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Abstract

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Keywords

Advocacy, policy, OT education

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Experiential Education in Advocacy for Occupational Therapy Students: Didactic Approaches and Learning Outcomes

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ABSTRACT

Advocacy is a foundational value in occupational therapy, but uniformity in teaching and learning advocacy is lacking. This paper proposes and reports on the implementation of an advocacy course based on experiential education. The objective of the study was to evaluate student learning after an advocacy course with an experiential education component using an open-ended survey design. Participants were occupational therapy doctoral students, and the setting was a course taught in a health sciences university. Students voluntarily completed a four-item anonymous survey after participating in an experiential advocacy course. Written responses were coded into themes using an inductive approach. The primary themes identified were knowledge, skills learned, levels of comfort and intimidation, and motivation and self-efficacy. Before the course, students consistently indicated a lack of knowledge or skills, feeling uncomfortable and intimidated with policy and advocacy, and lacking the self-efficacy to affect advocacy outcomes. After the course, the students indicated a general increase in knowledge and familiarity with the advocacy process, feeling comfortable advocating because of their increased knowledge, and an increased interest in the advocacy process. Analysis of student responses after the advocacy course indicated increased student interest, confidence, and ability to engage in legislative advocacy. Because client well-being and scope of practice depend on occupational therapists having strong advocacy skills, students need to engage in experiential learning to acquire these skills. This study demonstrates students lacked skills and confidence related to advocacy but were able to learn those skills through an experiential advocacy course. We argue the observed transition from lack of ability to confidence and comfort was only possible through the experiential learning component.

Introduction

Few aspects of occupational therapy are as ingrained in the profession as advocacy (Kirsh, 2015). From the conception of occupational therapy, early values included advocating for individuals and paying attention to problems in society (Beer & Reed, 2009). Advocacy has been identified as one of the six therapeutic modes of the profession (Taylor et al., 2011). Recent advocacy movements include calls for broader social change intertwined with disability studies (Harrison et al., 2021); school-based practice (Stephenson et al., 2017); diversity, equity, and inclusion (American Occupational Therapy Association, 2020a); and social justice (Malfitano et al., 2019). While there is growing recognition of the need for advocacy in occupational therapy, the how and why of advocacy involvement is still evolving (Alden et al., 2021).

Reflecting the client-centered focus of occupational therapy, advocacy by practitioners most often occurs on a client level (Dhillon et al., 2016). The *Occupational Therapy Practice Framework: Domain and Process—Fourth Edition* lists advocacy as an intervention on behalf of a client and as providing support for client self-advocacy (American Occupational Therapy Association, 2020b). The primary focus of individual advocacy is to allow clients to engage in occupations by promoting individual rights and decision-making (Dhillon et al., 2016). Advocating for the individual might include fighting for access to funding, services, or equipment (Dhillon et al., 2016). Teaching clients to advocate for themselves contains instruction about modifying the work environment, facilitating educational and peer support groups, and utilizing assistive technology (Schmid et al., 2020).

While occupational therapists adeptly advocate for their clients at an individual level, they are less likely to advocate for system-wide change (Dhillon et al., 2016). Kirsh (2015) argued for expanding advocacy to public and political action. First, occupations are not individual but situated in policies and communities. Second, to truly impact individuals' well-being, practitioners must address the distal influences of disease and disability. Third, because therapists understand the impact of occupations on health and well-being, participation in occupations should be seen as a right (Kirsh, 2015). Aldrich and Rudman (2020) used the term *street level bureaucrats* to help therapists identify the political nature of everyday practice. Recognizing the negotiation between providing person-centered care and obeying the organizational and systemic demands allows a viewpoint of the importance of involvement in policy (Aldrich & Rudman, 2020).

A common adage among government affairs professionals and grassroots advocates is “if you're not at the table, you're on the menu” (see Aydarova et al., 2022, p. 10). This statement is an important commentary on advocacy and the future of the occupational therapy profession. For instance, if no occupational therapists are willing or able to advocate for the profession, other disciplines will encroach on aspects of practice that logically fall within the scope of occupational therapy practice. The importance of individuals participating in advocacy is heightened for occupational therapists due to fewer practitioners than in other fields, such as nursing (Alden et al., 2021).

