than important.

Given the potential link between the findings from Research Question 1 and 2, the extent to which social justice advocacy skills and behaviors are included in counselor education may also be affected by the issues identified as affecting importance ratings. That is, the interrelation between counseling and social/political values, maintenance of the status quo through client focused therapy versus change agency, and the perceived threat of mandated practice. An added explanation may be that counselor educators do not perceive that there are enough semester hours to include training beyond advocating at the case level (see Henriksen, Wiesner, & Kinsworthy, 2008).

Research Question 3

It was found that counselor educators and master’s level counseling interns agreed that students are not really ready to implement advocacy competencies when beginning
internship. Furthermore, students are less ready when the competencies move from individual counseling to more public skills and behaviors, and when the skills involve representing the interests of clients rather than partnering with clients to advocate.

Given these results, counselor educators and interns do not perceive master's level counseling students as ready to engage in advocacy after receiving instruction within a CACREP accredited program. This is particularly true regarding skills and behaviors that involve advocacy beyond direct, individual counseling. This finding is reasonable given that it was found that counselor educators and interns find social justice advocacy training as less important beyond the microlevel and included in counselor preparation less often beyond the microlevel.

An issue with students beginning internship unprepared to engage in social justice advocacy is that faculty and site supervisors may not be capable or willing to teach them these skills and behaviors (Lewis et al., 2001). Even when social justice advocacy is not included as a learning objective, students may be less aware of external factors that impact clients' development (Watson, Collins, and Correia, 2004). This may be most evident in case conceptualization and treatment planning. Inaccurate case conceptualization, such as ignoring or overlooking the impact of external forces, may
lead to disparaging perceptions of clients and victim blaming (Lee & Hipolito-Delgado, 2007; McWhirter, 1994; Ryan, 1976).

Several counselor educators have noted that programs best prepare students to advocate when social justice advocacy is a theme throughout the program (Bemak & Chung, 2007; Collison et al., 1998). Bemak and Chung (2007) recommended that programs that support social justice advocacy adopt philosophies that reflect social justice advocacy and orient new faculty and site supervisors to the program’s value. Counseling programs, however, do not often have visions or missions that explicitly support advocacy (Collison, et al., 1998). Other recommendations have included exposing students to more diverse clients, preparing them to consider issues of oppression and including social justice during conceptualization and supervision with counselors-in-training (Arredondo & Rosen, 2007; Vera & Speight, 2007).

Research Question 4

Results from the final research question revealed that being a racial/ethnic minority, being born between 1970 and 1979 or after 1979 are significant predictors of counselor educators’ and counseling interns’ perception of the importance of including advocacy competencies in counselor education. This group was more likely to perceive
the skills and behaviors as important to counselor preparation. This finding suggests a relationship between counselor educators' and interns' lived experiences and their desires or satisfaction with counselor education curriculum. For instance, African Americans, who comprised the majority of the Racial/Ethnic Minority demographic (60.60%) in this study, are members of U.S., racial/ethnic group that has historically demonstrated acts of resistance toward systemic forms of oppression (e.g., abolitionists, slave revolts, civil rights activist, and rioting). These acts were characterized by agency, self-determination, dissatisfaction with the status quo, and a desire for fundamental change (Goldenberg, 1978; Jenkins, 1995; Sherman, 1984).

Other racial/ethnic minority groups have also resisted forms of racial/ethnic oppression. Therefore, counselor educators and interns with racial/ethnic minority backgrounds may be more likely to perceive social justice advocacy training as important. This is particularly true given the continued prevalence of racism and discrimination in the United States (Holcomb-McCoy & Mitchell, 2007). The psychological consequences of racism have been noted in the counseling literature, and have invoked some counseling professionals to perceive social justice advocacy as a prerequisite to cultural competence (Harrell, 2000; Vera & Speight, 2003). Moreover,
racial/ethnic minority counselor educators and interns have reported experiencing racism as members of counselor education, particularly at the program level (Bradley & Holcomb-McCoy, 2004; Constantine & Sue, 2007). Racial/ethnic minority counseling professionals have also historically challenged the counseling profession and the associated theories and practices because the profession lacked awareness to environmental and cultural factors that affect clients (Katz, 1985), further providing an explanation as to why being a racial/ethnic minority may increase perceptions of social justice advocacy as important.

According to the results of this study, being born between 1970 and 1979 or after 1979 increased the likelihood that one would rate advocacy competence training as important. Coincidently, proponents of social justice advocacy point to the counseling literature from the 1970s as a context for the reemergence of advocacy in counseling today (McClure & Russo, 1996; Toporek & Liu, 2001). Lee and Hipolito-Delgado (2007) suggested that the advocacy movement in counseling has paralleled the social context of the time period. Therefore, counselor educators and interns born during the seventies likely experienced the social unrest of that time period and witnessed social advocacy during their formative years. Similarly, counselor educators and interns born after 1979
have been the beneficiaries of past efforts of advocacy and social justice. These individuals may even be the children of advocacy-oriented parents. Additionally, counselor educators and interns born within this time span may have joined the counseling profession since counseling professionals have increased their attention to issues related to multicultural counseling (e.g., race, culture, competence) and social justice (e.g., advocacy, discrimination, and inequality).

