Characteristics of Counselors that Advocate for Clients

A Dissertation

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The Faculty of the Curry School of Education

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Doctor of Philosophy

by

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ABSTRACT

The counseling profession has failed to provide counselors with a clearly defined understanding of advocacy and the behaviors, knowledge, and skill expectations needed to become advocates (Toporek & Reza, 2001). This lack of understanding of advocacy and the components necessary for implementation has lead to its continued underutilization in counseling practice (D'Andrea & Daniels, 1999). This study was constructed to address these concerns and considerations.

Potential participants were solicited from the membership of the national organization, the American Counseling Association (ACA), or its' division, Counselors for Social Justice (CSJ). Participants completed a demographic questionnaire and The Advocacy Characteristics Scales, which was constructed by the author. The Advocacy Characteristics Scales measures actual advocacy, importance of advocacy, advocacy characteristics, and levels of interventions. The Advocacy Characteristics Scales were used to compare advocacy beliefs and behaviors for affiliates and non-affiliates of CSJ, self-identification as politically active, educational degrees, and professional roles. Additionally, The Advocacy Characteristics Scales were used to predict actual advocacy and importance of advocacy.

A central purpose of this study was to construct a measure that could explain the complex phenomenon of advocacy. The Advocacy Characteristics Scales composed of attributes, attitudes, behaviors, skills, and knowledge accomplished this goal. The Advocacy Characteristics Scales had high item reliability along with high correlations related to actual advocacy and importance of advocacy. There were statistically significant advocacy

differences among all groups measured in the study. Additionally, The Advocacy Characteristics Scales were able to predict actual advocacy and importance.

The implication of these findings takes the complex phenomenon of advocacy and divides it into measurable areas of focus. These areas of focus are instrumental in the conceptualization of advocacy for the training and education of competent counselors. The components within The Advocacy Characteristic Scales provide counselor educators with a model to use to introduce and educate counselors about advocacy. This process would facilitate the development of counselors who believe in the importance of advocacy as well as providing them with the knowledge and skills needed to advocate on behalf of their clients.

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APPROVAL OF THE DISSERTATION

The dissertation, Characteristics of Counselors that Advocate for Clients, has been approved by the Graduate Faculty of the Curry School of Education in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

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March 30, 2007 Date

DEDICATION

... let us lay aside every weight, and the sin which so easily ensnares us, and let us run with endurance the race that is set before us, looking unto Jesus, the author and finisher of our faith, who for the joy that was set before Him endured the cross, despising the shame, and has sat down at the right hand of the throne of God (Hebrews 12: 1 & 2, NKJV).

I can never thank you enough, Dad, not only for telling me about our Heavenly Father and the race in which He would have us run, but also for displaying through your life and death what running with endurance really looks like.

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CHAPTER ONE

INTRODUCTION

More than three decades ago, Dworkin and Dworkin (1971) challenged counselors to move from neutral passivity to active participation in advocating for clients and changing the power differential in America. This challenge has not been completely embraced by the counseling profession. In the last 15 years, advocacy work has been synonymous with professional legitimacy in the form of legislation and policy, elusively avoiding the confronting of social inequities, unbalanced use of power, and the oppressive reality of the United States that affects clients' lives (Bemak & Chung, 2005). This lack of movement, from passivity to participation, has maintained the 'status quo' of prescribing either 'natural causes' or 'personal blame' to clients' social problems. These problems are rooted in ecological systems (Prilleltensky, 1994). Refusing to address the ecological context (e.g., poverty, racism, sexism, discrimination, and sexual orientation prejudice) means that counselors ignore the realities of clients' lives (Bemak & Conyne, 2004) and the effects of living with discrimination and oppression.

The multicultural movement, regarded as the "fourth force" in psychology (Pedersen, 1989, 1990), has driven the counseling profession to reexamine the multiracial and multicultural aspects of our society. Sue, Arredondo, and McDavis (1982) suggest that multiculturalism has come about due to the diversification of our society, the traditionally mono-cultural nature of counselor education, and the sociopolitical reality of

clients' lives. As our society becomes more diverse, the traditional counseling approaches prove to be ineffective with a number of racial and ethnic minority populations (Ibrahim & Arredondo, 1986; Sue, 1990; Sue & Sue, 1990). The multicultural movement has forced the counseling field to examine these systemic contexts. The movement toward multicultural competencies has placed the field of counseling on the path of examining the prejudice and oppression within our society. Multiculturalism reorients the field of counseling by (1.) increasing counselors' awareness of assumptions, values, and biases; (2.) increasing counselors' understanding of the worldview of culturally different clients; and (3.) increasing counselors' development and use of appropriate intervention strategies (Sue et al., 1998).

Some individuals in the field of counseling believe that the awareness that comes from multiculturalism needs to lead counselors to action; this would dismantle the notion of counselors' neutrality and enable the profession to begin to break down the oppressive systems perpetuating our society (Ratts, D'Andrea, & Arredondo, 2004). Lewis and Arnold (1998) support this perspective:

It is a short step from becoming aware of the impact of the cultural milieu to noticing the role of oppression in our clients' lives. Once we begin to notice systemic oppression, it is just one more short step to accepting our responsibility for social action (p. 51).

The counseling field appears committed to the idea of promoting multiculturalism. This commitment translates into the inclusion of social advocacy into our training programs and research (Vera & Speight, 2003). Whether building upon multicultural competencies or calling for social action, the counseling literature has made numerous requests for the

implementation of advocacy in counseling (Bemak, 1998; Kiselica & Robinson, 2001; Lee & Walz, 1998; Lewis & Bradley, 2000), yet a gap between the theoretical discussions and actual research and practice still exists (Bemak & Chung, 2005).

Thirty-five years since Dworkin and Dworkin (1971) made their call to the profession, change is finally near. In 2005, the American Counseling Association (ACA) refused to remain silent regarding advocacy as displayed by the new Code of Ethics approved by the ACA Governing Council. Section A.6. a. of the 2005 ACA Code of Ethics states, "When appropriate, counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and /or growth and development of clients" (p. 5). This change in the ethical code has significant ramifications for counselors, supervisors, and especially, counselor educators. It places advocacy in the forefront of counseling training, practice, and research. Defining advocacy is the next step.

Defining Advocacy

The term advocacy means many things to many people. Advocacy refers to the endeavor or process of "arguing or pleading for a cause or proposal" (Lee, 1998, p. 8). Lewis, Lewis, Daniels, and D'Andrea (1998) suggested that advocacy "serves two primary purposes: (1) increasing clients' sense of personal power and (2.) fostering environmental changes that reflect greater responsiveness to their personal needs" (p. 172). Advocacy is an encompassing continuum with empowerment of the client at one end of the continuum and social action on the other end (Toporek, 2000). This umbrella theory of advocacy inclusively comprises the multiple facets of advocacy, ranging from the empowerment of an individual or group, which "assist in recognizing and addressing

sociopolitical barriers to well-being" (Toporek, 2000, p. 7), to action that is taken in the form of societal interventions. Definitions of advocacy that build upon either empowerment or social action or both follow:

The most comprehensive definition of empowerment is McWhirter's (1994) five-part definition. She defines empowerment as:

The process by which people, organizations, or groups that 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 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 builds upon the awareness of the power imbalance to the extent that individuals take ownership, challenge, and combat that power while not going to the extreme sense of infringing on others' rights in the process. This endeavor requires a tremendous amount of support and courage, eventually allowing the counselor and the client to move past the limited mindset of just remaining on the individual level, to an ecological mindset.

The other side of the continuum is social action. Social action is the implementation of an intervention constructed by the client and counselor towards the larger, more public arena on the group, institutional, state, federal, or societal level that inhibit access or growth and development. These actions influence the social structure, which some scholars argue is the only way counselors can assist oppressed and

marginalized clients achieve lasting mental-health (Goodman et al, 2004; Prilleltensky, 1997; Vera & Speight, 2003).

Statement of Problem

The counseling profession currently has failed to provide counselors with a clearly defined understanding of advocacy and the behaviors, knowledge, and skill expectations needed to become advocates (Toporek & Reza, 2001). This lack of understanding of advocacy and the components necessary for implementation has led to its continued underutilization in counseling practice (D'Andrea & Daniels, 1999). D'Andrea and Daniels (1999) suggest, "Counselors are professionally and ethically responsible for advocating for the rights and mental health of all devalued persons" (p. 2.). These "professional" and "ethical" responsibilities, along with the ACA Code of Ethics' (2005) advocacy requirements, place counselors, counselor educators, and researchers in a situation that can no longer afford inactivity.

For counselors to take steps to become aware of oppression and discrimination and not intervene is to side with the powerful, simultaneously neglecting the oppressed and marginalized individual in an attempt to maintain the status quo. Multicultural awareness leads counselors to become aware of culture difference and the harsh reality of oppression and discrimination. The next step is to either maintain or challenge the status quo of our society, which affects the reality of our clients' experiences. Counselors can be either part of the problem or part of the solution. Even if counselors do not act - whether out of fear, lack of competency, or lack of understanding - a 'no action' is still an action toward maintaining the power imbalance. This decision to act by counselors has historically been an ethical one, yet with ACA's stance in the Code of Ethics (2005),

there is now a professional expectation to promote a more concerted effort of the profession to eliminate oppression.

Therefore, the counselor is responsible to advocate for the client. The counselor educator is responsible to instruct the counselor on when and how to advocate for the client. The attributes, attitudes, behaviors, knowledge, and skills of advocates, based on theoretical assumption and not on empirically researched ideas, leave counselor educators ineptly prepared to instruct counselors for the current demands of advocacy in practice. Counselor educators then place counselors in a double bind due the ACA code of ethics requirements to advocate for clients. Without exploratory research reflective of the attitudes, attributes, behaviors, knowledge, and skills, counselor educators do not know what to teach and counselors are not able to advocate for clients due to a lack of competency as a result of education and training (ACA, 2005, C.2.a). Exploring the components that comprise advocacy in counseling is relevant, critical, and crucial to counselor educators, counselors, and clients.

Purpose of the Study

The purpose of this study consists of three primary intentions. The first function of this study was to explore whether advocates' characteristics as identified in the counseling literature are considered essential by the counseling profession. The lack of assessment measures led this author to construct an instrument, The Advocacy Characteristics Scales, to measure the multiple dimensions of advocacy. The Advocacy Characteristics Scales combined the attitudes, attributes, behaviors, knowledge, and skills exhibited in advocacy work on behalf of clients. This study addressed a void within the counseling literature by adding to the theoretical aspects of advocacy with a researched

based conceptualization of advocacy and whether the characteristics considered necessary to advocate are endorsed by today's counseling professionals.

The second purpose of the study was to compare and contrast the perceptions of counselors within the following groups; Counselors who have identified with an organization to promote social justice (Counselors for Social Justice- CSJ) as compared to counselors who have chosen to only be part of the national counseling organization (American Counseling Association -ACA); and counselors who self-identify as being politically active as compared to those counselors who do not self-identify as being politically active. To define further, Counselors for Social Justice is a division within the American Counseling Association (ACA), consisting of counselors, counselor educators, students, and community leaders that seek equality and an end to oppression and injustice affecting clients, counselors, families, communities, and other social institutional systems. The study also considered advocacy differences among degree levels (e.g., Undergraduate, Master's, and Doctorate) and the professional roles (e.g., students, school counselors, counselors educators, community/ mental-health counselors, and other professional roles in counseling settings) counselors assume in practice. The function of comparing these groups was to clarify similarities and differences in counselors' perceptions on the vital characteristics of advocates while considering actual advocacy and level of importance placed on advocacy.

The third function of the study was to predict actual advocacy and advocacy importance using the characteristics of advocates (e.g., attributes, attitudes, behaviors, skills, and knowledge). This process attempted to produce predictive models of actual

advocacy and importance of advocacy, using participants' scores on the Characteristics of Advocacy Scales, which derived out of the advocacy literature.

Significance of Study

The ACA Code of Ethics (2005) requires counselors to advocate on behalf of clients on multiple systemic levels. However, a lack of guidelines and training components available to counselors to promote competency currently exist (Bemak & Chung, 2005; Toporek, 2000) and even fewer empirical studies examining counselors and advocacy can be found (Nilsson & Schmidt, 2005). Theoretical pieces on advocacy are prevalent throughout the literature (e.g., Bemak & Chung, 2005; Kiselica & Robinson, 2001; Smith, Baluch, Bernabei, Robohm, & Sheehy, 2003), although empirical research on attitudes, attributes, behaviors, knowledge, and skills of advocates in a counseling context are insufficient (Eriksen, 1999; Field & Baker, 2004; Nilsson & Schmidt, 2005). Little to no analyses exist within the current literature of the "personal qualities and expertise" (p. 264) needed by counselors to effectively advocate for clients (Trusty & Brown, 2005). This study provides counselors and counselor educators with an empirically researched theory of characteristics including attitudes, attributes, behaviors, knowledge, and skills required in counselor preparation to advocate on behalf of clients. These findings attempt to fill a void within the counseling literature.

In addition, this study explored similarities and differences between different groups within the field of counseling concerning advocacy. The first group distinction was the component of affiliation with a national organization rooted in social change (e.g., members affiliated with CSJ and members not affiliated with CSJ). The second group distinction was on participants who self-identify as politically active compared to

those who self-identify as not being politically active. The third grouping distinction was the participants' level of education (e.g., undergraduate degree, master's degree, or doctorate degree). The fourth grouping distinction was participants self-identified professional role (e.g., student, school-counselor, counselor educator, community/mental-health counselor, or other professional role). These comparisons gauged participants' perceptions of the importance of advocacy, actual participation of advocacy, definition of advocacy, and the influential characteristics of advocacy (e.g., attributes, attitudes, behaviors, skills, and knowledge). These comparisons between the grouping distinctions of each of the pre-mentioned groups (e.g., affiliation with CSJ, politically active, degree, and professional role) contrasted with the overall characteristics, level of importance, actual advocacy, and definition of advocacy revealed differences and similarities between the groups' perceptions, which provide insight into the qualities that foster specific group membership.

This study also attempted to predict actual advocacy scores and importance of advocacy of scores by using the characteristics of advocacy (e.g., attributes, attitudes, behaviors, skills, and knowledge) that derived out of a literature review of the characteristics of counselors that advocate for clients. These characteristics predict participants' importance and actual advocacy scores to provide a preliminary conceptualization of the components participants valued concerning advocacy.

Research Questions

The research questions for this study include:

- Is there a relationship between participants' scores on the importance of advocacy and the scores on actual advocacy?

- Is there a relationship between participants' scores on the attributes, attitudes, behaviors, skills, and knowledge of advocacy, and on the importance of advocacy and actual advocacy scales?
- Is there a relationship among participants' scores on the attributes, attitudes, behaviors, skills, and knowledge of advocacy?
- Do advocacy differences exist between affiliates of Counselors for Social Justice (CSJ) and those not affiliated with Counselors for Social Justice (CSJ) on importance of advocacy and whether they actually advocate for clients; their attributes, attitudes, behaviors, skills, and knowledge on advocacy; and whether counselors should advocate for clients on the individual, group, and/or national level?
- Do advocacy differences exist between politically active counselors and non-politically active counselors on the importance of advocacy and whether they actually advocate for clients; their attributes, attitudes, behaviors, skills, and knowledge on advocacy; and whether counselors should advocate for clients on the individual, group, and/or national level?
- Do advocacy differences exist among participants with an undergraduate degree, a master's degree, or a doctorate degree on the importance of advocacy and actual advocacy behaviors; their attributes, attitudes, behaviors, skills, and knowledge on advocacy; and whether counselors should advocate for clients on the individual, group, and/or national level?
- Do advocacy differences exist among participants' professional roles (e.g., student, school-counselor, counselor educator, community/ mental-health

counselor, or other) on the importance of advocacy and actual advocacy behaviors; their attributes, attitudes, behaviors, skills, and knowledge on advocacy; and whether counselors should advocate for clients on the individual, group, and/or national level?

- Can participants' score for actual advocacy be predicted by using participants' scores on the attribute, attitude, behaviors, skills, and knowledge scales?
- Can participants' score for importance of advocacy be predicted by using participants' scores on the attribute, attitude, behaviors, skills, and knowledge scales?

Definition of Terms

The constructs used in this study are advocacy, advocacy scales, characteristics of advocates, counselors/ counselor educators, empowerment, members of the Counselors for Social Justice division, and social action. Below are the definitions for each.

- Advocacy- refers to the "endeavor or process where a counselor argues or pleads for a cause or proposal" (Lee, 1998, p. 8) that will increase "clients' sense of personal power and foster environmental changes that reflect a greater responsiveness to their personal needs" (Lewis et al., 1998, p. 172).
- Advocacy scales: refers to the characteristics of advocacy converted into the distinct measurable scales, consisting of attributes, attitudes, behaviors, skills, and knowledge.
- Characteristics of Advocacy: refer to the overall group of qualities that include attitudes, attributes, behaviors, knowledge, and skills displayed by counselors whom advocate for clients.

- Counselors/ Counselor Educators- refers to individuals who are members of the national professional organization in counseling (American Counseling Association - ACA).
- Empowerment- “a process by which clients that are powerless or marginalized become aware of the power dynamics at work in their life context and develop the skill and capacity for gaining reasonable control over their lives which they exercise without infringing on other rights” (McWhirter, 1994, p. 12).
- Levels of Involvement- refers to the importance or values a participant places on advocating for clients.
- Members of the Counselors for Social Justice division (CSJ) - refers to the counselors that are members of the ACA division CSJ.
- Social Action- the implementation of an intervention constructed jointly by the client and counselor which is directed towards the larger, more public arena at the group, institutional, state, federal, or societal level inhibiting access or growth and development as barriers or obstacles.

Organization of the Study

This dissertation contains five chapters. The first chapter introduced the proposed study. It included the purpose of the study, the significance of the study, and the research questions. The second chapter includes a review of the literature on existing theories and research regarding advocacy in counseling as well as the attributes, attitudes, behaviors, knowledge, and skills involved in the act of advocating. The third chapter outlines the methodology for the study. The fourth chapter includes the results of the study. The fifth chapter outlines the implications of this study.

CHAPTER TWO

REVIEW of the LITERATURE

In this chapter, I discuss the concept of advocacy including the prospective theories and status of the research literature on the topic. The specific areas of focus include: advocacy and the constructs embedded within advocacy in a counseling setting; influential areas that promote advocacy within the profession; ethical and professional considerations; theoretical contribution to the characteristics of advocates in counseling; and research concerning the characteristics of advocates in counseling.

Clarification of Terms

Advocacy

Advocacy, as it relates to counseling, is an elusive term to define in regards to the attitudes, attributes, behaviors, knowledge, and skills needed for implementation. Thus, the concept of advocacy may refer to a wide variety of activities and beliefs in which counselors could engage to assist clients. Advocacy, most simply, is the endeavor or process of "arguing or pleading for a cause or proposal" (Lee, 1998, p. 8). Advocacy is the action of speaking on behalf of another person or group of individuals to bring about a desired change (Fiedler, 2000). As related to the counseling profession, advocacy is the intentional action or actions of a counselor to assist in removing external obstacles or barriers that impedes clients' well-being (Toporek, 2000). Using the latter definition, advocacy focuses on the inherent power and privilege of the counselor. Because of the

counselor's role and stature, to intervene with clients and/or in specific clients' issues is a counselor's professional responsibility. Inherent in this definition is the client's ability to participate in the advocacy process along with the counselor, and eventually for himself or herself, independent of the counselor.

Once defined, another aspect of advocacy becomes "who should benefit from it?" Lewis, Cheek, and Hendricks (2001) outline which individuals counselors need to advocate for in counseling.

Society is full of people who are denied the opportunity to act as full participants in establishing the rules, policies, expectations, and laws that have direct impact on their lives. They are the recipients of discrimination, prejudice, and various forms of negative stereotypes that serve to keep them separated and stigmatized by members of mainstream society. These populations include women, people of color, people who live in poverty, gay, lesbian, and transgender people, people living with chronic illness, and people with physical challenges and mental illness, as well as disenfranchised youth and older adults. Members of these groups deal with a variety of issues that have a direct impact on their ability to function as creative members of society. They may feel a sense of helplessness and powerlessness that will not allow the maintenance of their dignity and sense of self-worth. (p. 332)

The answer to the question, "who should counselors advocate for?" is individuals experiencing oppression and discrimination. Lewis and Arnold (1998) define oppression as "the systematic disadvantaging of one group by other groups who hold power within

society” (p. 55). According to Lewis and Arnold, internalized oppression and systemic oppression are two types of oppression that seek to maintain the status quo. Internalized oppression is the acceptance of the “myth, misinformation, and stereotypes the dominant culture constructs about a person’s own group” (p. 53). This type of oppression is debilitating to clients, conscious or unconsciously dictating thoughts, feelings, and behaviors. Counselors need to be aware of oppression not only to support clients but also to allow clients to process how that oppression influences their perception of self, their behaviors, and the opportunities lost in a prejudiced society. Carlson, Sperry, and Lewis (1997) propose that, “Clients who recognize the role of oppression in their lives are most likely to be able to move from morass of self-blame to the solid ground of self management and to find their way past the theme of never being good enough” (p. 132). The importance of this statement is immeasurable. Recognizing the debilitating role that oppression has on clients’ lives, does not take away the oppression; it allows the client to begin to relate to it differently.

The second type of oppression that Lewis and Arnold (1998) present is systemic oppression. All individuals live in a world full of oppression. Referring back to Lewis and Arnold’s definition of oppression, everyone is implicated as either oppressed or oppressor. The ramification of such a statement is that all human beings are involved in one group or the other by their response to or lack of response to oppression. Such responses, whether active or passive, will either alter or maintain the status quo. Status quo pertains to the power hierarchy of the present social structure (Prilleltensky, 1994). Arnold (1997) argues that oppression not only permeates our lives, it significantly “constrains and limits” all of our lives (p.42).

We often act as if oppression hurts only the victim of oppression.

Therefore, we think that sexism hurts women not men, that racism wounds people of color and not white people, and that gay oppression has no impact on heterosexuals. It is important to note that victims and oppressors are hurt differently but that each is still hurt. People who identify with their oppressors status often feel that they have a stake in maintaining what they believe are their power. However, many persons are totally unaware that the cost of holding on to such "power" is disconnectedness and alienation from one's self and others. Another cost is having their own lives constrained and limited by the prescriptions that oppression imposes (Arnold, 1997, p.42).

Oppression pervades our culture. It is present in our existence. As Lewis and Arnold (1998) contend oppression is not our fault, it predates our existence; nonetheless, it is our responsibility to recognize our role as perpetrator and victim while having the strength and courage to challenge oppression, attempting to ultimately end the debilitating use of it to hinder and control.

Counselors may find themselves in one of the previously mentioned oppressed groups. Nevertheless, due to their role as counselors, they may have access to professional and institutional policy making out of the reach of clients (Toporek, 2000). This position affords counselors the privilege to intervene at levels that clients cannot access. In advocating for clients, counselors' awareness of the power differential inherent in the structure of the helping relationship is imperative.

As mentioned in Chapter One, Lewis et al. (1998) suggest that advocacy serves the purposes of "increasing clients' sense of personal power and fostering environmental changes that reflect greater responsiveness to their personal needs" (p. 172). Considering these two purposes, advocacy is composed of two elements: the empowerment of the client and the social action of challenging external barriers. Using these two components, Toporek (2000) theorizes a "common language and framework" (p. 5) for conceptualizing advocacy in counseling. Her model places empowerment of the client on one side of a continuum with social action on the other side, allowing a counselor to engage in a wide range of activities to advocate for clients within this continuum. This range of advocacy activities concurs with Atkinson, Thompson, and Grant's (1993) three-dimensional model of counseling racial/ethnic minorities. Their model of working with clients provides a range of advocacy activities or counselors' roles that are dependent on the assessment of three variables: clients' level of acculturation, locus of the problem's etiology, and the goals of helping (Atkinson, Thompson, & Grant, 1993). Toporek's (2000) "umbrella" model of advocacy does not delineate such factors, yet provides a more theoretical conceptualization rather than a practical conceptualization. The next section delineates the terms empowerment and social action.

Empowerment

Empowerment and social action are two concepts pertaining to advocacy that have been associated historically with feminist and multicultural theories. Empowerment consists of the personal interaction between counselor and client, which primarily attempts to validate the reality of the client while considering the sociopolitical, sociocultural, and socioeconomic contexts of her or his reality (Toporek, 2000). The

actions of the counselor remain on the individual system level and assist the client in the awareness and validation of the barriers that hinder his or her well-being. The literature has defined empowerment extensively; McWhirter's (1994) five-part definition has been stressed. She defines empowerment as:

The process by which people, organizations, or groups that 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 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).

This concept of empowerment is not a new concept, especially to scholars from feminist theory (Enns, 1993) and multicultural theory (Sue et al, 1982). This view of empowerment is related to awareness and skill acquisition at the individual client level to navigate the oppressive system, gaining a sense of control within her or his life. This action does not directly challenge the oppressiveness inherent in our social system, yet does so indirectly through the client's ability to manage or negotiate sociopolitical influences. Empowerment in this sense moves from the traditional sense of self-efficacy of the client to include the social aspects of the client's life. Counselors should not ignore this aspect of empowerment because it would disempower clients significantly by dismissing substantial influences on their lives (Toporek, 2000).

