

**Social Justice Counseling: Establishing Psychometric Properties for the Advocacy  
Competencies Self-Assessment Survey©**

by

Batsirai Bvunzawabaya

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Approved by

Randolph Pipes, Chair, Professor, Special Education, Rehabilitation and Counseling  
John Dagley, Associate Professor, Special Education, Rehabilitation and Counseling  
Annette Kluck, Associate Professor, Special Education, Rehabilitation and Counseling  
Chippewa Thomas, Associate Professor, Special Education, Rehabilitation and Counseling

## Abstract

The current study conducted reliability and validity analyses on the Advocacy Competencies Self-Assessment (ACSA) Survey©. Self-report measures were used to collect data from mental health professionals who were not currently enrolled as students and who were currently providing counseling or psychotherapy services or had done so in the last year. Data from 109 participants was analyzed using Correlational Analyses and Confirmatory Factor Analyses. Results indicated that the ACSA Survey© has good reliability but has mixed results in terms of the measure's construct validity. In addition, results did not support the six factors proposed by the authors; thus further research is needed to validate the measure.

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## CHAPTER I. INTRODUCTION

*The world is a dangerous place to live; not because of the people who are evil, but because of the people who don't do anything about it.*

*– Albert Einstein*

### **Overview**

Justice and equality are often viewed as important values to be upheld, particularly by mental health professionals such as counselors, clinical psychologists, counseling psychologists, and social workers. Mental health professionals have committed to promoting the well-being of others and to alleviating suffering (Aldarondo, 2007). However, the helping professions have often focused on how to achieve change in the internal psychological processes of individuals to help them cope with their social settings (Greenleaf & Williams, 2009; Manis, Brown, & Paylo, 2009), as opposed to taking a proactive approach based on prevention found in interventions aimed at external factors (Vera & Speight, 2007).

In recent years, the United States has seen an increase in diversity (Constantine, Hage, Kindaichi, & Bryant, 2007). As the racial and ethnic landscape continues to evolve, counselors and counseling psychologists persist in their work of exploring the connection between mental health and the environment in which individuals reside (Constantine, et al., 2007). More recently, the connection between one's mental health and one's bio-psycho-social characteristics (e.g., race, ethnicity, gender, sexual orientation, ability, age, religion and spirituality and socioeconomic status) has been of particular interest (Manis, Brown, & Paylo, 2009; Speight & Vera, 2008). Often such attributes have been the basis of oppression and marginalization of

certain members of society (Manis, et al., 2009), resulting in a higher prevalence of mental health concerns among these groups (Aldarondo, 2007; Greenleaf & Williams, 2009; Vera & Speight, 2007). In fact, Albee (1996) posits that numerous mental illnesses “are socially acquired maladjustments, learned patterns of undesirable behavior that result from a pathological social environment” (p. 130). Unfortunately, these same groups have limited access to mental health services, thus highlighting the importance of mental health professionals reaching out to these groups via social justice work (Vera & Speight, 2007).

Mental health professionals have been criticized for not being more visible on a larger scale in political debates such as those involving health care, education reform, or other social inequalities (Kakkad, 2005). Nevertheless, a strong relationship has been established between social injustice, such as oppression and discrimination, and mental health (Crethar & Ratts, 2008), thus leading to further exploration of how mental health professionals can adequately serve their diverse clients, particularly with issues related to oppression (Constantine, Hage, Kindaichi, & Bryant, 2007). Some would argue that the prevalence of injustice and oppression nationally and internationally has brought about many opportunities for mental health professionals to utilize their skills and training (Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006). As a result, the counseling and counseling psychology fields have in recent times given much consideration to social justice and its impact in the future of their training, research, and practice (Nilsson & Schmidt, 2005). In the current study, counseling and counseling psychology will collectively be referred to as counseling professionals.

### **Terminology**

Traditionally, counseling has focused on the intrapsychic concerns of clients, but there have been increasing calls for the profession to broaden its focus to the extrapsychic forces that

negatively impact the health of individuals (Kiselica & Robinson, 2001; Ratts, D'Andrea, & Arredondo, 2004; Vera & Speight, 2003), particularly within a context of what has been called "social justice." The idea of "social justice includes a vision of society in which the distribution of resources is equitable and all members are physically and psychologically safe and secure" (Bell, 1997, p. 2). According to Bell, social justice can be both a goal and a process. The goal of social justice is to make sure that individuals reach their maximum potential in society as it relates to their career, academics, or personal facets through advocacy, which is the action taken in bringing social justice goals to fruition (Ratts, Lewis, & Toporek, 2010). The process of achieving the goal of social justice is to be conducted in a democratic, inclusive, and collaborative manner (Bell, 1997). Various names (including "advocacy counseling," "social action counseling," and "social justice counseling") have been used to describe counseling which starts with a vision of society and includes having the counselor engage in advocacy and assistance in dismantling environmental obstacles to mental health (Constantine, Hage, Kindaichi, & Bryant, 2007; Goodman, et al., 2004; Kiselica & Robinson, 2001, p. 387; Speight & Vera, 2004). In other words, the function of all three approaches is to empower clients and to promote "sociopolitical changes" in order to demonstrate a greater response to the needs of clients. In this dissertation, the term "social justice" will principally be used to refer to this approach to counseling.

More precisely, according to Ratts, D'Andrea, and Arredondo (2004),

Social justice counseling acknowledges issues of unequal power, unearned privilege and oppression and how these link to psychological stress and disorder. More specifically, social justice counseling seeks to establish a more balanced distribution of power and resources in society through advocacy and politically conscious interventions. (p. 28)

Thus, the main objective of this movement is to end these social problems by sharing power structures and privileges equally and fighting against discrimination (Smith, Reynolds, & Rovnak, 2009). Social justice, as it refers to counseling, entails encouraging growth in clients while addressing issues of injustice that impact not only the clients but the social systems as well (Crethar & Ratts, 2008). Moreover, social justice counseling utilizes social advocacy in an effort to meet the needs of clients who are receiving unequal resources (Ratts, 2009). For example, treatment for a client presenting with anxiety related to concerns regarding his/her children's protection in an unsafe neighborhood may traditionally be focused on reducing his/her symptoms and exploring other alternative accommodations. However, a social justice approach, in addition to those interventions, may encourage the client to join other parents in changing the neighborhood through marches and working with police. In addition, the counseling professional could assist by helping the community organize such events to increase the client's and the neighborhood's well-being, which results in addressing issues rooted in the system (Vera & Speight, 2007).

The need for counseling professionals to target the environment is rooted in the belief that clients' problems are socially systemic in nature (Ratts, Lewis, & Toporek, 2010). Consequently, the behaviors individuals exhibit are related to the economy and government policies, as well as to policies enacted in psychology (Mays, 2000). Crethar and Ratts (2008) echoed the importance of addressing societal issues in counseling due to the fact that clients have been influenced by their culture and their environment, thus making involvement in social justice imperative. The importance of focusing on societal issues as they relate to clients was clearly articulated by Prilleltensky (1999):

Psychological problems do not exist on their own, nor do they come out of thin air; they are connected to people's social support, employment status, housing conditions, history of discrimination, and overall personal and political power. [Therefore,] promoting complete health means promoting social justice for there cannot be health in the absence of justice. (p. 106)

Goodman and colleagues (2004) asserted that this work could take place on three levels: a) the micro level ("individuals and families"), b) the meso level ("communities and organizations"), and c) the macro level ("social structures, ideologies and policies"); thereby emphasizing that social justice goes beyond working solely with individuals to modifying structures that exist in society (p. 795). There are examples of counselors' and counseling psychologists' social justice work at the meso and macro levels, however, social justice interventions have typically been enacted on the micro level (Helms, 2003).

### **Understanding Oppression and Privilege**

A commitment to social justice includes a deeper understanding of oppression and related issues (Manis, Brown, & Paylo, 2009; Ratts, 2009). Oppression is defined by Prilleltensky and Gonick, (1996) as

a state of asymmetric power relations characterized by domination, subordination, and resistance, where the dominating persons or groups exercise their power by restricting access to material resources and by implanting in the subordinated persons or groups fear or self-deprecating views about themselves. (pp. 129–130)

Furthermore, "oppression is cumulative and omnipresent, invading one's psyche" (Speight & Vera, 2004, p. 112). Some of the factors involved in oppression are exploitation, marginalization, powerlessness, cultural imperialism and violence (Young, 2000). There are

various types of oppression involving sex, class, race, age, sexual orientation, religion and so on, but one is no more important than the other. In other words, one form of oppression cannot be deemed more damaging than any other because each group endures different experiences (Speight & Vera, 2004). Regardless of what mechanism of oppression is present the issue of unshared power and privilege remains (Bell, 1997). Privilege refers to undeserved benefits received by certain groups (usually the dominant groups) in society based on certain characteristics (Crethar, Rivera, & Nash, 2008). The experience of one group possessing power and privilege results in another group being disenfranchised. However, because there are many facets to one's identity, an individual can simultaneously belong to a privileged group in one instance but be in an underprivileged group under other circumstances (Speight & Vera, 2004), for example being a Caucasian male who identifies as gay.

There are three levels where oppression can manifest itself (Hardiman & Jackson, 1982). The first is at the individual level, such as in an interaction between a counseling professional and the client in which oppression can occur through personal beliefs and behaviors. The social/cultural level is the second level where the main culture dictates the norms and values to be followed by the minority culture. Third, is the institutional level that entails the documented and undocumented policies and laws that hold oppression in place (Hardiman & Jackson, 1982). Therefore, the process of oppression is not limited to a few individuals but is entrenched in the social structure and demonstrated in a variety of ways (Young, 2000), such as segregation in the schools across the United States prior to the 1950s (Ratts, 2009). These levels not only provide a better understanding of the insidious nature of oppression but serve to increase understanding of how social justice work can be carried out on each of these levels.

Furthermore, the different forms of oppression result in devastating psychological and physiological impact (Greenleaf & Williams, 2009; Prilleltensky & Gonick, 1996) including depression, low self-esteem, drug and alcohol issues, and relationship problems (Greenleaf & Williams, 2009; Manis, Brown, & Paylo, 2009; Ratts, D'Andrea, & Arredondo, 2004). Epidemiological research suggests that issues stemming from social ills, such as being exploited and marginalized, result in mental health concerns (Albee, 1996). For example, research conducted in the United States public school system found that high suicide rates, depression, and decreased academic performance were attributed to homophobia and heterosexism in students that identified as lesbian, gay, bisexual and transgender. In another study, minority students and those students from low socioeconomic status homes did not reach their academic and personal capability when compared to their Caucasian counterparts due to racism and longstanding poverty (Ratts, Lewis, & Toporek, 2010).

### **Social Justice Counseling as the “Fifth Force”**

The social justice counseling movement has recently been widely discussed in the literature (Crethar & Ratts, 2008; Ratts, D'Andrea, & Arredondo, 2004; Smith, Reynolds, & Rovnak, 2009; Speight & Vera, 2004). Ratts, et al. (2004) proposed that social justice counseling should be viewed as the “fifth force” in the field in addition to the “psychodynamic, behavioral, humanistic and multicultural counseling forces” that preceded it (p. 28). As a result, it could be understood that counseling, since the first three forces, has moved from placing emphasis on the individual to focusing on the individual in their environment (e.g., multiculturalism) to accentuating the larger social context in social justice (Ratts, 2009). The authors believed that this distinction was important because it would: a) recognize the differences between the constructs of multicultural counseling and social justice counseling; b)



acknowledge the growing number of publications related to social justice counseling and the positive impact it can have on society; c) make note of the continued contribution of counseling professionals in the field; and, d) take into account the presence of a new paradigm that provides a dynamic view of counseling which is socially and politically conscious (Ratts, et al., 2004). There is some opposition to social justice being labeled as the fifth force in counseling due to the limited empirical evidence and its lack of novelty in the field (Smith, et al., 2009). Ratts agrees that more evidence needs to be gathered in this area and that labeling this movement as the fifth force may be disputable. However, he asserts that the widespread impact of social justice work in the field cannot be overlooked.

### **Problem under Study**

As the counseling field has continued to evolve, it has become more evident that interventions aimed only at intrapsychic concerns with marginalized clients may be minimally effective (Ratts & Hutchins, 2009; Toporek, 2009). Because oppression, unfair policies, and distribution of resources may result in obstacles that interfere with mental health, removal of such obstacles is often essential to mental health. Counselors and counseling psychologists may be instrumental in this process (Toporek, 2009). Kakkad (2005) asserts that “traditional modes of psychotherapy limit the progress individuals can make because they help individuals learn better to adapt to their environment – an environment that may be pathological and remain oppressive” (p. 294). Studies show that clients with feelings of being members of marginalized groups value recognition of the presence of such feelings from their counselors (Toporek, 2009). Such recognition has been recognized as being an important part of the working alliance (Manis, Brown, & Paylo, 2009).

Counseling professionals are in positions that can allow them to effectively assist individuals who suffer social injustices (Constantine, Hage, Kindaichi, & Bryant, 2007; Ratts, Lewis, & Toporek, 2010), thus, emphasizing the importance of counselors' and counseling psychologists' competency in addressing extrapsychic forces in clients' lives. Failure to recognize and/or discuss extrapsychic forces would result in clients bearing all the responsibility for their crises and in counseling professionals merely aligning with the societal issues affecting their clients (Kakkad, 2005; Toporek, 2009). By making a long-standing commitment to improving societal institutions and policies, counseling professionals may influence society in a more impactful manner (Humphreys, 1996). Thus interventions must be aimed at the social environment along with, or as opposed to, interventions targeting the individual. However, the challenge is how to shift from a theoretical vantage point to an action-oriented approach (Goodman, et al., 2004) that can meet the goal of eradicating social injustice.

There is growing interest in the skills required to become involved in social justice work (Speight & Vera, 2008). Outlining social justice competencies in the counseling profession is vital because competencies assist in establishing appropriate practice guidelines, standards of care, and professional requirements (Ratts & Ford, 2010). An American Counseling Association (ACA) task force convened to develop the Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2002). These competencies were to be used as guiding principles (in conjunction with the multicultural counseling competencies and multicultural guidelines) for counseling professionals to adequately address matters related to oppression in their professional activities. However, there are numerous research complexities in measuring constructs in this area (Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006).

Even though there have been instruments evaluating social justice constructs, there are few instruments that assess counseling professionals' level of advocacy competence as described in the Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2002). In response, the Advocacy Competencies Self-Assessment (ACSA) Survey© was created to help practitioners and educators determine their level of competence around the three levels and six domains of the Advocacy Competencies developed by American Counseling Association (ACA; Ratts & Ford, 2010). It appears as though social justice is becoming a part of our work as helping professionals rather than an optional course of action (Goodman et al., 2004). However, less than 1% of mental health professionals engage in professional activities they endorse as social action (Speight & Vera, 2008); and it appears as though many counseling professionals lack social justice advocacy skills. Thus, assessment of these skills is important (Sue & Sue, 2008). Therefore, there is a need for an empirically sound instrument to accurately measure the degree to which counseling professionals are advocacy competent.

### **Purpose of Study**

Establishing the psychometric properties of an instrument which purports to measure advocacy competence would obviously be helpful in the pursuit of being able to measure such competency. In turn, measurement of competency in this area is an important goal for those who endorse a social advocacy approach to counseling. Therefore, the purpose of this dissertation is to establish the reliability and validity of the Advocacy Competencies Self-Assessment (ACSA) Survey©.