Race and age accounted for seven percent of the variance in importance ratings among counselor educators and interns. As previously noted, a great deal of the variance may be attributed to non-demographic factors that were not investigated in this research, such as divisions across the profession and those who are personally divided on the issue. For instance, factors such as feelings of “disenfranchisement” with the advocacy movement (e.g., perception that all forms of social advocacy are not appropriate for all counselors) or a “lack of choice in advocacy” (e.g., perception that social advocacy is important but disagreement with professional mandates for advocacy) may contribute to importance rating (Smith, Reynolds, & Rovnak, 2009).
Implications for Counselor Education

The results of this study lead to several important implications for counselor education as a discipline, and for individual training programs/departments. For instance, participants perceived training students in advocacy competencies to be important, however, the participants offered low ratings of how often the training is included in counselor education and how ready students are to engage in advocacy competencies. These results indicate that counselor education programs may not be preparing students to advocate in social justice advocacy at the level prescribed by CACREP accreditation standards. This issue may be addressed by ACA, ACES, or among individual counseling program.

It may be inferred that something is impeding counselor educators and interns from addressing advocacy skills and behaviors in CACREP accredited counselor education programs. This barrier may be an internal feeling or external challenge. For instance, the curriculum may be viewed as important, but also perceived as too political or controversial of a topic to include during coursework. On the other hand, counselor educators or students may have suffered or anticipate negative consequences within the department or by campus administration for addressing social justice advocacy,
particularly when the training contradicts traditions at the college or university (see Hunsaker, 2008; Smith Reynolds, & Rovnak, 2009)

Counselor education, as a discipline, may more effectively prepare students to engage in social justice advocacy if the profession supported programs that demonstrate success at meeting professional standards for preparing students as advocates. Various forms of social recognition may empower those counselor educators who fear negative repercussions. Additionally, counselor education programs could reinforce advocacy training by adopting philosophies, vision statements, or missions that address social justice advocacy.

This research also demonstrated that advocacy competence training is perceived as more important, occurs more often, and students are most ready when advocacy skills and behaviors involve empowering clients during individual counseling or pleading the case of a client within his/her immediate environment versus working with allies to devise plans of action and carrying these plans out through social/political advocacy. Thus, counselor educators are less apt to teach students advocacy skills and behaviors that require working outside of the office. Likewise, students are less likely to complete counseling programs having received instruction that prepares them to advocate beyond
working with an individual client or on behalf of an individual client’s needs. This suggests a potential area for further growth and development to the counseling and counselor education professions because ACA (2005) identified advocacy as an ethical practice when it is necessary; however, the ethics also require counselors to practice within the limitations of one’s skills and preparation. ACA and divisions within ACA may consider addressing this issue by accepting more presentation proposals and manuscripts that offer supplemental training in the advocacy competencies that move beyond microlevel skills and behaviors.

It is important to note that a caution of the social justice advocacy movement is that some members of the counseling profession may feel disenfranchised due to mandates for teaching advocacy within the public arena. As Smith and colleagues (2009) noted, counseling professionals may perceive social advocacy is important, but do not agree that counselors should be forced to engage in social advocacy in each manner suggested by the profession. Likewise, Nilsson and Schmidt (2005) found limits in the extent to which their student sample was willing to advocate for clients. Given the range in perceptions about preparing students for social justice advocacy and the results of this study, counselor education may benefit from addressing the divisiveness of calls for
social justice advocacy. Currently, discussion of the topic has primarily occurred through opposing views in counseling journals, newsletters, and list serves.

Finally, the results of this study showed that identifying as a racial/ethnic minority, and being born between 1970 and 1979 or after 1979 increased counselor educators and interns’ ratings of the importance of including advocacy competencies in counselor education. There are two levels at which this finding may apply to the profession. First, if the profession is to continue toward a social justice advocacy initiative, professional organizations (e.g., ACA, ACES, CACREP) should incorporate more investigation into the lived experiences of racial/ethnic minorities and those who are 40 years old and younger to determine how lived experiences (e.g., family value, cultural values, experiences with injustice) influence one’s orientation toward social justice advocacy.

Secondly, the profession may benefit by investing more scholarship into nuances of resistance movements from racial/ethnic minorities and during the 19970s. Such efforts may seek to critically analyze how previous movements identified and organized movements against systems of oppression within society and the helping professions. This form of scholarship should seek to further outline the specific ways in which
counseling definitions, ethics, practices, and philosophies contradict mandates for social justice advocacy.

Recommendations for Future Research

The results of this study lead to several areas in which future research may benefit counselor education. The literature review revealed the need for instruments that assess perceptions of advocacy competence in counselor education across all counseling specialty areas. As a result, this researcher developed and introduced the Counselor Advocacy Competence Survey (CACS) to conduct this study. The profession may benefit by applying tests of reliability and validity to the CACS, or in the development of newer measures of advocacy competence. Additionally, the items comprising the CACS were based on the 43 competencies listed in the ACA Advocacy Competencies (Lewis et al., 2003). Factor analysis research is needed to validate the competencies, which has been a consistent critique of the competencies (Ratts, DeKruyf, & Chen-Hayes, 2007; Smith, Reynolds, Rovnak, 2009). Such psychometric procedures are standard practice for measures of competence in counseling (Ancis, Szymanski, Ladny, 2006; Constantine, Gloria, and Ladany; 2002))
Future research is also needed to determine the extent to which the results of this study generalize to faculty and students in non-CACREP accredited programs or programs outside the United States, counseling professionals, counselor education students at the doctoral level, clients, and other helping professionals (e.g., social workers or psychologists).

