

Promoting Systemic Change Through the ACA Advocacy Competencies

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In 2003, the American Counseling Association (ACA) adopted the ACA Advocacy Competencies (J. A. Lewis, M. S. Arnold, R. House, & R. L. Toporek, 2002) to provide guidance to counselors and acknowledge advocacy as an ethical aspect of service to clients. This article provides a foundation for this special section by sharing a historical perspective on recent pivotal advocacy movements within the profession. An overview of the development and content of the Advocacy Competencies is provided followed by a case example to assist counselors in understanding and enhancing their application.

Counselors have always been change agents and advocates (Kiselica & Robinson, 2001; Lewis & Bradley, 2000; Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006). They have recognized that their clients and students often needed more than what face-to-face counseling could provide. They have felt a responsibility to make the environment more conducive to positive human development. In most cases, however, these courageous counselors have had to act on their own, without professional resources and without guidance for ethical and effective implementation of the advocacy role. In 2003, the Governing Council of the American Counseling Association (ACA) moved to mend this gap, adopting a set of competencies to provide practitioners and counselor educators with guidelines for the competent practice of client/student advocacy (Lewis, Arnold, House, & Toporek, 2002). These competencies are grounded in the often unrecognized legacy of advocacy within the counseling profession. This article highlights some key advocacy movements within counseling and describes the development of the ACA Advocacy Competencies (Lewis et al., 2002) more specifically. We elaborate on the model that forms the foundation for the Advocacy Competencies, providing specific descriptions, examples, and case studies to illustrate the real-life practice of the advocacy role.

The History of Advocacy in Counseling

When embarking on writing a history of any kind, one needs to remember that beneath the public story that is portrayed in official documents and conventional publications there is always a *people's history* (Zinn, 2001). It is when one attends to the people's version that one hears for the first time the narratives of heroes who are never named in the authorized version of History 101.

If history is to be creative, to anticipate a possible future without denying the past, it should, I believe, emphasize new

possibilities by disclosing those hidden episodes of the past when, even if in brief flashes, people showed their ability to resist, to join together, occasionally to win. I am supposing, or perhaps only hoping, that our future may be found in the past's fugitive moments of compassion. (Zinn, 2001, p. 11)

The counseling profession has its own people's history, especially when it comes to the role of advocacy in counselors' work. Through the years that the profession has existed, there have always been career and employment counselors who fought against racism and sexism in the workplace, family counselors who brought hidden violence and abuse into the open, school counselors who sought to eliminate school-based barriers to learning, and community counselors who participated in social action on behalf of their clients. As long as there have been counselors, there have been counselor-advocates.

Unfortunately, people's history is "the most difficult kind of history to recapture" (Zinn, 2001, p. 645). We counselors will not be able to retrieve the names of all the quiet heroes of our profession. We honor them, however, by continuing their work.

Although advocacy has always been a part of the real-life practice of counselors, it is only in recent years that it has been widely accepted as being at the core of their professional identity. The fact that the Advocacy Competencies have been created and disseminated by ACA solidifies this professional recognition. Counselors must acknowledge, however, that the acceptance of advocacy as central to competent practice represents not a single event but rather the culmination of a process that gained energy in the last few decades of the 20th century. Several seemingly separate trends have converged in a nonlinear fashion to bring the counseling profession to where it is today. In particular, we highlight the development and implementation of the Multicultural Counseling Competencies (MCCs; Sue, Arredondo, & McDavis, 1992), the rise of the Transforming School Counseling Initiative (TSCI), the

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progress of the counseling licensure movement, the creation of Counselors for Social Justice (CSJ), and the implementation of advocacy initiatives within ACA.

Success of the MCCs

The Association for Multicultural Counseling and Development (AMCD) charged Derald Wing Sue, Patricia Arredondo, and Roderick McDavis to develop a multicultural competencies document in 1991. The quality of the document and its potential to revolutionize the profession were so great that the article introducing the MCCs appeared not only in AMCD's journal but also in the *Journal of Counseling & Development* (Sue et al., 1992). Since their introduction, the MCCs have proved to be capable of engendering a true transformation in the helping professions. It is hard to believe now, but there was a time when publications on multiculturalism were sparse, when conference presentations could be accepted without addressing issues of diversity, and when a counselor education program could leave multiculturalism out of the curriculum.