## CHAPTER II. LITERATURE REVIEW

*Show, by your actions, that you choose peace over war,  
freedom over oppression, voice over silence,  
service over self-interest, respect over advantage,  
cooperation over competition, action over passivity,  
diversity over uniformity, and justice over all.*

– Anthony J. Marsella

### **Ethics and Social Justice**

Even though state and federal laws sometimes call upon counseling professionals to adopt an advocacy role (e.g., reporting abuse of a child), many argue that the ethical standards also recommend that counseling professionals advocate for their clients. For example, counseling professionals are encouraged to act on or report situations where a client is being exploited by another professional, and if necessary they may be required to report that individual to ethical review boards (Kiselica & Robinson, 2001). A broader view of ethics includes a commitment to support social justice (Speight & Vera, 2004) and to view it as an “ethical and moral obligation” (Vera & Speight, 2003, p. 270). This view emphasizes that working as an ethical mental health professional involves using one’s position of power and privilege to influence policies that benefit one’s clients and assist them in self-advocacy efforts (Manis, Brown, & Paylo, 2009).

The American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct (ethics code) provides psychologists with guidance about how to appropriately serve clients from varied backgrounds, encouraging competence and discouraging bias (Bartoli

& Pyati, 2009; Kakkad, 2005). Thus, issues of competence and cultural awareness are important in providing ethically appropriate interventions with marginalized clients (Kakkad, 2005). Principle D in the APA ethics code “calls for psychologists to strive to provide to all people fair, equitable, and appropriate access to treatment and to the benefits of scientific knowledge” (Fisher, 2003, p. 21). The idea of equal distribution of resources called for in social justice work is consistent with this principle. In addition, psychologists are cautioned not to participate in any activities that result in injustice. This principle emphasizes the need for psychologists to protect the rights of others while acknowledging and respecting the fact that differences may be present. Furthermore, psychologists are to ensure that they are equipped with the necessary competence levels to address these issues with others, while eradicating the presence of prejudice in themselves (Fisher, 2003).

The 2005 American Counseling Association (ACA) Code of Ethics requires counselors to be aware of prejudice as it affects their clients’ well-being, as well as counselors’ ability to accurately diagnose and treat their clients (ACA, 2005; Crethar & Ratts, 2008). The ACA Code of Ethics states in section A.6.a, “when appropriate, counselors advocate at the individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or growth and development of clients” (ACA, 2005, p. 5). Therefore, advocacy is viewed as an important element in counseling where counselors must competently work with and on behalf of clients in their advocacy work (Manis, Brown, & Paylo, 2009).

Psychologists have been criticized for subscribing to a constricted view of ethics that places priority on the safety of the individual rather than on the welfare of the entire community, which could result in a lack of consideration and attentiveness to societal problems (Prilleltensky & Walsh-Bowers, 1993; Speight & Vera, 2004). Traditionally, in order to be an ethical APA

member, one does not need to be a social justice advocate either professionally or personally (Brown, 1997). Individuals are required to avoid obvious discrimination and violations of the stated regulations but, “no ethical sanction is placed on the psychologist who stands by silently while oppression occurs, because there is no rule against such passive collusion” (Brown, 1997, p. 59). Prilleltensky and Walsh-Bowers (1993) urged the adoption of a wider understanding of ethics based on a moral philosophy that takes into account the well-being of the community, specifically known as the moral imperative. The moral imperative differs with the traditional view of ethics because it highlights social ethics and because it emphasizes society rather than the individual and proactive treatment as opposed to reactive treatment.

Kiselica and Robinson (2001) acknowledge that social justice counseling requires counselors to step out of their conventional approaches to counseling which have emphasized maintaining boundaries and avoiding dual relationships. However, they note the importance of adopting these non-traditional counselor roles while setting clear boundaries with clients and taking into account the specific client’s clinical issues. Hence, in discussing the intersection of ethics and social justice-oriented work, there are ethical considerations to be made that create complexity or ethical dilemmas (Kiselica & Robinson, 2001). Perhaps this ethical complexity does not allow psychologists and counselors to be courageous in implementing social justice interventions (Kakkad, 2005). Some of these complex ethical issues are as follows: competence, multiple roles, politicizing of social justice, doing no harm (Toporek & Williams, 2006), value differences, how to adequately share power, whose voice needs to be amplified (Goodman et al., 2004), informed consent, and value conversion (Goodman, et al., 2004; Toporek & Williams, 2006). Even though these issues are worthy of discussion, they are beyond the scope of this paper (refer to Goodman et al., 2004 and Toporek & Williams, 2006). Regardless of such ethical

issues, counseling professionals are encouraged not to give up on the important role of ethically integrating social justice into other areas of their work (Kakkad, 2005).

### **Forces Influencing the Development of a Social Justice Perspective**

There are several factors that have influenced the recent emergence of the adoption of a social justice perspective. First, the social justice perspective is thought to be a product of the strides achieved by the feminism and multiculturalism forces, resulting in a deeper comprehension of the effects oppression can have on mental health, not only on clients but on society in general. Second, the idea that psychological and emotional distress may arise due to the presence of oppression experienced by individuals in their environment resulting in a decrease of potential for their growth and well-being; thus social justice counseling is recommended in order to assist the individual in managing these social issues rather than solely focusing on the internal concerns. The movement towards this perspective demonstrates a transition from the “historic roots of individual psychology and developmental counseling toward a sociological perspective more often reflected in the social work profession and literature” (Smith, Reynolds, & Rovnak, 2009, p. 485). Therefore, counseling professionals have a duty to address and eradicate the social issues that negatively impact individuals, by not only working with the individuals but on the society as a whole. Due to the negative relationship between the level of oppression and mental health, there is a higher need for counseling professionals to confront the inequalities present in society that are impeding good mental health (Goodman et al., 2004; Ratts & Hutchins, 2009; Ratts, et al., 2010). This moves social justice counseling from the counseling office, to dealing with social institutions and structures, consequently demanding a different set of competencies (Helms, 2003; Smith, Reynolds, & Rovnak, 2009).

Finally, as mentioned earlier, it is suggested that solely focusing on internal factors (rather than the external factors) in counseling may not produce the best outcome (Goodman, et al., 2004; Ratts, 2009, Ratts & Hutchins, 2009). Therefore, focusing on issues present in the environment and on individuals with privilege in society, rather than on the individual client may result in client and societal change (Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006). It appears as though counseling professionals may be utilizing interventions predominantly targeting intrapsychic concerns rather than social justice based interventions (Ratts, Lewis, & Toporek, 2010). Therefore, it seems that to be more effective in treating clients, the profession needs to evolve. Such an evolution includes changing its current practices to better serve its clients, particularly those who are marginalized (Ratts, et al., 2010).

### **Feminism, Multiculturalism, and Social Justice**

The presence of social justice has been embedded in both multiculturalism and feminism counseling, where the client and the counseling professional are called on to take action against injustice (Bartoli & Pyati, 2009). There are common elements in multicultural, feminist and social justice counseling, which include interest in the effects of the environment on clients and a need for counseling professionals to gain awareness and knowledge of the social inequalities clients encounter (Arredondo & Perez, 2003; Crethar, Rivera, & Nash, 2008). It is believed that both counseling theories (multicultural and feminist) could serve as useful guides as to how social justice work could be incorporated into social structures (Goodman, et al., 2004). Goodman and her colleagues (2004) discussed six elements (i.e. ongoing self-examination, sharing power, giving voice, facilitating consciousness raising, building on strengths, and leaving clients with tools for social change) that are present in feminist and multicultural counseling theories and how they could be applied to social justice work. The examples provided by



Goodman et al. (2004) are noteworthy, but will not be expanded upon as they are beyond the scope of this paper.

As a result of growing frustration toward traditional psychological theories, and in an effort to advocate for women, feminism emerged. Feminist counseling focused on the impact of oppression on clients' presenting concerns, believed effects of oppression were being mislabeled as pathology, and sought to find solutions for clients living in society where oppression was present. Feminist counseling acknowledged the presence of values and politics in counseling professionals' work. A popular phrase in feminist theory is "the personal is political" which speaks to the impact of systems on individuals (Goodman, et al., 2004). The current emphasis on social justice thus expands on constructs first developed in the feminist literature.

In terms of the multiculturalism, the extent to which counseling professionals demonstrate adequate self-awareness, knowledge, and skills when working with diverse individuals has been referred to as multicultural/cultural competence (Constantine, Hage, Kindaichi, & Bryant, 2007; Toporek, 2009). The multicultural counseling competencies, date back to the early 1980s (e.g., Sue et al., 1982) and underwent revisions in 1992 (Sue, Arredondo, & McDavis), and 1996 (Arredondo et al.), with the most recent amendment being in 2002, when the "Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists" were adopted (APA, 2003; Arredondo & Perez, 2003; Constantine, et al., 2007; Toporek, 2009). The growth that has taken place in outlining these competencies demonstrates the degree to which counseling professionals have been committed to maintaining progress in this area (Constantine, et al., 2007). In turn, social justice has been seen as playing a central role in the multicultural competency movement all along (Arredondo, 1999; Arredondo & Perez, 2003; Helms, 2003).

It is vital to note that multicultural counseling competencies share a similar perspective to social justice (Constantine, Hage, Kindaichi, & Bryant, 2007; Ratts, D'Andrea, & Arredondo, 2004). The emerging importance of the social justice perspective does not in any way serve as a signal of the replacement or inadequacy of multicultural counseling in the field (Ratts, et al., 2004). In fact, the existing commitment to multiculturalism includes a commitment to social justice (Vera & Speight, 2003). In other words, multiculturalism and social justice counseling are intertwined and have a “seamless connection” (Arredondo & Perez, 2003; Crethar & Ratts, 2008; Constantine, et al., 2007; Helms, 2003; Kiselica & Robinson, 2001; Manis, Brown & Paylo, 2009; Ratts, 2011, p. 24; Ratts, et al., 2004; Speight & Vera, 2004), where multicultural competency serves as a foundation for ethically applying advocacy (Toporek, 2009) and empowerment (Crethar & Ratts, 2008). Even when counseling professionals are aware of issues related to discrimination, and even when they have knowledge and skills related to counseling diverse populations, this does not automatically mean that they are competent in the area of advocacy, a critical component vital to the social justice movement (Vera & Speight, 2003). From the social justice perspective, skills in multiculturalism are a necessary but not sufficient component for professional identity as a counselor (Goodman, et al., 2004). Additionally, without a social justice agenda, the goals of multiculturalism may not be attainable (Goodman, et al., 2004; Vera & Speight, 2003) and vice versa (Ratts, 2011).

Regardless of the close relationship between multicultural counseling and social justice counseling, there are some distinctions to be made between the two. Multiculturalism changed the counseling profession landscape by highlighting the significance of culture, where cultural elements were not previously recognized (Ratts, 2011). Multicultural counseling is geared toward recognizing the cultural differences between and within cultural groups and the distinct

interpersonal interactions that take place. In an effort to become more culturally competent, counseling professionals strive to increase awareness of personal biases and their resulting impact on others, the worldview of their clients, and how cultural factors influence the counseling relationship (Ratts, D'Andrea, & Arredondo, 2004).

Social justice counseling has emphasized using advocacy in serving marginalized groups (Constantine, Hage, Kindaichi, & Bryant, 2007; Ratts, 2011; Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006). In other words, social justice counseling urges counseling professionals to, “develop more proactive, value-laden, politically-conscious, and advocacy-based counseling interventions” rather than solely utilizing traditional, impartial intrapsychic counseling methods (Ratts, D'Andrea, & Arredondo, 2004, p. 30). The multicultural competencies do address issues relevant to social justice, but they seem to do so only at the micro level which may be beneficial, but do not result in the necessary social change at the macro level (Constantine, et al., 2007; Vera & Speight, 2003). Even though there is a commitment to social justice in the multicultural movement, it has been argued that the current multicultural competencies are not comprehensive enough to include the focus of social justice. Therefore, a more expansive view of multiculturalism that includes change on the macro level is called for (Vera & Speight, 2003). From this perspective, multiculturalism alone is not adequate to eradicate oppression, but it is a tool to help understand oppression (Ratts, et al., 2004). The importance of multiculturalism in working with clients and facilitating change should not be overlooked. Hence, social justice-oriented work calls for counseling professionals to alter their thinking, explanations and procedures when conducting their work (Speight & Vera, 2004).

## Social Justice in the 21<sup>st</sup> Century

There is a continuum of activities that constitute social justice counseling, ranging from smaller activities to considerably larger movements (Kiselica & Robinson, 2001). Appendix A briefly describes some of the historical linkages between social justice and the field of counseling. A brief discussion of social justice counseling currently taking place in the field is included below.

In 2003, the APA Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists were established to encourage psychologists to be culturally sensitive and take part in societal change efforts (Fouad, Gerstein, & Toporek, 2006). In 2004, Ratts, D'Andrea, and Arredondo noted the increasing presence of social justice counseling terms in the literature. In addition, there have been various calls for mental health professionals to participate in issues regarding societal change (Jackson, 2000; Kiselica & Robinson, 2001). Also, two issues of the *Counseling Psychologist* focused on social justice activities in the profession (Goodman et al., 2004; Speight & Vera, 2004).

The Fourth National Counseling Psychology Conference in 2001, held in Houston, set out to outline a social justice plan for the counseling psychology field that would help guide research, practice, and training (Fouad et al., 2004). In addition, a social justice forum was held by the *Counseling Psychologist* in 2003, aimed at recognizing the expanding roles and activities psychologists would occupy by adopting this social justice agenda; failure to do so was noted as hampering efforts at maintaining adequate social reform (Goodman, et al., 2004; Speight & Vera, 2004; Vera & Speight, 2003). In 2006, the *Handbook for Social Justice in Counseling Psychology: Leadership, Vision, and Action*, was published as a resource for counseling

psychologists to gain a deeper understanding of what social justice work entailed (Fouad, et al., 2006).

The establishment of Counselors for Social Justice (CSJ), a division in the ACA, has increased the credibility of the social justice movement (Ratts, D'Andrea, & Arredondo, 2004). The mission of CSJ is to encourage social accountability and eliminate the various forms of oppression in society in an effort to have a more equitable environment while developing and putting into action strategies geared towards social transformation (Kiselica & Robinson, 2001; Ratts, et al., 2004). Through the use of the ACA Advocacy Competencies, developed and endorsed by the ACA Governing Council, CSJ members believe the goal of a more just society can be achieved. CSJ affiliates (comprised of counselors, counselor educators, students and allies) strive to implement social justice principles throughout their work, to promote the psychological health of their clients (Ratts, et al., 2004).

In addition to the ACA Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2002) other counselors and psychologists have outlined some skills or competencies that are necessary to effectively implement a social justice agenda. Constantine, Hage, Kindaichi, and Bryant (2007) outline nine Social Justice Competencies to assist counselors and counseling psychologists in working with diverse populations. These social justice competencies demonstrate the systems perspective of the Advocacy Competencies (Lewis, et al., 2002), but emphasize the knowledge, skills, and awareness found in the multicultural counseling competencies (Manis, Brown, & Paylo, 2009). Additionally, as cited in Helms (2003), Shulman (2002) outlined competencies for intervening on the meso and macro levels; and Kiselica and Robinson (2001) list counselor attributes and skills that are necessary to carry out advocacy counseling.