Social Action

On the other side of Toporek's (2000) model of advocacy is social action. Social action, as defined in Chapter One, is the implementation of an intervention constructed

by the counselor towards the larger, more public arena of the group, institutional, state, federal, or societal level that inhibit access and/or growth and development. This action, historically, takes place on behalf of clients, client populations, or social issues within society, not necessarily with a specific client. This concept of social action is not a new concept. Social action permeates our history throughout numerous civilizations and societies. As practice, social action has a myriad of implementations. Enns (1993), a feminist-psychologist, provides a number of forms that social action can take. She suggests that social action can be:

(a.) Conducting action research to challenges reigning orthodoxies and places individual problems within social context; (b.) providing pro-bono services to counter institution that extend direct services to women; (c.) engaging in primary preventions efforts and leading public education and support groups within the community; (d.) diagnosing and altering organizational climate to serve clients more effectively; (e.) incorporating feminist pedagogy, CR, and antiracist activities within classroom and educational workshops; (f.) influencing public policy by applying research findings to family and child -care policies, women's work roles, homelessness, and sexual harassment policies; (g.) writing court briefs and providing expert witness services related to issues such as sexual harassment, gay rights, and therapist-client abuse issues; and (h.) working with grass-root organizations to promote day care, adequate housing, antiviolenace attitudes, and equal access to medical treatment (pp. 52-53).

Social action can take many forms, yet a counselor cannot take action unless the counselor understands the history of the issue and the research that exist around the issue (Ingersoll, Bauer, & Burns, 2004). Social action and empowerment are terms that bring more clarity to the concept of advocacy. Areas within and outside of counseling push the discussion of how to integrate advocacy within counselor education programs to the forefront. Four areas that have considerable influence on advocacy within counseling follow.

Four Areas of Influence

In the past 25 years, proponents of advocacy and social action have come from various specialties within the helping profession: social work, feminist counseling, multicultural counseling, and community counseling along with counseling psychology. Some scholars within these disciplines have provided support for the use of advocacy in counseling. A brief description of the contributions of each discipline follows.

Social Work

The social work field has long been associated with advocacy and social action. Although social work is significantly different from counseling in purpose and goal, acknowledging the influences of social work concerning social action and advocacy are required and appropriate. Social work is a multifaceted profession that has historically had a wide range of responsibilities and serves to enhance the psychosocial functioning of individuals and families (Northen, 1982). This type of multidimensional responsibility provides social workers with significant obligations and freedom. This freedom allows increased ability to intervene on the societal level. Numerous scholars in the social work field support advocacy and the use of social action, pointing to social interventions as an

essential aspect of the profession to promote clients' well being (Loewenberg, 1983; Northen, 1983; Shulman, 1992, Strean, 1974). The Code of Ethics of the National Association of Social Workers (NASW, 2000) states that social workers have the responsibility to advocate for individuals or groups of individuals who are subject to discriminatory action. The stance of NASW, along with that of scholars within the social work field, has driven social workers to realize the responsibility and need for action on behalf of clients who experience discrimination. I acknowledge the pioneering efforts of social workers to tackle social issues such as welfare, oppression, poverty, child abuse, and mothers' rights. A number of theoretical pieces on advocates' characteristics from the social work field follow in the theoretical section of this review.

Feminist Counseling

Since the inception of the feminist movement in counseling, feminist therapists have focused on empowerment, client advocacy, and social action (Enns, 1993). This ideology was radically different to the traditional stance of the counseling profession that stressed the intrapsychic nature of clients' problems and the sacredness of a private counselor-client relationship. Rawlings and Carter (1977) argue against the notion of traditional therapy by stating that advocacy and social action is an "essential professional responsibility of therapist" (p. 63). The feminist counseling movement uses the term empowerment to mean the actions of the counselor that aid in heightening clients' awareness to sociopolitical influences and forces that hinder their well being and mental health (Toporek, 2000). The influences of the feminist counseling movement are immeasurable, and intertwine within numerous post-modern theories. Feminist therapists challenge society to view the problems of socially oppressed groups from a more political

and social lens, defining behaviors not as dysfunction but as adaptive reactions. One of the most essential contributions from the feminist movement within counseling is the idea that counselors should not focus only on internalized client symptoms because this ignores and negates the externalized disease of imbalances of power within our society perpetuating oppression. Both internal and external forces are contingent on each other and need to be confronted through counseling, empowerment, advocacy, and social action. Feminist theory brings to light the issues of power, privilege, sharing power within the counseling relationship, giving clients' voice, raising the consciousness of the culture, and focusing on clients' strengths (Goodman et al., 2004). For the scope of this review, feminist-counseling theory, which underpins many theoretical assumptions of advocacy, is present in a number of the theoretical pieces to follow.

Multicultural Counseling

The multicultural movement, or the "fourth force" in psychology (Pedersen, 1989, 1990), has driven the counseling profession to reexamine the multiracial and multicultural aspects of our society. Multiculturalism has come about due to the diversification of our society, the traditionally mono-cultural nature of counselor education, and the sociopolitical reality of clients (Sue, Arredondo, & McDavis, 1982). As our society becomes more diverse, the traditional counseling approaches prove to be ineffective with a number of racial and ethnic minority populations (Ibrahim & Arredondo, 1986; Sue, 1990; Sue & Sue, 1990). Sue et al. (1982) suggest that counselors' and clients' worldviews are rooted in historic and current experiences with oppression and racism and do not occur in isolation, but within the larger events in society. Many scholars in the field of multiculturalism suggest that counselors need to be active in the

process of challenging and confronting oppression and other barriers within our culture to facilitate clients' development (Leung, 1995; Sue et al, 1998).

In addition to Sue et al. (1998), Lago (2006) suggests that counselors gain an awareness of their own culture, involving racial and spiritual ways of being, and also the other's deep cultural, racial, and spiritual sense of being. Lago contends counselors attempting to develop into transcultural counselors need to:

...enhance their own understanding of their own stereotypes, assumptions, and judgments; appreciate the very different psychological and cultural frameworks by which other people live; inform their own processes of self-monitoring in relation to negative attitudes; and help them avoid imposing their own frame of reference upon clients (p. 127).

This example of progressing towards an increase competence concerning transcultural counseling is an influence of the multicultural movement on the education of counselors. This education involves assisting counselors in developing awareness of their culture as well as the culture of their clients.

The total acceptance of the multicultural movement, within the field of counseling, has lead to the development of core cultural competencies for counselors. These cultural competencies attempt to aid counselors in being attentive and sensitive to clients' cultures, while exploring and confronting the cultural assumptions consisting of the biases and prejudices embedded in counselors' worldviews. Welfel (2002) describes culturally sensitive counselors as counselors whom display these five competencies: (1.) demonstration of cultural awareness to own culture as well as an openness toward other cultural values, (2.) an understanding of the client's culture, (3.) ability to collaborate and

consult with others, (4.) ability to utilize culturally sensitive interventions, and (5.) ability to demonstrate tolerance for ambiguity and divergent perceptions of right and wrong. These multicultural competencies increase the awareness of counselors' cultures and attempt to create a desire and responsibility to be sensitive to clients' cultures, paving the way for the discussion of advocacy.

Community Counseling and Counseling Psychology

In the fields of community counseling and counseling psychology, considerable theoretical pieces have added to the call for and debate over advocacy in counseling. Many scholars (Fox, 2003; Goodman et al., 2004; Lewis, & Arnold, 1998; Ratts, D'Andrea, & Arredondo, 2004; Vera & Speight, 2003) suggest that awareness of the multicultural competencies is insufficient to combat oppression. Action needs to flow out of awareness. Vera and Speight (2003) contend that although the multicultural movement claims that they are about social justice, social justice issues have yet to receive adequate attention in the "existing operationalization of multicultural counseling competencies" (p. 254). This debate promotes advocacy to one of the most prominent issues within counseling.

Becoming culturally aware is one of the paramount goals of the multicultural movement. Lewis and Arnold (1998) assert that cultural awareness is not enough to lead to lasting change in clients' lives. They contend that both environmental and individual changes can optimize the mental health of those who consistently live with the many forms of cultural oppression. Fox (2003) stated this contention:

Merely taking into account cultural or racial or ethnic variability in traditional forms of one-on-one or group therapy is insufficient, perhaps

particularly within a broader society that still considers White middle-class values an implicit model for every demographic group as well as every helping professional (p. 301).

Due to the fact that social advocacy in counseling is now beginning to have a significant impact on counseling theories, paradigms, and practices, Ratts, et al. (2004) contend that it should be considered the 'fifth force' in the mental health profession. Social advocacy (justice), in their mindset, would follow the psychodynamic, behavioral, humanistic, and multicultural counseling forces. The authors contend advancements that have come from the multicultural movement propel the field with new awareness of responsibility for counselors to be social advocates on behalf of clients who suffer the power imbalances and oppression rooted in our society.

Ratts et al. (2004) contend that the "multicultural counseling literature tends to focus on cultural differences that characterize persons from diverse groups and backgrounds as well as the unique and often conflicting interpersonal dynamics that occur among people from culturally different populations" (Multiculturalism, social justice constructs, ¶ 5). A term that is associated quite often with multiculturalism is the phrase "cultural competency." Cultural competence involves becoming educated about one's own beliefs and attitudes related to heritage and influences on those beliefs, and also consider the worldview of the client, while balancing the context, the culture, and the impact on the counseling relationship (Ratts, et al.). From this statement, it would appear that awareness of oneself and awareness of clients' beliefs and attitudes about heritage are paramount, yet are insufficient to aid clients. Awareness and insight are not enough; it must include an understanding of how this awareness and insight will influence the

counseling relationship and the actions to follow (Fox, 2003; Vera & Speight, 2003).

Goodman (2001) believes that if we as counselors desire to end oppression we must "move beyond multiculturalism." She further contends that multiculturalism is not a means to an end, but the start of the journey for a counselor, the place where he or she starts to understand oppression.

Within counseling psychology, advocacy and social justice have recently become prevalent throughout the literature (Fox, 2003; Goodman et al, 2004; Helms, 2003; Ivey & Collins, 2003; Vera & Speight, 2003). Addressing the need to move further than just the awareness that comes from multiculturalism, exploring a pragmatic view of social justice, weighing the challenges of advocacy, and needing to expand the role of the counselor, have all been addressed in the recent literature. Prilleltensky (1994) wrote, *The Moral and Politics of Psychology*, which challenges the status quo of our society regarding oppression and discrimination. All of these authors, within counseling psychology, along with the community counseling field, have promoted the dialogue of the need and rationality for advocacy. These theoretical pieces set the foundation for the helping profession to justify advocacy, yet the attitudes, attributes, knowledge, and skills of advocates remain un-researched.

The dilemma of this lack of research, coupled with the recent changes to ethical codes and accreditation requirements, presents counselors and counselor educators with a situation that can no longer afford arguing and theorizing. Research is needed in all the areas of advocacy, starting with what attitudes, attributes, behaviors, knowledge, and skills are essential for counselors to advocate on behalf of clients. An understanding of these characteristics is essential to assist counselor educators in meeting the ethical codes

of practice requirements along with the accreditation requirements concerning advocacy. The ethical code and accreditation considerations follow.

Ethical and Professional Practice

The ethical and professional standards of practice concerning advocacy in counseling continue to evolve. The American Counseling Association (ACA) and the American School Counselor Association (ASCA) are the two most represented national organizations within the counseling profession and both assume a stance that advocacy is a responsibility of counselors. This responsibility drives the training of counselors in advocacy to the forefront. Ethical codes of practice from professional organizations are not the only forces within counseling attempting to hold counselors accountable for advocacy. The Council for Accreditation of Counseling and Related Educational Programs (CACREP), the paramount accreditation body residing over counselor education programs, is responsible for governing programs to ensure that education and training in advocacy occurs. In articles outlined in the 2001 Standards, CACREP governs that counselors, through training, will be exposed to advocacy principles and social interventions leading to competency in the areas of advocacy (CACREP, 2001). Discussion of these three organizations, ACA, ASCA, and CACREP, and their recent contributions to advocacy follow.

2005 ACA Code of Ethics

As mentioned in Chapter One, the American Counseling Association (ACA) altered the previous Code of Ethics (ACA, 1995) to include advocacy as a role of the counselor. The ACA Governing Council approved this new Code of Ethics in 2005. Section A.6a. of the 2005 ACA Code of Ethics states, "When appropriate, counselors

advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and /or growth and development of clients” (p. 5). This standard is significantly different from the 1995 ACA Code of Ethics, which does not mention the word “advocacy” or “advocate” in the counseling relationship section. This change has significant ramification for counselors, counselor educators, and counselors-in-training.

The Code of Ethics also requires counselors to be competent in all domains in which they practice. Due to the ACA Code of Ethics component that “counselors practice only within the boundaries of the competence based on education, training, supervised experience, state and national professional credentials and appropriate professional experience” (ACA, 2005, C.2.a.), counselors must receive training and education in a supervised capacity to meet competency requirements concerning advocacy. The implementation of training and education, through the accreditation organization CACREP, follows the ASCA Code of Ethics contributions in this review.

ASCA Code of Ethics

The American School Counselor Association (ASCA) also has taken a similar position to ACA in regards to the value it places on advocacy for clients as articulated in the ASCA (2004) Code of Ethics preamble:

Each person has the right to be respected, be treated with dignity and have access to a comprehensive school counseling program that advocates for and affirms all students from diverse populations regardless of ethnic/racial status, age, economic status, special needs, English as a second language or other language group, immigration status, sexual

orientation, gender, gender identity/expression, family type,
religious/spiritual identity and appearance (Preamble, p. 1).

This statement essentially paves the way for school counselors to advocate and empower students at the individual, school, community, state, and federal levels. Through the clarity of this requirement, the issue of whether to advocate for a client moves from one historically viewed as a personal decision of the counselor, to an expected one. The school counselor is responsible to treat the student as the 'primary obligation' in a respectful and culturally sensitive fashion (ASCA, A.1. a) and consider the development of the student's educational, academics, career, personal, and social needs (ASCA, A.1.b). The school counselor is also responsible to "collaborate with agencies, organizations, and individuals in the community in the best interest of students without regard to personal reward or remuneration" (ASCA, D.2.a) and to "extend his/her influence and opportunity to deliver a comprehensive school-counseling program to all students by collaborating with community resources for student success" (ASCA, D.2.b). These responsibilities are individual and systemic, leading the counselor to advocate on multiple levels as needed with each student/ case/ issue.

School counselor must "function within the boundaries of individual professional competence and accept responsibility for the consequences of his/her actions" (ASCA, E.1.a.). Therefore, a school counselor needs to possess the education, training, and supervised experiences to be competent in advocacy. This is a current area of dissidence not only within community and mental health counseling, but also in school counseling. The field requires that counselors be competent in advocacy, yet little to no research exists within the counseling literature for the training of counselors on the characteristics

that are essential for advocacy (Bemak & Chung, 2005).

Council for Accreditation of Counseling and Related Educational Programs (CACREP)

The ACA and ASCA Codes of Ethics present advocacy as a responsibility of the counselor. These two ethical codes also outline that counselors should not practice outside the boundaries of competency. Competencies are based on education, training, and supervised experience. These components of education, training, and supervised experiences are regulated and governed by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). CACREP, the major accreditation organization for counselor education programs in the United States, clearly and concisely outlines the requirements for advocacy in counselor training regardless of specialization (e.g., school counseling, mental health counseling, community counseling, or career counseling). In the core requirements under professional identity, CACREP Standards state that, "advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients" (CACREP, 2001, K.1.g.). In another core requirement, under social and cultural diversity, CACREP Standards state that:

counselors' roles in social justice, advocacy and conflict resolution, cultural self-awareness, the nature of biases, prejudices, processes of intentional and unintentional oppression and discrimination, and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind, or body (CACREP, 2001, K.2. d.)

must be included in counselor education programs.

The ACA and ASCA Codes of Ethics along with the CACREP accreditation standards work together to provide counselors with not only the expectation, but with the

means, through education and training, to be competent enough to meet the advocacy competence. This realization moves the discussion away from responsibilities to training. To be more specific, what attitudes, attributes, behaviors, knowledge, and skills are needed to advocate for clients? The literature follows, first presenting the theoretical pieces on advocates' characteristics and then the research within the field.

Theoretical Pieces- Characteristics of Advocates

Around the issue of advocating for clients within a professional relationship, a number of theoretical pieces exist. In this section, the theories or models from various helping professions, including social work, special education, and counseling, are discussed. The attitudes, attributes, behaviors, knowledge, and skills of advocates within each theoretical model are stressed.

Earle

Earle (1990) presents a theoretical piece on the qualities and qualifications of counselors who take an advocacy stance with clients. These qualities and qualifications emerged out of a number of unstructured dialogues with counselors who were part of an initiative to help pregnant mothers stay in school. In this literature, Earle describes a counselor/advocate as a counselor who possesses a nonjudgmental attitude, patience and perseverance, belief in the client, group, or socio-cultural issue, and the capacity to negotiate and communicate effectively with different systems. Earle presents these characteristics briefly and ambiguously, yet begins the theoretical dialogue for what characteristics counselors need to advocate for clients.

Northen

To understand advocacy, one needs to examine the profession, although considerable different from counseling, that has rested its identity on the practice of social action for clients. Social work is a profession whose fundamental goal is to enhance the client's (e.g., individual, family, community, or larger group) ability to manage, negotiate, and navigate through the environment in which the client is embedded (Meyer, 1993). At the core of social work's professional identity is the process in which a social worker intentionally intervenes with the client in selective ways to achieve a desired goal that relates to the enhancement of the client's psychosocial relationships (Northen, 1983). Northen presents a number of techniques and attitudes that are applicable to individual or multiple systems. She theorizes that advocacy is a by-product of effectively utilizing these clusters of characteristics, whether through direct or indirect contact with clients. These clusters of interventions, skills, or tasks are relationship, support, structuring, exploration, clarification, confrontation, education-advice, and facilitation of interaction. Further explanation of each technique or skill follows.

The first characteristic cluster deals with relationship. Northen (1983) defines relationship as the psychological connectedness between the social worker and the client according to the needs of the client and the client's capacities. The social worker becomes the client's reliable environment in the process by displaying accurate empathy, acceptance, and genuineness. Northern references Carl Roger's (1961) theory as a foundation for the understanding of these essential, fundamental concepts.

The second characteristic cluster is the support displayed to the client. Northen (1983) defines support as the social worker's ability "to sustain or keep steady, to give

courage, to express faith and confidence, and to give realistic approval to an individual or group" (p. 102). Support accomplishes the instillation of hope through 'realistic assurance' and encouragement. The helping professional displays this concept of support through verbal and nonverbal demonstrations, provision of experiences, and referrals to other organization within the community.

The third characteristic cluster is the use of structure with clients. The social worker is responsible for creating an optimal environment, through the process of structuring the situation, as to enable the client to move toward the desired goals. Northen (1983) suggests the need for the professional to be clear and honest about policies and procedures, confidentiality, frequency of sessions, focus of treatment, durations, fees, and ethical consideration along with the varying roles that the worker may assume depending upon the goals of treatment. The roles of the professional are agreed on by the counselor and the client before the use of that specific role is implemented in or out of sessions.

The fourth characteristic cluster is exploration. Northen (1983) defines exploration as the "means for examining a situation by bringing facts, opinions, and feelings into the open so that sufficient understanding of the person-group-situation configuration is obtained to work toward goal achievement" (p. 109). The author further divides exploration into two types: exploration about the client's situation including the way he or she relates to it and the exploration of the client's own behavior. The first exploration revolves around the external circumstances, characteristics of others, and the interactions with other individuals that may lead to the maintenance of the problem/issue. The second aspect of exploration is the focus on the client's perception of self, including the understanding of functioning, awareness, personality, feelings, and

thinking. These two types of exploration attempt to balance the external and internal components of the client's issue/ problem.

The fifth characteristic cluster is clarification. Northen (1983) presents clarification as an essential component to decipher both the context in which the problem resides and the patterns of communication maintaining the problem. Clarification, although a basic attending skill, aids the helper in seeking clarity of the internal and external variables connected to the problem. The author also contends that a social worker must use sound assessment skills along with brief concise statements that seek to clarify the attitudes, emotions, relationships, perceptions, and behaviors of the client.

The sixth characteristic cluster is confrontation. Northen (1983) talks about confrontation as a challenge with 'an arm around the shoulder'. Confrontation is not accusatory in nature but drenched in empathy for the client's experiences, beliefs, and understanding. This skill addresses verbal and nonverbal behavior, as well as perceptions of self and the environment that may seek to take away an individual's inherent power.

The seventh characteristic cluster is education and advice. Northen (1983) contends that sometimes a lack of knowledge and awareness can be the cause of ineffective functioning. For positive change to occur and be maintained, social workers need to use the educational process to offer tools and resources that may be useful to clients. Northen suggests that an important responsibility of the social worker is to "contribute data, ideas, facts, and value concepts- which are not available to the client and which may prove useful to him [or her] in attempting to cope with that part of the social reality which is involved in the problem with which he [or she] is working" (p. 121-122).

The final characteristic cluster in Northen's (1983) model is facilitation of interactions or use of group process. Facilitation of interaction or group process covers a number of group process principles, but the author appears to have made little to no implication for its use in advocacy. Northen discusses group process including group stages and purposes, yet the summary lacks connections to social interventions or advocacy.

This theory of characteristics is a very broad and non-descriptive cluster of attitudes, attributes, behaviors, knowledge, and skills. Northen (1983) based her model on basic counseling skills, which is promising because these skills are part of all counselors' early training and education. Essential counseling skills appear to be a component of effective advocacy, yet the author's theory of characteristics is devoid of the imbalance of power within society, external prejudice, oppression, and multiple systemic interventions. Northen relies heavily on intervening at the individual level. Although some of these concepts are inferred, the author does not present them as part of the theory.

Schmolling, Youkeles, and Burger

Schmolling, Youkeles, and Burger's model of advocacy consists of a compilation of basic counseling skills (1997). These authors outline several skills or attributes that professionals need to possess to be effective helpers on the individual and system levels. These attributes are empathy, genuineness, objective/ subjective balance, self-awareness, acceptance, desire to help, and patience. Many of these attributes, constructed from the authors' experiences in the helping profession, are self-explanatory, yet the objective/ subjective balance needs some further defining.

Schmolling et al. contend that an effective helper of community change must possess the ability to view a situation or problem from simultaneous points of view. One view must come from an objective, or accurate view of the behaviors or actions within the situation. The other point of view considers the personal feelings towards the situation that a client may have. Balancing these points of view is essential to implementing empathy and genuineness, while remaining objective to the possible maintaining behaviors within or outside of the client. The other skills within Schmolling's et al. (1997) model are similar to Northen's (1983) model; therefore, further definition would be redundant.

These attributes and skills present another theoretical lens regarding the characteristics that counselors need to advocate on behalf of clients. This model is another one that appears to remain on the individual level, attempting to solve oppression issues within the client, not within the external reality of the client. Brill (1998) presents another theoretical perspective from the field of social work.

Brill

Brill (1998), a social worker, identifies six basic skills that are needed to engage in advocacy effectively. These skills are differential diagnosis, timing, partialization, focus, establishing partnership, and structure.

Differential diagnosis is the ability to conceptualize the uniqueness of the client and the situation and adapting thoughts and interventions around this uniqueness (Brill, 1998). Timing is not only essential in individual work; it also is in systems work to maximize effectiveness. Timing is the ability to work at the appropriate 'tempo' with the client, waiting for the readiness of the client in intervening. Partialization is another skill

in Brill's model. This skill is the ability to break down the situation or the problem into more manageable units. Partialization helps the client as well as the helper to maintain a central focus, trying to combat the overwhelming nature brought on by a situation or a problem. Focus is a part of the last skill mentioned, requiring that the client and the helper focus on a specific area where significant change can occur and will produce the most freedom within the client's life. Brill contends that establishing partnership applies to the helper-client relationship, as well as the helper-community relationship. This connectedness with the community, along with the connectedness with the client, allows the helper to connect the two together when appropriate, allowing the client to connect to the community through appropriate avenues. The final skill in Brill's model is structure. This construct is very similar to Northen's (1983) component of structure. Brill states that structuring the setting and boundaries within the relationship is essential to aiding in the utilization of an orderly, yet flexible process of problem solving, whether on the individual or systems level.

Brill presents a number of characteristics that appear to be instrumental in advocating for clients. His model has a number of similar components to Northen's (1983) model of advocacy, and therefore, suffers similar limitations.