The MCCs paved the way for the Advocacy Competencies in two ways. First, they showed that a well-thought-out and readily understandable set of competencies can play a key role in professional development. Second, they ensured the presence of a population of multiculturally competent counselors who could be in the vanguard of the social justice movement.

It is a short step from becoming aware of the impact of the cultural milieu to noticing the role of oppression in our clients' lives. Once we begin to notice systemic oppression, it is just one more short step to accepting our responsibility for social action. (Lewis & Arnold, 1998, p. 51)

The TSCI

The 1990s brought new concepts about the school counselor's role. The TSCI of the Education Trust involved the development of a new vision for school counseling that had advocacy at its core (House & Martin, 1998; Martin & House, 1999). As described by Martin and House (1999), the Education Trust model views school counseling as "a profession that focuses on the relations and interactions between students and their school environment with the expressed purpose of reducing the effect of environmental and institutional barriers that impede student academic success" (p. 1). This focus on systemic change and advocacy is central to the American School Counselor Association (2003) National Model. To reach this goal, school counselors must be assertive advocates for all students, focusing especially on poor and minority children who would otherwise continue to experience an achievement gap. This rethinking of the central goal of the school counseling program brings with it a new set of ideas about the scope of counselors' work. Moreover, the model of partnerships between counselor education programs and

school districts has brought many new counselors into the profession with advocacy competencies in their repertoires. When one counseling specialization or setting moves in the direction of innovation, a radiating effect to other areas of practice can be expected.

The Counseling Licensure Movement

In state after state, counselors have worked successfully to make licensing a reality. At the national level, they have focused on such efforts as ensuring that counselors are included in the list of professionals who can provide services independently to clients served by Medicare or TRICARE and on increasing federal funding to support school counselors. Because of this work on issues that affect counseling as a profession (i.e., guild issues), there are now a large number of counselors who have learned how to navigate the world of politics. The skills that were needed to advocate on behalf of the profession are the same skills that can help counselors advocate on behalf of their clients and communities. If counselors believe that such advocacy is important, they will be able to translate the skills they already possess to client-centered goals.

CSJ

Over the years, counselors with a strong interest in social justice have often met together in outsider groups that were neither incorporated nor set up as official components of other organizations. The purposes of these get-togethers have been to engender interest in social justice and diversity issues in the counseling profession, to share information about social-justice-oriented scholarship, to generate advocacy strategies, and to provide mutual support. Sometimes these meetings have taken place at conferences of ACA or its divisions. On other occasions, participants have traveled at their own expense to informal meetings at ACA headquarters. It was at one of these informal meetings that CSJ, a division of ACA, was born.

The primary rationale for moving from outsider to official status was that, as a division of the largest counseling association in the world, CSJ would be in a good position to (a) act as a clearinghouse for the dissemination of scholarship concerning the impact of oppression on human development, (b) develop collaborations with other entities, and (c) maintain a visible and accessible support network for counselors involved in social justice activities. The existence of CSJ as a division of ACA means that counselors will always have a venue for developing and disseminating cutting-edge information about the macrosystems that affect their clients and students. The association is committed to disseminating information, including the Advocacy Competencies, through collaborations with counselors in all settings and organizations. The presence of an entity devoted to this effort reinforces the recognition of the centrality of advocacy in the counselor's role.

ACA Advocacy Initiatives

Leadership from within ACA has played an important role in putting the concept of advocacy forward. In the 1990s, Courtland Lee's ACA presidency focused on the theme of "Social Action: A Mandate for Counselors," which led to the publication of a book of the same name (Lee & Walz, 1998). Loretta Bradley's presidential theme, "Advocacy: A Voice for Our Clients and Communities," also generated concrete results, including a set of advocacy papers that were published during her presidency and later collected in a book (Lewis & Bradley, 2000). Jane Goodman, during her presidential year, appointed the Task Force on Advocacy Competencies (hereinafter referred to as the *Task Force*) composed of Judy Lewis, Mary Smith Arnold, Reese House, and Rebecca Toporek. Her charge to the Task Force was to develop a set of advocacy competencies for counselors and to be sure to emphasize the use of these competencies not just for guild issues but also for advocacy for social justice. The Advocacy Competencies were completed in 2002 and approved by the ACA Governing Council in 2003.