Finally, a recent article by former APA President, Dr. Melba Vasquez illustrates the importance social justice currently has in the field. In the article, Vasquez (2012) outlines APA's commitment to social justice including the mission, vision, and goals of APA (e.g., APA's dedication to engaging in social justice in all its activities); as well as how social justice is being applied through its policies and resolutions (e.g., through advocacy on Capitol Hill). Additionally, Vasquez (2012) discusses some of the controversies surrounding its obligation to social justice such as the tension between avoiding political bias while also confronting issues that go against the status quo in an effort to uphold APA's values. This article underscores the growing significance of social justice in psychology in the 21<sup>st</sup> century.

### **Social Justice Training**

A counseling professional operating from a social justice framework works to change the world rather than merely understanding it; thus, a need to modify existing training is required if a social justice perspective is to be implemented (Vera & Speight, 2003). In recent years there has been an increase in the amount of literature dedicated to incorporating social justice into training (Baluch, Pieterse, & Bolden, 2004; Brubaker, Puig, Reese, & Young, 2010; Constantine, Hage, Kindaichi, & Bryant, 2007; Goodman et al., 2004; Hage & Kenny, 2009; McWhirter & McWhirter, 2007; Ratts, 2006; Speight & Vera, 2004; Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006; Toporek & McNally, 2006; Vera & Speight, 2007), supervision (Arredondo & Rosen, 2007; Glasoff & Durham, 2010) and practicum (Ali, Liu, Mahmood, & Arguello, 2008; Burnes & Singh, 2010; Lewis, 2010).

Even though there has been an increase in the need to integrate social justice work and training, there is little information available on how to adequately do so (Speight & Vera, 2008), or what progression needs to take place in graduate students before engaging in this work

(Caldwell & Vera, 2010). It appears as though conventional training has been focused on a restricted number of micro-level interventions, which centered on the individual and did not emphasize social justice work on the meso or macro levels (Speight & Vera, 2004; Ratts, 2009). As a result, there is a need for counselors and counseling psychologists-in-training to expand their roles, and begin receiving more formal training to prepare them for the wide-ranging intervention efforts required and to allow them an avenue for self-exploration, as it relates to their experiences of oppression and privilege (Constantine, et al., 2007; Toporek, et al., 2006). Therefore, training must incorporate multicultural and social justice competence advancement. Otherwise, the training may prove to be inadequate in preparing counseling professionals-in-training for service to marginalized groups (Arredondo & Rosen, 2007).

Some counseling psychology doctoral training programs have begun adopting social justice-oriented approaches to training. Examples include Boston College's First Year Experience program (Goodman, et al., 2004; Toporek & McNally, 2006), and the University of Oregon's counseling psychology doctoral program (Toporek & McNally, 2006). Trainees are increasingly being required to empower their clients to be able to advocate on their own behalf, and to reduce power differences within the counseling relationship. Despite recognizing the importance of training individuals in social justice based work, there is minimal understanding of how this work is carried out (Burnes & Singh, 2010). In an effort to further integrate social justice principles into practice, Fassinger and O'Brien, (2000) have advocated for a modification of the scientist-practitioner model of training to a more inclusive "scientist-practitioner-advocate" model, which acknowledges counseling psychologists' expanding roles. This appears to echo a similar suggestion made earlier by Gottlieb (1975), who proposed adding "advocate professional" to the scientist-practitioner training model (as cited in Speight & Vera, 2008).

Even though social justice principles are being incorporated into training, there is still room for further development in this area (Toporek & McNally, 2006). For example, research shows that exposure to injustice and influence of significant persons were found to be instrumental in developing a social justice orientation in doctoral students and professionals (Caldwell & Vera, 2010). Therefore, it may be beneficial to begin to investigate what other factors influence a social justice orientation and training. Finally, Fouad, Gerstein, and Toporek (2006) believe that with adequate training, counseling professionals can play a vital leadership role in changing social structures and systems that could serve to benefit the larger societal landscape.

### **Counseling Professionals' Role in Social Justice**

There is a great deal of complexity involved in trying to navigate the many issues involved in functioning from a social justice perspective. One such challenge was noted as being a moral predicament, because counseling professionals hold positions of privilege in society, yet they strive to rectify the very structures from which they benefit (Fouad, Gerstein, & Toporek, 2006; Prilleltensky & Walsh-Bowers, 1993; Vera & Speight, 2004). Nevertheless, counseling professionals are called on to be brave in this endeavor as they may have to question the privilege they hold in society while advocating for others (Mays, 2000; Speight & Vera, 2004).

Numerous counseling professionals believe it is their social and professional duty to address these issues as a means of helping their clients and to promote change in the systems that operate in the local and global society (Constantine, Hage, Kindaichi, & Bryant, 2007; Crethar & Ratts, 2008; Fouad, Gerstein, & Toporek, 2006; Ratts, Lewis, & Toporek, 2010; Speight & Vera, 2004). Counseling professionals may be accustomed to contributing to social justice efforts through giving their time and services without charge, or endorsing policies such as affirmative action (Vera & Speight, 2003). It seems commitments to social justice demand counseling



professionals be dedicated to the well-being of others (Speight & Vera, 2004), thus requiring an allocentric (other centered) viewpoint (Crethar & Ratts, 2008). Examples of such actions include: improving multicultural counseling competence, working against discrimination, enhancing educational and vocational prospects, advocating on behalf of political prisoners, and involvement in legislation (Fouad, et al., 2006). Some themes in carrying out social justice work include making use of community involvement to achieve desired outcomes, using an interdisciplinary approach to collaboration, conceptualizing and intervening at multiple levels (e.g., at the systemic level), patience and perseverance in the degree to which change takes place, and commitment and honesty in carrying out a social justice agenda (Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006).

However, the goal of achieving social change is one that is a “highly political and controversial position” in the field (Fouad et al., 2004, p. 35). Some deem it a necessary focus that requires professionals to step out of invisible boundaries, whereas others might prefer to keep their counseling professional role separate from their political role (Fox, 2003). Perhaps because participating in eradicating social injustice is controversial and difficult work, conceivably this complexity is what discourages some counseling professionals from participating in this movement (Kakkad, 2005). Crethar and Ratts, (2008) believe that the foundation of counseling is value-laden and political due to the Eurocentric and androcentric (male centered) influence; hence, not advocating and, thereby, maintaining the status quo, is as political as challenging the social injustices.

Using a social justice and political lens in regard to social issues has been part of the field since the beginning (Crethar & Ratts, 2008). Even though counseling psychology’s dedication to social justice work has historically ebbed and flowed (Fouad, Gerstein, & Toporek, 2006), its

interest in social advocacy has previously been established and is intimately tied into the professions' identity (Toporek & McNally, 2006). Thus, the recent increase in social justice literature is about highlighting the presence of oppression and the detrimental effect it has on clients; as well as counseling professionals' roles in ensuring participation in advocacy work (Crethar & Ratts, 2008).

### **Limitations in Social Justice Work**

Despite efforts to promote justice and equality, there are various hurdles that make it challenging to uphold these values (Aldarondo, 2007; Goodman et al., 2004; Helms, 2003; Kakkad, 2005; McWhirter & McWhirter, 2007; Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006). First, there is concern that counseling professionals may actually be removing power from clients when they [professionals] engage in advocacy for an individual client. Second, focus on external factors could reduce clients' feelings of being able to overcome obstacles through their own internal fortitude (Speight & Vera, 2008; Vera & Speight, 2007). Third, counseling professionals operate in systems (e.g., service-delivery, for-profit, and medical model) that may not value social justice work. Thus, professionals may receive minimal or no compensation or reinforcement for social justice work (Aldarondo, 2007; Helms, 2003). Despite the aforementioned limitations, Vera and Speight (2007) believe that social justice needs to be acknowledged and adopted by the profession as meaningful work to ensure that it is not viewed as an unnecessary element in the field.

### **ACA Advocacy Competencies**

In response to some of these limitations, the American Counseling Association (ACA) Advocacy Competencies (Lewis, Arnold, House & Toporek, 2002) provided a standard of practice in relation to carrying out social justice work, but also highlighted the need to evaluate

the degree to which counseling professionals were competent in their ability to execute advocacy-related work (Ratts & Ford, 2010). The need for counselors and counseling psychologists to intervene against oppression in society with and on behalf of their clients has been present for some time, but how to do this in an ethical and responsible manner has only started to become clearer (Toporek, 2009). The Advocacy Competencies (see Appendix B) were to be used as guiding principles (in conjunction with the multicultural counseling competencies and multicultural guidelines) in order for counseling professionals to adequately address matters related to oppression in their professional activities (Manis, Brown, & Paylo, 2009; Ratts, D'Andrea, & Arredondo, 2004; Ratts & Hutchins, 2009; Ratts, Lewis, & Toporek, 2010; Toporek, 2009).

The competencies allow counseling professionals to utilize a “social-justice-based model” that takes into account interventions with the individual as well as the community and the public as a whole (Ratts, Lewis, & Toporek, 2010, p. 3). In particular, advocacy competent counseling professionals have an awareness of the impact environmental factors have on clients, knowledge regarding a variety of advocacy-based treatment options, and skills in applying the social justice actions presented in the Advocacy Competencies (Ratts & Ford, 2010). These competencies signal a change in how counseling professionals will provide services in that, first and foremost, clients are seen as having developed in the socially unjust society in which we live, and positive development is seen as taking account of that environment (Ratts, Lewis, & Toporek, 2010).

Advocacy can be carried out by counseling professionals through assisting clients in gaining self-advocacy skills, advocating to organizations, and using training of other counseling professionals as a form of advocacy (Speight & Vera, 2008; Vera & Speight, 2007). Advocacy

is believed to be along a continuum anchored by client empowerment and social action (Manis, Brown, & Paylo, 2009). Empowerment in counseling is often understood as increasing clients' ability to help themselves, such as increasing assertiveness (McWhirter & McWhirter, 2007).

Empowerment is defined as

the process by which people, organizations, or groups that are powerless (a) become aware of the power dynamics at work in their life context, (b) develop the skills and capacity for gaining reasonable control over their lives, (c) exercise this control without infringing on the rights of others, and (d) support the empowerment of others in their community. (McWhirter, 1991, p. 224)

Social action is the application of an intervention developed by the client and/or counseling professional, aimed at societal structures (e.g., institutions) that prevent accessibility and development of oppressed groups. This endeavor should affect the social structures to ensure more durable mental health for marginalized clients (Manis, Brown, & Paylo, 2009). These actions influence the social structure, which some scholars argue is the only way helping professionals can assist oppressed and marginalized clients achieve permanent psychological health (Manis, et al., 2009).

The ACA Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2002) are comprised of two elements: a) the degree of the student or client's participation (advocacy with the client/student versus on behalf of the client/student), and b) the level of intervention (individual, community, and public or societal). It is important to note that work on one level may require work in another level for counseling professionals (Ratts & Hutchins, 2009). Consequentially, there are three levels of advocacy: the client/student, school/community and the public arena level (Lewis, et al., 2002). These three levels correspond to the three levels of

oppression by Hardiman and Jackson (1982), thus making the ACA Advocacy Competencies useful in addressing social justice issues at multiple levels (Ratts, 2009). A number of competencies are listed under each domain, consequently laying the groundwork of what elements are required to make social justice counseling possible (Manis, Brown, & Paylo, 2009). In order to appropriately apply the ACA Advocacy competencies one must a) assess the circumstances and client goals, b) choose the suitable level of intervention, c) comprehend the sociopolitical contexts and whether the interventions will be compatible, d) work with the client, and e) identify allies (Toporek, 2009). These competencies are vital as they offer guidance as to how to incorporate social justice into practice (Toporek, 2009), and have provided counseling professionals with some instruction of when to work collaboratively with clients, when to work on behalf of the clients, and the scale or level at which the intervention should take place (Ratts & Hutchins, 2009).

### **Client/Student Advocacy Level**

The client/student advocacy level (also known as the micro level) in one domain entails advocacy with the individual, which is identified as client/student empowerment, especially in direct counseling (Lewis, Arnold, House, & Toporek, 2002). Empowerment entails helping clients/students understand their environment, identify the social, political, economic and cultural elements that affect growth, and evaluate for internalized oppression. This allows clients/students to gain greater awareness of their circumstances and lays the foundation for self-advocacy (Lewis, et al., 2002). Doing so will allow them to adequately function in their surroundings (Ratts & Hutchins, 2009). Examples include helping clients/students develop self-advocacy action plans, helping them carry out these plans and recognition of resources and strengths.

When the counseling professional advocates on behalf of the client/student, this is known as the second domain of the client/student advocacy level. If, after an assessment, the counseling professional comes to the conclusion that the individual's growth is being stifled by external forces, he or she can use advocacy to help the client/student access required resources and remove societal barriers (Lewis, Arnold, House & Toporek, 2002). Counseling professionals are equipped to intervene because of their training in developmental issues and multiculturalism enabling them to bring about change for their clients (Ratts & Hutchins, 2009). For example, counseling professionals can negotiate pertinent services and education systems on their clients' behalf, assist in implementing the action plan and identify allies (Lewis, et al., 2002). For a detailed case example illustrating how the client/student advocacy level is implemented in direct counseling see Ratts and Hutchins (2009). The importance of counseling professionals' acquiring knowledge of the use of the client/student level of the advocacy competencies will allow them to be proactive in responding to clients' concerns and may serve to empower the individual clients, their families and their environments as well (Ratts & Hutchins, 2009).

### **School/Community Advocacy Level**

The school/community advocacy level subset (known as the community collaboration), involves informing and aligning with organizations in the community that are already working towards change and might be interested in the presenting issues. Counseling professionals are encouraged to offer assistance to the community in their area of expertise (Lewis, Arnold, House, Toporek, 2002). Examples include use of effective communication skills to convey strength and assessing the relationship between the counseling professional and the community. Counseling professionals' advocacy on behalf of the school/community is termed "systems advocacy." In this domain, the counseling professional has the ability to take on any of a

number of roles to help change the environment and challenge the status quo. Such roles can include supplying and interpreting data that demonstrates the necessity for change, developing a plan, analyzing sources of political power, and dealing with resistance (Lewis, et al., 2002).

Hage and Kenny (2009) stress the importance of collaboration among mental health professionals, as well as with the community in identifying allies. Engaging the community is also useful in comprehending the needs of the community in order to ensure that the community is active in achieving their desired outcomes (Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006). In an effort to demonstrate a commitment to social justice, counseling professionals are encouraged to have difficult conversations with colleagues, to operate as models, and to share information about social justice concerns (Arredondo & Perez, 2003).

### **Public Arena Advocacy Level**

The final level is “public arena advocacy,” or the macro level. At this level, there are two domains – the public information and social/political advocacy. The first domain, “public information,” involves the sharing of information to inform the public of issues related to human dignity for instance, preparing materials that outline the connection between the impact of factors in the environment and the well-being of individuals (Lewis, Arnold, House, & Toporek, 2002). Counseling professionals have often failed to be fully involved in the broader justice issues of our day (e.g., torture and violence). Thus, they are encouraged to make use of the media to help inform and educate the public on issues related to human behavior (Kakkad, 2005). In the second domain, “social/political advocacy,” counseling professionals recognize that issues shared by their client affects others in the broader arena; therefore they try to influence public policy. This is done by finding allies and lending support to those alliances that already exist, lobbying legislators, and maintaining open dialogue with the clients and communities to ensure

that the advocacy is in-line with established goals (Lewis, et al., 2002). To influence public policy, counseling professionals must communicate with government offices, Non-Governmental Organizations, the United Nations, etc. in order to influence public policy (Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006).

