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Advocacy in Action: A Framework for Implementation of the American Counselors

Association Advocacy Competencies on a Local Level

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A Research Project submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

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FACULTY COMMITTEE:

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Dedication

I dedicate this project to the apathetic and the worn out.

Acknowledgements

I would first like to acknowledge the influence of my mother and father, who through vigilant modeling and constant teaching instilled in me the pursuit of justice and equality. I also would like to recognize the Boy Scouts of America and my leaders as a youth that not only encouraged my own ability, but also made clear and acceptable the effectiveness of a group of committed agents over the efforts of an individual.

I want to express my immense gratitude toward my professors and colleagues throughout this process and my years in the program in general. They have consistently pushed and dared me to pursue my causes and my goals, and have expressed their confidence in me when my own confidence has faltered.

Finally, I want to thank my faithful hiking partner, my dog German, who has been my silent companion on many trails, allowing me to ruminate and dream about this project without interruption as we chased peaks and tread through creeks.

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Abstract

Despite calls from within the professional field and external forces, counselors have faced ongoing challenges in their efforts to be effective advocates for their clients and themselves. A review of the literature reveals that throughout the history of the profession, prominent figures have called on counselors to assume advocacy roles, and that some initiatives have been successful in fostering lasting change. However, as counselors and their clients' needs continue to evolve, so too must strategies to address these needs be reevaluated and new initiatives put into place.

In this paper, I have outlined a committee structure and agenda that seeks to address the wide range of advocacy needs, using the American Counselors Association Advocacy Competencies as a reference point. This committee is designed to work on a local scale, within the structure of the existing state organization and its regional subdivisions.

Review of the Literature

In the past several years, the United States has suffered through mass shootings, minority youth being brutalized, healthcare systems stymying their consumers and overwhelming them with costs, political polarization, and countless other societal woes. The public comment that follows tragedies or accompanies political conflicts always seeks to assign blame, to find some one, some group or some organization upon which the onus to apologize and reform rests. The debate often comes down to whether or not an individual is solely responsible for his or her actions, or do the family, community, society, or culture in which the client lives and was raised bear need to be considered as well.

In the 1970s, Bronfenbrenner (1979) proposed a multisystemic theory of the self, in which an individual's personality is forged not just by internal processes, but his or her family, friends, community, prevailing culture, and other external forces are all factors in his or her development. Through this lens, we can start to consider a wide variety of potential influences on any one person. Given the potential scope of influences on our clients' well-being, can we as counselors address these multiple levels of need? Are we positioned to do so? Ratts, Toporek, and Lewis (2010) suggested that counselors were not only able to address a wide variety of systems impacting our clients, but that we have a moral and ethical obligation to do so. Various other researchers have asserted the same position (Kiselica, 2004; McClure & Russo, 1996; Myers, Sweeney, & White, 2002).

Yet those same authors and more have also highlighted various barriers to counselors' efforts to be not just advocates for their clients, but advocates for themselves as well (Kress & Barrio-Minton, 2015; Reiner, Dobmeier, & Hernandez, 2013). In the

first part of this paper, I review the literature regarding counselors' history of advocacy, their current efforts, and suggestions for how they field should move forward in this area. In the second section, I provide a framework for a committee that seeks to incorporate some of the recommendations and promotes the American Counselors Association Advocacy Competencies.

Definition of Advocacy

Lating et al. (2009) provided a definition of advocacy for psychology that could stand for counseling as well, stating that advocacy is a mechanism "informing and assisting decision makers . . . who promote the interests of clients, health care systems, public and welfare issues, and professional psychology" (p. 106). In this instance, we would simply exchange "professional psychology" with "professional counseling."

Toporek, Lewis, and Crethar (2009) provided several distinct categories of advocacy intervention as it relates to counselors and clients. The "Client/Student Level of Intervention" refers to advocacy on the part of a specific client (p. 262).

"School/Community Level of Intervention" involves advocacy on behalf of the "client community" (p. 263). "Public Arena Level of Intervention" refers to more systemic advocacy, including matters related to policy and professional identity (p. 263). Myers, Sweeney, & White (2002) explain how the term connotes two roles for counselors. They write that "counselors may plead the cause of others, may argue for the advancement of the counseling profession, and may, in both instances, find themselves intervening with systems and organizations as well as individuals and families" (p. 394).

Review of Advocacy Efforts in the Counseling Field

Though more attention has been given to the issue in recent years (Chang, Crethar, & Ratts, 2010), advocacy has accompanied the counseling field since its very early days. Ratts, Toporek, and Lewis (2010) provided one example in Frank Parsons' efforts to help new immigrants to the United States find their vocations.

They also recall that, concurrent with social changes in the United States, social justice issues came to the forefront in the counseling field in the 1970s. Counselors during that era addressed issues of race, gender equality, and sexual orientation.

Ratts, Toporek, & Lewis (2010) go on to explain that throughout the 1980s and 1990s, the push for multicultural competency outshined the need for greater advocacy efforts at first, before they came to be self-supporting efforts. McClure & Russo (1996) suggest, however, that the introduction of multiculturalism was a progenitor for social justice awareness and counseling. They state further that Bronfenbrenner's multisystemic model of the individual was a pivotal first step in considering the environments of clients and not just their internal processes.

Advocacy for the profession, on the other hand, has less history within the counseling field and continues to be controversial. Myers, Sweeney, and White (2002) write that advocacy for the counseling profession is relatively young, only beginning in earnest in the latter half of the twentieth century with the formation of the American Personnel and Guidance Association, now designated the American Counselor's Association. Further, they point out that licensed and credentialed counselors have historically had great difficulty attaining recognition and therefore reimbursement from insurance agencies and governmental organizations. For example, in the early 1990s,

attorneys stated that health insurance companies had given counselors unfair consideration and blocked reimbursement (Myers, Sweeney, & White, 2002). Kiselica (2004) illustrates that though counselors are often called on to provide advocacy services for their clients, they are usually not compensated for these activities. He explained how current reimbursement standards are set arbitrarily and have little to no basis in counseling theory or present knowledge of best practices.