Advocacy Competencies for Counseling

Advocacy competence can be thought of as the ability, understanding, and knowledge to carry out advocacy ethically and effectively. To this end, the Task Force identified the need for a specific set of guidelines to assist counselors and counselors-in-training in developing their knowledge and skills as well as in implementing advocacy in their work. Prior to a discussion of the Advocacy Competencies in depth, it is important to elucidate relevant definitions of the term *advocacy*.

Definitions of advocacy within counseling have been significantly influenced by the areas of community counseling and multicultural counseling. Lewis and Lewis (1983) described both *case advocacy*, advocacy on behalf of individuals, and *class advocacy*, advocacy that challenges policies and institutions that discriminate against populations. Later, Toporek and Liu (2001) described advocacy as "action taken by a counseling professional to facilitate the removal of external and institutional barriers to clients' well-being" (p. 387). They further framed advocacy as a continuum of counseling action ranging from empowerment to social action. In this framework, *empowerment* includes counselor actions that tend to focus on the individual or group counseling environment and on assisting clients in recognizing and addressing sociopolitical barriers to well-being. *Social action* represents counselor actions that advocate for change in the context of a large, public arena. In defining advocacy, Lewis, Lewis, Daniels, and D'Andrea (1998) identified two clear goals of advocacy: (a) to increase a client's sense of personal power and (b) to foster environmental changes that reflect greater responsiveness to a client's personal needs. Through the evolution of advocacy in counseling, the term *social justice advocacy* has come to distinguish advocacy in the direct service of clients and client groups from advocacy that is focused on the profession or guild issues.

Recognizing the range of work done by counselor-advocates, the Task Force developed the Advocacy Competencies along two dimensions: extent of client involvement and level of intervention. The extent of client involvement includes "acting with" or "acting on behalf" of clients, and each of these may be enacted at three different levels of intervention (client/student [i.e., individual], school/community, and public arena [i.e., public or societal]). The resulting model consists of six different domains: client/student empowerment, client/student advocacy, community collaboration, systems advocacy, public information, and social/political advocacy (see Appendix). The Task Force established, as a foundation, that advocacy-oriented counselors need to recognize the impact of social, political, economic, and cultural factors on human development (Lewis et al., 2002). Recognition of these factors allows the counselor-advocate to frame a client's problem within the system as opposed to solely within the individual. In addition, counselor-advocates must also work to become aware of their own beliefs and attitudes regarding social issues and marginalized populations, the scope of their knowledge, and their level of skill at intervening within the different domains of advocacy. Finally, the importance of multicultural competence cannot be understated, particularly in understanding cultural relevance and appropriateness of advocacy interventions, sociopolitical histories and current context, as well as the counselor's own attitudes and beliefs.

The following descriptions of the six different domains are organized by the three levels of intervention. Each domain is presented separately with details regarding the counselor's actions and brief examples. Following the elaboration of these domains, a case is provided to illustrate applications of the Advocacy Competencies.

Client/Student Level of Intervention

This level of advocacy refers to actions that are focused on the individual client or student and a particular individual case. Counselor action may be focused on the client (i.e., client/student empowerment) or on behalf of the client (i.e., client/student advocacy). These two actions do not need to be mutually exclusive. An effective strategy for confronting a systemic problem may be the implementation of both strategies.

Client/student empowerment. Within the Advocacy Competencies, client/student empowerment refers to the efforts of the counselor and client that facilitate the identification of external barriers and development of client self-advocacy skills, strategies, and resources in response to these barriers. It is imperative that counselors recognize when sociopolitical, systemic, and environmental factors as well as internalized oppression are negatively affecting a client's well-being. Counselors are then able to help the client to identify strategies for addressing these factors in a developmentally appropriate way. Important factors in this process include a focus on helping the client identify strengths, resources, and skills and then helping her or him to

develop the confidence and ability to use them in a proactive manner. An example of client/student empowerment might include facilitating a client's ability to identify discrimination as a source of job stress and then collaboratively developing strategies to address the discrimination.