### **Importance of Establishing the Psychometric Properties of the ACSA Survey©**

As discussed above, the importance of the social justice movement in the counseling profession has been argued, but there is little empirical data in this area (Smith, Reynolds, & Rovnak, 2009); hence, further investigation of this movement has been encouraged (Smith, et al., 2009; Speight & Vera, 2004). Speight and Vera (2004) warn counseling professionals of “jumping on the justice bandwagon” resulting in social justice merely becoming a trend that fades with time, if a thorough analysis of what social justice work entails is not carried out” (p. 111). The impact social justice counseling has had on the counseling psychology profession thus far, has been argued (Ratts, D’Andrea, & Arredondo, 2004).

Even though advocacy competencies have been outlined, they lack enough empirical evidence to validate their effectiveness in counseling (Smith, Reynolds, & Rovnak, 2009). It seems that at the most basic level counseling professionals must be able to recognize the presence of external issues contributing to the client’s mental health concerns (Toporek, 2009). However, Sue and Sue (2008) reported that many counseling professionals lack social justice advocacy skills, thus making assessment of these skills important because it appears as though further exploration is required to understand the skills necessary for social justice work to take place (Goodman, et al., 2004). Therefore, creating an instrument that is reliable and valid can “promote the development of psychometrically sound ways of assessing and promoting understanding of a new construct relevant to the counseling profession” is imperative (Heppner,



Wampold, & Kivlighan, 2008, p. 509). Thus, development of an instrument to assess social justice counseling skills is one way of building on the growing interest in what is required to be a competent social justice counselor (Speight & Vera, 2008).

In fact, several instruments have been developed to assist counseling professionals in exploring social justice related issues. For example, the Social Justice Advocacy Readiness Questionnaire (SJARC), developed by Chen-Hayes (2001) to assess the knowledge, skills and awareness of individuals as it relates to social justice is one such instrument. The SJARC was specifically designed for providers working with lesbian, bisexual, gay, transgendered, two-spirit, queer, and questioning individuals, to assess their level of competence. Hays, Chang and Decker (2007) created the Privilege and Oppression Inventory in an effort to investigate awareness of privilege and oppression in counselors as it relates to race, gender, sexual orientation, religion and gender.

van Soest (1996) developed the Social Justice Advocacy Scale to measure advocacy behavior in response to oppression, on behalf of marginalized members (e.g., racial and ethnic minorities, women, gay men, lesbians and persons with disabilities). Finally, Nilsson et al. (2011) developed the Social Issues Advocacy Scale to measure social justice awareness and behavior that could be used across many disciplines, but it lacks specificity in the skills required for a particular mental health professional. Despite the fact that there has been much progress in this area, none of the aforementioned instruments use the ACA Advocacy Competencies to assess counseling professionals' level of advocacy competence. Being able to measure advocacy competencies in the counseling profession is vital because this would assist in establishing appropriate practice guidelines, standards of care, and professional requirements (Ratts & Ford, 2010). Although, there have been instruments evaluating social justice approaches to

counseling, there has been a deficit in instruments that assess counseling professionals' level of advocacy competence as described in the ACA Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2002).

The Advocacy Competencies Self-Assessment (ACSA) Survey© (Ratts & Ford, 2010) was created to help practitioners and educators determine their level of competence around the three levels and six domains of the Advocacy Competencies (Ratts & Ford, 2010). If counseling professionals are to systematically and fruitfully assess competency in the social justice area, then an instrument to adequately measure these competencies is required. Establishing the reliability and validity of the ACSA Survey© would be beneficial in allowing the profession to measure the degree to which counseling professionals are advocacy competent. Furthermore, it is important to determine whether the factors claimed to comprise the instrument are in fact present.

### **Establishing the Psychometric Properties of the ACSA© Survey**

A psychological test is “an objective and standardized measure of a sample of behavior” (Anastasi & Urbina, 1997, p. 4). Therefore, the degree to which a test adequately measures the behavior under investigation depends on the quantity and structure of the items in the measure. Heppner, Wampold and Kivlighan (2008) outline steps that take place in developing a scale, with the last step being conducting a factor analysis and testing the psychometric properties. In order for a psychological test to be deemed appropriate as a measure of a construct, reliability and validity need to be established (Anastasi & Urbina, 1997).

It is very important to establish the psychometric properties of scales that have recently been developed; therefore, assessing the reliability and the validity (e.g., convergent validity) is valuable (Heppner, Wampold & Kivlighan, 2008). The coefficient alphas (or Cronbach's alpha)

provide information regarding the degree to which the items are homogenous or have internal consistency. In the social sciences a coefficient alpha of .70 or higher is viewed as the acceptable cut-off (Heppner, Wampold, & Kivlighan, 2008). In this case, establishing the reliability and validity of the ACSA Survey© is required if the instrument is to contribute substantially to the need to measure advocacy competency among counseling professionals. In addition, based on the aforementioned competencies, a confirmatory factor analysis was performed to test whether the six domains in the ACA Advocacy Competencies were present in the ACSA© Survey, as posited by Ratts and Ford (2010).

### **Multiculturalism**

As discussed above, one area of counseling that is closely related to social justice is that of multiculturalism. Multicultural counseling (referred to as the fourth force in counseling) was the result of “heightened consciousness of prejudice and a collective self-examination within the helping professions” (Manis, Brown, & Paylo, 2009, p. 24). Counseling professionals have been instrumental in the development and advancement of multiculturalism in the field (Goodman, et al., 2004). For over ten years, multiculturalism has been an important theme in counseling as demonstrated in our literature (Vera & Speight, 2003). There has been much interest in the theory and scientific evidence regarding multicultural counseling competencies (Vera & Speight, 2003). Furthermore, the multicultural counseling competencies and ACA’s Advocacy Competencies are to be used concurrently (Ratts, D’Andrea, & Arredondo, 2004).

As discussed above, feminism and multicultural counseling formed the foundation of the advocacy movement, thus the correlation between multiculturalism and advocacy is to be expected (Atkinson, Thompson, & Grant, 1993). Therefore, scores on the ACSA© Survey

should correlate positively with an instrument that measures multicultural knowledge, awareness and skills.

### **Social Desirability**

The use of transparent self-report measures to assess competency has been found to be questionable due to social desirability (Cartwright, Daniels, & Zhang, 2008; Sadowsky, Kuo-Jackson, Richardson, & Corey, 1998). Ridley and Kleiner (2003) stated that scores received from these measures may result in an inflation of counseling professionals' scores in an effort to respond in a socially accepted manner, which may result in an inaccurate analysis of individuals' degree of multicultural competence (as cited in Cartwright, et al., 2008; Worthington, Mobley, Franks, & Tan, 2000). Even though self-report measures are deemed somewhat problematic in assessing competency, they do provide useful information regarding growth edges/areas of improvement for mental health professionals (Cartwright, et al., 2008). Therefore, a social desirability scale may be useful in this study.

General social desirability scales such as the Marlowe-Crowne Social Desirability Scale may not be useful in detecting distorted responses by participants in an effort to appear socially desirable (Sadowsky, 1996; Sadowsky, et al., 1998). Therefore, Sadowsky recommended the use of a multicultural social desirability scale with multicultural content and face validity to accompany multicultural competency instruments. "Multicultural social desirability refers to one professing that one personally and socially always interacts positively with minorities and that at the institutional level, one always favors government and educational policies that institute expanded [multicultural] diversity" (Sadowsky, et al., 1998, p. 256). For this reason, a multicultural social desirability measure will be used in this study. Given that a multicultural social desirability scale should correlate minimally with a multicultural competency scale, it is

expected that the ACSA© Survey should not correlate significantly with the social desirability measure.

### **Belief in a Just World**

Another construct assumed to be related to social justice counseling is belief in a just world (Lerner, 1980). Evidence suggests that victims of adversity are often blamed for their hardships because, if the world is just, people deserve what they get and get what they deserve (Lipkus, 1991). Belief in a just world involves a process of attribution where individuals believe that there is a strong connection between one's merits and fate (Lipkus, 1991; van Soest, 1996). Individuals who subscribe to just world beliefs are often more religious and authoritarian, have a higher regard for political heads and social organizations, view members of underprivileged groups unfavorably (Rubin & Peplau, 1975), have a higher internal locus of control, and believe that societal justice exists (Lipkus, 1991).

Therefore, belief in a just world would obstruct social justice work because people who are marginalized and oppressed may be viewed as bearing responsibility for their own misfortune. As a result, it would be expected that individuals with strong beliefs in a just world would not agree with a social justice agenda (van Soest, 1996; Van Voorhis & Hostetter, 2006), thus making this variable important in counseling professionals' ability to carry out social justice work. Parikh (2008) found that belief in a just world had a relationship with social justice advocacy attitudes among school counselors. van Soest (1996) reported similar findings with social work students. As a result, it would be expected that the ACSA© Survey would correlate negatively with individuals who score high on this belief.

## **Political Views**

One's political views have been found to be related to one's attitudes and behavior towards social justice (Bierbrauer & Klinger, 2002; Parikh, 2008; Rubin & Peplau, 1975). Bierbrauer and Klinger found that individuals who identified as conservative were less likely to help others due to the belief that individuals were responsible for their own wellbeing. Parikh found that political ideology was related to advocacy attitudes among school counselors. Based on this relationship between political views and advocacy, individuals who score higher on advocacy competency as measured by the ACSA© Survey should also tend to identify themselves as more liberal than do individuals who score lower on advocacy competency.

## **Summary**

Even though there have been some calls for counseling professionals to adopt a social justice agenda, there has not been a clear picture of what this work entails (Goodman, et al., 2004; Vera & Speight, 2003). Therefore, a need exists for a reliable instrument to measure the degree to which counseling professionals are advocacy competent. Thus, the purpose of this study is to establish the reliability and validity of the Advocacy Competencies Self-Assessment Survey©.

## **Research Hypotheses**

1. The Advocacy Competencies Self-Assessment (ACSA) Survey © is statistically reliable and valid in measuring advocacy competence.
  - a) The Advocacy Competencies Self-Assessment (ACSA) Survey© has reliability of .70 or above.

- b) The scores on the Advocacy Competencies Self-Assessment (ACSA) Survey© have a positive relationship with scores on the Multicultural Counseling Inventory (MCI).
- c) The scores on the Advocacy Competencies Self-Assessment (ACSA) Survey© have a relationship with political views, with people who identify as being more liberal in their political views having higher scores on the ACSA Survey©.
- d) The scores on the Advocacy Competencies Self-Assessment (ACSA) Survey© have a negative relationship with scores the Global Belief in a Just World Scale (GBJWS).
- e) The Advocacy Competencies Self-Assessment (ACSA) Survey© is more strongly correlated with the Multicultural Counseling Inventory (MCI) than it is with the Multicultural Social Desirability Scale (MCSD).
- f) There are six reliable and interpretable factors for the Advocacy Competencies Self-Assessment (ACSA) Survey© as reported by Ratts and Ford (2010), that have a Goodness of Fit Index (GFI) of .90 or higher. These 6 factors are client/student empowerment, client/student advocacy, community collaboration, systems advocacy, public information and social/political advocacy.

## CHAPTER III. METHOD

### **Participants**

Participants were mental health providers recruited via their organizational listservs (see below). In order to be eligible for the study, participants were not enrolled as students and were either currently delivering counseling or psychotherapy services or had done so during the past year. The non-random sample initially consisted of 157 individuals who started the survey. A total of 34 individuals began the survey but did not complete it. This subgroup was presumably made up of individuals who did not meet selection criteria or who stopped for unknown reasons. As a result, 123 (78.3% of those who began the survey) participants completed the survey. However, 14 participants were excluded because they had not responded to 3 or more items on one or more of the measures. Therefore, the final sample consisted of 109 mental health service providers who were members of one or more mental health organization listservs. Because some participants failed to respond to some items, the total number of responses for each question varied slightly. Participation in this study was voluntary.

Participants were asked to provide demographic information regarding aspects of their identity. In terms of their gender, 29 (26.6%) identified as male, 74 (67.89%) as female, 1 (.92%) as transgender, 1 (.92%) as other, and 4 (3.67%) participants left the question blank. In terms of ethnicity, 13 (12.04%) of participants identified as African American/Black/African Descent, 5 (4.63%) as Asian/Asian American/Pacific Islander, 4 (3.70%) as Hispanic/Latino(a), 1 (0.93%) as Native American/American Indian, 77 (71.30%) as White/Caucasian/European, 5



(4.63%) as multi-racial and 3 (2.77%) participants left the question blank. Of the 109 participants, 105 participants responded to the question about sexual orientation, with 79 (75.24%) identifying as heterosexual, 9 (8.57%) as lesbian female, 9 (8.57%) as gay male and 8 (7.62%) as bisexual. Four participants (3.92%) reported having a physical or psychological disability with 98 (96.08%) identifying as able-bodied. Additionally, 85 (81.73%) and 19 (18.27%) participants had a doctoral level and master’s level of education, respectively. In terms of professional identity, religion, and primary work setting, there was a wide distribution of responses. Tables 1–3 summarize the frequencies for participants’ self-described political views, self-reported membership in Counselors for Social Justice (a Division of the American Counseling Association), and self-reported degree of participation in social justice counseling.

Table 1

*Political Views*

Political Views	N	Percentage
Very Conservative	1	0.97
Conservative	0	0
Somewhat Conservative	6	5.83
Somewhat Liberal	18	17.48
Liberal	44	42.72
Very Liberal	34	33.01
<b>Total</b>	<b>103</b>	<b>100.00</b>

*Note.* N = number of participant responses

Table 2

*Counselors for Social Justice Membership*

CSJ Membership	N	Percentage
Yes	10	9.62
No	94	90.38
<b>Total</b>	<b>104</b>	<b>100.00</b>

*Note.* N = number of participant responses

Table 3

*Social Justice Counseling Participation*

Social Justice Counseling Participation	N	Percentage
Completely Unlike Me	1	0.95
	4	3.81
	5	4.76
Neutral	12	11.43
	20	19.05
	32	30.48
Completely Like Me	31	29.52
<b>Total</b>	<b>105</b>	<b>100.00</b>

*Note.* N = number of participant responses

## Procedure

Upon obtaining approval by the Institutional Review Board, the researcher contacted the listserv directors for each of the following organizations: the Directors of Training, Association for University and College Counseling Center Directors, the Imago Relationships International, the Philadelphia Society for Psychoanalytic Psychology, three divisions of the American Counseling Association (Counselors for Social Justice; Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling; and Association for Multicultural Counseling and Development); and four divisions of the American Psychological Association (17-Counseling Psychology; 29-Psychotherapy; 44-Psychological Study of LGBT issues; and 45-Psychological Study of Minority Issues). The ACA division American Mental Health Counselors Association was initially solicited but no response was received; therefore this listserv was excluded as a source of participants.