However, through the efforts of the ACA's lobbyists, counselors gained inclusion in the Public Health Services Act (Myers, Sweeney, & White, 2002). Additionally, the National Board for Certified Counselors formed the Fair Access Coalition on Testing to push back against psychologists attempting to restrict use of assessments and psychological tests to their professionals (Myers, Sweeney, & White, 2002). Reiner, Dobmeier, and Hernandez (2013) assert that counselors should in fact be more central to health care systems, because "the counseling field's unique emphasis on wellness, development, and prevention is an essential human service paradigm that needs to be at the center of discussions about mental health service delivery" (p. 175). Further, these authors state that professional organizations, counselor educators, and counselors themselves need to recognize their responsibility in advocating for the counseling field.

Researchers have investigated counselors' view toward professional identity. A 2013 study by Reiner, Dobmeier, and Hernandez indicated that counselor educators believed strongly that having a unified professional identity is necessary for achieving goals related to reimbursement and greater client access. Thomas Sweeney articulated how long counseling profession has fought to establish a separate identity; for instance he notes that Virginia was the first to establish a counseling license in 1975, and only in the

past decade did the last state, California, establish a counseling licensure (Kress & Barrio-Minton, 2015)

Myers, Sweeney, and White (2002) wrote at length regarding the need for counselors to not only differentiate themselves from other mental health service providers but also to establish a more firm identity. They point out that “one of the major criticisms of the counseling field regards our inability to clearly define ourselves and distinguish counseling from other mental health professions” (p. 396). According to these authors, counselors need to establish a unified public image in order to establish their accountability and therefore gain greater prominence and access to clients as well as influence in the formation of public policy.

Reiner, Dobmeier, and Hernandez (2013) conducted a study of practitioners regarding their views on how counselors can progress toward professional goals. Their results indicated that respondents believed counselors gaining greater acceptance by third-party payers and governmental organizations is dependent upon counselors representing a unified field. The predominating view in their study was that a lack of a strong professional identity in addition to fragmentation had a negative impact on parity and portability. Myers, Sweeney, and White (2002) have shown how the various organizations responsible for accreditation of counselors have lacked unity and collaborative effort as well.

McClure and Russo (1996) also assert that intraprofessional divisions and so called turf wars have damaged the field’s ability to act with strength and unity. However, they point out that these conflicts are not confined within the counseling profession and are seen between counselors, clinical social workers, psychologists, and psychiatrists. Yet

they also suggest that counselors' drive and focus to establish professional legitimacy has detracted from their willingness to stand up for social justice issues that may come into conflict with the status quo and the organizations that grant accreditation and reimbursement. Chang, Crethar, and Ratts (2010) echoed this sentiment, relaying arguments that "counseling has traditionally protected the status quo in society" (p. 84).

Bemak & Chung (2008) further describe how school counselors may fall into the cycle of supporting existing paradigms over advocating for their clients. They call this "Nice Counselor Syndrome," in which school counselors avoid advocacy interventions in fear of being perceived as disruptive, offensive, or generally non-helpful. Indeed, they offer an anecdotal example of school counselor being chastised by the school's administration for pointing out an assistant principal's prejudiced remarks. They further explain that apathy, anxiety, anger, a sense of powerlessness, and general discomfort that arise from the stress of working in school settings and with oftentimes difficult client loads all contribute to adopting the stance of a "nice counselor."

Still, Myers, Sweeney, and White (2002) note that counselors have historically been reluctant to advocate for themselves, and that they "often minimize their own work while providing recognition and respect for members of other mental health professions" (p. 397). In a profile of Thomas J. Sweeney, the founder of Chi Sigma Iota and an early leader in the profession, Kress and Barrio-Minton quote him as saying "'there continues to be a need for new, servant-type leaders who understand the profession and lend their talents through leadership roles'" (2015, p. 116).

Reiner, Dobmeier, and Hernandez (2013) explain that in order for them to do this, they must be oriented and/or trained for this task. Kiselica (2004) explained that very

few counselor training programs currently incorporate social justice advocacy in their core curricula. However, Chang, Crethar, and Ratts (2010) write that programs have increasingly begun to incorporate social justice training, and cited several examples of how counselor educators have made deliberate efforts to do so, including the “formation of ACES Human Rights and Social Justice Committee” (p. 82), the development of the ACA Advocacy Competencies, ACES sponsored Social Justice Summits in 2007 and 2009, and selecting leaders with orientations toward social justice advocacy. Yet they do maintain the necessity of counselor educators serving as primary conduits for training new counselors in social justice advocacy efforts. Reiner, Dobmeier, and Hernandez (2013) assert that counselor educators are the frontline of encouraging professional advocacy as well. Their study further suggested that responsibility for uniting/resolving fragmentation in the profession resides with professional counselors primarily, and that it fell to the ACA secondarily.

Recent Efforts.

Bemak & Chung (2008) discussed the Transforming School Counseling Initiative (Erford, House, & Martin, 2007) in their article. This program is designed to help school counselors recognize and assume the role of social justice advocates for their students, moving them past the “Nice Counselor” role. Kiselica (2004) discussed several “First Year Experience” programs at Boston College that aimed to promote social justice advocacy to counselors in training programs. These experiences are intended to orient them to the “six principles of social justice work in counseling psychology: ongoing self-examination, sharing power, giving voice to clients, consciousness raising, focusing on

strengths, and leaving clients with tools for self-empowerment and self-determination” (p. 839).

Advocacy Competencies.

In 2000, the ACA president, Jane Goodman, commissioned a task force to address the social justice needs of the counseling field’s clientele. Over two years, this group developed the Advocacy Competencies (Ratts, Toporek, & Lewis, 2010). Ratts, Toporek, and Lewis explained that “the Advocacy Competencies provide counselors with a structure for addressing issues of oppression *with* and on *behalf* of clients.” (p. 7). They stated further that “advocacy-competent counselors are aware of how sociopolitical factors contribute to client problems, they are knowledgeable of various types of advocacy interventions, and they are skilled with implementing culturally appropriate advocacy strategies. Advocacy competent counselors are also adept at assessing whether advocacy with or on behalf of clients is necessary” (p. 23).