Finally, future research may support the identified implications of this study. For instance, it was suggested that counselor educators might not include social justice advocacy skills and behaviors due to perceived or actual barriers to this type of curriculum. Future research may investigate the extent to which counselor educators perceive counselor preparation in advocacy may damage one's career and the extent to which counselor educators have experienced negative consequences for teaching advocacy skills and behaviors. Another implication of this study was that the topic has been divisive regarding the role of the professional counselor. It was noted that some feel disenfranchised and suffered for not supporting the social justice advocacy movement in counseling. Qualitative investigation directed toward capturing the perceptions and experiences of those who support and oppose social justice advocacy in counseling and counselor education is recommended.
Summary

The objective of this study was to explore the extent to which social justice advocacy is perceived as important in counselor education and the extent to which students are prepared to engage in the practice. Counselor educators and master’s level counseling interns were specifically asked to (a) rate the extent to which they perceived advocacy skills and behaviors as important to counselor education, (b) to report how often advocacy skills and behaviors are included in counselor preparation, and (c) to rate the extent to which they perceived students as ready to engage in advocacy skills and behaviors when beginning internship in counselor education.

The results of the study showed that counselor educators and interns perceived advocacy training to be important. Participants, however, disagreed regarding the extent to which social justice advocacy training is included in counselor preparation. Counselor educators reported including the advocacy competencies during instruction more often than interns reported receiving the same instruction. It was also revealed that the participants did not perceive students to be ready to engage in advocacy when beginning internship.
Other findings included counselor educators and interns reported advocacy competence training is more important, occurs more often, and students are most ready when advocacy skills and behaviors are at the microlevel as opposed to the mesolevel or macrolevel. Moreover, the competencies could be divided between acting with clients and acting on behalf of clients. Advocacy competencies that involve acting with clients were rated higher in importance, training, and readiness. Finally, the results revealed demographic differences among the participants. That is, the demographic characteristics of racial/ethnic minority, and born between 1970 and 1979 or after 1979 increased the likelihood that participants would rate social justice advocacy training as important to counselor education.

Given the results and limitations of this study, several conclusions were made. First, the profession seems to be favorable to including advocacy competence in counselor education; however, it does not seem to occur. This is particularly true when the competencies involve skills and behaviors beyond the macrolevel or acting on behalf of clients. Secondly, the reports of the extent to which advocacy competencies are included in counselor education suggest that students are not being adequately prepared to engage in social justice advocacy, particularly at the macrolevel. While, several factors
may contribute to this finding, it is most likely related to perceptions of the importance of social justice advocacy training beyond the microlevel.

The results of the study also led to the conclusion that counseling students are beginning internships unprepared to engage in social justice advocacy skills and behaviors. Again, these competencies seem to lack the most beyond the microlevel skills and behaviors. Students, therefore, may be completing their counselor education programs unprepared to practice ethically or assist clients who suffer injustices. A final conclusion drawn from the results of this study was related to demographic characteristics of counselor educators and interns. Identifying as a racial/ethnic minority, and born between 1970 and 1979 or after 1979 increased the likelihood that one would perceive social justice advocacy curriculum as important to counselor preparation. More research should go into the lived experiences of younger racial/ethnic minorities and what about there experiences make them more apt to support social justice advocacy training in counselor education.
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Appendix A

ACA Advocacy Competencies
**Client/Student Empowerment**

- An advocacy orientation involves not only systems change interventions but also the implementation of empowerment strategies in direct counseling.

- Advocacy-oriented counselors recognize the impact of social, political, economic, and cultural factors on human development.

- They also help their clients and students understand their own lives in context.

  This lays the groundwork for self-advocacy.

**Empowerment Counselor Competencies**

In direct interventions, the counselor is able to:

1. Identify strengths and resources of clients and students.
2. Identify the social, political, economic, and cultural factors that affect the client/student.

3. Recognize the signs indicating that an individual's behaviors and concerns reflect responses to systemic or internalized oppression.

4. At an appropriate development level, help the individual identify the external barriers that affect his or her development.

5. Train students and clients in self-advocacy skills.

6. Help students and clients develop self-advocacy action plans.

7. Assist students and clients in carrying out action plans.

**Client/Student Advocacy**

- When counselors become aware of external factors that act as barriers to an individual's development, they may choose to respond through advocacy.

- The client/student advocate role is especially significant when individuals or vulnerable groups lack access to needed services.

**Client/Student Advocacy Counselor Competencies**

In environmental interventions on behalf of clients and students, the counselor is able to:
8. Negotiate relevant services and education systems on behalf of clients and students.

