

Counselors as Social Justice Advocates: Experiences Addressing Systemic Marginalization

Vanessa M. Sinclair

College of Education, Criminal Justice, and Human Services
University of Cincinnati

Amanda C. La Guardia

College of Education, Criminal Justice, and Human Services
University of Cincinnati

Rachel M. Saunders

Department of Education and Human Development
Clemson University

Antar A. Tichavakunda

Department of Education
University of California Santa Barbara

Abstract

A phenomenological study was conducted to determine how counselors are experiencing engagement in social justice advocacy. Participants included seven ($N = 7$) licensed clinical counselors in the United States. Several themes emerged from the data: social justice advocacy as part of counselor professional identity, experiences of emotional discomfort and gratification, advocacy in action on a micro-, mezzo-, and macro-level, skills utilized to be effective advocates, identity impacting advocacy efforts, challenges faced, and advocacy successes. Results highlighted advocacy action steps that counselors can take to support clients. Skills needed to be effective advocates included gaining knowledge of systems, self-awareness of bias and privilege, intentionality and strategies linked with advocacy actions, and use of common counseling skills such as compassion and managing challenging responses. Four main elements were identified for the potential training of counselors: (1) establishing a clear professional identity/role around social justice advocacy, (2) teaching advocacy competencies, (3) education about what advocacy practice looks like, and (4) building skills frequently utilized in advocacy practice.

Keywords: social justice advocacy, counselors, phenomenology

Counselors as Social Justice Advocates: Experiences Addressing Systemic Marginalization

The United States (U.S.) continues to have sociopolitical systems in place that afford power and privilege to some identities while oppressing others. Individuals who experience discrimination due to having a marginalized identity or identities (e.g., based on race, disability status, gender, sexual orientation, etc.) are at risk of developing both mental health and physical health issues, including posttraumatic stress disorder or related symptoms (Bird et al., 2021; Carter et al., 2019; Kirkinis et al., 2018; Wei et al., 2012), anxiety and depression (Bower et al., 2013; McLaughlin et al., 2010; Takeda et al., 2021; Weeks & Sullivan, 2019), and substance use disorders (Kcomt et al., 2020; López et al., 2022; McLaughlin et al., 2010; Wray et al., 2016). Marginalization is linked to lower household incomes (U.S. Census, 2018), substandard living conditions, and increased risk of homicide and domestic abuse (Equality and Humans Rights Commission, 2020). Marginalization also has been connected to higher adverse childhood experiences (LaBrenz et al., 2020), which has a relationship to lower health and well-being outcomes throughout the lifespan (Centers for Disease Control and Prevention, n.d.).

Given the aforementioned impacts of discrimination, it is not surprising that for decades, leaders in the counseling profession have called for counselor engagement in social justice advocacy (see Crethar & Winterowd, 2012; Greenleaf & Bryant, 2012; Ratts & Greenleaf, 2018; Smith et al., 2003; Toporek et al., 2009; Vera et al., 2003). The American Counseling Association's (ACA) Code of Ethics (ACA, 2014) defined justice as "treating individuals equitably and fostering fairness and equality" (p. 3). Crethar and Winterowd (2012) stated, "In the field of counseling, social justice is both a goal and a process for counselors who believe in developing an increasingly socially just world..." (p. 3). Advocacy is one way to target social justice issues in counseling and some consider social justice counseling the "fifth force" of the field (Ratts, 2009). As stated by Lee et al. (2018), counselors have a responsibility to assist in supporting work against cultural, economic, and social barriers that impede psychosocial development, whether directly with the client, or through advocacy efforts that challenge harmful traditions or biases.

In addition to calls for action, the ACA leadership has endorsed competencies related to advocacy (Toporek & Daniels, 2018) as well as multicultural and social justice competencies (Ratts et al., 2015). These endorsements demonstrate increased expectations within the profession for counselors to engage in advocacy work and incorporate a multicultural and social justice lens into their clinical practice. While the competencies exist, there is little published knowledge regarding the extent to which counselors implement or understand social justice advocacy in practice (see Crumb et al., 2019; Kozan & Blustein, 2018; Singh et al., 2010). Because we know that experiencing discrimination and social injustice can impact individuals in numerous ways, it is important for counselors to engage in continuous learning and to understand how to advocate and support their clients most effectively.