The history of occupational therapy within the education system is a salient example of the importance of involvement in system-level advocacy. In the early 1970s, roughly one million students with disabilities lacked access to public education (Pivik et al., 2002). Congress responded by passing several laws requiring mandatory access to related services to ensure students with disabilities had free and appropriate public education in the least restrictive environment (Martin et al., 1996). Because occupational therapy is a related service, the number of practitioners working in K–12 school settings increased dramatically during that time.

The importance of advocating on political and social levels has led to a call for increased advocacy training (Kirsh, 2015; Stover, 2016). Although occupational therapy education includes advocating for the individual, new graduates and practicing therapists may lack the skills and knowledge to access political institutions needed to make a lasting social change (Turcotte et al., 2020). While researchers have identified a need for advocacy training, a scoping review of teaching advocacy in international post-graduation medical education found a lack of uniformity in advocacy education and little evidence for best practice (McDonald et al., 2019). Similar to other organizations, the Accreditation Council for Occupational Therapy Education (2018) standards call for the inclusion of advocacy in occupational therapy programs but leave a wide range of how advocacy can be taught.

One emphasis in teaching advocacy across disciplines is taking a hands-on, experiential learning approach (Hearne, 2008; Howell et al., 2019; McDonald et al., 2019). In teaching advocacy to occupational therapy students, Alden et al. (2021) concluded that education should provide opportunities for participation and address attitudes and knowledge. Eglseder et al. (2022) developed a program based on self-directed learning and situated cognition within a shared community that highlighted modeling and coaching in teaching advocacy skills. They concluded with a call for further research on pedagogical approaches to practice.

Given the importance of advocacy for the profession and future practitioners of occupational therapy, we designed an advocacy course with an experiential education component to teach students about advocacy while providing hands-on experience. The purpose of the current survey was to evaluate student learning after an advocacy course with an experiential education component. In addition, the course demonstrates how a unique model of tiered advocacy based on the Multi-Tiered System of Supports (MTSS) can be applied when teaching advocacy skills. We hypothesized that student knowledge of advocacy would increase after the course and that they would be more comfortable with pursuing advocacy for their clients and the profession.

Our Model of Advocacy

The authors developed a model of teaching advocacy based on the MTSS used in elementary and secondary schools by educators, including occupational therapy practitioners, to determine the appropriate intensity of services to provide to individual students (Clark et al., 2019). Specifically, the MTSS model generally uses three tiers to describe the intensity of services for a particular student. Tier 1 provides a basic level of

universal support to all students to maximize access. For example, kindergarten or first-grade students often lack developed fine motor skills, so all students might be given larger writing utensils that are easier to grip. Those struggling students might advance to Tier 2, which provides additional targeted interventions. In our example, this might include minor modifications to the writing utensils, such as wrapping them in tape or using other assistive devices to accommodate the student's struggles. If this does not remediate the challenges, other interventions could be attempted. If it is determined there is a need, the student could be provided the most intensive one on one services in Tier 3, which includes special education.

Our modeled conceptualization of advocacy also uses three tiers. As used here, advocacy refers to the practitioner's role in directly and indirectly supporting the client to promote and protect their rights, interests, and needs. As with the MTSS model used in schools, we used advancement between tiers to describe the intensity of the effort required to ensure the client has access to the appropriate resources and services.

Tier 1 is the most basic and universal level of advocacy intensity. The practitioner advocates to directly support the client by developing and recommending a plan of care to address the challenges. Practitioners may indirectly support their clients through participation in their government by voting or sharing their experiences with those in their community or even elected officials. Using the example of the scenario of kindergarten or first-grade students with fine motor skill difficulties, the practitioner advocates directly for their clients by recommending all students in these grades use easier-to-grip writing utensils. At the same time, they may advocate indirectly by voting for elected officials who empower school staff to employ universal design or provide sufficient funding for proper writing utensils.

Tier 2 advocacy intensity is necessary when universal efforts fail to address a practitioner's challenges adequately. A practitioner may advocate directly for their client by working to help make accommodations in their client's home or work. At the same time, indirect advocacy efforts might include speaking directly to policymakers to educate them on how current policy can impact those with specific disabilities or chronic conditions. Continuing to use our example, a practitioner may directly advocate for students who still struggle with gripping writing utensils by recommending additional assistive modifications. Indirectly, a practitioner may meet with the staff of a policymaker to share this story in the hope that schools will have greater access to the resources for additional assistive modifications.