Loewenberg

Advocacy is a cornerstone of the social worker's professional responsibilities. Barker (1987) defines advocacy as, "the act of directly representing or defending others; in social work, championing the rights of individuals or communities through direct interventions or through empowerment" (p. 4). Loewenberg (1983), a clinical social worker, suggests that advocacy is an intervention within the overarching concept of

social interventions. Loewenberg clusters the interventions, activities, and skills needed to intervene for clients into twelve categories. They are: (1.) practical help, (2.) information, advice, and direction, (3.) clarification, (4.) linkage and referral, (5.) emotional support, (6.) negotiating, bargaining, and brokering, (7.) setting limits, (8.) advocacy, (9.) teaching, (10.) empowerment, (11.) handling conflict, and (12.) outreaching. For the scope of this review, further exploration follows on the advocacy component within Loewenberg's (1983) model.

Loewenberg (1983) defines the responsibilities of advocacy as the process of placing professional power and skills at the disposal of clients and clients utilizing the system for their advantage. The author presents five vague characteristics of an advocate that consists of having the: (1.) ability and awareness to connect and identify with clients' concerns and interests, (2.) ability to maneuver on clients' behalf, (3.) ability to understand the need for the professional to assume an advocate role, (4.) ability to be aware of behavior and role considerations of power in relationship and process, and (5) creating alliances in the community and within the profession.

Loewenberg (1983) addresses a number of feminist and multicultural concepts within his model. These concepts are brief, and little reflection of feminist or multicultural theory is mentioned. In 2001, Loewenberg wrote a book, *From Charity to Social Justice*, contending that out of charity, or a high level of love for all humans, springs a responsibility for advocacy and social justice. Therefore, Loewenberg contends that a prerequisite for effective advocacy is a charity for all human kind. Loewenberg adds this dimension to his previously mentioned model. Loewenberg's (1983, 2001) model provides a theoretical conceptualization of advocacy characteristics that is more

expansive in nature than other models, addressing individual and systems levels, as well as power and motivation to advocate. This model has yet to be empirically tested for validity. The model is theoretical in nature, based on the author's experience with clients, and adds significantly to the dialogue of needed characteristics of an advocate.

Atkinson, Thompson, and Grant

Atkinson, Thompson, and Grant (1993) propose a three-dimensional model for counseling racial/ ethnic minorities, in which counselors may assume an advocacy role with clients. Within this model, the authors address the rationality for counselors to assume differing roles based on the presentation of the client. The authors contend that to be responsive to minority clients' needs and experiences, counselors need to be willing and able to function in a number of different roles using appropriate strategies. They propose a schema grounded in the assessment of the variables of locus of etiology, level of acculturation, and the goals of counseling. Using these three variables in assessment, counselors can then determine the role they may choose to intervene.

Atkinson et al. (1993) suggest that the construct, locus of etiology, is the degree to which the problem presented by the client stems from internal distress or external influences. In this model, the counselor uses locus of etiology as one of the assessment tools to decipher if a traditional counseling role or another role should be considered. The counselor explores this variable with the client and places the client on a continuum of internal and external, understanding that no client will ever display internal distress or external influences in the purest sense. The traditional counseling role is normally the only role stressed in most counselor education programs and, therefore, the one most

often used regardless of locus of etiology, acculturation, or goals of counseling presented by the client (Atkinson et al.).

Another variable, according to Atkinson et al, is acculturation. They define acculturation as "the extent to which he or she [client] has adopted the beliefs, values, customs, and institutions of the dominant culture" (p. 261). The contention of the authors is that this variable also determines how a counselor should intervene to assist the client. The counselor places the client on a continuum ranging from low to high acculturation. Along with the assessment of the other two variables, the counselor can then choose the appropriate role.

The third and final variable in Atkinson et al.'s (1993) model is the goals of counseling. Counseling goals can be conceptualized on a continuum ranging from prevention to remediation. The aspects of decision-making and education/ development are assumed under prevention (Atkinson et al.). As with the locus of etiology, problems within counseling are not purely preventative or remediative.

Atkinson et al. (1993) suggest that counselors need to be able to identify and assess the variables of locus of etiology, acculturation, and goals of counseling. This assessment determines the role and the strategies a counselor will choose to implement in the counseling relationship with the client. Due to the variables being conceptualized on continuums, the interactions between two of the variables create a plane and among all three a cube that is represented in Figure 1. This cube creates eight different options, which translate into eight differing roles that a counselor can assume. The eight roles are: (1.) advisor, (2.) advocate, (3.) facilitator of indigenous healing methods, (4.) facilitator

of indigenous support system, (5.) consultant, (6.) change agent, (7.) counselor, and (8.) psychotherapist (Atkinson et al.).

The first role of a counselor in Atkinson's et al. (1993) model is one normally not endorsed by the counseling profession, the role of an advisor. This role is useful with clients with a low level of acculturation. These clients may not be aware that the problems they may encounter are external in nature; and thus the role of the counselor becomes educative in nature. The counselor advises the client that the source of his or her difficulty may likely be external and intervenes accordingly. A dialogue starts on how to best deal with these forces while communicating that the client's difficulties are not due to personal failings. This role is required of counselors if they are to aid low-accultured clients in dealing with and preventing discrimination and oppression (Atkinson et al.).

The next role present in the model is one of an advocate. The authors state that counselors need to assume this role when clients possess a low level of acculturation and need remediation due to the results of current oppression and discrimination (originating externally). Atkinson et al. state that this may be "demanding services that are being withheld without justification... this may mean advising people of power of the impact that their actions, whether intentional or not are having on the client" (p. 266).

Another role in the model is facilitator of indigenous support systems. The counselor assumes this role when a low acculturated client manifests an interpersonal or intrapersonal problem that is not the result of oppression or discrimination. The counselor then aids in the development of indigenous support systems that are specific to the culture of the client (e.g., extended family, religious groups). With the aid of the indigenous

support system, the counselor facilitates the client's exploration, helping to resolve the current distress and preventing it from reaching the intrapsychic level

Figure 1: Atkinson, Thompson, and Grant (1993) Three-Dimensional Model for Counseling Racial/Ethnic Minorities.

The next role of the counselor relates to the previously mentioned role. If the distress reaches the intrapsychic level (e.g. depression, guilt) then the counselor's role becomes that of a facilitator of indigenous healing systems. If counselors treat clients without consideration of acculturation, counselors assume a traditional psychotherapy role rather than a facilitator of indigenous healing systems. The facilitator of indigenous healing systems can be implemented in two ways: referral or direct application. Referral to a known healer from that client's culture is one way for the counselor to fulfill this

role. The other way, if the counselor has had sufficient training, is to conduct direct application of the indigenous methods. "If the counselor cannot adopt the client's worldview or has not been trained in the indigenous healing methods, then the appropriate way for the counselor to facilitate these methods is by making a referral to an indigenous healer" (Atkinson et al., 1993, p. 267).

The next role in Atkinson's et al. model is the consultant. A counselor assumes the role of a consultant when a highly acculturated client presents with a desire to prevent an external source from causing distress. This role is adopted to prevent the client from experiencing the negative effects from external sources or at least the minimization of the effects.

The next role, which relates to the previously mentioned role, is change agent. A counselor assumes the role of change agent if a highly acculturated client presents with the need for remediation due to an external force that has already been experienced and developed into some distress. "In the change agent role, the counselor attempts to change the social environment that contributes to the oppression of racial/ ethnic-minority clients, often without a specific client in mind" (Atkinson et al, 1993, p. 268). The definition of the change agent role engulfs the definitions of social action mentioned previously in the terms section. The distinction that the authors make regarding this role and the consultant role is that the consultant role is preventative while this one actively accepts responsibility to eliminate the condition that inhibits or prevents the healthy development of racial/ ethic minority clients.

The counselor assumes a traditional counselor role in Atkinson's et al. model when a highly acculturated client presents with an internal difficulty that can be best aided through education and a focus on the developmental needs of the client.

With racial/ ethnic-minority clients who are highly acculturated, this role should not differ significantly from the counselor's role with European-American clients, except that the counselor always needs to be sensitive to the client's culture and aware that the racial/ ethnic-minority clients, regardless of acculturation, are subject to discrimination (Atkinson et al, 1993, p. 269).

The final role of a counselor within this model is that of a psychotherapist. This role is appropriate "only when a client who is highly acculturated and now wants relief from an existing problem that has an internal etiology" (Atkinson et al., 1993, p. 269). Atkinson et al. suggest that like the counselor role, the psychotherapist role should be considerably similar to the role a counselor would assume with a European-American client, yet sensitivity to culture and the client's experience and needs be considered throughout the process.

This theoretical model does not present characteristics, yet is important in the conceptualization of roles within counseling. The model comprises the roles of advocate and change agent and provides assessment criteria. These assessment skills are needed to maneuver through numerous roles that specifically apply to the discussion of advocacy (e.g., the advocate, the change agent). The conceptualization of these factors, locus of etiology, acculturation, and goals of treatment, as well as the ability to assess these factors in context appears to be an extremely relevant skill for counselors. This contribution promotes dialogue of the roles of counselors and the assessment skills that

counselors must possess to integrate advocacy and social change interventions appropriately.

Sue, Ivey, and Pedersen

Building on Atkinson's et al. (1993) model, Sue, Ivey, and Pederson (1996) discuss the commonalities among the alternative roles (e.g., advocate, change agent) assumed by counselors to address oppression and discrimination. The authors state that these roles are additions to conventional counseling roles. Sue et al. (1996) outline six distinct characteristics needed to engage in these alternative roles, which are: (1.) an active helping style, (2.) an ability to work outside the conventional office setting, (3.) an ability to focus externally to change environmental barriers, (4.) a move from the mindset of internal pathology to one where the client is assessed as in a problematic situation, (5.) an ability to assume a prevention-oriented approach, and (6.) an increased recognition of the need to implement effective counseling strategies.

These characteristics are theoretical in nature, providing the counselor with a number of considerations. These considerations move the counselor from an internal pathologizing mindset, to an active prevention style of treatment that seeks to challenge external barriers to a client's optimal development. The counselor has to challenge the mindset that treatment only occurs within the office walls. These components contain promise in adding to the characteristics vital for counselors whom wish to advocate for clients.

Kiselica and Robinson

Kiselica and Robinson (2001) published an article that has become one of the major contributions to the dialogue of advocacy and social justice in the counseling

profession. In this article, Kiselica and Robinson discuss the history of advocacy in counseling, counselors' attributes and skills, cost of advocating, rewards, and ethical issues related to advocacy. For the scope of this review, only the theorized counselor attributes and skills are discussed.

Kiselica and Robinson (2001) combine attributes and skills together to form six counselor characteristics needed to advocate for clients. These six characteristics are based on the authors' experiences, work with clients, and theorized thoughts of significant components to advocacy work. Kiselica and Robinson propose that (1.) capacity for commitment and an appreciation for human sufferings, (2.) nonverbal and verbal communication, (3.) multisystemic perspective, (4.) individual, group, and organizational interventions, (5.) knowledge and the use of media, technology, and the Internet, and (6.) assessment and research skills are the essential attributes and skills of an advocate. Each characteristic warrants further definition and clarification.

The first attribute or skill that Kiselica and Robinson (2001) address in their contribution to the advocacy literature is the capacity of a counselor to appreciate human suffering and a desire to alleviate that suffering. This characteristic appears to intertwine with an attitude or mindset brought on by a feeling of injustices that drives advocacy behaviors or action in the counselor. Empathy, compassion, and sensitivity for clients root the counselor's ability to appreciate a client's suffering and commitment to some level of alleviation. In their attempt to be concise, Kiselica and Robinson only vaguely define and present this characteristic.

Nonverbal and verbal communication skills comprise the second characteristic in their model. This characteristic takes the form of a skill, which is a standard micro-skill

throughout counselor training programs. Kiselica and Robinson (2001) present two ways nonverbal and verbal communication skills can benefit counselors advocating for clients. Counselors can validate the client's experience by listening, attempting to understand the client's situation, and empathizing with the seriousness of the social problem. Counselors also can use verbal communication skills to communicate with individuals within the society who hold power to improve or help alleviate the suffering in clients' lives.

The third attribute or skill is the knowledge and maintenance of a multisystemic perspective. Social problems are complicated, usually involve a number of systems, which interact and may be directed by forces not originating in the individual. "To be an effective change agent, the counselor must consider these different systems and their respective contributions to a client's problem" (Kiselica & Robinson, 2001, p. 392). Other scholars (Goodman, 2001; Goodman et al. 2004; Lewis, et al., 1998; Vera & Speight, 2003) further support this contention, emphasizing the importance of moving counseling perspectives away from traditional 'intrapsychic' to multisystemic perspectives.

The fourth attribute or skill is the ability to intervene and provide interventions on the individual, group, and/or organizational level. This characteristic links the counselor's capacity to assess and coordinate multiple interventions, while working together on differing levels. The authors recognize the need to use individual counseling skills to validate, understand, and support the client in the process of negotiating the systems that are influencing the client. They also acknowledge that counselors must possess the ability to use group counseling, group psycho-educational strategies, and group change process towards social action initiatives. Kiselica and Robinson (2001)

contend that sometimes individual and group interventions do not address the practices and policies of organizations that impede the development of clients. In these cases, counselors need to be aware of organizational interventions and ways to implement these techniques. The counselor may need to facilitate a client's access to information, serve as a mediator between clients and institutions, negotiate with other systems, influence policy makers through lobbying efforts, and file direct complaints to funding agencies (Kiselica & Robinson).

The fifth attribute or skill in Kiselica and Robinson's model is the counselor's knowledge and ability to use different forms of multimedia and technologies. This characteristic appears to involve publicizing awareness, activities, campaigns, written word, spoken word, and outreach efforts to a broad public using media, articles, blogs, the Internet, and any other means deemed necessary. The authors define this skill in somewhat general terms, lacking a thorough means to fully observe or define this characteristic for counselors.

The sixth and final attribute and skill revolves around the concept of a counselor's ability to use assessment and research skills. Counselors need to continually evaluate advocacy initiatives implemented with the client to assess changes in the client's social environment. Embedded in this characteristic is the counselor's responsibility to not only assess the client's environment, but to push for research agendas that bring awareness to society about the social injustices that still exist. Producing research to be used in setting social policies to alleviate distress for clients from societal oppression and discrimination is a paramount skill needed by counselors to advocate for clients.

These attributes and skills present an unconventional approach to counseling that challenges the traditional counseling view that all distress clients experience can be managed and resolved in therapy from within clients' internal world of feelings, thoughts, and perceptions. Kiselica and Robinson (2001) present a theoretical conceptualization of the needed characteristics of counselors whom wish to advocate for clients based on clinical experience and the knowledge of social change principles. These characteristics were not empirically researched; therefore, they may or may not produce counselors that have the desire and the ability to competently advocate for clients.

Fiedler

Fiedler, from the field of special education, presents a comprehensive theoretical conceptualization of the essential professional advocacy competencies needed in special education advocacy. Fiedler bases his theory on his experience as an educator, a lawyer, and as a parent of a child with a disability. Although the special education and counseling fields are distinctly different professions, Fiedler's theory is comprehensive and, therefore, beneficial for reviewing advocacy characteristics. Fiedler divides advocacy competencies into three categories: dispositions or attitudes, knowledge, and skills. Within these multiple categories consists multiple components. A description of each category and the components within each follows, along with Figure 2.

The first category of advocacy competencies in Fiedler's (2000) model is the disposition or attitude of the professional. Disposition of the professional reflects the attitudes and the core values that underpin a sense of responsibility, ethics, and commitment to individuals the helper seeks to assist. Fiedler presents three components within this category: (1.) advocacy disposition, (2.) ethical disposition, and (3.) family

support/ empowerment disposition. The advocacy disposition is summarized by the belief that advocating for children with disabilities is a legitimate and expected job responsibility. The ethical disposition is an attitude of a professional to incorporate a strong commitment to the profession's code of ethics as well as caring significantly about the children and families they seek to help. The final disposition, within this cluster, is the family support/ empowerment disposition. Professionals with a high level of empowerment disposition provide services from a systemic perspective, collaborating and empowering families to engage in supportive partnerships (Fiedler).

Figure 2: Fiedler's (2000) Professional Advocacy Competencies

The second category of Fiedler's (2000) model of professional advocacy competencies is the knowledge category. Fiedler contends that this knowledge category "refers to the awareness of the essential information to effectively advocate in an effort to bring about educational change" (p. 12). This category is broken into three components, which are: (1.) knowledge of special education law, (2.) knowledge of dispute resolution mechanisms, and (3.) knowledge of systemic change. The knowledge of special education law allows a professional to work within the already existent system with all the procedures and regulation that maintain the status quo. The ability to challenge the status quo resonates out of the awareness of the existent system with all the rules and channels needed to produce change. Knowledge of dispute resolution is essential due to the fact that advocacy sometimes produces conflict. The understanding of dispute principles allows a professional to challenge the imbalance of power in a constructive fashion, avoiding counterproductive measures. The final knowledge component deals with the professional knowledge of systems change. Change sometimes needs implementation on the individual level and other times on the systems level. The understanding of these principles allows a professional to negotiate the implementation of effective strategies in order to change the status quo of the systems in power.

The third and final category of Fiedler's (2000) model of professional advocacy competencies is the skill category. Fiedler suggests that the skill category "involves performance abilities in interpersonal communicative interactions, resolving differences, influencing others, and cognitive reasoning capabilities" (p. 14). This skill category consists of: (1.) interpersonal communication skills, (2.) collaboration skills, (3.) conflict resolution skills, (4.) advocacy skills, and (5.) ethical analysis skills. The author contends

that interpersonal communication skills are essential due to the nature of advocacy, which consists of multiple interactions within multiple systems to produce change. Effective communication can, when used appropriately, impart understanding, paving the way for change. The need to possess the ability to collaborate also is an essential skill in advocacy work. Advocacy work depends upon the coordination of multiple systems in order for change to occur and remain. The third skill Fielder presents is conflict resolution. As with the knowledge component mentioned in the previous section, the implementation of these conflict resolution principles are vital to resolving conflict in a constructive manner. Advocacy skills are the fourth skill in this model. The author, although with some ambiguity, defines these skills as the "specific strategies and awareness of different avenues of advocacy to successfully advance their cause" (p. 14). The final skill in Fiedler's model is ethical analysis skills. Deciding when and if to engage as an advocate for a client presents the need for the professional to be able to ethically work through the process of deciding in what capacity and how he or she needs to intervene.

In the previously defined component, advocacy skill, Fiedler (2000) presents the principles for effective advocacy which consist of: (1.) asking for what you want, (2.) being specific on request, (3.) organizing, coordinating, and orchestrating, (4.) touching all bases, (5.) staying flexible and optimistic, (6.) keeping it simple, (7.) assuming the perspective of others, (8.) building and preserving credibility, (9.) never burning bridges, and (10.) following up. These principles along with his general problem-solving model approach (e.g., problem definition, information gathering, action planning, assertive action, and follow-up) allow a professional to possess the understanding to be a competent advocate.

Fiedler's (2000) model of essential professional advocacy competencies presents a comprehensive conceptualization of the characteristics that makes up a competent advocate within the special education field. As mentioned before, the author's background is in special education and those influences permeate the model. These theoretical competencies appear to pose significant promise for counselors whom wish to advocate for clients, although integrating this model into a counseling framework is necessary. The next model builds upon Fiedler's model of effective advocacy competencies.

Trust and Brown

Trust and Brown (2005) contend that a model for advocacy competencies has not been available in the counseling literature. Therefore, they constructed a model of advocacy competencies, based on Fiedler's (2000) model for special education, which integrates the advocacy counseling literature and their personal experiences, to mold a model to fit the profession of school counseling. The model's structure is similar to Fiedler's model in that it is broken into three categories: dispositions, knowledge, and skills. The components that are within these previously mentioned categories delineate a functional model for school counselors and counselor educators.

The first category of advocacy competencies is dispositions or attitudes. Trust and Brown (2005) suggest that the components of advocacy disposition, empowerment disposition, social advocacy disposition, and ethical disposition relate to school counselors' competencies in the category of disposition. They contend that counselors not only embrace their role as advocates, but there is an altruistic motivation to work for the well-being of students. Trust and Brown suggest that counselors with an empowerment

disposition realize that parent(s)/ guardian(s) are the children's best advocates and seek to empower and empathize with parents, joining them in the process of advocating for the child's best interest. The authors believe that a social advocacy disposition is essential for school counselors. "Professional school counselors not only advocate for particular students and families, they also advocate to eliminate inequalities and barriers affecting all people" p. 260). The final disposition in the school counselor's advocacy competencies is an ethical disposition. This ethical disposition is the school counselor's responsibility to adhere to an ethical code of behavior characterized by caring, and an understanding of the laws and regulations within the school, the profession, and the state in which he or she practices.

The second category of advocacy competencies is knowledge. Trust and Brown (2005) suggest that this category consist of the knowledge of resources, parameters, dispute resolution mechanisms, advocacy models, and systems change principles. Resource knowledge consists of knowledge not only within and outside the school, but also in people, programs, institutions, agencies, and community groups (Trust & Brown). Trust and Brown outline knowledge parameters as the knowledge of school policies, legal rights of individuals and families, and the scope of a school counselor's role of practice. They define knowledge of conflict resolution, similar to Fiedler (2000), stating that school counselors may use mediation and conflict resolution to empower and solve problems. The knowledge of advocacy models is another knowledge component within the model. The knowledge of these advocacy models provides school counselors with various means to meet differing situations and issues within and outside the school context. The final knowledge component is that of system change principles. This

knowledge is essential as school counselors attempt to understand the multiple systems and subsystems within schools and society.

The third category of advocacy competencies is skills. Trust and Brown (2005) contend that the skills category consist of communication skills, collaboration skills, problem-assessment skills, problem-solving skills, organizational skills, and self-care skills. They suggest that communication skills allow the school counselor to listen and empathize with the individual or family to fully conceptualize and assess the situation. The knowledge of collaboration skill is similar to Fiedler's (2000) concept, in that strong relationships are essential in advocacy. Trust and Brown state that advocacy often places school counselors and administrators on opposite sides; therefore, special consideration of communicating and collaborating with the administration should be considered throughout the process. The knowledge of collaboration is essential to balance the role of the counselor within the role of the advocacy relationship and the counselor's role within the school community.

Other skills in Trust and Brown's (2005) model of advocacy competencies are problem-assessment and problem-solving skills. School counselor need to possess the ability to assess and define the presenting issue and then employ action, resources, or counseling skills in an attempt to bear down on the defined problem. Trust and Brown define organizational skills as the "careful and detailed planning, gathering of information, collection and presentation of data, organized action, and follow-up" (p. 261). The final skill that Trust and Brown promote is self-care skills. They contend that, due to the nature of advocacy and the effort advocacy requires, school counselors need to possess the skills to cope with the difficulties of advocating and avoid burnout.

Trust and Brown's theoretical conceptualization of advocacy competencies appears applicable to counselors due to their conversion of the special education advocacy competencies defined by Fiedler (2000) into the field of school counseling. These advocacy competencies provide counselors with the essential theoretical attitudes, knowledge, and skills to aid in the understanding of characteristics needed to advocate for clients.

Goodman, Liang, Helms, Latta, Sparks, and Weintraub

Goodman et al. (2004) contend that professionals conducting advocacy work to address social justice issues with clients need to possess and understand six essential principles. These authors state that counselors need to continue to examine self, share power in the process, give voice, raise consciousness, focus on strengths, and leave clients with tools. The influences of feminist theory along with multicultural influences appear throughout this theory of advocacy components. These principles are interrelated and dependent on each other, so further explanation of each principle follows.

The first principle or attribute that is essential for advocacy within this model is ongoing self-evaluation. This concept of self-evaluation, stemming from feminist and multicultural perspectives, presents the need for counselors to continue to examine self in order to address the bias and prejudices that exist within all counselors relating to race, ethnicity, gender, sexual orientation, and power imbalances. Likewise, counselors must be aware of the sociopolitical and historic influences that affect their clients and how those same influences affect counselors' perception of self and ability to understand the clients' worlds. This attribute relies on the counselor's ability to continuously reevaluate self as well as evaluating the community along with its values and assumptions.

The second principle or attribute in Goodman's et al. (2004) model is the 'sharing of power'. One of the central tenets of feminist theory is the aspect of rebalancing power within the relationship. This rebalancing is done so that consensual decision making can occur where the counselor is seen as "another source of information" rather than the "best or most objective" source (Goodman et al., 2004, p. 801). In advocacy work it is essential that the counselor be cognizant of the power difference in society and within the helping relationship, and works to establish a sense of being a resource or co-learner with the client and not the expert. This attribute or principle attempts to allow the oppressed and marginalized client's voice to be heard and for those with power to reexamine their perceptions and opinions of marginalized groups. This attribute leads to the next principle.

The third principle or attribute in Goodman's et al. (2004) theory of useful principles for advocacy and social justice is 'giving voice'. This principle of 'giving voice' is another central component of feminist theory. Within this model 'voice' is a metaphor that represents "presence, power, participation, protest, and identity" (Reinharz, 1994, p. 183). Counselors need to help clients regain their voice, which has been suppressed and invalidate by the dominant culture. Through this action of giving voice, counselors assist clients in the renewing of their narratives through the validation of their realities. This principle of 'giving voice' can be understood either in the context of the individual or in the context of a group. The authors suggest that counselors can assist in 'giving voice' to an individual or to an oppressed group within a community to develop shared narratives that influence the collective narratives through awareness and empowerment.