Purpose of Study

Given the significant impacts of oppression on individuals and the call for counselors to engage in social justice advocacy, the purpose of this descriptive phenomenological study was to explore counselor experiences with social justice advocacy and factors that influence these experiences. Results can highlight current advocacy practices and barriers faced by counselors, serving to inform recommendations for training counselors as social justice advocates. The following research questions were investigated: 1) How do counselors perceive their role as social justice advocates? 2) How do counselors experience being social justice advocates? 3) How do issues related to marginalization influence advocacy in counseling? and 4) What challenges and successes do counselors experience in social justice advocacy engagement?

Conceptual framework

To best address these research questions, a conceptual framework was utilized to guide the development and implementation of the study. Maxwell (2005) defined a conceptual framework in qualitative research as “the system of concepts, assumptions, expectations, beliefs, and theories that supports and informs your research” (p. 33). Such a framework provides a study with a strong foundation, and we adopted the Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2015) to serve as our foundation. Originally developed by Sue, Arredondo, and McDavis in 1992, the revised competencies in 2015 offer counselors a meaningful structure to implement multicultural and social justice competencies in their practices. Four developmental domains serve as the catalyst to lead to competence in the MSJCC framework: (1) counselor self-awareness, (2) client worldview, (3) counseling relationship, and (4) counseling and advocacy interventions (Ratts et al., 2015). Additional aspirational competencies exist within the first three domains of the MSJCC: attitudes and beliefs, knowledge, skills, and action. Counselors can refer to these competencies to assist with implementing multiculturally competent and social just ways to serve their clients (Ratts et al., 2015). Given the study’s purpose was to explore counselor experiences with social justice advocacy, we believe the MSJCC framework aligns well with this purpose as we sought to understand the challenges and successes counselors experience.

Method

Research Design: Descriptive Phenomenology

A descriptive phenomenological design was used for this study as it aimed to “determine what an experience means for the persons who have had the experiences” via their descriptions, so that “general or universal meanings” can be found (Moustakas, 1994, p.11). Qualitative methods suited this study, as this approach leads to insights about meaning, context, and process (Maxwell, 2005). The researcher applied the constructivist paradigm when formulating this study, as it represents the idea that personal experiences drive the way that people construct knowledge and understand the world (Adom et al., 2016). Thus, this paradigm was quite useful to conceptualize a study designed to research the experiences of counselors and their understanding of their role as advocates.

Positionality Statement

The research team included three individuals. The primary researcher is a Licensed Professional Clinical Counselor with experience as a clinician, counseling supervisor, and counseling educator. This researcher personally believes in the importance of social justice and equity. This researcher also is a White female. The power dynamic associated with being a lead researcher and a White individual may have influenced participants involvement and thus were considered as potential influences in this project. When meeting with participants, the primary researcher verbally acknowledged her power as the researcher and noted the participants’ power to choose what to share and how to participate in the study. The analysis portion of this project included a coding team of two colleagues who both identify as White females and are also licensed counselors who believe in addressing social justice issues. Both were Ph.D. students in the same program as the primary researcher and completed training in qualitative research and analysis. One of the team members has dedicated time to learning more about and participating in anti-racist practice and has focused her own research on this concept in substance use treatment education. The other team member has committed time to better understanding the impact of counselors’ racial identity when working with marginalized populations. These experiences influenced their desire to be involved in this study. Their role on the coding team was to identify descriptors as codes and categorize these codes based on their similarity.

Participant Recruitment and Selection

Participants in this study included seven ($N = 7$) clinical mental health counselors in the U.S. who met the following criteria: 1) have a master’s degree in clinical mental health counseling, 2) have been clinically active

(working directly with clients) under a license in the last 10 years, and 3) self-identify as having experience engaging in social justice advocacy on behalf of their clients or community on a local, state, and/or national level. After obtaining university IRB (Institutional Review Board) approval, participants were recruited using purposive (criterion) sampling and snowball sampling procedures (Goodman, 1960; Robinson, 2014). Participants were found via a search of counseling professionals in the field who may have published, presented on, or were involved in organizational work related to social justice advocacy or who identified as social justice advocates in their clinical practice or through referral by other counselors. This search was conducted via psychologytoday.com, looking for authors who had published or presented on topics related to social justice advocacy in the counseling field (by viewing topic related articles and conference schedules), and by recommendations via snowball sampling.

