Georgia State University
ScholarWorks @ Georgia State University

Counseling and Psychological Services Dissertations

Department of Counseling and Psychological Services

10-2-2009

# Quantifying Social Justice Advocacy Competency: Development of the Social Justice Advocacy Scale

Jennifer Kaye Dean

Follow this and additional works at: http://scholarworks.gsu.edu/cps_diss

Recommended Citation

Dean, Jennifer Kaye, "Quantifying Social Justice Advocacy Competency: Development of the Social Justice Advocacy Scale" (2009). *Counseling and Psychological Services Dissertations.* Paper 40.

This Dissertation is brought to you for free and open access by the Department of Counseling and Psychological Services at ScholarWorks @ Georgia State University. It has been accepted for inclusion in Counseling and Psychological Services Dissertations by an authorized administrator of ScholarWorks @ Georgia State University. For more information, please contact scholarworks@gsu.edu.

ACCEPTANCE

This dissertation, QUANTIFYING SOCIAL JUSTICE ADVOCACY COMPETENCY: DEVELOPMENT OF THE SOCIAL JUSTICE ADVOCACY SCALE, by JENNIFER KAYE DEAN, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree Doctor of Philosophy in the College of Education, Georgia State University.

The Dissertation Advisory Committee and the student's Department Chair, as representatives of the faculty, certify that this dissertation has met all standards of excellence and scholarship as determined by the faculty. The Dean of the College of Education concurs.

_____
Greg Brack, Ph.D.
Committee Chair

_____
Julie R. Ancis, Ph.D.
Committee Member

_____
Catherine Y. Chang, Ph.D.
Committee Member

_____
Michele B. Hill, Ph.D.
Committee Member

_____
Date

_____
JoAnna F. White, Ed.D.
Chair, Department of Counseling and Psychological Services

_____
R. W. Kamphaus, Ph.D.
Dean and Distinguished Research Professor
College of Education

AUTHOR'S STATEMENT

By presenting this dissertation as a partial fulfillment of the requirements for the advanced degree from Georgia State University, I agree that the library of Georgia State University shall make it available for inspection and circulation in accordance with its regulations governing materials of this type. I agree that permission to quote, to copy from, or to publish this dissertation may be granted by the professor under whose direction it was written, by the College of Education's director of graduate studies and research, or by me. Such quoting, copying, or publishing must be solely for scholarly purposes and will not involve potential financial gain. It is understood that any copying from or publications of this dissertation which involves potential financial gain will not be allowed without my written permission.

_____

Jennifer K. Dean

NOTICE TO BORROWERS

All dissertations deposited in the Georgia State University library must be used in accordance with the stipulations prescribed by the author in the preceding statement. The author of this dissertation is:

Jennifer Kaye Dean
2558 Asbury Court
Decatur, GA 30033

The director of this dissertation is:

Dr. Greg Brack
Department of Counseling and Psychological Services
College of Education
Georgia State University
Atlanta, GA 30303-3083

VITA

Jennifer Kaye Dean

ADDRESS: 2558 Asbury Court
Decatur, Georgia 30033

EDUCATION:

| | | |
|---|---|---|
| Ph.D. | 2008 | Georgia State University<br>Counseling Psychology |
| M.S. | 2001 | Georgia State University<br>Professional Counseling |
| B.A. | 1998 | Georgia State University<br>Psychology |

PROFESSIONAL EXPERIENCE:

| | |
|---|---|
| 2008- Present | Adjunct Faculty<br>Argosy University, Atlanta, GA |
| 2007- 2008 | Pre-doctoral Psychology Intern<br>Texas Woman's University, Denton, TX |
| 2006- 2007 | Psychometrist<br>Lifespan Psychological Services, College Park, GA |
| 2005- 2007 | Graduate Teaching Assistant<br>Georgia State University, Atlanta, GA |
| 2001- 2005 | Graduate Research Assistant<br>Georgia State University, Atlanta, GA |
| 2001- 2002 | Counselor<br>Odyssey Family Counseling Center, Hapeville, GA |

SELECTED PRESENTATIONS AND PUBLICATIONS

Dean, J, K. (2001, October). *A social constructivist approach to fostering cultural sensitivity in white counselors*. Southern Association for Counselor Education and Supervision Conference, Athens, Georgia.

Dean, J. K., Chaney, M., Singh, A. A., Suprina, J., & Birckbichler, L. (2005, April). *Hidden resources, hidden rewards: Starting a departmental AGLBIC chapter and bringing LGBTQI-client advocacy to life.* American Counseling Association Annual Conference Atlanta, Georgia.

Dean, J. K., Hays, D. G., & Chang, C. Y. (2003, August). *Cultural identity, white practitioners, and cross-cultural counseling practices*. Poster session presented at the American Psychological Association Annual Conference, Toronto, Ontario, Canada.

Dean, J. K., Singh, A. A., & Hays, D. G. (2003, September). *Preparing counselors for social advocacy.* Southern Association for Counselor Education and Supervision Conference Chattanooga, Tennessee.

Dean, J. K., Singh, A. A., & Lassiter, P. (2004, April). *The role of advocacy in trauma counseling: A narrative and feminist approach.* American Counseling Association Annual Conference Kansas City, Missouri.

Hays, D. G., Chang, C. Y., & Dean, J. K**.** (2004). White counselors' conceptualizations of privilege and oppression: Implications for counselor training. *Counselor Education and Supervision, 43,* 242- 257.

Hays, D. G., Dean, J. K., & Chang, C. Y. (2003, March). *Addressing white privilege, oppression, and racism: Challenges and rewards.* American Counseling Association Annual Conference. Anaheim, California.

Hays, D. G., Dean, J. K., & Chang, C. Y. (2007). Addressing privilege and oppression in counselor training and practice: A qualitative analysis. *Journal of Counseling and Development, 85,* 317-324.

Singh, A., Chung, Y. B., & Dean, J.K. (2006). Ethnic and sexual identity attitudes of Asian American lesbian and bisexual women: An exploratory analysis. *Journal of GLBT Issues in Counseling, 1,* (2).

ABSTRACT

QUANTIFYING SOCIAL JUSTICE ADVOCACY COMPETENCY: DEVELOPMENT OF THE SOCIAL JUSTICE ADVOCACY SCALE
by
Jennifer K. Dean

Social justice advocacy has been a force throughout the history of Counseling Psychology and has been described as more critical to the field than any other time in its long history (Toporek & McNally, 2006). Accordingly, in 2002, the American Counseling Association endorsed the Advocacy Competencies in an effort to advance the status of social advocacy by defining competency for counselors engaged in social advocacy (Lewis, Arnold, House, & Toporek, 2002). However, at the writing of this article, these competencies had not yet been operationalized. Therefore, a comprehensive review of the multidisciplinary literature was conducted and seventy- three skills consistent with these competencies were identified and used to further describe what it means to be a competent social justice advocate. These skills were then used to create a measure of social justice advocacy. Content validity of the items was addressed through the use of expert ratings. One hundred participants were recruited to take this measure. Exploratory factor analysis yielded a four-factor model of social justice advocacy skills: Collaborative Action, Social/Political Advocacy, Client Empowerment, and Client/Community Advocacy. Evidence for construct validity was found in the expected positive correlations between the social advocacy survey and the Multicultural

Knowledge and Awareness Scale (Ponterotto et al., 2002) and the Miville-Guzman Universal-Diverse Orientation Scale- Short Form (Fuertes et al., 2000). The resulting 43-item survey serves as a starting point for operationalizing and assessing counselors' competence in social justice advocacy.

# QUANTIFYING SOCIAL JUSTICE ADVOCACY COMPETENCY: DEVELOPMENT OF THE SOCIAL JUSTICE ADVOCACY SCALE

by
Jennifer K. Dean

A Dissertation

Presented in Partial Fulfillment of the Requirements for the
Degree of
Doctor of Philosophy
in
Counseling Psychology
in
the Department of Counseling and Psychological Services
in
the College of Education
Georgia State University

Atlanta, GA
2008

Copyright by
Jennifer K. Dean
2008

ACKNOWLEDGEMENTS

I am eternally grateful for the support and challenge from my teachers and mentors. My advisor, Dr. Greg Brack, and my committee members, Drs. Julie Ancis, Catharina Chang, and Michele Hill, are my models for academic excellence, integrity, living a balanced life, and social justice advocacy. I am grateful for the expertise and assistance provided by Drs. Barbara Gormley, Michele Hill, Will Liu, Karia Kelch-Oliver, Jonathan Orr, Damafing Thomas, and Rebecca Toporek. The thoughtful comments and questions raised by Drs. Jeff Ashby and Roger Weed and my fellow Prospectus students were instrumental. I also want to thank my mentors, Drs. Denise Lucero- Miller, Carmen Cruz, and the rest of the women at the Texas Woman's University Counseling Center who taught me first-hand the meaning of empowerment. As for Dr. Shane Blasko, Dr. Brigitt Lamothe- Francois, Dr. Riddhi Sandil and the Dissertation Support Group led by Dr. Barbara Gormley, you made this a relational process for me and, therefore, helped me to maintain my sanity.

I thank my family, Linda, John, Teresa, and Andrea for always being there for me and for teaching me the meaning of compassion and fairness. I thank David, my husband, partner, and friend, for lovingly and patiently listening to me, helping me to put things in perspective, and making so many sacrifices. Lastly, I thank you, Isabel. You make everything, especially this, more meaningful.

TABLE OF CONTENTS


| | | Page |
|---|---|---|
| List of Tables | ..…… | iv |
| Abbreviations | ……. | v |
| Chapter | | |
| 1 | SOCIAL JUSTICE ADVOCACY: COUNSELING PSYCHOLOGY'S TOOLS FOR SOCIAL CHANGE……... | 1 |
| | Introduction…….. | 2 |
| | Conceptualizing Social Justice Advocacy……... | 4 |
| | Advocacy Skills……... | 5 |
| | Conclusions…….. | 27 |
| | References…… | 30 |
| 2 | DEVELOPMENT AND VALIDATION OF THE SOCIAL JUSTICE ADVOCACY SKILLS SURVEY……... | 41 |
| | Advocacy Skills……... | 45 |
| | Related Constructs……... | 46 |
| | Methodology…… | 51 |
| | Results…….. | 60 |
| | Discussion…… | 72 |
| | References…… | 83 |
| Appendixes | …….. | 94 |

LIST OF TABLES


| Table | | Page |
|---|---|---|
| 1 | Corrected Item- Total Correlations……. | 61 |
| 2 | Factor Structure, Eigenvalues, and Total Variance Explained…… | 68 |
| 3 | Pattern Matrix…….. | 69 |
| 4 | Factor Correlations…….. | 71 |
| 5 | Construct Validity Correlations……... | 72 |

## ABBREVIATIONS

| | |
|---|---|
| ACA | American Counseling Association |
| APA | American Psychological Association |
| EFA | Exploratory Factor Analysis |
| GLBT | Gay, Lesbian, Bisexual, and Transgender |
| MCKAS | Multicultural Counseling Knowledge and Awareness Scale |
| MC | Marlowe-Crowne Social Desirability Scale |
| MGUDS-S | Miville-Guzman Universal-Diverse Orientation Scale- Short Form |
| NCHEC | National Commission for Health Education Credentialing |
| PBJW | Personal Belief in a Just World Questionnaire |
| SPA | Scientist-Practitioner-Advocate |
| WHO | World Health Organization |

# CHAPTER 1

# SOCIAL JUSTICE ADVOCACY:

# COUNSELING PSYCHOLOGY'S TOOLS FOR SOCIAL CHANGE

# SOCIAL JUSTICE ADVOCACY:

# COUNSELING PSYCHOLOGY'S TOOLS FOR SOCIAL CHANGE

Social justice advocacy has been described as being more critical to counseling psychologists at this time than at any other point in its history (Fouad, Gerstein, & Toporek, 2006; Hage, 2003; Hartung & Blustein, 2002; Ivey & Collins, 2003; Kiselica & Robinson, 2001; Toporek & McNally, 2006). This is evidenced by several major steps taken to institute social justice advocacy as a central professional activity, including several recent professional publications on the topic, the endorsement of the Advocacy Competencies by the American Counseling Association (ACA), the development of new professional organizations (e.g., Counselors for Social Justice, Psychologists for Social Responsibility), and a professional journal, *Journal for Social Action in Counseling and Psychology*, devoted to social justice and advocacy (Foaud et al., 2006). As traditional and individualized models of helping have been criticized for their failure to take into account the influence of oppression on human problems (Albee, 2000; Prilleltensky, 1997), a return to counseling psychology's social justice foundation has been called for by a several authors (Fouad et al., 2004; Fouad et al., 2006). A social justice advocacy approach involves working to end the effects of oppression on clients' lives rather than solely addressing its psychological consequences (Benjamin & Baker, 2004; Speight & Vera, 2004). As such, it has been described as more efficient and as more relevant to a multicultural society (Helms, 2003). Some counseling psychologists have projected that the future of assessing counseling students' competence will extend beyond knowledge

of human diversity to skills for advocacy (Fassinger & Gallor, 2006). Similarly, some scholars are calling for social justice, which is the goal of social advocacy, to become operationalized as a researchable construct (Crethar, 2004; Hutchins, 2006; Rivera, 2006).

In 2002, the American Counseling Association published a set of competencies for advocacy (Lewis, Arnold, House, & Toporek, 2002). Defining competence is needed to ensure ethical advocacy practice (Toporek, 2006). Although this is a crucial step for ensuring competency in advocacy interventions, there is a need to operationalize these competencies. To that end, this paper will present a review of the multidisciplinary literature and describe the advocacy skills and behaviors that fall within the advocacy competencies.

*Working Definitions*

Advocacy has been defined as "action a mental health professional, counselor, or psychologist takes in assisting clients and client groups to achieve therapy goals through participating in clients' environments. Advocacy may be seen as an array of roles that counseling professionals adopt in the interest of clients, including empowerment, advocacy, and social action" (Toporek & Liu, 2001, p.387). Social justice advocacy includes action aimed at the realization of a just society, which respects and is protective of human rights, is inclusive of a plurality of interests, and is responsive to the most marginalized members of a society (Cohen, 2001). A distinction must be made between professional advocacy and social advocacy, whereby professional advocacy efforts refer

to those aimed at greater influence of the Counseling Psychology profession and social advocacy is directed toward the achievement of social justice (McCrea, Bromley, McNally, O'Byrne, & Wade, 2004; Toporek & Liu). Consistent with Toporek and Liu, the term "advocacy" will refer to the roles and behaviors aimed at client empowerment, social advocacy, and social change. The purpose of delineating these skills is to help further the integration of advocacy training into counseling and counseling psychology's curriculum and practical training by describing the specific behaviors to be included in training.

## Conceptualizing Social Justice Advocacy

### *Advocacy Competencies*

Lewis and her colleagues (2002) have articulated forty-three competencies needed for counselors with an advocacy-orientation. The advocacy competencies are classified along three levels: the client or student level, the organizational/school or community level, and the sociopolitical level (see Appendix A). Along these three levels, the competencies are split into empowerment and advocacy domains, whereby empowerment refers specifically to acting with the client and advocacy refers to acting on behalf of a client or client group. The competencies are divided into empowerment and advocacy activities across these three levels. This results in six separate domains with the three levels split into empowerment and advocacy skills, which are (1) client/student empowerment, (2) client/student advocacy, (3) community collaboration, (4) systems advocacy, (5) public information, and (6) social/political. In order to operationalize these

competencies, the literature was reviewed for advocacy behaviors, which expand on these competencies and, thus, can guide counselors in implementing competency advocacy practice.

## Advocacy Skills

Becoming an advocate often involves the process of being personally impacted by social injustice and becoming empowered to work toward social change targeted at this specific issue or population (Gerstein & Kilpatrick, 2006; McWhirter & McWhirter, 2006). These can range from local grass-roots efforts to larger scale organized endeavors conducted with professional associations such as the American Counseling Association and the American Psychological Association. The first step in describing the skills needed for advocacy is to examine the multidisciplinary literature for thematic content in the types of competencies and skills needed for advocacy. A review of the multidisciplinary literature yielded 74 specific behaviors that were organized into the domains and competencies specified by the Advocacy Competencies (Appendix B).

### *Client/Student Empowerment*

McWhirter (1994) defined empowerment as the following:

> *Empowerment is the process by which people, organizations, or groups who are powerless or marginalized (a) become aware of the power dynamics at work in their life context, (b) develop the skills and capacity for gaining some reasonable control over their lives, (c) which they exercise, (d) without infringing on the*

*rights of others, and (e) which coincides with actively supporting the empowerment of others in their community.* (p. 12).

Empowerment within a social advocacy context has a specific reference to the client's socioeconomic, sociocultural, and sociopolitical context, rather than simply referring to increasing clients' self-efficacy in a more general sense (Toporek & Liu, 2001). This is similar to the distinction between personal and social empowerment made by Cowger (1994), where personal empowerment refers to self-determination and social empowerment refers to the possession of resources and opportunity to place a significant role in one's environment and in shaping that environment. Sixteen counselor behaviors consistent with this definition of empowerment were identified in the literature. This occurred as a result of conducting a thorough literature review of "empowerment" and "social advocacy", using PsychInfo, and identifying specific counselor behaviors, which were described and were consistent with McWhirter's (1994) definition (see Appendix B).

Lewis and colleagues (2002) have included the ability to identify the strengths and resources of clients as an important skill for client empowerment. Consistent with this competency, interventions that identify and utilize client resources, such as spirituality, religious affiliation, and kinship networks have been recommended (Vera & Shin, 2006). Empowerment research focused upon women consumers of social services agencies suggests that recognizing the ways in which clients already exert power within their environments is a necessary skill for client empowerment (Trethewey, 1997).