The fourth principle or attribute in this model of useful principles to advocacy and social justice is the component of 'consciousness raising'. This principle is consistent with a feminist perspective. "Consciousness raising means helping clients understand the extent to which individuals and private difficulties are rooted in larger historical, social, and political forces" (Goodman et al., 2004, p. 804) rendering the personal the political. This awareness or raised consciousness, coupled with an emerging 'voice', and balance of power in the counseling relationship, allows the client to connect the external influence of the dominant culture to the distress experienced in a social context. 'Consciousness raising', essentially, is an attempt to "achieve an awareness of the socioeconomic and cultural circumstances that shape their lives and their capacity to transform that reality" (Goodman et al., 2004, p. 805).

The fifth principle or attribute in this model is focus on strengths. The concept of focusing on strengths is embedded in feminist and multicultural perspective as well as in most professional mandates. Counselors seek to identify strengths, skills, and abilities in clients that will aid in clients' perception of themselves as competent, powerful individuals with the capacity to implement solutions (Goodman et al., 2004). The authors contend that the feminist perspective achieves this goal by helping clients reframe problematic behavior as adaptive responses to oppression and discrimination within a hierarchical, white dominated culture. This reframing skill is essential on the individual and the systemic level. On the systemic level, reframing and refocusing on strengths can alter the community's perspective to accommodate these existent strengths and to utilize them within the system.

The final principle or attribute of this model is leaving the client with tools. The authors suggest that this principle increases "the access to the tools of self-determination among marginalized groups" (Goodman et al., 2004, p. 807), which eventually assist clients to develop the ideals of becoming autonomous, self-determined, personally effective, and self-fulfilled. This principle translates into the community, system, or the individual to not be dependent on the counselor, but to continue to thrive even when involvement of the counselor is over. The counselor should engage "the community in such a way that his or her presence becomes unnecessary for its continued growth and the empowerment of its members" (p. 807).

Goodman's et al. (2004) model provides six essential principles for effective advocacy. The authors base these six components or principles on the rich history of feminist counseling and multicultural counseling. These theoretical principles provide counselors with essential characteristics needed to advocate for clients, adding to the dialogue of what attitudes, attributes, behaviors, knowledge, and skills are needed by counselors to advocate for clients.

1998 Chi Sigma Iota

Chi Sigma Iota (CSI) is an international honor society in the field of professional counseling. In 1985, CSI was established for professional counselors, counselor educators, and counselors-in-training to promote a united identity through sound research and service. The mission of CSI is rooted in the promotion of scholarship, research, leadership, professionalism, and counseling whether in academic or clinical settings. In May and December 1998, a number of invited group leaders within CSI constructed the 1998 Chi Sigma Iota Advocacy Initiatives (CSI, 1998). The CSI Advocacy Initiative

sought to define advocacy and construct a "broad based, active support for the goals, objectives, and strategies of the overall plan" (CSI, 1998, p.1) of advocacy.

The Advocacy Initiative suggests advocacy consist of a 'two prong' definition in that counselors advocate for themselves (e.g., the counseling profession) and for clients. CSI's Advocacy Initiative contends that:

Counseling as an activity is practiced by other service providers, [so] advocacy for clients alone could result in other service providers being the sole source of such counseling services... Likewise, to advocate only for guild issues wins neither support nor respect from those whose assistance counselors need (CSI, p. 1).

The second part of the CSI Initiative was to construct themes for advocacy, whether direct or indirect, for the profession and clients. The CSI committee contends that six themes consisting of: (1.) counselor education, (2.) inter-professional relationships, (3.) marketplace recognition, (4.) inter-professional issues, (5.) research, and (6.) prevention/ wellness are essential for understanding advocacy. A brief explanation for each follows.

In the area of counselor education, the paramount goal is for counselor educators "to insure that all counselor education students graduate with a clear identity and sense of pride as professional counselors" (CSI, 1998, Theme A). The CSI committee contends that educators are responsible for teaching counselors how to advocate for clients, the profession, and for themselves. This goal can be accomplished only if advocacy training is infused throughout the counselor education curriculum.

Another theme from the CSI Advocacy Initiative is inter-professional relationships. The goal of this initiative is "to develop and implement a unified, collaborative advocacy plan for the advancement of counselors and those whom they serve" (CSI, 1998, Theme B). This theme can be met if "professional counseling associations will proactively collaborate on advocacy projects (e.g., legislation, research, grants, and related activities)" (CSI, 1998, Theme B). Inter-professional collaboration appears to be the key ingredient of this theme within the CSI Advocacy Initiative.

Marketplace recognition is another theme from the CSI Advocacy Initiative. The goal of this initiative is "To assure that professional counselors in all settings are suitably compensated for their services and free to provide service to the public within all areas of their competence" (CSI, 1998, Theme C). This theme seeks to have society perceive counselors as competent and as suitable providers of counseling, consulting, and advocacy.

Inter-professional issues are another theme from the CSI Advocacy Initiative. The goal of this theme is "to establish collaborative working relationships with other organizations, groups and disciplines on matters of mutual interest and concern to achieve our advocacy goals for both counselors and their clients" (CSI, 1998, Theme D). This theme revolves around the ability of counselors to establish working relationships on multiple levels to promote the profession as well as enable the counselor to advocate for clients, by creating bridges with organizations and other helping professionals.

Another theme from the CSI Advocacy Initiative is research. The goal of research is "to promote professional counselors and the services that they provide based on scientifically sound research" (CSI, 1998, Theme E). This theme adds to the valuing of

the profession as a viable option for clients, therefore leading to the opportunity to advocate for clients.

The final theme from the CSI Advocacy Initiative is prevention and wellness. The goal of this theme is "to promote optimum human development across the life span through prevention and wellness" (CSI, 1998, Theme F). This theme attempts to encourage clients' wellness by addressing clients' needs through the implementation of preventative measures and strategies.

These themes rest on the principle that for counselors to advocate on behalf of clients, counseling must be viewed as a viable option within society. Advocacy for the profession becomes a prerequisite for counselors to be able to advocate for clients. The rationale behind this contention is that counselors will not be seen as having any merit, if the profession is not first valued by the society in which its services are rendered. This model adds another layer of consideration of counselors' characteristics needed to advocate for clients.

Erikson

Along the same lines as the CSI Advocacy Initiatives, Erikson (1996) proposes a model that assumes advocacy for the profession as a means to advocate for clients. In 1996, Karen Erikson wrote a book called *Making an Impact: a Handbook on Counselor Advocacy*, which challenged the misconception that counselors inherently do not possess the abilities to advocate for the counseling profession. Erikson (1996) contends that counselors typically have the values, the skills, and the personalities to be competent advocates. She speaks of advocacy in terms of advocating for the profession. Similar to the CSI's contention, about advocacy being a "two pronged" concept, Erikson assumes

that a counselor advocating for clients needs similar values, skills, and personalities as a counselor advocating for the profession. Erikson does not distinguish any differences, focusing primarily on counselor advocacy, not client advocacy. This model of values, skills, and personalities is theoretical in nature, deriving from Erikson's experience in advocacy and public policy, along with interactions with other advocates in the field. Her contentions are not informed by formal empirical research.

The first characteristic cluster presented in this model is values. Erikson (1996) suggests four values endorsed by the counseling profession that are essential to advocacy. Those values are inclusiveness, an educational approach, good communication, and relationship building. Erikson suggests that counselors need to adopt an inclusive attitude with organizations, other counselors, agencies, schools, and other mental health professions, rather than an exclusive mindset. She contends an educational approach to advocacy rather than an angry approach yields far greater results. A counselor's ability to effectively communicate is essential for counseling and Erikson contends that good communication skills also ground advocacy efforts. Relationship building is imperative to getting targets (e.g., legislators, courts, government officials, schools, etc.) to respond to requests. Establishing a clear relationship with targets before making requests is seen as a more productive way to integrate this value for optimal use (Erikson).

The second characteristic cluster in the model is skills. Erikson (1996) contends that counseling skills translate into advocacy skills. These skills are listening; asking questions until understanding is present; gathering information from a "one-down, not knowing position" (p. 8); and clarifying. Erikson also adds a number of skills from the field of public policy including "problem sensing and problem solving; planning;

educating; communicating; cheerleading; working as a team; building consensus; negotiating conflict; changing systems; and gathering different views and hammering them together into a solution” (p. 8). These skills, because they are based on counseling skills, appear to be self-explanatory, so personality characteristics follow.

The third characteristic cluster in the model is personalities. Erikson (1996) cites Bernay’s (1982) characteristics of effective public relation advocates as synonymous with effective personalities of counselor advocates. These personalities consist of:

character and integrity; a sense of judgment and logic; the ability to think creatively and imaginatively, truthfulness and discretion; objectivity; a deep interest for solutions of problems; a broad cultural background; intellectual curiosity; effective power of analysis and synthesis; intuition; and training in social sciences (Erikson, 1996, p. 8).

The author suggests that humor and a passionate belief in the cause are two more personality traits essential for advocates to have to be effective in real practice.

This model of the skills needed to advocate effectively for the profession and clients offers a number of viable considerations. Erikson (1996) combines counselors’ essential skills with a public policy lens. These values, skills, and personalities add to the existing discussion on the needed characteristics to advocate on behalf of clients.

Schneider and Lester

Schneider and Lester (2001), two social workers, define advocacy as the “exclusive and mutual representation of a client(s) or a cause in a forum, attempting to systematically influence decision making in an unjust or unresponsive system(s)” (p. 65). Schneider and Lester promote that the values necessary for effective advocacy are respect

for the dignity and the rights of all individuals, giving voice to the powerless, compassion and the desire to relieve suffering, desire to help others speak on behalf of themselves, desire to empower through the use of a strength perspective, and a commitment to social justice issues such as ending oppression. Coupling these values with certain characteristics, Schneider and Lester provide an outline for competent advocacy. These characteristics consist of an action-orientation mentality, internal opposition to the injustices within our society, ability – not to remain neutral - but to side with the disadvantaged or voiceless, implementation of intervention at policy level as well as the client's individual level, patience and hopefulness, and the ability to empower the client.

This theoretical piece on advocacy, although from the social work profession, provides a number of relevant considerations. The authors present a model that bases the value of the advocate as the driving force for the implementations of these characteristics. These values and characteristics further promote the dialogue for the essential characteristics of an effective advocate.

Lewis, Arnold, House, and Toporek: ACA's 2005 Task Force on Advocacy Competencies

In 2005, the American Counseling Association (ACA) constructed a task force comprised of Judy Lewis, Mary Smith Arnold, Reese House, and Rebecca Toporek in order to formulate a theoretical position on the competencies needed to advocate for clients (ACA, 2005). This task force contends counselors can advocate in three domains: (1.) the client/ student level, (2.) the school/ community level, and (3.) the larger public arena. This committee further suggests that each domain can be broken down in two subsets. Each subset is contingent on whether the counselor acts with the client or on behalf of the client. This model of advocacy competency domains is presented visually in

Figure 3. The client/ student level, the micro-level, consists of client/ student empowerment or client/student advocacy. The movement within this subsystem is on a continuum dependent on whether the counselor acts with the client/student or the counselor acts on the behalf of the client/ student. The second domain is the school/ community level or the meso-level. This domain consists of community collaboration or system advocacy, which is dependent on whether the counselor acts with the school/ community or on behalf of the school/ community. The final domain is the larger public arena or the macro-level. This larger public arena consists of public information or social/ political advocacy. Further clarification on each subset and the competencies needed to advocate for clients on these levels is presented.

The first subset, the client/ student domain, addresses the implementation of empowerment strategies occurring in the direct counseling scope. The counselor assists clients'/students' development by aiding clients/students in understanding their lives in the context of a socio-political, economic, and cultural world. This implementation brings awareness and support to the client/ student, which is the "groundwork for self-advocacy" (Lewis et al., p. 2). The authors present a number of competencies needed by the counselor to intervene on this micro-level. These competencies are as follows: (1.) ability to identify strengths and resources of clients/ students, (2.) ability to identify the social, political, economic, and cultural factors that affect clients/ students, (3.) ability to recognize systemic or internalized oppression and the affects on clients'/ students' behaviors or concerns, (4.) ability to help clients/ students to identify the external barriers that impede development, (5.) ability to train clients/students in self-advocacy skills, (6.)

ability to assist clients/ students to create self-advocacy action plans, and (7) ability to aid clients/ students in the implementation of these created plans.

Figure 3: ACA's Advocacy Competency Domains

The second subset, within the client/ student domain, addresses counselors' ability to advocate on the behalf of clients/students. This level of intervening occurs when a counselor becomes aware of external barriers that impeded a client's /student's development and the client /student lacks the access to resources or services. For counselors to intervene at this level, counselors must hold these competencies: (1.) ability to negotiate between services or educational systems on the behalf of clients/students, (2.) ability to assist clients/students to gain access to resources, (3.) ability to identify external barriers, (4.) ability to develop a plan to challenge these barriers, (5.) ability to identify potential allies in this challenge, and (6.) ability to carry out this action plan.

The next domain of advocacy competency is the meso-level or school/ community level. The first subset within this domain is community collaboration. The authors define community collaboration as alerting or allying with community

organizations that are already working towards change, assisting in the recognition of difficulties within the community that impede clients'/students' development. The counselor, intervening at this level, can also lend counseling specific tools such as training and research, interpersonal relations, and communication to these existing organizations. Lewis et al. suggest eight competencies needed by counselors to intervene on this sublevel. These abilities are: (1.) identifying environmental factors that impede clients'/students' development, (2.) alerting community/ school groups about difficulties within the environment, (3.) developing alliances with groups or organizations working towards change, (4.) effective listening skills, (5.) identifying strengths and resources that groups and members bring to the 'process of systemic change,' (6.) ability to communicate, recognize, and respect those strengths and resources, (7.) identifying and offering counseling skills to assist in the collaboration process, and (8.) assessing the impact of the counselor's interactions on the surrounding community.

The second subset, the domain of school/ community or meso-level, is system advocacy. The authors define system advocacy as the addressing of an issue or barrier within the school or community on the behalf of clients/students. Changing the 'status quo' takes maintaining a vision, through collaboration and systems analysis, along with a counselor's ability to assume a leadership role. The abilities that allow a counselor to advocate on this level are as follows: (1.) ability to identify environmental factors impeding clients'/students' development, (2.) ability to provide and interpret data to show the need for change, (3.) ability to collaborate with others to create a vision to guide change, (4.) ability to analyze socio-political influence within systems, (5.) ability to outline a detailed plan for change considering possible responses, (6.) ability to recognize

and address resistance, and (7.) ability to assess the efforts of the counselor's advocacy on the existent system.

The last domain of advocacy competency is the public arena or the macro-level. The first subset within this domain is public information. The authors define public information as the disseminating of information that counselors have due to their training in human development, attempting to raise the consciousness of society to the macro systems issues regarding human dignity. The competencies that counselors must possess to advocate on this level, according to the ACA task committee are: (1.) ability to recognize the impact of oppression and other barriers to an individual's development, (2.) ability to identify environmental factors that protect human development, (3.) ability to present clear explanations and effects of these barriers on clients'/students' development through the use of multi-media material, (4.) ability to present information in an ethical manner to target populations, (5.) ability to disseminate information, (6.) ability to identify and collaborate with other professionals, and (7.) ability to assess the dissemination of this material by the counselor.

The second subset with the domain of the larger public arena is social/ political advocacy. Lewis et al. (2005) define social/ political advocacy as the counselor's ability to act as a change agent in the larger more public arena, bringing shared client concerns to the masses. This subset relates to the influences that public policy has on the public as a whole. According to these authors, the competent advocating counselor must possess the following abilities: (1.) to distinguish between the issues that can best be resolved through social/ political action, (2.) to identify appropriate avenues and systems to address the issues at hand, (3.) to seek out and join others whom may become potential

allies, (4.) to support existing allies already seeking change, (5.) to collaborate with others to compile data and rationale for the desired change, and (6.) to remain connected with communities and clients to assure that the desired change is understood and movement toward desired change continues.

These authors theorize a number of competencies within all the previously mentioned domains, providing a thorough presentation of advocacy competencies. These competencies appear to reflect behaviors of the counselor, not considering the attitudes, attributes, and knowledge needed to implement these behaviors and skills. These competencies add to the existing list of advocacy characteristics, creating an even fuller potential for dialogue of the characteristics needed to advocate for clients.

Research

This section summarizes the research on the characteristics of advocates. In the counseling literature, only three research studies could be found that examine the components of advocates' characteristics. Two of the studies are qualitative studies, while the third is a quantitative study.

Qualitative Research on Developmental Dialectic of Advocacy- Jennings

This qualitative research study, involving 39 human rights advocates, implemented focus groups to examine central themes leading to advocacy behaviors. The majority of the participants in the study were Caucasian females (Jennings, 1996). Latinos, African-American, and Asians represented a small minority in the sample population. The researcher conducted initial interviews and follow-up interviews averaging 90 minutes in length. The interviews were transcribed verbatim for eventual data collection using phenomenological techniques.

Two central themes emerged out of the dialogues with human-rights advocates (Jennings, 1996). The first theme involves an intense critique of societal structure(s) and values. The second theme consists of the description of self. Jennings states that, in the focus groups, the interviewees "moved between observations of society, beliefs about self, and the tension between the two" (p. 80). He hypothesizes that the interaction between self-concept and social perspective occurs simultaneously, affecting the advocate's ability to make sense of the incongruence. Jennings contends that it is out of this dialectic that advocates are motivated through moral conviction to "preserve the self-concept by maintaining a sense of integrity between self-concept and personal behavior" (p. 80) which leads to advocating behavior. The interaction between the advocate's perception of self and the perception of society entails "conflict, influence, rejection, and adaptation, but not enduring reconciliation or resolve" (p. 81). The tension, between self and society, brings about an obligation to act and therefore preserves the self-concept of the individual by reinforcing the idea that he or she is distinct from the society that is perceived as being oppressive and unjust.

Jennings (1996) states that from the critiques of society, advocates embrace a global and systems perspective; they also embrace primary care for others, and value inclusion. Simultaneously, advocates experience an internationalization of identity; they begin to view self as interdependent and connected with others; identify with, as being similar to, victims of oppression; realization of the uniqueness or countercultural ideal of caring about others rather than only about self, which separates one from the general public; and a felt moral obligation and responsibility to respond with integrity to others.

This qualitative research study presents a number of characteristics needed for counselors who wish to advocate on behalf of clients. The characteristics are primarily focused on the advocate's ability to be aware of society, with all its' oppression and unbalance of power, along with an awareness of the self, in the sense of how an individual can live an authentic life. This study significantly adds to the literature of the characteristics needed to advocate for clients, providing a research-based conceptualization of the motivation behind advocacy.

Qualitative Research on Characteristics of Advocates- Field and Baker

This qualitative research study, involving nine school counselors, implemented a focus group methodology to examine how counselors defined advocacy, their perceptions of essential behaviors of advocates, the value of advocacy, and how they learned to be advocates. This qualitative inquiry was constructed with two focus groups using a semi-structured question, dialogue format. For the scope of this review, the results of the perceptions of the school counselors on essential advocacy behaviors are presented.

Field and Baker (2004) suggest that from the focus groups, three distinct themes or behaviors emerged. The themes or behaviors are: (1.) being flexible and having a broad range of skills in dealing with different people in different situations, (2.) authentic acceptance of others while simultaneously being aware of own values and beliefs, and (3.) having realistic expectations for the advocacy work. Field and Baker suggest that two other themes or behaviors were discussed, but because only one individual mentioned them, they were not placed with the three other themes or behaviors. The two additional themes or behaviors were being a voice for students individually and collectively to parents, administrators, and teachers and the maintaining of a sense of humor.

This study presents a number of considerations for the characteristics of an advocate, although the focus of the study was not primarily an exploration of the characteristics of an advocate. The study adds to the discussion of the needed characteristics to advocate for clients.

Quantitative Research on Characteristics of Advocates- Nilsson and Schmidt

In an empirical quantitative study, Nilsson and Schmidt (2005) examined the hypothesized variables that contribute to graduate counseling students' desired and actual involvement in social advocacy. The authors' inquiry explored the influence of problem-solving skills, worldview, social concern, number of courses taken, and political interest in an attempt to identify possible predictors of social justice advocacy among counseling students. The variables of age, gender, ethnicity, religious orientation, sexual orientation, and political orientation also were explored to determine if significant differences occurred in the sample population of graduate students. The sample population was composed of 134 counseling graduate students from a mid-western university. One early limitation of the study was the low representation compared to the parameter population concerning the demographic variables (e.g. sexual orientation, ethnicity, religious affiliations, and gender). The participants were primarily Caucasian females identifying themselves as heterosexual Christian Democrats (Nilsson & Schmidt, 2005). The researchers measured the constructs of desired and actual social advocacy by the use of the following instruments: the Activity Scale (ACT; Kerpelman, 1969), the Problem-Solving Inventory (PSI; Heppner, 1988), the Social Interest Scale (SIS; Crandall, 1975), the Scale to Assess World Views (SAWV; Ibrahim & Kahn, 1987), and a researcher constructed demographic survey.

The research procedures involved contacting eight different counseling graduate course instructors within the same university to elicit assistance to survey the graduate students. Due to the exploratory nature of the researchers' research questions, simultaneous linear regression analysis was used to explore the variables of desired and actual involvement in social advocacy (Nilsson & Schmidt, 2005). The low representations of the demographic variables within the study led the researchers to not enter these variables (e.g., gender, ethnicity, religious orientation, sexual orientation, and political orientation) with the other variables (e.g., worldview, courses taken, problem-solving skills etc.), with the exception of the variable of age. The researchers decided to examine the demographic variables using a univariate analysis of variance (ANOVA).

Nilsson and Schmidt (2005) contend that on the first regression analysis the variables of age, number of course taken, political interest, and problem solving predicted the desire to engage in social advocacy, accounting for 30% of the variance in the model. The only variable that individually predicted desired social advocacy was political interest. The second regression analysis, which consisted of the full model and 'the desire to participate in social advocacy (from the first regression analysis), accounted for 40% of the variance within the model. In the second model, political interest and desire to be involved in social advocacy explained the unique variance in actual social justice. The researchers reported in the univariate analyses of variance with the demographic information, the only significant difference occurred with the desired level of involvement of social advocacy between men and women, and between lesbian, gay, and bisexuals (LGB) and heterosexuals. Both men and LGBs reported more desire to be involved in social advocacy, but in both cases, the desired involvement did not translate

into actual involvement. A consideration for this finding could be due to the extremely low sample size of both demographic categories. Along with the sampling limitation of the study, the instruments may not have adequately measured the construct the researchers set out to measure (Nilsson & Schmidt, 2005). This limitation can be seen through the researchers' statement about adapting the Social Interest Scale (SIS). This adaptation may not "tap into the deep concern of human suffering" (p. 276). Another limitation of the study is that the researchers used an instrument, the Social Activity Scale, which was constructed in the 1960's. Decades have passed and the cultural, political, and social landscapes are qualitatively and quantifiably different. With the changes in time, this instrument may not have been able to measure adequately certain prevention and policy making social interventions (Nilsson & Schmidt).

This quantitative study adds to the dialogue of needed characteristics to advocate for clients. The research design of the study, along with the instruments used to measure the constructs, produced limitations that affect the generalizability of the results. Political interest and involvement appear to be linked to advocacy, but the results from this study need to be interpreted with caution.

Summary

The lack of research on the characteristics of advocates, along with the lack of consistency between the theoretical conceptualization of needed characteristics, creates a large yet confusing compilation of components. Advocacy, including empowerment and social action, is an essential component of counseling according to ACA Code of Ethics (ACA, 2005), ASCA Code of Ethics (ASCA, 2004), and CACREP Accreditation Standards (CACREP, 2001). Therefore, because counselors are responsible for

competently advocating on behalf of clients, counselor educators are responsible for educating and instructing counselors on how to be advocates. This mandate is exactly why a determination of the characteristics including attitudes, attributes, behaviors, knowledge, and skills needed for effective advocacy is essential. The literature, with all of the theoretical pieces, creates confusion and lacks uniformity regarding the needed characteristics of advocates. The need to quantify the perceptions of counselors on the characteristics needed to advocate for clients, creating a thorough compilation of attitudes, attributes, behaviors, knowledge, and skills, and prediction of actual advocacy and importance, will provide uniformity in training counselors to advocate for clients, allowing for future exploration into each specific characteristics.

A thorough review of the current literature on the characteristics of advocates in a counseling setting revealed that no instrument or measurement tool existed to measure importance, actual advocating, or characteristics of a counselor that advocates for clients. This exploratory research study attempted to assimilate the theoretical research on these characteristics to create measurable scales. A literature review was completed utilizing multiple disciplines (e.g., social work, multicultural literature, community counseling/ counseling psychology, and feminist theory) spanning a number of decades.

