

Advocacy: The T.R.A.I.N.E.R. Model

David D. Hof, Julie A. Dinsmore, Scott Barber, and Ryan Suhr

University of Nebraska at Kearney

Thomas R. Scofield

University of Wisconsin-Oshkosh

Abstract

The T.R.A.I.N.E.R. model described in this article engages counselors in social advocacy and professional advocacy concurrently, facilitates counselor connection and collaboration with diverse communities, and raises the awareness of the counseling profession in the general marketplace. The model assumes social and professional advocacy are complementary and outlines a process where use of each strengthens the other. An example of the model's application is offered with discussion regarding implications for its use.

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The role of counselor as advocate has recently been receiving renewed emphasis within the counseling profession. As the United States continues to diversify, the need for counselors to more effectively connect with underrepresented client groups and be prepared to respond through social advocacy to issues of individual and systemic oppression that impacts clients has assumed ever greater importance (Arredondo, Tovar-Blank & Parham, 2008; Goodman, Liang, Helms, Latta, Sparks & Weintraub, 2004; Kiselica, 2004; Zalaquett, Foley, Tillotson, Dinsmore & Hof, 2008). Additionally, counselors need to continue to practice professional advocacy to promote the face of the profession, not only to decision-makers, but to consumers through

more authentic and collaborative connection (Adkison-Bradley, Johnson, Sanders, Duncan & Holcomb-McCoy, 2005; Lambie & Williamson, 2004; Leong, 2003; Myers & Sweeney, 2004; Myers, Sweeney & White, 2002).

Within the counseling literature, a distinction has been drawn between the functions of social advocacy and professional advocacy. Social advocacy is understood to be a longstanding tradition among counseling professionals, reaching back to Clifford Beers and the Mental Hygiene Movement of the early 1900s (Kiselica & Robinson, 2001). In 1971, the responsibility of counselors to fight against social injustice was reaffirmed in the special issue of *The Personnel and Guidance Journal*, "Counseling and the Social Revolution." Terms and phrases such as "advocacy counselor", "social change agent," and "social justice work," have evolved to emphasize the importance of the professional counselor serving as an advocate for clients and for social change (Erford, 2007; Lee & Walz, 1998; Ratts, DeKruyf & Chen-Hayes, 2007; Smith, Ng, Brinson & Mitkyagin, 2008). Lee and Walz (1998) define the social advocate as one who 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). This may be achieved by working on the individual, institutional, community or societal levels through providing direct (working with) or indirect (working on behalf of) services for clients (Lewis, Lewis, Daniels, & D'Andrea, 2003).

Social advocacy has become an increasingly powerful "fifth force" within the counseling profession (Ratts, D'Andrea & Arredondo, 2004), and is represented by organizations such as Counselors for Social Justice within the American Counseling Association (ACA) and Psychologists for Social Responsibility. Both ACA and the American Psychological Association (APA) have made social advocacy an ethical responsibility (ACA, 2005; APA, 2002). To provide more specific direction to professional counselors regarding their social advocacy role, ACA endorsed a set of advocacy competencies (Lewis, Arnold, House & Toporek, 2003), that specifies six domains of advocacy intervention: client/student empowerment, client/student advocacy, community collaboration, systems advocacy, public information, and social/political advocacy. Social advocacy has now become a professional imperative in addition to a moral responsibility (Grace, 1998, 2001; Shore, 1998). The professional role of social advocate has become so widely accepted that social advocacy initiatives have become an expected function of counseling professionals (Kiselica & Robinson, 2001; Lee & Walz, 1998; McWhirter, 1997; Osborn et al., 1998).