Empowerment counseling has also been applied to other marginalized groups, such as the gay, lesbian, bisexual, and transgender (GLBT) community (Norsworthy & Gerstein, 2003).

The identification of social, political, and cultural factors affecting the client is another competency included under client empowerment (Lewis et al., 2001). Toporek and Liu (2001) urged counselors to recognize the intersection of multiple oppressions and their effects on clients. Related to this competency, Kiselica and Robinson (2001) have asserted the need for the basic skills of listening, understanding, and responding empathically to clients impacted by social problems. These skills direct the counselor to listen carefully for the presence of these issues in clients' narratives and to respond to these experiences in a therapeutic manner. Additionally, research has highlighted the need for clinicians to examine the power relationships between clients and the institutions with which they interact (Trethewey, 1997). Cowger (1994) also urged clinicians explicitly to include the role of social structures when assessing clients.

Similarly, recognizing the effects of systemic or internalized oppression on a client is also a competency for social empowerment (Lewis et al., 2002). Several researchers have more specifically urged practitioners to assess for and attend to the predictable psychological effects of racism on persons of color (Bryant-Davis & Ocampo, 2005; Vera & Shin, 2006; Wyatt, 1990). Therefore, counselors would need to be attuned to symptoms which are correlated with internalized racism such as: cardiovascular and psychological reactivity, psychological distress, depressive symptoms, increased alcohol

consumption, low self-esteem, a lack of socioemotional development in children, and chronic health problems (Bryant-Davis & Ocampo). The ability to identify these effects would entail the ability to use critical thinking to understand how multiple sources of oppression are interlocking and how they impact clients (Aspy & Sandhu, 1999; Chen-Hayes, 2001; Rudolf, 2003; Toporek & Liu, 2001).

Assisting clients in identifying the external barriers to their development is another competency within the category of client empowerment (Lewis et al., 2002). Furthermore, Cowger (1994) asserts that client problems rarely result from a single cause, but rather from a myriad of events, therefore, clinicians need to be skilled in viewing problems from this perspective. A related skill in this domain is the ability to assist clients in giving meaning to the social contextual factors that impact their situations (Cowger).

Training clients to become their own advocates is an additional competency within the empowerment domain (Lewis et al., 2002) and some preliminary empirical data exists to support the therapeutic effectiveness of these skills (Epstein, West, & Riegel, 2000; Stringfellow & Muscari, 2003). Stringfellow and Muscari used formal self-advocacy training for clients and families of those with psychiatric disabilities to serve as their own organized advocates and noted positive psychological benefits. Although these formal advocacy training programs were quite specific to the groups and contexts with which these clinicians dealt, common themes, such as assisting clients in developing communication skills needed for advocacy have been recommended (Trethewey, 1997).

Furthermore, connecting clients with organizations that advocate for the issues affecting them can also aid them in accessing more formal training as an advocate.

To facilitate client empowerment, assisting clients in developing self-advocacy plans has been recommended (Lewis et al., 2002). Developing such plans might involve assessing clients' understanding of laws and policies that apply to them (Toporek & Liu, 2001). This would also involve collaborating with clients in deciding upon appropriate actions needed for environmental changes in a client's life (Toporek & Liu).

A final competency for client empowerment is to assist clients in carrying out their self-advocacy plans (Lewis et al., 2001). Although this is dependent upon the plan that is created collaboratively between the client and counselor, this could involve such actions as assisting clients in calling state and federal agents and in navigating other bureaucracies (Toporek & Liu, 2001).

*Client/Student Advocacy*

Client advocacy encompasses the use of a counselor's power to act on behalf of a client (Lewis, Arnold, House, & Toporek, 2005). Although this differs from client empowerment, which entails using one's power to act *with* a client or group, counselors are cautioned to balance advocacy actions with empowerment activities to decrease dependency on the counselor when possible and, thus, prevent unintended oppression (Lewis et al., 2005). Intervening at this level is recommended when counselors are aware of external factors that act as barriers to development (Lewis et al., 2002). Although client empowerment is a generally preferred mode of intervention, client-level advocacy

is critical when clients are "overwhelmed by a multitude of problems or so disenfranchised or lacking in information or skills" to advocate for themselves in the present (Kiselica, 2004, p. 848).

According to the Advocacy Competencies, the client-level advocate is able to negotiate for relevant services and education systems on clients' behalf (Lewis et al., 2002). Communicating with local, state, and federal representatives on behalf of clients' needs is one way in which counselors can serve as advocates (Toporek & Liu, 2001). This involves the ability to communicate effectively with those in positions of power who can improve clients' situations (Kiselica, 1995; Kiselica & Pfaller, 1993). More specifically, knowing one's audience and understanding how to own one's power in these situations, such as identifying oneself as a constituent, voter and member of local mental health advocacy groups when communicating with local legislators have been suggested (Hoefer, 2006). In some situations, the counselor is urged to serve as a mediator between clients and institutions (Dinsmore, Chapman, & McCollum, 2000).

Assisting clients in accessing needed resources is an additional competency for client advocacy (Lewis et al., 2002). This involves forming collaborations with professionals to meet client needs (Brabeck, Walsh, Kenny, & Comilang, 1997; Toporek & Liu, 2001). This can also include communicating with local, state, and federal representatives on behalf of clients' needs to assist them in accessing needed resources (Toporek & Liu, 2001). As a professional, one is sometimes afforded more social power

and other resources, such as relationships with other professionals, when interacting with other professionals and or legislators, which can be used to benefit those with less power.

Identifying barriers to the wellbeing of individuals and groups is a competency for the client-level advocate (Lewis et al., 2002). Being a client advocate involves evaluating client complaints of prejudice within a counselor's organizational context (Toporek & Liu, 2001). A counselor must have the ability to think critically and to understand the interlocking and multiple sources of oppression (Chen- Hayes, 2001). Lee (1998) has also described a systemic level of awareness, which allows counselors to assess environmental barriers on development and to become skilled in challenging these barriers. The cognitive ability to accurately assess multiple environmental influences and forces has been found elsewhere in the literature (Aspy & Sandhu, 1999; Rudolf, 2003).

The ability to develop initial plans of action to confront client barriers is another indication of a competent social justice advocate (Lewis et al., 2002). Although the literature is largely absent in regards to how to go about developing a client advocacy action plan, collaborating with clients in deciding what environmental changes are necessary, as one would do with a client self-advocacy plan, would also apply (Toporek & Liu, 2001). Thus, although the literature lacks specifics with regard to developing action plans to confront client barriers, the guidelines of collaborating with the client in identifying barriers and strategically working to remove or work around those barriers can help the counselor to create such plans.

In regard to carrying out those plans of action (Lewis et al., 2002), several specific actions are present in the literature. The ability to effectively persuade targets of advocacy to act on behalf of client or issue is a potential skill needed for such action (Hoefer, 2006). The ability to speak out against inequities, such as discriminatory processes that affect clients is also necessary (Toporek & Liu, 2001). Kiselica (2004, p. 851) has offered direction for doing so by pointing out that effectively challenging inequities involves skilled "empathic-confrontation" in an effort to minimize defensiveness or withdrawal and instead to engage the person being challenged. According to Kiselica, counselors should develop empathy for the person being challenged by understanding the systemic-contextual influences on prejudice while sharing one's own struggles with overcoming biases and modeling continued efforts to behave in a more just manner. Further, the continuous assessment of the progress of one's advocacy interventions within the context of the client's environment is necessary to understand the impact of the counselor's actions (Vacc, 1998).

The identification of potential allies for confronting these barriers is critical for achieving social justice advocacy for an individual client and is necessary for setting the stage for community-level advocacy (Lewis et al., 2002). Serving as a visible ally for issues that affect clients is another way in which power as a counselor can be used to advocate for social justice (Toporek & Liu, 2001).

*Community Collaboration*

Although communities are not traditional targets of counseling and psychological interventions, an exclusive focus on the individual without attention to the community or social/political group to which the client belongs and may inadvertently lead to blaming the individual for problems. Because of this potential for blame, failure to take into account the community context of a client has been described as an oppressive process (Fraser, 1987). Within this vein, Vera and Shin (2006) have pressed for the need to intervene directly in environments that place children at risk for future psychological problems based on socially toxic environments. These actions include helping community parents organize themselves and participate in public hearings and, when working within the school system, organizing meetings in which parents can speak to school administrators. Further, a collaborative approach to advocacy is necessary in order to develop and implement community interventions with cultural awareness and knowledge that is provided by the community group to prevent disempowerment and failure (Goodkind, 2005).

Lewis and colleagues (2002) recognize the ability to identify environmental factors that impinge upon students' and clients' development as a competency for community collaboration. This includes obtaining information regarding the sociohistorical context of the problems from the community (Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006).

Alerting community groups with common concerns to the issue for which one is advocating is another indicator of competent empowerment work with a community (Lewis et al., 2002). Similarly, Rudolf (2003) has recommended that the advocate identify key stakeholders in the problem to accomplish this task. Identifying key stakeholders urges the counselor to look beyond the client or community group and to understand the systemic nature of problems and to work at building relationships among the groups who are impacted by a given policy or practice.

Similarly, developing alliances with other groups working for change has been recommended (Lewis et al., 2002). Relationship- building has been described as a vital component to community collaboration (Thompson, Alfred, Edwards, & Garcia, 2006; Vera, Daly, Gonzales, Morgan, & Thakral, 2006). More specifically, these authors have stressed the importance of building an affiliation with a trusted community member or establishment within the community one plans to work, as well as honoring that trust by ensuring that the community work is designed to meet the needs of the community group rather than the sole needs of the counselor or researcher. Community collaboration also involves establishing relationships with civic organizations and businesses within the community. Successful collaborations, such as the Heritage Project in Bloomington, Indiana depend upon the financial support of community organizations (Thompson et al., 2006). This project initiated by the Black residents of this community was successful in improving the quality of their children's educational and socialization experiences. Their activities have resulted in increased racial consciousness and the building of a community

of Black activists and allies across social classes. In this example, counselors' skills in community collaboration mobilized a community to make major systemic changes to promote the healthy development of its children.

Effective listening skills to gain an understanding of the groups' goals have been highlighted as necessary for competency as a counselor working within a community (Lewis et al., 2002). This entails the ability to conduct formal and informal needs assessments that are inclusive of community members' perspectives (Vera et al., 2006). Such accurate understanding is necessary to ensure a collaborative working relationship with the community and to establish one's credibility.

The competency of identifying the strengths and resources of a community also attends to the importance of relationship building (Lewis et al., 2002). More specifically, other authors, (i.e., Toporek & Liu, 2002), have pointed out that the counselor needs to assess and point out strengths and resources that community members bring to the change process. To facilitate relationship- building with community members, counselors are urged to identify the strengths and resources of communities that its members bring to the process of systemic change (Toporek & Liu). For example, Goodkind (2005) has emphasized the need for mutual learning in her advocacy work with Hmong refugees. This is accomplished through the use of Learning Circles, in which they discuss social justice issues, share ideas and resources with one another, and plan for addressing unfair institutional or systems collectively.

Once these skills are identified, the counselor needs to effectively communicate recognition and respect for the strengths and resources of a community's members (Lewis et al., 2002). Other advocates have stressed the need to engage the community and to recognize them as experts on their situations by engaging them in providing a history of previous problem-solving attempts (Toporek, Gerstein, Foaud, Roysircar, & Israel, 2006). Furthermore, respect can be communicated by participation in community functions of the client populations served (Toporek & Liu, 2002).

The competent social advocate also needs to identify and offer the skills that he or she can bring to the collaboration (Lewis et al., 2002). This can involve publishing qualitative studies focused on giving voice to silenced communities (Goodman et al, 2004; Morrow, 2007), as well as working with community members to disseminate their ideas to the media (Goodman et al.).

Lastly, it is important to assess the effects of the counselor's interaction with the community (Lewis et al., 2002). This is an area that lacks attention in the counseling literature; therefore, no specific skills were identified for this competency.

*Systems Advocacy*

Acting on behalf of clients within the organizational or systems domain entails the ability to identify environmental factors that thwart clients' development (Lewis et al., 2002). Toward this end, Hoefer (2006) has highlighted the need to determine who is positively and who is negatively affected by any given organizational policy or decision (Hoefer). If it is determined that a policy or decision is unjust or biased, the systems

advocate must teach his or her colleagues to recognize this (Hendricks, 1994; Williams & Kirkland, 2001). The Advocacy Competencies also include the ability to develop a vision to guide change in collaboration with other stakeholders (Lewis et al.). More specifically, this can include the ability to negotiate with employers for changes in institutional policy that are conducive to positive growth and development of clients (Brown, 1988).

The ability to analyze the sources of political power and social influence within systems is a requirement for acting as an effective social advocate (Lewis et al., 2002). Toporek (2001) has proposed that multicultural competence involves understanding one's relationship to power, not only within personal and professional contexts, but also in institutional contexts. According to Toporek, the institutional context has often been omitted from counselor training, so that counselors who take on roles of institutional power are left without guidance in examining and challenging organizational policies that adversely affect clients or students of color. Therefore, an understanding of institutional power and one's professional power is essential to acting as an agent of change within systems or organizational contexts. Of importance to the study of systems advocacy in the field of counseling is that organizations focused on human services are severely understudied in the literature (Trethewey, 1997). Those that have been particularly ignored and underfunded are those agencies that serve poor women (Hasenfeld, 1992). Trethewey has examined the ways in which poor women exercise their power and effect change within human services organization and has recommended that this be acknowledged in any analysis of power within systems.

The development of a step-by-step plan for implementing the change process is critical to ensuring that the advocacy is carried out as agreed upon by collaborators (Lewis et al., 2002). In carrying out plans to rectify an injustice, the ability to communicate the environmental changes needed for just treatment of clients to agencies has been recommended (D'Andrea & Daniels, 1999; Hendricks, 1994; Williams & Kirkland, 1971).

The ability to develop a plan for dealing with probable responses to change is also specified as a necessary competency for social justice advocacy (Lewis et al., 2002); however, no skills for doing so were identified in the literature. Thus, this is an area in need of dialogue in regards to how organizations typically react to change and how an advocate can fruitfully address those reactions.

Lewis and her colleagues have also included the need to recognize and deal with resistance to change as a guideline for competent advocacy (Lewis et al., 2002). This may involve contacting funding agencies when oppressive practices or inadequate services are observed (Dinsmore et al., 2000). Further, the National Board of Certified Counselors' (2008) code of ethics has provided guidelines regarding the termination of one's professional affiliations when injustice continues and when options for organizational change have failed.

As with other levels of advocacy, an essential competency is the ability to assess the effects of one's advocacy efforts on the targeted system and those it serves (Lewis et al., 2002). Likewise, Toporek and Williams (2006) have highlighted the need to examine

the effects of interventions, such as projects designed to reduce depression, anxiety, and impulsive behavior in a community. They suggest the possibility that these efforts could inhibit social justice, as these efforts may unintentionally serve as social control by helping persons to adapt to unfair life circumstances, which they might otherwise challenge. For example, designing programs to assist individuals in managing anger associated with oppressive environments without addressing the environment can actually help to maintain that oppressive system by relieving individual's pain that may prompt social action. Methods of critically evaluating the effects of such interventions are clearly needed to ensure that such interventions are aimed at empowering community members to engage in social change rather than thwarting social justice efforts. Additionally, the ability to provide and interpret data to show the urgency for change is a professional competency (Lewis et al.). This competency has also not yet been described adequately in the professional literature; therefore, strategies for researching advocacy represent an area in need of attention.

*Public Information*

A critical component of advocacy practice is the ability to bring attention to the issue or concern for which one is advocating. Some psychologists have even attributed most of the practice advances within the field to intensive efforts to educate administrators and policymakers about the benefits of psychology (Faltz, 2001). In order to achieve this, counselors' recognition of the impact of oppression and other barriers to healthy development is primary (Lewis et al., 2001). Keeping abreast of the literature

regarding the effects of oppression on human development is, therefore, essential (Vera & Shin, 2006).

Furthermore, in an effort to understand which policies for which to advocate, the identification of environmental factors that are protective of healthy development is another competency (Lewis et al., 2002). This necessitates being familiar with the research that not only documents the effects of oppression, but also articulates protective factors (see Vera & Shin, 2006).

Once these factors are identified, the effective preparation of written and multi-media materials providing clear explanations of the role of these specific environmental factors in healthy development is needed (Lewis et al., 2002). These include the ability to prepare press releases, to write effective letters to the editor, and to write newspaper articles (Brawley, 1997; Rudolf, 2003). Mental health advocacy is an example of one type of advocacy that relies on public information efforts to combat the stigma and prejudice toward persons with mental disorders (Funk, Minoletti, Drew, Taylor, & Saraceno, 2005). The World Health Organization (WHO; 2005) has taken the position that ignorance about mental disorders contributes to a perspective that the government's primary responsibility is to protect the public from persons with mental disorders rather than promoting access to quality treatment and protecting their human rights. In the case of mental health advocacy, persons with mental illness and their families have undertaken efforts at educating the public and influencing the government, which has had the added

mental health benefits of increased empowerment and self-esteem (Goering et al., 1998; Wahl, 1999).

Within the public information domain, a competent advocate can communicate information in ways that are ethical and appropriate for the target population (Lewis et al., 2002). Health educators have long recognized this need and explain that advocates providing public information need to be able to demonstrate proficiency and accuracy in oral and written presentations (National Commission for Health Education Credentialing [NCHEC], 1999). They also include the use of culturally sensitive communication methods and techniques as a competency within this domain (NCHEC).

Competent advocates are also able to disseminate information through a variety of media (Lewis et al., 2002). The effective use of the media has been cited several times as a skill for social justice advocacy (Brawley, 1995, 1997; Duncan, Rivlan & Williams, 1990; Dworak-Peck & Battle, 1988). Borshuk and Cherry (2004) have recommended using creative means to bring attention to client issues and perceived injustices. Further, the ability to write public service announcements and to capture the attention of the broadcast media for issues related to social justice and their impact on mental health and human development are skills that can influence the development of social policies and services (Brawley, 1997; Rudolf, 2003).