Tier 3 is the final level of intensity. Advocacy efforts are the most extreme at this level and will nearly always seek to directly and indirectly support clients. Action at this level is typically needed when a system-wide barrier exists, such as a specific policy preventing the delivery of an effective service, and must be changed. Returning one last time to our example, imagine a misguided school policy or law (at the local, state, or federal level) prohibiting the use of assistive modifications to writing utensils for kindergarten or first-grade students. Practitioners would need to make an intensive

effort to get the policy or law changed for all their clients to receive the support they need. While this fictional law is improbable, there are plenty of other examples of systemic policies that impact therapy services required to assist clients in addressing the challenges they face.

Advocacy Course with an Experiential Education Component

Considering the principle of experiential education in teaching advocacy skills, the second author developed an advocacy course that addressed the two Occupational Therapy Doctorate standards for advocacy from the Accreditation Council for Occupational Therapy Education (2018). These standards were integrated into the course.

B.5.2 Identify, analyze, and advocate for existing and future service delivery models and policies, and their potential effect on the practice of occupational therapy and opportunities to address societal need.

B.5.4 Identify and evaluate the systems and structures that create federal and state legislation and regulations and their implications and effects on persons, groups, and populations, as well as practice and policy.

The phrase “identify, analyze, and advocate” can be interpreted as an indication that learning advocacy only in the classroom setting is insufficient to meet advocacy requirements for occupational therapy practice. Similarly, standard B.5.4 refers to participation in advocacy at multiple levels, including state and federal legislation. Consequently, we used the concept of experiential learning to design course assignments that required students to actively engage in advocacy with real-world policymakers at both state and federal levels.

The second author, a lawyer and occupational therapist, served as the instructor for the course “Leadership, Activism, and Advocacy.” The course used didactic methods—faculty lectures, guest lectures, class discussions, student presentations, and legislative visits—to provide context for health policy and to help students develop an appreciation for the profound influence of laws and policies on future clients, reimbursement for services, and scope of practice for occupational therapy. Class lectures detailed existing laws and policies associated with healthcare practice and occupational therapy. Guest lectures were presented by governmental officials, state and federal lobbyists, parental advocates, and clinician advocates and included real-world examples of diverse ways to engage in legislative advocacy. Toward the beginning of the course, students were required to attend a state level House or Senate Health and Human Services committee meeting in person or virtually to develop a real-world understanding of committee meetings. Ideally, students would attend these meetings in person to see how publicly accessible the legislative process is. However, the COVID-19 pandemic necessitated virtual attendance of a committee meeting in 2021 and 2022. The intent of this advocacy course was for students to develop a deep appreciation for the importance of policymaking and its influence on real-world practice. An additional purpose of this course was to increase students' knowledge of current laws related to healthcare practice and their confidence in engaging in legislative advocacy.

The second author used applied experiential assignments to reinforce learning goals to provide students with the necessary skills to engage in legislative advocacy. Therefore, each student had to select a state and a federal law that they wanted to explore more deeply. Students were involved in advocacy at the state and federal levels to ensure they understood the distinctions in each process.

Each student selected a state law from the current or most recent state legislative session for the state-level assignment. During course lectures, students were taught how to navigate the state legislature website to find a bill for the assignment. Only one student was allowed to select each bill because this method allowed students to learn about various bills in the Arizona legislature and avoided influence from other students. Once selected, each student wrote a paper about the bill and prepared oral testimony for a mock legislative presentation. Students were required to watch videos of all legislative meetings associated with their selected bill. To fulfill the paper requirement of the assignment, the student had to identify the bill, explain its purpose and how it would affect occupational therapy practice and future clients, summarize the legislative history of the bill, and discuss personal observations after watching the committee meetings on their selected bill. To fulfill the in-class oral testimony requirement, the student was required to present their bill before a mock legislator played by another student. During the testimony, the student provided a summary of the bill, explained the occupational therapy profession, discussed the reasons that the bill was either beneficial or detrimental to the public and clients who receive occupational therapy, and advocated for legislators to vote for or against the bill. After the presentation, the mock legislator asked questions, and the student responded to the questions.

