

2022

Professional Counselors' Understanding of Public Policy Advocacy Efforts

Janelle M. Cox

Bowie State University, janellebettis@gmail.com

Shannon Kakkar

Hood College, Shoemakercounseling@gmail.com

Follow this and additional works at: <https://digitalcommons.sacredheart.edu/jcps>

Recommended Citation

Cox, J. M., & Kakkar, S. (2022). Professional Counselors' Understanding of Public Policy Advocacy Efforts. *Journal of Counselor Preparation and Supervision*, 15(2). Retrieved from <https://digitalcommons.sacredheart.edu/jcps/vol15/iss2/15>

This Empirical Research Article is brought to you for free and open access by DigitalCommons@SHU. It has been accepted for inclusion in Journal of Counselor Preparation and Supervision by an authorized editor of DigitalCommons@SHU. For more information, please contact ferribyp@sacredheart.edu, lysobeyb@sacredheart.edu.

Professional Counselors' Understanding of Public Policy Advocacy Efforts

Abstract

Limited literature exists that outlines professional counselors experience integrating the public policy arena into their clinical practice. This study examined the lived experience of professional counselors related to public policy advocacy. Through a qualitative, phenomenological analysis five themes emerged: barriers to advocacy, strategies to advocating, issues to advocate for, and influence on clinical practice. Findings suggest that although many counselors are already engaging in advocacy, training is needed to continue the practice. Recommendations are outlined for professional counselors and graduate training programs.

Keywords

advocacy, social justice, counseling, clinical practice, public policy advocacy

Within the last two decades the profession has evolved to include advocacy as the fifth force in counseling, theory, and research (Ratts, 2009; Toperek et al., 2009). The significance of advocacy is further supported in the development of the ACA Advocacy Competencies (2003), providing ethical guidelines for counselors to engage in advocacy as counselor-advocates. Fifteen years later, the profession continues to support recognition of advocacy as an integral part of a counselor's role by updating the competencies (Toperek & Daniels, 2018). The ACA Advocacy Competencies (2003; 2018) outline two dimensions that identify the range of work counselors will conduct as advocates: The Extent of Client Involvement and Level of Advocacy Intervention (Toperek et al., 2009). In addition, the competencies discuss three different intervention levels. Advocacy at the individual client/student includes direct counseling to individual clients, students, or families. Advocacy at the community/school/organization includes collaborating with communities and systems advocacy. Advocacy at the public arena domain includes systematic barriers and public policy (Toperek, et al., 2009). Further demonstrating the significance of advocacy, the Multicultural and Social Justice Competencies (MCSJ) (Ratts et al., 2015) merged with the ACA Advocacy Competencies (2003) to include an advocacy domain and now reflect a set of comprehensive competencies for counselor-advocates. The 2003 ACA Advocacy competencies were used to structure this study.

Overall, the competencies have played an integral role in paving the way for ethical advocacy efforts for professional counselors and continues to influence counselor's professional identity (Baranowski et al., 2016; Toperek et al., 2009). We currently have an understanding of professional counselors' role in interacting with clients at the micro and meso level (Lewis et al., 2003; Ratts, & Hutchins, 2009; Storlie et al., 2019; Toperek & Daniels, 2018), however, a dearth of literature exists that outlines these interactions at the macro or public policy level (Fickling &

González, 2016; Lee & Rodgers, 2009; Myers et al., 2002; Myers & Sweeney, 2004; Storlie et al., 2019; Toperek et al., 2009). Research and exploration in this area is sorely needed focused on the varying levels of advocacy and transferability of skills specifically into the macro or public policy level (Lewis et. al., 2009). A content analysis from 2004-2016 by Storlie et al. (2019) found research was frequently published in the counseling literature focused on the first two domains of the ACA Advocacy Competencies (2003): (a) client/student empowerment and (b) client/student advocacy, than the last two domains: (a) collective action and (b) social/political advocacy. The purpose of this study is to add to the literature regarding professional counselors' experience advocating at the macro or public policy level.

Public Policy Research

Public policy level advocacy is defined as distribution or education to the public about environmental factors that impact human development and acting as change agents to influence social/political policies (Storlie et al., 2019; Toperek & Daniels, 2018). Examples include, disseminating information through publications, public demonstrations or lobbying legislators and policymakers (Storlie et al., 2019). The public policy level of advocacy focuses on broader concerns and change is promoted through policies and legislation (Swank et al., 2019). Most importantly, advocating at this level requires a counselor to conceptualize sociopolitical systems that impact the well-being and human development of clients within their training and clinical practice.