The ability to identify and collaborate with other professionals who are involved in disseminating public information is also essential (Lewis et al., 2001). Effective advocates, such as those holding leadership positions in professional organizations, have

articulated the need to bring about awareness of a problem or issue to other professionals (Ritvo et al, 1999). These groups rely on accessing newsletters, professional journals, websites, and professional meetings to educate their colleagues about the issue at hand.

Finally, the ability to assess the influence of public information efforts undertaken is necessary to ensure the efficacy of public information (Lewis et al., 2001). Although no specific skills for public information assessment were found in the literature, counselors are well prepared to apply their knowledge of research methods to outcome assessment of their efforts. Furthermore, there is a wealth of public information outcome research instruments in use by those working in public health promotion fields designed for both well-resourced and less resourced countries and communities (Saxena, et al., 2007). These could be adapted to assess the efficacy of public information efforts designed to publicize the mental health effects of oppression and the environmental factors that are protective of healthy psychological development.

*Social/Political Advocacy*

An initial competency for engaging in action at this level is to first have the ability to distinguish problems that can best be resolved through social/political advocacy (Lewis et al., 2002). Rudolf (2003) includes training in determining the level in which advocacy efforts would be best directed in advocacy training curriculum for pediatricians. More specifically, she trains pediatricians in the United Kingdom to examine whether patient barriers exists on an individual level, a public health level within community, a public health level within city, or a public health level nationally. These levels parallel

the three levels of advocacy and empowerment that are described by the Advocacy Competencies, whereby the individual level corresponds to the client level of advocacy, the community level corresponds to the systems level, and the city and national levels correspond to the social/political levels. To further aid in one's ability to accurately assess the level on which advocacy efforts are needed, it has been recommended that counselors have an understanding of state laws and relevant policies pertaining to the populations they are likely to see (Toporek & Liu, 2001). This knowledge is necessary in order to understand the larger social political context in which clients' function and can aid the counselor in more readily identifying the macrolevel influences on client concerns. Furthermore, staying abreast of proposed legislations and examining them for fairness to underrepresented groups is essential to acting as a social justice advocate (Shullman et al., 2006).

George Mason University has also instituted collaborative efforts through partnership building at local, state, national, and international levels (Talleyrand et al., 2006). Furthermore, professional advocacy groups have recognized the importance of building collaborations between professional groups and funding agencies in an effort to gain funding for training and research of psychotherapy services for clients, in addition to advocating for reimbursement for clinicians who offer these services (Ritvo et al., 1999).

From an ecological systems theory perspective, social/political advocacy occurs at the macrolevel and includes social policies and the larger culture in which the individual exists (Bronfenbrenner, 1989). It has been noted that the majority of interventions take

place within client or organizational levels rather than within the larger social political arena (Lewis et al., 2001; Rudolf, 2003). However, psychologists' social justice advocacy efforts at this broader level have resulted in major cultural shifts toward social justice. A primary example is Mamie Clark and colleagues' research, which documented the effects of segregation on the self-esteem of African American children and had a strong influence on the outcome of the Brown v. Topeka Board of Education decision (Pickren, 2004). Furthermore, the impact of psychological research regarding the detrimental effects of conversion therapy on GLBT persons and the impact of sexual harassment in the workplace have helped to shape laws and social policies regarding these practices (Shullman, Celeste, & Strickland, 2006).

Once it has been determined whether a problem can best be resolved through macrolevel advocacy, the competency to identify the appropriate mechanism for addressing it is considered necessary (Lewis et al., 2002). This is facilitated by understanding the political framework and processes to effect change (Rudolf, 2003). The American Psychological Association has published documents for aiding psychologists in understanding how to participate in the federal advocacy process and recommends that advocates know the roles of their legislators (APA, 2006). Further, an understanding of how to target one's actions has been considered an additional element of this competency in advocacy training (Rudolf, 2003).

In conducting social/political advocacy, the authors of the Competencies underscore the importance of acting with allies (Lewis et al., 2002). They include seeking

out and joining with potential allies as a competency. Other advocates have urged counselors to persuade other colleagues to become involved in social justice advocacy and to train others in social/political advocacy (Shullman et al., 2006). In addition, they have written about sending out electronic action alerts to colleagues regarding social justice issues as a way of collaborating with potential allies (Shullman et al.).

Similarly, it is recommended that counselors support existing alliances for change (Lewis et al., 2002). Forms of support can include making and/or soliciting financial contributions to social justice groups that influence public policy (Shullman et al., 2006). Additionally, the literature has pointed out that support for national, state, territorial, and provincial professional organizations in their public policy serves a social advocacy in this capacity (Shullman et al.)

A competent social justice advocate- counselor should also be trained to prepare convincing data and rationales for change with allies (Lewis et al., 2002). From the earliest stages, this includes orienting one's research toward influencing public policy toward social justice (Bingham, 2003; Enns, 1993). Also, using research data to influence public policy has been described elsewhere as a skill (Toporek & Liu, 2001). One specific way in which this is accomplished is through the development of research summaries for policy makers (Shullman et al., 2006).

Competent advocate-counselors acting at the social/political level have the ability to lobby legislators and other policy makers with allies (Lewis et al., 2002). This has been described as working to change existing laws and regulations that negatively affect

clients (Toporek & Liu, 2001). On a more proactive level, social advocates work with others to develop policy initiatives (Shullman et al., 2006). Social advocate-counselors also engage in legislative and policy actions that affect marginalized groups (Toporek & Liu). Such lobbying can take the form of communicating with policy makers via letters, emails, or telephone calls to express positions on social justice issues that impact mental health (Shullman et al.). Another form of communication with legislators, which is underutilized by counselors, includes attending town hall meetings and/or forums organized by legislators (Shullman et al.) Using such forums, counselors are urged to advocate for psychological knowledge and practice to be included in public policy debates (Shullman et al.). Lastly, knowledge of the views, responsibilities, and needs of policymakers is essential to effective lobbying (Galer-Unti & Tappe, 2006).

Finally, the social advocate acting within the social/political arena is encouraged to maintain open dialogue with communities and clients to ensure that social/political advocacy efforts are consistent with initial goals (Lewis et al., 2002). This can occur in by conducting large- scale empirical investigations of advocacy work (Sexton & Whiston, 1998). Ensuring that social/political advocacy is consistent with the goals of those for whom one is advocating also necessitates the support of policies that institutionalizes the perspectives of oppressed persons, such as affirmative action (Adams, O'Brien, & Nelson, 2006).

## Conclusions

A review of the multidisciplinary literature on advocacy skills yielded 74 skills that can be classified according to the advocacy competencies set forth by the ACA (Lewis et al., 2002). These behavioral skills were taken from the social justice research and practice literature and can help to clarify and articulate training goals needed for social advocates, and can help to assess the impact of various training methods on facilitating counselors' development of advocacy skills. Additionally, the wealth of skills related to the competencies that were documented in the literature and easily classified according to the ACA model demonstrates that many counselors and psychologists are practicing social justice advocacy consistent with the guidelines. Overall, it also supports the framework used for the Advocacy Competencies.

However, there was one area in which the advocacy literature was found to be lacking, that of outcome research for advocacy efforts. More specifically, the literature was silent with regards to assessing the outcome of a counselor's interaction with a community, assessing the effects of counselors' advocacy efforts, using research data to show the need for change, and assessing the impact of public information efforts. This is understandable given the relatively new attention given to social justice research; however, this gap is a critical one in terms of being able to assess the effectiveness of one's advocacy efforts on both the smaller scale of individual advocacy intervention and on a larger scale. Additionally, the competencies of developing action plans for advocacy and dealing with responses to change were found to be in need of attention from the field.

Currently, few counseling and counseling psychology programs provide formal training in advocacy, although many engage in advocacy work (Toporek, et al., 2006). Because this is a renewed force within the field, without formally established or researched training guidelines, it is necessary for practitioners, educators, and supervisors to follow the example in beginning to take steps in providing training in these skills. Working with programs that have taken the lead in advocacy, such as Boston College, George Mason University, and Oregon State University to develop and formally assess curriculum is one step. McCrea et al. (2004) have also suggested that professional conferences, such as those of Division 17 have and could continue to fill gaps in training by offering actual training in advocacy. Furthermore, Fox (2003) has stressed the importance of training counseling psychology students who wish to practice advocacy in critical theories. Interdisciplinary training, involving networking and exchanging ideas with other departments, such as Community Psychology and Women's Studies is one way that this can be achieved. Such collaborative efforts could also help to make the work of counseling psychologists and their contributions more visible to the university community.

As it stands, the majority of the literature on social advocacy is theoretical in nature, with much of this being based upon counselor-advocates' in-the-field work (Lee, 1998; Toporek, 2006). While this is an important contribution to the field, there is a bias within the mainstream field of psychology for quantitative measurement and research. Some advocacy scholars eschew quantitative methods of study and advocate in favor of

more transformative action research strategies. However, others insist that the toolbox must be filled with various tools and that quantitative methodology can complement more transformative methods of research (Borshuk & Cherry, 2004). In order to speak the language of those who hold power (i.e., funding agencies, credentialing boards, professional organizations), advocacy needs to be measurable. Through these means, the utility of advocacy can be empirically tested, improved upon, and used to provide alternatives to individualistic helping models.

This paper represents one step toward the realization of the operationalization and measurement of advocacy skills. Future research aimed at developing methods of advocacy outcome evaluation for one's advocacy efforts, as well as to measure these skills and to assess training outcomes would take the field further toward the realization of social advocacy as a researchable professional activity for counseling psychologists.

References

Adams, G., O'Brien, L. T., & Nelson, J.C. (2006). Perceptions of racism in Hurricane Katrina: A liberation psychology analysis. *Analyses of Social Issues and Public Policy, 6,* 215-235.

Albee, G. W. (2000). The Boulder model's fatal flaw. *American Psychologist, 55,* 247-248.

American Psychological Association (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57,* 1060-1073.

American Psychological Association (2006). Advancing psychology in the public interest: A psychologist's guide to participation in federal advocacy process. Retrieved Sept. 12, 2006, from http://www.apa.org/ppo/ppan/piguide.html

Aspy, C. B. & Sandhu, D. S. (1999). Empowering women for equity: A counseling approach. Alexandria, VA: American Counseling Association.

Benjamin, L. T., Jr., & Baker, D. B. (2004). *From séance to science: A history of the profession of psychology in America.* Belmont, CA: Wadsworth/Thomson Learning.

Borshuk, C. & Cherry, F. (2004). Keep the tool-box open for social justice: Comment on Kitzinger and Wilkinson. *Analyses of Social Issues and Public Policy, 4,* 195-202.

Brabeck, M., Walsh, M. E., Kenny, M., & Comilang, K. (1997). Interprofessional collaboration for children and families: Opportunities for counseling psychology in the 21st century. *The Counseling Psychologist, 25,* 615-636.

Brawley, E. A. (1995). Human services and the media: Developing partnerships for change. Langhorn, PA: Harwood.

Brawley, E. A. (1997). Teaching social work students to use advocacy skills through mass media. *Journal of Social Work Education, 33,* 445-460.

Brown, D. (1988). Empowerment through advocacy. In D. Kurpius & D. Brown (Eds.) *Handbook of consultation: An intervention for advocacy and outreach* (pp. 8-17). Alexandria, VA: Association for Counselor Education and Supervision.

Bryant-Davis, T., Ocampo, C. (2005). Racist incident-based trauma. *The Counseling Psychologist, 33,* 479-500.

Chen-Hayes, S. F. (2001). Social justice advocacy readiness questionnaire. *Journal of Gay & Lesbian Social Services, 13,* 191-203.

D'Andrea, M. (2005). Continuing the cultural liberation and transformation of counseling psychology. *The Counseling Psychologist, 33,* 524-537.

D'Andrea, M. & Daniels, J. (1999). Exploring the psychology of White racism through naturalistic inquiry. *Journal of Counseling and Development, 77,* 93-101.

Deetz, S. (1992). *Democracy in an age of corporate colonization: Developments in communication and the politics of everyday life.* Albany, NY: State University of New York Press.

Delgado-Romero, E. A., Galvan, N., Maschino, P., Rowland, M. (2005). Race and ethnicity in empirical counseling and counseling psychology research: A 10-year review. *The Counseling Psychologist, 33,* 419-448.

Dinsmore, J. A., Chapman, A., McCollum, V. J. C. (2000, March). *Client advocacy and social justice: Strategies for developing trainee competence.* Paper presented at the Annual Conference of the American Counseling Association, Washington, DC.

Duncan, C., Rivlan, D., & Williams, M. (1990). An advocate's guide to the media. Washington, D.C: Children's Defense Fund.

Dworak-Peck, S. & Battle, M. G. (1988). Perspectives. *NASW News, 33*, 2.

Epstein, D., West, A. J., & Riegel, D. G. (2000). The Institute for Senior Action: Training senior leaders for advocacy. *Journal of Gerontological Social Work, 33 (4),* 91-99.

Faltz, C. A. (2001). Making sense of psychology's advocacy agenda. *California Psychologist,* 34, 22-23.

Fassinger, R. E. (2000). Gender and sexuality in human development: Implications for prevention and advocacy in counseling psychology. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (3rd ed., pp. 346-378). New York: Wiley.

Fassinger, R. E. (2002). Hitting the ceiling: Gendered barriers to occupational entry, advancement, and achievement. In L. Diamant & J. Lee (Eds.), *The psychology of sex, gender, and jobs: Issues and solutions* (pp. 21-46). Westport, CT: Greenwood.

Fassinger, R. E., & Gallor, S. M. (2006). Tools for remodeling the master's house. In R. L. Toporek et al. (Eds.) *Social justice in counseling psychology* (pp. 256- 275). Thousand Oaks, CA: Sage Publications.

Fassinger, R. E. & O'Brien, K. M. (2000). Career counseling with college women: A scientist-practitioner-advocate model of intervention. In D. Luzzo (Ed.), *Career development of college students: Translating theory and research into practice* (pp. 253-265). Washington, D.C.: American Psychological Association.

Fouad, N. A., Gerstein, L. H., & Toporek, R. L. (2006). Social justice and counseling psychology in context. In Toporek et al. (Eds.) *Social justice in counseling psychology* (pp. 1-16). Thousand Oaks, CA: Sage Publications.

Fouad, N. A., McPherson, R. H., Gerstein, L., Bluestein, D. L., Elman, N., Helledy, K. I., & Metz, A. J. (2004). Houston 2001: Context and legacy. *The Counseling Psychologist, 32*, 15-77.

Foucalt, M. (1978). The history of sexuality (R. Hurley, Trans.). New York: Pantheon.

Foucalt, M. (1979). *Discipline and punish: The birth of the prison* (A. Sheridan, Trans.). New York: Vintage.

Fox, D. R. (2003). Awareness is good, but action is better. *The Counseling Psychologist, 31,* 299-304.

Fraser, N. (1987). *Unruly practices: Power, discourse and gender in contemporary social theory*. Minneapolis: University of Minnesota Press.

Frost, D. M. & Ouellette, S. C. (2004). Meaningful voices: How psychologists, speaking as psychologists, can inform social policy. *Analyses of Social Issues and Public Policy, 4,* 219-226.

Galer-Unti, R. A. & Tappe, M. K. (2006). Developing effective written communication and advocacy skills in entry-level health educators through writing-intensive program planning methods courses. *Health Promotion Practice, 7,* 110-116.

Goodkind, J. R. (2005). Effectiveness of a community-based advocacy and learning program for Hmong refugees. *American Journal of Community Psychology, 36,* 387- 408.

Goodman, L. A., Liang, B., Helms, J. E., Latta, R. E., Sparks, E., & Weintraub, S. R. (2004). Training counseling psychologists as social justice agents: Feminist and multicultural principles in action. *The Counseling Psychologist, 32,* 793-837.

Hage, S. (2003). Reaffirming the unique identity of counseling psychology: Opting for the "road less traveled by." *The Counseling Psychologist, 31,* 555-563.

Hartung, P. J., Blustein, D. L. (2002). Reason, intuition, and social justice: Elaborating Parson's career decision making model. *Journal of Counseling and Development, 80,* 41-47.

Helms, J. E. (2003). A pragmatic view of social justice. *The Counseling Psychologist, 31,* 305-313.

Hepworth, D. H. & Larsen, J. A. (1993). *Direct social work practice: Theory and skills.* Pacific Grove, CA: Brooks/Cole.

Hoefer, R. (2006). *Advocacy practice for social justice.* Chicago: Lyceum Books.

Ivey, A. E. & Collins, N. M. (2003). Social justice: A long-term challenge for counseling psychology. *The Counseling Psychologist, 31,* 290-298.

Ivey, A. E. & Ivey, M. B. (2007). *Intentional interviewing and counseling* (6th ed.). Belmont, CA: Thomson Brooks/Cole.

Kiselica, M. S. (1995). *Multicultural counseling with teenage fathers: A practical guide.* Thousand Oaks, CA: Sage.

Kiselica, M. S. (2004). When duty calls: The implications of social justice work for policy, education, and practice in the mental health professions. *The Counseling Psychologist, 32,* 838- 854.

Kiselica, M. S. & Pfaller, J. (1993). Helping teenage parents: The independent and collaborative roles of school counselors and counselor educators. *Journal of Counseling and Development, 72,* 42-48.

Kiselica, M. S. & Robinson, M. (2001). Bringing advocacy counseling to life: The history, issues, and human dramas of social justice work in counseling. *Journal of Counseling & Development, 79,* 387-397.

