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Enacting Social Justice Through the Advocacy Competencies

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Abstract

This article was developed from a presentation given at the 2011 American Counseling Association annual conference. The article describes a counseling program implemented at a university-operated community center that used the ACA Advocacy Competencies as a framework to develop counseling and related programs along a micro to macro continuum of service delivery. The authors represent former doctoral counselor education students who designed a model to better serve their majority Hispanic youth, court-referred clientele.

Social justice has been described as the fifth force in counseling (Ratts, Toporek, & Lewis, 2010), yet many practitioners, counselors-in-training, and counselor educators struggle to understand how the counseling milieu can be expanded to address the tenets of social justice (Lewis, Ratts, Paladino, & Toporek, 2011; Toporek & McNally, 2006). This article describes a university-operated community counseling center and training site where counselors used the American Counseling Association (ACA) Advocacy Competencies as a tool for programming and outreach. The authors represent former doctoral students in counselor education who served as site supervisors at the center and developed the model presented herein. Our intent in writing the paper was not to provide a blueprint for programming; above all we hope to contribute to the counseling field's

knowledge base by providing clarification and ideas on how counselors may infuse social justice into their work.

Social justice has a long tradition in the counseling field dating back to the vocational guidance movement in the early years of the 20th century (Ali, Liu, Mahmood, & Arguello, 2008). Although the focus on social justice issues faded as the profession evolved into a distinct behavioral science, in recent years the ascent of multicultural counseling has drawn attention to the influence of persistent sociopolitical inequities and dominant Eurocentric discourses on the mental health and wellness of marginalized populations (Bemak & Chung, 2007; Constantine, Hage, Kindaichi, & Bryant, 2007; Toporek & McNally, 2006; Zalaquett, Foley, Tillotson, Dinsmore, & Hof, 2008). Social justice, as defined by Lee (2007) involves,

Promoting access and equity to ensure full participation of all people in the life of a society, particularly for those who have been systematically excluded on the basis of race or ethnicity, gender, age, physical or mental disability, education, sexual orientation, socio economic status, or other characteristics of background or group membership. (p. 14)

Conceptualizing client experiences through the lens of social justice illuminates the sociological dimension of mental health and obliges counselors to engage in efforts outside of the counseling office to diminish forces that have contributed to historical oppression and systematic exclusion of certain groups (Bemak & Chung, 2007; Toporek & McNally, 2006; Zalaquett et al., 2008).

Despite resurgent attention, the idea of putting social justice theory into practice continues to be a novice idea for counselors-in-training as well as licensed counselors (Lewis et al., 2011; Toporek & McNally, 2006). From an instructional perspective, the construct of social justice, with its broad focus on macro systems and societal change, is relatively abstract and can be difficult to integrate into traditional counseling curricula (Ali et al., 2008; Toporek & McNally, 2006). Adding to the perplexity are the multiple definitions of social justice that further obviate the translation of social justice concepts into a concrete set of instructional and professional practices (Ratts et al., 2010). One could further argue that the transmission of social justice theory into a professional skill set is thwarted by counselor educators for whom the notion of social justice is perceptibly at odds with their training in diagnosis, treatment planning, and the scientist-practitioner model (Bemak & Chung, 2007; Toporek & McNally, 2006).

Social justice represents a counseling paradigm that has been incubating on the periphery of the discipline in recent years, yet continues to gain momentum as it provides an approach that permits counselors to assist their clients in proactive ways to transcend the walls of the counseling office (Toporek & McNally, 2006). Equally important and intricately linked to the concept of social justice are the notions of empowerment and advocacy (Lee, 2007). Empowerment broadly describes all activities in which counselors assist their clients overcome barriers in their lives by fostering their sense of personal power and self-agency (Crethar, Torres Rivera, & Nash, 2008; Lee, 2007). Advocacy is a complementary process in which counselors act on behalf of one's clients to challenge systemic barriers and facilitate new opportunities (Lee, 2007). The Advocacy Competencies, adopted by the American Counseling Association in 2003, further expedited the precepts of social justice into the mainstream by operationalizing pathways

to assist clients overcome systemic obstacles through micro to macro level interventions (Lewis, Arnold, House, & Toporek, 2003).