This framework (see Appendix A) posited that counselors should assume a social justice perspective for working with their clients. They had several reasons for suggesting this. First, they highlighted the oppressive impact of “isms” in our culture (Ratts, Toporek, & Lewis, 2010, p. 3). They explained that individuals encountering oppressive symptoms have a greater tendency to develop depression and suicidality and may also be less able to reach academic and vocational milestones and goals. Secondly, they stated that counselors have moral and ethical obligations to advocate for clients because of the helping nature of our profession. Also, they pointed out that the ACA had adopted the United Nations’ Declaration of Human Rights in 2001, and that this provided the

rationale for counselors “needing enact social justice advocacy to ensure that clients’ rights are not being violated” (p. 4).

Chang, Crethar, and Ratts (2010) reinforce the theme running through the Advocacy Competencies, explaining that counselors have increasingly embraced the systemic, social justice viewpoint of working with clients, in that they are significantly impacted by their environments and not just internal stimuli. McClure & Russo (1996) echo this assertion, maintaining that the self is inextricable from its environment – including its family, friends, community, culture and so on, acknowledging the model set forth by Bronfenbrenner in the 1970s.

Recommendations for Clients and to the Profession

As illustrated above, efforts are being made to increase the counselor’s role as an advocate for clients and for the profession. However, researchers have called for much more action toward advocacy goals, making numerous recommendations.

Bemak and Chung (2008) set forth the necessity of counselors collaborating together to promote social justice and organizational advocacy efforts, as having a community of supportive and similarly goal-oriented individuals may empower counselors to move out of the “nice counselor” role.

They make several recommendations for moving out of “NCS”. First, school,counselors ought to work to connect and coordinate social justice and advocacy with the administration’s goals and when implementing new social justice initiatives, allow time for the system to understand and incorporate the changes. Further, they should take measured and thoughtful risks, keeping in mind that conflict accompanies any process of change. Also, they ought to avoid assuming the status of a

victim of the systemic constraints and remember that resistance from administrators is not a personal attack on the individual counselor.

Bemak and Chung (2008) also encourage counselors to utilize interventions and methods that are research-founded and keep abreast of political issues and processes. They should investigate and work on all aspects of a client's environment, family, community, culture, academics, and so on and how they impact him or her. Counselors need to bear in mind that social justice efforts address a need beyond that of the individual counselor. Finally, they suggest that counselors be mindful of "Nice Counselor Syndrome, engender courage and be vocal on social justice issues, and maintain civility and strength of character as well as a belief in the "evolutionary propensity of human development" (p. 380).

Myers, Sweeney, and White (2002) explain that due to the complexity of our society and the systems and organizations in which counselors work and their clients interact, interdisciplinary collaboration is essential to promoting advocacy goals for our clientele as well as the profession. Kiselica (2004) expressed the same sentiment, encouraging all mental health professionals to work together, lobbying legislatures to expand reimbursement to cover activities related to advocating for their clientele.

Myers, Sweeney, and White (2002) also suggest that counselors learn to accept their own accomplishments and exhibit pride in their work and their field. They go on to cite studies that "show us what we do does indeed 'work'." (p. 398) Reiner, Dobmeier, and Hernandez also relayed calls for individual counselors to speak up for the profession and promote counseling's merits.

Encouraging counselors to enhance their public profile, Myers, Sweeney, and White (2002) suggest they appear on television and radio shows, entering into public discourse on social and political issues. They urge members of the field to make direct contact with and presentations to elected officials, as well as creating and sharing legislative initiatives with their colleagues, “helping to draft legislation and with grassroots lobbying efforts” (p. 399). To this end, McClure & Russo (1996) called for counselors to step away from a neutral political standpoint and accept that counselors’ input and work with their clients are endowed with social and political views, and so our public voice should reflect this.

Finally, Myers, Sweeney, & White (2002) have called on counselors to educate new members of the profession on advocacy goals and efforts, as well as how to effectively pursue them. Reiner, Dobmeier, & Hernandez’s 2013 counselor educators should therefore be promoting both what constitutes the counselor identity and how to advocate for ourselves to their students. Kiselica (2004) also called on counselor educators to not only train their students in advocacy practices, but to engage in what he termed “activist counseling” (p. 844). If academicians wanted to do this, however, he points out that they will need to fight to change the current standards for tenure that call on professors to produce research over involving themselves in other activities.

While many researchers and authors have been able to point to successful efforts of personal, professional, and social justice advocacy within the counseling field, numerous others have also called for more action and made specific recommendations, as has been illustrated. In the next section, I outline a proposal to address advocacy on direct, local level that seeks to have statewide effectiveness and beyond.

Framework for the Advocacy Action Committee

According to the current leadership of the Central Valley Counselors Association in the western mountain region of Virginia, there are no active combined efforts to address all domains of advocacy set out in the ACA Advocacy Competencies. (V. Redmond & D. Blauch, personal communication, July 2, 2015) B. Bowers-Lanier, the hired lobbyist for the Virginia Counselors Association, commented that while commissions had been formed to address specific issues in the state in the past, there was no cohesive group promoting all aspects of advocacy (personal communication, September 30, 2015).

I propose the following framework for addressing this gap in service to counselors and the community. A chairperson on the CVCA executive board will coordinate a working committee that draws on the resources of the community to assist counselors in their advocacy efforts, provides a forum for public policy issues, and contributes to legislative action on a state level.

According to B. Bowers-Lanier in a personal communication, commissions and groups created across the state over the past decade to address policy have not lasted beyond their relevant legislative session. (September 30, 2015) But this has not been unexpected; the nature of such organized efforts has been oriented to discreet, timely goals and not structured to endure or provide ongoing support to their communities. These groups have been limited in scope, addressing only the “macro level” domains of the advocacy competency model – those falling under the “public domain.” The committee I am proposing will seek to provide support for

counselors in each of the six competency domains set forth for advocacy by the ACA and as I will show could maintain relevance on a continual basis.