Whereas social advocacy is a counselor's work with or on behalf of his or her clients, the communities in which they live, and the larger systems that impact them, professional advocacy is the work of a counselor on behalf of his or her profession. Concern has been expressed about persistent difficulties with establishing an accurate and effective public image for the profession, expanding access to counseling services, and developing interdisciplinary collaboration to effect positive social change (Bemak, 1998; Myers et al., 2002). Myers et al. (2002) suggest that promoting a positive image of the counseling profession and publicizing the services counselors provide should be primary functions of professional advocacy. According to Lewis and Bradley (2000) professional advocacy should also serve the purposes of increasing a sense of personal agency, as well as promoting ecological change that creates a greater responsiveness to the needs of those being served. Table 1 summarizes and extends the focus on professional advocacy in the literature by proposing a formal set of professional advocacy competencies that address four categories of advocacy intervention: (a) promoting professional identity, (b)

increasing the public image of counseling, (c) developing inter-professional and intra-professional collaboration, and (d) promoting legislative policy initiatives (Chi Sigma Iota, 1999; Eriksen, 1997, 1999; Meara & Davis, 2004; Myers et al., 2002).

Professional Advocacy Intervention Categories and Associated Competencies

Category 1: Promote Professional Identity

- Promote professional pride.
- Promote a unified definition of counseling and specializations within counseling.
- Promote credentialing/licensure/ethical standards for practitioners and trainers.
- Display professional credentials in the workplace.
- Support national, regional, state and local professional counseling associations.
- Educate trainees and professional counselors about their professional identity.

Category 2: Increase the Public Image of Counseling

- Increase public knowledge of the counseling field.
- Increase public knowledge of the positive impact of the counseling profession.
- Increase public access to counseling services.
- Research public perceptions of counselors and counseling services.

Category 3: Develop Inter-professional/Intra-professional Collaboration

- Promote inter-professional and intra-professional alliances.
- Promote communication among the helping professions.
- Promote professional accountability through outcome research.
- Promote counselor wellness.

Category 4: Promote Legislative/Policy Initiatives

- Promote reciprocity of counseling credentials across states.
- Promote and disseminate research on impact of counselor credentialing.
- Inform members of the profession about legislative activities
- Identify barriers to practice due to legislation and regulations

Myers et al. (2002) draw attention to the interdependent nature of social and professional advocacy by suggesting that, although these two advocacy processes have at times been perceived to be in opposition to each other, they are in fact jointly "essential for the future of counseling and counselors" (p. 394) and can be seen as "complementary and intertwined" (p. 394). They conclude that advocacy for clients' wellbeing and the counseling profession might be done side-by-side, emphasizing that social advocacy's effectiveness can be enhanced through professional advocacy efforts. The current authors extend this connection and suggest that the reverse is also true, that professional advocacy can be supported and promoted through social advocacy initiatives.

Although counselors are strongly encouraged to practice both social and professional advocacy, there is limited concrete direction in the literature regarding how to implement social advocacy (Arredondo & Perez, 2003; Bemak & Chung, 2008; Bemak & Chung, 2005; Dinsmore, Chapman & McCollum, 2000; Kiselica & Robinson, 2001; Lewis & Bradley, 2000; Lewis, Lewis, Daniels &

D'Andrea, 2003), much less how to integrate social and professional advocacy in practice. In this article, the authors introduce the T.R.A.I. N. E. R. model, a process for creating professional development training that is designed to move beyond learning about a client group and their advocacy needs to simultaneously implementing advocacy for both clients and the counseling profession as a part of the training event. The authors expand upon existing models of social and professional advocacy (American Counseling Association, 2005; Barsky, 2000; Eriksen, 1999; Myers et al., 2002; Osborne et al., 1998, Ratts et al., 2007) to provide a tangible way counselors can address social advocacy needs of a particular client population while at the same time practicing professional advocacy by raising the awareness of the profession in client constituencies and the general marketplace.

T.R.A.I.N.E.R. Model

T.R.A.I.N.E.R is an acronym for a 7-step collaborative process to (1) *Target* advocacy needs of an underrepresented client group and their associated professional advocacy requirements, (2) *Respond* to the targeted needs by determining which social and/or professional advocacy competencies need to be implemented to address those needs, (3) *Articulate* a plan to accomplish both social and professional advocacy, (4) *Implement* the plan, (5) *Network* for advocacy during the training, (6) *Evaluate* the training, and (7) *Retarget* to address unmet social and/or professional advocacy needs. The T.R.A.I.N.E.R. model is a method of responding to the advocacy needs of clients and communities, as well as the profession, through the provision or coordination of specialized instruction. The process is instructional in nature, as the authors believe that instructional needs underlie and maintain many of the impediments to effective advocacy efforts within the counseling profession.