The Advocacy Competencies

The Advocacy Competencies are organized into two intersecting dimensions (Lewis et al., 2003). The first dimension spans the micro to macro level of client intervention, which is depicted by three ecological domains of Client/Student, School/Community, and Public Arena. The second dimension denotes the level of client involvement in the process, with counselors either acting with or on behalf of their clientele (Ratts et al., 2010). Underlying the Advocacy Competencies is systems theory, which depicts social systems as a configuration of interdependent relationships and institutions. A consequence of an enmeshed system is that change within a singular institute creates a disturbance, transmitting a ripple effect across the interlocked system (Lopez-Baez & Paylo, 2009). In this respect, advocacy interventions at either the micro or macro level in a social system hold potential to stimulate a bidirectional ripple effect (Bronfenbrenner, 1979) that may positively impact clients' lives across the individual, community, and public domains. The primary purpose of this paper is to illustrate how a small team of counselors contributed to enacting social justice for their clientele through implementing advocacy-based interventions along a micro to macro continuum.

The Community Center and Counseling Program

The counseling program referred to in this article is housed in a community center nestled in an area of a southwestern city notorious for gang activity, illicit drugs, and prostitution. The center is operated by the local university's College of Education and has become a model for interdisciplinary partnership and collaboration. Since inception in 2004, the center has developed a holistic package of programs and services, ranging from counseling, after-school education, health and wellness clinics, and exercise classes, to art exhibits and an array of cultural events. During our time at the center, counseling programs were coordinated through a tiered supervision arrangement, wherein programs were largely implemented by master's level counseling students under the supervision of doctoral students, who were in turn supervised by counseling faculty.

The center's counseling programs were largely populated by Hispanic youth, referred to the center by a consortium of area judges. This population encountered a persistent set of risk factors including high rates of teen pregnancy, school attrition, gang involvement, delinquency, and substance abuse (Loukas, 2004). Unfortunately, high-risk environments often result in youth experiencing difficult transitions into adulthood and impairment in adult functioning (Bright & Jonson-Reid, 2010). When we began our work at the center, the counseling programs consisted of a traditional lineup of individual, group, and psychoeducational counseling services. We were concerned that these services offered in isolation could not effectively assist our clients to traverse the systemic obstacles endemic to the region's Hispanic population. This concern spurred our decision to broaden the scope of the counseling program by establishing social justice as a foundational principle in the design and delivery of counseling services.

In designing counseling with a social justice orientation, it is recommended that counselors construct a mission statement that articulates social justice as a core value and integral component of programming (Bemak, Chung, Talleyrand, Jones, & Daquin,

2011). We were fortunate that the center's mission statement focused on community enrichment and development, and in this respect, it aligned to the precepts of social justice. Indeed, for many years the center had become a conduit for channeling the university's physical and intellectual resources into a local area in need of development and regeneration. Thus, the concept of social justice edified in the overarching mission of the center provided the philosophical foundation to expand upon the traditional package of counseling programs. While the center's mission statement assisted us with identifying a vision for program restructure, its language was generic and provided scant specification to inform action. In the absence of clear guidelines, we determined that the ACA Advocacy Competencies would provide an excellent framework to imbue our work with social justice. What transpired was a conceptual restructuring; while we kept many components of the original counseling programs, by situating them within an advocacy paradigm, we were then able to identify programming gaps and areas in need of expansion. The following discussion describes the ACA Advocacy Competencies and identifies components of our programs that correspond to each domain. Although the counseling activities described in this article are designated to a specific advocacy domain for conceptual purposes, in reality the model provided a seamless continuum of overlapping services, with each level of intervention informed and shaped successively.