Though the significance of advocacy has been supported within the field, Nilsson and Schmidt (2005) found that students largely were not engaging in advocacy. Training and preparation of professional counselors must highlight the need to move beyond traditional roles and paradigms that focus on the individual client and instead identify when advocacy at the

public policy level or a systems approach is necessary (Ratts, 2009; Toperek et al., 2009). Toperek et al. (2009) recommended that counseling training programs integrate advocacy throughout the curriculum and supervised field work to enforce advocacy as a component of counselor identity. In turn, several studies have explored advocacy instruction for students in graduate counseling training programs (Fickling & González, 2016; Murray & Pope, 2010; Swank et al., 2019). The next several paragraphs will highlight research conducted on social justice advocacy.

Fickling and González (2016) conducted an evaluation of their Social Justice Advocacy course. Through student weekly reflection journals Fickling and González found that change occurred in students' thoughts, feelings, and understanding of themselves as advocates through the direct experience in immersion hours with community-based immigrant advocacy groups. Students reported difficulty thinking of advocacy on a larger scale and feeling intimidated. Through these experiences students were empowered, reported less anxiety surrounding advocacy, and having time to critically reflect throughout the course. In addition, Fickling and González noted the significance of understanding the concept of social justice first before students could conceptualize moving to any kind of action towards advocacy.

In another study, Murray and Pope (2010) conducted an evaluation of a service-learning advocacy project in a doctoral and masters-level class. Murray and Pope found that engaging in the advocacy project helped students develop their advocacy skills and knowledge across client, community, and public policy factors. Students were able to conceptualize broader contextual issues and increased awareness of relevant public and political policies impact to clients. Swank et al., (2019) explored students' experiences at a state capital advocacy event. Swank et al. found attending the event helped to bridge students' understanding of advocacy as a component of

counseling and understanding of the advocacy process. In addition, students reported attending the event as a group helped to process thoughts and feelings with peers.

These studies demonstrate research conducted to explore and add to the literature regarding student experiences with advocacy at the public policy level however little is understood or has been explored regarding professional counselor's experience with public policy advocacy (Fickling & González, 2016; Lee & Rodgers, 2009; Myers et al., 2002; Myers & Sweeney, 2004; Storlie et al., 2019; Toperek et al., 2009). Myers and Sweeney (2004) conducted an exploration of counselor's experiences with public policy advocacy one year after the publication of the ACA Advocacy Competencies (Lewis et al., 2003). They surveyed leaders of counseling associations and found that half (52%) indicated the association required involvement in advocacy activities while 35% reported that their organization did not have such a statement. Further alarming is that 66% of the participants reported their advocacy efforts were unsuccessful, noting inadequate resources, lack of funding, and opposition by other providers as barriers to advocating. Also, adding to the limited literature surrounding professional advocacy, Lewis, et. al. (2011) conducted a workshop and participants reported resistance, difficulty collaborating, lack of training, and advocacy work as exhausting, overwhelming, and lonely. These two studies demonstrate a baseline understanding of professional counselors regarding integrating advocacy within professional organizations however no other research study exists that has explored this since then.

This study sought to fill the existing gap in literature and research regarding advocacy, particularly within the public policy level with professional counselors (Lee and Rogers, 2009; Myers et al., 2002; Myers & Sweeney, 2004; Ratts, 2009; Storlie et al., 2019). The purpose of this research study was to explore professional counselors' experiences of participating in public

policy advocacy. Public policy advocacy efforts were defined as any interventions aligned with public policy advocacy, similarly to *social/political advocacy* from the competencies (ACA, 2003). The research study intended to describe participants' experiences with engaging in public policy events or legislative advocacy days and describe the meaning they made from those experiences. We sought to explore this phenomenon through the research question: What are the experiences of counselors who engage in advocacy efforts?

Methodology

We sought to understand the essence of the experience of professional counselors who engage in advocacy (Patton, 2002; van Manen, 2015). A hermeneutic phenomenological research design was used and appropriate for several reasons: (a) it highlights the lived experience of participants, (b) it explores the shared experience of the phenomenon, and (c) understanding the shared experiences is crucial to developing practices or policies about the phenomenon (Patton, 2002; van Manen, 2015). A constructivist ontological framework (Creswell, 2013; van Manen, 2015) allowed the researchers to focus on the participants' interpretations and build toward understanding the interaction of multiple realities within the participant experiences.

Researcher Positionality

The first author is a licensed professional counselor and identifies as a Black American woman counselor educator who has been engaged in public policy advocacy for three years. The first author has had experience with leading an advocacy committee and assisted with several legislative advocacy day events at the state level. She has also utilized qualitative methodologies throughout her research agenda.

The second author is a licensed clinical professional counselor and identifies as a white European-American woman counselor educator. She has participated in advocacy efforts at the

regional and national level for the past nine years. She has also focused her research on qualitative methodologies exploring the lived experiences of minority populations as part of her advocacy efforts.