Lee, C. C. (1998). Counselors as agents of social change. In C. C. Lee & G. R. Walz (Eds.), *Social action: A mandate for counselors* (pp. 3-14). Alexandria, VA: American Counseling Association and ERIC Clearinghouse.

Lerner, R. M. (2002). *Concepts and theories of human development* (3rd ed.). Mahwah, NJ: Lawrence Erlbaum.

Lewis, J., Arnold, M. S., House, R., & Toporek, R. (2002). *Advocacy Competencies: American Counseling Association Task Force on Advocacy Competencies.* Retrieved May 27, 2006, from http://counselorsforsocialjustice.org/advocacycompetencies.html

Lewis, J., Arnold, M. S., House, R., & Toporek, R. (2005). ACA presentation.

McCrea, L. G., Bromley, J. L., McNally, C. J., O'Byrne, K. K., & Wade, K. A. (2004). Houston 2001: A student perspective on issues of identity, training, social advocacy, and the future of counseling psychology. *The Counseling Psychologist, 32,* 78-88.

McWhirter, E. H. (1994). *Counseling for empowerment.* Alexandria, VA: American Counseling Association.

McWhirter, E.H. (1997). Empowerment, social activism, and counseling. *Counseling and Human Development, 29,* 1-14.

Morrow, S. L. (2007). Qualitative research in counseling psychology: Conceptual foundations. *The Counseling Psychologist, 35,* 209-235.

National Board for Certified Counselors (2008). NBCC code of ethics. Retrieved on Oct. 28, 2008 from http://www.nbcc.org/ethics2.

National Commission for Health Education Credentialing, Inc. (1999). *A competency based framework for graduate-level health educators.* Allentown, PA: Author.

O'Brien, K. M., Patel, S., Hensler-McGinnis, N., & Kaplan, J. (2006). Empowering undergraduate students to be agents of social change: An innovative service

learning course in counseling psychology. In Toporek et al. (Eds.) *Social justice in counseling psychology* (pp. 59-73). Thousand Oaks, CA: Sage Publications.

Pickren, W. E. (2004). Fifty years on: *Brown v. Board of Education* and American psychology, 1954-2004: An introduction. *American Psychologist, 59,* 493- 494.

Ritvo, R., Al-mateen, C., Ascherman, L., Beardslee, W., Hartmann, L., Lewis, O., Papilsky, S., Sargent, J., Sperling, E., Stiener, G., Szigethy, E. (1999). Report of the Psychotherapy Task Force of the American Academy of Child and Adolescent Psychiatry. *The Journal of Psychotherapy Practice and Research, 8 (2),* 93-102.

Rivera, E. T. (2006/March). The future of CSJ. *CSJ Activist, 6* (2). 1-4.

Roysircar, G. (2006). A theoretical and practice framework for universal school-based prevention. In Toporek et al. (Eds.) *Social justice in counseling psychology* (pp. 130-145). Thousand Oaks, CA: Sage Publications.

Rudolf, M. (2003). Advocacy training for pediatricians: The experience of running a course in Leeds, United Kingdom. *Pediatrics, 112*, 749-751.

Saxena, S., Lora, A., van Ommeren, M., Barrett, T., Morris, J., & Saraceno, B. (2007). WHO's assessment instrument for mental health systems: Collecting essential information for policy and service delivery. *Psychiatric Services, 58 (6),* 816-821.

Sexton, T. L. & Whiston, S. C. (1998). Using the knowledge base: Outcome research and accountable social action. In C. C. Lee & G. R. Walz (Eds.), *Social action: A mandate for counselors* (pp. 241-260). Alexandria, VA: American Counseling Association.

Shullman, S. L., Celeste, B. L., Strickland, T. (2006). Extending the Parsons legacy. In Toporek et al. (Eds.) *Social justice in counseling psychology* (pp. 499-513). Thousand Oaks, CA: Sage Publications.

Smith, M. J. (1975). *When I say no, I feel guilty.* New York: Bantam Books.

Speight, S. L. & Vera, E. M. (2004). A social justice agenda: Ready or not? *The Counseling Psychologist, 32,* 109-118.

Stringfellow, J. W. & Muscari, K. D. (2003). A program support for consumer participation in systems change. *Journal of Disability Policy Studies, 14, (3),* 142-147.

Talleyrand, R. M., Chung, R. C. -Y., & Bemak, F. (2006). Incorporating social justice in counselor training programs: A case study example. In Toporek et al. (Eds.) *Social justice in counseling psychology* (pp. 44-58). Thousand Oaks, CA: Sage Publications.

Thompson, C. E., Alfred, D. M., Edwards, S. L., & Garcia, P. G. (2006). Transformative endeavors. Implementing Helm's racial identity theory to a school-based heritage project. In Toporek et al. (Eds.) *Social justice in counseling psychology* (pp. 100-116). Thousand Oaks, CA: Sage Publications.

Toporek, R. L. (2000). Developing a common language and framework for understanding advocacy in counseling. In J. Lewis & L. Bradley (Eds.), *Advocacy in counseling: Counselors, clients & community* (pp. 5-14). Greensboro, NC: ERIC Clearinghouse on Counseling and Student Services.

Toporek, R. L. (2001). Context as a critical dimension of multicultural counseling: Articulating personal, professional, and instituting competence. *Journal of Multicultural Competence, 29,* 13-30.

Toporek, R. L., Gerstein, L. H., Fouad, N. A., Roysircar, G. & Israel, T. (2006a). *Handbook for social justice in counseling psychology: Leadership, vision, and action.* Thousand Oaks, CA: Sage Publications.

Toporek, R. L., Gerstein, L. H., Fouad, N. A., Roysircar, G. & Israel, T. (2006b). Future directions for counseling psychology. In R. L. Toporek et al. (Eds.) *Handbook for social justice in counseling psychology: Leadership, vision, and action,* (pp. 533-552). Thousand Oaks, CA: Sage Publications.

Toporek, R. L. & Liu, W. M. (2001). Advocacy in counseling: Addressing race, class, and gender oppression. In D. B. Pope-Davis & H. L. K. Coleman (Eds.), *The intersection of race, class, and gender in multicultural counseling* (2nd ed., pp. 165-188). Thousand Oaks, CA: Sage Publications.

Toporek, R. L. & McNally, C. J. (2006). Social justice training in counseling psychology. Needs and innovations. In R. L. Toporek, L. H. Gerstein, N. A. Fouad, G. Roysircar, & T. Israel (Eds.), *Handbook for social justice in counseling psychology. Leadership, vision, and action* (37-43). Thousand Oaks, CA: Sage Publications.

Toporek, R. L. & Williams, R. A. (2006). Ethics and professional issues related to the practice of social justice in counseling psychology. In R. L. Toporek, L. H.

Gerstein, N. A. Fouad, G. Roysircar, & T. Israel (Eds.), *Handbook for social justice in counseling psychology. Leadership, vision, and action* (17-34). Thousand Oaks, CA: Sage Publications.

Trethewey, A. (1997). Resistance, identity, and empowerment: A postmodern feminist analysis of clients in a human service organization. *Communication Monographs, 64,* 281- 301.

Vacc, N. A., (1998). Fair access to assessment instruments and the use of assessment in counseling. In C. C. Lee & G. R. Walz (Eds.), *Social action: A mandate for counselors* (pp. 179-198). Alexandria, VA: American Counseling Association.

Vera, E., Daly, B., Gonzales, R., Morgan, M., & Thakral, C. (2006). Prevention and outreach with underserved populations. In R. L. Toporek, L. H. Gerstein, N. A. Fouad, G. Roysircar, & T. Israel (Eds.), *Handbook for social justice in counseling psychology. Leadership, vision, and action* (86- 99). Thousand Oaks, CA: Sage Publications.

Vera, E. M. & Shin, R. Q. (2006). Promoting strengths in a socially toxic world: Supporting resiliency with systemic interventions. *The Counseling Psychologist, 34,* 80-89.

Williams, R. L. & Kirkland, J. (1971). The White counselor and Black client. *The Counseling Psychologist, 2,* 114-117.

Wyatt, G. (1990). Sexual abuse of ethnic minority children: Identifying dimensions of victimization. *Professional Psychology: Research & Practice, 21*, 38- 342.

# CHAPTER 2

# DEVELOPMENT AND VALIDATION OF THE SOCIAL JUSTICE ADVOCACY SKILLS SURVEY

# DEVELOPMENT AND VALIDATION OF THE SOCIAL JUSTICE ADVOCACY SKILLS SURVEY

In 2002, the American Counseling Association developed a listing of 43 competencies necessary for engagement in advocacy (Lewis, Arnold, House, & Toporek, 2002). The creation of this document has represented a much- needed step toward instituting social advocacy as a professional activity with objective standards for training and practice. The Advocacy Competencies sought to address the call for a role expansion to include advocacy behaviors within the broader repertoire of counseling skills (Bradley & Lewis, 2000; Foaud, Gerstein, & Toporek, 2006; Vera & Speight, 2003). Similarly, the Council for Accreditation of Counseling and Related Educational Programs' (CACREP) 2009 accreditation standards included greater emphasis on social advocacy than in the past (CACREP, 2008). Although social advocacy has long been a force within the profession of counseling, some scholars are calling for social justice, which is the goal of social advocacy, to become redefined as a researchable construct (Crethar, 2004; Hutchins, 2006; Rivera, 2006). Toward this end, the social advocacy competencies need to be operationalized to allow for quantified measurement rather than simply accepted at face value. Accordingly, the objective of this study is to identify the skills needed for advocacy and to develop and conduct the initial validation steps needed for a quantitative measure of advocacy skills.

The social justice advocacy movement is gaining momentum based on the growing recognition that social class and institutionalized oppression, discrimination and prejudice are closely connected to one's mental health and development (U.S. Department of Health and Human Services, 2001; Vera & Shin, 2006; Vera & Speight, 2003). For example, poverty is a stronger predictor of child development problems and psychological disorders in the United States than in any other country (Garbarino, 1995). Further, the effects of racism on psychological functioning have been well- documented (Bryant-Davis & Ocampo, 2005; Carter & Helms, 2002; Wyatt, 1990). The relationship between poverty and being a member of an oppressed group has been shown empirically (Fitzpatrick & LaGory, 2000; Jargowsky, 1997; Wilson, 1987). This has led many to question the focus of mental health professionals on intrapsychic concerns (Martin-Baro, 1994) and to regard an exclusive focus on individual issues without addressing systemic and environmental problems as oppressive (Albee, 2000; Prilletensky, 1997). Addressing systemic and environmental problems, however, requires additional skills than are typically taught in traditional training programs (Collison, Osborne, Gray, House, Firth, & Lou, 1998; Toporek & Liu, 2001; Toporek & Williams, 2006).

Counseling psychologists have been described as being in a unique position to work toward social change (O'Brien, Patel, Hensler-McGinnis, & Kaplan, 2006). This is due to their affiliations with both the American Counseling Association, which has taken the lead in social advocacy (Lewis et al., 2002), and the American Psychological Association, which has a much larger budget appropriated for influencing public policy,

as well as a larger membership (American Psychological Association, 2006). The development of the Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change (APA, 2003) is an example of counseling psychologists' advocacy for culturally competent practice and social justice within APA. APA's Division 17, the Division of Counseling Psychology, has been a strong voice for an emphasis on justice and action, as evidenced by activities such as social justice and advocacy conference programming, the formation of social action groups, and the creation of a forum on social justice within its journal *The Counseling Psychologist* (Foaud, Gerstein, & Toporek, 2006). Furthermore, in 2002 Fassinger and O'Brien proposed the Scientist-Practitioner-Advocate (SPA) model for training counseling psychologists. The SPA model was proposed to build upon the current widely used Boulder model, or Scientist-Practitioner model. Although there is a new emphasis on advocacy, few programs have formally instituted training in advocacy (Goodman, Liang, Helms, Latta, Sparks, & Weintraub, 2004; Osborne & Collison, 1998; Talleyrand, Chung, & Bemak, 2006). Curricula for advocacy training has been developed and utilized in several fields, and many counselors and counseling psychologists have published reports of their advocacy work (Talleyrand et al.).

At present, however, there are few or no existing instruments for measuring advocacy skills. Without such a tool, researching the efficacy of training programs in teaching these skills and in measuring a trainee's competence in advocacy will prove difficult. The goal of this study was to address this gap in the literature by developing an

instrument to measure social advocacy skills intended for practitioners in counseling-related fields for the purpose of assessing general competency social justice advocacy training outcomes. The skills identified in the literature, as consistent with the advocacy competencies, their associated constructs, and their measures will be discussed in an effort to operationalize the advocacy competencies. The method of test construction, the resulting instruments, and the parameters of its utility will be presented.

## Advocacy Skills

A review of the multidisciplinary literature yielded 73 behavioral skills associated with advocacy (see Appendix A). This list was compiled based on examining the literature for counselor skills that were consistent with the competencies. Further, these skills were classified according to the model utilized in the ACA Advocacy Competencies: (1) client/student empowerment, (2) client/student advocacy, (3) community collaboration, (4) systems advocacy, (5) public information, and (6) social/political advocacy (Lewis et al., 2001). These skills were discussed in diverse fields and literature including community psychology literature (Pope, 1990), counseling (Brown, 1988; Dinsmore, Chapman, & McCollum, 2000; Hendricks, 1994; Kiselica, 1995; Kiselica & Pfaller, 1993; Kiselica & Robinson, 2001; Sedlacek, 1998; Sexton & Whiston, 1998; Toporek & Liu, 2001; Vacc, 1998), counseling psychology, (Brabeck, Walsh, Kenny, & Comilang, 1997; Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006; Toporek & Williams, 2006; Vera, Gonzales, Morgan, & Thakral, 2006; Williams & Kirkland, 1971), pediatrics (Rudolf, 2003), psychiatry (Ritvo et al., 1999), social

psychology (Borshuk & Cherry, 2004; Frost & Ouellette, 2004), and the social work literature (Brawley, 1997; Hoefer, 2006).

## Related Constructs

A number of constructs have been proposed as conceptually related to social advocacy. In some cases, these relationships have been demonstrated empirically. Construct validation attends to the role of psychological theory in test construction and relies on hypothesis testing to determine whether the instrument in question does measure the intended construct (Anastasi & Urbina, 1997). Convergent and discriminant validation constitute construct validity and are utilized to examine the correlations between the test content and variables that are theoretically similar, when there is an inverse relationship between variables, and to demonstrate that there is no statistical correlation in instances where the variables in question should be unrelated (Anastasi & Urbina). Based upon this model of construct validation, the constructs of universal-diverse orientation, multicultural knowledge and awareness, belief in a just world, and social desirability will be considered.

### *Universal-Diverse Orientation*

Several authors have referred to commitment to social justice and a sense of social responsibility as key qualities for advocates. Toporek and Williams (2006) have identified the theme of responsibility in the review of the advocacy and social justice literature. This refers to psychology's responsibility toward oppressed groups, which includes ensuring access, working to eliminate bias and prejudice, and serving oppressed

communities. Similarly, D'Andrea and Daniels' (1999) research has shown that the most advanced stage of White identity development, which is characterized by advocacy, included a commitment to work toward social justice on behalf of persons from all oppressed groups. In their study, advocates were distinguished from non-advocates by having a moral empathy for and a spiritual connection with persons affected by oppression that facilitated the respect they held for these individuals.

The connectedness with others described by D'Andrea and Daniels (1999) and the social responsibility and commitment described by Toporek and Williams (2006) are similar to the universal-diverse orientation construct discussed by Miville and her colleagues (1999). A universal-diverse orientation refers to an awareness of the similarities and differences (e.g., by race, gender, sexual identity, ability) that allows for effective interactions with others. Those who hold a universal-diverse orientation experience a greater degree of connectedness to others and sense of social responsibility toward other beings. This construct is particularly useful to the validation of a social advocacy survey due to the conceptual relationship with social justice advocacy and because it is measurable using the Universal- Diverse Orientation Scale (Fuertes, Miville, Mohr, Sedlacek, Gretchen, 2000).

*Multicultural Knowledge and Awareness*

The correlation between multicultural knowledge and awareness and engagement in advocacy behavior has been demonstrated empirically (GreyWolf, 1998; Marullo, 1998; O'Brien, Patel, Hensler-McGinnis, & Kaplan, 2006). In one study, students taking

a service learning course designed to provide field experience in social advocacy demonstrated an unexpected increase in cross-cultural awareness, as well as a tendency to view problems from a multi-systems perspective (O'Brien, et al.). This correlation is not surprising, as the emphasis on social advocacy is essentially an outgrowth of the multicultural counseling movement and overlaps with social advocacy practice (Atkinson, Thompson, & Grant, 1993; D'Andrea, 2005; Sodowsky, Kuo-Jackson, & Loya, 1996). More specifically, counseling psychologists who call for cultural competence, as outlined by the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists, have included organizational and institutional advocacy against prejudice, discrimination, and racism under the umbrella of cultural competence (Arredondo, 1996; Sue, Arredondo, & McDavis, 1992). Both feminist and multicultural counseling theories have been utilized to extract principles to under gird advocacy practice (Goodman et al., 2004). These principles include: (a) on-going self-examination, (b) sharing power, (3) giving voice, (4) facilitating consciousness raising, (e) building on strengths, and (f) leaving clients the tools to work toward social change (Goodman et al.). Due to the empirical and conceptual relationships, scores on a valid measure of social justice advocacy should be positively correlated with multicultural knowledge and awareness.

*Belief in a Just World*

The concept of a belief in a just world refers to one's perception that the world is a just place where fate is determined by merit (Lerner, 1980). This belief allows

individuals to experience the world as safe and orderly by believing that people get what they deserve and is associated with positive self-esteem and mental health (Dalbert, 1999; Hafer, 2000). A differentiation has been made between a personal belief in a just world (i.e., whether the world is a just place for one personally) and a belief in a just world generally (i.e., whether the world is a just place in general) (Lerner & Miller, 1978). Further, it is hypothesized to constitute a particular cognitive schema of the world that is based on experience and aids one in making sense out of various situations (Dalbert). As with other types of schemata, a belief in a just world is not an exact representation of reality; rather, it is a positive illusion about the world at large.