Client/Student Level

The client/student level of advocacy entails intervention at the individual level (Lewis et al., 2003). In particular, counselors identify sociopolitical barriers that have a toxic effect on client well-being and mental health and intervene accordingly (Hutchins & Ratts, 2009). Within this domain, counselors work closely with clients to assist them to recognize and externalize the harmful effects of negative sociopolitical environments and advocate on behalf of clients through brokering services and resources that enable clients to overcome systemic obstacles (Hutchins & Ratts, 2009). Client/student advocacy at our center encompassed direct service to clients, including counseling, referrals to other in-house programs, and outreach.

Client/student empowerment. The goal of client/student empowerment is to enrich client lives by assisting them to develop the self-advocacy skills to help themselves overcome experienced environmental barriers (Ratts et al., 2010). Central to client/student empowerment is the counseling milieu, wherein counselors assist clients to identify their innate strengths and resources and to conceptualize problems through the lens of systemic discrimination (Toporek, Lewis, & Crethar, 2009). We determined that this dimension of advocacy could be accomplished through the counseling programs currently in place at the center. However, for these programs to serve as viable forums for client empowerment, we would have to provide training and support to the counseling interns who assisted in the running of services.

Given the documented ambiguity that counselors-in-training express in regard to blending social justice and counseling (Zalaquett et al., 2008), it is worth describing strategies we employed to engage interns in the advocacy process. Trainings were conducted at the beginning of each semester to educate interns on the etiology of mental health from sociological perspectives (D'Andrea & Daniels, 2001) and to demonstrate strategies to help clients understand their psychological distress in the context of historic oppression and discriminatory social environments. In an effort to address our interns'

concerns that social justice activities would take precedence over counseling, we were cognizant to emphasize the natural alignment of counseling with a social justice orientation. In particular, the language of empowerment states that counselors encourage and support clients (Lee, 2007), which echoes the core conditions of empathy, congruence, and unconditional positive regard (Rogers, 1957) that form the basis of effective helping relationships. Therefore, we encouraged our counselors-in-training to consider the counseling dyad to be a relationship imbued with the tenets of social justice. Through demonstrating empathy and providing unconditional positive regard (Rogers, 1957), counselors can effectively validate, empower, and develop their client's sense of self-agency.

Client/student advocacy. According to Toporek and colleagues (2009), when counselors become aware of the barriers that block their clients' development, they can identify the resources and services that could potentially enable clients to traverse oppressive situations. Over the course of their internship, our counselors-in-training were guided to develop counseling skills congruently to developing patterns of client empowerment and advocacy. The center's plethora of amenities and services, which were all offered free of charge to the local population, facilitated advocacy opportunities along this dimension. Although counseling interns were encouraged to view the counseling relationship as a catalyst for change, we encouraged interns to transcend the counseling office, when appropriate, to connect clients to vital programs and services that further empowered them to take control of their lives. In an effort to ensure that clients were connected with optimum services that may not be offered at the center, we invited representatives from local community agencies to conduct information sessions. In terms of client impact, current and former clients frequently informed us that our expeditious in-house referral system (e.g., to the diabetes prevention program, exercise classes, summer camps, and GED classes) had positively impacted their lives.

School/Community Level

School/community collaboration is identified by the Advocacy Competencies to involve alliances with community and school groups to further the process of systemic change (Lewis et al., 2003). The center was a blueprint for systems collaboration that included long- and short-term partnerships. These symbiotic relationships strengthened our programs by harnessing and channeling the resources and expertise of other community groups directly to the center population and surrounding neighborhood. The center's director was primarily responsible for initiating these alliances; however, we formed part of the center's administrative team and worked closely with the director to cultivate and expand community connections. Although counseling interns were less involved in this process, they worked in projects borne through partnerships, attended meetings with community groups, and internalized a dynamic approach to community collaboration, which interns reported to have broadened their perception of the parameters of the counseling relationship and the counselor's role.