Client/student advocacy. In client/student advocacy, the counselor focuses on assessing the need for direct intervention within the system on behalf of a particular client or clients, identifying allies, and carrying out a plan of action. This role is especially relevant when the counselor has access to resources by virtue of her or his position that are unavailable to the client. This role is also appropriate when the client has limited English language skills. A competent counselor is skilled at developing an action strategy, developing multidisciplinary allies, and carrying out an advocacy plan. An example of client/student advocacy is a situation in which a client has been attempting to self-advocate for services, for instance, rehabilitation services, but is repeatedly denied or does not understand the information that she or he is receiving from the agency. The client and counselor may develop a strategy for gaining accurate information and then decide how to respond or use that information regarding services. The counselor may determine that it would be more appropriate to contact the agency directly, on the client's behalf, to gain a better understanding of the situation to plan with the client how to proceed to access the services. If caseworkers are involved, it may be helpful for the counselor to make contact with the caseworkers to try to facilitate the provision of care in a less disjointed way and help the client directly address a lack of necessary and appropriate services.

School/Community Level of Intervention

Community collaboration. This domain represents actions in which the counselor and *client community* collaborate to address a problem and devise an advocacy plan. Because advocacy in this domain moves from an individual level to a group level, we use the term *client community* to refer to the group that is influenced by the injustice that is the target of the counselor-advocate's actions. Community collaboration might include supporting efforts of groups working toward systemic change or contributing to the group's skills and expertise in addressing system-level issues. One example of this type of advocacy might be a school counselor who, in collaboration with a group of students, facilitates their efforts to inform the student body and administration about racial conflicts within the school and advocates for funds for a program to address these issues. In this case, it is notable that the students identify the problem and course of action. The counselor's role is to lend experience, expertise, and credibility to the students' efforts.

Systems advocacy. In this type of advocacy, the counselor focuses on identifying systemic problems, gaining information and insight from those who are most affected and implementing advocacy at a systems level, sometimes apart from the affected

group. An example of this type of advocacy might be a counselor in a health care organization who recognizes a pattern of inequitable service to a particular population, then brings this inequity to the attention of the organization and advocates for systemic change to address the inequity. This systems-level intervention is based on the experiences of the affected clients or communities but does not necessitate their direct involvement.

Public Arena Level of Intervention

Public information. In this domain, the counselor and client community collaborate together in efforts to alert the public to macrolevel issues regarding human dignity. This kind of advocacy often involves creating strategies for communicating issues on a large scale through the media and pertinent organizations. An example of this type of advocacy might be working with a community in which a number of the counselor's clients have faced economic hardship because of unfair labor practices. The counselor and client community may decide that this is a community-wide issue that should be brought to the attention of the media. They may choose to involve other professionals (e.g., community organizers, legal assistance) and begin a public information campaign.

Social/political advocacy. Social/political advocacy focuses on recognizing when a client or client community's problem must be addressed at a policy or legislative level and on advocating for change within those areas. Typically, this form of advocacy happens when the counselor becomes aware of a pattern of systemic injustice, mistreatment, or neglect that may require policy or legislative intervention. Although it is certainly possible and desirable to collaborate with affected clients and communities in advocating at a policy or legislative level, this domain in the Advocacy Competencies asserts that it is relevant and appropriate to take on this role regardless of whether the affected client communities are involved in the advocacy. One example of this kind of advocacy might be a counselor, working in a welfare-to-work-type program, who advocates for federal or statewide legislation for welfare reform that would provide more effective and comprehensive services for clients. Advocacy training is available through ACA that helps counselors understand the legislative process and strategies for advocacy. Although this training is generally oriented toward advocacy for the profession, the tools may be applied in the implementation of social justice advocacy. In addition, many guild issues directly, or indirectly, influence clients' access to services.

Although these six domains represent advocacy at different levels of the system and different levels of client involvement, there are some basic assumptions that underlie each domain. Some of these include the potential for interdisciplinary collaboration, problems of systemic oppression, multicultural sensitivity and relevance, client- or community-centered goals, ethical and appropriate advocacy, and competence.