The listserv directors were asked to post the request for participation (see Appendix C) to their listservs. Reminder emails were sent two to four weeks after the initial request was sent out. Participants were directed to a link on Survey Monkey where they were instructed in the email to access the informed consent letter (see Appendix D), and study instruments. The participants first read the informed consent letter, and made a decision as to whether they would participate. Following this decision, the instruments were presented in the following order Demographic Survey, Advocacy Competencies Self-Assessment Survey© (ACSA Survey), Global Belief in a Just World Scale (GBJWS), Multicultural Counseling Inventory (MCI) and Multicultural Counseling Social Desirability (MCSD).

Individuals who chose to participate were informed that submission of the survey would not be linked to a specific email address, so the results obtained would be anonymous and could

not be connected to an individual or an individual's email address. Additionally, no identifying information (e.g., name, e-mail contact) was requested from the participants. An incentive for participation consisted of a dollar donation for each survey that was completed. These funds were donated to Amnesty International.

### **Instrumentation**

To establish the psychometric properties of the ACSA Survey©, three measures were utilized including a demographic survey created by the researcher. The Global Belief in a Just World Scale (Lipkus, 1991), the Multicultural Counseling Inventory (Sodowsky, Taffe, Gutkin & Wise, 1994) and the Multicultural Social Desirability Scale (Sodowsky, Ku-Jackson, Richardson, & Corey, 1998) were selected due to sound psychometric properties and the relevance each instrument had to assessing various aspects of the advocacy competencies based on the literature review. These instruments are discussed in further detail below.

#### **Advocacy Competencies Self-Assessment (ACSA) Survey©**

Based on the ACA Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2002), the Advocacy Competencies Self-Assessment (ACSA) Survey© was created by Ratts and Ford (2010) to measure how competent counseling professionals are in their level of advocacy. The authors claim that this measure is useful in discovering and understanding each individual's level of advocacy competence with diverse clients (Ratts, Lewis, & Toporek, 2010). They have also suggested that this survey can be used for measuring the level of competence and for highlighting strengths and weaknesses (Ratts & Ford, 2010). As mentioned earlier, the ACSA Survey© was constructed based on the ACA Advocacy Competencies (Lewis, et al., 2002). Competencies at three levels (client/student, school/community, and public arena) are assessed. Each of the six domains is represented by five of the 30 items; the domains and respective items

are as follows: client/student empowerment (items 1, 7, 13, 19, 25), client/student advocacy (items 2, 8, 14, 20, 26), community collaboration (items 3, 9, 15, 21, 27), systems advocacy (items 4, 10, 16, 22, 28), public information (items 5, 11, 17, 23, 29) and social/political advocacy (items 6, 12, 18, 24, 30). The authors reported that Lewis and Toporek (two of the Advocacy Competencies authors) provided feedback on the items during the construction of the survey. No reliability or validity data have been reported. Some items on the ACSA Survey© were written so that they could be completed by either instructors or clinicians-for example, “I am comfortable with negotiating for relevant services on behalf of clients/students.” Therefore, with permission from the author and for the purposes of this study’s focus on clinical work, the word “students” was eliminated from items 2, 3, 5, 7, 8, 10, 13, 19, 25, 26, and 29. [Note: The ACSA Survey© is copyrighted and hence a copy of the instrument is not included in this dissertation.]

The ACSA Survey© can be self-administered and scored in 15-20 minutes. The response options for each item are “almost never,” “sometimes,” and “almost always.” In scoring the ACSA Survey©, items 1, 7, and 13 are scored, utilizing the following scale: 4 = almost never, 2 = sometimes, and 0 = almost always. All other items are scored on the following scale: 0 = almost never, 2 = sometimes, 4 = almost always. Thus, the scores on each of the aforementioned six domains can range from 0 to 20. An overall advocacy competence score is computed by summing the domain scores. Thus, the total advocacy score can range from 0 to 120. According to Ratts and Ford, participants who have scores of 69 and below would require additional training in a certain advocacy domain (e.g., in the client/student empowerment domain). Scores between 70 and 99 demonstrate competence in some domains while requiring further development in other advocacy domains. Scores that range from 100 to 120 indicate a proficient

level of competence in all six advocacy areas (Ratts & Ford, 2010). There is no information available on how cutoff scores were established or how one would determine which area requires further work. This is a limitation of the measure as published.

### **Global Belief in a Just World Scale (GBJWS)**

The Global Belief in a Just World Scale (GBJWS) was developed by Lipkus (1991), based on Rubin and Peplau's (1975) Belief in a Just World Scale (BJWS). The GBJWS measures acceptance of a just-world ideology based on the premise that just world thinking is on a continuum from complete acceptance to complete rejection of the belief that the world is just (van Soest, 1996). The GBJWS has seven items with responses on a six-point Likert scale ranging from strong disagreement (1) to strong agreement (6). Thus, scores can range from 7 to 42, with high scores indicating endorsement that the world is just. The overall mean was 23.8 and the standard deviation was 5.4. Males were found to endorse beliefs in a just world more than did females ( $M = 25.23$  as opposed to  $M = 22.67$ ;  $t(321) = .432$ ,  $p < 0.001$ ). Correlations among the items demonstrated that the smallest pairwise correlation was 0.230 and the largest pairwise correlation was 0.577. The mean correlation among items was 0.407; therefore the pairwise correlations were found to be in the moderate range. Using factor analysis, Lipkus found that items that loaded above 0.40 were viewed as adding to the overall interpretability of the scale and as a result were included in the GBJWS.

A large single factor (eigenvalue 4.83) was found to account "for 69% of the total variance prior to rotation" (Lipkus, 1991, p. 1173), with the second largest factor (eigenvalue 0.289) accounting for 4.1% of the total variance. All items loaded on the primary factor and were found to be in the moderate (0.499) to high (0.766) range. For females, the first factor accounted for 69.7% of the variance (eigenvalue 4.88); for males, 62.2% (eigenvalue 4.36) was

accounted for. The GBJWS has moderate to high internal consistency, with a coefficient alpha of .82 (Lipkus, 1991). When compared to the BJWS, the GBJWS has been found to more adequately measure a single construct, and has greater internal consistency; therefore it is viewed as a good alternative to the BJWS (Lipkus, 1991). [Note: The GBJWS is copyrighted and hence a copy of the instrument is not included in this dissertation.]

### **Multicultural Counseling Inventory (MCI)**

Multicultural counseling competency was assessed using the Multicultural Counseling Inventory (MCI). The MCI is a self-report measure developed by Sodowsky, Taffe, Gutkin and Wise (1994) to “operationalize some of the proposed constructs of multicultural counseling competencies” (Sodowsky et al., 1994, p. 139). The measure has 40 items, each rated on a 4-point likert scale ranging from 1 (very inaccurate) to 4 (very accurate). Examples of items include: “When working with minority clients, I examine my cultural biases” and “In order to be able to work with minority clients, I frequently seek consultation with multicultural experts and attend multicultural workshops or training sessions”. Low scores on the measure indicate low multicultural competence which demonstrates that the counseling professional does not take into consideration clients’ cultural factors and provides a one-size fits all approach. High scores indicate high multicultural competence, meaning that the counseling professional considers cultural variations and commonalities as vital in working with clients (Sodowsky et al., 1994). Through exploratory and confirmatory factor analyses and internal consistency tests, the MCI was found to have 4 factors: Multicultural Counseling Skills (11 items), Multicultural Awareness (10 items), Multicultural Counseling Relationship (8 items), and Multicultural Counseling Knowledge (11 items; Sodowsky et al., 1994).

As cited in Sodowsky, Taffe, Gutkin and Wise (1994), the MCI underwent initial validation along with three other multicultural counseling inventories (the Cross-Cultural Competency Inventory—Revised (CCCI-R; LaFromboise et al., 1991), the Multicultural Awareness-Knowledge-Skills Survey (MAKSS; D'Andrea, Daniels, & Heck, 1991), and the Multicultural Counseling Awareness Scale—Form B (MCAS-Form B; Ponterotto, Sanchez, & Magids, 1991). All of the items on the MCI had factor loadings of .30 or above on each of their respective factors. Four factors accounted for 35.5% of the variance with the following eigenvalues and percentages of variance: Multicultural Counseling Skills 7.62 (18.10%), Multicultural Awareness 3.03 (7.20%), Multicultural Counseling Relationship 2.41 (5.70%), and Multicultural Counseling Knowledge 1.77 (4.20%). The factor loadings were between .32 and .68 for the Multicultural Counseling Skills factor, between .32 and .79 for the Multicultural Awareness factor, between .45 and .63 for the Multicultural Relationship, and between .32 and .68 for the Multicultural Counseling Knowledge factor (Sodowsky, et al., 1994). The oblique four-factor model (including chi-square) had the best fit to the data and was significant (Sodowsky, et al., 1994).

The MCI scale has a Cronbach's alpha of .87 (Pope-Davis & Dings, 1994; Sodowsky et al., 1994; Sodowsky, Kuo-Jackson, Richardson & Corey, 1998). The Cronbach's alpha for the four factors are: Multicultural Counseling Skills .80, Multicultural Awareness .78, Multicultural Counseling Relationship .68, and Multicultural Counseling Knowledge .77 (Pope-Davis & Dings, 1994; Sodowsky et al., 1994; Sodowsky, et al., 1998). Mean interscale correlations are reported as being .34 for Multicultural Skills, .30 for Multicultural Awareness, .27 for Multicultural Relationship, and .32 for Multicultural Knowledge (Pope-Davis & Dings, 1994;



Sodowsky et al., 1994; Sodowsky, et al., 1998). [Note: The MCI is copyrighted and hence a copy of the instrument is not included in this dissertation.]

### **The Multicultural Social Desirability Scale (MCSD)**

To assess social desirability, the Multicultural Social Desirability Scale (Sodowsky, Ku-Jackson, Richardson, & Corey, 1998) was utilized. The Multicultural Social Desirability Scale originally had 40 items but was reduced to 26 items. This measure has a forced-choice format of true or false. High scores (25-26 points) demonstrate that one is answering with unrealistically favorable attitudes towards minorities. Low scores (5-6) indicate that the respondent is not concerned with appearing insensitive toward minorities. A score of 16 demonstrates a realistic attitude (Sodowsky, et al., 1998). Examples of items include: “I have never intensely disliked anyone of another race” and “I believe multicultural education should be a requirement in educational curriculum”. The shorter 26-item measure had average item-to-total correlations of .32 and .35 and Cronbach’s alphas of .75 and .80. These internal consistency reliabilities are comparable to longer social desirability scales (e.g., the Marlowe-Crowne Social Desirability Scale). The MCSD scale and the Marlowe-Crowne Social Desirability Scale were found to be moderately independent (Sodowsky, et al., 1998). The MCSD is often used as a validity scale for the MCI. In a study by Sodowsky, et al. (1998), the MCSD scores were found to be significantly correlated with MCI scores, with a medium effect size,  $F(1, 163) = 10.71, p < .001$ ;  $R^2 = .06$  (adjusted  $R^2 = .06$ ). [Note: The MCSD is copyrighted and hence a copy of the instrument is not included in this dissertation.]

### **Demographic Survey**

A short demographic questionnaire asked participants to record their gender, ethnic background, sexual orientation, education level and title, membership in Counselors for Social

Justice (CSJ), primary work setting, disability status, degree of participation in social justice counseling, political views, and religion. The questionnaire can be found in Appendix E.

## CHAPTER IV. RESULTS

This chapter includes the results of the reliability and validity analyses. Missing responses on the instruments were replaced with the average of that participant's responses. Data for any given instrument was discarded if more than three responses from that instrument were missing.

To assess the relationship of the Advocacy Competencies Self-Assessment (ACSA) Survey© to social justice group membership, a Pearson correlation was computed using scores on the ACSA Survey and whether participants did or did not indicate membership in Counselors for Social Justice (see Appendix E). This coefficient was not significant,  $r(98) = -.17, p > .09$ . The mean was 1.90, with a standard deviation of 2.96. A Pearson correlation was computed using scores on the ACSA Survey© and scale scores (1-7) to the question: To what degree do you believe you engage in social justice counseling? This correlation was significant,  $r(97) = .58, p < .01$ . The mean was 5.53, with a standard deviation of 1.42.

Hypothesis 1(a): The Advocacy Competencies Self-Assessment (ACSA) Survey© has reliability of .70 or above. The ACSA Survey© was found to have a Coefficient Alpha of .93; thus demonstrating a high internal consistency. Therefore, Hypothesis 1(a) was supported.

Hypothesis 1 (b): The scores on the Advocacy Competencies Self-Assessment (ACSA) Survey© have a positive relationship with scores on the Multicultural Counseling Inventory (MCI). The correlation between the ACSA Survey© and the MCI was  $r(94) = .51, p < .01$ . This finding supports Hypothesis 1(b) and the construct validity of the ACSA Survey©.

Hypothesis 1 (c): The scores on the Advocacy Competencies Self-Assessment (ACSA) Survey© have a relationship with political views, with people who identify as being more liberal in their political views having higher scores on the ACSA Survey©. The results indicated that there was no significant correlation ( $r(97) = -.06, p > .58$ ) between the ACSA Survey© and political views. The mean was 5 and the standard deviation was .95. Thus, one's political view did not seem to relate to one's advocacy competency skills as measured by the ACSA Survey©; hence, Hypothesis 1(c) was not supported.

Hypothesis 1 (d): The scores on the Advocacy Competencies Self-Assessment (ACSA) Survey© have a negative relationship with scores the Global Belief in a Just World Scale (GBJWS). There was no significant negative correlation ( $r(97) = -.05, p > .66$ ) between the GBJWS Scale and the ACSA Survey©. Therefore, Hypothesis 1(d) was not supported.

Hypothesis 1 (e): The Advocacy Competencies Self-Assessment (ACSA) Survey© is more strongly correlated with the Multicultural Counseling Inventory (MCI) than it is with the Multicultural Social Desirability Scale (MCSD). The correlation between the ACSA Survey© and the MCI and MCSD was found to be  $r(94) = .51, p < .01$  and  $r(92) = .14, p > .17$  respectively. The correlations were compared using the Fisher Z transform and their beta weights, and a p-value of .005 was found; demonstrating that the ACSA Survey© has a stronger relationship with the MCI than with the MCSD; thus supporting Hypothesis 1(e).

Table 4

*Means and Standard Deviations of Instruments*

Instrument	Mean	Standard Deviation	Possible Range	Actual Range
ACSA Survey©	79.21	21.89	0–120	28–120
MCI	133.78	11.46	40–160	107–160
MCS D	17.63	4.40	0–26	7–25
GBJWS	15.14	5.34	7–42	7–29

Hypothesis 1 (f): There are six reliable and interpretable factors for the Advocacy Competencies Self-Assessment (ACSA) Survey© as reported by Ratts and Ford (2010), that have a Goodness of Fit Index (GFI) of .90 or higher. These six factors are client/student empowerment, client/student advocacy, community collaboration, systems advocacy, public information and social/political advocacy. Structural Equation Modeling (SEM) including Confirmatory Factor Analysis (CFA) was utilized to evaluate the relationship between the latent/construct (i.e., unobserved) variables and the manifest/measured (i.e., observed variables; Kline, 2005). The results of the CFA are expanded upon below.