For the federal-level assignment, students were assigned to groups. Each group selected a federal bill and wrote a white paper supporting or opposing it. Next, they were required to present their white paper to a member of Congress or their staff. Students were required to contact the office of a U.S. senator or representative early in the course because scheduling a meeting can be lengthy. To complete the assignment, the white paper needed to describe the selected bill, provide background and the legislative history, including other relevant legislation, and discuss the bill's effects on the occupational therapy profession and consumers. Once the white paper was completed, students met with the member of Congress or their staff to discuss it and advocate for support or opposition to the bill.

The course also included other experiential assignments. These smaller class assignments required students to research two current events and present their findings to the class. Another assignment required students to attend a community event related to health policy, advocacy, or occupational therapy. The purpose of these assignments was to get students in the habit of following current events that were pertinent to occupational therapy and to engage with the community. Developing these habits is essential because they carry forward as students graduate and begin clinical practice.

Method

A survey with open-ended questions was used to evaluate student learning after the advocacy course. The local institutional review board granted the study a non-jurisdictional determination to collect qualitative data from students immediately after completing the course. Student participation was anonymous and completely voluntary. Only second-year and third-year occupational therapy doctoral (OTD) students who had just completed the course were eligible for participation.

Survey

To evaluate student learning after the advocacy course, we created a 4-item, open-ended survey. The specific survey items were the following: (1) Please describe your knowledge of and comfort level with policy and advocacy prior to taking this course, (2) Please describe your knowledge of and comfort level with policy and advocacy after taking the course, (3) Please identify and discuss the components of the course that were most beneficial for your comfort and learning of advocacy methods, and (4) Do you plan to utilize the skills that you learned in this course in the future. If so, in what way?

Data Analysis

We used an inductive approach to code the data, basing themes on student responses to survey items (Braun & Clarke, 2006). Initially, data were coded separately by the first and second authors; then, both researchers met to create a codebook (Hruschka et al., 2004). The researchers discussed discrepancies in coding until agreement was reached. This method of dialogue between coders was used to increase trustworthiness in the process (Elo et al., 2014). Next, the entire data set was coded according to the codebook. Interrater reliability of coded themes was evaluated using SPSS statistical software to calculate Cohen's κ coefficient. The κ of 0.94 ($SE = 0.06$) indicated almost perfect agreement (Landis & Koch, 1977).

Results

Of the 41 possible second and third year OTD students who had just completed the advocacy course, 28 responded to the survey. From their responses, we identified four primary themes: (1) knowledge, (2) skills learned, (3) levels of comfort and intimidation, and (4) motivation and self-efficacy. Table 1 provides a complete list of themes and incidents for each. The quotes given in the descriptions of each theme and subtheme are exemplars intended to provide understanding and insight and not a complete list of responses. Answers are provided as students wrote them with minimal editing.

Table 1*Themes*

Knowledge (76)	Lack of Knowledge Before	46
	Increased Knowledge	32
Skills Learned (34)	General Increase in Skills	16
	Speaking Skills	9
	Ability to Stay Informed	9
Level of Comfort (55)	Uncomfortable Before	12
	Increased Comfort Advocating	22
	Comfort Communicating	14
	Knowledge Influences Level of Comfort	7
Motivation and Self Efficacy (50)	Felt Voice Didn't Matter	16
	Increased Passion and Interest	8
	Plans to Continue	26

Knowledge

Students' responses consistently indicated a lack of knowledge or experience when asked about their knowledge before the course. One student wrote, "I only had a superficial understanding of what those terms meant and how they applied to occupational therapy. I had an especially limited understanding on the forms of advocacy and how those conversations take place in the political context." After the course, students indicated a general increase in knowledge and familiarity with the advocacy process and necessary steps for participation. Several students said their learning was particularly relevant because of current events. One student wrote, "I think that a main contributor to gaining knowledge in this subject area is that I was very interested due to relevance to elections and watching so many political events unfold while we were in the class."

When asked which components of the course were most beneficial, students indicated the mock legislation helped them understand "what this process looked like," "learn practical ways to advocate," and "see how bills can affect me personally." Six students indicated guest speakers and discussion of current events provided "practical knowledge." Specifically, those classroom activities highlighted the "difference between insurance plans" and showed students they "have someone in our corner." Seven students indicated watching legislative videos helped them understand how meetings are conducted and "the format and procedures of a bill's journey through congress."