Traditional professional development formats focus primarily on transmitting information to an audience, with no intentional process that involves participants in the use of the content to accomplish or plan for advocacy initiatives. Participants come, listen, and leave. The T.R.A.I.N.E.R. model of professional development is unique in that it involves using the social and professional advocacy competencies as a framework to collaboratively plan an instructional event that integrates practice of the competencies throughout training planning, actively engages participants in social and professional advocacy during the training, and then evaluates the advocacy impact of the training event.

Targeting

The first step in the T.R.A.I.N.E.R. process, *Targeting*, identifies conditions that exist for a particular client group that need to be addressed through social and professional advocacy. It is, in effect, a social and professional advocacy needs assessment process. To fulfill his or her social advocacy responsibility, a counseling professional who recognize a client group is experiencing mental health needs as a result of some form of social injustice could become a training advocate (TA). For example, a therapist within a community agency setting, a school counselor, a private practice provider, a counselor educator, or a student within a counseling training program could become a TA. By reaching out to members of effected client groups and their community allies, a collaborative process is initiated to identify social conditions that promote or maintain client symptoms and need to be addressed through social advocacy. As noted in the ACA Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2003), social conditions may be individual (client/student empowerment or client/student advocacy domains),

institutional (systems advocacy domain), community-based (systems advocacy, public information or community collaboration domains), or societal (social/political advocacy domain). For example, a TA becomes aware that mental health concerns experienced by gay, lesbian, bisexual, and transgendered (GLBT) individuals in his/her geographical area stem from discrimination displayed by not only community sources but also by counseling professional. To respond, the TA first explores more completely the conditions that contribute to this discrimination by engaging GLBT individuals, heterosexual allies and other interested counseling professionals in collaborative dialogue to identify the various ways members of this group are experiencing oppression in both the community and professional contexts. All that initially may be visible to the TA is the surface level, or symptoms experienced by the client group. Through this dialogue, a more conceptual perspective is developed and the conditions that maintain the symptoms become more overt. Conducting research or analyzing data, particularly within institutional settings, may build on client voices to build a rationale for action and identify issues. This collaborative process of conceptualizing increasingly fundamental needs and barriers continues until all instructional social advocacy 'targets' are discovered. By doing this the TA not only practices social advocacy by identifying environmental factors that impinge on client development, but also practices professional advocacy through generating stronger connections with and improving the public image of the profession among members of the GLBT community, and promoting inter-professional alliances with other professionals.

By using the ACA Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2003) as a framework for discussion, the TA and his or her allies may find institutional, community and/or societal conditions needing social advocacy action, such as (a) discrimination supported by ignorance and bigotry of community members or leaders, (b) counseling professionals who are not educated around GLBT issues, (c) GLBT issues not currently being addressed within the counseling training curriculum at the local university, and (d) no existing state legislation that provides explicit protection of the GLBT population against job discrimination.

After determining conditions needing social advocacy, the TA and client ally group work together to identify conditions requiring professional advocacy, using the competencies outlined in Table 1. These conditions may include issues involving professional identity, public image/accessibility of counseling, intra and/or inter professional collaboration, or legislative policy. In this case, in talking with GLBT leaders and heterosexual allies, it is discovered that members of the GLBT community do not believe area counseling practitioners care about or are prepared to assist with their concerns and the issues they face, and that practitioners lack competence and are not reaching out to the GLBT community or the community at large to address GLBT concerns.

Responding

After identifying conditions requiring social and professional advocacy the TA and client group representatives respond by using the social and professional advocacy competencies frameworks to identify which competencies need to be developed and/or implemented within the context of the training. For a more detailed discussion of what can be involved in implementing professional advocacy on various levels the reader is referred to Eriksen's (1997) handbook on counselor advocacy. In our example, it is determined the following social and professional advocacy competencies are germane:

1. Social Advocacy: (a) environmental intervention competencies to address the ignorance and bigotry of community leaders and helping professionals; (b) systemic change intervention competencies to address staff development needs of community agency counselors regarding GLBT issues and curriculum content issues with the university counseling department; (c) public information intervention competencies to address creating an awareness of GLBT concerns; and, (d) public policy intervention competencies to address the lack of job protection legislation.
2. Professional Advocacy: (a) increasing public image competencies to raise the credibility of the profession within the GLBT community; (b) increasing public access competencies to address the lack of services for GLBT individuals; (c) intra-professional collaboration competencies to promote practitioner competence; and, (d) inter-professional collaboration competencies to reach out to community leaders in other helping professions who could benefit from the training.