#### **Factor Analysis without Bootstrapping**

Results indicated that when the factors were correlated with each other, all the factors correlated significantly with each other, except Factor 1 (client/student empowerment; see Table 5).

Table 5

*Correlation of ACSA Survey© Factors without Bootstrapping*

	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6
Factor 1						
Factor 2	.07					
Factor 3	.05	*.63				
Factor 4	.06	*.70	*.76			
Factor 5	.04	*.45	*.56	*.68		
Factor 6	.06	*.57	*.61	*.75	*.57	

Factor 1. Client/student empowerment, Factor 2. Client/student advocacy, Factor 3. Community collaboration, Factor 4. Systems advocacy, Factor 5. Public information and Factor 6. Social/political advocacy

In analyzing the goodness-of-fit indices for the CFA measurement model with correlation of the latent variables, they indicate that the confirmatory factor analysis model does not fit the data well (see Figure 1). Specifically, the model chi-square statistic was statistically significant  $\chi^2 (390) = 1105.31, p < .000$  and  $\chi^2 (390) = 700.74, p < .000$  (when covariance among factors was permitted); indicating that this model did not reproduce the observed correlations well. Additionally, the Comparative Fit Index (CFI) was .756, thus indicating unacceptable fit (a goodness-of-fit index of .90 or above demonstrates acceptable fit).

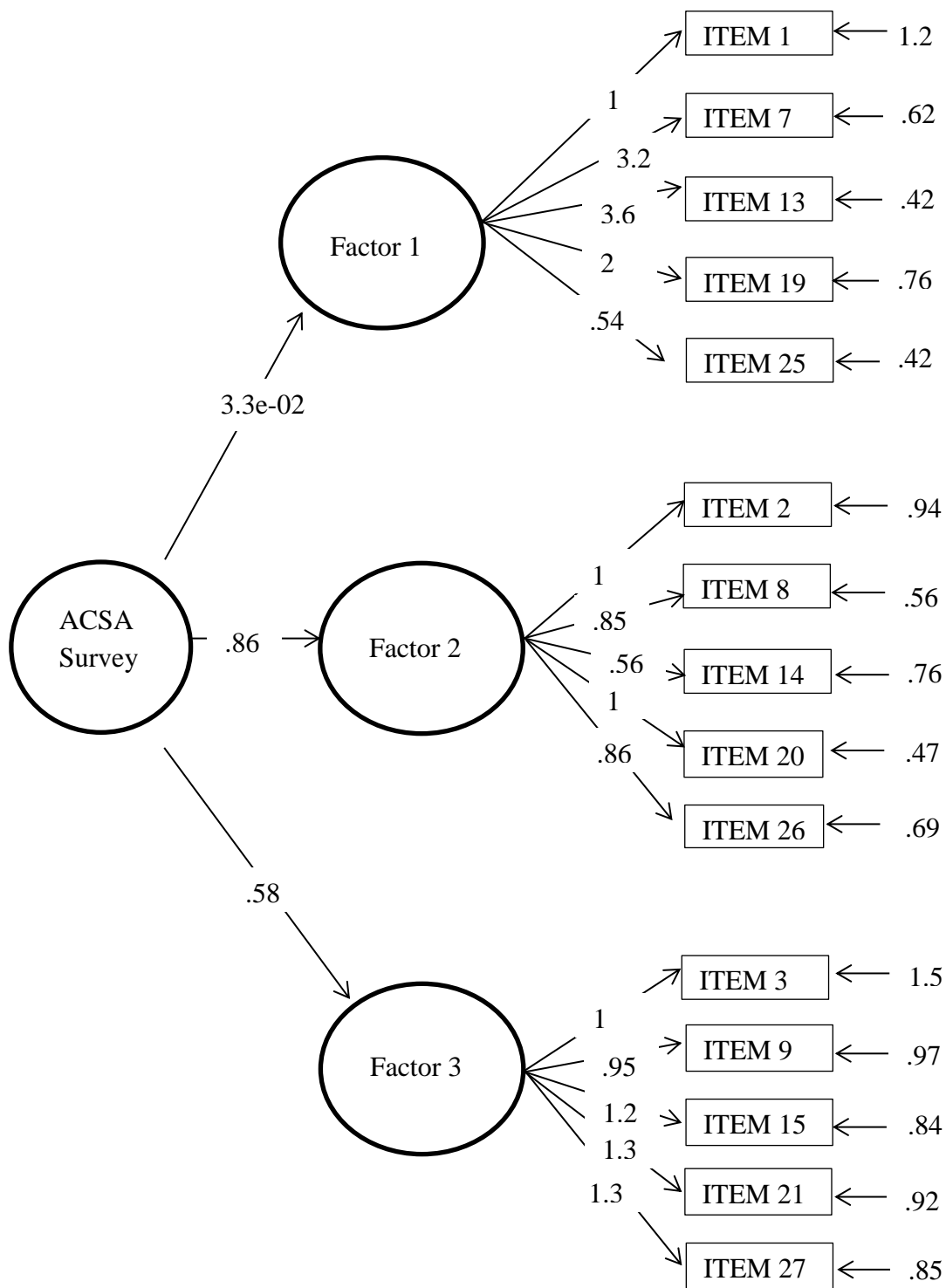


Figure 1. ACSA Survey© Six-Factor Model

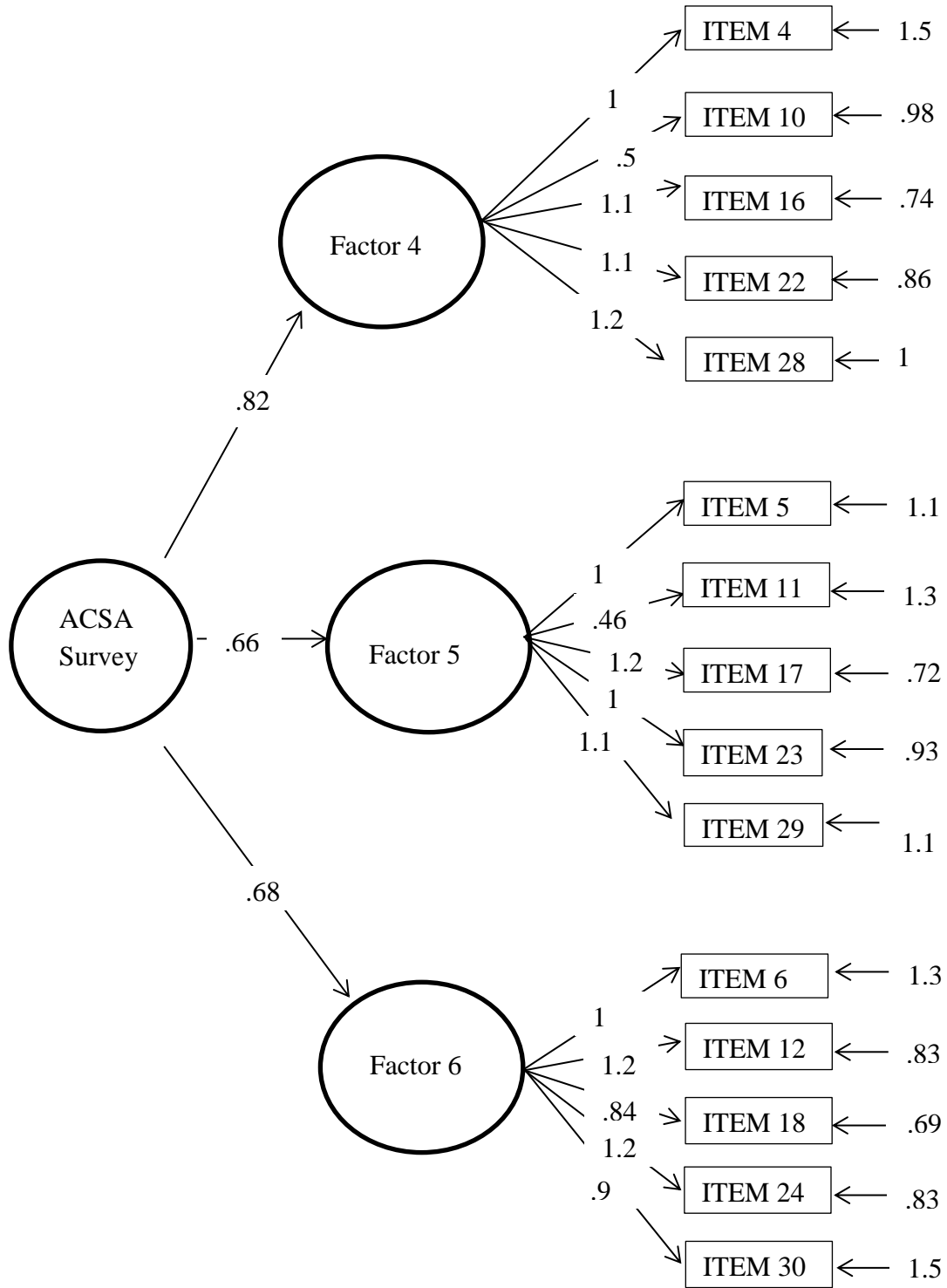


Figure 1. ACSA Survey© Six-Factor Model (cont'd)



The Root Mean Square Error of Approximation (RMSEA; Kline, 2005) was .095 (90% C.I: .071 - .115). Values of .01, .05, and .08 indicate excellent, good and mediocre fit respectively. Thus, this statistic also indicated a poor fit. The Non-Normed Fit Index (NNFI) or the Tucker Lewis Index (TLI) was also used to adjust for the model's complexity; the index was .728 which is less than .90, also indicating poor fit. Finally, the Standardized Root Mean Squared Residual (SRMSR) was .088; with 0 indicating perfect fit and values of less than .08 indicate acceptable fit (Hu & Bentler, 1999). Therefore, for the six-factor model proposed by the authors of the ACSA Survey©, Hypothesis 1 (f) was not supported.

As mentioned earlier, when factors were correlated with each other, all the factors correlated significantly except Factor 1; however when Factor 1 was excluded from the analyses the model (see Table 6) continued to display poor fit. Specifically, the model chi-square statistic was statistically significant  $\chi^2(265) = 513.61, p < .000$ ; indicating that this model does not reproduce the observed covariances well. The CFI was .784, and the RMSEA was .103 (90% C.I: .08 - .123) for this study, both indicating poor fit. The NNFI was .756 also demonstrating unacceptable fit. Finally, the SRMSR was .086 which indicated inadequate fit. Therefore, even when Factor 1 was excluded the six-factor model was not supported.

Table 6

*Correlation of ACSA Survey© Factors 2–6 without Bootstrapping*

	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6
Factor 2					
Factor 3	*.63				
Factor 4	*.69	*.77			
Factor 5	*.45	*.56	*.68		
Factor 6	*.56	*.61	*.75	*.57	

Factor 2. Client/student advocacy, Factor 3. Community collaboration, Factor 4. Systems advocacy, Factor 5. Public information and Factor 6. Social/political advocacy

**Factor Analysis with Bootstrapping**

Due to the low number of participants, bootstrapping techniques were utilized to assist with the model stability. Bootstrapping is a statistical resampling method where the original sample cases are selected randomly to generate other data sets (Kline, 2005). With bootstrapping, the CFI and RMSEA was .756 and .095 (90% C.I: .071 - .115) respectively, indicating unacceptable fit. The NNFI was .728 also illustrating poor fit. The SRMSR was .088 demonstrating an inadequate fit. Factor 1 continued to not correlate significantly with other Factors (see Table 7) and the six-factor model continued to have no support despite the bootstrapping techniques.

Table 7

*Correlation of ACSA Survey© Factors with Bootstrapping*

	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6
Factor 1						
Factor 2	.07					
Factor 3	.05	*.63				
Factor 4	.06	*.70	*.76			
Factor 5	.04	*.45	*.56	*.68		
Factor 6	.06	*.57	*.61	*.75	*.57	

Factor 1. Client/student empowerment, Factor 2. Client/student advocacy, Factor 3. Community collaboration, Factor 4. Systems advocacy, Factor 5. Public information and Factor 6. Social/political advocacy

When Factor 1 was excluded from the analyses (see Table 8), the CFI was .769 demonstrating unacceptable fit. Results indicated that the RMSEA was .105 (90% C.I: .082 - .124) for this analysis, also showing poor fit. The NNFI was .738 which is less than .90, also indicating inadequate fit. The SRMSR was .087, indicating inaccurate fit. The Wald statistic, an index used for model trimming where an approximation of a path increase takes place while certain paths are fixed to zero (Kline, 2005), was also calculated. The Wald Tests results demonstrate that items for Factor 1 were not statistically significant whereas items for Factors 2 to 6 were statistically significant. Therefore, when bootstrapping techniques and the Wald Tests were applied, results continued to indicate that the proposed six-factor model was not supported.

Table 8

*Correlation of ACSA Survey© Factors 2–6 with Bootstrapping*

	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6
Factor 2					
Factor 3	*.62				
Factor 4	*.69	*.77			
Factor 5	*.44	*.54	*.69		
Factor 6	*.57	*.61	*.76	*.57	

Factor 2. Client/student advocacy, Factor 3. Community collaboration, Factor 4. Systems advocacy, Factor 5. Public information and Factor 6. Social/political advocacy

## CHAPTER V. DISCUSSION

As outlined previously, this study sought to establish the psychometric properties of the Advocacy Competencies Self-Assessment (ACSA) Survey©, in terms of its ability to measure advocacy competence. The results obtained in this study suggest that the ACSA Survey© has adequate internal consistency, thus demonstrating that the measure should consistently provide similar results when re-administered under similar conditions (Anastasi & Urbina, 1997; Cohen & Swerdlik, 2004; Lowenthal, 1996). There were mixed results in terms of the ACSA Survey's© construct validity. As mentioned earlier, there seems to be support that multiculturalism and social justice counseling are related constructs (Arredondo & Perez, 2003; Constantine, et al., 2007; Helms, 2003; Kiselica & Robinson, 2001; Manis, Brown & Paylo, 2009; Speight & Vera, 2004). As expected, the results indicated that the ACSA Survey© correlated significantly with the Multicultural Counseling Inventory (MCI), which measures multicultural competence. The results also demonstrate that the MCI and ACSA Survey© are clearly not measuring the same construct. In addition, the ACSA Survey© had a non-significant correlation with the Multicultural Social Desirability scale (MCSD), thus supporting that the ACSA Survey© had a stronger relationship with the MCI than with the MCSD. Finally, there was a significantly positive correlation between the ACSA Survey© and the degree to which participants self-identified as carrying out social justice counseling.

On the other hand, scores on the ACSA Survey© were not significantly related to whether a participant was or was not a member of the Counselors for Social Justice (CSJ), a

division of the American Counseling Association. CSJ affiliates are said to implement social justice principles throughout their work (Ratts, et al., 2004); however, as noted, the ACSA Survey© scores did not seem to be higher for CSJ affiliates. Thus, membership, or lack thereof, in a social justice organization may not be related to the degree to which counseling professionals self-report that they are competent in advocacy. It should be noted that despite the hypothesis concerning this relationship, it is not altogether surprising that there was not a significant correlation because only 10 individuals who were members of CSJ completed the study. Additionally, one's political views, and scores on the Global Belief in a Just World Scale (GBJWS) did not yield significant correlations with the ACSA Survey©, a finding somewhat at variance with implications from previous literature (Bierbrauer & Klinger, 2002; Parikh, 2008; Rubin & Peplau, 1975). Therefore, the construct validity or the degree to which the ACSA Survey© measures the advocacy competence construct was partially supported by the findings.