Skills Learned

In general, students discussed the skills learned during the course more than their previous lack of skills. However, one student summarized a lack of skills by writing, "I was passionate about advocacy but didn't have the tools to act." While some students described specific tools gained during the course, others described more general skills they learned. Students indicated they were "prepared to advocate," they knew "what to

do to advocate,” and “this class gave me tools.” In addition to learning skills for advocacy, students also indicated how they planned to use those advocacy skills. One student wrote, “I do plan to utilize the skills I learned in this course in the future. I will be able to understand important legislative proposals and changes which I was not able to do before.” Others indicated plans to educate friends, family, and clients. For some, sharing their newfound knowledge had already started. One student wrote, “[I] showed my spouse how to navigate the Arizona legislative website to keep an eye out for bills that are of interest to them because they have shown a recent interest in public policy!” Enough students specifically discussed using skills related to speaking and staying informed that these concepts warranted subthemes.

Speaking

Speaking became an advocacy skill regarding student confidence and the ability to speak out and find appropriate venues. Several students indicated feeling trained to talk about issues. When asked about the course assignments, one student wrote, “the mock legislative presentation was beneficial as it trained me how to speak in a court when advocating for bill.” Students also expressed confidence in their ability to make their voices heard. Some students felt they could reach out to legislators, and others described understanding how to get permission to speak before a committee. This ability to speak out was summarized by a student who wrote, “I plan to utilize the skills I have learned in this course in the future by taking a stand when needed and speaking up about important issues.”

Staying Informed

Students also indicated they had learned how to stay informed. When asked about their knowledge before the course, one student wrote, “I did not know how to access information about bills or make contact with representatives.” Survey responses indicated this skill was acquired by the end of the course. Primarily, students learned to stay informed by navigating state and federal legislative websites, but other skills included researching a topic and following events in the news. Staying informed was described as being able “to find information more easily and have a better understanding of what to look for regarding legislation, advocacy and policy.”

Levels of Comfort and Intimidation

Before the course, students indicated that policy and advocacy made them uncomfortable and intimidated. Example comments included “the legislative system seemed very intimidating to me,” and “I did not understand or feel comfortable with policy at all.” After the course, students felt more comfortable with advocacy and policy and more confident about getting involved. In particular, students felt more comfortable communicating their beliefs. Unlike communication comments related to the theme of skills learned, comments for this theme focused on being comfortable with communication. For example, students indicated they were comfortable with “testifying,” “contacting a senator,” “emailing,” “discussion,” “talking about advocacy and policy,” and “joining the conversation.”

Students also described the relationship between knowledge and comfort level. Some collectively described lacking knowledge and feeling uncomfortable, while others distinguished between the two. One student wrote, “I knew how policies and politics worked, but I was not comfortable in participating in events.” Other students expressly indicated not feeling comfortable because of a lack of knowledge. After the course, students felt more comfortable because of their increased knowledge. As one student wrote, “I feel a lot more comfortable about this topic now that I have a better understand of various systems and the role I can play in policy and advocacy.”

Motivation and Self-Efficacy

Before the course, students had limited interest in policy and advocacy and often felt their voices did not matter. A good example of their general lack of self-efficacy was provided by a student who wrote, “I always felt like my voice did not matter and decisions would be made in the end with or without my input.” Another student wrote, “I thought it was a process that only those who were passionate about politics would be able to navigate.” The feeling of being an outsider changed after the course, and students had a deeper appreciation of advocacy. Students described the process as being “easy” and “important” because they could “make a big difference.” One student wrote, “I can be a quality voice for myself and my client.” A student summed up the importance of advocacy by saying, “I very much see how important it is for the future of occupational therapy, and the well-being of clients that I continue to invest my time in advocacy.”

Students also described increased interest in the advocacy process and motivation to advocate on different levels. Although one student wrote, “I was not super interested or involved with policy or advocacy before taking this course,” others indicated an interest but a lack of the necessary tools. After the course, students were motivated to continue using their learned skills to stay informed. Several students used the word “passionate” to describe their interest in policy and advocacy. The general sentiment was that students would participate in advocacy if the issue was related to them or something they were passionate about it. One student wrote, “I can foresee myself writing emails or making phone calls to legislators regarding issues I feel strongly about.” Regarding future use of their learned skills, one student wrote, “Possibly, if the opportunity arises and I feel strongly about an issue.” Some students identified the levels at which they intended to advocate, such as “a smaller scale for the profession to colleagues and friends” and being “more active at the state and local level.”