Initially, I created an exhaustive list from the literature review placing all characteristics of an advocate in a counseling capacity onto a list. I decided to categorize the list of characteristics into sub-headings falling under attributes, attitudes, behaviors, skills, and knowledge. The rationale for these categories derived out of the theoretical literature already being used in other areas such as the special education (Fiedler, 2000),

counseling psychology (Kiselica & Robinson, 2001), and the multicultural literature (Sue, 1990). Additionally, importance level and actual advocacy components from this exhaustive literature review began to form two other measurement scales. With the help of three counselor investigators, I reviewed the list of characteristics and categorized the individual characteristics into attributes, attitudes, behaviors, skills, or knowledge. At this point in the process, repeated characteristics on the list were deleted to create a succinct list of characteristics. After the scales were formulated, three counselor investigators were asked to rate the top twenty components in each scale. This process reduced the number of components within each scale and increased the face validity of each measurement component. Concurrently, the process of assimilation was completed for the importance of advocacy and actual advocacy measures. I converted the list of characteristics into seven measurement scales (e.g., Attributes of Advocacy, Attitudes of Advocacy, Behaviors of Advocacy, Skills of Advocacy, Knowledge of Advocacy, Importance of Advocacy, and Actual Advocacy Behaviors). These final Advocacy Characteristics Scales lists are presented in Appendix I. The next chapter includes the methodology for the study.

CHAPTER THREE

METHODOLOGY

In this chapter I accomplish the following: (a.) state the research questions and the corresponding hypothesis (b.) describe the participants and the sampling procedures, (c.) explain the instruments in the data collection, (d.) outline the research design and procedures, (e.) state the research questions with the corresponding form of analysis, and (f.) explain the statistical procedures used to evaluate the data. Explanations of these areas follow.

Research Questions and the Corresponding Hypothesis

Question 1

Is there a relationship between participants' scores on the importance of advocacy and the scores on actual advocacy?

Ho: There is no statistically significant relationship between participants' scores on importance of advocacy and actual advocacy.

Question 2

Is there a relationship between participants' scores on the attributes, attitudes, behaviors, skills, and knowledge of advocacy, and on the importance of advocacy and actual advocacy scales?

Ho: There is no statistically significant relationship between participants' scores on attributes, attitudes, behaviors, skills, and knowledge of advocacy and importance of advocacy. There is no statistically significant relationship between participants' scores on attributes, attitudes, behaviors, skills, and knowledge of advocacy and actual advocacy.

Question 3

Is there a relationship among participants' scores on the attributes, attitudes, behaviors, skills, and knowledge of advocacy?

Ho: There is no statistically significant relationship among participants' scores on the attributes, attitudes, behaviors, skills, and knowledge of advocacy.

Question 4

Do advocacy differences exist between affiliates of Counselors for Social Justice (CSJ) and those not affiliated with Counselors for Social Justice (CSJ) on importance of advocacy and whether they actually advocate for clients; their attributes, attitudes, behaviors, skills, and knowledge on advocacy; and whether counselors should advocate for clients on the individual, group, and/or national level?

Ho: There are no statistically significant advocacy differences between affiliates of Counselors for Social Justice (CSJ) and those not affiliated with CSJ.

Question 5

Do advocacy differences exist between politically active counselors and non-politically active counselors on the importance of advocacy and whether they actually advocate for clients; their attributes, attitudes, behaviors, skills, and knowledge on advocacy; and whether counselors should advocate for clients on the individual, group, and/or national level?

Ho: There are no statistically significant advocacy differences between politically active counselors and non-politically active counselors.

Question 6

Do advocacy differences exist among participants with an undergraduate degree, a master's degree, or a doctorate degree on the importance of advocacy and actual advocacy behaviors; their attributes, attitudes, behaviors, skills, and knowledge on advocacy; and whether counselors should advocate for clients on the individual, group, and/or national level?

Ho: There are no statistically significant advocacy differences among participants with an undergraduate degree, a masters' degree, or a doctorate degree.

Question 7

Do advocacy differences exist among participants' professional roles (e.g., student, school counselor, counselor educator, community/ mental-health counselor, or other) on the importance of advocacy and actual advocacy behaviors; their attributes, attitudes, behaviors, skills, and knowledge on advocacy; and whether counselors should advocate for clients on the individual, group, and/or national level?

Ho: There are no statistically significant advocacy differences among participants with the professional roles of students, school counselors, counselor educators, community/ mental-health counselors, and other professional roles.

Question 8

Can participants' score for actual advocacy be predicted by using participants' scores on the attribute, attitude, behaviors, skills, and knowledge scales?

Ho: There are no statistically significant differences among participants' scores on attributes, attitudes, behaviors, skills, and knowledge in predicting actual advocacy.

Question 9

Can participants' score for importance of advocacy be predicted by using participants' scores on the attribute, attitude, behaviors, skills, and knowledge scales?

Ho: There are no statistically significant differences among participants' scores on attributes, attitudes, behaviors, skills, and knowledge in predicting importance of advocacy.

Participants and Sampling Procedures

Participation Criteria

The study's prospective participants consisted of members of the counseling profession from throughout the United States. These prospective participants represented counselors from counselor education programs, universities, community agencies, schools, and other human service agencies. Each of the prospective participants was selected from one of two national organizations. These two organizations, Counselors for Social Justice (CSJ) and American Counseling Association (ACA), created two inclusive groups, dependent on participants' membership. Further explanation of each organization follows.

The American Counseling Association (ACA) is a national organization of professionals involved in counseling, counselor education, and all counseling related services. With over 50,000 members, ACA is a membership association dedicated to providing the public with confidence and acceptance of the counseling profession. ACA

provides members with a national voice concerning public policy as well as a professional networking system for all members.

The Counselors for Social Justice (CSJ) is a division within ACA. With over 500 members, CSJ is comprised of counselors, educators, and students "who seek equity and an end to oppression and injustice affecting clients, students, counselors, families, communities, schools, workplaces, governments, and other social and institutional systems" (CSJ website, Mission).

Sampling Procedures

A random stratified sample of 600 prospective participants reflected the two groups. One group consisted of 300 members affiliated with the organization, Counselors for Social Justice (CSJ), a division within the American Counseling Association (ACA). The other group of 300 participants was from the national organization, the American Counseling Association (ACA). Prospective participants from each of the organizations were randomly selected for participation in the study.

Instruments in the Data Collection

For this study, I constructed two instruments to be used in the collection of data: the demographic sheet and the Advocacy Characteristics Scale. Further explanation of each instrument follows.

Demographic Sheet

The demographic sheet consisted of the following areas: sex, race/ ethnicity, number of years in the counseling profession, highest degree obtained, professional role, affiliation with CSJ, and political involvement. The question of professional role was further defined as being a student, school counselor, counselor educator, community/

mental health counselor, or other professional role not defined. The question of political involvement was phrased "Do you consider yourself to be politically active?" This consideration stems from the Nilsson and Schmidt's (2005) research. Nilsson and Schmidt contended that political involvement was a predictor of actual advocacy involvement. This information comprises the identifying demographic information for the study.

Advocacy Characteristics Scales

The Advocacy Characteristic Scales were constructed from the qualities of an advocate from the advocacy literature. The scale was divided into attributes, attitudes, behaviors, skills, and knowledge of advocacy. Three additional scales encompassed the advocacy survey used in this study. The importance of advocacy measure and the actual advocacy measure were also derived from the literature review. The final component in the survey was the definition of advocacy. This measure was based on ACA competencies three-tiered levels of advocacy (ACA, 2005). This definition of advocacy consisted of the three parts, which included: (1.) advocating for the individual client, (2.) advocating on the school and community level, and (3.) advocating on the political and national level. Further explanation of these measures and their development is included in Chapter Four.

Research Design and Procedures

The research design and the procedures for the study follow. This section consists of the Institutional Review Board considerations, random selection procedures, data collection procedures, data entry procedures, and the research questions with corresponding form of analysis.

IRB Considerations

I submitted appropriate forms and followed the protocol outlined by The Institutional Review Board for Social and Behavioral Sciences (IRB-SBS). Due to the nature of the study, the study received exemption status under article 46.101(b) (2) which stated that "research involving the use of educational tests (cognitive, diagnostic, aptitude, and achievement), survey procedures, interview procedures, or observation of public behavior (UVA- IRB-SBS, Request for Exemption)." Because the scales and inventory attempted to measure counselors' public behavior (advocacy) in the form of survey procedures, the study was exempt from further IRB-SBS review.

Random Selection Procedures

Upon receiving the prospective participant lists for CSJ and ACA members, the first 300 participants on each list were used as the sample for this study. This process was done because each list was randomized by the organization before providing the membership list to me. The first 300 participants on each list reflected the prospective participants from CSJ and ACA that were elicited to participate in the study.

Data Collection Procedures

The study attempted to achieve high response rates while adhering to a standard mail survey protocol. High response rate and a structured process were instrumental to the generalizability of the results. Dillman (2000) proposed a five-element method to increase response rates and provide a structural approach to mail survey research. This study adhered to all but one of these recommendations. Dillman stated that the five elements essential to effective, high response mail survey were: (1.) respondent-friendly questions, (2.) four contacts by first class mail to each prospective participant, (3.) return

envelopes with real first-class stamps, (4.) personalization of correspondence, and (5.) token prepaid financial incentives. Token prepaid financial incentives were not part of this study.

The first concept was respondent-friendly questions. I had the study reviewed by multiple counselor investigators (e.g., advisor, three counselor education students, a survey class, and a pilot study composed of first year doctoral students). Further details on the content validity of the survey are addressed in Chapter Four.

The second concept was four contacts by first class mail. The study consisted of four mailings to each prospective participant. The mailings were as follows: (1.) a brief pre-notice letter, (2.) the survey packet (consisting of an invitation letter, informed consent, demographic sheet, and The Advocacy Characteristics Scales), (3.) a reminder or thank you postcard, and (4.) a reminder or thank you postcard with email address to request an additional survey packet (see Appendixes A, B, C, D, E, F, G, and H for examples of all mailings). The Advocacy Characteristics Scales consisted of attributes, attitudes, behaviors, skills and knowledge scores, importance score, actual advocacy score and definition of advocacy score. Each mailing is presented in the Appendices.

The third concept was return envelopes with real first-class stamps. Each survey packet contained a return envelope that was pre-stamped with first-class stamps. Pre-stamping envelopes provided prospective participants with an easy and convenient way to participate in the study

The fourth concept was personalizing the correspondences. Personalization was done in two ways. The first way was by using the name of each prospective participant on each correspondence mailing. The second way the correspondence was personalized

was to have two sets of all letters eliciting participation by using Counselors for Social Justice (CSJ) or the American Counseling Association (ACA), depending on which lists participants' names were derived from initially.

Data Entry Procedures

Upon receiving the completed surveys, the data was entered into the statistical program, SPSS. Survey packets that did not have a completed demographic sheet, $n = 5$, were not entered into the program data set and therefore did not add to the total sample (N). The next section reviews the research questions and the corresponding form of analysis used to answer those questions.

Research Questions and the Form of Analysis

Question 1

Is there a relationship between participants' scores on the importance of advocacy and the scores on actual advocacy? The form of analysis used for this research question was correlation analysis.

Question 2

Is there a relationship between participants' scores on the attributes, attitudes, behaviors, skills, and knowledge of advocacy, and on the importance of advocacy and actual advocacy scales? The form of analysis used for this research question was correlation analysis.

Question 3

Is there a relationship among participants' scores on the attributes, attitudes, behaviors, skills, and knowledge of advocacy? The form of analysis used for this research question was correlation analysis.

Question 4

Do advocacy differences exist between affiliates of Counselors for Social Justice (CSJ) and those not affiliated with Counselors for Social Justice (CSJ) on importance of advocacy and whether they actually advocate for clients; their attributes, attitudes, behaviors, skills, and knowledge on advocacy; and whether counselors should advocate for clients on the individual, group, and/or national level? The form of analysis used for this research question was a one-way analysis of variance (ANOVA).

Question 5

Do advocacy differences exist between politically active counselors and non-politically active counselors on the importance of advocacy and whether they actually advocate for clients; their attributes, attitudes, behaviors, skills, and knowledge on advocacy; and whether counselors should advocate for clients on the individual, group, and/or national level? The form of analysis used for this research question was a one-way analysis of variance (ANOVA).

Question 6

Do advocacy differences exist among participants with an undergraduate degree, a master's degree, or a doctorate degree on the importance of advocacy and actual advocacy behaviors; their attributes, attitudes, behaviors, skills, and knowledge on advocacy; and whether counselors should advocate for clients on the individual, group, and/or national level? The form of analysis used for this research question was a one-way analysis of variance (ANOVA).

Question 7

Do advocacy differences exist among participants' professional roles (e.g., student, school-counselor, counselor educator, community/ mental-health counselor, or other) on the importance of advocacy and actual advocacy behaviors; their attributes, attitudes, behaviors, skills, and knowledge on advocacy; and whether counselors should advocate for clients on the individual, group, and/or national level? The form of analysis used for this research question was a one-way analysis of variance (ANOVA).

Question 8

Can participants' score for actual advocacy be predicted by using participants' scores on the attribute, attitude, behaviors, skills, and knowledge scales? The form of analysis used for this research question was a stepwise linear regression analysis.

Question 9

Can participants' score for importance of advocacy be predicted by using participants' scores on the attribute, attitude, behaviors, skills, and knowledge scales? The form of analysis used for this research question was a stepwise linear regression analysis.

Statistical Procedures

This research study was exploratory in nature, attempting to explain the phenomenon of the characteristics of an advocate in a counseling setting. This process attempted to provide guidance for later experimental research that may guide training and practice. The four forms of analysis used in this study were reliability analysis, correlation analysis, analysis of variance (ANOVA), and stepwise regression analysis. Further clarification on how these analyses answered the questions posed follow.

Reliability Analysis

Prior to addressing the previously mentioned questions, the reliability or internal consistency of the actual advocacy scale, importance of advocacy scale, advocacy characteristics scales, and the definition of advocacy scale were explored. This exploration was accomplished through item reliability analysis. Item reliability analysis is the correlations between individual items on a scale as compared to the total variances of those items; thus deriving at a reliability estimate coefficient. A measurement scale is then deemed as a reliable measure if it reflects mostly true scores and not error. Heppner, Kivlinghan, and Wampold (1999) suggested that a reliability estimate in excess of .80 is sufficient in counseling research. Using the Crobach's alpha, I measured the internal consistency of the following scales: actual advocacy; importance of advocacy; attributes, attitudes, behaviors, skills, and knowledge of advocacy; and the definition of advocacy. Upon this foundation, the rest of the research questions were addressed.

Correlation Analysis

The intention of using a Pearson correlation is to determine the extent to which values of the variables are linearly related. This form of analysis is the relation between two or more variables measuring the extent these variables are proportional to each other. One of the research questions in the study measured the relation of importance of advocacy and actual advocacy. Another question within the study, measured the relation between importance of advocacy and the attributes, attitudes, behaviors, skills, and knowledge of advocacy. Similarly, another question measured the relation between actual advocacy and the attributes, attitudes, behaviors, skills, and knowledge of advocacy. The final question using correlation analysis was the relation of the attributes, attitudes, behaviors, skills, and knowledge of advocacy.

Analysis of Variance (ANOVA)

The central purpose of analysis of variance is to measure mean differences. In this study, the use of an ANOVA allowed for the detection of interaction effects between sets of variables. Mean differences on the importance of advocacy, actual advocacy, advocacy scales (e.g., attributes, attitudes, behaviors, skills, and knowledge of advocacy), and the individual components of the definition of advocacy were taken, comparing a number of categorical variables. The categorical variables were affiliation with CSJ, self-identification as politically active, educational degree, and counselors' professional roles. The analysis of variance (ANOVA) explored advocacy difference in each of these categorical variables. When an advocacy difference was revealed in a mean comparison among a categorical variable with more than two levels, a post-hoc Tukey analysis was used to specify the category in which the mean difference was statistically significant.

Stepwise Regression Analysis

The general purpose of a stepwise linear regression is to learn more about the relationship between several predictor variables and a criterion variable. A stepwise linear regression analysis was used to develop a model for predicting actual advocacy from the attributes, attitudes, behaviors, skills, and knowledge of advocacy. Stepwise regression analysis is the process of allowing only one predictor variable to enter the regression model at a time, allowing only predictor variables that add a unique contribution to the model above and beyond the previous variables to enter the model. This process is continued until variables without a unique contribution fail to add any statistical significance to the existing regression model. Similarly, a stepwise linear

regression was done to develop a model for predicting importance of advocacy from the attributes, attitudes, behaviors, skills, and knowledge of advocacy.

Summary

This chapter consisted of the research questions and the corresponding hypothesis, the participants and the sampling procedures, a summary of the instruments, the outline for the research design and procedures, the research questions with the corresponding form of analysis, and the statistical procedures used in the study. Chapter Four explains the results of the study.

CHAPTER FOUR

RESULTS

The purpose of this research study was to investigate counselors' actual advocacy, importance placed on advocacy, and the attributes, attitudes, behaviors, knowledge, and skills involved in advocacy. In this chapter, I accomplish the following: (a.) discuss the process of constructing the advocacy scales, (b.) present the reliability analysis for the items within each scale, (c.) discuss the demographic data of the study, (d.) present the descriptive statistics, (e.) state the research questions and the results of each analysis, and (f.) present a summary of the research questions and results. Explanations of these areas follow.

Development and Refinement of the Advocacy Scales

A thorough review of the current literature on the characteristics of advocates in a counseling setting revealed that no instrument or measurement tool existed to measure importance, actual advocating, or characteristics of a counselor that advocates for clients. This exploratory research study attempted to assimilate the theoretical research on these characteristics to create measurable scales. A literature review was completed utilizing multiple disciplines (e.g., social work, multicultural literature, community counseling/ counseling psychology, and feminist theory) spanning a number of decades.

Process of Advocacy Scales

Initially, I created an exhaustive list from the literature review placing all characteristics of an advocate in a counseling capacity onto a list. I decided to categorize the list of characteristics into sub-headings falling under attributes, attitudes, behaviors, skills, and knowledge. The rationale for these categories derived out of the theoretical literature already being used in other areas such as the special education (Fiedler, 2000), counseling psychology (Kiselica & Robinson, 2001), and the multicultural literature (Sue, 1990). Additionally, importance level and actual advocacy components from this exhaustive literature review began to form two other measurement scales. With the help of three counselor investigators, I reviewed the list of characteristics and categorized the individual characteristics into attributes, attitudes, behaviors, skills, or knowledge. At this point in the process, repeated characteristics on the list were deleted to create a succinct list of characteristics. After the scales were formulated, three counselor investigators were asked to rate the top twenty components in each scale. This process reduced the number of components within each scale and increased the face validity of each measurement component. Concurrently, the process of assimilation was completed for the importance of advocacy and actual advocacy measures.

As mentioned previously, I converted the list of characteristics into seven measurement scales (e.g., Attributes of Advocacy, Attitudes of Advocacy, Behaviors of Advocacy, Skills of Advocacy, Knowledge of Advocacy, Importance of Advocacy, and Actual Advocacy Behaviors). The response alternatives for each scale question were (1.) Strongly Disagree, (2.) Disagree, (3.) Neutral, (4.) Agree, (5.) Strongly Agree. I disseminated the scales to a class studying survey instruments to receive feedback on the

design, nature, and readability of the questions, survey constructions, and aesthetics. Members of the class identified questions within each scale that appeared redundant, unclear, or ones that did not fit within a specific scale. The scales were reworked, attending to the feedback from the survey class. Then, I had the survey reviewed by three doctoral counselor education students. They were asked to review the readability of the questions and to identify those questions they thought were most important to include within each scale. The number of attributes, attitudes, behaviors, skills, and knowledge question was reduced to fifteen for each scale. Concerning importance of advocacy and actual advocacy scales, I reduced each to five components; due to the significantly smaller compiled list from the literature. Multiple reviews of the scales provided additional face validity of the measurement scales. At this same time, I added an item reflecting the ACA competencies three-tiered definition of advocacy (ACA, 2005). This definition consisted of the three parts, which include: (1.) advocating for the individual client, (2.) advocating on the school and community level, and (3.) advocating on the political and national level.

I piloted the revised scales with a first year doctoral cohort in a counselor education department. This pilot study was utilized to review the content validity of the survey, the readability of the letters to elicit participation in the study, clarity of the directions and questions, and the overall process of all the mailings including the letters, demographic form, survey, and follow-up letters. Each participant was given the freedom to write on each sheet as well as schedule an interview to discuss the scales. Upon completion and integrating the comments for the participants, the data were examined

and it was decided that the study was able to proceed on face validity, content validity, and the preliminary results from the pilot study.

Reliability Analysis

The survey, as stated previously, included five Advocacy Characteristics Scales (e.g., attributes, attitudes, behaviors, skills, and knowledge) along with an importance of advocacy scale, actual advocacy scale, and ACA's Competencies three-tiered definition of advocacy scale. Heppner, Kivlinghan, and Wampold (1999) suggested that a reliability estimate in excess of .80 is sufficient. I used the Cronbach's alpha to measure the internal consistency of each advocacy scale. As can be seen in Table 1, reliability scores on the advocacy scales ranged from .708 for Definition of Advocacy to .910 for Knowledge of Advocacy. All of the scales had sufficiently reliable estimates except for the Definition of Advocacy scale. I decided not to include the Definition of Advocacy scale in later analyses. Instead, I used information from each of the three items separately.

Table 1: Reliability Scores on Advocacy Scales

	Cronbach's Alpha	Cronbach's Standardized Alpha	N of Items
Attributes	.852	.860	15
Attitudes	.833	.845	15
Behaviors	.908	.909	15
Skills	.884	.884	15
Knowledge	.910	.910	15
Importance	.880	.886	5
Actual Advocacy	.854	.855	5
Definition of Advocacy	.708	.716	3

Demographic Data

A random stratified sample of 600 participants represented two groups.

One group consisted of 300 members affiliated with the organization, Counselors for Social Justice (CSJ), a division within the American Counseling Association (ACA). The other group of 300 participants was from the national organization, the American Counseling Association (ACA). Each prospective participant was mailed a packet that consisted of an introduction letter, a cover letter, a demographic sheet, a survey, and two follow-up reminder/ thank you letters. During the study, 36 of the packets were returned marked "Return to Sender," resulting in a revised total of 564. Of the 564 packets, the investigator received 289 packets. Of those 289 packets, 5 of the packets did not return a demographic sheet, so those uncompleted packets were not added into the total sample size (N). The response rate for the study was 50.35 %. Additionally, there were 92 (32.4 %) participants affiliated with Counselors for Social Justice (CSJ) and 192 (67.6 %) participants not affiliated with CSJ. There was a significant difference ($\chi^2 = 35.221$, $p < .05$) between expected and observed non-affiliates of CSJ and affiliates with CSJ.

Six participants sent back the survey with one page completely blank. Five participants did not complete the actual advocacy questions on the survey. I left those missing values blank, excluding them from the overall computation of total scores for that individual scale. When less than 20 % of the questions within a specific scale (e.g., importance of advocacy, actual advocacy, attributes, attitudes, behaviors, skills, and knowledge) were missing, I imputed missing values using the mean of the responses for the specific scale. Demographic results, including sex, race/ ethnicity, years in the counseling profession, professional role, affiliation with Counselor for Social Justice

(CSJ), and self-identification as being politically active, along with the descriptive statistics for the advocacy scales follow.

Personal Demographics

Of the total 284 participants, 219 (77.1 %) were female and 65 (22.9 %) were male. There were 220 (77.5 %) Caucasian/ White participants, 26 (9.2 %) African-American participants, 11 (3.9 %) Latino/ Hispanic participants, 8 (2.8 %) Multiracial participants, 7 (2.5 %) Asian-American participants, 3 (1.1 %) Jewish participants, 1 (0.4 %) Middle Eastern-American participant, 1 (0.4 %) Native American participant, and 7 (2.5%) participants that did not answer the race / ethnicity question. Table 2 displays these findings.

Professional Demographics

There were 75 (26.4 %) participants who had 0-2 year's professional counseling experience, 80 (28.2 %) participants had 2.5 -10 year's professional counseling experience, 68 (23.9 %) participants had 10.5 – 20 year's professional counseling experience, and 61 (21.5 %) participants had 20 + years of professional counseling experience. These findings are in Table 3. There were 52 (18.3 %) participants with an undergraduate degree, 158 (55.6 %) participants with a master's degree, and 76 (26.1 %) participants with a doctorate degree. There were 65 (22.9 %) participants that identified their professional role as Student, 36 (12.7 %) participants that identified their professional role as a School Counselor, 51 (18 %) participants that identified their professional role as a Counselor Educator, 77 (21.1 %) participants that identified their professional role as a Community/ Mental-Health Counselor, and 55 (19.4 %)

participants that identified their professional role as Other or none of the above. Table 4 displays these findings.