Articulating

Where the *Responding* step involves identifying the social and professional advocacy competencies that need to be developed and implemented during the training, the *Articulating* step includes two processes: (a) planning the content and interaction structures that will be used during the instructional process to develop these competencies and accomplish the needed advocacy, and (b) planning the logistics of the event.

When articulating the plan of action, social and professional advocacy competence is practiced by the TA by involving members of the client group, their community allies, and fellow professionals who share the awareness of the identified need, to determine potential attendees, content and interaction structures for the training. For example, through dialoguing with members and allies of the local GLBT community and interested professionals, it is determined potential attendees should include administrators and practitioners from local counseling agencies, university faculty and students, GLBT group leaders, community leaders, and representatives of the ministerial association. The dialogue also provides direction on determining the training content necessary to address the identified social advocacy needs in the settings of the attendees. The resulting collaboration addresses professional advocacy through promoting alliances with shareholders and establishing a common vision that guides them toward change. The needs of training participants could further be refined by including a section in the conference registration where participants rank order content areas of the training based on those s/he perceives to be most needed.

As content is clarified, the TA can determine interaction structures that would most effectively accomplish the social and professional advocacy objectives of the training. Structures could include didactic presentation by speakers, cooperative learning activities, carousel activities, small group discussions, and individual work time. In this example, the TA and client group planners determine the following interaction structures and corresponding content would best facilitate the training objectives:

1. Speakers: presentations focus on attitudes, knowledge, skills content including GLBT definitions, etiology of sexual orientation, community and professional issues common to GLBT clients, implications for practitioners and community leaders,

- position statements regarding ethical therapeutic approaches with GLBT clients, and advocacy approaches in the professional and community domains.
2. Small Group Interaction by Professional/Community Interest Areas: discussion focuses on how to use the information provided by speakers to implement social and professional advocacy in their workplaces.
 3. Carousel Activity: participants rotate through advocacy stations to promote real time advocacy practice through signing petitions, contacting legislators, and planning use of professional position statements regarding practice with GLBT clients.

The second part of the *Articulating* step involves planning the logistics of the event such as reserving facilities, securing instructional technology, determining fee schedules, and disseminating publicity materials. Social and professional advocacy competence can also be displayed during this stage while advertising the training. For example, the TA could connect with a local radio station to discuss need for the training, ways the GLBT community experiences oppression, the position of the profession, and services currently provided to GLBT clients. The basic who, what, when, where, and how involved in the *Articulating* step, when documented, provide a replicable account for others that might develop a similar initiative.

Implementing

Whereas articulating a plan of action creates structure for the training, implementing the plan of action may require flexibility. The *Implementing* step includes the process of formatively evaluating and adapting to the needs of the group during the training event. For example, during the training focusing on GLBT issues, conducting a short discussion with training participants at the onset to explore their goals for training outcomes enables coordinators and presenters to flex the schedule to meet participant needs. As important as anticipating and planning are to the articulation process, discerning when to adjust the plan in favor of assuring salience of content for participants is essential to the *Implementing* step.

Networking

Participants personalize implications of the training for both social and professional advocacy in several ways during the *Networking* step. For example, participants can be grouped by like interests or job areas in order for networking between participants, coordinators and presenters to take place. Group interaction occurs on two levels as participants are first directed to use the ACA Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2003) and the proposed professional advocacy competencies as frameworks and brainstorm together how they see they can use the information learned to implement both social and professional advocacy initiatives. This interaction can result in more detailed partnership initiatives between members of the client group and other attendees. Participants are then asked to generate a personal or collaborative advocacy plan that includes individual, institutional and/or community/society level social and professional advocacy action related to the training topic. For example, a counseling professional learning about effective treatment for GLBT individuals may partner with a member of the client group to develop a plan that includes fostering stronger relationships with referral support groups in the GLBT community such as Parents and Friends of Lesbians and Gays and the Gay Lesbian Straight Educational Network, which would initiate in the client empowerment