Counselors are interspersed in a variety of agencies, schools, and organizations, as well as frequently self-employed. Within these environments, they may have limited access to and collaboration with other mental health service professionals, medical care providers, and the various social service workers in their communities. As needs of their clients arise, counselors are in the position to educate and help connect them with services and resources that meet their needs. However, counselors are not always aware of their communities' services and potentially what sort of assistance their clients may be able to use. The committee will provide an opportunity for counselors to meet, present their needs or questions, and consult with one another, as well as provide educational opportunities regarding available resources.

Additionally, as there are currently only efforts within the Virginia counseling field on a state level, this committee will include a group within its structure dedicated to addressing systemic and political concerns on local, regional, and state levels.

Committee Goals

The committee will seek therefore to achieve the following goals:

1. To empower counselors as advocates that exhibit the ACA Advocacy Competencies.
2. To educate, train, and prepare counselors to:
 - a. advocate for their clients.

- b.** advocate for themselves and the profession.
- 3.** To foster interprofessional collaboration and community building.
- 4.** To develop and implement legislative action plans and a policy agenda.
- 5.** To create a unified voice for the profession, working together toward common goals.

Committee Structure

The committee meetings will be open to all counselors in the region as well as other service providers or community members they may wish to invite. Each meeting will also include a training and educational component in which a member of the community with special knowledge in a relevant field will speak to the group.

There will be a standing group of committee members as well, attending to the organizational needs of the committee, as well as a subcommittee tasked with political and greater systemic advocacy efforts. The roles and tasks of each standing committee member are delineated below.

Committee Chairperson.

The committee chairperson will preside over the executive board, set meeting agendas, and attend to matters of order and process. The chairperson will also sit on the Central Valley Counselors Association Board of Directors as the Chairperson for Advocacy. The individual in this position will represent the interests of the advocacy committee and report on its activities and efforts. The term for this position shall be one year; after each term, the CVCA board of directors shall appoint a new chairperson. While the selection process may not necessarily be formalized, a board vote should take place to make the appointment official.

Secretary/Historian.

The secretary will keep documentation of each meeting and disseminate meeting minutes and intra-committee correspondence to the executive board and other interested parties. The secretary will also keep an ongoing record of committee activities and efforts. The term for this position shall be one year; while a formal selection process may not be necessary, this appointment shall be made by the chairperson.

Event Coordinator.

The event coordinator will make contact with potential guest speakers, either through direct outreach or through other networks. He or she will follow the annual plan (see below) and collaborate with other committee members and attendees to invite relevant speakers to share with the group in a timely manner. He or she will also research opportunities for the members of the committee or advocacy-oriented counselors to participate in community activities, as well as pursue ideas and potential outreach efforts that the committee could sponsor. The term for this position shall be one year; while a formal selection process may not be necessary, this appointment shall be made by the chairperson.

Treasurer.

The treasurer will work with the event coordinator in pursuing fundraising efforts both for outreach and community education, as well as developing funds for special guest speakers or training opportunities. The term for this position shall be one year; while a formal selection process may not be necessary, this appointment shall be made by the chairperson.

Legislative Action Subcommittee

The Legislative Action Subcommittee will be tasked with monitoring issues and movements related to mental health around the region and state, developing organized responses to these movements, communicating with legislators, and coordinating efforts to lobby on behalf of counselors and their clientele. To ensure a comprehensive and inclusive perspective on such issues, I propose a “Key Four” group of counselors to sit on this subcommittee for committed terms. I have summarized the contributions each of these members could make below, but the group would include a **school counselor, clinical counselor, counseling educator, and counselor-in-training**. These positions would also undergo an informal selection process but would be appointed by the chairperson.

Provisions.

In this proposal, no assumptions are made about meeting attendance and participation. It may come to be that a consistent group of counselors or other care providers develop a strong and ongoing investment in the committee and its functions. Provided this is the case, appointments may be made more appropriately by group vote. The committee will make this decision if the need arises.

Given the wide variety of services and venues in which counselors work and in which their clients interact, it may also be suitable to assign a **Legislative Action Committee Member At-Large**. This individual may reflect the views, expertise, or mindset of a concentration within the counseling profession, another helping field, or an invested community member and would represent those interests.

Committee Activities

The committee will seek to provide several opportunities and services in pursuit of the goals outlined above. These different tasks are designed to address the competencies set out in ACA Advocacy Competencies as well.

Group Consultation.

Goals addressed: 1, 2a, 3, 4.

Competencies addressed: 1-3, 8-12, 14-23.

Meetings will feature an open-forum session in which counselors are given the chance to present a case requiring further interventions.. The group will share knowledge of resources and how to access them, including psychiatric and medical care, case management and other social support services, as well as any other potential assets in the community. Attendees will also be invited to share any resources that they have discovered or believe to be relatively unknown or underutilized.

Multicultural Competency.

Goals addressed: 1, 2a, 3.

Competencies addressed: 1-6, 8, 10, 12, 14-21, 22-25, 28, 30-33, 39, 40, 43.

Counselors will also be encouraged to share experiences, both personal and professional, that contribute to multicultural competency. The Central Valley includes several communities that are becoming increasingly ethnically diverse. According to US Census Bureau data for 2014, roughly 20 percent of the population of Harrisonburg is of Latino decent, and roughly nine percent Black or African-American. (Harrisonburg city, Virginia QuickFacts, 2014) By comparison,

Rockingham County, for which Harrisonburg is the seat, has only six percent of its population represented by Latino-Americans, and about two percent are Black or African-American. (Rockingham County, Virginia QuickFacts, 2014)

Additionally, the political and social views of the constituency can vary drastically, with 55% of voters in Harrisonburg voting for Barack Obama in the last general election, (November 6, 2012 General Election Official Results, Harrisonburg City, 2012) and 69% of county voters selecting Mitt Romney. (November 6, 2012 General Election Official Results, Rockingham County, 2012) Given this diversity of backgrounds and views, multicultural competence is especially important to practitioners in the mountain region.

Interprofessional Collaboration.