Potential participants were provided with an IRB-approved information sheet which included content about the purpose and logistics of the study, privacy, risks/benefits, and procedures to withdraw from the study. The recruitment email and information sheet explained that the purpose of the study was to learn about participant's experiences engaging in social justice advocacy, including successes and challenges in order to inform how counselors are trained to be advocates. Interviews were conducted within 45 days of individuals' agreement to participate. In total, 32 individuals were invited to participate; 18 individuals did not respond, 14 responded with interest. Of the 14, six individuals did not meet the criteria, leaving eight participants who met the criteria and were willing to participate. Seven interviews were completed as one person was unable to be scheduled due to their availability. Data saturation was reached after the seventh interview was conducted, and therefore, no further recruitment was needed. Saturation was determined when no new themes were identified in the data during the coding/data analysis process (Faulkner & Trotter, 2017).

Participant Demographics

Demographic information was gathered for each participant (see Table 1 for this information). The demographic form also included several questions regarding participants' training experiences. Four of the participants ($n = 4$, 57%) reported they were taught about advocacy in their master's program. Similarly, four of the participants ($n = 4$, 57%) stated they felt prepared to do advocacy work after graduating. Only four participants answered the question about attending training on the topic of social justice advocacy and all four ($n = 4$, 100%) indicated attending training experiences that were not included in their master's programs.

Data Collection

The primary researcher used an open-ended, semi-structured interview structure when conducting one-on-one interviews with each participant via Zoom. The researcher scheduled interviews for one and a half hours each. The average length of the interviews, however, was 59 minutes. The interviews included the use of pre-written questions (see Appendix A), with flexibility to ask spontaneous questions to gain more understanding. In addition to the interview data, the researcher gathered demographic information, asked questions to screen participants, and posted several follow up questions about training topics and educational experiences. As stated earlier, screening was necessary to ensure participants met the criteria to be included in the study. Interviews started by reviewing the purpose of the study, discussing participants' consent to take part in the study, and by gaining their consent to record the interview. No participants requested to withdraw from the study, and no follow-up interviews were scheduled. Each participant was provided with a \$50 visa gift card for their participation.

Data Analysis

The primary researcher edited the Zoom recorded transcripts, as Zoom's transcription procedure is not fully accurate/edited upon completion. Then, each participant's transcript and the initial codebook was sent to them as a first form of member checking (Creswell & Miller, 2000). Participants were given two weeks to request corrections to their transcripts and were asked to include any follow up information or new thoughts that they had while reading the transcript or since the interview occurred (Moustakas, 1994). Five ($n = 5$) out of seven

Table 1***Demographic Information of Participants***

Categories	<i>n</i>	%
Gender		
Female	5	71%
Male	2	29%
Race/Ethnicity		
Black/African American	3	43%
White	4	57%
Educational Level		
Master's Degree	1	14%
Doctorate Degree	6	86%
License Type		
Dependent	3	43%
Independent	4	57%
Years Practicing		
3-5 years	4	57%
6-10 years	1	14%
11-13 years	2	29%
Work Setting¹		
Community Agency	2	29%
Private Practice	6	86%
Other	6	86%
Client Population		
Children/Adolescents	2	29%
Adults	3	43%
Older Adults	1	14%
General Population	1	14%

Note. $N = 7$; ¹Some participants noted several work settings so the totals will not equal 100%.

responded to the member checking of transcripts. No participants requested edits, and one participant clarified an answer as was requested by the researcher. No participants commented on the initial codebook shared.

Thematic analysis is a process in which qualitative data can be coded and themes identified for the purpose of identifying patterns and meaning (Clarke & Braun, 2015) and was used as an analysis process in this research project. The researcher used first- and second-cycle coding methods (Miles et al., 2020) employing the coding software MAXQDA (Verbi, 2023) as this software provides a system to collect and store created codes. Two colleagues were on the coding team as a method of investigator triangulation (Carter et al., 2014) and the emerging themes were discussed with both of these members. The coding team was trained to code in a Ph.D. qualitative research course, and they were provided the researcher's codebook for coding and were told they could, if they thought necessary, add new codes to the book. Analysis started with first-cycle coding, including descriptive, in-vivo, concept, and emotion coding (Miles et al., 2020). Both descriptive and concept coding used participant verbiage or descriptions/summaries of concepts. In-vivo codes were short, direct quotes from participants, while emotion coding included the emotions that were being verbally shared by the participants. The purpose of the first-cycle coding was to retrieve and categorize data that was similar so that it could easily be

extracted and summarized. Second-cycle coding was used to further group the data from the initial codes into smaller categories and themes using pattern codes (Miles et al., 2020). A final codebook and table with themes and sub-themes discovered were sent to participants with a request that they share whether they felt the themes captured the experience they reported and whether any important components were missed. One participant responded that it “looked good.” Another requested further information on how to provide feedback. The primary researcher responded to this request with information on how to review the themes to see if they represented their experience, however, the participant did not end up sending any feedback. An additional participant responded that they would look at the shared analysis, however, they did not respond with any feedback. The other four participants did not respond to the request.