Discussion

The purpose of the current study was to evaluate student learning after an advocacy course with an experiential education component. One of the most notable results was the stark contrast between knowledge and skills before and after the advocacy course. This finding is significant because past researchers have identified a lack of knowledge and skills as a deficit in occupational therapy practitioners (Turcotte et al., 2020). The experience provided in this course—such as contacting decision makers—taught

students how to participate in political activities that have the potential to affect lasting changes in the profession (Carrier & Beaudoin, 2020; Picotin et al., 2021). Similar to how hands-on training is the standard method of clinical training for occupational therapists, the course activities provide a roadmap for experiential learning of advocacy.

Before the class, students generally described a lack of self-efficacy: either they did not belong, or their voices did not matter. Results of the surveys indicated students gained a belief in their power to be part of the system that went beyond skills and knowledge. The student's sense of self-efficacy culminates in descriptions of passion for advocacy. This course changed their views of advocacy and the relevance of advocacy in their occupational therapy practice and lives. With their knowledge of the importance of occupations to transform health and well-being (Kirsh, 2016), occupational therapists trained in advocacy have the potential to be a force for good in society. The importance of teaching advocacy to occupational therapy students goes beyond the immediate impact on their clients and moves into the realm of social change.

Following calls for increased advocacy related to broader social change by occupational therapists (Kirsh, 2015; Stover, 2016), one of the goals of this course is participation in social and political action after students have been practicing for 5 to 10 years. Ideally, students will be more likely to continue engaging in advocacy once they graduate and transition into the workforce because of their positive educational experiences and increased confidence. Students indicated an intention to participate in advocacy but also identified limitations, such as only getting involved if policies affected their clients or if they were passionate about the issues. Although students described having the tools to be advocates, it is possible they would need a future precipitating event to spur them into action. The authors are hopeful and confident that as students begin to recognize the importance of distal factors hindering the occupations of their clients (Kirsh, 2016), students, as future practitioners, will draw on the skills and competencies they learned in this class to become advocates for change.

Results of the current study also support the presented model of tiered levels of advocacy. In support of the self-advocacy of Tier one, students specifically described their increased ability to communicate and express opinions. Although this ability is often related to getting involved at a more systematic level, these skills would carry over to a more personal level. For example, students also described being an advocate for themselves with statements such as "I can be a quality voice for myself and my client." Student responses related to motivation and self-efficacy supported the Tier two advocacy for individuals and groups. Specifically, students described plans and newfound confidence about advocating for their clients or the profession of occupational therapy. Finally, their increased likelihood of following and participating in Tier three's systematic advocacy was apparent in the four identified themes. For example, students expressed increased comfort levels and motivation for engagement with state and national policies.

The data collection and analysis are a limitation of this study. We primarily looked at one group of students and collected qualitative data limiting the generalizability of this study. Demographic data for this group of students was not collected. However, we believe the analysis of open-ended surveys produced significant results that could not be obtained through Likert scales. This analysis should begin an expanding movement to implement experiential learning about advocacy at all tiers. Future studies should expand on teaching advocacy in various settings and environments. Particularly interesting are continuing education classes that teach advocacy to practicing therapists and long-term analysis of the influence of advocacy education.

Implications for Occupational Therapy Education

This study demonstrates the importance of teaching advocacy to occupational therapy students.

- Students went from feelings of incompetence and alienation from social and political systems to confidence and passion for involvement. This is a significant finding showing students lacked skills and competence and were able to learn these skills and competencies through experiential learning.
- The passion for advocacy demonstrated by the students in this study indicates they are ready and willing to participate. Now is the time to teach them.
- When teaching advocacy skills to graduate students, occupational therapy educators should use the experiential education model commonly used in clinical settings. Just as students can only learn proper transfer techniques and splint-making through practice, they can only gain advocacy skills by actively engaging in advocacy experiences at state and federal levels.

Conclusion

Teaching advocacy skills to students is a critical aspect of occupational therapy education. We evaluated student learning after an advocacy course with an experiential education component in the current study. Students' responses indicate the teaching and learning of knowledge and skills essential for advocacy. The confidence and passion gained by participants point to the success of providing competencies that have the potential to shift the profession toward social and political advocacy.

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