Goals addressed: 1, 2a, 2b, 3.

Competencies addressed: 2, 5, 8-10, 12, 14-18, 20-25, 29, 35, 36, 39, 43.

Another method of promoting counselors' competency of advocacy on the community and systems levels will be to invite care providers and community service professionals with other fields of expertise to come and speak to the group. They will also be asked to contribute to collaborative consultation in the open forum. Such individuals may include but not be limited to psychiatrists, primary care providers, clinical social workers, case managers, or members of law enforcement and emergency response.

Interprofessional models of patient care are emerging throughout the medical services field. The World Health Organization has expressed the need for care providers to learn how to collaborate interprofessionally as healthcare systems

around the world become increasingly fragmented and complex (WHO 2010). Mental health is gaining greater recognition as essential to overall wellness and counselors will need to exhibit competence in working within interdisciplinary systems to maintain their roles as assets to the greater field of healthcare.

The meetings will also present counselors with the chance to communicate their abilities and roles to those members of other fields. Guests to the meetings will be invited to observe how counselors collaborate, coordinate services and resources, and generally hold their clientele with esteem and care. Additionally, counselors will be encouraged to invite professionals in other fields to come to meetings with them to build community awareness of the efforts and capabilities of counselors, as well as hearing the needs of their clientele.

Finally, these guests will provide general and specific educational and training opportunities. Guests will be selected therefore based on the needs and desires of the group as well as the yearly schedule. For example, as colder months approach, clinicians may want to ask a social worker or case manager to come and speak to available housing, food, and safety resources for homeless and financially strained clients. As the winter state legislative session approaches, an individual familiar with writing policy, lobbying, or the politics of the capital could offer valuable insight and training for committee members preparing to see delegates and senators.

Policy and Legislative Action.

Goals addressed: 1, 2a, 2b, 4, 5.

Competencies addressed: 1-3, 10, 12, 14,16, 18, 20-43.

The activities listed above will address more immediate needs of clients and their microsystems. Another role of the committee will be to directly address more systemic needs and concerns. The Virginia Counselors Association currently employs one lobbyist for its legislative efforts. This lobbyist maintains an email list of clinicians to whom she disseminates policy and legislative efforts and asks for feedback. According to her in a personal communication, there are no established groups currently promoting advocacy efforts on a legislative and policy level within the state organization apart from the loose association with which she communicates. (B. Bowers-Lanier, September 30, 2015)

A subgroup within the overall committee structure will be appointed to address systemic advocacy goals. This group will monitor legislative initiatives around the state via email, social media, or other person-to-person contact and share about them in meetings. They will also reach out to legislators to foster collaborative relationships with their councilpersons, delegates, senators, and other representatives at local and state levels, offering guidance while also voicing their needs and those of their clients.

The subcommittee will also communicate with the VCA lobbyist to keep abreast of the state organization's concerns and agenda, while establishing their own goals. Following the formation of each goal, the committee will draft and carry out a plan of action in its pursuit. These plans of action will combine to form a policy and legislative agenda, and part of the subcommittee's responsibilities will be to advocate for the agenda or items therein with other members of the state organization on the assigned day in January.

Given a history of tension and division within subsets of the counseling field, a particular effort will be made here to include members of various counseling subsets to ensure equal representation. Forming a “Key Four” group of advocacy committee members, they shall include a school counselor, a clinically practicing counselor, a counselor educator, and a counseling student.

Key Four.

School Counselor

School counselors provide an essential view into the lives of not only their communities’ youths, but also the family systems in which they live. Their daily exposure to one of the main venues of any given community’s social needs gives them invaluable insight into shortfalls and gaps in local services and supports.

Moreover, school counselors have worked within interprofessional settings for their entire history. They bring knowledge of working within a system in which their clientele are under a variety of stresses and demands, including those from other professionals in the school. School counselors often need to advocate for their students to their teachers, administrators, and often parents as well. They can therefore not only provide significant education and knowledge to the work group, but also have practice in skills necessary to advocate for issues to policy makers and legislators.

Clinical Counselor.

The term clinical counselor can hold a variety of meanings; those trained in clinical counseling programs may go on to conduct substance abuse, marital, or child-centered therapy, as well as a wide variety of other specializations.

Additionally, clinical counselors may work in numerous agencies, organizations, or businesses. Community Services Boards, hospitals, emergency rooms, for-profit agencies, and some primary care centers are all employers of counselors. Therefore, a counselor may collaborate with medical professionals like family physicians or psychiatrists, coordinate care with case managers and social workers, or respond to clients in crises taken into custody of law enforcement or transported by paramedics. Licensed and licensed-eligible counselors are frequently in administrative roles as well in which they may be managing business details or working closely with accountants or comptrollers.

The diversity of his or her work experience can give a counselor a holistic view of the systems in place to support those with mental health needs, and therefore be able to see gaps and shortfalls in those symptoms that need to be addressed on regional or state levels. Additionally, many counselors are stakeholders in state-funded programs, as most consumers of mental health services through the CSB or other agencies have Medicaid coverage. This puts policy-level advocacy at the forefront of their professional agenda.

Counselor Educator.

Counselor educators, or those teaching in graduate counseling programs, have foundations in research and production of literature. As the committee begins to pursue plans of action and potentially the creation of policy proposals, the counselor educator will provide essential knowledge and expertise in writing and research to fuel these efforts, as well as make them cogent and effective.

Professors in current graduate programs are also familiar with current accreditation standards as well as licensure procedures and developments. As the overall counseling field moves toward standardization, counselors will need to remain not only aware of regulations being implemented by the state Board of Counseling, Council for Accreditation of Counseling and Related Programs (CACREP), or other regulatory bodies, but also attempt dialogue with these organizations. Counselor educators that have recently undergone licensure or worked to bring programs into accreditation standards have invaluable knowledge to help communicate with these panels.

Finally, in virtue of their educational roles, counselor educators possess the ability to communicate new ideas in comprehensible ways. Policy makers, legislators, and others in government positions may be uninitiated in mental health matters. Having the ability to communicate coherently and plainly about such issues is a capacity of all counselors, but may be a skill especially honed in the counselor educator.