category of the social advocacy competencies as well as the public image category of the professional advocacy competencies. Another individual may target institutional action that addresses the systems advocacy category of the social advocacy competencies and the intra-professional collaboration category of the professional competencies by providing a similar training at his/her agency site and inviting allied professionals to participate. A third individual may identify society level action, such as organizing an initiative to pass legislation to include GLBT individuals under the state fair employment statutes, which addresses the social/political advocacy category of the social advocacy competencies. By publicizing the initiative, professional advocacy is accomplished through enhancing the public image of counseling. This synergistic interaction allows for novel solutions and established practices to be shared, amended and integrated.

Beyond this formal group activity, immediate opportunities for both social and professional advocacy can be provided within the context of the training day that extend the networking concept. For example, during this training focused on GLBT issues, at break times and as a more formally structured carousel activity, participants can access several advocacy stations designed to promote real-time practice of the ACA Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2003) and/or promote professional advocacy. At one station, participants can use a computer with internet connection, a list of the state's legislators and their e-mail addresses, and suggested copy for an e-mail that can be sent opposing a defense of marriage initiative being proposed in the state legislature. At a second station, they could personalize boilerplate position statements outlining the counseling profession's positions on issues important to the GLBT community for use in outreach initiatives. At a third station, participants could collect outlines of speeches they could give to community organizations about GLBT issues. Intentionally designing opportunities for networking allows participants a chance to process the meaning of the instruction, actively engages them in advocacy activity during training, plans for later advocacy action on their part, and expands the referral base of each participating professional.

Evaluating

In evaluating the instructional event, participants are asked to comment on the value of the experience in several ways. At the individual level this may include pre/post tests on the day of the training to identify changes in knowledge, skills and/or attitudes related to the training content and the social and professional advocacy that occurred as a result of the training event. Using the previous example of the carousel activity designed to promote real-time practice, additional evaluation could include tracking the number of individuals participating in each carousel station to determine the extent of participation in systems change activity. The *Evaluating* step does not have to be confined to the day and time the instructional training is provided. The authors encourage more in-depth evaluation initiatives that help illuminate long-term impact for participants. For example, during the training focusing on GLBT issues individuals created action plans outlining their personal advocacy initiatives for the next six months. One way to determine the impact of the instruction at promoting long-term change would be to keep a copy of these plans and contact these individuals at three and six months to determine their progress toward completing their social and professional advocacy initiatives. This outcome data would provide a clearer picture of the type and extent of both the social and professional advocacy resulting from the training event. Conducting follow-up surveys within the GLBT community regarding their perceptions of change related to the level of discrimination

experienced in the professional and community contexts, knowledge level of professional providers, quality of service, and general attitudes related to the counseling profession could be an additional post-training evaluative assessment.

Effective assessment identifies the immediate and longitudinal benefits of the instructional methods used to promote social and professional advocacy competence.

Retargeting

To complete the T.R.A.I.N.E.R. process, the *Retargeting* step involves reviewing the previous stages and using the evaluation data to determine how well the desired competencies were met and to determine next steps. If results revealed a particular content area underwent little change, the TA would gain insight into the areas of social and/or professional advocacy that would require additional focus in future training events. Retargeting could range from repeating the training with minor changes for a new audience, to designing a new training to respond to an unmet or newly identified need, to a decision that no further training is needed. In our example, a review of the data could document the impact of advocacy initiatives undertaken by participants as well as indicate that follow-up training at both the community agency and training institution in particular areas would be justified.