Participants

Participants needed to be an associate/graduate or fully licensed professional counselor who had participated in public policy advocacy or a legislative event and have access to technology including the ability to conduct an interview online. Criteria for participation included: (a) a State Branch Association, and (b) the Counselor Education and Supervision Network Listserv, and (c) the American Counseling Association (ACA) Participant Forum. Upon confirming eligibility participants completed a demographic survey that included questions such as their numerical pseudonym, gender, race/ethnicity, years of experience with license, licenses and/or credentials, and professional counseling organization memberships. Saturation of data, the point when the data collected no longer produces new information or insight and participants began to repeat information other participants shared, was reached with nine participants (Creswell, 2013; Hays & Singh, 2012). The sample consisted of nine counselors; eight self-identified as female and one as male ($n= 8$; male $n= 1$). The sample used a criterion-based sampling method, intentionally selecting participants who have experienced the phenomenon under study and can articulate that experience (Creswell, 2013; Hays & Singh, 2012; Heppner et al., 2016). Participants racial and ethnic makeup self-identified were: African American ($n= 2$), White ($n=6$), and Asian American ($n=1$). Participants held their license from zero to six years. The participants worked in various settings as follows: two in outpatient, three in a private practice, one at a forensic outpatient practice, one as a career counselor for the

government, one in a school, and three in academia. The participants were primarily on the southern east coast of the US with one counselor on the west coast.

Table 1

Participant Demographics

Name	Race/Ethnicity	Years Licensed	Setting	Geographic Region
Kayla	White	7	Forensic Outpatient	Southern
Beatrix	White	5	Private Practice	Southern
Kristin	White	5	Counselor Educator/ Private Practice	Southwest
Star	White	4	Doctoral Student	Southern
Cheryl	Black	6	School Counselor	Southern
Jack	Asian	NA	University counselor	Southern
Casey	Black	2	Private Practice	Southern
Ashley	White	6	Outpatient Mental Health	Southern
Elaine	White	NA	Career Counselor	Southern

Data Collection

This study was approved through the institutional review board. The primary researcher conducted a single semi-structured interview with each participant either over the telephone or via live video conferencing which lasted between 30-60 minutes. Examples of questions asked during the interview was: (a) How does public policy advocacy influence your practice as a

counselor?, (b) How would you define advocacy?, (c) Can you describe how you believe legislation impacts counselors?, and (d) Can you describe how you believe legislation impacts clients? The interviews were audio recorded, and transcribed verbatim. Identifying information was redacted to maintain confidentiality and pseudonyms were used which were chosen by the researchers.

Data Analysis

The researchers used a hermeneutic phenomenological approach to guide the research activities including analyzing data (van Manen, 2015). These steps included: (1) focusing on a phenomenon of interest; (2) investigating the lived experience; (3) reflecting on the themes of the phenomenon; (4) describing the phenomenon through writing; (5) remaining committed to the phenomenological framework; and (6) examining the whole without losing each individual participant's experience (van Manen, 2015). We will focus here on steps one through three which pertain to data analysis as steps four through six are done in the writing and editing process to produce the manuscript and address trustworthiness stated below. First, the researchers bracketed out assumptions and experiences as it relates to advocating and public policy (Saldaña, 2016). This was done through journal entries or discussions between the researchers before and after each interview to ensure awareness of biases to data collection. Secondly, individual interviews were conducted and recorded by the first author to maintain consistency. Thirdly, transcripts were completed by students at the research center on the second author's campus. The students at the research center transcribed interviews, ran data sets/analysis and was organized by the second author. We read each transcript separately and then met together to identify significant statements, sentences and quotes that gave meaning to how participants experienced the phenomenon. We met to develop clusters of meanings from the

significant statements, sentences, and quotes. Key themes and words based on the transcripts were summarized by the primary researchers. Participants were then sent their transcript and summary for review as part of member checking for trustworthiness. One participant provided feedback, which did not alter theme development. This resulted in five final themes which addressed the experiences of counselor advocacy: barriers to advocacy, strategies to advocating, advocacy issues, and influence on clinical practice.

Trustworthiness

Establishing trustworthiness is critical in a qualitative research design and entails credibility, transferability, dependability, and confirmability (Creswell, 2012). Credibility was established through triangulation in which the same research questions were asked of all the participants. Collected data from the interviews were cross checked with existing literature to employ triangulation of data sources (Hays & Singh, 2012). Member checks were also conducted as participants were provided their transcript and summary to review for individual accuracy of participant experience. To address transferability, we used criterion-based sampling to consider the characteristics of the participants such as gender and ethnicity in direct relation to the research questions so that future researchers would have thick descriptions to work from (Creswell, 2013). These thick descriptions of the participants as well as of the methodology work to provide dependability (Creswell, 2013). Researchers engaged in reflexive practices such as journal entries (memos) and discussions before and after interviews to ensure confirmability of the findings (Creswell, 2013). Data collection and analysis occurred simultaneously (Creswell, 2012; Hays & Singh, 2012; Merriam & Tisdell, 2016).