Counselor in Training.

Student counselors, or future counselors currently in training programs, can offer a novel perspective on the field and issues related to it. Additionally, trainees new to the field may bring current knowledge of the field from which they came that can add to the overall knowledge base of the group. They may also have a stronger connection to the younger generation, different cultural groups, or other cohorts outside of the culture of counseling.

Student counselors also provide a conduit for information about advocacy efforts to flow between their fellow students and the organizations, including this committee, that are addressing advocacy needs of counselors. As the research above has pointed out, fostering student involvement in and awareness of advocacy may be essential to greater efficacy and professional unification.

Shared Attributes of the Key Four.

Though each particular member will bring his or her own skills and knowledge, there are some talents relevant to political and systemic advocacy that all counselors share. First, counselors have extensive education in the motivating factors within individuals and their systems that drive beliefs and actions. Counselors are able therefore to help legislators conceptualize and reason out events and movements within their constituencies. Exhibiting this understanding to policy makers will help counselors convey their competency and utility. This ability will also benefit them in navigating the complex dynamics of political groups.

Secondly, counselors possess the ability to take abstract and complicated ideas and translate them into common language. In attempting to communicate goals and issues relevant to the field, counselors may be introducing psychodynamic concepts that are novel to legislators and, just as they do with their clients, may need to translate their ideas into vernacular or use relatable metaphors.

Third, as therapeutic processes take time and client growth may be prolonged and at times laborious, so too are political shifts and legislative actions potentially slow, tedious, and face setbacks. A counselor's ability to remain patient

with processes of change and mark small increments of growth may help them stay engaged even when feeling frustrated.

Finally, counselors work continually to understand complexity both within the individual and up through the complex systems in which they live. This gives them an expansive awareness of all of the stresses that may be affecting a constituency or population. As such, they may be keenly suited to advising lawmakers and other members of government or prominence. With this perspective, counselors are not only potentially effective advocates for themselves, but for their neighbors and communities in general.

Annual Plan

The committee will follow an annual plan that seeks to coincide with shifts in the academic and legislative calendars. The Virginia General Assembly meets for 60 days (in even years, for 30 days in odd years) beginning in early January. Leading up to this session, policy proposals and discussion surrounding these legislative efforts increase and a great deal of activity related to Capital business occurs between November and the end of the session in March. Conversely, a considerable amount of stress is mounted onto students as they approach standardized assessments in the Spring and then transition back to school in the Fall.

Some themes and client needs are of course perennial and the committee should therefore seek to be supportive and responsive to these as they arrive. However, as the executive board and in particular the event coordinator and treasurer look to set a yearly schedule, the following quarterly agenda will attempt

to anticipate some special needs of counselors and their clients at different points throughout the year.

First Quarter: November – January.

According to the Virginia Counselors Association lobbyist, legislative efforts begin in earnest in November, anticipating the January-February session. As such, the period from November through January will be the most active time for the legislative action committee. During this time, they will be monitoring new legislative initiatives, reaching out to and setting appointments with lawmakers, and pursuing their actions plans. The culminating event for the subcommittee in this quarter will be the VCA legislative day, an event scheduled and coordinated by the organization's employed lobbyist. This day includes a review of VCA's policy agenda and meetings with state delegates and senators, as well as sitting in on subcommittees and the General Assembly.

During this quarter, the group consultation will continue, with the attendees continuing to set the agenda with their needs. Given the emotional strain the holidays can have on families and individuals – both emotionally and financially – special time may be dedicated to these issues.

Also, guests at meetings during this quarter should reflect the needs of the community as well as the political efforts of the committee. For example, a lobbyist or elected official may share effective methods of reaching out to lawmakers and fostering political action. Or a housing department worker may speak to the resources of his or her department as it pertains to those with low income facing the Winter months.

Second Quarter: February – April.

As students prepare to take standardized tests in the Spring, such as the Standards of Learning or the SAT, school counselors may need to consult with the group regarding the stress building in their student clients. Clinical counselors may need to address the needs of clients affected by seasonal shifts in mood or managing the strain of cold weather on their physical wellness and financial system. Speakers to the group during this quarter should be able to speak on some of these matters.

Members of the legislative action committee should seek to follow up with legislators, track laws as they move through the legislative session, and review the effectiveness of their action plans and envision for the following year.

Third Quarter: May – July.

In May, the terms of each appointed member of the committee will end and new officers shall be put in place. As such, some of the activity of the committee at this time will be reviewing its own processes and structuring as well as orienting the new officers to their roles. Orientation may include specialized trainings and possibly retreats for previous and new officers to work together through the transition and build an esprit de corps among the new boardmembers.

Consultation and group speakers may address the transition for students from the structure of school into the Summer and school counselors' feelings around those changes too. Clinical counselors will also be affected by the community's shift from the school year into Summer and may be grappling with parents' new stress of finding childcare, for instance.

Fourth Quarter: August – October.

As with the focus on clients transitioning from school to Summer in the previous quarter, counselors in the fourth quarter may need resources to help them and their clients manage the return to the school schedule. Guests at this time may also need to educate attendees on resources available to clients as they approach the cold weather months, such as low-income housing, food, or accessing community supports in general ahead of potentially inclement weather.

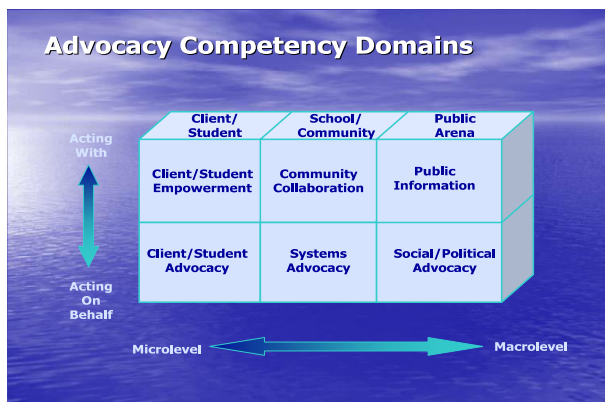
The legislative subcommittee will begin preparing their agenda and formulating their action plans through this quarter. In this time, the subcommittee should disseminate their efforts and recommendations to the VCA lobbyist and any other interested parties. Additionally, members should make primary contact with legislators and attempt to set meetings during the legislative session and more generally introduce themselves and their expertise.