9. Help clients and students gain access to needed resources.

10. Identify barriers to the well-being of individuals and vulnerable groups.

11. Develop an initial plan of action for confronting these barriers.

12. Identify potential allies for confronting the barriers.

13. Carry out the plan of action.

**Community Collaboration**

- Their ongoing work with people gives counselors a unique awareness of recurring themes. Counselors are often among the first to become aware of specific difficulties in the environment.

- Advocacy-oriented counselors often choose to respond to such challenges by alerting existing organizations that are already working for change and that might have an interest in the issue at hand.

- In these situations, the counselor’s primary role is as an ally. Counselors can also be helpful to organizations by making available to them our particular skills: interpersonal relations, communications, training, and research.
Community Collaboration Counselor Competencies

14. Identify environmental factors that impinge upon students’ and clients’ development.

15. Alert community or school groups with common concerns related to the issue.

16. Develop alliances with groups working for change.

17. Use effective listening skills to gain understanding of the group’s goals.

18. Identify the strengths and resources that the group members bring to the process of systemic change.

19. Communicate recognition of and respect for these strengths and resources.

20. Identify and offer the skills that the counselor can bring to the collaboration.

21. Assess the effect of counselor’s interaction with the community.

Systems Advocacy

• When counselors identify systemic factors that act as barriers to their students’ or clients’ development, they often wish that they could change the environment and prevent some of the problems that they see every day.

• Regardless of the specific target of change, the processes for altering the status quo have common qualities. Change is a process that requires vision,
persistence, leadership, collaboration, systems analysis, and strong data. In many situations, a counselor is the right person to take leadership.

**Systems Advocacy Counselor Competencies**

In exerting systems-change leadership at the school or community level, the advocacy-oriented counselor is able to:

22. Identify environmental factors impinging on students’ or clients’ development

23. Provide and interpret data to show the urgency for change.

24. In collaboration with other stakeholders, develop a vision to guide change.

25. Analyze the sources of political power and social influence within the system.


27. Develop a plan for dealing with probable responses to change.

28. Recognize and deal with resistance.

29. Assess the effect of counselor’s advocacy efforts on the system and constituents.

**Public Information**

- Across settings, specialties, and theoretical perspectives, professional counselors share knowledge of human development and expertise in communication.
• These qualities make it possible for advocacy-oriented counselors to awaken the general public to macro-systemic issues regarding human dignity.

Public Information Counselor Competencies

In informing the public about the role of environmental factors in human development, the advocacy-oriented counselor is able to:

30. Recognize the impact of oppression and other barriers to healthy development.

31. Identify environmental factors that are protective of healthy development.

32. Prepare written and multi-media materials that provide clear explanations of the role of specific environmental factors in human development.

33. Communicate information in ways that are ethical and appropriate for the target population.

34. Disseminate information through a variety of media.

35. Identify and collaborate with other professionals who are involved in disseminating public information.

36. Assess the influence of public information efforts undertaken by the counselor.

Social/Political Advocacy
• Counselors regularly act as change agents in the systems that affect their own students and clients most directly. This experience often leads toward the recognition that some of the concerns they have addressed affected people in a much larger arena.

• When this happens, counselors use their skills to carry out social/political advocacy.

**Social/Political Advocacy Counselor Competencies**

In influencing public policy in a large, public arena, the advocacy-oriented counselor is able to:

37. Distinguish those problems that can best be resolved through social/political action.

38. Identify the appropriate mechanisms and avenues for addressing these problems.

39. Seek out and join with potential allies.

40. Support existing alliances for change.

41. With allies, prepare convincing data and rationales for change.

42. With allies, lobby legislators and other policy makers.
43. Maintain open dialogue with communities and clients to ensure that the social/political advocacy is consistent with the initial goals.
Appendix B

Counselor Advocacy Competence Survey
Counselor Advocacy Competence Survey

Directions: The statements listed below are an adaptation the American Counseling Association (ACA) Advocacy Competencies, created by Judy Lewis, Mary Smith Arnold, Reese House, and Rebecca Toporek. Each statement describes a skill or behavior related to advocacy in counseling. Please read each statement and respond according to (A) the importance of the skill or behavior to counselor preparation, (B) the extent to which the skill or behavior is included in your program, and (C) the extent you believe counselors-in-training begin internship ready to apply the skill or behavior.

Select your response using the dropdown box.

Importance:

In your opinion, how important is it that master’s level counseling students learn the following skills or behaviors during their training? The number 1 equals “Not At All Important” and the number 7 equals “Extremely Important.”

Training

If you are a COUNSELOR EDUCATOR: How frequently have you included the following topics in your instruction (e.g., lectures, discussions, experiential learning, and assignments) to master’s level counseling students? The number 1 represents “Never” and the number 7 equals “Always.”

If you are a COUNSELING STUDENT: How frequently have the following topics been included in your preparation (e.g., lectures, discussions, experiential learning, and assignments) to become a counselor? The number 1 represents “Never” and the number 7 equals “Always.”

Readiness

In your opinion, how ready are master’s level counseling students to engage in the following skills or behaviors when beginning their internship? The number 1 represents “Not At All Ready” and the number 7 equals “Absolutely Ready.”
1. Assist clients/students to identify their strengths and resources.