Results

Patton's (2000) view of interpretation of the results means "attaching significance to what was found, making sense of findings, offering explanations...otherwise imposing order on an unruly but surely patterned world" (p. 480). This resonates with the hermeneutical understanding that "To interpret a text is to come to understand the possibilities of being revealed by the text" (van Manen, 1990, p. 180). The lived experiences of the nine counselors of advocacy produced five themes: definition of advocacy, barriers to advocacy, strategies for advocacy, advocacy issues, and influence on clinical practice.

Defining Advocacy

A singular definition of advocacy was not generated as all participants, when sharing their explanation, highlighted different areas. Defining the concept of advocacy by participants varied as portrayed by Cheryl, a school counselor: "by being the leader, getting other people together about the polls, and doing different things to move the cause in the right direction". Jack, an assistant professor, defined advocacy as "actually going out to do something" about the needs in the community. Kayla phrased it as "speaking up for individuals who encounter oppression...and using my position and privilege to help level the playing field...". Similarly, Star phrased it as someone "...in a position of power using their voice to speak for those who are less able." Beatrix stressed that advocacy could take on many forms, including connecting clients to a food bank if they have food scarcity issues, but also looking at legislative policies as well. Kristin further emphasized this definition by describing how she advocated for particular issues such as the opioid crisis at the "...community level organizations, state level organizations and then within the federal government..." in order to enact change. Many counselors had related but

differing definitions of a very broad concept that revolved around being a leader, making movement, and speaking for those less able at multiple local, state, and national levels.

Barriers to Advocacy

The second theme was defined as the obstacle's counselors found when advocating. These different obstacles made it difficult for counselor's to advocate at any level, but especially at the public policy level. Nine of the participants shared advocacy work was often broad, exhausting, overwhelming, and that there was a disconnect in their understanding of advocacy as graduate students versus the reality of counseling. Beatrix, a private practice counselor, shared she needed structure in the form of parameters because there are so many laws geared towards different needs. Kristin, a counselor educator and private practice counselor, shared that it took someone at her church to stop and ask if she wanted to be involved in identifying a solution for the community with opioids before she became involved in advocacy. She further explained "I know before I was really invested in public policy work, it seemed so overwhelming to me, that I thought I have no idea where to start". Jack described his experience relating to advocacy work being exhausting and lonely because "my colleagues...are not willing to come with me to Capitol hill...they are always going to say that it's somebody else's work and not theirs...".

All participants also reported a lack of focus on advocacy in their graduate training as a student and as counselors in practice. Star shared a disconnect in counseling training and curriculum surrounding advocacy work. She reported not understanding through her counseling training programs the significance of advocacy until she started working in the field and identified the impact to clients. Elaine also shared that an emphasis on advocacy training is critical to counselors in practice, stating, "So having training, understanding how it works, understanding how important it is for you to connect with your legislator is really key in that

training, to me.” Kristin expressed the need for advocacy training as “a phenomenal starting point to be teaching counselors or school counselors in training but it truly is step one and more action is needed to further their understanding”.

Strategies to Advocacy

The third theme was defined in terms of the tactic’s counselors used when advocating. Five participants shared varying strategies related to training and policy changes, and a system’s approach for counselors to engage in advocacy for the profession and clients. Star and Elaine discussed writing letters to officers, going to events held by local legislators, participating in grassroots initiatives, and viewing issues as bottom up rather than top down. Cheryl shared, “We didn’t have much time, so you had to have your elevator speech ready”, as an example when specifically meeting with legislators. Ashley discussed getting outside of the counseling office with clients, participating in relevant marches, and understanding the different ways in which counselors have to advocate, such at multiple systemic levels- macro, micro, individual. Beatrix mentioned making advocacy work part of the business plan and mission statement of her company to infuse it throughout her practice.

All nine of the participants in this study shared that using counseling skills to build relationships with stakeholders such as legislators, community leaders, schools, and others was crucial to advocating. These skills included sharing client stories, making a personal connection with the legislator, and flexibility. Elaine said, “I am trying to let them know what at least one person thinks, and I believe that if enough of us do that, we can influence and change the direction of the decisions that they make, especially when we vote.” Kristin exemplified the need to share constituent stories by identifying needs within the community and working with others to accomplish the goals is critical to advocating, “...because it’s never a stand-alone effort”,

reinforcing that collaborating with senators at the federal level, US congressman at the state level, church leaders/members, community members, first responders, the prosecuting attorney's office, or the United States Attorney General, could assist with legislative policy changes.