Conclusion

After attending my first Legislative Day in Richmond, VA, one of my colleagues reflected to me that she was glad I was interested in advocacy, because she did not feel it was an activity for which she was equipped. Since hearing that comment, I have worked to find ways in which a counselor – any counselor – can be an advocate for his or her client, his or herself, and the community in general. My search has uncovered a community of individuals and organizations with a great deal of concern and desire, but limited in access and initiative. My sincere hope in proposing and ultimately implementing this committee is to both provide a template for enacting advocacy efforts

on a regional level, but also to explore the realism of such a project and contribute to the knowledge base of the professional counseling field.

Appendix A



ADVOCACY COMPETENCIES: Lewis, Arnold, House & Toporek

Endorsed by the ACA Governing Council March 20-22, 2003

Client/Student Empowerment

- An advocacy orientation involves not only systems change interventions but also the implementation of empowerment strategies in direct counseling.
- Advocacy-oriented counselors recognize the impact of social, political, economic, and cultural factors on human development.
- They also help their clients and students understand their own lives in context. This lays the groundwork for self-advocacy.

Empowerment Counselor Competencies

In direct interventions, the counselor is able to:

1. Identify strengths and resources of clients and students.
2. Identify the social, political, economic, and cultural factors that affect the client/student.
3. Recognize the signs indicating that an individual's behaviors and concerns reflect responses to systemic or internalized oppression.
4. At an appropriate development level, help the individual identify the external barriers that affect his or her development.
5. Train students and clients in self-advocacy skills.
6. Help students and clients develop self-advocacy action plans.
7. Assist students and clients in carrying out action plans.

Client/Student Advocacy

- When counselors become aware of external factors that act as barriers to an individual's development, they may choose to respond through advocacy.
- The client/student advocate role is especially significant when individuals or vulnerable groups lack access to needed services.

Client/Student Advocacy Counselor Competencies

In environmental interventions on behalf of clients and students, the counselor is able to:

8. Negotiate relevant services and education systems on behalf of clients and students.

9. Help clients and students gain access to needed resources.
10. Identify barriers to the well-being of individuals and vulnerable groups.
11. Develop an initial plan of action for confronting these barriers.
12. Identify potential allies for confronting the barriers.
13. Carry out the plan of action.

Community Collaboration

- Their ongoing work with people gives counselors a unique awareness of recurring themes. Counselors are often among the first to become aware of specific difficulties in the environment.
- Advocacy-oriented counselors often choose to respond to such challenges by alerting existing organizations that are already working for change and that might have an interest in the issue at hand.
- In these situations, the counselor's primary role is as an ally. Counselors can also be helpful to organizations by making available to them our particular skills: interpersonal relations, communications, training, and research.

Community Collaboration Counselor Competencies

14. Identify environmental factors that impinge upon students' and clients' development.
15. Alert community or school groups with common concerns related to the issue.
16. Develop alliances with groups working for change.
17. Use effective listening skills to gain understanding of the group's goals.
18. Identify the strengths and resources that the group members bring to the process of systemic change.
19. Communicate recognition of and respect for these strengths and resources.
20. Identify and offer the skills that the counselor can bring to the collaboration.
21. Assess the effect of counselor's interaction with the community.

Systems Advocacy

- When counselors identify systemic factors that act as barriers to their students' or clients' development, they often wish that they could change the environment and prevent some of the problems that they see every day.
- Regardless of the specific target of change, the processes for altering the status quo have common qualities. Change is a process that requires vision, persistence, leadership, collaboration, systems analysis, and strong data. In many situations, a counselor is the right person to take leadership.

Systems Advocacy Counselor Competencies

In exerting systems-change leadership at the school or community level, the advocacy-oriented counselor is able to:

22. Identify environmental factors impinging on students' or clients' development
23. Provide and interpret data to show the urgency for change.
24. In collaboration with other stakeholders, develop a vision to guide change.
25. Analyze the sources of political power and social influence within the system.
26. Develop a step-by-step plan for implementing the change process.
27. Develop a plan for dealing with probable responses to change.
28. Recognize and deal with resistance.
29. Assess the effect of counselor's advocacy efforts on the system and constituents.

Public Information

- Across settings, specialties, and theoretical perspectives, professional counselors share knowledge of human development and expertise in communication.
- These qualities make it possible for advocacy-oriented counselors to awaken the general public to macro-systemic issues regarding human dignity

Public Information Counselor Competencies

In informing the public about the role of environmental factors in human development, the advocacy-oriented counselor is able to:

30. Recognize the impact of oppression and other barriers to healthy development.
31. Identify environmental factors that are protective of healthy development.
32. Prepare written and multi-media materials that provide clear explanations of the role of specific environmental factors in human development.
33. Communicate information in ways that are ethical and appropriate for the target population.
34. Disseminate information through a variety of media.
35. Identify and collaborate with other professionals who are involved in disseminating public information.
36. Assess the influence of public information efforts undertaken by the counselor.

Social/Political Advocacy

- Counselors regularly act as change agents in the systems that affect their own students and clients most directly. This experience often leads toward the recognition that some of the concerns they have addressed affected people in a much larger arena.
- When this happens, counselors use their skills to carry out social/political advocacy.

Social/Political Advocacy Counselor Competencies

In influencing public policy in a large, public arena, the advocacy-oriented counselor is able to:

37. Distinguish those problems that can best be resolved through social/political action.
 38. Identify the appropriate mechanisms and avenues for addressing these problems.
 39. Seek out and join with potential allies.
 40. Support existing alliances for change.
 41. With allies, prepare convincing data and rationales for change.
 42. With allies, lobby legislators and other policy makers.
 43. Maintain open dialogue with communities and clients to ensure that the social/political advocacy is consistent with the initial goals.
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Appendix B

CENTRAL VALLEY COUNSELORS COMMITTEE ON ADVOCACY

PURPOSE

Counselors are interspersed in a variety of agencies, schools, and organizations, as well as frequently self-employed. Within these environments, they may have limited access to and collaboration with other mental health service professionals, medical care providers, and the various social service workers in their communities. As needs of their clients arise, counselors are in the position to educate and help connect them with services and resources that meet their needs.