Community collaboration. We developed two distinct approaches to community collaboration designed to target persistent issues affecting the area's Hispanic population. The preceding section discussed the in-house referral system that permitted counselors to connect their clients to wellness and education programs within the center. The first approach dovetailed from this system and entailed coordinated partnerships with other

entities within the center to provide bundled services that enhanced the potency of individual programs. We partnered with the after-school program to introduce a social skills component to an arts and education curriculum. This program became an exemplar of interdisciplinary collaboration and community partnership with bachelor's, master's, and doctoral students from the disciplines of counseling, kinesiology, and teacher education, working together to diminish the educational barriers experienced by children in neighborhood schools. Through this program children accessed tutoring services, literacy enrichment, art experiences, exercise, and psychosocial guidance. The program was further enhanced by a partnership with the food bank that provided nutritional meals twice a week and snacks every other day. In a region in which Hispanic children are twice as likely to live in poverty and consequently experience negative effects on their academics and physical and psychological well-being (American Psychological Association, 2011), the after-school program was a unified prevention effort designed to support protective factors (Loukas, 2004) that safeguard children against systemic environmental risk.

The diabetes program is another prime example of the collaborative work we enacted at the center to harness the center's resources in an intentional effort to bridge systemic disparities affecting the Hispanic population. The disease of diabetes is endemic among the Hispanic population, affecting over 10% of the population (Centers for Disease Control and Prevention, 2011). Unfortunately for Hispanics with diabetes living in poverty, health care disparities often preclude access to consistent treatment and may contribute to a decreased quality of life, loss of economic opportunities, and increased societal inequalities (Centers for Disease Control and Prevention, 2011). Another insidious facet of the disease that receives less attention is the prevalence of undiagnosed depression and mental illness among diabetes sufferers, which interferes with treatment efforts and disease management (Borowsky, Rubenstein, Meredith, Camp, Jackson-Triche, & Wells, 2000). In response to this chronic community need, the center had offered a free diabetes program for several years that focused on nutrition and wellness education. We were concerned that the program, while helpful, did not address the psychological and physical malaise encountered by diabetes sufferers. In response to this concern, we formed a task group with the center's director, diabetes program coordinators, and counseling and kinesiology faculty to identify collaborative opportunities to channel our resources into a streamlined program. Resultant from this process was a more holistically oriented diabetes program that continued to provide nutrition and wellness classes, yet incorporated a fitness program and counseling support services.

The second approach to promote social justice through community collaboration efforts was the development of satellite programs, wherein we relocated the center's counseling programs to sites around the community where the problems affecting the local community took root. Many of the center's clientele resided in nearby public housing projects well known for crime and gang violence. This stark environment provided the backdrop for the delinquent behavior that often resulted in youth being referred to the center. In an effort to address issues in context, we teamed up with an after-school program operated at a nearby housing project to introduce a counseling and guidance module to the agenda of weekly activities. The purpose of this prevention-based program, operated predominately by counselor interns, was to provide mentorship

services and assist children and adolescents to develop coping skills to resist the negative peer-group influences that often underscored juvenile delinquency.

Another program, Family Night Out (FNO), that originated at the center was relocated to school-based sites. FNO was a bi-weekly psychoeducational program designed to strengthen the family unit as a source of strength and resiliency. The rationale for moving FNO was the proliferation of youths and their families being referred to this program by the local justices for school-based misdemeanors. By relocating the program to area high schools, we were able to directly solicit the input of school stakeholders and tailor FNO activities to the micro-needs of families within the host school's micro-community. The rotation through area high schools ensured that families could travel to a convenient location to complete the program, and by inviting the entire school community, we extended our outreach to a broader population.