■ Implementation of the Advocacy Competencies: A Case Study

In an effort to bring further clarity to how the Advocacy Competencies play out in the counseling setting, the following vignette is presented, with an accompanying set of responses based on the Advocacy Competencies. This case study is meant to provide an example of ways in which a counselor may implement advocacy at a number of levels. There are certainly other possibilities for responding because different circumstances, contextual variables, institutions, resources, and relationships may influence how advocacy is enacted.

A school counselor met with Mila (a fictional composite of several clients), a seventh-grade student in a public school that had not been fully retrofitted for students with disabilities. Mila uses a wheelchair. The building in which she attended school was built in the early 1900s and did not have power-assist doors on the restrooms nor did it have elevators. When Mila arrived at the school, the school administrators and her teachers developed a policy wherein student volunteers were recruited to accompany her to the restroom during class when she requested to go. When Mila met with the counselor, she tearfully shared that students had not been taking her directly to the restroom, but instead were driving her around in the halls. This situation had worsened to the point that Mila found herself barely making it to the restroom in time. She described how one girl even took her into the restroom but then did not let her into the stall for nearly 5 minutes. Mila believed that this treatment toward her had been happening because students were using her need to use the restroom as a way to delay time spent in class. Mila was very nervous about telling the counselor of her predicament because students had threatened that she would "get it" if she told anyone. When the counselor asked Mila why she did not use the restroom between classes, Mila explained that it was too crowded and difficult for her to access the restrooms when the halls were full of students.

The following are examples of a counselor-advocate's responses to Mila's situation, taking into account each of the three intervention levels of the Advocacy Competencies.

Client/Student Level of Intervention: Client/Student Empowerment and Client/Student Advocacy

First and foremost, the counselor placed the primary focus on Mila's immediate needs, including the issues underlying her choice to come in for counseling services. The counselor noted the strengths and deficits that Mila brought to the counseling environment. One of the issues the counselor took into account was the bullying and harassment Mila had received from her classmates and that Mila felt threatened by the participating students. Mila approached the counselor because of a sense of desperation about her situation and needed the counselor to understand her need to be able to use the restroom in peace, her need to experience a safe environment, and her need to experience empowerment in the process.

The counselor followed five basic steps of empowerment in this process. She (a) focused on increasing Mila's awareness of the power dynamics at work in her life context, including institutional and social barriers; (b) helped her develop the skills and capacity for gaining some reasonable control over her life and life context, given the constraints of her environment; (c) helped her recognize areas in her life in which she could begin to exercise individual control as well as areas in which she might need to begin building allied support to confront institutional barriers; (d) helped her to see that she could accomplish these goals and become truly empowered without infringing on the rights or freedoms of others; and (e) actively supported, encouraged, and developed the empowerment of others in the community (adapted from Crethar, Bellamy, Bicknell-Hentges, & Giorgis, 2002; McWhirter, 1994). The counselor worked with Mila to fully understand her situation, how she had been responding to it thus far, how she had confronted similar situations in the past, and what she hoped would happen in the future.

As the counselor worked with Mila to empower her within her environment, she was also vigilant for ways to function as an advocate on Mila's behalf. The counselor took care to be sure that Mila was involved in selecting any advocacy efforts. Involving the client in the process is important because advocacy can easily become misguided when not done in harmony with those for whom one advocates. Through their discussion, Mila's counselor came to recognize that Mila needed immediate assistance in her need to be able to use the restroom in peace and discussed the possibility of advocating on her behalf. Together, they decided that the counselor could talk with the school administrators to gain an immediate response to this need. The counselor then worked with the administrators to come up with a new, temporary plan to assist Mila in getting to the restroom during the ensuing weeks. The counselor arranged for Mila to be escorted to the restroom on a regular basis by an adult. The counselor respected Mila's wishes not to have any explicit focus directed to the students who had been bullying her and thus acted as an advocate with the school principal to this end.