Research suggests that individuals respond to exposure to oppression education in one of two ways (Van Soest, 1996). One style of responding to such information is to hold more tightly to this belief in a just world and subsequently respond with less advocacy behaviors when confronted with others' oppression. In contrast, those who do not hold this ideology report that they engage in more advocacy behaviors. If counselors have committed to developing the additional skills needed for advocacy, then they would be less likely to believe that the world is a just place.

*Social Desirability*

Social desirability describes research participants' tendencies to distort responding in an effort to self-present in a favorable manner (Crowne & Marlowe, 1960). This construct is of particular interest as it relates to social advocacy skills due to a relationship between self-reported multicultural counseling competencies and social

desirability (Worthington, Mobley, Franks, & Tan, 2000). More specifically, researchers have found that self-reported multicultural competency was poorly related to multicultural competence as rated by a third party and that self-reported multicultural competency was positively correlated with social desirability (Worthington et al.). Due to the potential for overestimating one's competency in the areas of multiculturalism and, by extension, possibly competency in social justice advocacy, in an effort to self- present positively, a valid measure of social advocacy skills should demonstrate a statistically non-significant relationship with social desirable responding.

Based upon the literature, the current study sought to answer the following research questions: (1) how do the survey items represent social advocacy skills?; (2) how many reliable and interpretable factors are there in this survey?; and (3) how does this survey relate to other advocacy-related constructs? Due to their conceptual relationship, significant, positive correlations between the social advocacy survey and measures of universal- diverse orientation and multicultural knowledge and awareness are hypothesized. The inverse relationship between social advocacy practice and one's belief in a just world should mean that a significant, negative correlation should be found between scores on a measure of one's adherence to a belief in a just world and the social advocacy skills survey, and thus, would provide evidence of its convergent validity. Finally, if the social advocacy skills instrument, indeed, measured advocacy and items were not presented in a way as to elicit socially desirable responding, then the social advocacy survey should not be correlated with scores on a measure of social desirability.

## Method

The construction of this instrument followed the methodology outlined by Fishman and Galguera (2003) and Kline (2000). More specifically, item content was based on a thorough review of the literature and specialist ratings were then used to inform the selection of items from this initial pool (Fishman & Galguera). Furthermore, a principal axis- factor analysis was conducted using a direct oblimin rotation with Kaiser normalization. The choice for using factor analysis over principal components analysis was based on Worthington and Whittaker's (2006) assertion that factor analysis is a more appropriate analysis for the development of a new scale. Additionally, an oblique rotation, such as direct oblimin, has been recommended when there is reason to suspect that the factors are correlated with one another or when this has not been stated in the literature (Worthington & Whittaker). Finally, the instrument's construct validity was assessed through convergent methods, as recommended by Anastasi and Urbina (1997).

Factor analysis is appropriate for investigating the construct validity of a measure by examining its internal consistency when accompanied by other evidence of construct validity (Anastasi & Urbina, 1997; Gregory, 2004). Correlating items with the total score is another way in which the homogeneity of items can be assessed and is a form of item analysis (Anastasi & Urbina; Kline, 2000). These types of validation were used to inform the selection of items and construction of the instrument as well as to evaluate the utility of the instrument.

In the first phase, items referencing behavioral skills based upon the social justice advocacy literature were written. These were written into statements and then given to three practicing counselors who were asked to provide feedback on the ambiguity and readability of the items, as recommended by Edwards and Thomas (1993).

During Phase II content validity considerations was addressed through the use of expert ratings to evaluate the potential item pool and to guide further revision of the measure (Anastasi & Urbina, 1997; Fishman & Galguera, 2003). In an effort to build content validity into the instrument, the items were sent to a group of independent advocacy specialists, who were asked to evaluate the choice of items and their adequacy in representing social advocacy behavioral skills.

Phase III consisted of assessing the reliability and construct validity of the instrument. In this phase, the population for which the instrument was designed was sampled and asked to complete this survey in addition to measures of theoretically related constructs in an effort to establish convergent and divergent validity. Conceptually similar and dissimilar instruments were administered concurrently to assess the instrument's construct validity.

*Phase I: Generation of Initial Item Pool*

One hundred forty-eight items were written based upon the 74 behavioral skills identified in the literature (See Appendix B). Test developers have recommended writing twice as many items as needed for the final instrument due to the expectation that some of the initial items written will inevitably be dropped due to their poor contribution to the

overall test (Gregory, 2004; Kline, 2000). Furthermore, a minimum of 10 items is needed for a reliable assessment of each factor (Kline). Therefore, 148 items allowed for up to fourteen reliable factors to emerge from the statistical analysis.

Familiarity with the research has been described as necessary for maximizing the validity of each item; therefore, these items will be based upon a thorough review of the interdisciplinary research on advocacy to ensure componentiality, a thorough understanding of all of the components that constitute the construct of interest (Fishman & Galguera, 2003).

*Participants*

Following the generation of the initial pool of items, three practicing counselors were asked to take the survey and provide feedback. These counselors were advanced-level doctoral students with a minimum of three years of experience. Additionally, two of these counselors identified as African American females and one identified as a White Jewish American female. They ranged in age from 30 to 33- years old. They were encouraged to ask questions, mark unclear items, and add written comments, which were used to revise the items as needed. This technique is commonly used in piloting items in initial content validation and has been recommended by survey development scholars (Edwards & Thomas, 1993).

*Procedure*

These counselors were asked to assess the items for clarity and freedom from ambiguity and were asked to provide narrative feedback on the items. Further, the

investigator met with the evaluators or communicated via email regarding the feedback. Those items judged by the evaluators to be unclear or poorly written were rewritten or eliminated from the pool based upon their comments. Because the counselors were not expected to be experts in social advocacy, a rating scale was not utilized; rather they were asked to provide narrative feedback about the experience in answering these items.

## *Phase II: Content Validity*

### *Participants*

A group of five advocacy specialists within the fields of Counseling and Counseling Psychology were recruited based upon their familiarity with the advocacy literature and practice, as evidence by their contributions to the social advocacy literature and/or social advocacy practice. According to Fishman and Galduera (2003), the opinion of specialists who are familiar with the subject area is an appropriate way to establish external validity of an instrument when no better criterion is available, such as is the case when no other instrument exists. These specialists included two males and three females. Four of these specialists identified as White American and one identified as Asian American. They included four counseling psychologists and one counselor educator who are faculty members from four different universities.

To determine the validity of each item in measuring advocacy skills, the specialists were asked to provide a rating of item relevance to each of the six domains utilized by the Advocacy Competencies (see Appendix) utilizing a seven-point Likert scale. Those items with an average relevance rating of six or higher were retained while

those items did not meet this pre-set criterion were eliminated from the item pool. This is more conservative than the recommendation that items with an average rating of five or higher be retained (Fishman & Galguera, 2003). In addition, the group of experts was asked to select a five- or seven- point Likert scale for use with the final instrument. Space was also provided for any narrative feedback to the researcher. The expert rating instructions are presented as Appendix B.

### *Phase III: Reliability and Construct Validity Study*

#### *Participants*

Participants were recruited by contacting several program chairs and training directors from Counseling and Counseling Psychology programs from nine different states and from the Counselors for Social Justice listserv. Paper advertisements and an email advertisement were used to direct eligible participants to a webpage https://www.psychdata.com/s.asp?SID=123397. The criteria for participation included being a master's or doctoral student in a counseling or counseling psychology program, who has completed at least one semester of practicum. After being directed to the site, participants were asked to read a consent form and to click an on-line tab if they wished to participate in the study. Participation was completely voluntary and no incentives were offered.

A total of 170 participants responded to the research request. Of these respondents, 58 were eliminated due to missing data. Thus, a sample of 112 graduate students in counseling or counseling psychology programs who had a least one semester

of practicum experience was used in this study. The sample included 100 females (83%), 18 males (17%), and one individual who did not report gender. The sample was composed of 13 (11%) Black or African American participants, nine (8%) Asian/Pacific Islander participants, six (5%) Hispanic/Latino participants, 1 (1%) Native or Indigenous American, 90 (76%) White or European American participants, and five (4%) who felt the descriptors were not inclusive of them and marked "other." These participants had a mean of 4.7 years of counseling experience. Fifty-three participants reported membership of least one social justice organization; 58 denied participating in such organizations, while one participant left this item blank.

*Instrumentation*

*Demographic questionnaire.* A short-demographic questionnaire assessing the participants' gender, ethnicity, primary work setting, number of years of training, involvement in social action groups, and whether they have had any training in advocacy was administered to assess for group differences in advocacy skills. The guidelines for constructing a demographic survey suggested by Edwards and Thomas (1993) were followed in an effort to allow for relevant group differences to be examined without requesting so much that the participants would be easily identifiable. This questionnaire is included as Appendix B.

*Marlowe-Crowne Social Desirability Scale.* Given the potential relationship between socially desirable responding and advocacy, it must be demonstrated that the items used to assess self-reported social advocacy skills do not correlate with scores

obtained from a measure of social desirability, in this case the Marlowe-Crowne Social Desirability Scale (MC) (Crowne & Marlowe, 1964). The MC contains 33 items that have been deemed improbable to occur with minimal psychopathological implications. They are presented in true-false format. Higher scores on this measure are interpreted as a tendency to distort information for self- presentation purposes rather than as denial of psychopathology. Psychometric data has been collected on this instrument over a period of 40 years and internal consistency scores have ranged between .72 and .96 (Andrews & Meyer, 2003).

*Multicultural Counseling Knowledge and Awareness Scale (MCKAS).* The relationship between the social advocacy skills survey and self-perceived general multicultural counseling knowledge and awareness will be measured using the MCKAS (Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002). The MCKAS is a 32-item, Likert-type, inventory. Construct and criterion-related validity and reliability have been established (Constantine, Gloria, & Ladany, 2002; Ponterotto et al, 2002). This instrument was initially called the Multicultural Counseling Awareness Scale and was developed using qualitative methods, and quantitative methods, including item analysis and factor analysis (Ponterotto et al., 1996). Further development and analysis demonstrated a two-factor structure (i.e., knowledge and awareness and the instrument was revised (Ponterotto et al.). Alpha coefficients for the Awareness and Knowledge subscales were reported as .79 and .92 respectively (Ponterotto et al., 2002).

*Miville- Guzman Universality Diversity Scale- Short Form.* The Miville-Guzman Universality Diversity Scale- Short Form (MGUDS-S) (Fuertes et al., 2000) is a 15- item instrument measuring one's alliance with others on the basis of similarities and one's appreciation of others' differences using a five-point Likert-type scale. An individual with a universal-diverse orientation is, thus, able to see cultural differences between oneself and others while also experiencing a sense of connectedness with others based on sense of shared humanity. The short version was developed from the original version based upon the items with the highest factor loadings. The short version has shown a strong, positive correlation with the original version, which has demonstrated test-retest reliability of .94 and convergent and discriminant validity (Fuertes et al.; Miville et al., 1999). This abbreviated form has yielded an alpha level of .77 and a similar factor structure as the original, albeit with factors that were more clearly delineated (Fuertes et al.).

*Personal Belief in a Just World Questionnaire.* Dalbert's (1999) Personal Belief in a Just World questionnaire (PBJW) was also administered. This 7- item measure uses a six-point Likert- scale ranging from strongly disagree to strongly agree assessing one's adherence to various statements, such as "I believe that, by and large, I deserve what happens to me." (Dalbert, p. 95). Evidence for the internal consistency for this questionnaire has been demonstrated ($\alpha = .86$) (Dalbert). Evidence for construct validity for this questionnaire has shown that a personal belief in a just world is predictive of self-esteem and is positively correlated with self-esteem, as theoretically expected (Dalbert).

Further, factor analyses have demonstrated the internal consistency of these items and have shown that personal belief in a just world represents a distinct factor explaining 26 to 32 percent of the variance in the validation samples (Dalbert). Further, item loadings ranged from .43 to .81 for this scale (Dalbert).

*Procedure*

Item analysis was performed to determine which items should be retained and which should be eliminated (Gregory, 2004; Kline, 2000). More specifically, an item-reliability index was calculated to determine how well each item correlated to the total score and thus, how homogenous or internally consistent the instrument is (Gregory). A Pearson product moment correlation was utilized due to the multi-point response scaling, as recommended by Nunnally (1978). Those items that have a correlation of .3 or higher were retained, while those falling below .3 were eliminated (Kline). A corrected item-total factor was employed so that the item being correlated to the total score was not included in the total score and thus, would not artificially inflate the correlation (Nunnally).

Reliability was estimated using a Cronbach's alpha to test the internal consistency of its items. This statistic is the preferred method for calculating split-half reliability coefficients when data are continuous, such as those generated from the Likert- scaling of this instrument (Fishman & Galguera, 2003). Furthermore, Cronbach's alpha has been described by Kline (2000) as the best index of internal consistency.

An exploratory factor analysis (EFA) was conducted next to determine the possible factor structure of the remaining items. Those factors with Eigenvalues of one or greater were considered as recommended by multiple sources (Tabachnick & Fidell, 1996). Additionally, the criterion used for a factor loading was .4 (Tabachnick & Fidell). Items that are poorly correlated with the factors extracted from the analysis were eliminated.

## Results

### *Phase I: Generation of Initial Item Pool*

Three counseling psychology doctoral students who were also practicing counselors and two professors of counseling psychology examined the initial item pool and provided written feedback to the primary researcher. Based on their comments and questions, 28 items were dropped. Thus, the initial item pool was reduced from 148 items to 120 items.

### *Phase II: Content Validity*

The rating forms were compiled and those with an average rating of six or higher across raters for any of the advocacy domains were retained in the final instrument. Those items that did not meet this minimum requirement were eliminated. This resulted in 70 of the 120 items being retained. Furthermore, three of the experts recommended a seven-point Likert scale, one expert selected a five-point Likert scale, while one expert did not respond to this question; therefore, a seven- point Likert scale was adopted. Additionally, based on the feedback from two experts that a “N/A” option was redundant

to the “not at all” option provided at the lower limit of the Likert scale, this option was not included in the final instrument.

An additional step was added in which an additional counseling psychologist with expertise in the area of social justice and culturally responsive practice reviewed the remaining items and gave feedback as to their appropriateness for the survey. This step resulted in dropping an additional three items from the final survey.

*Phase III: Reliability and Construct Validity*

*Reliability*

Item- analysis was performed with item- reliability indices and, as a result, 17 items were deleted, as they had item-total correlations of less than .3. Cronbach’s alpha was performed on the 49- item survey that resulted and these items yielded an alpha level of .94. Furthermore, the deleted items were examined for any consistency among the content that might suggest that they represented an independent factor. This was not found to be the case ($\alpha$ = .51).

Table 1 *Corrected Item-Total Correlations*

| Item No. | Subscale and Items | Item-total *r* |
|---|---|---|
| *Collaborative Action (20 items; $\alpha$ = .92)* | | |
| 1 | I network with community groups with common concerns | .62 |

| | | |
|---|---|---|
| | related to social justice issues. | |
| 4 | I have little knowledge of state laws and relevant policies pertaining to populations I am likely to see. * | .36 |
| 5 | I stay abreast of current laws and policies affecting populations with which I work. | .51 |
| 8 | I create written materials to raise awareness about issues that affect my clients. | .64 |
| 9 | I encourage clients to research the laws and policies that apply to them. | .39 |
| 10 | I collaborate with potential allies for social change. | .63 |
| 13 | I work to bring awareness to the public regarding issues that affect my clients. | .71 |
| 15 | I teach my colleagues to recognize sources of bias within the institutions and agencies in which I am involved. | .53 |
| 19 | I typically seek feedback regarding the effects of my interactions with the communities with which I work. | .44 |
| 20 | I carry out my plans of action for confronting barriers to my clients' wellbeing. | .53 |
| 21 | I build relationships with trusted community members and | .61 |

| | | |
|---|---|---|
| | establishments in which I work. | |
| 22 | I work with professional organizations to influence public policy pertaining to social justice. | .66 |
| 25 | I use creative means to bring attention to client issues and perceived injustices. | .59 |
| 27 | When working with community groups, I conduct assessments that are inclusive of community members' perspectives. | .50 |
| 28 | I seek feedback from my clients regarding the impact of my advocacy efforts on their behalf. | .45 |
| 29 | I assess the influence of my public information/awareness efforts. | .54 |
| 34 | When working with community/organizational groups, I routinely seek information regarding the history of the problem from the community members. | .44 |
| 37 | I collect data to show the need for social change to the institutions with which I work. | .53 |
| 40 | I assess the effects of my interactions with the community. | .59 |
| 42 | I identify potential allies for confronting barriers to my clients' wellbeing. | .68 |

*Social/Political Advocacy (7 items; $\alpha$ =. 91)*

| | | |
|---|---|---|
| 3 | I contact legislators on behalf of clients' needs. | .46 |
| 6 | I have never communicated with my legislators regarding social issues that impact my clients. * | .42 |
| 7 | I contact my legislators to express my views on proposed bills that will impact client problems. | .49 |
| 11 | I do not know of any counselors who lobby legislators and/or other policy makers. * | .34 |
| 14 | I engage in legislative and policy actions that affect marginalized groups. | .66 |
| 22 | I work with professional organizations to influence public policy pertaining to social justice. | .66 |
| 36 | I work to change existing laws and regulations that negatively affect clients. | .68 |

*Client Empowerment (8 items; $\alpha$ =. 76)*

| | | |
|---|---|---|
| 2 | I work with clients to develop action plans for confronting barriers to their wellbeing. | .38 |
| 18 | I strive to examine problems for a systems perspective in an effort to understand their influences on client concerns. | .32 |

| | | |
|---|---|---|
| 23 | I use interventions that utilize client resources to buffer against the effects of oppression. | .52 |
| 26 | My research interest focuses on giving voice to underserved populations. | .39 |
| 30 | I support my clients' self-advocacy efforts. | .30 |
| 32 | I understand the effects of multiple oppressions on clients. | .31 |
| 33 | I work to understand clients as they are impacted by social problems. | .31 |
| 35 | I assess whether client concerns reflect responses to oppression. | .30 |

*Client/Community Advocacy (8 items; $\alpha$ = .76)*

| | | |
|---|---|---|
| 12 | I do not assist my clients in developing the communication skills needed to serve as self-advocates. * | .42 |
| 16 | Serving as a mediator between clients and institutions is not an appropriate role for a counselor. * | .29 |
| 17 | Assisting clients in calling state and federal agents and navigating other bureaucracies is inappropriate for counselors.* | .35 |

| | | |
|---|---|---|
| 31 | I use effective listening skills to gain understanding of community groups' goals. | .46 |
| 38 | I believe I am unable to distinguish those problems that can best be resolved through political advocacy. * | .37 |
| 39 | My skills as a counselor do not transfer to work with community groups. * | .33 |
| 41 | I feel ill- prepared to seek feedback regarding others' perceptions of my advocacy efforts. * | .46 |
| 43 | My interventions with clients of Color do not include strengthening their racial and ethnic identities. * | .37 |

A principle axis factoring with a direct oblimin rotation was utilized for the primary identification of factors. The Kaiser-Meyer-Olkin measure of sampling adequacy was employed to assess the factorability of the items and yielded a value of .69. According to Tabachnik and Fidell (2001), values of .60 and above are necessary for good factor analyses; thus, this data set was deemed appropriate for factor analysis. Principal- axis factoring produced eight factors with eigenvalues greater than 1.0, which explained 55% of the variance. Consistent with Catell's (1966) recommendation, a scree plot was examined, which also supported an eight-factor solution. However, those factors with two or fewer loadings were dropped as recommended by Tabachnick and Fidell, resulting in a four-factor model, which accounted for 42% of the total variance.