Systems advocacy. Systems advocacy is a complementary facet of school–community level advocacy. Whereas community collaboration denotes the establishment of partnerships with vested allies, systems advocacy casts the counselor in a leadership role, proactively working toward desired and needed change within the school and community (Lewis et al., 2003). By adopting a leadership role, counselors can advocate for change by directly engaging powerful systems that restrict client growth (Lee & Rodgers, 2009). We articulated systems advocacy through generating public information and corresponding research and bringing together community stakeholders to expand prevention efforts.

A frequent complaint voiced by our clientele was the supercilious treatment they received by the school and court system. The nature of clients' interactions with these social institutions could be understood in the context of poverty and disempowerment: In the absence of health care, financial resources, and education to buttress families from misfortune, their lives quickly came undone (Lee & Rodgers, 2009). For children living in poverty, escalating circumstances at home often manifested in school settings through poor attendance and externalizing behaviors. This triggered a cycle wherein the school system, obligated by state and local law, reported persistent absenteeism and misbehaviors to the court system. As our clients encountered the legal system, they frequently incurred fines and sanctions, which further entrapped them in oppressive conditions. This conundrum spurred us to strengthen our relationships with the court system and advocate for more viable programs and helpful services targeting long-term solutions.

The usage of data underscores effective systems advocacy, as convincing stakeholders to change oppressive practices requires both a clear rationale and viable evidence (Lewis et al., 2003; Lopez-Baez & Paylo, 2009). To this end, we utilized data collected from annual program evaluations to advocate for counseling programs with the judicial system. Most relevant to the local justices were data presented from a study comparing recidivism rates of the center's former clientele to a matched control group (Lancaster, Balkin, Garcia, & Valarezo, 2011). The data clearly demonstrated diminished incidences of recidivism among those youth who had participated our counseling programs versus youth who had incurred sanction-based consequences (Lancaster, Balkin, et al., 2011). By employing advocacy practices anchored in research, we increased referrals by consortium judges to our center and other community rehabilitation programs. The fresh sense of partnership between the justices was reflected by the

presence of a counseling intern from our center who attended juvenile court on adjudication days to disseminate information regarding the center's programs directly to families. In the context of systems advocacy, we identified an opportunity to intervene in the system, at a critical point, to redirect families to an agency dedicated to family and community enrichment.

Public Arena

Advocacy in the public arena calls counselors to act upon their sense of social and professional responsibility to directly challenge policies, institutionalized practices, and ideologies that serve as barriers to clients' optimum psychosocial development (Lee & Rodgers, 2009). To serve as macro-level advocates, counselors must step outside their traditional roles to build momentum around a cause through emphasizing the need for urgent action, providing education, and communicating a vision of change particularly to those stakeholders with legislative power and political influence (Lee & Rodgers, 2009). From a systemic perspective, macro-level advocacy is a potent force as it potentially reshapes the sociopolitical landscape to eradicate barriers that negatively impact clients in their everyday lives. Nonetheless, counselors have struggled to embrace public arena advocacy, perhaps as a result of its detachment from the counseling milieu and implied call to unbalance homeostatic social conditions (Lee & Rodgers, 2009).

Public information. Awakening the public to oppressive societal conditions through generating public information is central to advocating on behalf of clientele in the public area (Lewis et al., 2003). Our focus on research and program evaluation as a tool of advocacy evolved into activities commensurate to the macro systemic level of intervention. In particular, we conducted professional presentations and prepared manuscripts illuminating issues systemic to the area's Hispanic population. Through presenting at regional, state, and national conferences, we provided education to the wider counseling community regarding culturally and developmentally appropriate counseling approaches for court-referred Hispanic youth and their families (Lancaster, Dominguez, & Lopez, 2010; Lancaster, Dominguez, & Lopez, 2011; Lancaster, Heil, & Payne, 2009). Similarly, our manuscripts (Balkin, Miller, Ricard, Garcia, & Lancaster, 2011; Lancaster, Balkin, et al., 2011) contributed to professional understanding by examining the psychological factors that underscore healthy development and prosocial behavior among delinquent youth.