Table 2: Frequency of Race/ Ethnicity of the Participants

Race/ Ethnicity	Frequency	Percent
African American	26	9.2
Asian American	7	2.5
Latino/ Hispanic	11	3.9
Caucasian/ White	220	77.5
Middle Eastern American	1	.4
Multiracial	8	2.8
Jewish	3	1.1
Native American	1	.4
Did Not Respond	7	2.5
Total	284	100.0

Table 3: Frequency of Years in the Profession of the Participants

	Number	Percentage
0- 2 years	75	26.4 %
2.5 - 10 years	80	28.2 %
10.5- 20 years	68	23.9 %
20 + years	61	21.5 %
Totals	284	100 %

Table 4: Frequency of the Professional Roles of the Participants

	Frequency	Percent
Student	65	22.9
School Counselor	36	12.7
Counselor Educator	51	18.0
Comm./ Mental Health Counselor	77	27.1
Other	55	19.4
Total	284	100.0

Self-Report Demographics

There were 167 (58.8 %) participants self-identified as considering themselves politically active. There were 117 (41.2 %) participants self-identified as not considering themselves politically active.

Descriptive Statistics for Advocacy Scales

The reliability estimates for the scales of advocacy (e.g., attributes, attitudes, behaviors, skills, and knowledge of advocacy), importance level of advocacy, and actual advocacy were sufficient. Therefore, total scores were calculated. The importance of advocacy, which consisted of five questions, had an $N = 283$ with a $M = 20.79$ and a $SD = 3.41$. The actual advocacy, which consisted of five questions, had an $N = 279$ with a $M = 18.32$ and a $SD = 3.82$. The attributes of advocacy, which consisted of 15 questions, had an $N = 284$ with a $M = 67.12$ and a $SD = 5.46$. The attitudes of advocacy, which consisted of 15 questions, had an $N = 283$ with a $M = 64.23$ and a $SD = 6.29$. The behaviors of advocacy, which consisted of 15 questions, had an $N = 280$ with a $M = 58.90$ and a $SD = 8.26$. The skills of advocacy, which consisted of 15 questions, had an $N = 279$ with a $M = 61.81$ and a $SD = 6.93$. The knowledge of advocacy, which consisted of 15 questions, had an $N = 282$ with a $M = 64.37$ and a $SD = 6.74$. Table 5 displays these results (see Appendix I for the mean and standard deviation of each individual item).

Table 5: Descriptive Statistics of Advocacy Scales

	N	Mean	Std. Deviation
Importance of Advocacy	283	20.79	3.41
Actual Advocacy	279	18.32	3.82
Attributes	284	67.13	5.46
Attitudes	283	64.23	6.29
Behaviors	280	58.90	8.26
Skills	279	61.81	6.93
Knowledge	282	64.37	6.74

Research Questions

The first research question explored whether counselors actual advocacy for clients (actual advocacy scale) is correlated with the importance (importance of advocacy scale) they place on being advocates. Then a set of questions were asked that dealt with the relationship between counselors' actual advocacy and their advocacy attributes (attributes of advocacy scale), attitudes (attitudes of advocacy scale), behaviors (behaviors of advocacy scale), skills (skills of advocacy scale), and knowledge (knowledge of advocacy scale). Then a set of questions about the relationship between the importance counselors placed on advocacy and the advocacy attributes, attitudes, behaviors, skills, and knowledge were examined. A set of research questions dealt with the relationship among the advocacy attributes, attitudes, behaviors, skills, and knowledge.

The next set of research questions dealt with advocacy differences between affiliates of Counselors for Social Justice (CSJ) and non-affiliates of CSJ. A set of questions explored advocacy differences between participants who self-identified as being politically active and those that did not self-identify as being politically active. Then a set of questions were asked that dealt with advocacy differences across degree levels. A set of questions looked at advocacy difference by professional roles.

The next research question dealt with the prediction of actual advocacy using counselors' scores on attributes, attitudes, behaviors, skills, and knowledge. A final question dealt with the prediction of importance of advocacy using counselors' scores on attributes, attitudes, behaviors, skills, and knowledge.

Relationship between Importance of Advocacy and Actual Advocacy

The research question was "Is there a relationship between participants' scores on the importance of advocacy and the scores on the actual advocacy?"

Pearson's correlation between the importance of advocacy ($M = 20.79$, $SD = 3.41$) and the actual advocacy ($M = 18.32$, $SD = 3.82$), revealed that participants with higher importance of advocacy had higher actual advocacy and those participants that had lower importance of advocacy had a lower actual advocacy behavior, $r(277) = .731$, $p < .01$ (see Appendix J for a scatter plot displaying this correlation).

Relationships between Importance of Advocacy and Actual Advocacy in Relation to the Advocacy Characteristics

The next research question was "Is there a relationship between participants' scores on the attributes, attitudes, behaviors, skills, and knowledge of advocacy, and on the importance of advocacy and actual advocacy scales?"

Pearson's correlations between the importance of advocacy ($M = 20.79$, $SD = 3.41$) and the actual advocacy ($M = 18.32$, $SD = 3.82$) on the attributes of advocacy ($M = 67.13$, $SD = 5.46$), the attitudes of advocacy ($M = 64.23$, $SD = 6.29$), the behaviors of advocacy ($M = 58.90$, $SD = 8.26$), the skills of advocacy ($M = 61.81$, $SD = 6.93$), and the knowledge of advocacy ($M = 64.37$, $SD = 6.74$), revealed that participants with a higher importance of advocacy had higher attributes, attitudes, behaviors, skills, and knowledge scores while those participants that had lower importance of advocacy had lower attributes, attitudes, behaviors, skills, and knowledge scores. Similarly, participants with a higher actual advocacy had higher attributes, attitudes, behaviors, skills, and knowledge

scores and participants with lower actual advocacy behavior had lower attributes, attitudes, behaviors, skills, and knowledge scores.

The correlations for the importance of advocacy and each advocacy scale follows: importance and attributes was $r(281) = .358, p < .01$; importance and attitudes was $r(281) = .637, p < .01$; importance and behaviors was $r(278) = .713, p < .01$; importance and skills was $r(277) = .667, p < .01$; and importance and knowledge was $r(280) = .628, p < .01$. The correlations for actual advocacy behaviors and each advocacy scale follows: actual and attributes was $r(277) = .332, p < .01$; actual and attitudes was $r(277) = .551, p < .01$; actual and behaviors was $r(277) = .632, p < .01$; actual and skills was $r(277) = .604, p < .01$; and actual and knowledge was $r(277) = .551, p < .01$. The attributes of advocacy, although still statistically significant, had a lower correlation with both importance and actual advocacy, while behaviors and skills had the strongest correlation scores for both importance and actual advocacy. The correlation patterns between strongest to mildest was the same for importance and actual consisting of: behaviors, skills, attitudes, knowledge, and attributes. Table 6 displays the results.

Relationship among Advocacy Characteristics

The next research question was "Is there a relationship between participants' scores on the attributes, attitudes, behaviors, skills, and knowledge of advocacy?"

Pearson correlations between the attributes of advocacy ($M = 67.13, SD = 5.46$), the attitudes of advocacy ($M = 64.23, SD = 6.29$), the behaviors of advocacy ($M = 58.90, SD = 8.26$), the skills of advocacy ($M = 61.81, SD = 6.93$), and the knowledge of advocacy ($M = 64.37, SD = 6.74$), revealed that participants with a higher score on any of the advocacy scales had higher scores on all other advocacy scales and those participants

that had a lower score on any of the advocacy scales had a lower score on all other advocacy scales. The correlations are as followed: attributes and attitudes $r(281) = .619$, $p < .01$; attributes and behaviors $r(278) = .430$, $p < .01$; attributes and skills $r(277) = .468$, $p < .01$; attributes and knowledge $r(280) = .486$, $p < .01$; attitude and behaviors $r(278) = .718$, $p < .01$; attitude and skills $r(277) = .672$, $p < .01$; attitude and knowledge $r(280) = .670$, $p < .01$; behaviors and skills $r(277) = .793$, $p < .01$; behaviors and knowledge $r(277) = .671$, $p < .01$; and skills and knowledge $r(277) = .708$, $p < .01$. The highest correlation was between skills and behaviors. Attributes as related to behaviors, skills, and knowledge, while still statistically significant, produced the lowest correlations among all advocacy scales. Behaviors, with the exception of attributes, had the highest correlations with all other advocacy scales, producing two correlations in the .7's range. Table 7 displays these results.

Table 6: Correlations between Importance and Actual in relation to Advocacy Characteristics

	Importance	Actual	Attributes	Attitudes	Behaviors	Skills	Knowledge
Importance	1	.731 *	.358 *	.637 *	.713 *	.667 *	.628 *
Actual Advocacy		1	.332 *	.551 *	.632 *	.604 *	.551 *

* Correlation is significant at the 0.01 level (2-tailed).

Table 7: Correlations among Advocacy Characteristics

	Attributes	Attitudes	Behaviors	Skills	Knowledge
Attributes	1	.619 *	.430 *	.468 *	.486 *
Attitudes		1	.718 *	.672 *	.670 *
Behaviors			1	.793 *	.671 *
Skills				1	.708 *
Knowledge					1

* Correlation is significant at the 0.01 level (2-tailed).

Advocacy Differences between Participants Affiliated with Counselors for Social Justice

The next research question was "Do advocacy differences exist between affiliates of Counselors for Social Justice (CSJ) and those not affiliated with Counselors for Social Justice (CSJ) on importance of advocacy and whether they actually advocate for clients; their attributes, attitudes, behaviors, skills, and knowledge on advocacy; and whether counselors should advocate for clients on the individual, group, and/or national level?"

As can be seen in Table 8, affiliates of CSJ placed more importance ($p < .05$) on advocacy and participated in more actual advocacy ($p < .05$) than those counselors that did not affiliate with CSJ. As displayed in Table 9, affiliates of CSJ scored significantly higher ($p < .05$) on all the advocacy scales (e.g., attributes, attitudes, behaviors, skills, and knowledge) than those counselors that did not affiliate with CSJ. As can be seen in Table 10, affiliates with CSJ had higher scores ($p < .05$) on the need to advocate on all levels (e.g., individual, group, and/or national level) than those counselors that did not affiliate with CSJ.

Table 8: Means, standard deviations, and F-statistics for affiliates and non-affiliates of CSJ concerning Importance and Actual Scales

	CSJ		Non-CSJ		F
	M	SD	M	SD	
Importance	22.27	2.78	20.09	3.47	27.70 (*)
Actual	19.44	3.97	17.78	3.64	11.96 (*)

(*) F-Statistic is significant at the .05 level.

Table 9: Means, standard deviations, and F-statistics for affiliates and non-affiliates of CSJ concerning Advocacy Scales

	CSJ		Non-CSJ		F
	M	SD	M	SD	
Attributes	68.16	4.93	66.63	5.64	4.97 (*)
Attitudes	66.56	5.59	63.12	6.32	19.65 (*)
Behaviors	63.20	7.58	56.86	7.79	41.09 (*)
Skills	64.47	6.40	60.54	6.82	21.06 (*)
Knowledge	67.02	6.08	63.10	6.68	22.50 (*)

(*) F-Statistic is significant at the .05 level.

Table 10: Means, standard deviations, and F-statistics for affiliates and non-affiliates of CSJ concerning levels of advocacy

	CSJ		Non-CSJ		F
	M	SD	M	SD	
Individual	4.31	.69	4.09	.84	4.58 (*)
Group	4.20	.73	3.82	.96	11.05(*)
National	3.93	.81	3.03	1.01	55.30(*)

(*) F-Statistic is significant at the .05 level.

Advocacy Differences between Participants who Self-Identify as Politically Active

The next research question was "Do advocacy differences exist between politically active counselors and non-politically active counselors on the importance of advocacy and actual advocacy for clients; their attributes, attitudes, behaviors, skills, and knowledge on advocacy; and whether counselors should advocate for clients on the individual, group, and/or national level?"

As can be seen in Table 11, counselors that self-identified as being politically active placed more importance ($p < .05$) on advocacy and participated in more actual advocacy ($p < .05$) than those counselors that did not identify themselves as being politically active. As displayed in Table 12, counselors that self-identified as being politically active had higher scores ($p < .05$) on all of the advocacy scales (e.g., attributes, attitudes, behaviors, skills, and knowledge) than counselors that self-identified as not being politically active. As can be seen in Table 13, counselors that self-identified as being politically active had higher scores ($p < .05$) on the need to advocate on all levels (e.g., individual, group, and/or national level) than counselors that self-identified as not being politically active.

Table 11: Means, standard deviations, and F-statistics for politically active and non-politically active counselors concerning Importance and Actual Scales

	Politically Active		Non-Politically Active		F
	M	SD	M	SD	
Importance	21.71	2.97	19.50	3.58	31.95 (*)
Actual	19.28	3.68	16.97	3.62	27.02 (*)

(*) F-Statistic is significant at the .05 level.

Table 12: Means, standard deviations, and F-statistics for politically active and non-politically active counselors concerning Advocacy Scales

	Politically Active		Non-Politically Active		F
	M	SD	M	SD	
Attributes	67.82	5.26	66.14	5.61	6.68 (*)
Attitudes	65.53	5.97	62.38	6.30	18.22 (*)
Behaviors	61.42	8.01	55.32	7.26	42.52 (*)
Skills	63.37	7.09	59.58	6.05	21.65 (*)
Knowledge	65.89	6.39	62.19	6.64	22.09 (*)

(*) F-Statistic is significant at the .05 level.

Table 13: Means, standard deviations, and F-statistics for politically active and non-politically active counselors concerning levels of advocacy

	Politically Active		Non-Politically Active		F
	M	SD	M	SD	
Individual	4.31	.71	3.95	.88	14.55 (*)
Group	4.16	.80	3.63	.96	25.88 (*)
National	3.73	.95	2.76	.88	74.24 (*)

(*) F-Statistic is significant at the .05 level.

Advocacy Differences across Degree Levels

The next research question was "Do advocacy differences exist between participants with an undergraduate degree, a master's degree, or a doctorate degree on the importance of advocacy and actual advocacy for clients; their attributes, attitudes, behaviors, skills, and knowledge on advocacy; and whether counselors should advocate for clients on the individual, group, and/or national level?"

As displayed in Table 14, participants with a doctorate degree placed more importance ($p < .05$) on advocacy than those with a master's degree or an undergraduate degree. There was no significant difference ($p > .05$) on advocacy importance between those with a master's degree and those with an undergraduate degree. Additionally, there was no significant difference ($p > .05$) among those with a doctorate degree, a master's degree, or an undergraduate degree on actual advocacy. As displayed in Table 15, participants with a doctorate degree scored higher ($p < .05$) on the attitudes, behaviors, skills, and knowledge of advocacy scales than those participants with an undergraduate degree or a masters degree. There was no significant difference ($p > .05$) on attitudes, behaviors, skills, and knowledge of advocacy scales for those with a master's degree and those with an undergraduate degree. Additionally, those with a doctorate degree scored higher ($p > .05$) on the attributes of advocacy scale than those participants with a master's degree. In addition, those with a master's degree scored higher ($p > .05$) on the attributes of advocacy scale than those with an undergraduate degree. As displayed in Table 16, participants with an undergraduate degree placed less value ($p < .05$) on advocating on the individual level and on the group level (e.g., school and community) than those participants with a master's degree and a doctorate degree. There was no significant

difference ($p > .05$) between those with a master's degree and those with a doctorate degree on level of value that was placed on advocating on the individual level and on the group level. Also displayed in Table 17, those participants with a doctorate degree placed more value ($p < .05$) of advocating on the national level than those participants with a master's degree and those with an undergraduate degree. There were no significance differences ($p > .05$) on advocating on the national level between those with a master's degree and those with an undergraduate degree (see Appendix K for post-hoc tables).

Table 14: Means, standard deviations, and F-statistics for Educational Level concerning Importance and Actual Scales

	Undergraduate		Masters		Doctorate		F
	M	SD	M	SD	M	SD	
Importance	19.79	3.40	20.55	3.36	22.04	3.22	7.92(*)
Actual	17.82	3.74	18.27	3.56	18.76	4.40	.90

(*) F-Statistic is significant at the .05 level.

Table 15: Means, standard deviations, and F-statistics for Educational Level concerning Advocacy Scales

	Undergraduate		Masters		Doctorate		F
	M	SD	M	SD	M	SD	
Attributes	64.76	5.24	66.98	5.37	69.10	5.12	10.45 (*)
Attitudes	61.88	6.52	63.57	5.80	67.26	6.09	14.33 (*)
Behaviors	56.86	8.00	57.59	7.10	63.14	9.30	14.40 (*)
Skills	59.80	5.69	61.17	6.61	64.64	7.60	9.41 (*)
Knowledge	62.63	6.90	63.90	6.26	66.60	7.11	6.36 (*)

(*) F-Statistic is significant at the .05 level.

Table 16: Means, standard deviations, and F-statistics Educational Level concerning Levels of Advocacy

	Undergraduate		Masters		Doctorate		F
	M	SD	M	SD	M	SD	
Individual	3.86	.96	4.18	.76	4.32	.74	5.06 (*)
Group	3.57	1.00	3.96	.92	4.16	.72	6.57 (*)
National	3.04	.91	3.13	1.06	3.93	.82	19.17 (*)

(*) F-Statistic is significant at the .05 level.

Advocacy Differences by Professional Roles

The next research question was "Do advocacy differences exist between participants' professional roles (e.g., student, school counselor, counselor educator, community/ mental-health counselor, or other) on the importance of advocacy and actual advocacy for clients; their attributes, attitudes, behaviors, skills, and knowledge on advocacy; and whether counselors should advocate for clients on the individual, group, and/or national level?"

As displayed in Table 17, counselor educators placed more importance ($p < .05$) on advocacy than students. There was no significant difference ($p > .05$) in advocacy importance among school counselors, community/ mental-health counselors, and other professional roles. Additionally, there were no significance differences ($p > .05$) on actual advocacy among all of the professional roles (e.g., student, school counselor, counselor educator, community/ mental-health, and other professional roles). As displayed in Table 18, students scored significantly lower ($p < .05$) on the attributes of advocacy than school counselors and those with other professional roles. There was no significant difference ($p > .05$) on attributes of advocacy between school counselors and those with other professional roles. Additionally, counselor educators scored significantly higher ($p < .05$) on attitudes of advocacy and on the skills of advocacy than students. There were no significant differences ($p > .05$) on attitudes of advocacy and skills of advocacy among school counselors, community/ mental-health counselors, and those with other professional roles. In addition, counselor educators scored significantly higher ($p < .05$) on behaviors of advocacy than students and school counselors. Community/ mental-health counselors scored significantly higher ($p < .05$) on behaviors of advocacy than

students and school counselors. There was no significant difference ($p > .05$) on the behaviors of advocacy among counselor educators, community/ mental health counselors, and those with other professional roles. Finally, there were no significant differences ($p > .05$) on knowledge of advocacy among all of the professional roles (e.g., student, school counselor, counselor educator, community/ mental-health, and other professional roles). As displayed in Table 19, there were no significant differences ($p > .05$) on the value placed on advocating on the individual level among all professional roles (e.g., student, school counselor, counselor educator, community/ mental-health, and other professional roles). Additionally, counselor educators placed a higher value ($p < .05$) on advocating at the group (e.g., school and community) level than students. School counselors placed a higher value ($p < .05$) on advocating at the group level than students and those with other professional roles. There were no significance differences ($p > .05$) on advocating on the group level among school counselors, counselor educators, and community/ mental-health counselors. In addition, counselor educators placed a higher value ($p < .05$) on advocating at the national level than students, school counselors, and those with other professional roles. Community/ mental-health counselors placed higher value ($p < .05$) on advocating at the national level than students. There were no significant differences ($p > .05$) on advocating on the national level between counselor educators and community/ mental-health counselors (see Appendix L for post-hoc tables).

Table 17: Means, standard deviations, and F-statistics for Professional Roles concerning Importance and Actual Scales

	Student		School Counselor		Counselor Educator		Mental Health Counselor		Other		F
	M	SD	M	SD	M	SD	M	SD	M	SD	
Importance	19.88	3.56	20.60	3.66	22.04	3.10	21.12	3.02	20.42	3.59	3.32 (*)
Actual	17.92	3.83	17.94	2.92	18.44	4.43	19.25	3.51	17.60	4.04	1.91

(*) F-Statistic is significant at the .05 level.

Table 18: Means, standard deviations, and F-statistics for Professional Roles concerning Advocacy Scales

	Student		School Counselor		Counselor Educator		Mental Health Counselor		Other		F
	M	SD	M	SD	M	SD	M	SD	M	SD	
Attributes	65.24	5.12	68.39	4.79	67.72	5.40	66.76	6.07	68.50	4.85	3.68 (*)
Attitudes	62.32	6.12	63.73	6.39	66.51	6.24	64.52	6.23	64.28	6.02	3.39 (*)
Behaviors	56.50	7.85	55.57	7.40	62.10	9.25	60.33	7.01	58.93	8.56	5.62 (*)
Skills	59.47	6.18	60.60	6.12	64.61	7.26	62.37	6.88	61.98	7.13	4.56 (*)
Knowledge	63.12	6.79	64.75	5.98	66.39	6.93	64.59	6.72	63.40	6.72	2.07

(*) F-Statistic is significant at the .05 level.

Table 19: Means, standard deviations, and F-statistics Professional Roles concerning Levels of Advocacy

	Student		School Counselor		Counselor Educator		Mental Health Counselor		Other		F
	M	SD	M	SD	M	SD	M	SD	M	SD	
Individual	3.90	.92	4.25	.73	4.31	.76	4.25	.65	4.13	.89	2.46 (*)
Group	3.60	1.03	4.42	.73	4.16	.67	3.97	.79	3.78	1.01	6.36 (*)
National	2.98	1.02	2.92	.91	3.92	.82	3.45	1.06	3.24	1.04	8.47 (*)

(*) F-Statistic is significant at the .05 level.

Prediction of Actual Advocacy

The next research question in this study on advocacy was "Can participants' score for actual advocacy be predicted by using participants' scores on the attribute, attitude, behaviors, skills, and knowledge?"

As was seen in Table 6, each of the predictor variables had a significance ($p < .01$) zero-order correlation with actual advocacy. A stepwise linear regression analysis developed a model for predicting actual advocacy from the attributes, attitudes, behaviors, skills, and knowledge of advocacy. As seen in Table 20, the first statistically significant predictor variable to enter into the model was behaviors. In addition to the contribution of behaviors, the next statistically significant predictor variable to enter the model was knowledge. Finally, the last statistically significant predictor variable of skills entered into the model, contributing a significant unique contribution to the model. The variables of attributes and attitudes were excluded from the model due to a lack of unique contribution. The regression equation was:

$$\text{Actual Advocacy} = -4.421 + .169 \text{ Behaviors} + .095 \text{ Knowledge} + .108 \text{ Skills}$$

The three predictor variables, behaviors, knowledge, and skills, were able to account for 44% of the variance of actual advocacy, $F(3, 273) = 71.02, p = .001$.

Table 20: Regression Model Summary Table for the Prediction of Actual Advocacy

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics			
					R Square Change	F Change	df1	df2
1	.631(a)	.398	.396	2.988	.398 **	179.42	1	271
2	.654(b)	.427	.423	2.920	.029 **	13.74	1	270
3	.664(c)	.440	.434	2.892	.013 *	6.20	1	269

** $p < .001$ * $p < .05$

a Predictors: (Constant), Behaviors

b Predictors: (Constant), Behaviors and Knowledge

c Predictors: (Constant), Behaviors, Knowledge, and Skills

Predication of Importance of Advocacy

The final research question was "Can participants' score for importance of advocacy be predicted by using participants' scores on the attribute, attitude, behaviors, skills, and knowledge?"

As was seen in Table 6, each of the predictor variables had a significance ($p < .01$) zero-order correlation with importance of advocacy. A stepwise linear regression analysis was used to develop a model for predicting importance of advocacy from the attributes, attitudes, behaviors, skills, and knowledge of advocacy. As seen in Table 21, the first statistically significant predictor variable to enter into the model was behaviors. In addition to the contribution of behaviors, the next statistically significant predictor variable to enter the model was knowledge. The next statistically significant predictor variable to enter the model was attitudes. Finally, the last statistically significant predictor variable of skills entered the model. The variable of attributes was excluded from the model due to a lack of unique contribution. The regression equation was:

$$\text{Importance of Advocacy} = -3.780 + .151 \text{ Behaviors} + .086 \text{ Knowledge} + .88 \text{ Attitudes} + .073 \text{ Skills}$$

These four predictor variables, behaviors, knowledge, attitudes, and skills were able to account for 57 % of the variance on importance of advocacy, $F(4, 277) = 89.97$, $p = .001$.