School/Community Level of Intervention: Community Collaboration and Systems Advocacy

Mila's situation reflected a clear picture of systemic problems within the school environment. The counselor noted that the school was clearly not prepared to offer an equitable learning environment for people of varied physical abilities and that when presented with the opportunity to make reasonable accommodations, the administration and faculty seemed to have difficulty devising appropriate responses. The counselor set an appointment with the school administrators to discuss options of working within the school environment to make adjustments that would better serve the needs of all the students. In this meeting, she learned that the school had a long history of insufficient resources to make any retrofits to the

building, with the exception of a wooden ramp built on the side entrance. Because changes to the school environment were likely not to occur by working with the administration directly, the counselor requested permission from the principal as well as from Mila to reach out to the community surrounding the school for donations to retrofit the restroom doors on the first floor with power-assist doors. The counselor's efforts began to bring in donations from charitable organizations, creating a groundswell of interest throughout the community in the cause of updating the school building.

This situation also helped the counselor to note a need for the implementation of a broad-based antibullying campaign in her school. This program was implemented the following school year, owing to Mila's preference that it not occur too close to the bathroom bullying incidences.

Public Arena Level of Intervention: Public Information and Social/Political Advocacy

The counselor's efforts to locate funding for the building included efforts within the public information domain of the public arena level of advocacy. As she reached out to the community surrounding the school, the counselor discovered that many of the people she met did not know that their school had never been updated. She discovered that many community members assumed that the Americans With Disabilities Act of 1990 (ADA; 1991) mandated that all public facilities be updated. (For a copy of the ADA, see <http://www.ada.gov/pubs/ada.htm>.) She discovered that although the needs of individuals with disabilities were not at the forefront of the minds of many people she encountered, most were open to discuss this issue and had desires to do well by their neighbors. The approach the counselor took was to request appointments to address various groups and organizations throughout the community, focusing the majority of her address on information sharing. Her presentation concluded with a discussion of possible solutions, some of which she presented to the group and others were generated by the group. This collaborative public information approach was generally well received and resulted in empowering her community to make much-needed changes to Mila's school.

Social/political advocacy issues also arose as a result of the counselor's efforts with Mila, the school, and the community. The counselor learned that the ADA (1991) did not require states to retrofit their facilities, but it did require that "readily achievable" (Section 12181[9]) accommodations be made. Such accommodations were defined by the ADA as ones that were easily and inexpensively done. Major retrofits of public school buildings are often not completed in less funded districts because they are deemed not to be readily achievable. Furthermore, she learned that in *Board of Trustees of the University of Alabama v. Garrett* (2001), the Supreme Court ruled that because states were not violating the Constitution when they failed to provide reasonable accommodations in the workplace, Congress could not require them to make such accommodations. As a result of this ruling, employees cannot

sue state employers for damages under the ADA (Oyez Project, n.d.). Ultimately, the counselor discovered that there is much social/political advocacy to be done at the public arena level regarding the rights of persons with disabilities.

Implications for Training, Practice, and Research

The development of the Advocacy Competencies was a significant step in affirming ACA's commitment to, and understanding of, the role of advocacy in counseling. This affirmation acknowledges that oppression and systemic barriers interfere with clients' health and well-being and may even be the cause of their distress. Advocacy extends the impact that counseling may have by increasing the likelihood that environmental stressors and barriers will play a less significant role in the lives of clients.

Counselors can make great advocates. Training in human relationships, group dynamics, assessment, multicultural issues, and life span development provides counselor-advocates with a foundation to support clients who are facing barriers and systemic oppression. More attention, however, is needed to train counselors in systems-level issues and interventions as well as in ethical concerns regarding advocacy roles. To be effective, this training should be integrated throughout the curriculum and treated as part of counselors' roles, including relevant theory, skills, and applications in core and practicum courses.

One area in need of attention is the development of social justice and advocacy continuing education. As with the development of multicultural competence, many counselor educators have not been exposed to opportunities for formal training in advocacy. Those counselors and counselor educators who are committed to this aspect of the role have usually sought out training from other fields, through self-study and by trial and error. Provision of opportunities for professional development in the area of ethical and effective advocacy in counseling would help with implementation and training. Furthermore, the inclusion of social justice advocacy as a state requirement for renewal of licensure would further ensure that counselors are aware of the complexities of such a role and are able to respond to their clients' needs in a way that is consistent with best practices.