Benefits and Limitations of the T.R.A.I.N.E.R. Model

Benefits

Regarding social advocacy, the potential benefits of implementing the T.R.A.I.N.E.R. model are many. First, the model has been shown to extend awareness and knowledge of social advocacy to action in a process shown to result in effective outcomes (Hof, Scofield & Dinsmore, 2006). The authors have implemented this model in three settings: a national training on social advocacy held on a university campus; a student-led conference on social justice issues; and a presentation at an ACA Conference (Dinsmore, Hof, & Scofield, 2006). Using this model, training participants in these settings generated a total of 52 plans to implement social and professional advocacy within their various settings with longitudinal follow-up studies showing positive impact (Hof et al., 2006). Second, the model provides support and resources for those wanting to engage in social advocacy, not only at the individual client level, but at the institutional, community and society levels that can often seem daunting to an individual practitioner. Because the process is collaborative and emphasizes involvement with client groups at each step, it supports and can extend the efforts of client and client group self-advocacy activities.

Professional advocacy is critical to extending the scope of social advocacy. A strong profession can translate to a clearer counselor identity, greater access to counseling services, enhanced credibility of the profession, and greater influence on policy development and political decision making processes. The T.R.A.I.N.E.R. model begins to operationalize professional advocacy by suggesting a set of competencies that gives concrete direction on how to practice professional advocacy. The structure engages many counselors in implementing these competencies in an intentional and meaningful way in a concise time frame. Because of the strong emphasis on involvement of client groups in a collaborative process, the model helps clarify counselor identity and enhance the image of the profession. Collaboration with client groups also

increases the likelihood that unethical or ineffective services can be identified and partnerships formed to address those concerns. The interactive Networking stage of the process also builds intra-professional and inter-professional collaboration. The application of the model to a professional development training event lends itself particularly well to building both social and professional advocacy competence in counselor education students. This process can easily be integrated into the planning of department-sponsored professional development series and student-led training activities, providing regular opportunities for students to participate in all stages of the process.

Limitations

Because this model is more comprehensive and collaborative than traditional professional development practices, it does require more initial planning time. The model is conceptualized as a collaborative approach, and indeed one of its strengths is promoting connections among professional providers and client groups through the planning process. This means that TA's must work within their professional setting to initially prioritize time in their schedule to facilitate these connections. This is perhaps indicative of a broader need for those in the counseling profession to legitimize advocacy, both social and professional, as a valued, needed, and assigned part of the counselor role.

It is also important that those implementing this model focus their efforts on those aspects of social and professional advocacy that are germane to the targeted needs within their local context and are possible given available resources. Failure to do so could result in a plan that is too broad in its scope to be realistically implemented. In addition, it is necessary to be planful and prompt regarding follow-up evaluation with participants. Delaying follow-up contact can result in difficulties in locating participants to gather data needed to determine the type and extent of both the social and professional advocacy resulting from the training event, as well as longitudinal benefits of the instructional methods used to promote social and professional advocacy competence. Finally, for use of this model to become widespread, knowledge of both the social and professional advocacy competencies needs to be infused in counselor education curriculum and students need to be provided the opportunity to engage in activities where integration of these competencies is required.

Conclusion

The authors propose the T.R.A.I.N.E.R. model as one way to intentionally integrate the practice of social and professional advocacy. Social advocacy rests in part on the number of professionals trained to meet a particular need. Increasing the number of trained professionals and transitioning that competence into action promotes social equity and elevates the standing of the profession in the marketplace. With more counselors providing competent services to a particular population, public and inter-professional recognition of counselors is augmented. Also, by increasing the total number of professionals trained to work with a special population, the choices of those consumers, whether a self-pay client, a third party payer, or a school student/family, are increased thereby protecting the public from practitioners who provide services for which they have not been trained, and from services that offer few, if any, long term benefits.

The T.R.A.I.N.E.R model offers a tangible method of transforming the awareness of ignorance

into effective action and redirecting overload into opportunity. Whether providing training directly to a few fellow counselors, or coordinating a training event for a larger professional audience, empowering professionals to advocate addresses social injustice and improves the interface between society and the counseling profession. Through this improved relationship, counseling professionals are better equipped to advocate for their clients, the communities in which they live, and for their profession. Conceptualized as a grassroots effort to make ripples in the pool of professional competence, the T.R.A.I.N.E.R. model expands the profession's sphere of influence on the expiation of human suffering. Developing the advocacy expertise of counseling professionals augments the collective ability of the counseling profession to achieve its ultimate goals, meet its social responsibilities, and better respond to the needs of those whom the profession serves.

Contact information:

David Hof
Email: hofdd@unk.edu

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