Ethics, Validity, and Trustworthiness

Ethical considerations regarding communication, respect, consent, and confidentiality were ensured in the study. DiCicco-Bloom and Crabtree (2006) indicated the necessity of providing accurate communication about the intent, assuring participants have consented to participate, protecting the participants’ information, and avoiding exploitation for the researcher’s personal gain. The primary researcher used the following bracketing methods to increase trustworthiness and ethics in this project: frequent memo writing, discussion with the coding team to uncover themes that hindered the process, as well as maintaining a memoing journal throughout the research process (Tufford & Newman, 2010). The researcher also consulted with a counselor educator to explore biases and address research issues. These considerations were included in the research process to ensure ethical research was conducted and that the dignity and privacy of participants was prioritized. The primary researcher focused on validity and trustworthiness by using some of the common techniques offered by Whitemore et al. (2001) including: design considerations (i.e., sampling decisions, giving voice), data generating (i.e., articulating data collection decisions, providing verbatim transcription), and analytics (i.e., member checking, using computer programs, memo writing, articulating data analysis decisions) (retrieved from Table 2).

Researcher bias (how the researcher’s own beliefs or expectations could influence the project) threatened the trustworthiness of this study and was combatted by including a positionality statement, member checking, writing memos, having discussions with a university advisor, and using a coding team for investigator triangulation (Carter et al., 2014). The main biases experienced by the primary researcher included the beliefs/assumptions that advocacy is highly challenging work and that those engaging in advocacy may not be treated well by others due to the potentially confrontational nature of the work. This bias showed up in the first interview when the primary researcher asked a leading follow up question about whether the challenges of bringing awareness to others on certain topics led to any consequences for the individual (in a negative way). The researcher reflected on this after the interview so as not to assume negative outcomes and use leading questions when interviewing future participants. However, the follow up question did lead to valuable sharing about the participant’s experience with negative feedback when doing advocacy work. As additional interviews occurred, the challenging nature of the work continued to be emphasized, further reiterating the primary researcher’s assumptions. Nevertheless, the researcher continued to memo after each interview and consult with her academic advisor throughout the project to discuss how to avoid leading questions in future interviews based on assumptions and what benefit or risk came from the instance when the leading question was asked. The coding team were only asked to descriptively code using the coding procedures previously described and no interpretation was involved, thus potential for bias on their part was thought to be minimal.

Results

The six main themes identified in this study included (1) professional identity, (2) emotional experiences: discomfort and gratification, (3) advocacy in action (on a micro-, mezzo-, and macro-level as well as skills utilized), (4) identities impact advocacy, (5) advocacy challenges, and (6) advocacy successes. A description of the themes and any emerging sub-themes can be found in Table 2.

Table 2

Themes and Sub-Themes

Theme/Sub-theme	Definition
Theme 1: Professional Identity	Social justice advocacy is perceived as being an integral part of the counseling role. Advocacy work goes beyond 1:1 sessions and should incorporate ACA competencies as a framework.
Theme 2: Emotional Experiences: Discomfort and Gratification	Social justice advocacy work is challenging and often leads to uncomfortable emotions and experiences, yet the outcomes can be very gratifying.
Theme 3: Advocacy in Action	Social justice advocacy actions were classified as micro-, mezzo-, or macro-level as participants shared about the ways in which they engaged in advocacy work. Categories were identified based on ACA Advocacy Competencies.
<i>Sub-theme: Micro-Level</i>	Client/Student Empowerment, Client/Student Advocacy
<i>Sub-theme: Mezzo-Level</i>	Community Collaboration, Systems Advocacy
<i>Sub-theme: Macro-Level</i>	Public Information, Social/Political Advocacy
<i>Sub-theme: Skills Utilized</i>	Knowledge of systems, self-awareness, intentionality and strategy, use of common counseling skills.
Theme 4: Identities Impact Advocacy	Personal identities and life experiences impacted participants' advocacy focus.
Theme 5: Advocacy Challenges	Challenges that impact engagement or success in social justice advocacy, including discomfort, not knowing what to do, and lack of awareness/support/action.
Theme 6: Advocacy Successes	Success looks like progress: increased attention and support towards issues of injustice, implementation and continuation of support programs, positive impact on clients/populations, change within systems.