Table 21: Regression Model Summary Table for the Prediction of Importance of Advocacy

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics			
					R Square Change	F Change	df1	df2
1	.711(a)	.506	.504	2.410	.506 **	281.41	1	275
2	.739(b)	.546	.543	2.314	.040 **	24.16	1	274
3	.748(c)	.559	.554	2.285	.013 *	8.06	1	273
4	.752(d)	.566	.560	2.271	.007 *	4.43	1	272

** $p < .001$

* $p < .05$

a Predictors: (Constant), Behaviors

b Predictors: (Constant), Behaviors and Knowledge

c Predictors: (Constant), Behaviors, Knowledge, and Attitudes

d Predictors: (Constant), Behaviors, Knowledge, Attitudes, and Skills

Summary of the Results

Counselors' actual advocacy for clients was highly correlated with the importance they place on being advocates. There also was a statistically significant positive relationship between counselors' actual advocacy and their advocacy attributes, attitudes, behaviors, skills, and knowledge. The strongest correlations ranged from behaviors, to skills, to attitudes, to knowledge, to the lowest of the five, attributes. Additionally, there was a significant relationship between the importance counselors placed on advocacy and the advocacy attributes, attitudes, behaviors, skills, and knowledge. The most significant relationships ranged from behaviors, to skills, to attitudes, to knowledge, to the lowest of the five, attributes. Finally, there were a significant positive relationship among the advocacy attributes, attitudes, behaviors, skills, and knowledge. The most significant relationship was between behaviors and skills, to the lowest between attributes and behaviors.

There were advocacy difference between affiliates of Counselors for Social Justice (CSJ) and non-affiliates with CSJ. CSJ affiliates placed more importance on advocacy and participated in more actual advocacy than those counselors that did not affiliate with CSJ. Additionally, affiliates of CSJ had higher attribute, attitude, behavior, skills, and knowledge scores than those counselors that did not affiliate with CSJ. Finally, affiliates of CSJ placed more importance on the need to advocate on the individual, group, and the national level than those counselors that did not affiliate with CSJ.

There were advocacy differences between participants who self-identified as being politically active and those that did not identify as being politically active. Counselors that self-identified as being politically active placed more importance on

advocacy and participated in more actual advocacy than those counselors that did not identify themselves as being politically active. Additionally, counselors that self-identified as being politically active had higher attribute, attitude, behavior, skills, and knowledge scores than counselors that self-identified as not being politically active. Finally, counselors that self-identified as being politically active placed more importance on the need to advocate on the individual, group, and the national level than counselors that self-identified as not being politically active.

There were advocacy differences among undergraduate degree, master's degree, and doctorate degree. Participants with a doctorate degree placed more importance on advocacy than those with a master's degree or an undergraduate degree. There were no differences on advocacy importance between those with a master's degree and those with an undergraduate degree. Additionally, there were no differences on actual advocacy among those with a doctorate degree, a master's degree, and an undergraduate degree.

Participants with a doctorate degree had higher attitude, behavior, skills, and knowledge scores than participants with an undergraduate degree or a master's degree. There were no differences on attitudes, behaviors, skills, and knowledge for participants with a master's degree and those with an undergraduate degree. Additionally, participants with a doctorate degree had higher attribute scores than those participants with a master's degree. Participants with a master's degree had higher attribute scores than those with an undergraduate degree.

Finally, participants with an undergraduate degree placed less importance on advocating on the individual level and on the group than those participants with a master's degree and a doctorate degree. There were no differences on advocating on the

individual level and on the group level between those with a master's degree and those with a doctorate degree. Participants with a doctorate degree placed more importance on advocating on the national level than participants with a master's degree and those with an undergraduate degree. Additionally, there were no differences on advocating on the national level between those with a master's degree and those with an undergraduate degree.

There were advocacy differences among students, school counselors, counselor educators, community/ mental-health counselors, and those with other professional roles. Counselor educators placed more importance on advocacy than students. There were no differences on advocacy importance among school counselors, community/ mental-health counselors, and those with other professional roles. Additionally, there were no differences on actual advocacy among students, school counselors, counselor educators, community/ mental-health counselors, and other professionals.

Students had lower attribute scores than school counselors and those with other professional roles. There were no differences on attributes between school counselors and those with other professional roles. Counselor educators had higher attitude and skills scores than students did. There were no differences on attitudes and skills among school counselors, community/ mental-health counselors, and those with other professional roles. In addition, counselor educators had higher behavior scores than students and school counselors. Community/ mental-health counselors had higher behavior scores than students and school counselors. There were no differences on the behaviors among counselor educators, community/ mental health counselors, and those with other professional roles. Additionally, there were no differences on the knowledge among

students, school counselors, counselor educators, community/ mental-health counselors, and those with other professional roles.

Finally, there were no differences on the importance placed on advocating on the individual level among the roles of students, school counselors, counselor educators, community/ mental-health counselors, and those with other professional roles. Counselor educators placed a higher importance on advocating at the group level than students. School counselors placed more importance on advocating at the group level than students and those with other professional roles. There were no differences on advocating on the group level among school counselors, counselor educators, and community/ mental-health counselors. In addition, counselor educators placed a higher importance on advocating at the national level than students, school counselors, and those with other professional roles. Community/ mental-health counselors placed more importance on advocating at the national level than students. There were no differences on advocating on the national level among counselor educators and community/ mental-health counselors.

Counselors' actual advocacy was predicted by the use of behaviors, knowledge, and skills. These three predictor variables accounted for 44 % of the variance in actual advocacy. Similarly, counselors' importance of advocacy was predicted by the use of behaviors, knowledge, attitudes, and skills. These four predictor variables accounted for 57 % of the variance in importance of advocacy.

Conclusion

The next chapter is Chapter Five. This chapter within the dissertation introduces the implications, explanations, limits to the study, and the future areas of research.

CHAPTER FIVE

DISCUSSION

This study consisted of two central purposes. The first purpose was to construct an instrument, The Advocacy Characteristics Scale, to measure the multiple dimensions of advocacy. The other central purpose of the study was to investigate counselors' actual advocacy, importance placed on advocacy, and the attributes, attitudes, behaviors, knowledge, and skills involved in advocacy. In this chapter, I address the following: (a.) the implications and explanations of the results, (b.) the limitations of the study, and (c.) future research considerations. Explanations of these areas follow.

Implications

One of the central purposes of the study was to construct an instrument to measure the complexity of the phenomenon of advocacy. Creating scales that displayed item reliability was the first aspect of this process. As displayed in the results section, the statements measuring counselors' actual advocacy, the importance they place on advocacy, the attributes, attitudes, behaviors, skills, and knowledge of advocacy all had sufficient item reliability. The second aspect of this process dealt with the validity of the instrument that was created. The rest of the results in this study attempted to support the validity of the scales of The Advocacy Characteristics Scale with a sample population of counselors. The implication of this endeavor was to explain the complexity of the phenomenon of advocacy for counselors, students, and counselor educators.

Actual Advocacy and Importance

Starting with the relationships between and among these measures of advocacy, significant relationships existed between and among them. Counselors' actual advocacy was highly related to the importance counselors placed on advocacy. This finding makes logical sense and is intuitively sound. Counselors who advocate for clients place a higher importance on advocacy. Conversely, counselors who place importance on advocacy advocate for clients. For counselors to advocate for clients, they must place importance on the act of advocacy.

Therefore, it is imperative for counselor educators to infuse the importance of advocacy throughout the curriculum. They may not be able to directly affect counselors'-in-training actual advocacy behaviors but by instilling the importance of advocacy, they may increase advocacy behaviors indirectly. Counselor educators also could require service projects for certain core classes and advocacy efforts in practicum and internship. Guest speakers who are known for their advocacy efforts also could be invited to share their expertise with students. Similar infusion of advocacy in professional development activities and conference proceedings may help counselors who are already practicing increase the importance they place on advocacy and their actual advocacy behaviors. This research finding laid the foundation for the comparisons between the advocacy characteristics and actual advocacy.

Advocacy Characteristics

Counselors' attributes, attitudes, behaviors, skills, and knowledge of advocacy were significantly correlated with counselors' actual advocacy. Additionally, these five characteristics scales were significantly correlated with the importance counselors place

on advocacy. These findings support the assumption that the advocacy characteristics (i.e., the attributes, attitudes, behaviors, skills, and knowledge) have a positive relationship with advocating for clients, including the importance counselors place on the act. An implication for this finding was that these advocacy characteristics scales reflected a valid measure to explore the multiple dimensions of advocacy.

The strongest relationships between counselors' actual advocacy and importance of advocacy were with the behaviors and skills of advocacy. Additionally, the attitudes and knowledge of advocacy displayed a strong relationship with actual advocacy and importance. These findings confirm that actual advocacy consists of the interrelated components of attitudes, behaviors, skills, and knowledge. This explanation was confirmed because of the strong correlations found among the attitudes, behaviors, skills, and knowledge of advocacy.

Counselors' attributes of advocacy displayed the weakest relationship with advocating for clients. Attributes of advocacy also displayed the weakest relationship among the advocacy characteristics scales and importance of advocacy. An explanation for this finding may be that the attributes of advocacy appear on face validity to reflect the norms in effective counseling (e.g., compassion, patience, hopefulness, honesty). Therefore, the attributes of advocacy did not offer a significantly unique contribution to altering importance and actual advocacy as the other advocacy characteristics scales did. This statement does not devalue the importance of the attributes of advocacy; it only states that due to the consistency of counselors' acceptance of these items regardless of their view on advocacy, a weaker relationship exists. Counselors' attributes also displayed a lower correlation with the behaviors, skills, and knowledge of advocacy

scales. In assuming the previously mentioned explanation for the attributes of advocacy (reflecting the norm in effective counseling), it is not surprising that attributes revealed a lower correlation with items that displayed a higher correlation with actual advocacy.

These findings further support the need for counselor educators and supervisors to assist students in developing the skills and knowledge needed to engage in advocacy.

Attributes are routinely taught in counselor education programs; the skills and knowledge needed for advocacy should assume the same level of importance as the attributes do.

The advocacy characteristics were further explored considering group memberships (i.e., CSJ, politically active, educational degrees, and professional roles).

Affiliates with CSJ

Members of Counselors for Social Justice (CSJ) had significant advocacy differences from non-affiliates of CSJ. However, one must consider sample group differences in interpreting this finding. There were significantly less CSJ affiliates than would have been expected in a stratified random sampling. The most recent list of CSJ affiliates that was available for this study was approximately a year old and that may have affected the low number of CSJ participants. It is possible that the sample of CSJ prospective participants included individuals that did not renew their membership in CSJ. Reasons for non-renewal are not known but may range from oversight to dissatisfaction with their CSJ membership affiliation. Even if a potential participant was taken from the CSJ list, if they did not indicate this affiliation on the demographic sheet, they were classified as non-affiliates. The lack of an updated list may have altered the membership list of CSJ affiliates, skewing the stratified random sample.

Nonetheless, the results within the sample populations of members of CSJ and non-members displayed statistically significant advocacy differences in importance of advocacy, actual advocacy, advocacy characteristics, and the levels of advocacy. These results make logical sense. Counselors that ascribe to an organization promoting social equality for all members of our society had statistically significant differences in all the advocacy's areas measured.

If all counselors are to assume the role of advocate, as stipulated by the advocacy competencies that have been adopted by the profession, then we cannot afford to have advocacy associated with a division of ACA. Rather advocacy must be part of the mission of the parent organization.

Politically Active Counselors

Similarly, there were statically significant advocacy differences between counselors who self-identified as being politically active and those that did not. Affiliates in CSJ and those self-identified, politically active counselors supported the content validity of the measures of importance, actual advocacy, advocacy characteristics, and levels of advocacy. These results were expected. An explanation for these findings is that counselors that affiliate with CSJ and those that self-identify as being politically active place a greater importance on advocacy, actual advocacy, the advocacy characteristics, and advocating on the individual, group, and national levels for their clients due to their internal and external commitments to strive for equality of all members within our society. An implication of this finding is that a commitment, whether being affiliated with an organization promoting equality or a self-identified response to be politically active, promotes a greater propensity to align with advocacy characteristics and

importance of advocacy, leading to actual advocacy. This finding supports the premise that counselor educators and supervisors should not shy away from stressing the importance of political involvement and discussing how existing laws and proposed legislation affect the lives of clients.

Educational Degrees

The relationship between educational degrees and advocacy was another area explored in the study. Counselors' educational degrees had significant influences on advocacy responses. Doctorate level counselors placed a greater importance on advocacy than participants with a master's degree or an undergraduate degree. An explanation for this finding could be that there is more infusion of advocacy training in doctorate programs than in master's level or undergraduate training programs.

However, when exploring actual advocacy, there was no statistically significant advocacy differences among educational levels. In other words, although importance of advocacy differences existed, these differences did not translate into actual advocacy differences among educational levels. A number of explanations may clarify this finding. It may simply be the disheartening condition that words and ideals do not always translate into action, that is believing in the importance of advocacy does not mean an individual will engage in advocacy. To take this explanation one-step further, the inconsistency of values and actions for doctorate level participants may have historically influenced the other two educational degrees, creating a dissonance of ideals and action in training and education. Most counselor education programs have doctorate level counselors teaching and training master's level counselors. If doctorate level counselors do not engage in advocacy, then the importance they place on advocacy may not seem

vital to their students. Another plausible explanation to the findings that no actual advocacy differences were found concerning educational degrees, could be the self-reporting aspect of the actual advocacy scale. Some participants may have under-reported actual advocacy while some may have reported their ideal actual advocacy.

Doctorate level counselors scored higher on the attitudes, behaviors, skills, and knowledge than counselors with a master's degree or an undergraduate degree. An explanation for this finding, as mentioned previously, may have been the infusion of advocacy training involved in doctoral education. Doctorate and master's level counselors placed more importance on advocating on the individual client level and on the group (e.g., school and community) levels than undergraduate participants. An explanation for this finding could be that advocacy and multicultural classes usually occurs later in training, allowing the doctorate and master's participants to have additional educational training that undergraduate level participants had not undergone. In the counseling profession, the terminal degree is a master's level of education. This fact may have influenced the low level of importance placed on advocating on the individual and group levels by undergraduate participants. On the aspect of advocating on the national level, doctorate level counselors placed more importance than participants with a master's degree or an undergraduate degree. This finding appears to make sense. The culture within higher education is driven to intervene at the national level due to the researcher model prescribed by most higher education institutions. This implications does not mean that for counselors to be advocates for clients one needs to possess a doctorate degree; it only means that either the curriculum in doctorate training infuses advocacy more effectively or the personalities that would drive an individual to acquire a doctorate

may influence their desire to participate in advocacy behaviors and place more importance on the act of advocacy.

Professional Roles

Professional roles and advocacy was another area explored in this study. Counselors' professional roles had significant influences on advocacy differences. Counselor educators placed a greater importance on advocacy than students did. Additionally, there were no significant advocacy differences among the professional roles of counselors and actual advocacy. As mentioned in regards to educational levels, one explanation for this finding may have been that some participants under-reported actual advocacy while some reported their idealized actual advocacy. This occurrence would create more consistency on the measure regardless of actual advocacy. Another explanation for this finding may be that the importance placed on advocacy does not always translate into actual advocacy. This could be due to a counselor's lack of opportunity, lack of resources, constraining forces against change, adverse consequences, or events that cannot be reasonably surmised.

Counselor educators had higher scores on behaviors, attitudes, and skills of advocacy than students did. This finding along with the finding that counselor educators placed more importance on advocating on the group (e.g., school and community) and national level than students did seemed to strengthen the advocacy differences between counselor educators and students. An explanation for these findings may be that students have not synergized the material presented in multicultural classes and have not incorporated advocacy as a responsibility of counselors. This explanation would seem validated by the constant differences seen previously in the education level section,

between doctoral level counselors and undergraduate level counselors-in-training. The need for counselor educators to assist counselors-in-training at realizing the importance of advocacy as well as providing them with the means to competently advocate for clients is supported by the findings of this study.

Prediction of Actual Advocacy and Importance

The final area of exploration was on the predication of actual advocacy and importance of advocacy using the Advocacy Characteristics Scales. Counselors actual advocacy was predicted by the use of behaviors, knowledge, and skills of advocacy. Counselors' importance of advocacy was predicted by the use of behaviors, knowledge, attitudes, and skills of advocacy. There are two implications for these findings. The first was actual advocacy and importance of advocacy can be predicted using components of the Advocacy Characteristics Scales. These results allow for the statement that these advocacy characteristics explain some of the complexity of the phenomenon of advocacy. The second implication for these findings was that the importance of advocacy has an additional component that accounts for the attitudes a counselor has about advocacy. These attitudes of advocacy did not seem to be imperative when predicting actual advocacy of counselors, yet when considering importance of advocacy appear to be extremely relevant. A possible explanation was that the attitudes of advocacy in counselors are critical when considering how a counselor conceptualizes the importance of advocacy, yet this consideration may or may not directly translate into actual advocacy.

Limitations

All research has areas within their design that restrict the internal and external validity of the study; this study is no different. There are four central limitations inherent within the research design of this study. The first limitation revolved around sampling issues. By using random samples of the national organization of ACA and its division of CSJ, I attempted to represent the counseling profession. However, there is no legal requirement that practicing members of the counseling profession belong to the national counseling organization or its divisions. Conversely, there is no practice requirement for members of these organizations. This means that practicing counselors who are not members of their national professional organization did not have the opportunity to participate in this study and not all participants who were a part of this study may be practicing. The inability of the study to address this concern reduces the generalizability of the results. This lack leads to another limitation.

This research provided the field with an exploratory study on the characteristics of an advocate, as agreed upon by counselors who responded to the survey. This study did not address causality. Stated another way, the study did not provide characteristics that reflect effective advocacy. The study reflected agreed upon characteristic that counselors deem as effective and essential in advocacy. This limitation leads to another consideration. The characteristics in The Advocacy Characteristic Scale consisted of an extensive list constructed from the current literature. Two issues surface from this list of characteristics. The first was that a number of the characteristics stem from the social work literature. The source of these characteristics is a relevant consideration, because counseling and social work are different professions with different training, focuses, and

goals in treatment. The reason I included these characteristics is that advocating for clients, whether in a social work context or a counseling context, requires a number of the similar qualities and characteristics. This assumption rests on my contention that the goals of advocacy are empowerment and social action, which are similar in both contexts. Another consideration with the list of characteristics is that the list may not be all-inclusive; significant characteristics may exist that have been excluded from the literature and therefore not included in the instrument.

A final limitation of the research design revolved around the way that participants completed the scales. All data is self-report and therefore is subject to the limitations of any research that relies on self-report. Due to the clarity of the questions, participants may be able to guess the hypothesis of the study and this may influence their responses. Guessing or trying to perform for the researcher would not address the participants' actual advocacy or importance placed on advocacy; this tendency would only skew the results on these constructs. This hypothesis guessing would be counterproductive to the endeavor of measuring actual advocacy and the importance placed on advocacy. Accordingly, consideration of these limitations and means to address them allowed for an increase in the study's external validity.

Future Research Considerations

I believe that there are several additional studies stemming from this research on advocacy characteristics. The first research consideration is the replication of this study with broader populations groups such as random samples of licensed professional counselors, nationally certified counselors, and certified school counselors. These comparisons would provide a practice requirement on populations that was not

considered in the initial study. Another consideration along those lines is the replication of this study comparing counselors from the dominant culture or those with privilege to those from marginalized groups in relation to advocacy beliefs and behaviors.

An additional consideration would be to use the Advocacy Characteristics Scales as a pre and post-test measure for counselors- in-training in a multicultural class. Additionally, the Advocacy Characteristics Scales could be administered at the start of training in an introduction to counseling course and then later in the curriculum to explore if synergy has happened with advocacy material within that counseling program.

Further consideration of the categorical variable, being politically active, provides another research area of interest. A study could explore the implications of politically active counselors and their specific party affiliations as compared with advocacy beliefs and behaviors. This study could compare and contrast differences in specific political party affiliations and advocacy that were not considered in my study.

Another future research consideration could be comparing counselors' sense of personal responsibility to advocate for clients and their sense of professional responsibility of the counseling profession as a whole. This component was not addressed in my study and would provide further insight into the multiple levels of complexity in the phenomenon of advocacy.

Using the Advocacy Characteristics Scales and another alternative measure of advocacy could be another consideration. If a study used the Advocacy Characteristics Scales along with a measure such as reactions to case vignettes, then a comparison between the Advocacy Characteristics Scales and applied advocacy situations could provide further exploration into actual advocacy in practice.

Another future research consideration revolves around another research ideology. Qualitative research could be conducted observing actual advocacy efforts of counselors. This consideration could take the form of naturalistic observation or interviews conducted with counselors about advocacy beliefs and behaviors.

A final consideration derives out of considering the clients' perceptions on the acts of advocacy. A study could survey clients to explore whether they feel their counselor engaged in advocacy on their behalf and their perceived value and effectiveness of these acts. This would provide a different vantage point that was not addressed in my study.

Conclusion

One of the central purposes of the study was to construct a measure that could explain the complex phenomenon of advocacy. The Advocacy Characteristics Scales composed of attributes, attitudes, behaviors, skills, and knowledge accomplished this goal. The Advocacy Characteristics Scales had high reliability estimates along with the high correlations related to actual advocacy and importance. This finding strengthens the validity of the ability of these scales to measure the complex construct of advocacy. Further validity for the Advocacy Characteristics Scales was accomplished by predicting actual advocacy and importance using the Advocacy Characteristics Scale scores. The behaviors, knowledge, skills, and attitudes of advocates, as previously mentioned, provided a model for predicting the actual advocacy and importance needed in predicting counselors' advocacy. The implication of these findings takes the complex phenomenon of advocacy and divides it into measurable areas of focus. These areas of focus are instrumental in the conceptualization of advocacy within training and education of

competent counselors. Therefore, if the call for counselor educators is to assist counselors in the training and education of advocacy, a model to accomplish this task may be through the introducing and educating of counselors on the components within the Advocacy Characteristic Scales. This process of educating and training counselors on the advocacy characteristics would attempt to produce counselors that place a higher level of importance on advocacy as well as possibly increasing their propensity of actually advocating for clients.

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APPENDICES

APPENDIX A Pre-notice letter

January 2, 2007

Matthew John Paylo
Doctoral Candidate
The University of Virginia
Curry School of Education
405 Emmet Street, South
Charlottesville, VA 22904-4269

Dear Prospective Research Participant,

A few days from now, you will receive a packet in the mail that requests your participation in my doctoral dissertation research project at The University of Virginia by completing a questionnaire that will be enclosed. My study concerns your perceptions regarding the attitudes, behaviors, knowledge, and skills of counselors.

I am writing in advance because I have found many people like to know ahead of time that they will be contacted. The results of my study will help counselor educators and counselors understand current counselors' perceptions about the appropriate roles of counselors as well as the essential characteristics that are needed to perform these roles.

Thank you for your time and consideration. It is only with the generous help of people like you that my research can be successful.

Sincerely,

Matthew John Paylo, M.A.
Doctoral Candidate

APPENDIX B
Introduction letter to ACA members

January 05, 2007
Matthew John Paylo
Doctoral Candidate
The University of Virginia
Charlottesville, VA 22908-0392
(434) 953.3318; mjp4p@virginia.edu

To prospective research participant,

I hope this letter finds you well. My name is Matthew John Paylo and I am currently pursuing my doctoral degree in Counselor Education and Supervision from The University of Virginia. Last week you received a letter from me alerting you to the fact that I would be requesting your participation in my dissertation study. I have chosen to focus my dissertation study on characteristics of counselors. The title of this dissertation is *Characteristics of Counselors that Advocate for Clients*. The purpose of the study is to explore the characteristics that counselors deem essential in the counseling process.

You have been randomly selected from the population of American Counseling Association (ACA) members as a potential participant in my study. Your participation is invaluable to the success of this endeavor and will require approximately 15- 20 minutes of your time. The study involves the completion of two instruments: (1.) a demographic questionnaire, and (2.) the Counselor Characteristics Scale (CCS). You will complete the instruments and return them to me in the self-addressed envelope by 1/20/07.

The 2005 *American Counseling Association's Code of Ethics* states, "When appropriate, counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and /or growth and development of clients" (ACA, Section A. 6a, p. 5). This addition to the *Code of Ethics* has significant ramifications for counselors and for counselor educators. With little continuity in the literature concerning the characteristics of advocates, this study combines the theoretical literature on characteristics of advocates and asks you, the counselors, to rate the level of importance that you place on each component.

Your participation in this study is voluntary. All data will be anonymous and the results of the study will be reported in aggregate form only. The packets are not coded; no personal information will be linked with your responses. Whether you chose to participate in the project will not be known. I anticipate no physical or psychological risk will result from this project. I will assume that you have given your consent to use your responses as data if you return the completed packet.

If you have any questions regarding the project, please contact me or my dissertation committee chair, Dr. Kathleen M. May (kmm7u@virgia.edu or 434.982.2324). If you have questions or concerns about the rights of research participants, questions should be addressed to the University of Virginia Institutional Review Board of Social and Behavioral Sciences, Barringer Wing, Room 4365, University of Virginia, P.O. Box 800392, Charlottesville, VA 22908; (434) 243.2915.

Please consider providing your unique and valuable voice to this project. I thank you in advance for your time, consideration, and for your assistance in my dissertation study.
Sincerely,

Matthew John Paylo, M.A.

