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Article 47

Social Advocacy: Assessing the Impact of Training on the Development and Implementation of Advocacy Plans

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According to Lee and Walz (1998), a social advocate is "called upon to channel energy and skill into helping clients challenge institutional and social barriers that impede academic, career, or personal-social development" (p. 9). As noted by Lewis, Lewis, Daniels, and D'Andrea (2003), challenges to such barriers may be overcome by providing direct (working with) or indirect (working on behalf of) services on the individual, institutional, community, or societal levels. Among mental health professionals there has been a longstanding tradition of social advocacy that can be traced to the early 1900s and the emergence of the Mental Hygiene Movement (Kiselica & Robinson, 2001).

As the demographic composition of the United States continues to diversify, the need for counselors to respond through social advocacy to issues of individual and systemic oppression has assumed ever-greater importance. Consequently, the last decade has seen a resurgence of focus on social advocacy, so much so that it has been described as a fifth force within the counseling profession (Ratts, D'Andrea, & Arredondo, 2004). The need for social advocacy initiatives has become so widely accepted that it has become an expected function within the role of the mental health professional (Kiselica & Robinson, 2001; Lee & Walz, 1998; Osborne et al., 1998). In an effort to provide more specific direction to professional counselors regarding their social advocacy role, the American Counseling Association (ACA) recently endorsed a set of advocacy competencies that identifies five areas of competence: direct intervention, environmental intervention, systemic change, leadership, informing the public, and influencing public policy (Ratts et al., 2004). A review of the existing literature regarding the newly adopted social advocacy competencies provides little evidence as to how counselors are implementing this role and what they perceive as the benefits and challenges that accompany involvement in social advocacy initiatives (D'Andrea, 1997; Kiselica & Robinson, 2001; Lewis & Bradley, 2000).

Program Description

The University of Nebraska at Kearney sponsored a daylong training to acquaint area in-service mental health professionals and university faculty and students with the ACA-endorsed advocacy competencies. In addition to receiving instruction about the competencies and how to develop an advocacy plan, participants were grouped by work setting to brainstorm how to implement the competencies in their work environment. Each participant then selected social advocacy initiatives he or she deemed important to initiate in his or her personal setting and generated a plan to accomplish the needed advocacy.

Method

Participants

Individuals taking part in the daylong conference who created individual advocacy plans were asked to participate in this research project. Forty individuals consented to provide a copy of their advocacy plan to the researchers. Included in their participation was consent to be contacted by phone 3 months later to gain information on their progress in implementing their individual advocacy plans.

Procedure

Participants' advocacy plans were collected and reviewed. Each of the goals on the plans was coded for the specific type of advocacy the goal represented: personal growth, individual client advocacy, institutional advocacy, or social advocacy. In some case participants had more than one goal. In the 40 plans collected, there were 56 identified goals.

After a 3-month time period, participants were contacted by phone and asked to indicate their level of goal completion on a Likert scale from 1 (*not started*) to 5 (*complete*), their perception of the importance of their advocacy goal from 1 (*not at all important*) to 5 (*extremely important*), and their perception of the

benefit of their advocacy action from 1 (*not at all beneficial*) to 5 (*extremely beneficial*). Additionally, they were asked, "What was the most critical barrier you encountered?" and "What was the most important benefit you see from working on this goal?"

Evaluation

Mean scores were generated from the Likert scale scores for the goals collectively as well as for each of the advocacy areas (personal growth, individual client advocacy, institution advocacy, and social advocacy). Responses to the additional questions regarding barriers and benefits were thematically evaluated using analyst triangulation (Patton, 2002). Each of four researchers was provided with the list of participant responses and asked to independently evaluate the material for emerging themes. As a group, the four researchers met and came to consensus to the emerging themes.

Results

Collective results regarding barriers experienced in implementing advocacy plans as well as perceived benefits of implementation for all advocacy plans, and for the four specific areas (personal growth, individual client advocacy, institutional advocacy, and social advocacy), are included in Table 1. Consistently, collectively and in each area, participants identified time as the primary barrier to goal completion. Enhanced effectiveness and self-development emerged as most important benefits from plan initiation.