A. Importance

1 2 3 4 5 6 7
(Not At All Important) (Extremely Important)

B. Training

1 2 3 4 5 6 7
(Never) (Always)

C. Readiness

1 2 3 4 5 6 7
(Not At All Ready) (Absolutely Ready)

2. Work with clients/students to identify the social, political, economic, and cultural factors that affect them.

A. Importance

1 2 3 4 5 6 7
(Not At All Important) (Extremely Important)

B. Training

1 2 3 4 5 6 7
(Never) (Always)

C. Readiness

1 2 3 4 5 6 7
(Not At All Ready) (Absolutely Ready)

3. Assist clients/students to recognize symptoms of systemic or internalized oppression.

A. Importance

1 2 3 4 5 6 7
(Not At All Important) (Extremely Important)

B. Training

1 2 3 4 5 6 7
(Never) (Always)

C. Readiness

1 2 3 4 5 6 7
(Not At All Ready) (Absolutely Ready)
4. Help clients/students to identify the external barriers that affect their development.

A. Importance

1 2 3 4 5 6 7
(Not At All Important) (Extremely Important)

B. Training

1 2 3 4 5 6 7
(Never) (Always)

C. Readiness

1 2 3 4 5 6 7
(Not At All Ready) (Absolutely Ready)

5. Train clients/students in self-advocacy skills.

A. Importance

1 2 3 4 5 6 7
(Not At All Important) (Extremely Important)

B. Training

1 2 3 4 5 6 7
(Never) (Always)

C. Readiness

1 2 3 4 5 6 7
(Not At All Ready) (Absolutely Ready)

6. Train clients/students to develop self-advocacy action plans.

A. Importance

1 2 3 4 5 6 7
(Not At All Important) (Extremely Important)

B. Training

1 2 3 4 5 6 7
(Never) (Always)

C. Readiness

1 2 3 4 5 6 7
(Not At All Ready) (Absolutely Ready)
7. Assist students and clients in carrying out action plans.

A. Importance
   1  2  3  4  5  6  7
   (Not At All Important) (Extremely Important)
   O  O  O  O  O  O  O

B. Training
   1  2  3  4  5  6  7
   (Never) (Always)
   O  O  O  O  O  O  O

C. Readiness
   1  2  3  4  5  6  7
   (Not At All Ready) (Absolutely Ready)
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8. Negotiate relevant services and education systems on behalf of clients and students.

A. Importance
   1  2  3  4  5  6  7
   (Not At All Important) (Extremely Important)
   O  O  O  O  O  O  O

B. Training
   1  2  3  4  5  6  7
   (Never) (Always)
   O  O  O  O  O  O  O

C. Readiness
   1  2  3  4  5  6  7
   (Not At All Ready) (Absolutely Ready)
   O  O  O  O  O  O  O

9. Obtain access to needed resources on behalf of clients and students.

A. Importance
   1  2  3  4  5  6  7
   (Not At All Important) (Extremely Important)
   O  O  O  O  O  O  O

B. Training
   1  2  3  4  5  6  7
   (Never) (Always)
   O  O  O  O  O  O  O

C. Readiness
   1  2  3  4  5  6  7
   (Not At All Ready) (Absolutely Ready)
   O  O  O  O  O  O  O
10. Identify barriers to the well-being of vulnerable groups.

   A. Importance
   1 2 3 4 5 6 7
   (Not At All Important) (Extremely Important)
   O O O O O O O

   B. Training
   1 2 3 4 5 6 7
   (Never) (Always)
   O O O O O O O

   C. Readiness
   1 2 3 4 5 6 7
   (Not At All Ready) (Absolutely Ready)
   O O O O O O O

11. Develop an initial plan of action for confronting barriers to the well-being of vulnerable groups.

   A. Importance
   1 2 3 4 5 6 7
   (Not At All Important) (Extremely Important)
   O O O O O O O

   B. Training
   1 2 3 4 5 6 7
   (Never) (Always)
   O O O O O O O

   C. Readiness
   1 2 3 4 5 6 7
   (Not At All Ready) (Absolutely Ready)
   O O O O O O O

12. Identify potential allies for confronting the barriers to the well-being of individuals and vulnerable groups.

   A. Importance
   1 2 3 4 5 6 7
   (Not At All Important) (Extremely Important)
   O O O O O O O

   B. Training
   1 2 3 4 5 6 7
   (Never) (Always)
   O O O O O O O

   C. Readiness
   1 2 3 4 5 6 7
   (Not At All Ready) (Absolutely Ready)
   O O O O O O O
13. Carry out action plans for barriers to the well being of vulnerable groups.

A. Importance

1  2  3  4  5  6  7
(Not At All Important) (Extremely Important)
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B. Training

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(Never) (Always)
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C. Readiness

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(Not At All Ready) (Absolutely Ready)
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14. Identify a school or community factor that negatively affects the development of vulnerable student/client groups.

A. Importance

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(Not At All Important) (Extremely Important)
O  O  O  O  O  O  O

B. Training

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(Never) (Always)
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C. Readiness

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(Not At All Ready) (Absolutely Ready)
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15. Alert school and community groups to issues that negatively affect vulnerable student/client groups.