Professional Identity: “This is part of what we do”

Professional identity was the main theme that arose when participants discussed their role as social justice advocates. All participants ($N = 7$) spoke about social justice advocacy being part of their professional identity and defined role as a counselor. Sierra described counseling and social justice advocacy as going “hand in hand” and stated, “I don’t think it’s something that should be, uh, an option for folks.” This was a frequent sentiment amongst participants; James stated, “we can’t really do effective work without acknowledging the role that those, um, that the lack of social justice or the lack of advocacy play in the lives of our clients.” Participants discussed going beyond one-on-one sessions and stepping outside of the office to be advocates with or on behalf of clients. Marcus spoke to the inherent privilege of being a counselor with a higher education degree and identified how he can use that power to “directly address issues that the client is experiencing, that they may not, uh, have sort of the power, developed empowerment, um, to address and navigate themselves.”

Four of the seven participants spoke about the ACA adopted counseling competencies (i.e., MSJCCs and Advocacy Competencies) as being an important framework or guide for counselors to drive social justice advocacy engagement. Four participants used the language of “values” and “ethics,” or both; such as noting that it is an important values commitment to do social justice advocacy work. When defining the role of being a social justice advocate, some of the following verbiage was used: fight for people with less power, build bridges to equitable opportunity, stepping beyond direct client care, comprehensive look at client experiences, navigate barriers, using power to address changes, ensuring client access to resources, and using an ecological standpoint to acknowledge how social injustices effect everyone (including the counseling profession). Lynn defined the role of social justice advocate as, “being alert in our environment to those things that need to be changed from a social justice perspective. So, kind of being aware, and also then, of course, taking action.” Many participants recognized that the counseling profession has progressed in being more social justice minded.

Emotional Experiences: Discomfort and Gratification

All participants ($N = 7$) used different emotional vocabulary to describe their experiences doing social justice advocacy work, but the main emotions described fell within the themes of discomfort and gratification. While advocacy work was often tied to challenging emotions (i.e., worry, frustration, intimidation, isolation, disappointment, dismissed, exhaustion, etc.), the experience of gratification was noted when success is found after engaging in this demanding work. Discomfort was often linked to others’ lack of awareness or care of social justice issues, seeing a lack of change, and witnessing social injustice while engaging in advocacy. Marcus shared, “I’ve come to expect to, um, see racism, sexism, and, um, homophobia and transphobia like pop up very quickly.” Several participants spoke about the fact that challenging systems can anger people who want to uphold the current system. Lynn stated, “I’m not making any friends.” However, she noted that doing this work, “makes people stronger” and described that strength in herself as, “I’m more able to speak the truth than I was before.” Several participants discussed the inherent risks of participating in social justice advocacy, sometimes from a safety perspective. Elizabeth pointed out that when she is doing advocacy work, she must “just recognize it as a risk every time that there could be a chance that a person could, um, I could receive backlash for it.”

While feelings related to discomfort were shared more than feelings of joy or gratification, all participants ($N = 7$) spoke to the gratification that comes with seeing progress and successful outcomes. Flossy shared about successes within several community programs and trainings she has participated in and stated, “watching people in training, sort of go ‘aha!’ is pretty gratifying,” and “sitting in the presence of people getting to tell their story in a way, in a place, that they perhaps haven’t gotten to do that before” was also a positive aspect. Ayesha reported experiences with a peer support group, stating, “just having even like one person saying like this felt really helpful and I’m really glad to connect with people, and I’m glad to hear I’m not the only one struggling; um, that feels really cool.” Sierra revealed that helping others and seeing progress “feels really good.”

Advocacy in Action: “We really need to have those fires in our bellies”

All participants ($N = 7$) discussed the social justice advocacy engagement they had participated in (see Table 3 for a full list). Each of the advocacy actions reported were categorized into micro-, mezzo-, or macro-level advocacy based on the ACA Advocacy Competencies’ (Lewis et al., 2002) domains to enhance understanding. Advocacy skills utilized by participants also were included to shed light on the skills participants used to find success in their work.

Micro-Level Advocacy: Client empowerment/advocacy

Micro-level advocacy actions were typically expressed as actions conducted directly with or to empower the client (see Table 3). All participants ($N = 7$) identified access to services, resources, and/or information as an issue faced by many individuals/clients. Elizabeth described how access is a basis of privilege, “when you think about discriminatory bias, they technically withhold access related to something of the discriminatory bias.” Thus, participants discussed a focus on connecting people to needed services. Flossy discussed access through the lens of cost of counseling services noting that her practice accepts Medicaid insurance and uses a sliding scale fee to try and increase access for individuals to obtain counseling services; an important consideration given that counseling can be costly.