Following the identification of a four- factor model, items that did not load onto any of these factors were dropped. This resulted in the elimination of seven items. A principal-axis factoring with a direct oblimin rotation was again performed on the data set with four factors specified for extraction. Evidence for the appropriateness of an orthogonal rotation was found in the correlations among the factors (see Table 4). According to Tabachnik and Fidell (1996), correlations between factors of .32 or higher suggest 10% or higher overlap in variance among factors. These correlations ranged from .326 to .548, suggesting a high degree of overlap. The second EFA with four factors specified resulted in a Kaiser-Meyer-Olkin measure of sampling of .760, as well as a statistically significant Bartlett's test of sphericity, $\chi^2$ (1176) = 2817.01, $p$ <.001. This model explained 45% of the variance.

Twenty items loaded on Factor 1 (collaborative action; eigenvalue = 12.76) demonstrating that the items on this measure represent a single overarching variable, explaining 26% of the variance. Factor 2 (social/political advocacy; eigenvalue = 3.58) accounted for 7% of the variance and contained seven items. (See Table 2). Factor 3 contained eight items (client empowerment; eigenvalue = 2.39), which were representative of empowerment interventions occurring on a client level and explained 5% of the variance in the data set. A fourth factor (client/community advocacy; eigenvalue = 1.77) extracted contained eight items descriptive of advocacy on behalf of a client or community and accounted for 4% of the variance

Table 2

*Factor Structure, Eigenvalues, and Total Variance Explained*

| | | Extraction Sums of Squared Loadings | |
|---|---|---|---|
| Factor | Eigenvalue | % Variance | Cumulative % |
| 1. Collaborative Action | 12.757 | 26.034 | 26.034 |
| 2. Social/Political Advocacy | 3.584 | 7.314 | 33.347 |
| 3. Client Empowerment | 2.387 | 4.872 | 38.219 |
| 4. Client/Community Advocacy | 1.769 | 3.609 | 41.829 |

Table 3

*Pattern Matrix*

| Item No. | Factor 1 | Factor 2 | Factor 3 | Factor 4 |
|---|---|---|---|---|
| 21 | .716 | | | |
| 25 | .709 | | | |
| 40 | .693 | | | |
| 8 | .656 | | | |
| 1 | .644 | | | |
| 10 | .643 | | | |
| 19 | .546 | | | |
| 5 | .544 | | | |
| 22 | .542 | -.534 | | |
| 20 | .523 | | | |
| 13 | .518 | | | |
| 28 | .503 | | | |
| 37 | .488 | | | |
| 27 | .479 | | | |
| 15 | .466 | | | |
| 29 | .457 | | | |
| 42 | .442 | | | |

| | | | | |
|---|---|---|---|---|
| 4 | .422 | | | |
| 9 | .422 | | | |
| 34 | .420 | | | |
| 7 | | -.918 | | |
| 6 | | -.806 | | |
| 3 | | -.786 | | |
| 14 | | -.757 | | |
| 36 | | -.584 | | |
| 11 | | -.446 | | |
| 32 | | | .724 | |
| 33 | | | .697 | |
| 35 | | | .609 | |
| 23 | | | .491 | |
| 26 | | | .461 | |
| 30 | | | .449 | |
| 2 | | | .426 | |
| 18 | | | .407 | |
| 17 | | | | .557 |
| 16 | | | | .556 |
| 31 | | | | .520 |

| | | | | |
|---|---|---|---|---|
| 41 | | | | .498 |
| 38 | | | | .489 |
| 39 | | | | .450 |
| 43 | | | | .428 |
| 12 | | | | .420 |

Table 4

*Factor Correlations*

| Factor | Factor 1 | Factor 2 | Factor 3 | Factor 4 |
|---|---|---|---|---|
| Factor 1 | 1.00 | .548** | .431** | .506** |
| Factor 2 | .548** | 1.00 | .342** | .326** |
| Factor 3 | .431** | .342** | 1.00 | .535** |
| Factor 4 | .506** | .326** | .535** | 1.00 |

**significant at the .01 level

Cronbach's alphas were computed for each of the four factors. Factor 1 yielded an alpha level of .92. Factor 2 demonstrated an alpha level of .91. A reliability estimate of .76 was found for Factor 3, while Factor 4 yielded an alpha level of .76.

*Construct Validity*

The correlation between scores on the PBJW and the social justice advocacy survey was not statistically significant ($r$ (92) = .017). Scores on the MCKAS and the social justice advocacy survey showed a significant positive correlation for this sample ($r$ (81) = .54, $p < .01$). A significant positive correlation between the MGUDS-S and the

present survey under investigation was also found ($r$ (89) = .295, $p < .01$). No significant correlation was found between scores on the MC and scores on the social justice advocacy survey ($r$ (92) = .098).

Table 5

*Construct Validity Correlations*

| | SJAS | MC-SDS | MGUDS-S | MCKAS | PBJW |
|---|---|---|---|---|---|
| SJAS | 1.000 | -.085 | .309** | .540** | .017 |
| MC-SDS | -.085 | 1.000 | -.061 | -.033 | .151 |
| MGUDS-S | .309** | -.061 | 1.000 | .520** | .107 |
| MCKAS | .540** | -.033 | .520** | 1.000 | .316** |
| PBJW | .017 | .084 | .107 | .316** | 1.000 |

** Significant at the .01 level

## Discussion

This study resulted in a 42-item instrument with adequate reliability and validity to measure social advocacy competencies for counselors. To date, there is no published quantitative instrument to measure these skills. Due to the increasing emphasis on advocacy within the field, the ability to empirically assess competency in advocacy represents an important step toward understanding the nature of advocacy competency and in developing effective training strategies for counselors in training.

Results of this study suggest that social justice advocacy competency consists of four factors: (1) collaborative action, (2) social/political advocacy, (3) client

empowerment, and (4) client/community advocacy. While this model that emerged from the data was somewhat consistent with the six domains utilized by the Advocacy Competencies, it differed in that it did not discern between community collaboration and public awareness as the Advocacy Competencies do. Rather, items measuring these domains were grouped according to their common emphases on collaboration with others in pursuit of social justice. Similarly, items assessing direct advocacy in the service of a client or community loaded onto one factor. Thus, rather than having separate categories for advocacy and empowerment actions on the community or organizational level (i.e., community collaboration and organizational advocacy), items intended to measure these domains were absorbed into other categories.

Twenty items loaded onto a central factor, which was labeled collaborative action. Collaboration with others is a consistent theme across all levels of advocacy (Lewis et al., 2002). This factor included items involving building relationships with community groups and other social justice advocates, as well as bringing about public awareness of injustices. For example, items such as "I network with community groups with common concerns related to social justice.", "I create written materials to raise awareness about issues that affect my clients.", and "I collaborate with potential allies for social change loaded onto this factor.

A second factor was extracted and appeared to measure engagement in macro-level advocacy; thus, it was labeled social/political advocacy. Items assessing one's attempts to influence the political process or public policy toward socially just legislation

loaded onto this factor. This factor included items such as “I engage in legislative and policy actions that affect marginalized groups.” and “I contact my legislators regarding social issues that impact my clients.” These items were highly consistent with the Social/Political Advocacy domain of the Advocacy Competencies.

Support for the existence of a distinct domain of competence in client empowerment interventions was found in the identification of a third factor assessing this construct. Several items that were written to assess this domain loaded onto this factor. These include “I work with clients to develop action plans for confronting barriers to their well being” and “I understand the effects of multiple oppressions on clients”. These items were descriptive of the ability to identify the effects of social injustice on client problems and to help the client develop skills for self-advocacy.

The fourth factor extracted was labeled client and community advocacy. Interestingly, this factor largely included items measuring engagement in advocacy to directly benefit a client, such as “Serving as a mediator between clients and institutions is not an appropriate role for a counselor.” (reverse-scored). However, it also included items reflective of behaviors to set the stage for advocacy on behalf of a community group, such as “I use effective listening skills to gain understanding of community groups’ goals.” Interestingly, the Advocacy Competencies label direct advocacy efforts within a community as Organizational Advocacy and reserve community work for the empowerment dimension, termed Community Collaboration. However, the identification

of this factor, suggests that counselors may utilize similar skills to engage in advocacy work on behalf of a community or a client.

Evidence for the construct validity of this survey was found in the empirical relationships between the survey items and scores on the MCKAS and the MGUDS- S. Previous research and theory suggests that having the knowledge and awareness prescribed by the multicultural counseling competencies and perceiving oneself as connected to others across social and cultural groups are related to social advocacy (D'Andrea & Daniels, 1999; O'Brien et al., 2006; Toporek & Williams, 2006). Therefore, these positive and significant correlations provide initial evidence for the survey's convergent validity. Additionally, as expected, a correlation between the current measure and the MC-SDS was not found and provides evidence that scores on this survey are not heavily influenced by a desire to self-present positively.

Unexpectedly, this study did not produce the expected negative correlation between social justice advocacy and a personal belief in a just world. In fact, there was no relationship between adherence to a belief in a just world and social advocacy skills. A possible explanation for this unexpected finding may be the way in which belief in a just world was assessed. The scale selected assessed whether one feels that he or she is treated fairly rather than whether the world at large is an unjust place. Because a belief in a just world is based on the schemata of one's experiences, the nature of the sample (i.e., graduate students) suggests that they enjoy some privileges in their lives; hence, they may believe that the world is just for them personally, yet could also have an awareness that

persons who do not enjoy such educational privileges may experience injustice. Future validation studies of the survey might employ a measure of general belief in a just world in order to better understand the construct validity of the present survey and, more broadly, to understand the relationship between these two constructs.

Another possible reason for the unexpected non-significant correlation between belief in a just world and scores on the social advocacy skills survey involves the characteristics of a social justice advocate. Adherence to this belief has been found to be related to acceptance of the status quo, non-advocacy and disparagement of oppressed populations, as well as denial of observed social and political injustices (Furnham & Procter, 1989; Rubin & Peplau, 1973; 1975; Smith, Feree, & Miller, 1975; Walster, Walster, & Berscheid, 1978). However, previous studies have also shown that a belief in a just world is related to feelings of competence and control, as well as optimism about the future (Lerner, 1978). It is plausible that competent social justice advocates have a combination of these characteristics, as they would need to have the ability to perceive injustices to be motivated to engage in advocacy for social justice, while also experiencing a sense of efficacy and optimism regarding their ability to effect social change. Thus, advocates may have mixed perceptions of justice and, therefore, not have strong beliefs in either direction about whether the world is a just place. This may explain why there was neither a positive or negative correlation between scores on the social advocacy survey and a belief in a just world.

Some important limitations of this study need to be mentioned. The first is the relatively small sample size. Some statisticians recommend that factor analyses with sample sizes of less than 300 be interpreted with caution as these can lead to lower reliability of the factors; however, a sample size of 100 can be adequate when factor loadings are .80 or higher (Tabachnick & Fidell, 1996). Because several loadings did not meet this cut-off point, replication with a larger sample size is needed. This may have also contributed to the lower reliability estimates of the factors assessing client empowerment and client/community advocacy. Additionally, these factors constitute subscales, which are exploratory in nature and should not be interpreted individually. However, a conceptually meaningful factor structure was identified and a survey that measures social justice advocacy that demonstrated both reliability of its overall score, as well as evidence for content and construct validity resulted from this study.

*Implications for Advocacy, Practice, Research, and Training*

The initial stages of the development and validation of this survey pointed to the existence of four factors, constituting social justice advocacy. As validation of an instrument is never complete and often consists of an ongoing process of gathering multiple sources of data (Gregory, 2002), this present study is intended as a starting point for assessing social advocacy skills in counseling and counseling psychology and to begin the process of examining these skills empirically. Future research employing confirmatory factor analysis procedures to determine whether this four- factor structure is replicated is needed. In addition, samples drawn from non-student populations, such as

licensed counselors, are needed to understand any differences in the construct of advocacy across multiple professional developmental levels.

In regards to the factor structure found in the current study, the identification of collaborative action as a central factor has important implications for advocacy, practice, research, and training. One implication is that training in interdisciplinary collaboration, consultation skills, and empowering the public with psychological knowledge might form the basis for social justice advocacy much like micro-skills currently serve as the backbone for practice and training in the provision of individual counseling skills. Consultation skills are currently taught in many counseling programs and social justice advocacy could be infused into this coursework, and these skills could be built upon with efforts at community advocacy and communication with non-professionals. Along these lines, specific training in disseminating professional information to the public is also needed. As Miller urged nearly forty years ago, we can best serve human welfare by learning to "give psychology away" (1969, p. 1071). Thus, communication skills that preserve the scientific integrity of counseling psychology while minimizing jargon and communicating the implications of research for the lives of the oppressed are needed by counselors to empower the public with increased knowledge about the impact of social justice on mental health and well-being. Similarly, accessing mediums for public communication, such as the news media are critical components of collaborative action in a social justice advocacy curriculum and, thus, need to be included. The ability for collaborative action to bring about the desired change can also be researched with

refinement of this instrument. Furthermore, other lines of research can investigate the public's perception of such counselor activities using appropriate research methods, such as those currently used by the public health field to understand their efforts at public education (see Council of Chief State School Officers, 1998).

Consistent with the Advocacy Competencies, social/political advocacy emerged as a distinct category of competency in this study. Trauma counselors have not only recognized the significance of engaging in legislative advocacy in preventing trauma through socially just laws and policies, but also promote it as a means of counteracting feelings of helplessness for the therapist who works with traumatized clients (Briere, 1996). Of all of the domains of social advocacy, this, perhaps, represents the greatest departure from traditional counseling practices. Thus, primers in social/political advocacy, such as the one published by APA might serve as required reading for coursework in social justice advocacy (APA, 2006). Some counseling psychology programs have already begun to institute training in advocacy at the macro-level and can serve as models (Toporek et al., 2006). However, these methods of training and their impact on clients' welfare must be empirically studied to better understand their efficacy in developing social/political advocacy skills for counselors, as well as the impact on clients' lives. As the current instrument is refined, it may be able to achieve these goals.

Evidence for the distinct nature of client empowerment was also found in the current study. This category reflected counselor interventions that identify the impact of oppression on client problems and support client's efforts at self- advocacy. Recently,

counselors have begun to look at specific counselor verbalizations, called “broaching” intended to therapeutically explore the impact of racial and cultural oppression on client problems (Day-Vines et al., 2008, p. 401). Such verbalizations have been researched and have been found to be related to increased amount and depth of disclosures on the part of clients of color, as well as increased credibility and competence attributed to the counselor (Sue et al., 1998; Thompson, Worthington, & Atkinson, 1994). Research on similar specific and discrete actions aimed at supporting client’s efforts at challenging the unjust systems in which they are involved are needed in order to comprehensively understand the construct of client empowerment.

In contrast to the model proposed by Lewis and her colleagues (2002), client and community advocacy efforts clustered into one category in the present study. Counselor interventions directed at client and community groups’ environments appear to share some commonalities in the present sample. Items in this category were reflective of competency in understanding community groups’ goals, in serving as a mediator between client and institutions, and in negotiating for services on behalf of a client. The Multicultural Competencies, which predate the Advocacy Competencies discuss advocacy on behalf of clients at the institutional level, and in many ways, does not distinguish between advocacy efforts on these levels (Arredondo, 1999). These authors describe a multiculturally competent counselor as one who is proactive in their institutions to ensure that oppression and marginalization do not take place, and identifies and addresses any extant barriers to services (Arredondo). Further, they include in the

ability to discern whether a client problem stems from others' racism or bias so that clients do not blame themselves (Arredondo). This cognitive ability is consistent with one item assessing one's ability to determine the appropriate level in which to advocate, which loaded onto this factor. It also highlights the interrelationship between interventions on behalf of clients and on behalf of communities and institutions. Thus, it appears that advocacy on behalf of an individual client often targets injustice within a particular institution, which can then benefit a community, as well as the institution itself by eradicating bias and discrimination. Item content of the latter category shows much overlap with the institutional intervention skills articulated by the Multicultural Competencies and exemplifies the interconnectedness of social justice advocacy across these levels.