A. Importance

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(Not At All Important) (Extremely Important)
O  O  O  O  O  O  O

B. Training

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(Never) (Always)
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C. Readiness

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16. Develop alliances with groups working for change.

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17. Align with groups working for change and use effective listening skills to understand the goals of the group.

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18. Align with groups working for change and identify the strengths and resources that the group members bring to the process of systemic change.

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19. Align with groups working for change and communicate recognition of and respect for member’s strengths and resources.

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20. Identify and offer the skills that the counselor can bring when collaborating for change.

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21. Evaluate the effect of alliances with school/community groups working for change.

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22. Lead systems-level change by identifying school/community factors that negatively affect students' and clients' development.

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23. Provide and interpret data to show the urgency for systems-level change.

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24. In collaboration with other stakeholders, lead systems-level change in schools or communities by developing a vision to guide change.

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25. Lead systems-level change by analyzing sources of political power and social influence within systems.

A. Importance

1 2 3 4 5 6 7
(Not At All Important) (Extremely Important)

B. Training

1 2 3 4 5 6 7
(Never) (Always)

C. Readiness

1 2 3 4 5 6 7
(Not At All Ready) (Absolutely Ready)

26. Apply systems-change at the school/community level by developing a step-by-step plan for implementing the change process.

A. Importance

1 2 3 4 5 6 7
(Not At All Important) (Extremely Important)

B. Training

1 2 3 4 5 6 7
(Never) (Always)

C. Readiness

1 2 3 4 5 6 7
(Not At All Ready) (Absolutely Ready)

27. Apply systems-change at the school/community level by developing a plan for dealing with probable responses to change.

A. Importance

1 2 3 4 5 6 7
(Not At All Important) (Extremely Important)

B. Training

1 2 3 4 5 6 7
(Never) (Always)

C. Readiness

1 2 3 4 5 6 7
(Not At All Ready) (Absolutely Ready)
28. Recognize and address resistance to school/community level change.

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29. Assess the effect of one's own advocacy efforts on systems and constituents.

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30. Recognize the impact of oppression and other barriers to healthy development and inform the public of these barriers.

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31. Identifying environmental factors that are protective of healthy development and inform the public of these factors.

A. Importance

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(Not At All Important) (Extremely Important)

B. Training

1 2 3 4 5 6 7
(Never) (Always)

C. Readiness

1 2 3 4 5 6 7
(Not At All Ready) (Absolutely Ready)

32. Prepare written and multi-media materials that clearly explain the role of specific environmental factors in human development.

A. Importance

1 2 3 4 5 6 7
(Not At All Important) (Extremely Important)

B. Training

1 2 3 4 5 6 7
(Never) (Always)

C. Readiness

1 2 3 4 5 6 7
(Not At All Ready) (Absolutely Ready)

33. Communicate barriers to healthy development to the public in ways that are ethical and appropriate for the target population.

A. Importance

1 (Not At All Important) 2 3 4 5 6 7 (Extremely Important)

B. Training

1 (Never) 2 3 4 5 6 7 (Always)

C. Readiness

1 (Not At All Ready) 2 3 4 5 6 7 (Absolutely Ready)
34. Inform the public about the role of environmental factors in human development by disseminating information through a variety of media.

A. Importance

1 2 3 4 5 6 7
(Not At All Important) (Extremely Important)

B. Training

1 2 3 4 5 6 7
(Never) (Always)

C. Readiness

1 2 3 4 5 6 7
(Not At All Ready) (Absolutely Ready)

35. Identify and collaborate with other professionals who are involved in disseminating public information about factors in human development.

A. Importance

1 2 3 4 5 6 7
(Not At All Important) (Extremely Important)

B. Training

1 2 3 4 5 6 7
(Never) (Always)

C. Readiness

1 2 3 4 5 6 7
(Not At All Ready) (Absolutely Ready)

36. Assess the influence of one's own efforts to inform the public about the role of environmental factors in human development.

A. Importance

1 2 3 4 5 6 7
(Not At All Important) (Extremely Important)

B. Training

1 2 3 4 5 6 7
(Never) (Always)

C. Readiness

1 2 3 4 5 6 7
(Not At All Ready) (Absolutely Ready)
37. Identify problems that can best be resolved through social/political action.

A. Importance

1 2 3 4 5 6 7
(Not At All Important) (Extremely Important)

B. Training

1 2 3 4 5 6 7
(Never) (Always)

C. Readiness

1 2 3 4 5 6 7
(Not At All Ready) (Absolutely Ready)

38. Identify appropriate mechanisms and avenues for addressing social/political problems.

A. Importance

1 2 3 4 5 6 7
(Not At All Important) (Extremely Important)

B. Training

1 2 3 4 5 6 7
(Never) (Always)

C. Readiness

1 2 3 4 5 6 7
(Not At All Ready) (Absolutely Ready)

39. Influence public policy in a large, public arena by seeking out and joining with potential allies.

A. Importance

1 2 3 4 5 6 7
(Not At All Important) (Extremely Important)

B. Training

1 2 3 4 5 6 7
(Never) (Always)

C. Readiness

1 2 3 4 5 6 7
(Not At All Ready) (Absolutely Ready)
40. Influence public policy in a large, public arena by supporting existing alliances for change.