Advocacy Issues

The fourth theme focused on the types of issues that counselors noticed needed advocacy efforts. These were broken up into two different sub-groups: direct client issues and professional counseling identity issues.

Potential Advocacy Areas

Four participants included direct client issues on topics such as involuntary hospitalization, mandated treatment, insurance/finances, accessibility, confidentiality, disability, trans issues, veterans, domestic violence, substance abuse, and sexual abuse. Star and Kayla both shared the impact on juvenile justice issues as well as the intersection of criminality and the use of substances. Kayla illustrates, "I'm really grateful for some of those policies because I feel like some of the people who would slip through the cracks normally...are being identified sooner, however I don't like it being tied to their probation...". Beatrix discussed the impact on access to basic resources for clients, such as food stamps and housing. Casey shared her experience advocating for veterans specifically to share the client concerns they have around accessing mental health services.

Six participants mentioned professional identity issues on topics such as the ability for counselors to diagnose, ease of portability of licensure, accreditation of counseling programs, appropriate compensation, and parity across the helping professions. These issues directly impacted participants' clinical practice. Beatrix, Casey, and Ashley all identified Medicare clients as being at risk due to counselors' ability to access that population. Casey specifically

applied this to veterans, acknowledging that while legislation has opened it up for counselors to work with veterans in the federal system, “It still doesn’t allow counselors to really work with those who have Medicare outside the veteran system who are still veterans and still need that valuable work that counselors bring to the table”. Cheryl, a school counselor, acknowledged “One way that [legislation] impacts me as a counselor is the ratio of counselors to students. I had 700 students on my case. I’m the only counselor”. Beatrix, Ashley, and Elaine all discussed legislation affecting the licensure process and insurance coverage, and Jack discussed how legislation can protect and help distinguish the counseling profession from other helping professions.

Influence on Clinical Practice/Process

The fifth theme was defined as the influence of advocacy to a counselor’s clinical practice through either conceptualization or engagement with clients. All nine of the participants reported engaging in public policy advocacy work influenced their conceptualization of clients, themselves, and how they understood advocacy. Four participants also described that engaging in advocacy work changed their perspective of how they worked with clients. Kayla shared that through her work as a forensic outpatient counselor, closely linked to public policy legislation, it limited her level of confidentiality and privacy with her clients. This dictated the interventions, and “...the type of interventions I use like motivational interviewing and so I kind of have to use different tricks in my bag, to compensate for some of the public policy decisions”.

Eight participants shared that through engaging in public policy advocacy work it also changed their overall development as a counselor. Casey shared that engaging in public policy advocacy allowed her to see different ways to advocate for clients, “it also helped me with my

overall development as a counselor because I do a lot more reading and research, more than I did in school, but it is so important to get that information and implement those things”.

In addition, engaging in advocacy informed how participants understood the process. Six participants described the varying levels of ways they advocated, and the need to step away from the office to advocate. Kristin shared that by engaging in public policy work in her state she learned the process and described it as: “throwing as much as you can at the board and hoping one or two stick and that the one or two sticks are the really important ones to get efforts moving forward”. Star further shared that having this information about the process of advocacy work cannot be let go, and that “it becomes just part of who you are”.

Discussion & Implications

The researchers in this study aimed to answer: What are the experiences of counselors who engage in advocacy efforts? Through a phenomenological methodology, we found that the results from this study indicated counselors' varying definition of advocacy, an impact that public policy advocacy has to clinical practice, as well as the barriers and strategies to advocacy, and issues to address through advocacy work for professional counselors.

The definition of advocacy that the participants used corresponded with the ACA (2014) definition of advocacy in that it promotes well-being by removing barriers and obstacles. In particular, participants highlighted the need to be a leader, and to follow through with action, although they did acknowledge that being aware of the issues was part of the first step (ACA, 2014). However, there did not seem to be a distinctive difference in public policy advocacy. Lewis et. al. (2009) noted that it was difficult for counselors to transfer their skills into the public arena, and that seemed to hold true in this study, participants did not recognize the differing levels of advocacy as outlined in the competencies (ACA, 2014; Fickling & Gonzalez, 2016).

This could be due to a lack of training in counselor education programs and in continuing education opportunities. It is important that counselor education programs begin to integrate more aspects of public policy advocacy training into the curriculum in order to better prepare counselors to advocate at the macro-level. CACREP could also consider building public policy advocacy into the standards for a broader understanding in the curriculum. The word “advocacy” is currently mentioned four times in the CACREP (2016) standards, in professional orientation and ethics, in social and cultural diversity, and in career development (2.1.d. & e., 2.2.b, & 2.4.g). While many counselors seem comfortable with individual client advocacy, there was a disconnect evident in the research in counselors understanding and applying these skills in a wider arena (Ratts, 2009).