However, counselors are not always aware of their communities' services and potentially what sort of assistance their clients may be able to use. The committee will provide an opportunity for counselors to meet, present their needs or questions, and consult with one another, as well as provide educational opportunities regarding available resources.

Additionally, as there are currently only efforts within the Virginia counseling field on a state level, this committee will include a group within its normal functioning dedicated to addressing systemic and political concerns on local, regional, and state levels.

COMMITTEE GOALS

1. To empower counselors as advocates that exhibit the ACA Advocacy Competencies.
2. To educate, train, and prepare counselors to:
 - a. advocate for their clients.
 - b. advocate for themselves and the profession.
3. To foster interprofessional collaboration and community building.
4. To develop and implement legislative action plans and a policy agenda.
5. To create a unified voice for the profession, working together toward common goals.

COMMITTEE STRUCTURE

Committee Chairperson

- Presides over the executive board, set meeting agendas, and attend to matters of order and process.
- Sits on the Central Valley Counselors Association Board of Directors as the Chairperson for Advocacy.
- Represents the interests of the advocacy committee and report on its activities and efforts.

The term for this position shall be one year; after each term, the CVCA board of directors shall appoint a new chairperson.

Secretary/Historian

- Keeps documentation of each meeting and disseminates meeting minutes and intra-committee correspondence to the executive board and other interested parties.
- Keeps an ongoing record of committee activities and efforts.

Event Coordinator

- Makes contact with potential guest speakers, either through direct outreach or through other networks.
- Follows the annual plan (see below) and collaborates with other committee members and attendees to invite relevant speakers to share with the group in a timely manner.
- Researches opportunities for the members of the committee or advocacy-oriented counselors to participate in community activities.
- Pursues ideas and potential outreach efforts that the committee could sponsor.

Treasurer

- Works with the event coordinator in pursuing fundraising efforts both for outreach and community education.
 - Develops funds for special guest speakers or training opportunities.
-

LEGISLATIVE ACTION SUBCOMMITTEE

Subcommittee Tasks

The Legislative Action Subcommittee will be tasked with monitoring issues and movements related to mental health around the region and state, developing organized responses to these movements, communicating with legislators, and coordinating efforts to lobby on behalf of counselors and their clientele.

This subcommittee will:

- Monitor legislative initiatives around the state via email, social media, or other person-to-person contact
- Reach out to legislators to foster collaborative relationships with their councilpersons, delegates, senators, and other representatives at local and state levels
- Offer guidance while also voicing their needs and those of their clients.
- Communicate with the VCA lobbyist to keep abreast of the state organization's concerns and agenda.
- Establish their own legislative and policy-oriented goals.
- Draft and carry out a plan of action in pursuit of these goals.
- Form an annual policy and legislative agenda
- Attend VCA's Legislative Day in January

Key Four

The committee will consist of at least four members committee to one-year terms. In order to encourage equal representation and collaboration across the profession, the committee should consist of at least one of each:

- **School Counselor**
- **Clinical Counselor**
- **Counselor Educator**
- **Counselor-in-Training**

MEETING STRUCTURE

Group Consultation (0:00-1:00)

Meetings will begin with an open-forum session in which counselors are given the chance to present a case requiring further interventions. The group will share knowledge of resources and how to access them, including psychiatric and medical care, case management and other social support services, as well as any other potential assets in the community. Attendees will also be invited to share any resources that they have discovered or believe to be relatively unknown or underutilized.

A nondisclosure agreement will be distributed, signed, collected, and kept on file for each attendant so as to ensure confidentiality and set guidelines for appropriate information to share.

Interprofessional Collaboration: Guest Speaker (1:00-1:30)

The second part of each meeting will consist of a presentation from a care provider or community service professional with another field of expertise. He or she will also be asked to contribute to collaborative consultation in the open forum. Such individuals may include but not be limited to psychiatrists, primary care providers, clinical social workers, case managers, or members of law enforcement and emergency response.

Legislative Action Subcommittee Meeting (1:30-2:00)

For the final portion of each committee meeting, the Legislative Action Subcommittee will address its business. All attendants of the greater meeting will be encouraged to remain but this portion of the meeting will follow a more rigid structure, as they will be following a defined agenda, voting as a board, and making formalized plans.

ANNUAL PLAN

First Quarter: November – January

Committee Activities:

- Group consultation
- Interprofessional collaboration
- Monitoring new legislative initiatives (LASC)
- Contacting policymakers and legislators, setting appointments (LASC)
- Pursuing legislative action plans (LASC)
- Attending Legislative Day (LASC)

Themes:

- Cold weather/housing supports
- Holiday stress
- Legislative efforts

Second Quarter: February – April

Committee Activities:

- Group consultation
- Interprofessional collaboration
- Following up with legislators
- Tracking laws as they move through the legislative session
- Reviewing the effectiveness of their action plans
- Envisioning for the coming year

Themes:

- Seasonal mood shifts
- Cold weather stressors
- Spring test-taking preparation
- Legislative efforts

ANNUAL PLAN (CONTINUED)

Third Quarter: May – July

Committee Activities:

- Group consultation
- Interprofessional collaboration
- Transitioning Executive and LAsC Boardmembers
- Reviewing committee processes and structuring

Themes:

- Transition from school schedule to Summer
- Organizational and life transitions

Fourth Quarter: August - October

Committee Activities:

- Group consultation
- Interprofessional collaboration
- Preparing agendas and formulating action plans
- Communicating efforts to the VCA lobbyist, other interested parties
- Making primary contact with legislators

Themes:

- Transition from Summer to school schedule
- Preparing for strain of colder weather
- Legislative efforts

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