In practice, counselors may begin to advocate within their own organizations to increase recognition of the need for outreach, indirect service, and community collaboration. In addition, conceptualizing advocacy as an integral part of counseling and therapy, rather than an add-on activity, can help to make space for empowerment, advocacy planning, and self-advocacy skill building within the current counseling structure. In addition, building coalitions with help providers in fields such as social work, public health, and law can increase the skills and knowledge of the counselor as well as provide a wider net of support for clients. Finally, self-care is a topic that must be

addressed when discussing the work of counselor-advocates. When counselor-advocates work on difficult problems, with resistant systems and in oppressive conditions, a sense of perspective as well as a network of support is essential. Whereas some problems may be relatively easily resolved with intervention, other problems may have existed for decades and may involve very large systems. If the counselor assumes that the problem should be easily solved or, conversely, that it cannot be solved, then the likelihood for burnout or learned helplessness is high. Having a perspective of the duration of the problem, the scope of the systems involved, and the pace of change and incremental outcomes can help the counselor and the client maintain stamina throughout the process.

Implications for research are fairly clear given that little research has been done in this area. Although there has been some research focused on advocacy in other fields, such as public health and community psychology, relatively little has been published in counseling. The fields of school counseling and rehabilitation counseling have provided a foundation for research on client/student advocacy. Yet more research is needed in areas such as the implementation of the Advocacy Competencies, the use of systemic interventions, the outcomes of advocacy training on counselors' skills, and multicultural aspects of advocacy.

Conclusion

The case study provided in this article was meant to encourage active visualization of the possibilities for positive and lasting change for clients and communities using a range of advocacy approaches. As noted throughout, counselors are in a key position to act as advocates, and, without advocacy, counseling may not yield fruitful results. Although there is a wonderful, mostly unwritten people's history of advocacy in counseling, there has been a need for clearer structure, guidance, and support for this important role. The Advocacy Competencies provide a framework for interventions and draw attention to multiple levels of opportunity. We hope that this overview has provided a practical introduction to the Advocacy Competencies and their utility, as well as some understanding of their implementation. The three articles that follow in this special section on advocacy competence provide a more detailed analysis of each of the three levels of the Advocacy Competencies along with concrete applications. Counselors can make excellent advocates.

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APPENDIX

ACA Advocacy Competencies

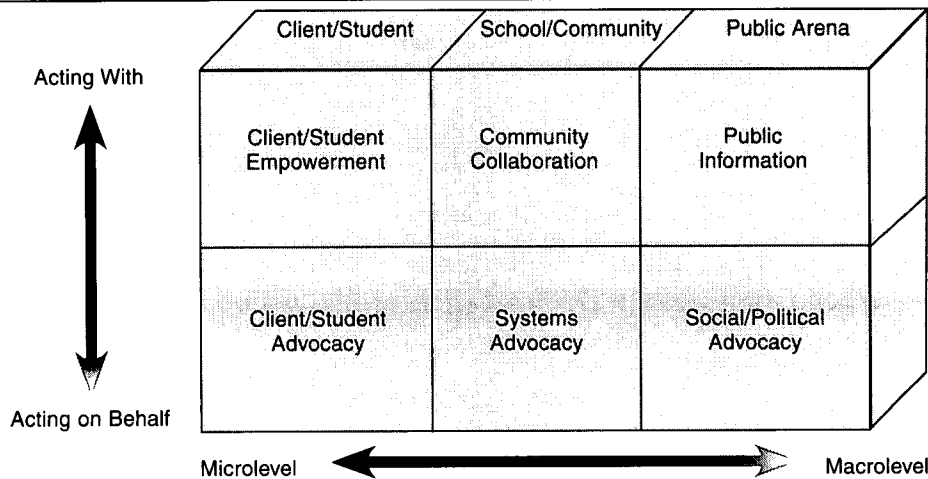


FIGURE A1

ACA Advocacy Competency Domains

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.

(Continued on next page)

APPENDIX (Continued)

ACA Advocacy Competencies

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 macrosystemic 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 multimedia 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.

Note. The ACA (American Counseling Association) Advocacy Competencies were endorsed by the ACA Governing Council, March 20–22, 2003. From *ACA Advocacy Competencies*, by J. A. Lewis, M. S. Arnold, R. House, and R. L. Toporek, 2002. Available at <http://www.counseling.org/Publications/>. Copyright 2002 by the American Counseling Association. Reprinted with permission.

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