Participants also spoke of diverse ways to engage in micro-level advocacy, including directly challenging individuals/clients or their families. Marcus reported how he tries to externalize client’s internalized oppression, “I’m empowering them to like, really dispel or shake off, um, internalized oppression, um, and beliefs that were kind of, seem like adopted from larger society.” Elizabeth shared an example of challenging clients directly when she experienced a client using a derogatory term in session:

...so, I gently confronted it, and sometimes that takes, say, depending on our clinical styles, it takes maybe a pause, or something, or being able to say, ‘Let’s go back to this’ um, because I did. I said, ‘Hey, um, just want to pause and maybe go back to the statement that was made...’

Lynn spoke about helping to advocate for a client’s change in identified pronouns and name when family members were struggling to accept the change.

Empowering clients to make changes for themselves was mentioned by three participants. Sierra revealed her efforts to create an egalitarian relationship with her clients as she recognized the power differential in the room due to her own educational and career status. She stated that she does this by, “...letting them have say on a lot of things, um, and encouraging that, you know, encouraging them to use their voice.” Elizabeth discussed client empowerment in different terms; “I’ll give parents like all resources related to whatever topic that they’re hoping to advocate for. Um, so that in the future they can do it on their own.”

Mezzo-Level Advocacy: Community collaboration/systems advocacy

The main components of mezzo-level advocacy included offering education/training and community partnerships (see Table 3). Flossy discussed incorporating social justice trainings into her private practice, stating her practice is, “doing a quarterly series on social justice and equity, offering continuing education hours for those classes, and, um, that feels like a really important way not only to serve our field, but to serve our community.” Connecting with community members became a direct way for participants to disseminate information to increase awareness about issues and educate people about problems facing the community or certain groups. For example, Marcus described his efforts to get out of his office and be a face within his community so that he could speak on panels about mental health and wellness and incorporate a trauma lens to help inform the public. Sierra shared about the service work she had engaged in with her community, such as participating in a training for youth about mental health and ways to cope and speaking on a college campus to different groups to increase awareness of service options. Ayesha discussed her participation on a crisis response team that was connected to her local police department where she helped to assist with and de-escalate individuals who may be in crisis when 911 was

Table 3***Advocacy Actions Shared by Participants***

System Level	Actions
Micro-Level Advocacy	<ul style="list-style-type: none"> Connecting clients to resources/services Increasing access Working around client needs Recognizing/addressing factors impacting client lives Empowering clients to self-advocate Challenging internalized oppression Challenging isms directly Making counseling services accessible (cost) See the need, develop support Advocate for client needs in community
Mezzo-Level Advocacy	<ul style="list-style-type: none"> Community partnerships to meet community needs (i.e., connecting formerly incarcerated fathers with their children, speaking to youth about mental health in schools) Support businesses with diverse owners Model advocacy in front of others Speak on panels about mental health/social justice issues Provide education within systems (i.e., businesses, court, schools) Provide training to counselors Attend and speak at conferences on topic Engage in research to support change Provide diversity trainings Connect with local organizations working toward change Assess community needs (do not assume)
Macro-Level Advocacy	<ul style="list-style-type: none"> Connect with national organizations working toward change Participate on service committees (i.e., government relations, social justice, advocacy) Email/call/speak to legislators and/or legislative aids Vote for individuals who support social justice legislation/mental health access Offer written testimony Attend protests Collaborate with individuals in other fields Publish research/topics Promote counseling profession (to increase access to services)

called. Ayesha also was able to provide education to police staff by helping them understand that “a lot of people have mental health concerns.”

Several participants spoke about attending counseling conferences to speak on social justice topics or providing trainings within non-counseling work settings, such as diversity or equity and inclusion trainings. Other participants discussed their role in offering support groups within their communities. For example, Flossy shared about partnering with two local organizations to help fathers with a history of incarceration to connect with their children and the mothers of their children. She also reported on a writing group for women that she facilitates, which focuses on providing a space where women can have a voice. Participants often spoke about the benefit of connecting with community members and creating partnerships to provide support from a mental health perspective.