The authors of the ACSA Survey © constructed the measure based on the ACA Advocacy Competencies (Lewis, et al., 2002), and suggested that this survey could be used for measuring the level of advocacy competence and for identifying strengths and weaknesses (Ratts & Ford, 2010). However, as noted, the ACSA Survey© scores range from 0 to 120 but there is no information available on how cutoff scores were established or how one would determine which area requires further work. In addition, the authors of the ACSA Survey© reported that Lewis and Toporek (two of the Advocacy Competencies authors) provided feedback on the items during the construction of the survey, but no reliability or validity data have been reported. Thus this is a limitation of the measure as published. In addition, Ratts and Ford (2010) proposed that the ACSA Survey© items were constructed to load onto the six domains (i.e., client/student empowerment, client/student advocacy, community collaboration, systems advocacy, public

information, and social/political advocacy) as outlined in the Advocacy Competencies. Results from the Confirmatory Factor Analysis suggested that the six-factor model proposed by the authors was not supported. In other words, there were differences between the specified underlying six factors proposed in the model and the data collected from the study, thus resulting in a poor fit. It is important to note that all six factors correlated with each other except factor 1 (client/student empowerment), even after bootstrapping techniques were utilized. This may have occurred because 3 of the 5 items in factor 1 were reverse scored items. It is also possible that the ACSA Survey© may be measuring multiple factors separate from the ones outlined. Additionally, Factor 1 items are purported to measure advocacy that occurs with the individual where empowerment strategies such as understanding one's environment, identifying systemic elements that affect growth, and evaluating internalized oppression take place, which perhaps may be difficult to operationalize and measure through a self-report instrument such as the ACSA Survey©. As a result, the factor analysis provided no support for the construct validity of the ACSA Survey©.

To summarize, the ACSA Survey© had adequate internal consistency, had mixed results in terms of its construct validity, and no validity in terms of the proposed six factors.

### **Limitations**

Even though the current study provided some empirical data relevant to the measurement of advocacy competence, there were serious limitations to both the methodology and the findings. First, to conduct instrument validation, a minimum of five to ten participants is preferred if not needed for each item on the ACSA Survey©. This would be 150–300 participants. To run a factor analysis, 250–300 participants is also recommended for instruments the length of the ACSA Survey © (Cohen & Swerdlik, 2004; Heppner, Wampold & Kivlighan, 2008). The goodness of fit indices are sensitive to sample size. For example, the Root Mean

Square Error of Approximation (RMSEA) and the Standardized Root Mean Square Residual (SRMSR) tend to have larger values with smaller sample sizes (Kline, 2005). Additionally, even though bootstrapping is used to compensate for small sample sizes, it can also exaggerate unusual features, thus undermining external validity (Kline, 2005). Therefore, the number of participants in this study was a limitation, which reduced the probability of finding significant results.

Second, the sample was recruited via organization and division listservs; therefore participants who were not members of the listservs or did not have access to the internet were excluded, thus minimizing the external validity of the findings. Additionally, 93.21% of participants identified as somewhat liberal to very liberal, 60% self-identified as participating in social justice counseling, 81.73 % and 18.27 % of participants had a doctoral and master's level education respectively and an incentive of a \$1 donation to a social justice oriented organization all may have resulted in a homogeneous sample, resulting in low variability among participants. For correlational analyses, heterogeneity in the sample is preferred; hence the restricted range may have made it difficult to find significant correlations due to the homogeneity of the sample. Moreover, this limits the extent to which one can make inferences about the factor structure or psychometric performance of the measure. Third, the data was collected using self-report measures. It is not known how demand characteristics might have impacted the data which were reported. However, it should be noted that there was not a significant relationship between scores on the survey and scores on the MCSD. Fourth, approximately ten participants contacted the researcher via email reporting uncertainty about how to respond to some items on the measure. Therefore, participants may have misinterpreted the ACSA Survey© items from what the researcher intended, which in turn may have affected the results (Heppner, Wampold &



Kivlighan, 2008). Confusion of this sort generally contributes to unreliability. Fifth, even though the ACSA Survey© was administered first to help control for order effects, no counterbalancing took place; hence, there may have been undetected order effects. Perhaps the items on some instruments changed how participants responded to other (later) instruments or perhaps there were fatigue effects.

### **Recommendations**

It is recommended that future studies include a larger number of participants in order to conduct the aforementioned analyses. Future studies should also try to recruit a more heterogeneous sample (e.g., participants with more conservative political views, those who do not engage in social justice counseling or advocacy) in an effort to ensure higher variability among participants. Also, the authors of the ACSA Survey© may need to modify some items to ensure accuracy in understanding and responding to items on the survey. Thus, a revised instrument may require that new items be written and added and/or that others be deleted. Further research, including an exploratory factor analysis, may also be required to determine the factor structure of the instrument. In addition, it is important to assess what other factors (e.g., training, treatment planning based on the client's presenting concerns and diagnoses, one's theoretical orientation) may be related to the level of advocacy competence among mental health professionals. Finally, as discussed above, there has been a discussion in the literature about the importance of social justice as an important aspect of our work, but there is little empirical evidence, and few measures have explored the advocacy competence construct (Smith, Reynolds, & Rovnak, 2009; Speight & Vera, 2004). Furthermore, even though the advocacy competencies have been outlined, they lack adequate empirical support to validate their effectiveness in counseling (Smith, Reynolds, & Rovnak, 2009).

While it is good practice to recognize the methodological and statistical limitations of the current study, it is important to note that this study provides a starting point in assessing an important construct in our field that has been predominantly theoretical in nature for some time. Findings from future studies may shed more light on how social justice issues not only impact our clients and clinical work, but our training and research around issues of oppression and mental health.

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## Appendix A

### Brief Overview of the History of the Social Justice Perspective in Counseling

The idea of advocacy in counseling has been around in one form or another since the 1800s (Crethar & Ratts, 2008; Fouad, Gerstein, & Toporek, 2006; Kiselica & Robinson, 2001; Smith, Reynolds, & Rovnak, 2009). Social justice (including advocacy) in counseling has historically been linked to the fields of social work, sociology, religion and psychology (Kiselica & Robinson, 2001). More specifically, it has been present in liberation, community, and critical psychology (Speight & Vera, 2008). For example, liberation psychology encourages psychologists to advocate for those who are disenfranchised rather than those that hold more privileged positions in society (Prilleltensky & Walsh-Bowers, 1993). The idea of liberation and equal opportunity are the foundation upon which social justice paradigms are founded (Vera & Speight, 2003). Community psychology also historically emphasized solutions embedded in the community aimed at societal change and the dissolution of oppression (Prilleltensky & Nelson, 1997). The belief that human beings are interdependent is what comprises the communitarian perspective (Speight & Vera, 2004). Prilleltensky and Gonick (1996) urged psychologists to begin to view social justice from this vantage point. Furthermore, critical psychology may provide some additional insight on the role of psychologists as social justice advocates. Prilleltensky and Fox (1997) have noted the need for a critical psychology that underscores the “central themes of pursuing social justice, promoting the welfare of communities in general and oppressed groups in particular, and altering the status quo of society and the status quo of psychology” (p. 4).

**1900s – 1960s.** Most of the advocacy work carried out by counseling psychologists during the early 1900s was aimed at vocational issues, due to the fact that career opportunities were thought to be the best way of achieving equality in society (Fouad, Gerstein, & Toporek, 2006). By the time of the Great Depression in the early 1930s, psychologists began to assist individuals by helping them secure employment through programs such as the Employee Stabilization project based in Minnesota (Fouad, Gerstein, & Toporek, 2006). During the 1930s and 1940s, the advocacy efforts of notable figures such as Horney (who emphasized women’s issues) and Rogers (who encouraged the application of psychology principles to societal issues) were also influential (Kiselica & Robinson, 2001). Also, in 1936 APA’s Division 9 (Society for the Psychological Study of Social Issues, SPSSI) was formed in an effort to encourage action by the psychologists to social and economic issues occurring at that time (Rutherford, Cherry & Unger, 2011). In the 1940s and 1950s, counseling professionals advocated on behalf of World War II Veterans upon their return to the United States (Fouad, et al., 2006). In 1956, the question of whether psychologists should use their affiliation in membership organizations (e.g., APA) to take a stand on issues pertaining to social matters emerged (Payton, 1984).

Due to major social events, such as the assassinations of John F. Kennedy and Martin Luther King, Jr. and the Vietnam War, many counseling professionals began to realize that they

could no longer remain neutral on social issues (Payton, 1984). In the 1950s and 1960s, the Civil Rights era led to the addition of diversity in organizations (Toporek, 2009), the beginning of multicultural counseling (Manis, Brown, & Paylo, 2009), the participation of mental health professionals in social justice, and mental health professionals questioning their own discriminatory actions (Arredondo & Perez, 2003; Manis, et al., 2009). During this period organizations such as the Association of Black Psychologists and the Association of Non-White Concerns (ANWC) emerged (Arredondo & Perez, 2003). At this time psychologists were still involved in advocacy work related to civil rights, education and prison reform, homelessness, and feminism (Fouad, Gerstein, & Toporek, 2006). For example, Tyler was at the forefront of advocating for women's issues and with the support of other members, founded APA's Division 35 (Women). Another example was in 1954 APA's Division 9 (SPSSI) prepared the Social Science Statement used in the Supreme Court's *Brown v. Board of Education* case (Rutherford, Cherry & Unger, 2011).

**1970s – 1990s.** In the 1970s there was growing interest in psychologists becoming activists of social change (Fouad, Gerstein, & Toporek, 2006), where the social justice movement seemed to gain momentum (Ratts, Lewis, & Toporek, 2010). For example, Habermas (1971) stated that psychologists should question those structures that are oppressive and work to help reduce the oppression of these groups. Another change evident in the 1970s was the increasing frequency with which terms such as “social action” or “social advocacy” were present in the counseling literature (Ratts, 2006). Additionally, in the 1970s, organizations such as the Association of Multicultural Counseling and Development (AMCD) and the Office of Ethnic Minority Affairs (OEMA) were established in ACA and APA, respectively (Toporek, 2009).

Despite the growing popularity of social justice in the 1970s, there was movement away from social justice in the 1980s, in an effort to preserve the field that had been affected by influences such as managed care organizations and psychiatry (Fouad, Gerstein, & Toporek, 2006). Moreover, at this time multiculturalism was becoming more and more inclusive and gaining momentum (Ratts, Lewis, & Toporek, 2006). To this end, Sue developed the Cross-Cultural Counseling Competencies, Helms' racial identity theory was incorporated in the counseling practice, and Betz and Hackett worked on issues related to women's confidence in traditionally male-oriented fields such as science (Fouad, et al., 2006). Even though there seemed to be considerable progress in advocacy efforts, there seemed to be continued debate on whether psychology should bear any social responsibility. However, it was also believed there had been sufficient debate on the matter of social advocacy roles as psychologists, and it was time to move into a discussion of how to be of use in societal affairs (Payton, 1984).

There seemed to be continued social justice-oriented work in the 1980s, when organizations in counseling, such as the Association of Counselor Education and Supervision began to address issues related to advocacy (Smith, Reynolds, & Rovnak, 2009). At this time, the Society for Psychological Study of Ethnic Minority Issues-APA Division 45 and the Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues-APA Division 44 was established (Toporek, 2009). Also in this period, various calls were being made for counseling professionals to become change agents within different areas of counseling. For instance, Lee and Sirch (1994) investigated counselors' impact on society and encouraged their work with diverse clients; D'Andrea and Daniels (1997) addressed the strengths and challenges that were present in multicultural advocacy in counseling, as it related to racism; and Osborne et

al. (1998) examined the issues involved in incorporating advocacy in counselor education (as cited in Smith, Reynolds, & Rovnak, 2009).

In 1991, Gerstein launched the Indiana Tibet Committee, now known as the International Tibet Independence Movement. This organization is aimed at informing the international community on the human rights violations taking place in Tibet, while working to secure the freedom of these individuals from the People's Republic of China (PRC). In 1993, Prilleltensky and Walsh-Bowers' article entitled, *Psychology and the Moral Imperative*, challenged the psychology profession to analyze the role psychologists played in society, posing the following questions: "Does psychology support or challenge the societal status quo?" and "How does psychology promote existing power relations?" (p. 94). Even though the 1980s and 1990s included social justice oriented activity described earlier, there was not a central focus on social justice. However, in the late 1990s there seemed to be movement back toward social justice initiatives, and investment in acquiring multicultural competence (Fouad, Gerstein, & Toporek, 2006).



## Appendix B

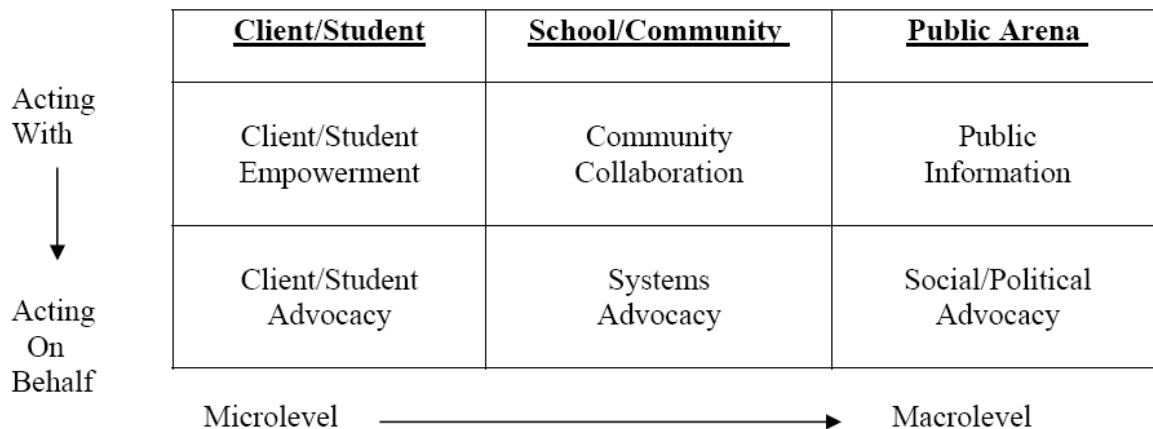
### ACA Advocacy Competencies

Reprinted from Lewis, J., Arnold, M. S., House, R., & Toporek, R. (2002). Advocacy Competencies: American Counseling Association Task Force on Advocacy Competencies.

Retrieved January 24, 2011 from <http://counselorsforsocialjustice.com/advocacycompetencies.html>

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#### *Advocacy Competency Domains*



## Appendix C

### Recruitment Email

Dear Participant,

My name is Batsirai Bvunzawabaya, B.A. and I am a graduate student in the Department of Special Education, Rehabilitation, and Counseling at Auburn University. I would like to invite you to participate in my research study to examine activities and attitudes related to social justice counseling. You may participate if you are a practicing mental health professional and/or a member of the American Psychological Association Divisions (17-Counseling Psychology, 29-Psychotherapy, 44-Psychological Study of LGBT issues, and 45-Psychological Study of Minority Issues), the Philadelphia Society for Psychoanalytic Psychology, the American Counseling Association Divisions (Counselors for Social Justice-CSJ, Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling-ALGBTIC, Association for Multicultural Counseling and Development-AMCD, and American Mental Health Counselors Association-AMHCA) or the Directors of Training, Association for University and College Counseling Center Directors (AUCCCD). You may also participate if you are currently delivering psychotherapy or counseling services or have done so within the past year and are the age of legal majority in the state in which you currently live or older. Individuals who are currently enrolled as students are not eligible to participate.