Barriers to public policy advocacy was the second domain which seemed to support the literature around advocacy. Lewis, et. al. (2011) conducted a workshop study in which counselors discussed barriers such as professional identity issues (insurance and funding resources), community support, resistance, difficulty collaborating, cultural aspects, and lack of training. Similarly, participants here shared that the work was exhausting, overwhelming, lonely, and a lack of training for conducting public policy advocacy work. A lack of support from colleagues and the community were the reason counselors felt this way (Myers & Sweeney, 2004). While counselors stated needing training, Ratts (2009) has agreed that graduate programs overemphasize the micro level while neglecting the meso and macro levels. Results from this study and current literature suggest counselors feel comfortable addressing advocacy through direct client issues one-on-one rather than performing public policy or systems advocacy. This also implies that counselors need training to do public policy advocacy work at multiple levels (community, state, federal) and once supported more counselors are aware and can then support

each other in the process. State branches and divisions can focus on building that community at a local level while ACA can continue to provide national opportunities for advocacy through “Day on the Hill” events and possibly more events throughout the year.

Alternatively, strategies to public policy advocacy were also addressed by the participants. As the competencies suggest, counselors are well positioned to take a leadership role in advocating, and the participants in this study agreed (ACA, 2014; Lee & Rogers, 2009). Participants shared the need to build relationships with stakeholders, write letters, have their elevator speech ready, and get involved in the community through marches, grassroots initiatives, and getting out of the counseling office which align with the ACA Advocacy Competencies (2003). Counselors then need to do preparation work ahead of time to be ready for these interactions and need to be involved in the community enough that these interactions happen somewhat naturally. Counselors need to be aware of who their legislators are and make efforts to meet them in the community, taking time away from their practice and family to make that happen. It would be helpful then if training programs provided skill-building for counselors to find their legislators. While ACA does provide some links and guidance on their webpage, it would seem that counselors either do not know about it, or just simply aren’t accessing it. Building public policy education into expectations for getting continuing education credits towards licensure would provide an impetus for counselors to have to think about these issues at a higher level. Additionally, as more training programs are currently including social justice advocacy as part of their curriculum, this would help counselors who have been in the field without this training gain the necessary skills to do public policy advocacy.

The types of issues that counselors might advocate for were discussed by participants and were broken up into two sub-groups: direct client issues and professional identity issues. Lewis

et. al (2011) found a similar breakdown in their workshop noted as “social justice via counseling” and “social justice in counseling” (p. 13). Direct client issues included specific populations such as veterans, domestic violence victims, people involuntarily hospitalized, and others which were also addressed by other literature (Lewis, et.al, 2011). License portability, parity, diagnoses, and training were all issues of professional identity that counselors are still fighting for (Lewis et. al., 2011; Storlie et al., 2019). Parity especially is a core issue; until counselors are recognized as equal within the helping professions, the rest of the advocacy work could become stagnated. It is important to note that the issues were not broken down by the participants as macro- or micro- level issues. Instead, they were broken down by client issues and professional identity issues. This is interesting in that it is obvious that counselors are still not identifying issues on a systemic level, but instead, by role. This supports the aforementioned claim that there needs to be more training for counselors to identify these issues within the broader societal context rather than within our limited professional field. Further, this implies that counselors might not recognize their profession in the larger societal context either, which would limit the applicability of public policy advocacy.

The influence of public policy advocacy work on clinical practice reportedly impacted how counselor’s conceptualized both their clients and themselves. It also informed how they understood the process of advocating, which developed into a process wheel as described in Fig. 1.