Macro-Level Advocacy: Collective action/social political advocacy

Participants who engaged in macro-level advocacy spoke about a variety of ways in which they could engage with systems to work towards bringing change (see Table 3). Examples included: working to change laws (by speaking to legislators and sharing research to support the change), connecting with national organizations to plan for and disseminate information (including participating on committees, such as government relations or advocacy committees, or taking leadership positions within organizations), sharing research with those in power to make change (i.e., legislators), getting media attention on issues, publishing on important topics, and attending advocacy events (such as ACA’s Legislative Advocacy Day). We want to note that a difference between the master’s and doctoral level participants was discovered for macro-level advocacy. The main difference was that the doctoral level participants talked about also engaging in advocacy through conference presentations and research, which made sense given the expectations in academia for scholarship and research productivity. This was the only significant difference in what was shared by these two groups.

Of the entire sample, six participants discussed the importance of connecting with counselors and/or other individuals/organizations who cared about the same issues to expand the group working for change. Ayesha stated how it is important to, “get other people on board with you, because you can’t do advocacy work by yourself. We can, but you’re not gonna get very far.” James shared his experience with linking organizations (inside and outside of the counseling field) that were focused on the same issues to bring together groups working for the same cause.

Working with legislators was a large component of macro-level advocacy. James discussed his work with legislative advocacy to bring change to a law that would impact his clients. He stated, “using research for social justice advocacy was like a really major light bulb,” as he was able to engage in research that supported the legislative change that he was trying to impact. This allowed him to share data with legislators that showed why the change in the law was needed. Several other participants identified research as a benefit to advocacy work to factually support necessary changes in systems. While letter writing was mentioned by several participants to connect with legislators, Marcus and Sierra both spoke about their doubts concerning the impact of letter writing. Sierra revealed behind-the-scenes knowledge of policy work and stated that she prioritized building relationships and having conversations with policy workers as opposed to writing letters that may be ignored.

Advocacy Skills Utilized

Participants identified the skills needed to engage in social justice advocacy action (see Table 4), including gaining a knowledge of systems, self-awareness, narrowing focus, and using common counseling skills (i.e., compassion, listening, managing challenges). Six participants discussed the need to have knowledge/education and/or an understanding of systems as systems can be complicated and challenging to navigate. Ayesha described this as, “knowing when to voice things” and “how to effectively voice things.” James discussed the need to acknowledge what others care about and connect advocacy issues to others’ interests or passions. He described this as, “crafting ways of articulating your message that are likely to be received favorably.” Marcus related this to “playing the game of the system” so that he can “generate some power, then generate some change” which can

Table 4***Advocacy Skills Utilized***

Component Area	Skills
Knowledge of systems	Knowledge of community Knowledge of laws/client rights Identify needs of client/community Learn about issues/educate self on topics Recognize various levels of advocacy
Self-Awareness	Explore own culture and identities to increase awareness Reflect on own biases Let go of pre-conceived notions Willingness to step into discomfort and manage discomfort
Narrow Focus	Operationalizing work Strategic thinking/planning Critical evaluation Refine advocacy message Set goals
Counseling Skills	Non-judgmental positive regard Gentleness Compassion/care Willingness to listen Curiosity Patience Self-preservation/self-care Creating an open/safe space for dialogue Accept feedback Build relationships Consultation/collaboration with others Gentle confrontation/challenge others Motivational interviewing Have difficult/honest conversations Model advocacy

be done by connecting the issues with something the system values. Lynn shared about consulting with school counselors when she needed to understand the legal rights of students who identify as transgender when engaging in advocacy for a transgender client.

Three participants noted the importance of engaging in personal self-reflection to gain awareness of one's own biases and/or identity. Flossy stated, "I'm just willing to step into these uncomfortable places" to gain some understanding of the oppression others experience. Marcus reported he engaged in self-reflection on how he might be perpetuating oppressive systems himself. Understanding one's own emotional and physical reactions when doing this work also was highlighted as a key component.

Social justice issues are widespread, so it can be a challenge to identify where to spend time and effort and how to enact change. Five participants discussed the importance of narrowing their focus as it is impossible to engage in advocacy work for every issue that needs attention. Lynn discussed how her passion is connected to this, "I've worked in the settings that I'm most, most passionate about, just because there's only so much of me to go around." Narrowing a focus was directed by personal passions or identified needs within the community.