As social justice advocacy becomes more integrated within the domain of counseling, there is a need to, not only define competence, but to be able to measure it. The existence of the present instrument holds potential for not only assessing these competencies but also in providing a tool for measuring client outcomes based on these factors. For example, the operationalization of client empowerment with the present measure can allow for outcome studies to understand their impact on the counseling process, as can the ability to measure the client/community advocacy. Only then is the field able to fully understand how such competence is acquired, taught, and, ultimately, what impact it has on clients, organizations, and the larger public. This initial measure

represents one step toward the realization of social justice advocacy as a practice that is grounded in empirical understanding.

References

Albee, G. W. (2000). The Boulder model's fatal flaw. *American Psychologist, 55,* 247-248.

Allport, G. (1954). *The nature of prejudice.* Cambridge, MA: Addison-Wesley.

American Psychological Association (2006). Advancing psychology in the public interest: A psychologist's guide to participation in federal advocacy process. Retrieved Sept. 12, 2006, from http://www.apa.org/ppo/ppan/piguide.html

American Psychological Association (2005). 2005 Annual Report. Retrieved September 24, 2006 from http://www.apa.org/pi/2005_annual_report_ap.pdf

Anastasi, A. & Urbina, S. (1997). *Psychological testing.* (7th ed.). Upper Saddle River, NJ: Prentice Hall.

Andrews, P. & Meyer, R. G. (2003). Marlowe-Crowne Social Desirability Scale and Short Form C: Forensic norms. *Journal of Clinical Psychology, 59,* 483-492.

Arredondo, P. (1999). Multicultural counseling competencies as tools to address oppression and racism. *Journal of Counseling & Development, 77,* 102-108.

Atkinson, D. R., Thompson, C. E., & Grant, S. K. (1993). A three-dimensional model for counseling racial/ethnic minorities. *The Counseling Psychologist, 21,* 257-277.

Brabeck, M., Walsh, M. E., Kenny, M., & Comilang, K. (1997). Interprofessional collaboration for children and families: Opportunities for counseling psychology in the 21st century. *The Counseling Psychologist, 25,* 615-636.

Bradley, L. & Lewis, J. (2000). Introduction. In J. Lewis, L. Bradley (Eds.), *Advocacy in counseling: Counselors, clients, and community* (pp. 3-4). Greensboro, NC: ERIC Clearinghouse on Counseling and Student Services.

Briere, J. (1996). *Therapy for adults molested as children: Beyond survival.* New York: Springer Publishing Company.

Brown, D. (1988). Empowerment through advocacy. In D. Kurpius & D. Brown (Eds.) *Handbook of consultation: An intervention for advocacy and outreach* (pp. 8-17). Alexandria, VA: Association for Counselor Education and Supervision.

Council of Chief State School Officers (1998). *Assessing health literacy: Assessment framework.* Soquel, CA: ToucanEd Publications.

Crowne, D. P. & Marlowe, D. (1964). *The approval motive*: *Studies in evaluative dependence.* New York: Wiley.

Dalbert, C. (1999). The world is more just for me than generally: About the Personal Belief in a Just World Scale's validity. *Social Justice Research, 12,* 79- 98.

D'Andrea, M. (2005). Continuing the cultural liberation and transformation of counseling psychology. *The Counseling Psychologist, 33,* 524-537.

D'Andrea, M. & Daniels, J. (1999). Exploring the psychology of White racism through naturalistic inquiry. *Journal of Counseling and Development, 77,* 93-101.

Day- Vines, N. L., Wood, S. M., Grothaus, T., Craigen, L., Holman, A., Dotson-Blake, K., & Douglass, M. J. (2008). Broaching the subjects of race, ethnicity, and culture during the counseling process. *Journal of Counseling and Development, 85,* 401- 409.

Dinsmore, J. A., Chapman, A., McCollum, V. J. C. (2000, March). *Client advocacy and social justice: Strategies for developing trainee competence.* Paper presented at the Annual Conference of the American Counseling Association, Washington, DC.

Edwards, J. E. & Thomas, M. D. (1993). The organizational survey process. *American Behavioral Scientist, 36,* 419-442.

Fassinger, R. E. & O'Brien, K. M. (2000). Career counseling with college women: A scientist-practitioner-advocate model of intervention. In D. Luzzo (Ed.), *Career development of college students: Translating theory and research into practice* (pp. 253-265). Washington, D.C.: American Psychological Association.

Fishman, J. A. & Galguera, T. (2003). *Introduction to test construction in the social and behavioral sciences. A practical guide.* Lanham, MD: Rowman & Littlefield Publishers, Inc.

Fitzpatrick, K. M. & LaGory, M. (2005). *Unhealthy places: The ecology of risk in the urban landscape.* New York: Routledge.

Fouad, N. A., Gerstein, L. H., & Toporek, R. L. (2006). Social justice and counseling psychology in context. In Toporek et al. (Eds.) *Social justice in counseling psychology* (pp. 1-16). Thousand Oaks, CA: Sage Publications.

Fuertes, J. N., Miville, M. L., Mohr, J. J., Sedlacek, W. E., Gretchen, D. (2000). Factor structure and short form of the Miville-Guzman Universality-Diverse Scale- Short Form. *Measurement and Evaluation in Counseling and Development, 33,* 157-169.

Furnham, A. & Procter, E. (1989). Belief in a just world: Review and critique of the individual difference literature. *British Journal of Social Psychology, 28,* 365-384.

Garbarino, J. (1995). *Raising children in a socially toxic environment*. San Francisco: Jossey-Bass.

Goodman, L. A., Liang, B., Helms, J. E., Latta, R. E., Sparks, E., & Weintraub, S. R. (2004). Training counseling psychologists as social justice agents: Feminist and multicultural principles in action. *The Counseling Psychologist, 32,* 793-837.

Hafer, C. L. (2000). Do innocent victims threaten the belief in a just world? Evidence from a modified Stroop task. *Journal of Personality and Social Psychology, 79,* 165-173.

Hendricks, F. M. (1994). Career counseling with African American college students. *Journal of Career Development, 21,* 117-126.

Hoefer, R. (2006). *Advocacy practice for social justice.* Chicago: Lyceum Books.

Jargowsky, P. A. (1997). *Poverty and place: Ghettos, barrios, and the American city.* New York: Russell Sage.

Kiselica, M. S. (1995). *Multicultural counseling with teenage fathers: A practical guide.* Thousand Oaks, CA: Sage.

Kiselica, M. S. & Pfaller, J. (1993). Helping teenage parents: The independent and collaborative roles of school counselors and counselor educators. *Journal of Counseling and Development, 72,* 42-48.

Kiselica, M. S. & Robinson, M. (2001). Bringing advocacy counseling to life: The history, issues, and human dramas of social justice work in counseling. *Journal of Counseling & Development, 79,* 387-397.

Kline, P. (2000). *Handbook of psychological testing,* (2nd ed.). London: Routledge.

Lee, C. C. (1998). Counselors as agents of social change. In C. C. Lee & G. R. Walz (Eds.), *Social action: A mandate for counselors* (pp. 3-14). Alexandria, VA: American Counseling Association and ERIC Clearinghouse.

Lee, C. C. & Walz, G. R. (1998). *Social action: A mandate for counselors*. Alexandria, VA: American Counseling Association and ERIC Clearinghouse.

Lerner, M. J. (1980). *The belief in a just world: A fundamental delusion.* New York: Plenum Press.

Lerner, M. & Miller, D. T. (1978). Just world research and the attribution process: Looking back and ahead. *Psychological Bulletin, 85,* 1031-1051.

Lewis, J., Arnold, M. S., House, R., & Toporek, R. (2001). *Advocacy Competencies: American Counseling Association Task Force on Advocacy Competencies.* Retrieved May 27, 2006, from http://counselorsforsocialjustice.org/advocacycompetencies.html

Loo, R. (2004). A critical examination of the Rubin and Peplau Belief in a Just World Scale. In S. P. Shohov (Ed.) *Advances in psychology research, Vol. 31,* (pp. 125-145). Hauppauge, NY: Nova Science Publishers.

Lopez-Baez, S. I. (2005, April). *Social justice: An action verb*. Panel presentation at the American Counseling Association Annual Conference, Atlanta, Georgia.

Martin-Baro, I. (1994). *Writings for a liberation psychology.* Cambridge, MA: Harvard University Press.

Miller, G. A. (1969). Psychology as a means of promoting human welfare. *American Psychologist, 24,* 1063-1075.

Miville, M. L., Gelso, C. J., Pannu, R., Liu, W., Touradji, P., Holloway, P., Fuertes, J. (1999). Appreciating similarities and valuing differencing: The Miville-Guzman Universality Diversity Scale. *Journal of Counseling Psychology, 46,* 291-307.

Nunnally, J. O. (1978). *Psychometric theory.* New York: McGraw-Hill.

O'Brien, K. M., Patel, S., Hensler-McGinnis, N., & Kaplan, J. (2006). Empowering undergraduate students to be agents of social change: An innovative service learning course in counseling psychology. In Toporek et al. (Eds.) *Social justice in counseling psychology* (pp. 59-73). Thousand Oaks, CA: Sage Publications.

Osborne, J. L. & Collison, B. B. (1998). Developing a social advocacy model for counselor education. *Counselor Education & Supervision, 37,* 190-203.

Paulhaus, D. L. (1991). Balanced Inventory of Desirable Responding. In J. R. Robinson, P. R. Shaver, & L. S. Wrightsman (Eds.), *Measures of personality and social attitudes* (pp. 37-41). San Diego, CA: Academic Press.

Ponterotto, J. G., Gretchen, D., Utsey, S. O., Rieger, B. P., & Austin, R. (2002). A revision of the Multicultural Counseling Awareness Scale. *Multicultural Counseling and Development, 30,* 153- 179.

Ponterotto, J. G., Rieger, B. T., Barrett, A., Harris, G., Sparks, R., Sanchez, C. M., et al. (1996). Development and initial validation of the Multicultural Counseling Awareness Scale. In G. R. Sodowsky, J. C. Impara (Eds.), *Multicultural assessment in counseling and clinical psychology* (pp. 247-282). Lincoln, NE: Buros Institute of Mental Measurements.

Pope, K. S. (1990). Ethics and malpractice: Identifying and implementing ethical standards for primary prevention. *Prevention in Human Services, 8(2),* 317-320.

Prilleltensky, I. (1997). Values, assumptions, and practices: Assessing the moral implications of psychological discourse and action. *American Psychologist, 52,* 517-535.

Rencher, A. C. (2002). *Methods of multivariate analysis,* (2nd ed.). New York: Wiley-Interscience.

Ritvo, R., Al-mateen, C., Ascherman, L., Beardslee, W., Hartmann, L., Lewis, O., Papilsky, S., Sargent, J., Sperling, E., Stiener, G., Szigethy, E. (1999). Report of the Psychotherapy Task Force of the American Academy of Child and Adolescent Psychiatry. *The Journal of Psychotherapy Practice and Research, 8 (2),* 93-102.

Rubin, Z. & Peplau, L. A. (1973). Belief in a just world and reactions to another's lot: A study of participants in the national draft lottery. *Journal of Social Issues, 29*(4), 73-93.

Rubin, Z. & Peplau, L. A. (1975). Who believes in a just world? *Journal of Social Issues, 31*(3), 65-89.

Rudolf, M. (2003). Advocacy training for pediatricians: The experience of running a course in Leeds, United Kingdom. *Pediatrics, 112*, 749-751.

Sedlacek, W. E., (1998). Strategies for social change research. In C. C. Lee & G. R. Walz (Eds.), *Social action: A mandate for counselors* (pp. 227-239). Alexandria, VA: American Counseling Association.

Sexton, T. L. & Whiston, S. C. (1998). Using the knowledge base: Outcome research and accountable social action. In C. C. Lee & G. R. Walz (Eds.), *Social action: A mandate for counselors* (pp. 241-260). Alexandria, VA: American Counseling Association.

Smith, E. R., Ferree, M. M., & Miller, F. D. (1975). A short scale of attitudes towards feminism. *Representative Research in Social Psychology, 6,* 51-56.

Sodowsky, G. R., Kuo-Jackson, P. Y., & Loya, G. J. (1996). Outcome of training in the philosophy of assessment. In D. B. Pope-Davis & H. L. K. Coleman (Eds.), *Multicultural counseling competencies: Assessment, education and training, and supervision* (pp. 3-42). Thousand Oaks, CA: Sage.

Sue, D. W., Carter, R. T., Casas, J. M., Fouad, N. A., Ivey, A. E., Jensen, M., et al. (1998). *Multicultural counseling competencies: Individual and organizational development.* Thousand Oaks, CA: Sage.

Tabachnick, B. G. & Fidell, L. S. (1996). *Using multivariate statistics,* (3rd ed.). New York: HarperCollins College Publishers.

Talleyrand, R. M., Chung, R. C. -Y., & Bemak, F. (2006). Incorporating social justice in counselor training programs: A case study example. In Toporek et al. (Eds.) *Social justice in counseling psychology* (pp. 44-58). Thousand Oaks, CA: Sage Publications.

Thompson, C. E., Worthington, R., & Atkinson, D. R. (1994). Counselor content orientation, counselor race, and Black women's cultural mistrust and self-disclosures. *Journal of Counseling Psychology, 41,* 155–161.

Toporek, R. L., Gerstein, L. H., Fouad, N. A., Roysircar, G. & Israel, T. (2006a). *Handbook for social justice in counseling psychology: Leadership, vision, and action.* Thousand Oaks, CA: Sage Publications.

Toporek, R. L., Gerstein, L. H., Fouad, N. A., Roysircar, G. & Israel, T. (2006b). Future directions for counseling psychology. In R. L. Toporek et al. (Eds.) *Handbook for*

*social justice in counseling psychology: Leadership, vision, and action,* (pp. 533-552). Thousand Oaks, CA: Sage Publications.

Toporek, R. L. & Liu, W. M. (2001). Advocacy in counseling: Addressing race, class, and gender oppression. In D. B. Pope-Davis & H. L. K. Coleman (Eds.), *The intersection of race, class, and gender in multicultural counseling* (2nd ed., pp. 165-188). Thousand Oaks, CA: Sage Publications.

Toporek, R. L. & Williams, R. A. (2006). Ethics and professional issues related to the practice of social justice in counseling psychology. In R. L. Toporek, L. H. Gerstein, N. A. Fouad, G. Roysircar, & T. Israel (Eds.), *Handbook for social justice in counseling psychology. Leadership, vision, and action* (17-34). Thousand Oaks, CA: Sage Publications.

U.S. Department of Health and Human Services (2001).

Vacc, N. A., (1998). Fair access to assessment instruments and the use of assessment in counseling. In C. C. Lee & G. R. Walz (Eds.), *Social action: A mandate for counselors* (pp. 179-198). Alexandria, VA: American Counseling Association and ERIC Clearinghouse.

Van Soest, D. (1996). Impact of social work education on student attitudes and behaviors concerning oppression. *Journal of Social Work Education, 32,* 191-202.

Vera, E., Daly, B., Gonzales, R., Morgan, M., & Thakral, C. (2006). Prevention and outreach with underserved populations. In R. L. Toporek, L. H. Gerstein, N. A. Fouad, G. Roysircar, & T. Israel (Eds.), *Handbook for social justice in counseling*

*psychology. Leadership, vision, and action* (86- 99). Thousand Oaks, CA: Sage Publications.

Vera, E. M. & Shin, R. Q. (2006). Promoting strengths in a socially toxic world: Supporting resiliency with systemic interventions. *The Counseling Psychologist, 34,* 80-89.

Vera, E. M. & Speight, S. L. (2003). Multicultural competence, social justice, and counseling psychology: Expanding our roles. *The Counseling Psychologist, 31,* 253-272.

Walster, E., Walster, G. W., & Berscheid, E. (1978). *Equity: Theory and research.* Boston: Allyn & Bacon.

Williams, R. L. & Kirkland, J. (1971). The White counselor and Black client. *The Counseling Psychologist, 2,* 114-117.

Wilson, W. J. (1987). *The truly disadvantaged: The inner city, the underclass, and public policy.* Chicago, University of Chicago Press.

Worthington, R. L., Mobley, M., Franks, R. P., & Tan, J. A. (2000). Multicultural counseling competencies: Verbal content, counselor attributions, and social desirability. *Journal of Counseling Psychology, 47,* 460-468.

Worthington, R. L. & Whittaker, T. A. (2006). Scale development research: A content analysis and recommendations for best practices. *The Counseling Psychologist, 34,* 806- 838.