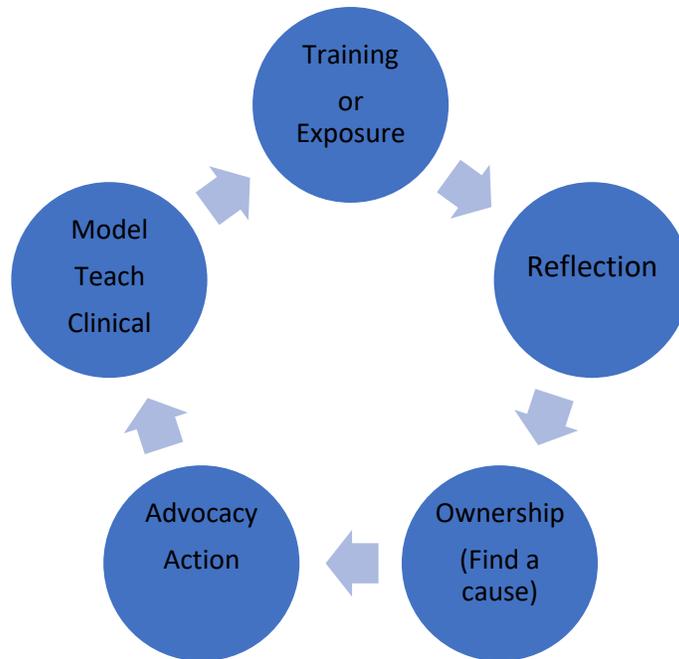


Fig. 1

First, there had to be some training or exposure to advocacy. Some counselors are currently being taught this in their graduate programs, but until the guidelines were established in 2003, advocacy was a vague notion that many counselors were not sure how to make actionable. If they did not have training in their program, they may have gained knowledge or experience of the efforts through their personal life, background degrees, such as Beatrix who holds a bachelor's in political science, or through job placement with a specific population, such as Star, who works with clients in the juvenile justice system.

Once there was exposure or training, counselors discussed engaging discussed in engaging in some reflection around their experience and what advocacy looks like or means to them. Kristin stated this best saying "it's the process of becoming awake" which often means doing some self-work addressing personal privilege. During this step counselors are also reflecting on which of their clients need advocacy work and how they can begin to address this in their practice or at their job site. Next counselors move to taking ownership of advocacy by

choosing one or more causes to begin advocating for. They may need to plan carefully in the timeline of when and how they will begin this work. Counselors typically move to advocacy action fairly quickly after taking ownership. They have scheduled the activity or event and are ready to see it through, whether it is adjusting their fees to a sliding scale, adding some pro bono work, or sending their senator a letter.

This advocacy action then turns into modeling for other counselors around them. Because they have had personal experience, they are able to teach others how to advocate. This then impacts their clinical practice as they model for their clients what advocacy looks like, effectively helping them to also become advocates. This then completes the cycle as the modeling becomes exposure and training for the next round of advocates who will experience the cycle presented here.

This process clearly aligns with the ACA Advocacy Competencies (2003) in that it naturally is organized and flows from client/student advocacy to community collaboration to systems, then collective action, then to social/political advocacy. Until a counselor has some exposure to an issue and time for reflection to understand how they position themselves and understand their privilege within that issue, they will not be able to take action. But once the understanding has been realized, they are able to take ownership and action on an issue, which then translates into mentoring colleagues and/or students through the process.

Limitations and Future Research

Some limitations exist that should be noted. Though the researchers sought to have diversity in the study, the sample consisted of six white counselors out of the nine participants, and only one male counselor. Similarly, eight of the nine participants' geographical location resided in the east coast. The results of the study should be viewed through this lens. In addition,

it is important to remember that the transferability of qualitative research is dependent upon thick descriptions of the methodology and participants as well as the researchers therefore, the goal was not generalizability rather exploring the overall experience of advocacy work in this study (Creswell, 2013).

Future research in this area is needed to clearly understand the influence of advocacy work particularly. Currently there is no formal training available, and this was an area where all of the participants in the study and previous researchers discussed both not having and wanting more of (Lewis et. al., 2011; Toporek et al., 2009). The development of public policy advocacy training and continuing education needs to be addressed. Ratts (2009) discussed that more research needs to be done to help gain credibility within the field, and although that was mentioned ten years ago, there is more research that needs to be done on the implementation of the advocacy competencies as well as the outcomes of such advocacy work, especially at the public policy level (Storlie et al., 2019).

Conclusion

Public policy advocacy within the counseling profession is of utmost importance and is an integral part of counselors professional identity and clinical work. The participants of this study identified barriers and strategies to doing macro level advocacy work, as well as common advocacy issues (ACA, 2003). It is still unclear if counselors understand the difference between general advocacy and specifically public policy advocacy. The importance of training counselors during their graduate programs and in continuing education needs additional program development and evaluation.