APPENDIX C

Introduction letter to CSJ members

January 05, 2007
Matthew John Paylo
Doctoral Candidate
The University of Virginia
Charlottesville, VA 22908-0392
(434) 953.3318; mjp4p@virginia.edu

To prospective research participant,

I hope this letter finds you well. My name is Matthew John Paylo and I am currently pursuing my doctoral degree in Counselor Education and Supervision from The University of Virginia. Last week you received a letter from me alerting you to the fact that I would be requesting your participation in my dissertation study. I have chosen to focus my dissertation study on characteristics of counselors. The title of this dissertation is *Characteristics of Counselors that Advocate for Clients*. The purpose of the study is to explore the characteristics that counselors deem essential in the counseling process.

You have been randomly selected from the population of Counselors for Social Justice (CSJ) members as a potential participant in my study. Your participation is invaluable to the success of this endeavor and will require approximately 15- 20 minutes of your time. The study involves the completion of two instruments: (1.) a demographic questionnaire, and (2.) the Counselor Characteristics Scale (CCS). You will complete the instruments and return them to me in the self-addressed envelope by 1/20/07.

The 2005 *American Counseling Association's Code of Ethics* states, "When appropriate, counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and /or growth and development of clients" (ACA, Section A. 6a, p. 5). This addition to the *Code of Ethics* has significant ramifications for counselors and for counselor educators. With little continuity in the literature concerning the characteristics of advocates, this study combines the theoretical literature on characteristics of advocates and asks you, the counselors, to rate the level of importance that you place on each component.

Your participation in this study is voluntary. All data will be anonymous and the results of the study will be reported in aggregate form only. The packets are not coded; no personal information will be linked with your responses. Whether you chose to participate in the project will not be known. I anticipate no physical or psychological risk will result from this project. I will assume that you have given your consent to use your responses as data if you return the completed packet.

If you have any questions regarding the project, please contact me or my dissertation committee chair, Dr. Kathleen M. May (kmm7u@virgia.edu or 434.982.2324). If you have questions or concerns about the rights of research participants, questions should be addressed to the University of Virginia Institutional Review Board of Social and Behavioral Sciences, Barringer Wing, Room 4365, University of Virginia, P.O. Box 800392, Charlottesville, VA 22908; (434) 243.2915.

Please consider providing your unique and valuable voice to this project. I thank you in advance for your time, consideration, and for your assistance in my dissertation study.
Sincerely,

Matthew John Paylo, M.A.

APPENDIX D

Thank you / reminder letter to ACA members

January 12, 2007

Last week a questionnaire seeking your perceptions on the characteristics of counselors was mailed to you. Your name was randomly selected from the American Counseling Association (ACA) member list.

If you have already completed and returned the questionnaire to me, please accept my sincere thanks. If not, please do so today. I am especially grateful for your help because it is only by asking people like you to share your experiences that we can understand the attitudes, behaviors, knowledge, and skills of current counselors.

If you did not receive a questionnaire, or if it is misplaced, please email me at mjp4p@virginia.edu and I will get another one in the mail to you today.

Thank you again for your time and cooperation,

Matthew John Paylo, M.A.
Doctoral Candidate
The University of Virginia
Counselor Education
Charlottesville, VA

APPENDIX E

Thank you / reminder letter to CSJ members

January 12, 2007

Last week a questionnaire seeking your perceptions on the characteristics of counselors was mailed to you. Your name was randomly selected from the Counselors for Social Justice (CSJ) member list.

If you have already completed and returned the questionnaire to me, please accept my sincere thanks. If not, please do so today. I am especially grateful for your help because it is only by asking people like you to share your experiences that we can understand the attitudes, behaviors, knowledge, and skills of current counselors.

If you did not receive a questionnaire, or if it is misplaced, please email me at mjp4p@virginia.edu and I will get another one in the mail to you today.

Thank you again for your time and cooperation,

Matthew John Paylo, M.A.
Doctoral Candidate
The University of Virginia
Counselor Education
Charlottesville, VA

APPENDIX F

Final contact reminder/ thank you letter

January 24, 2007

Two weeks ago, a questionnaire seeking your perceptions on the characteristics of counselors was mailed to you. The deadline for participation in the study has been extended.

If you have already completed and returned the questionnaire to me, please accept my sincere thanks. If not, please do so today. I am especially grateful for your help because it is only by asking people like you to share your experiences that we can understand the attitudes, behaviors, knowledge, and skills of current counselors.

If you did not receive a questionnaire, or if it is misplaced, please email me at mjp4p@virginia.edu and I will get another one in the mail to you today.

Thank you again for your time and cooperation,

Matthew John Paylo, M.A.
Doctoral Candidate
The University of Virginia
Counselor Education
Charlottesville, VA

APPENDIX G
Demographic Form

Please circle or complete the appropriate response.

1. Sex: Female or Male

2. Race/Ethnicity: _____

3. Number of year(s) in the counseling profession: _____

4. Highest degree obtained: _____

5. How do you professionally identify yourself?

____ Student ____ School Counselor ____ Counselor Educator

____ Community/ Mental Health Counselor ____ Other: _____

6. Are you a member of Counselors for Social Justice (CSJ) - which is a division within American Counseling Association (ACA)?

Yes No

7. Do you consider yourself politically active?

Yes No

APPENDIX H: Survey

Directions: Mark to what extent you agree or disagree with these statements.

START HERE

	Strongly Disagree ▼	Disagree ▼	Neutral ▼	Agree ▼	Strongly Agree ▼
1. Counselors should be patient.	☐	☐	☐	☐	☐
2. Counselors should be persistent.	☐	☐	☐	☐	☐
3. Counselors should be empathetic.	☐	☐	☐	☐	☐
4. Counselors should respect and appreciate human sufferings.	☐	☐	☐	☐	☐
5. Counselors should be creative.	☐	☐	☐	☐	☐
6. Counselors should be curious.	☐	☐	☐	☐	☐
7. Counselors should be compassionate.	☐	☐	☐	☐	☐
8. Counselors should be courageous.	☐	☐	☐	☐	☐
9. Counselors should be hopeful.	☐	☐	☐	☐	☐
10. Counselors should be honest.	☐	☐	☐	☐	☐
11. Counselors should be imaginative.	☐	☐	☐	☐	☐
12. Counselors should be intuitive.	☐	☐	☐	☐	☐
13. Counselors should be discrete.	☐	☐	☐	☐	☐
14. Counselors should be passionate.	☐	☐	☐	☐	☐
15. Counselors should be loving.	☐	☐	☐	☐	☐
16. Counselors should have a nonjudgmental attitude.	☐	☐	☐	☐	☐
17. Counselors should desire to assist in the relief of clients' suffering.	☐	☐	☐	☐	☐
18. Counselors should lean towards conceptualizing the client in a problematic situation, rather than only internally pathologizing the client.	☐	☐	☐	☐	☐
19. Counselors should desire to change the status quo of society.	☐	☐	☐	☐	☐
20. Counselors should view advocacy as an expected job responsibility.	☐	☐	☐	☐	☐

	Strongly Disagree ▼	Disagree ▼	Neutral ▼	Agree ▼	Strongly Agree ▼
21. Counselors should empower clients, taking a supportive stance.	☐	☐	☐	☐	☐
22. Counselors should be aware of their own cultural values and beliefs.	☐	☐	☐	☐	☐
23. Counselors should assume a global perspective by understanding their interdependence with others.	☐	☐	☐	☐	☐
24. Counselors should authentically accept clients' cultural beliefs, customs, and values.	☐	☐	☐	☐	☐
25. Counselors should be able to tolerate ambiguity.	☐	☐	☐	☐	☐
26. Counselors should resist thinking in terms of "right" and "wrong."	☐	☐	☐	☐	☐
27. Counselors should respect the dignity and rights of all individuals.	☐	☐	☐	☐	☐
28. Counselors should desire to help others speak on behalf of themselves.	☐	☐	☐	☐	☐
29. Counselors should have internal opposition to oppression and injustices within society.	☐	☐	☐	☐	☐
30. Counselors should accept and adopt the perspectives of their clients.	☐	☐	☐	☐	☐
31. Counselors should avoid neutrality; aligning with the disadvantaged and the disenfranchised.	☐	☐	☐	☐	☐
32. Counselors should give voice to the disenfranchised	☐	☐	☐	☐	☐
33. Counselors should implement interventions at the individual, community, and political levels.	☐	☐	☐	☐	☐
34. Counselors should collaborate with others in the community to create alliances for change.	☐	☐	☐	☐	☐
35. Counselors should share power with clients in the counseling relationship.	☐	☐	☐	☐	☐
36. Counselors should raise the community's and society's consciousness of injustices.	☐	☐	☐	☐	☐
37. Counselors should focus on the strengths of clients and communities.	☐	☐	☐	☐	☐

	Strongly Disagree ▼	Disagree ▼	Neutral ▼	Agree ▼	Strongly Agree ▼
38. Counselors should be politically involved.	☐	☐	☐	☐	☐
39. Counselors should use multi-media material to present to society the effects of injustice on clients' development resulting from community, organizations, and/or government stressors.	☐	☐	☐	☐	☐
40. Counselors should analyze socio-economic and socio-political influences within a system.	☐	☐	☐	☐	☐
41. Counselors should recognize and address resistance that attempts to maintain the status quo.	☐	☐	☐	☐	☐
42. Counselors should identify and aid clients to be aware of social, political, economic, and cultural factors that may affect their development.	☐	☐	☐	☐	☐
43. Counselors should demonstrate cultural awareness of their own culture and an openness toward others' culture.	☐	☐	☐	☐	☐
44. Counselors should identify, develop, and implement plans to challenge the external barriers that impede clients' development.	☐	☐	☐	☐	☐
45. Counselors should offer their counseling skills and knowledge to assist in collaborative processes in communities and organizations seeking change.	☐	☐	☐	☐	☐
46. Counselors should negotiate with multiple systems.	☐	☐	☐	☐	☐
47. Counselors should utilize relationship-building skills.	☐	☐	☐	☐	☐
48. Counselors should intervene on the individual level and on the systemic level.	☐	☐	☐	☐	☐
49. Counselors should empower clients and communities.	☐	☐	☐	☐	☐
50. Counselors should disseminate information to the public on external barriers to clients' development (ex. Community Education).	☐	☐	☐	☐	☐
51. Counselors should gather differing views and develop community solutions.	☐	☐	☐	☐	☐

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	▼	▼	▼	▼	▼
52. Counselors should gather information from a 'not knowing' position.	☐	☐	☐	☐	☐
53. Counselors should attempt to handle and resolve systemic conflicts.	☐	☐	☐	☐	☐
54. Counselors should assess problems and problem-solve with clients and communities.	☐	☐	☐	☐	☐
55. Counselors should work to change systems.	☐	☐	☐	☐	☐
56. Counselors should listen and communicate effectively.	☐	☐	☐	☐	☐
57. Counselors should attempt to build consensus between individuals, groups, and communities.	☐	☐	☐	☐	☐
58. Counselors should build and preserve credibility.	☐	☐	☐	☐	☐
59. Counselors should consider the objective and the subjective in conceptualizing client's needs.	☐	☐	☐	☐	☐
60. Counselors should manage own sense of self with others' issues/ situations.	☐	☐	☐	☐	☐
61. Counselors should know how to intervene at the community level.	☐	☐	☐	☐	☐
62. Counselors should know systems theories.	☐	☐	☐	☐	☐
63. Counselors should know how to assess clients' acculturation.	☐	☐	☐	☐	☐
64. Counselors should know how to assess the etiology (cause or reason) of clients' difficulties.	☐	☐	☐	☐	☐
65. Counselors should know the behaviors and roles of an advocate.	☐	☐	☐	☐	☐
66. Counselors should know social policies that apply to clients' rights.	☐	☐	☐	☐	☐
67. Counselors should know state and federal laws that apply to clients' rights.	☐	☐	☐	☐	☐
68. Counselors should know dispute resolution mechanisms.	☐	☐	☐	☐	☐
69. Counselors should know multiple advocacy models.	☐	☐	☐	☐	☐
70. Counselors should know how power influences process and relationships.	☐	☐	☐	☐	☐

	Strongly Disagree ▼	Disagree ▼	Neutral ▼	Agree ▼	Strongly Agree ▼
71. Counselors should understand multicultural issues and be cognizant of others' cultures.	☐	☐	☐	☐	☐
72. Counselors should know when and how to intervene on the society level.	☐	☐	☐	☐	☐
73. Counselors should know how to identify oppression, discrimination, and injustices within society.	☐	☐	☐	☐	☐
74. Counselors should know how external factors impact clients' development.	☐	☐	☐	☐	☐
75. Counselors should know community and society resource parameters.	☐	☐	☐	☐	☐
76. I think advocating for clients is important.	☐	☐	☐	☐	☐
77. I think that advocating for clients is helpful.	☐	☐	☐	☐	☐
78. I think that the role of an advocate is expected of me as a counselor.	☐	☐	☐	☐	☐
79. I think that social action is appropriate behavior for counselors.	☐	☐	☐	☐	☐
80. I think that the issue of oppression is a relevant issue for counselors to address on the individual, group, and/ or societal level.	☐	☐	☐	☐	☐
81. I always try to advocate for my clients.	☐	☐	☐	☐	☐
82. I always try to implement empowerment and social action interventions in my work with clients.	☐	☐	☐	☐	☐
83. I always try to raise society's consciousness of external barriers on clients' development.	☐	☐	☐	☐	☐
84. I always try to seek equal rights for all clients.	☐	☐	☐	☐	☐
85. I always try to overthrow the status quo of the society.	☐	☐	☐	☐	☐
86. I attempt to advocate for my clients individually.	☐	☐	☐	☐	☐
87. I attempt to advocate at the school and community levels for client issues.	☐	☐	☐	☐	☐
88. I attempt to advocate at the national and political levels for client issues.	☐	☐	☐	☐	☐

THE END

APPENDIX I
Descriptive Statistics for all items on the survey

Specific Characteristics listed in the Attributes, Attitudes, Behaviors, Skills, Knowledge,
Importance of Advocacy, Actual Advocacy, and Level of Advocacy

	N	Mean	Std. Deviation
<u>ATTRIBUTES</u>			
Patient	284	4.6197	.53476
Persistent	284	4.0458	.80283
Empathetic	284	4.8345	.37228
Respect human suffering	284	4.7377	.49273
Creative	284	4.4613	.63628
Curious	284	4.3662	.71805
Compassionate	284	4.7641	.44162
Courageous	284	4.3592	.66558
Hopeful	284	4.6185	.56226
Honest	284	4.7101	.49350
Imaginative	284	4.3358	.70111
Intuitive	284	4.3720	.68504
Discrete	284	4.5402	.71406
Passionate	284	4.2254	.76027
Loving	284	4.1366	.79603
<u>ATTITUDES</u>			
Nonjudgmental	284	4.5591	.68255
Relief client suffering	284	4.4366	.66688
Avoid pathologizing client	284	4.3938	.79031
Change status quo	284	3.8192	.96424
Advocacy role expected	284	4.1725	.89076
Empower clients	283	4.5386	.55250
Aware of cultural values	283	4.8799	.34679
Assume global perspective	283	4.3407	.67195
Accept clients cultural	283	4.3074	.81705
Tolerate ambiguity	283	4.2633	.83504
Resist thinking in rights and wrongs	283	4.2261	.91389
Respect dignity & rights of others	283	4.8327	.38546

Help others speak on own behalf	283	4.4182	.76406
Oppose oppression and injustices	283	4.2917	.77692
Accept & adopt perspectives of clients	283	2.7441	1.05845

BEHAVIORS

Avoid neutrality	283	3.0019	1.10075
Give voice	283	3.8130	.93582
Implement interventions on individual & group levels	283	3.8728	.90589
Collaborate with others	283	4.1979	.79207
Share power	283	4.2367	.86118
Raise community awareness	283	4.0626	.88521
Focus on strengths	283	4.4382	.62927
Politically involved	281	3.4093	.91013
Use multimedia to address injustices	281	3.3198	.85978
Analyze social influences	281	3.8968	.81066
Recognize & address resistance maintaining the status quo	281	3.7651	.81174
Identify & aid clients of factors impeding development	281	4.1350	.76271
Demonstrate cultural awareness	281	4.5994	.56179
Implement plans to challenge barriers	281	4.0534	.79327
Offer skills to community	281	4.1246	.73834

SKILLS

Negotiate multiple systems	281	3.9473	.75306
Utilize relationship building	281	4.6085	.53765
Intervene on multiple levels	281	4.1068	.77643
Empower clients and comm.	281	4.4465	.67928
Disseminate information to public	281	3.9380	.82211
Gather differing views	281	3.7166	.80967
Not knowing position	281	3.5856	.92807

Handle & resolve conflict	282	3.5177	.87352
Problem-solving	282	4.1170	.71371
Change systems	282	3.7926	.86306
Effectively communicate	282	4.8333	.37334
Build consensus	282	3.7553	.92054
Build credibility	282	4.6221	.53087
Consider subjective & objective needs of clients	282	4.3936	.65704
Manage self ethically	282	4.4398	.76967

KNOWLEDGE

Knowledge of intervening in comm.	282	4.0213	.76831
Knowledge of systems theory	282	4.2730	.76854
Knowledge of assess acculturation	282	4.3440	.67922
Knowledge of assess cause	282	4.3794	.69159
Knowledge of behaviors and roles of an advocate	282	4.3121	.64950
Knowledge of social policies	282	4.3156	.67204
Knowledge of laws applying to client rights	282	4.3652	.67328
Knowledge of dispute resolution mechanisms	282	4.1028	.71590
Knowledge of advocacy models	282	3.9291	.77455
Knowledge of how power influences process & relationships	282	4.4610	.59676
Knowledge of multicultural issues	284	4.6652	.50152
Knowledge of timing to intervene	284	4.0458	.71926
Knowledge of identifying oppression & discrimination	284	4.3204	.67735
Knowledge of external forces impact development	284	4.5176	.54127
Knowledge of Comm. Resource parameters	284	4.2993	.64452

IMPORTANCE OF ADVOCACY

Advocacy is important	284	4.3556	.75912
Advocacy is helpful	283	4.3286	.72061
Role of advocate is expected	283	3.9055	1.00801
Social action is appropriate	283	4.0212	.83766
Oppression relevant for counselors to address	283	4.1802	.79851

ACTUAL ADVOCACY

Advocate for all clients	280	3.9080	.92592
Implement empowerment and social action	279	3.8805	.97783
Raise awareness	279	3.6272	.96566
Seek equal rights	279	4.0633	.89297
Overthrow status quo	280	2.8518	1.05235

LEVEL OF ADVOCATING

Advocate on individual level	280	4.1607	.80270
Advocate on school comm. level	281	3.9431	.90453
Advocate on national level	280	3.3250	1.03941

APPENDIX J
Scatter plot graph comparing actual advocacy and importance of advocacy

APPENDIX K
Post-Hoc Tukey Tests for Educational Degrees

Table 22: Post-Hoc Tukey test for Educational Degrees and Importance of Advocacy

	N	Subset for alpha = .05	
		1	2
Undergraduate	52	19.7885	
Masters	158	20.5459	
Doctorate	73		22.0411
Sig.		.340	1.000

Table 23: Post-Hoc Tukey test for Educational Degrees and Actual Advocacy

	N	Subset for alpha = .05	
		1	
Undergraduate	49	17.8229	
Masters	158	18.2722	
Doctorate	72	18.7604	
Sig.		.298	

Table 24: Post-Hoc Tukey test for Educational Degrees and Attributes of Advocacy

	N	Subset for alpha = .05		
		1	2	3
Undergraduate	52	64.7565		
Masters	158		66.9824	
Doctorate	74			69.1014
Sig.		1.000	1.000	1.000

Table 25: Post-Hoc Tukey test for Educational Degrees and Attitudes of Advocacy

	N	Subset for alpha = .05	
		1	2
Undergraduate	52	61.8779	
Masters	157	63.5711	
Doctorate	74		67.2626
Sig.		.191	1.000

Table 26: Post-Hoc Tukey test for Educational Degrees and Behaviors of Advocacy

	N	Subset for alpha = .05	
		1	2
Undergraduate	52	56.8594	
Masters	155	57.5861	
Doctorate	73		63.1370
Sig.		.837	1.000

Table 27: Post-Hoc Tukey test for Educational Degrees and Skills of Advocacy

	N	Subset for alpha = .05	
		1	2
Undergraduate	52	59.7967	
Masters	155	61.1655	
Doctorate	72		64.6394
Sig.		.423	1.000

Table 28: Post-Hoc Tukey test for Educational Degrees and Knowledge of Advocacy

	N	Subset for alpha = .05	
		1	2
Undergraduate	52	62.6333	
Masters	157	63.8981	
Doctorate	73		66.6027
Sig.		.465	1.000

Table 29: Post-Hoc Tukey test for Educational Degrees and Advocating on the Individual Level

	N	Subset for alpha = .05	
		1	2
Undergraduate	49	3.8571	
Masters	158		4.1835
Doctorate	73		4.3151
Sig.		1.000	.570

Table 30: Post-Hoc Tukey test for Educational Degrees and Advocating on the Group (school and community) Level

	N	Subset for alpha = .05	
		1	2
Undergraduate	49	3.5714	
Masters	158		3.9557
Doctorate	74		4.1622
Sig.		1.000	.332

Table 31: Post-Hoc Tukey test for Educational Degrees and Advocating on the National Level

	N	Subset for alpha = .05	
		1	2
Undergraduate	49	3.0408	
Masters	158	3.1329	
Doctorate	73		3.9315
Sig.		.834	1.000

APPENDIX L
Post-Hoc Tukey Tests for Professional Roles

Table 32: Post-Hoc Tukey Test for Professional Roles and Importance of Advocacy

	N	Subset for alpha = .05	
		1	2
Student	65	19.8769	
Other	55	20.4182	20.4182
School Counselor	36	20.5903	20.5903
Comm./ Mental Health Counselor	77	21.1169	21.1169
Counselor Educator	50		22.0400
Sig.		.319	.097

Table 33: Post-Hoc Tukey Test for Professional Roles and Actual Advocacy

	N	Subset for alpha = .05	
		1	
Other	54	17.5926	
Student	62	17.9245	
School Counselor	36	17.9444	
Counselor Educator	50	18.4350	
Comm./ Mental Health Counselor	77	19.2468	
Sig.		.172	

Table 34: Post-Hoc Tukey Test for Professional Roles and Attributes of Advocacy

	N	Subset for alpha = .05	
		1	2
Student	65	65.2360	
Comm./ Mental Health Counselor	77	66.7588	66.7588
Counselor Educator	51	67.7157	67.7157
School Counselor	36		68.3889
Other	55		68.5053
Sig.		.122	.447

Table 35: Post-Hoc Tukey Test for Professional Roles and Attitudes of Advocacy

	N	Subset for alpha = .05	
		1	2
Student	65	62.3189	
School Counselor	36	63.7303	63.7303
Other	55	64.2753	64.2753
Comm./ Mental Health Counselor	76	64.5179	64.5179
Counselor Educator	51		66.5141
Sig.		.357	.142

Table 36: Post-Hoc Tukey Test for Professional Roles and Behaviors of Advocacy

	N	Subset for alpha = .05		
		1	2	3
School Counselor	35	55.5674		
Student	65	56.4985	56.4985	
Other	54	58.9339	58.9339	58.9339
Comm./ Mental Health Counselor	75		60.3312	60.3312
Counselor Educator	51			62.0980
Sig.		.201	.105	.257

Table 37: Post-Hoc Tukey Test for Professional Roles and Skills of Advocacy

	N	Subset for alpha = .05	
		1	2
Student	65	59.4682	
School Counselor	35	60.6020	
Other	54	61.9843	61.9843
Comm./ Mental Health Counselor	74	62.3715	62.3715
Counselor Educator	51		64.6075
Sig.		.184	.276

Table 38: Post-Hoc Tukey Test for Professional Roles and Knowledge of Advocacy

	N	Subset for alpha = .05
		1
Student	65	63.1220
Other	55	63.4000
Comm./ Mental Health Counselor	75	64.5867
School Counselor	36	64.7500
Counselor Educator	51	66.3922
Sig.		.089

Table 39: Post-Hoc Tukey Test for Professional Roles and Advocating on the Individual Level

	N	Subset for alpha = .05
		1
Student	62	3.9032
Other	54	4.1296
Comm./ Mental Health Counselor	77	4.2468
School Counselor	36	4.2500
Counselor Educator	51	4.3137
Sig.		.064

Table 40: Post-Hoc Tukey Test for Professional Roles and Advocating on the Group (school and community) Level

	N	Subset for alpha = .05		
		1	2	3
Student	62	3.5968		
Other	55	3.7818	3.7818	
Comm./ Mental Health Counselor	77	3.9740	3.9740	3.9740
Counselor Educator	51		4.1569	4.1569
School Counselor	36			4.4167
Sig.		.174	.179	.071

Table 41: Post-Hoc Tukey Test for Professional Roles and Advocating on the National Level

	N	Subset for alpha = .05		
		1	2	3
School Counselor	36	2.9167		
Student	62	2.9839	2.9839	
Other	54	3.2407	3.2407	
Comm./ Mental Health Counselor	77		3.4545	3.4545
Counselor Educator	51			3.9216
Sig.		.446	.107	.112