A. Importance

1 2 3 4 5 6 7
(Not At All Important) (Extremely Important)
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B. Training

1 2 3 4 5 6 7
(Never) (Always)
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C. Readiness

1 2 3 4 5 6 7
(Not At All Ready) (Absolutely Ready)
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41. With allies, preparing convincing data and rationales for change in public policy.

A. Importance

1 2 3 4 5 6 7
(Not At All Important) (Extremely Important)
O O O O O O O

B. Training

1 2 3 4 5 6 7
(Never) (Always)
O O O O O O O

C. Readiness

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(Not At All Ready) (Absolutely Ready)
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42. With allies, influence public policy by lobbying legislators and other policy makers.

A. Importance

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(Not At All Important) (Extremely Important)
O O O O O O O

B. Training

1 2 3 4 5 6 7
(Never) (Always)
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C. Readiness

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43. Maintain open dialogue with communities and clients to ensure that social/political advocacy efforts are consistent with the initial goals.

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Appendix C

Demographic Questionnaire
Demographic Questionnaire

The next 10 questions refer to your demographic characteristics. Please respond with the response that best describes you.

1. What is your sex?
   □ Female □ Male □ Transgender

2. What is your date of birth?
   , 19
   Month Day Year

3. What is your race or ethnicity?
   □ African American/Black □ Asian/Pacific Islander □ Caucasian/White
   □ Hispanic/Latino □ Native American □ Multiracial
   □ Other ___________________________

4. What is your sexual orientation?
   □ Asexual □ Bisexual □ Gay male □ Heterosexual
   □ Lesbian female □ Questioning/Unsure
5. Which best describes your personal income in 2009?

- Less than $10,000
- $10,001 - $20,000
- $20,001 - $30,000
- $30,001 - $40,000
- $40,001 - $50,000
- $50,001 - $60,000
- $60,001 - $70,000
- $70,001 - $80,000
- $80,001 - $90,000
- $90,001 - $100,000
- More than $100,000

6. What is your highest degree earned?

- Ph.D. or Ed.D.
- Ed.S.
- M. Ed., M.A., or M.S.
- B.A. or B.S.
- Other: _____

7. Which category best describes your status?

- Counselor Educator: faculty or adjunct faculty member who is preparing master’s level counseling students within a counselor education program
- Master’s Level Counseling Interns: student who is currently (a) seeking a master’s level degree within a counselor education program and (b) enrolled in a supervised internship
8. Please select the specialty area that best describes your teaching focus (counselor educator) or training focus (students).

☐ Addictions Counseling

☐ Career Counseling

☐ Clinical Mental Health (Community Counseling)

☐ Gerontological Counseling

☐ Marital, Family, and Couples Counseling

☐ School Counseling

☐ Student Affairs and College Counseling

9. Where is your counselor preparation program located?

State
Appendix D

Pre-Notice Letter
You will soon receive an email requesting your assistance in contacting the counselor education faculty and master’s level counseling intern students within your program for my doctoral dissertation research project at Western Michigan University. The subject line will read: Request for Research Participation

The dissertation research project concerns counselor educators’ and master’s level counseling interns’ perceptions of counselor preparation for social justice advocacy.

I have contacted you in advance because many people prefer to be notified ahead of time. Your program’s participation in this study will assist in revealing counselor educators and counseling interns’ opinions of social justice advocacy preparation in comparison to calls for such training.

Thank you for your time and consideration. It is through generosity such as yours that we can contribute to the knowledge and practice of counselor education.

Sincerely,

Darryl Steele, MS.Ed., LPC, NCC
Doctoral Student
Appendix E

Email Invitation
To: [department chair/CACREP Liaison email address]
Subject: Request for Research Participation

Dear [department chair/CACREP Liaison email address],

A letter was recently mailed to you, which indicated that your assistance would soon be sought for a dissertation research project. I am a graduate student in the Counselor Education and Supervision PhD program at Western Michigan University. This project is a study of the opinions of social justice advocacy training in counselor education among counselor educators and master's level counseling interns, who are a part of a CACREP accredited program. The opinions of your program will be very helpful, as the results of this study should prove to be very informative to counselor education.

I would be most appreciative if you could forward this message to each of (1) the faculty in your program who teach master's level, CACREP accredited courses and (2) those master's level counseling students who are enrolled in the CACREP accredited internship course in your program, so they may navigate to the following web address – [link to online survey].

Please note that I encourage your participation if you also teach master's level, CACREP accredited courses.

This study has been approved by the WMU Human Subjects Institutional Review Board, which can be reached by contacting the Chair, Human Subjects Institutional Review Board at 269-387-8293 or the Vice President for Research at 269-387-8298.

Thank you very much.