Table 2 summarizes participant ratings of level of goal implementation as well as perceived goal importance and benefit. Overall participants' mean rating for implementing goals was 3.068, importance of goals was 4.083, and benefit of goals was 3.842. Goals relating to personal growth (n = 33) received the highest participant ratings for initiation (M = 3.364), whereas goals related to individual advocacy for clients (n = 9; M = 2.759) and institutional advocacy (n = 11, M = 2.995) received the lowest initiation rating. Goals related to institutional (n = 11, M = 4.389) and social advocacy (n = 1, M = 5.00) received the highest ratings of importance, while goals related to institutional advocacy were perceived to yield the greatest benefit (n =11, M = 4.500).

Implications

The results of the present study indicate that moving beyond didactic instruction to providing time for networking and advocacy plan development in a workshop training format seems beneficial in supporting the transition of training content into social

Table 1.
Qualitative Themes Regarding Barriers and Benefits of Advocacy Plans and Goals

Advocacy Plans (n = 56 goals)		
Most Critical Barriers	n	%
Time	29	51.7
Resistance/readiness	7	12.5
Lack of diverse clients/ students	5	8.9
Communication blocks	5	8.9
Lack of resources/information	3	5.4
Motivation	3	5.4
Most Important Benefit	n	%
Enhanced effectiveness	26	46.4
Self-development	15	26.8
Knowledge of others	8	14.3
Self-awareness	6	10.7
Personal Growth Goals (n = 33)		
Most Critical Barriers to Goal Attainment	n	%
Time	24	72.7
Lack of diverse clients/ students	5	15.1
Communication blocks	5	15.1
Lack of resources/information	2	6.06
Resistance/readiness	2	6.06
Motivation	1	3.03
Most Important Benefit	n	%
Enhanced effectiveness	16	48.5
Self-development	8	24.2
Knowledge of others	6	18.3
Self-awareness	5	15.1
Individual/Client Advocacy Goals (n = 9)		
Most Critical Barriers	n	%
Time	4	44.4
Resistance/readiness	3	33.3
Motivation	1	11.1
Most Important Benefit	n	%
Enhanced effectiveness	4	44.4
Self-development	3	33.3
Knowledge of others	2	22.2
Self-awareness	1	11.1
Institutional Advocacy Goals (n = 11)		
Most Critical Barriers	n	%
Time	6	54.5
Resistance/readiness	2	18.3
Lack of diverse clients/ students	1	9.1
Lack of resources/information	1	9.1
Motivation	1	91
Most important benefit	n	%
Enhanced effectiveness	6	54.5
Self-development	3	27.3
Social Advocacy Goals (n = 1)		
Most Critical Barriers	n	%
Time	1	100
Most Important Benefit	n	%
Self-development— more knowledge	1	100

Table 2.
Participant Ratings of Advocacy Goal Implementation, Importance, and Benefit

Degree of Implementation of Goal (1 = not implemented; 5 = completed)	M
All goals	3.068
Personal growth goals	3.364
Individual client advocacy goals	2.759
Institutional advocacy goals	2.995
Social advocacy goals	3.000
Perceived Importance of Goal	
All goals	4.083
Personal growth goals	4.125
Individual client advocacy goals	4.389
Institutional advocacy goals	4.364
Social advocacy goals	5.000
Perceived Benefit of Goal Implementation	
All goals	3.842
Personal growth goals	4.139
Individual client advocacy goals	3.375
Institutional advocacy goals	4.500
Social advocacy goals	4.000

advocacy action. Participants also shared challenges to the implementation of advocacy plans. The primary barrier to implementing social advocacy was time, which appears not to be due to unwillingness or lack of priority on the part of participants as their rating of importance was high, but rather perhaps due to social advocacy activity not being a clearly defined or supported part of their job description. Resistance to advocacy on the part of others in their workplace, although not identified as the primary barrier, was consistently identified as a participant concern. Emphasizing methods to cope with resistance in training programs and in-service training seems warranted.

Although institutional advocacy was rated as very important by participants and yielded the greatest benefits, it was also the type of advocacy most difficult to implement. Increasing the emphasis on ways to implement systemic change through advocacy in training programs would be important.

Many participants saw the need to develop goals related to self-development, indicative of the need to continue to reinforce the emphasis on the inclusion of training in multicultural counseling and social advocacy through standards revision. Enhanced effectiveness, however, was the primary outcome of all types of social advocacy implemented, providing support for the contention that the role of counselor as social advocate is central to the efficacy of the profession in our rapidly diversifying society.

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