References

- American Counseling Association. (2014). *ACA code of ethics*. American Counseling Association. <https://www.counseling.org/resources/aca-code-of-ethics.pdf>
- Baranowski, K. A., Bhattacharyya, S., Ameen, E. J., Herbst, R. B., Corrales, C., Cote Gonzalez, L. M., González, D. M., Jones, S., Reynolds, J. D., Goodman, L. A., & Miville, M. L. (2016). Community and Public Arena Advocacy Training Challenges, Supports, and Recommendations in Counseling Psychology: A Participatory Qualitative Inquiry. *Journal for Social Action in Counseling & Psychology*, 8(2), 70-97. <https://doi.org/10.33043/JSACP.8.2.70-97>
- Council for Accreditation of Counseling and Related Educational Programs. (2016). *2016 standards for accreditation*. Council for Accreditation of Counseling and Related Educational Programs. <http://www.cacrep.org/wp-content/uploads/2012/10/2016-CACREP-Standards.pdf>
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks.
- Fickling, M. J., & González, L. M. (2016). Linking multicultural counseling and social justice through advocacy. *Journal of Counselor Leadership and Advocacy*, 3(2), 85-94. <https://doi.org/10.1080/2326716X.2015.1124814>
- Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational settings*. Guilford Press.
- Heppner, P. P., Kivlighan Jr, D. M., & Wampold, B. E. (2016). *Research design in counseling*. Cengage Learning.
- Lee, C. C., & Rodgers, R. A. (2009). Counselor advocacy: Affecting systemic change in the public arena. *Journal of Counseling & Development*, 87(3), 284-287. <https://doi.org/10.1002/j.1556-6678.2009.tb00108.x>
- Lewis, J. A., Arnold, M. S., House, R., & Toporek, R. L. (2003). *ACA advocacy competencies*. www.counseling.org/resources/competencies/advocacy_competencies.pdf
- Lewis, J. A., Ratts, M. J., Paladino, D. A., & Toporek, R. L. (2011). Social justice counseling and advocacy: Developing new leadership roles and competencies. *Journal for Social Action in Counseling & Psychology*, 3(1), 5-16. <https://doi.org/10.33043/JSACP.3.1.5-16>
- Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative Research: A Guide to Design and Implementation* (4th ed.). John Wiley & Sons.
- Murray, C. E., & Pope, A. L., (2010). Promoting counseling students' advocacy competencies through service-learning. *Journal for Social Action in Counseling and Psychology*, 2, 29-47. <https://doi.org/10.33043/JSACP.2.2.29-47>
- Myers, J. E., Sweeney, T. J., & White, V. E. (2002). Advocacy for counseling and counselors: A professional imperative. *Journal of Counseling & Development*, 80(4), 394-402. <https://doi.org/10.1002/j.1556-6678.2002.tb00205.x>
- Myers, J. E., & Sweeney, T. J. (2004). Advocacy for the counseling profession: Results of a national survey. *Journal of Counseling & Development*, 82(4), 466-471. <https://doi.org/10.1002/j.1556-6678.2004.tb00335.x>
- Nilsson, J. E., & Schmidt, C. K. (2005). Social justice advocacy among graduate students in counseling: An initial exploration. *Journal of College Student Development*, 46, 267-279. <http://doi.org/10.1353/csd.2005.0030>
- Patton, M.Q. (1980). *Qualitative evaluation and research methods* (2nd ed.). Sage.

- Ratts, M. J. (2009). Social justice counseling: Toward the development of a fifth force among counseling paradigms. *The Journal of Humanistic Counseling, Education and Development*, 48(2), 160-172. <https://doi.org/10.1002/j.2161-1939.2009.tb00076.x>
- Ratts, M. J., & Hutchins, A. M. (2009). ACA advocacy competencies: Social justice advocacy at the client/student level. *Journal of Counseling & Development*, 87(3), 269-275. <https://doi.org/10.1002/j.1556-6678.2009.tb00106.x>
- Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., McCullough, J. R., & Hipolito-Delgado, C. (2015). *Multicultural and social justice counseling competencies*. <https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20>
- Saldaña, J. (2016). *The coding manual for qualitative researchers*. Sage.
- Toporek, R. L., Lewis, J. A., & Crethar, H. C. (2009). Promoting systemic change through the ACA advocacy competencies. *Journal of Counseling & Development*, 87(3), 260-268. <https://doi.org/10.1002/j.1556-6678.2009.tb00105.x>
- Lewis, J.A., Arnold, M.S., House, R., & Toporek, R.L. (2003). *ACA advocacy competencies*. https://www.counseling.org/docs/default-source/competencies/aca-2018-advocacy-competencies.pdf?sfvrsn=1dca552c_6.
- Toporek, R. L. & Daniels, J.D. (2018). *ACA advocacy competencies*. https://www.counseling.org/docs/default-source/competencies/aca-2018-advocacy-competencies.pdf?sfvrsn=1dca552c_6.
- Storlie, C. A., Woo, H., Fink, M., & Fowler, A. (2019). A Content Analysis of the Domains of Advocacy Competencies in Select Counseling Journals: 2004–2016. *Journal of Counselor Leadership and Advocacy*, 6(1), 42-54. <https://doi.org/10.1080/2326716X.2018.1545613>
- Swank, J. M., Houseknecht, A., & Williams, K. M. (2019). Advocating at the State Capitol: Experiences of Master's Level Counseling Students. *The Journal of Counselor Preparation and Supervision*, 12(4). <https://repository.wcsu.edu/jcps/vol12/iss4/15>
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy (1st ed.)*. State University of New York Press.
- Van Manen, M. (2015). *Researching lived experience: Human science for an action sensitive pedagogy (2nd ed.)*. Routledge.