Darryl Steele
Dr. Phillip Johnson (advisor)

Darryl Steele, MS.Ed., LPC, NCC
Doctoral Student
Counselor Education & Supervision
Western Michigan University
darryl.c.steele@wmich.edu
Appendix F

Informed Consent
You have been invited to participate in a research project titled "Social Justice Advocacy and Counselor Education: A Study of Counselor Educators’ and Counseling Interns’ Perceptions of Training for Social Justice Advocacy." This project will serve as Darryl Steele’s dissertation project for the requirements of the Doctor of Philosophy. This consent document will explain the purpose of this research project and will go over the time commitments, the procedures used in the study, and the risks and benefits of participating in this research project. Please read this consent form carefully and completely and please ask any questions if you need more clarification.

The purpose of this study is to explore opinions of social justice advocacy training in counselor education among counselor educators and counseling interns. The counselor education profession currently lacks information that demonstrates the extent to which counselor educators and counseling students agree or disagree with social justice advocacy training in counselor education.

Participation is open to:
Counselor educators- faculty or adjunct faculty members who prepares master’s level counseling students within a CACREP accredited counselor education program

Master’s level counseling interns- students who are currently (a) seeking a master’s level degree within a CACREP accredited counselor education program and (b) enrolled in a supervised internship course.

The host for this online survey and demographic questionnaire is through the collaboration of the Western Michigan University Graduate College and Academic Technology and Instructional Services (ATIS). Your participation in the study should take approximately 20 minutes. Time spent on completing the survey and demographic questionnaire may result in equivalent time lost to spend on other activities. The potential
benefit that participating in this research provides is time to think about your opinions of a frequently debated topic in our profession. There are no costs associated with participating in this study. Your name is not recorded on any of the information collected.

You can choose to stop participating in the study at anytime for any reason. You will not suffer any prejudice or penalty by your decision to stop your participation. You will experience NO consequences either academically or personally if you choose to withdraw from this study. The investigator can also decide to stop your participation in the study without your consent. Should you have any questions prior to or during the study, you can contact the primary investigator, Phillip Johnson at 26.387.5123 or phillip.johnson@wmich.edu, or Darryl Steele at 387.5100 or darryl.c.steele@wmich.edu. You may also contact the Chair, Human Subjects Institutional Review Board at 269-387-8293 or the Vice President for Research at 269-387-8298 if questions arise during the course of the study.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board (HSIRB), through [TBD] once approved.

I have read this informed consent document. The risks and benefits have been explained to me. If you would like to participate, please click on the “Continue” button below to indicate your consent to participate in this study.
Appendix G

Thank-You Postcard
To:

[Addressee]
[Date]
You were sent an email last week that requested your assistance in forwarding the email to the counselor education faculty and those students who are enrolled in the master’s level counseling internship course in your program. The email also encouraged you to participate by completing the online survey and demographic questionnaire. Your program was chosen to participate because of its status as CACREP accredited.

If you have already forwarded the email, please accept my sincere gratitude. If not, please do so today. I am especially appreciative for your assistance because your program’s participation will assist in assessing the nature of social justice advocacy training in counselor education.

If you did not receive an email, or if it is no longer available to you, please email me today at d5steele@wmich.edu and I will immediately get another email to you. In the meantime, you may forward the following website to the counselor educators and master’s level counseling interns in your program. [Web address]

Sincerely,

Darryl Steele, MS.Ed., LPC, NCC
Appendix H

Replacement Email
To: [department chair/CACREP Liaison email address]
cc: 
bcc: 
Subject: Second Request for Research Participation

Dear [CACREP Liaison email address],

About three weeks ago I emailed you and requested your assistance in forwarding the email to the counselor education faculty and master's level counseling internship course in your program. To the best of my knowledge, the email was not forwarded.

I am writing again because your program’s participation will help in more accurately assessing the nature of social justice advocacy training in counselor education. Although the email (survey and demographic questionnaire) has been sent to every CACREP accredited program in the United States, the results are precise to the extent that nearly all eligible participants respond. If for some reason, you believe your program is ineligible to participate, please indicate your reason in a response email.

This study has been approved by the WMU Human Subjects Institutional Review Board. Participants, programs, or institutions will not be individually identified as a result of participation in this study. It is my hope that you forward the link below to (a) those faculty in your program who teach counselor education courses and to (b) those students enrolled in the master’s level counseling internship course. However, if for any reason you prefer not to forward this email, please let me know by indicating this in a response email.

To participate in this online study of social justice advocacy training in counselor education, please navigate to the following web address [link to online survey].

Thank you very much.

Sincerely,

Darryl Steele
Dr. Phillip Johnson (advisor)
Darryl Steele, MS.Ed., LPC, NCC
Doctoral Student
Counselor Education & Supervision
Western Michigan University
darryl.c.steele@wmich.edu
Appendix I

Approval Letter from Human Subjects Institutional Review Board
Date: February 1, 2010

To: Phillip Johnson, Principal Investigator
Darryl Steele, Student Investigator for dissertation

From: Amy Naugle, Ph.D., Chair

Re: HSIRB Project Number: 10-01-17

This letter will serve as confirmation that your research project titled “Social Justice Advocacy and Counselor Education: A Study of Counselor Educators’ and Counseling Interns’ Perceptions of Training for Social Justice” has been approved under the exempt category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: February 1, 2011