APPENDIXES

APPENDIX A

*Advocacy Competency Domains*

| | **Client/Student** | **School/Community** | **Public Arena** |
|---|---|---|---|
| Acting With ↓ | Client/Student Empowerment | Community Collaboration | Public Information |
| Acting On Behalf | Client/Student Advocacy | Systems Advocacy | Social/Political Advocacy |

Microlevel ⟶ Macrolevel

*Note.* From "Advocacy Competencies: American Counseling Association Task Force on Advocacy Competencies" by J. Lewis, M. S. Arnold, R. House, & R. Toporek, 2001. Retrieved May 27, 2006, from http://counselorsforsocialjustice.org/advocacycompetencies.html

# APPENDIX B

*Proposed Advocacy Skills*

Client Empowerment:

1. Identify strengths and resources of clients and students (Lewis et al., 2002).
    a. Identify and utilize client resources, such as spirituality, religious affiliation, and kinship networks (Vera & Shin, 2006).
    b. Strengthen racial/ethnic identities when working with persons of Color to build resilience against the effects of racism (Vera & Shin, 2006).
    c. Acknowledge the ways in which clients express power within institutions (Trethewey, 1997).
    d. Use GLBT affirmative approaches with such clients (Norsworthy & Gerstein, 2003).
2. Identify the social, political, economic, and cultural factors that affect the client (Lewis et al., 2002).
    a. Listen, understand and respond empathically to clients as they are impacted by social problems (Kiselica & Robinson, 2001).
    b. Examine the role of social structures when assessing clients (Cowger, 1994).
    c. Examine power and power relationships between clients and their environments (Trethewey, 1997).

3. Recognize the signs indicating that an individual's behaviors and concerns reflect responses to systematic or internalized oppression (Lewis et al., 2002).
    a. Recognize the psychological effects of racism on clients (Bryant-Davis & Ocampo, 2005; Vera & Shin, 2006; Wyatt, 1990).
    b. Use critical thinking to understand the intersection of multiple sources of oppression and their effects on clients (Aspy & Sandhu, 1999; Chen-Hayes, 2001; Lee, 1998; Rudolf, 2003; Toporek & Liu, 2001).
4. Assist the individual in identifying the external barriers that affect his or her development (Lewis et al., 2002).
    a. Recognize that client problems rarely result from a single cause, but rather from a myriad of events (Cowger, 1994).
    b. Assist clients in giving meaning to the social contextual factors that impact their situations (Cowger, 1994).
5. Train clients in self-advocacy skills (Lewis et al., 2002).
    a. Assist clients in developing communication skills needed for advocacy (Trethewey, 1997).
    b. Connect clients with organizations that advocate for issues that impact them (Epstein, West, & Riegel, 2000; Stringfellow & Muscari, 2003).
6. Help clients create self-advocacy action plans (Lewis et al., 2002).
    a. Assess client's understanding of laws and policies that apply to him or her (Toporek & Liu, 2001).

b. Collaborate with clients in deciding upon appropriate actions needed for environmental changes (Toporek & Liu, 2001).

7. Assist clients in carrying out action plans (Lewis et al., 2002).
    a. Assist clients in calling state and federal agents and navigating other bureaucracies (Toporek & Liu, 2001).

Client Advocacy:

8. Negotiate for relevant and/or better services and education systems on behalf of clients (Lewis et al., 2002).
    a. Communicate effectively with those in positions of power who can improve clients' situations (Kiselica, 1995; Kiselica & Pfaller, 1993).
    b. Serve as a mediator between clients and institutions (Dinsmore, Chapman, & McCollum, 2000).
9. Help clients gain access to needed resources (Lewis et al. 2002).
    a. Form collaborations with professionals to meet the needs of individuals and families (Brabeck et al., 1997; Toporek & Liu, 2001).
    b. Communicate with local, state, and federal representatives on behalf of clients' needs (Toporek & Liu, 2001).
10. Identify barriers to well-being of individuals and vulnerable groups (Lewis et al., 2002).
    a. Evaluate client complaints of prejudice within counselor's organizational context (Toporek & Liu, 2001).

b. Use critical thinking to understand interlocking and multiple sources of oppression and their effects on clients and client groups (Aspy & Sandhu, 1999; Chen-Hayes, 2001; Lee, 1998; Rudolf, 2003; Toporek & Liu, 2001).

11. Develop an initial action plan for confronting these barriers (Lewis et al., 2002).

12. Identify potential allies for confronting these barriers (Lewis et al., 2002).

    a. Serve as a visible ally for issues that affect clients (Toporek & Liu, 2001).

13. Carry out the plan of action (Lewis et al., 2002).

    a. Persuade targets of advocacy to act on behalf of client or issue (Hoefer, 2006).

    b. Continuously assess progress of advocacy interventions within the context of the client's environment (Vacc, 1998).

    c. Speak out against inequities, such as discriminatory processes that affect clients (Toporek & Liu, 2001).

    d. Use empathic-confrontation in responding to injustices (Kiselica, 2004).

Community Collaboration:

14. Identify environmental factors that impinge upon students' and clients' development (Lewis et al., 2002).

    a. Obtain information regarding the sociohistorical context of the problem from the community (Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006).

15. Alert community or school groups with common concerns related to the issue (Lewis et al., 2002).
    a. Identify key stakeholders in problem (Rudolf, 2003).
16. Develop alliances with groups working for change (Lewis et al., 2002).
    a. Build relationships with trusted community members within the community (Vera et al., 2006).
    b. Build relationships with civic organizations and businesses within the community (Thompson et al., 2006).
17. Use effective listening skills to gain understanding of the groups' goals (Lewis et al., 2002).
    a. Conduct formal and informal needs assessments within a community that are inclusive of community members' perspectives (Vera et al., 2006).
18. Identify the strengths and resources that group members bring to the process of systemic change (Lewis et al., 2002).
    a. Engage in process of mutual learning with community groups to allow group members to both learn from and teach the counselor (Goodkind, 2005).
19. Communicate recognition of and respect for these strengths and resources that group members bring (Lewis et al., 2002).
    a. Engage community in providing a history of previous problem-solving attempts (Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006).

b. Participate in community functions of client populations served (Toporek & Liu, 2001).

20. Identify and offer the skills that the counselor can bring to the collaboration (Lewis et al., 2002).

    a. Publish qualitative studies focused on giving voice to silenced communities (Goodman et al., 2004; Morrow, 2007).

    b. Work with community members to disseminate their ideas to the media (Goodman et al., 2004).

21. Assess the effect of the counselor's interaction with the community (Lewis et al., 2002).

Systems Advocacy:

22. Identify environmental factors impinging on students' or clients' development (Lewis et al., 2002).

    a. Determine who is positively and who is negatively affected by the identified issue (Hoefer, 2006).

    b. Teach colleagues to recognize sources of bias in organizational settings (Hendricks, 1994; Williams & Kirkland, 2001).

23. Provide and interpret data to show the urgency for change (Lewis et al., 2002).

24. In collaboration with other stakeholders, develop a vision to guide change (Lewis et al., 2002).

a. Negotiate with employers for changes in institutional policy that are conducive to positive growth and development of clients (Brown, 1988).

25. Analyze the sources of political power and social influence within the system (Lewis et al., 2002).

    a. Examine power and power relationships between clients and their environments (Trethewey, 1997).

    b. Understand institutional and professional power (Toporek, 2001).

26. Develop a step-by-step plan for implementing the change process (Lewis et al., 2002).

    a. Communicate environmental changes needed for just treatment of clients to staff in agencies in which counselor is involved (D'Andrea & Daniels, 1999; Hendricks, 1994; Williams & Kirkland, 1971).

27. Develop a plan for dealing with probable responses to change (Lewis et al., 2002).

28. Recognize and deal with resistance (Lewis et al., 2002).

    a. Contact funding agencies when oppressive practices or inadequate services are observed (Dinsmore et al., 2000).

29. Assess the effects of counselor's advocacy efforts on the system and its constituents (Lewis et al., 2002).

Public Information:

30. Recognize the impact of oppression and other barriers to healthy development (Lewis et al., 2002)

a. Keep abreast of research citing the impact of oppression on mental health (Vera & Shin, 2006).

31. Identify environmental factors that are protective of healthy development (Lewis et al., 2002).
    a. Keep abreast of the research citing the environmental factors that promote resilience for persons of Color and/or those living in poverty (Vera & Shin, 2006).
32. Prepare written and multi-media materials that provide clear explanations of the role of specific environmental factors in healthy development (Lewis et al., 2002).
    a. Prepare press releases (Brawley, 1997, Rudolf, 2003).
    b. Write effective letters to the editor (Brawley, 1997).
    c. Write newspaper articles (Brawley, 1997).
33. Communicate information in ways that are ethical and appropriate for the target population (Lewis et al., 2002).
    a. Demonstrate proficiency and accuracy in oral and written presentations (NCHEC, 1999).
    b. Use culturally sensitive communication methods and techniques (NCHEC, 1999).
34. Disseminate information through a variety of media (Lewis et al., 2002).
    a. Use creative means to bring attention to client issues and perceived injustices (Borshuk & Cherry, 2004).

b. Capture the attention of the broadcast media (Brawley, 1997; Rudolf, 2003).

35. Identify and collaborate with other professionals who are involved in disseminating public information (Lewis et al., 2002).

    a. Utilize forums of communication, such as newsletters, professional journals, websites, and professional meeting to share information regarding social justice issues (Ritvo et al., 1999).

36. Assess the influence of public information efforts undertaken by a counselor (Lewis et al., 2002).

Social/Political Advocacy:

37. Distinguish those problems that can best be resolved through social/political advocacy (Lewis et al., 2002).

    a. Understand state laws and relevant policies pertaining to populations counselor is likely to see (Toporek & Liu, 2001).

    b. Examine proposed legislations for fairness to underrepresented groups (Shullman et al., 2006).

    c. Assess the appropriate level on which advocacy efforts are most appropriate (Rudolf, 2003).

    d. Conduct stakeholder analysis to determine who the key stakeholders are (Rudolf, 2003).

38. Identify the appropriate mechanisms for addressing these problems (Lewis et al., 2002).
    a. Understand the political framework and processes to effect change (Rudolf, 2003).
    b. Identify the appropriate legislator to contact (APA, 2006).
    c. Understand how actions should be targeted (Rudolf, 2003).
39. Seek out and join with potential allies (Lewis et al., 2002).
    a. Persuade other colleagues to become involved in social justice advocacy (Shullman, Celeste, & Strickland, 2006).
    b. Train others in social/political advocacy (Shullman et al., 2006).
    c. Send out action alerts to allies (Shullman et al., 2006).
40. Support existing alliances for change (Lewis et al., 2002).
    a. Make and solicit financial contributions to social justice groups that influence public policy (Shullman et al., 2006).
    b. Support national professional organizations in their public policy efforts (Shullman et al., 2006).
    c. Support public policy efforts of state, territorial, and provincial professional organizations (Shullman et al., 2006).
41. With allies, prepare convincing data and rationales for change (Lewis et al., 2002).
    a. Use research data to influence public policy (Toporek & Liu, 2001).

b. Orient research toward influencing public policy (Bingham, 2003; Enns, 1993).

c. Develop research summaries for policy makers (Shullman et al., 2006).

42. With allies, lobby legislators and other policy makers (Lewis et al., 2002).

a. Work to change existing laws and regulations that negatively affect clients (Toporek & Liu, 2001).

b. Work with others to develop policy initiatives (Shullman et al., 2006).

c. Engage in legislative and policy actions that affect marginalized groups (Toporek & Liu, 2001).

d. Communicating with policy makers via letters, emails, or telephone calls to express positions on social justice issues that impact mental health (Shullman et al., 2006).

e. Advocate for psychological knowledge and practice to be included in public policy debates (Shullman et al., 2006).

f. Attend town hall meetings and/or forums organized by legislators (Shullman et al., 2006).

g. Understand the views, responsibilities, and needs of policy makers (Galer-Unti & Tappe, 2006).

43. Maintain open dialogue with communities and clients to ensure that social/political advocacy is consistent with initial goals (Lewis et al., 2002).

a. Conduct large-scale empirical investigations of effectiveness of advocacy work (Sexton & Whiston, 1998).

b. Support policies that institutionalize the perspectives of oppressed persons, such as affirmative action (Adams, O'Brien, & Nelson, 2006).

# APPENDIX C

*Expert Reviewer Instructions*

Enclosed you will find a description of six categories of social advocacy skills: (1) Client Empowerment, (2) Client Advocacy, (3) Community Collaboration, (4) Systems Advocacy, (5) Public Awareness, and (6) Social/Political Advocacy and 117 items that have been designed to assess counselor skills for social justice advocacy. Items have been written to assess the skills that correspond to each of the six categories outlined by the Advocacy Competencies (Lewis, House, Reese, & Toporek, 2001).

For the following items, please rate the degree to which each item assesses each category using the following scale:

---

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All | | | | | | Totally |

---

Categories:

(1) **Client Empowerment**: This category includes skills used for empowerment strategies using in direct counseling. It includes those behaviors aimed at understanding clients within their social, political, economic, and cultural contexts and assisting clients in understanding the impact of these variables on their lives and development. These skills facilitate clients' self-advocacy.

**(2) Client Advocacy:** This category includes counselor behaviors directed at removing external barriers to a client's development. It also encompasses assisting clients from vulnerable groups in gaining access to needed services.

**(3) Community Collaboration:** Community collaboration involves seeking out and working with community groups working for social change. Although the

counselor's role in this category is one of an ally, the counselor may also lend his or her counseling skills, such as interpersonal relations, communications, training, and research to the community group(s) or organization(s).

**(4) Systems Advocacy:** This category involves those behaviors aimed at systems and/or community changes in a client's environment.

**(5) Public Information:** These skills include those directed at raising public awareness of social justice issues and their impact on clients' mental health, development, and wellbeing.

**(6) Social/Political Advocacy:** These skills occur at a broader social context than client or systems advocacy. It involves those skills used to influence public policy in a large, public arena.

**Example:**

1. I am skilled at client-level advocacy.

**Client Empowerment** **Community Collaboration** **Public Awareness**

**1 2 3 4 5 6 7** **1 2 3 4 5 6 7** **1 2 3 4 5 6 7**

**Client Advocacy** **Systems Advocacy** **Social/Political Advocacy**

**1 2 3 4 5 6 7** **1 2 3 4 5 6 7** **1 2 3 4 5 6 7**

# APPENDIX D

*Demographic Survey*

1. Highest Level of Education:

   Bachelor's Degree _____ Master's Degree _____ Ph.D._____

   Professional Degree _____

2. Number of Years of Counseling Training: (Include schooling and supervised experience) _____

3. Gender: Male Female

4. Are you a member of any social advocacy groups? Yes No

5. If so, how many hours per month are you engaged in activities related to your group(s)? _____

6. Primary Work Setting:

   In-patient _____ Community Mental Health _____

   College Counseling Center _____ Private Practice _____

   Other: (please specify)_____

7. Ethnicity: (Mark all that apply)

   African American, Black, African Descent _____

   Asian, Asian American, or Pacific Islander _____

   Hispanic or Latino(a) _____

   Native American or American Indian _____

   White/Caucasian or European _____

Other (specify): _____

8. Have you had any training in advocacy? Yes No

Describe:_____

APPENDIX E

*Social Justice Advocacy Scale*

---

Using the seven-point scale, please indicate the degree to which the following are true of you.

---

1. I network with community groups with common concerns related to social justice issues.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

2. I work with clients to develop action plans for confronting barriers to their wellbeing.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

3. I contact legislators on behalf of clients' needs.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

4. I have little knowledge of state laws and relevant policies pertaining to populations I am likely to see.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

5. I stay abreast of current laws and policies affecting populations with which I work.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

6. I have never communicated with my legislators regarding social issues that impact my clients.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

7. I contact my legislators to express my views on proposed bills that will impact client problems.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

8. I create written materials to raise awareness about issues that affect my clients.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

9. I encourage clients to research the laws and policies that apply to them.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

10. I collaborate with potential allies for social change.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

11. I do not know of any counselors who lobby legislators and/or other policy makers.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at | | | | | | Totally |

All True True

12. I do not assist my clients in developing the communication skills needed to serve as self-advocates.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

13. I work to bring awareness to the public regarding issues that affect my clients.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

14. I engage in legislative and policy actions that affect marginalized groups.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

15. I teach my colleagues to recognize sources of bias within the institutions and agencies in which I am involved.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

16. Serving as a mediator between clients and institutions is not an appropriate role for a counselor.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

17. Assisting clients in calling state and federal agents and navigating other

bureaucracies is inappropriate for counselors.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

18. I strive to examine problems from a systems perspective in an effort to understand their influences on client problems.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

19. I typically seek feedback regarding the effects of my interactions with the communities with which I work.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

20. I carry out my plans of action for confronting barriers to my clients' wellbeing.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

21. I build relationships with trusted community members and establishments within the communities in which I work.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

22. I work with professional organizations to influence public policy pertaining to social justice.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

23. I use interventions that utilize client resources to buffer against the effects of oppression.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

24. I am not actively involved with organizations working toward social justice.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

25. I use creative means to bring attention to client issues and perceived injustices.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

26. My research interest focuses on giving voice to underserved populations.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

27. When working with community groups, I conduct assessments that are inclusive of community members' perspectives.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

28. I seek feedback from my clients regarding the impact of my advocacy efforts on their behalf.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at | | | | | | Totally |

All True True

29. I assess the influence of my public information/awareness efforts.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

30. I support my clients' self-advocacy efforts.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

31. I use effective listening skills to gain understanding of community groups' goals.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

32. I understand the effects of multiple oppressions on clients.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

33. I work to understand clients as they are impacted by social problems.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

34. When working with community/organizational groups, I routinely seek information regarding the history of the problem from the community members.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

35. I assess whether client concerns reflect responses to oppression.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

36. I work to change existing laws and regulations that negatively affect clients.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

37. I collect data to show the need for social change to the institutions with which I work.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

38. I believe I am unable to distinguish those problems that can best be resolved through social/political advocacy.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

39. My skills as a counselor do not transfer to work with community groups.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

40. I assess the effects of my interaction with the community.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

41. I feel ill - prepared to seek feedback regarding others' perceptions of my advocacy efforts.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|

| Not at All True | | | | | | Totally True |
|---|---|---|---|---|---|---|

42. I identify potential allies for confronting barriers to my clients' wellbeing.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |

43. My interventions with clients of Color do not include strengthening their racial and ethnic identities.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Not at All True | | | | | | Totally True |