Participants will be asked to complete a Demographic Information Sheet. You will also be asked to complete four measures about your attitudes and activities regarding multiculturalism and social justice. Your total time commitment will be approximately 15-25 minutes. There are no anticipated risks associated with participation in this study. If you participate in this study, you can expect to receive the potential benefits that include helping increase knowledge about social justice counseling. You will not receive personal compensation for your participation. However, for each completed survey, \$1 will be donated to Amnesty International. If you decide to participate, you will not incur any costs. We will protect your privacy and the data you provide by restricting access to only those individuals who are conducting the study. Information collected through your participation may be published in a professional journal or presented at a professional meeting as part of a large dataset. Individual responses will not be identifiable.

If you would like to know more information about this study, an information letter can be obtained by clicking on this link <https://www.surveymonkey.com/s/M3C9W85> or sending me an email at [bzb0003@tigermail.auburn.edu](mailto:bzb0003@tigermail.auburn.edu). If you decide to participate after reading the letter, you can access the survey from a link in the letter.

If you have any questions, please contact me at [bzb0003@tigermail.auburn.edu](mailto:bzb0003@tigermail.auburn.edu) or my advisor, Dr. Randolph B. Pipes, at [pipesrb@auburn.edu](mailto:pipesrb@auburn.edu) or by phone on 334-844-2883.

Thank you for your consideration,

Batsirai Bvunzawabaya  
Doctoral Candidate  
Auburn University Counseling Psychology Program  
[bzb0003@tigermail.auburn.edu](mailto:bzb0003@tigermail.auburn.edu)

## Appendix D

### Informed Consent Letter

**(NOTE: DO NOT SIGN THIS DOCUMENT UNLESS AN IRB APPROVAL STAMP WITH CURRENT DATES HAS BEEN APPLIED TO THIS DOCUMENT.)**

### **INFORMED CONSENT**

#### **INFORMED CONSENT LETTER**

#### **for a Research Study entitled**

#### **“Psychometric Properties in Social Justice Counseling”**

You are invited to participate in a research study to examine activities and attitudes related to social justice counseling. The study is being conducted by Batsirai Bvunzawabaya, B.A. under the direction of Randolph B. Pipes, Ph.D. in the Auburn University Department of Special Education, Rehabilitation, & Counseling. You are invited as a possible participant because you are a practicing mental health professional and/or a member of the American Psychological Association Divisions (17-Counseling Psychology, 29-Psychotherapy, 44-Psychological Study of LGBT issues, and 45-Psychological Study of Minority Issues), the American Counseling Association Divisions (Counselors for Social Justice-CSJ, Association for Lesbian, Gay, Bisexual & Transgender Issues in Counseling-ALGBTIC, Association for Multicultural Counseling & Development-AMCD, and American Mental Health Counselors Association-AMHCA), Imago Relationships International, the Philadelphia Society for Psychoanalytic Psychology (PSPP) or the Directors of Training, Association for University & College Counseling Center Directors (AUCCCD). You are also invited because you are currently delivering psychotherapy or counseling services or have done so within the past year and are the age of legal majority in the state in which you currently live or older. Individuals who are currently enrolled as students are not eligible to participate. For the purposes of this study, social justice counseling: “acknowledges issues of unequal power, unearned privilege and oppression and how these link to psychological stress and disorder. More specifically, social justice counseling seeks to establish a more balanced distribution of power and resources in society through advocacy and politically conscious interventions.”

**What will be involved if you participate?** If you decide to participate in this research study, you will be asked to complete a Demographic Information Sheet. You will also be asked to complete four measures about your attitudes and activities regarding multiculturalism and social justice. Your total time commitment will be approximately 15-25 minutes.

**Are there any risks or discomforts?** There are no anticipated risks associated with participation in this study. If you experience any psychological discomfort, please contact your local mental health provider.

**Are there any benefits to yourself or others?** The potential benefits include helping increase knowledge about social justice counseling. In addition, for each completed survey, \$1 will be donated to the Amnesty International.

**Will you receive compensation for participating?** You will not receive compensation for your participation.

**Are there any costs?** If you decide to participate, you will not incur any costs.

**If you change your mind about participating,** you can withdraw at any time during the study without penalty. Your participation is completely voluntary.

**Your privacy will be protected.** Any information obtained in connection with this study will be kept anonymous and confidential. Information obtained through your participation may be published in a professional journal or presented at a professional meeting as part of a large dataset. Individual responses will not be identifiable.

**If you have questions about this study,** contact Batsirai Bvunzawabaya, B.A. at [bzb0003@tigermail.auburn.edu](mailto:bzb0003@tigermail.auburn.edu)

**If you have questions about your rights as a research participant,** you may contact the Auburn University Office of Human Subjects Research or the Institutional Review Board by phone (334)-844-5966 or e-mail at [hsubjec@auburn.edu](mailto:hsubjec@auburn.edu) or [IRBChair@auburn.edu](mailto:IRBChair@auburn.edu).

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, PLEASE CLICK ON THE LINK BELOW. YOU MAY PRINT A COPY OF THIS LETTER TO KEEP.

Batsirai Bvunzawabaya, B.A.

Investigator

07/05/2011

Date

Randolph Pipes, Ph.D.

Co-Investigator

07/05/2011

Date

The Auburn University Institutional Review Board has approved this document for use from June 27, 2011 to June 26, 2012. Protocol # 11-209 EX 1106.

Appendix E  
Demographic Survey

**Demographic Survey**

*Please click in the box that best describes you.*

**Are you currently a student?**

Yes

No

**Have you provided psychotherapy or counseling services in the last 12 months?**

Yes

No

***Gender:***

Male

Female

Transgender

Other \_\_\_\_\_

***Ethnicity: (Mark all that apply)***

African American, Black, African Descent

Asian, Asian American or Pacific Islander

Hispanic or Latino(a)

Native American or American Indian

White/Caucasian or European

Other (specify): \_\_\_\_\_

***Sexual Orientation:***

- Asexual
- Bisexual
- Gay male
- Heterosexual
- Lesbian female

***Disability Status:***

- Person with a Physical/Psychological/Developmental Disability
- Currently Able-bodied (no disability)

***Religion:***

- Agnostic
- Atheist
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Pagan
- Other: \_\_\_\_\_

***Highest Level of Education:***

- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Professional Degree

***Professional Identity:***

- Counselor
- Counseling Psychologist
- Clinical Psychologist
- School Psychologist
- Other \_\_\_\_\_

***Primary Work Setting:***

- In-patient
- Community Mental Health
- College Counseling Center
- Private Practice
- Academia
- Other: (please specify) \_\_\_\_\_

**How would you consider your political views?**

- Very conservative
- Conservative
- Somewhat conservative
- Somewhat liberal
- Liberal
- Very liberal

***Are you a member of the American Counseling Association (ACA) division, Counselors for Social Justice?***

- Yes
- No



Social justice counseling acknowledges issues of unequal power, unearned privilege and oppression and how these link to psychological stress and disorder. More specifically, social justice counseling seeks to establish a more balanced distribution of power and resources in society through advocacy and politically conscious interventions.

**To what degree do you believe you engage in social justice counseling?**

1-----2-----3-----4-----5-----6-----7  
Completely Neutral Completely  
Unlike Me Like Me

## Appendix F

### Permission to Use The Advocacy Competencies Self-Assessment (ACSA) Survey©

On 3/6/11 4:04 PM, "Batsirai Bvunzawabaya" <[bzb0003@tigermail.auburn.edu](mailto:bzb0003@tigermail.auburn.edu)> wrote:

Dr. Ratts,

I am a doctoral candidate in the Counseling Psychology Program at Auburn University. I am currently in the process of working on my dissertation on social justice and came across the Advocacy Competencies Self-Assessment (ACSA) Survey that you developed. I am considering a few instruments that I would like to include in my dissertation and I believe yours might be valuable.

May I please have permission to use your instrument? If this is possible, are there any charges or conditions that would apply?

Please feel free to email me at [bzb0003@auburn.edu](mailto:bzb0003@auburn.edu) or telephone me at [telephone number].

Thank you,  
Batsi

Batsirai Bvunzawabaya  
Doctoral Candidate  
Auburn University Counseling Psychology Program

-----  
Graduate Assistant  
Auburn University Multicultural Center  
(334) 844-2976  
[bzb0003@auburn.edu](mailto:bzb0003@auburn.edu)

**From:** Ratts, Manivong  
**Sent:** Tuesday, March 08, 2011 2:33 AM  
**To:** Batsirai Bvunzawabaya  
**Subject:** Re: Advocacy Competencies Self-Assessment Survey

Hello Batsi,

Thank you for your email. You have my permission to use the Advocacy Competencies Self-Assessment (ACSA) Survey for your dissertation....free of charge =). I'd be interested in finding out the results of your dissertation. What is your dissertation topic?

Vong

---

**From:** Batsirai Bvunzawabaya  
**Sent:** Tuesday, March 08, 2011 4:18 PM  
**To:** Ratts, Manivong  
**Subject:** RE: Advocacy Competencies Self-Assessment Survey

Dr. Ratts,

Thank you for granting me permission to use your instrument. I'm excited about your instrument and for my dissertation I would like to help establish the validity of it. I have spent time looking for instruments and I believe yours has a lot of value. I am aware that you are in the process of establishing psychometric properties but I was hoping to build on the work you are currently doing.

I came across the instrument in the ACA Advocacy Competencies: A Social Justice Framework for Counselors book chapter where you mentioned that you had conducted some pilot studies. Would it be possible to have some information on those studies because I would not be permitted to replicate your studies for my dissertation?

Please let me know if you have any more questions or concerns.

Thanks,  
Batsi

Batsirai Bvunzawabaya  
Doctoral Candidate  
Auburn University Counseling Psychology Program

---

Graduate Assistant  
Auburn University Multicultural Center  
(334) 844-2976  
[bzb0003@auburn.edu](mailto:bzb0003@auburn.edu)

---

Re: Advocacy Competencies Self-Assessment Survey  
Ratts, Manivong

To: Batsirai Bvunzawabaya

Tuesday, March 15, 2011 11:39 AM

Hello Batsi,

Yes, you have my permission to use the instrument for your study. Feel free to do the study as I have not begun our study as of this writing.

V

---

## Appendix G

### Email Permission to Reprint The ACA Advocacy Competencies

Friday, April 15, 2011 2:43 PM  
Catherine Brumley,

I am a doctoral candidate in the Counseling Psychology Program at Auburn University. I am currently in the process of working on my dissertation entitled, "An Analysis of Social Justice Counseling: Establishing Psychometric Properties for the Advocacy Competency Self-Assessment Survey". I recently came across the Multicultural and Advocacy Dimensions Model diagram (p. 31) in the article entitled "Multiculturalism and Social Justice: Two Sides of the Same Coin" by Ratts, Manivong J. (2011) in the Journal of Multicultural Counseling Development (39, pp. 24-37). I also came across the ACA Advocacy Competencies (by Lewis, House, Arnold & Toporek, 2002) on your website; and I would like to reproduce both diagrams for my dissertation with your permission. I am scheduled to propose my dissertation on May 2, 2011 and my defense at the end of 2011 or early 2012.

Thank you,  
Batsi

Batsirai Bvunzawabaya  
Doctoral Candidate  
Auburn University Counseling Psychology Program

-----  
Graduate Assistant  
Auburn University Multicultural Center  
(334) 844-2976  
[bzb0003@auburn.edu](mailto:bzb0003@auburn.edu)

Wednesday, April 20, 2011 9:52 AM

Dear Batsirai Bvunzawabaya:

Please accept this e-mail as official permission to reprint the material you listed below in your dissertation. ACA charges no fee when the content will be used for scholarly and/or academic purposes in accordance with the fair use provision, and when no fee for the use or possession of such copies is charged to the student/consumer for classroom use. Permission is granted for **one time use only**. Use of this material in subsequent editions, foreign language translations, derivative works, other formats (known or developed in the future) or media must be requested separately. ACA must be credited in your publication as the publisher and copyright holder of all requested material in the manner required by law. ACA only grants non-exclusive rights for one time use. Copyright permission granted by ACA does not extend to alternate forms of media, language translation, or future editions.

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Sincerely,  
Catherine Brumley

.

## Appendix H

### Email Permission to Use the Global Belief in a Just World Scale (GBJWS)

**From:** Batsirai Bvunzawabaya [bzb0003@tigermail.auburn.edu]  
**Sent:** Tuesday, March 29, 2011 5:31 PM  
**To:** Isaac Lipkus Reiner, Ph.D.  
**Subject:** RE: Global Belief in a Just World Scale  
Dr. Lipkus,

I am a doctoral candidate in the Counseling Psychology Program at Auburn University. I am currently in the process of working on my dissertation on social justice and came across the Global Belief in a Just World Scale that you developed. I am considering a few instruments that I would like to include in my dissertation and I believe yours might be valuable.

May I please have permission to use your instrument? If this is possible, are there any charges or conditions that would apply?

Please feel free to email me at [bzb0003@auburn.edu](mailto:bzb0003@auburn.edu) or telephone me at 256-658-8329.

Thank you,  
Batsi

Batsirai Bvunzawabaya  
Doctoral Candidate  
Auburn University Counseling Psychology Program

-----  
Graduate Assistant  
Auburn University Multicultural Center  
(334) 844-2976  
[bzb0003@auburn.edu](mailto:bzb0003@auburn.edu)

RE: Global Belief in a Just World Scale

Isaac Lipkus Reiner, Ph.D.

To: Batsirai Bvunzawabaya

Please use it as you see fit.  
Take care,  
Isaac

Appendix I

Email Permission to Use the Multicultural Counseling Inventory



40 Avon Street  
Keene, New Hampshire 03431  
603.283.2183

Multicultural Counseling Inventory (MCI)

Thank you for your purchase of the Multicultural Counseling Inventory (MCI).  
I have enclosed the instrument for your use as outlined in the written Agreement for  
Procedural Use.

Best wishes in your research endeavors.

A handwritten signature in black ink that reads "Gargi Roysircar-Sodowsky".

Gargi Roysircar-Sodowsky, PhD  
Professor, Department of Clinical Psychology  
Director, Antioch University New England Multicultural Center



Appendix J

Permission to Use the Multicultural Social Desirability Scale



40 Avon Street  
Keene, New Hampshire 03431  
603.283.2183

Multicultural Social Desirability Scale (MCSD)

Thank you for your purchase of the Multicultural Social Desirability Scale (MCSD).

Best wishes in your research endeavors.

A handwritten signature in black ink, reading "Gargi Roysircar-Sodowsky".

Gargi Roysircar-Sodowsky, PhD  
Professor, Department of Clinical Psychology  
Director, Antioch University New England Multicultural Center