In addition to disseminating scholarly material to the wider counseling community, we also addressed advocacy at the public information level by hosting public forums calling attention to pervasive issues that negatively impact the community. The purpose of these forums was to bring together community stakeholders in an effort to initiate a dialogue and identify collaborative prevention opportunities. During our time at the center, we conducted forums exploring the problems of community crime, gang violence, and diabetes prevention. In attendance at these forums were community residents, school officials, students, professors, police department representatives, local business owners, and news media.

Social/political advocacy. While the center's psychological and wellness services assisted clients to develop the skills and access resources that contributed to improved life circumstances, their realities remain saturated in poverty, gang violence, and academic underachievement. In this respect, long-term solutions entail broad-scale

investment in the community by public and private entities. The center itself represented a bastion of community regeneration, offering a catalogue of civic amenities that included a public art gallery, community garden, and recreational park. We worked to further invigorate community change outside the center by serving on local business associations and networking with local and state government officials to develop strong ties and a system of support. Public officials, including justices, county commissioners, state representatives, and local business owners, were frequent visitors to the center; they attended our forums, hosted meetings, and assisted in the planning and coordination of community events intended to enrich the local community. At the level of social/political advocacy, our director travelled each year to Washington, D.C., to meet government officials and identify potential funding sources. In the context of these meetings, our director would share program evaluation data to advocate for public policy supporting offender rehabilitation programs. Although wide-reaching social reform remained a distant ideal, our activities conducted within this domain helped to establish relationships with powerful allies, based on a mutual commitment to improve the lives of minority citizens living in a high need area.

Limitations

In many respects we did not realize the full potential of the social justice model discussed in this article. We left our positions at the center upon graduation, and while we hoped that our successors would continue our work, we cannot attest to programmatic continuity. At the time of our departure, we felt that the model could be strengthened through establishing avenues to better represent the community perspective. We envisioned forming a community advisory committee, comprised of local residents, to give voice to the population for whom the programs were designed to serve. We had also planned to revise the program evaluation measures since in the process of program expansion the assessment protocols, originally designed to track the court-referred population, were inadequate for assessing the diversity of the populations served and entirety of programs we helped to establish. In the case of our center, issues of program stewardship impacted the program continuity and capacity for growth over time. To the extent that our program was not ostensibly maintained subsequent to our departure, other programs can learn from our shortcomings. It would appear that to maintain a social justice orientation, advocacy practices must be institutionalized through written policy, handbooks, standardized training practices, and professional development opportunities. The model presented herein is further limited by an uneven distribution of counseling programs represented at each level of advocacy. Since a large portion of our programs were aligned to the school/community level, other programs may want to consider how to organize counseling and counselor activities to serve their clientele at equivalent levels of advocacy.

Conclusion

The purpose of this paper was to provide helpful ideas for practitioners, students, and counselor educators to infuse social justice into their work. Our motivation to broaden our programs did not stem from our expertise or experience, but from our desire

to address the deep-rooted societal inequities that subjugated our low-income Hispanic clientele. Like many counselors and counselors-in-training, we were unsure of how to actualize social justice into our work, therefore we turned to the ACA Advocacy Competencies to help us collapse the construct of social justice into a concrete set of counseling practices and complementary activities. Through our efforts, we worked collaboratively with the school and court systems to strengthen community-based prevention efforts, disseminated information to stakeholders and peers identifying best practices, and negotiated with policymakers to secure financial and ideological support to sustain a program intended to diminish barriers to client well-being. Furthermore, the central role played by our counselors-in-training in the delivery of this model helped our interns to meaningfully learn proactive ways to address the inimitable needs of marginalized clientele through collaboration and community engagement. Currently, research is being conducted with former interns to determine the implications of participating in a social justice oriented training site for professional identity development and scope of clinical practice.

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