All participants ($N = 7$) discussed general counseling skills used when engaging in social justice advocacy work, including responding with compassion and curiosity, and listening to and challenging individuals. Participants verbalized the need to approach this work with compassion, openness, unconditional positive regard, gentleness, and care. They spoke about setting aside pre-conceived assumptions and creating an open and safe space that is non-judgmental for effective dialogue to occur. Participants also highlighted the ability to confront behaviors or aggressive responses and a willingness to listen to others' viewpoints. Ayesha noted that she tried to approach conversations with the intent to understand rather than persuade and was open to hearing feedback from others. Flossy shared that she was, "not here to save or to fix, I'm here to stand by someone's side with an open heart and with compassion."

Some additional skills reported included self-care for the purpose of self-preservation, remembering why you are doing the work, not internalizing when other people respond with an attack, pushing others to think critically about issues, modeling advocacy, broaching topics of culture in conversations, finding an advocacy mentor, and being willing to be uncomfortable and/or vulnerable. All the skills shared were used to help participants engage in advocacy work, but also to find success in that work.

Identities Impact Advocacy: "It influences the population that I primarily serve"

Participants were able to speak to the ways in which their own identities had shaped the advocacy work they engaged in. Six out of the seven participants spoke directly about their own identities having a significant impact on their work and the identities reported were part of a marginalized status (i.e., person of color, low socioeconomic status upbringing, female, experiencing mental illness). Most participants shared that it can be an overwhelming challenge to try and focus on too many issues needing advocacy at once, so personal identity and life experiences drove the ways in which participants chose to focus their time and energy. For example, Lynn shared growing up in a part of the U.S. where there was significant poverty; this impacted her interest and passion to engage in social justice advocacy for individuals who experienced low socioeconomic status. One participant revealed, "being a Black man definitely, uh, directs a lot of my advocacy; a lot of my advocacy tends to, uh, focus on anti-Blackness and also, uh, just systemic racism in general." Ayesha claimed poor experiences when dealing with her own mental health, leading her to focus on helping individuals with mental illness to receive needed support that took their life circumstances into account.

Life experiences also led to an advocacy focus. For example, Sierra and Flossy shared that service work was part of their upbringings, so they learned to engage in this work from an early age. James did not claim having a marginalized identity or identities, but noted that his experiences with clients suffering from systemic issues led to his advocacy work. While personal identities and experiences often drove an advocacy focus, Elizabeth noted that a person does not need to relate to someone else's identities or experiences to provide support to them, "I do

have minoritized identities that influence my social justice advocacy, but I also keep an openness to know that my lens is not the only lens.” She also added, “I get frustrated in hearing that if people haven’t had the experiences or they haven’t, or they don’t have the identities, that they’re unwilling to help.” Several participants also discussed their privileged identities and how this can impact advocacy work. Elizabeth spoke about the privilege of being a counselor: “we have the privilege to be able to really help people shift their thinking.” Marcus discussed privilege that comes from identifying as a male and having a high level of education which he can use to advocate for change. If counselors find themselves to be struggling with identifying a place to start with social justice advocacy, looking at their own personal identities and experiences was a common way for our participants to find areas of passion that led to their advocacy work.

Advocacy Challenges: “A lot of mental health work is hard”

Several challenging components were revealed about advocacy work, including discomfort, uncertainty with how to engage in this work, as well as other challenges, such as lack of awareness, support, and/or action. In line with our research question about experiences engaging in advocacy, uncomfortable experiences were often identified as a challenge. While some participants spoke to the privilege of being an educated, licensed professional, Lynn shared how she had often been categorized as the “softy, crazy, liberal counselor” when trying to challenge systems. Some participants ($n = 4$) also reported moments when they received aggressive or defensive reactions when engaging in diverse types of advocacy actions. James compared working with people in power to make change like working with challenging clients.

Identifying effective ways to participate in social justice advocacy was another theme in the challenges identified by participants. Participants often spoke to the challenge of trying to bridge the gap from knowledge and discussion about issues into actual advocacy action. James and Marcus both described this as a struggle to operationalize or plan how to do advocacy work in an effective way. Ayesha noted that sometimes the struggle was in answering the question, “what do we actually do?” She added that sometimes people have good intentions and desire to make change, but in her experience, the discussion or plans “trickled off.”

Lack of awareness, support, and action were other commonly voiced challenges. Flossy described feeling frustrated with “the lack of knowledge, the lack of willingness” for people to participate in standing up for oppressed populations. Others shared the experience of facing an unwillingness to change by those participating in oppressive systems, leading to some of the pushback and discomfort revealed in the participants’ advocacy experiences. Lack of support, awareness, or understanding by those in power often posed a barrier. Marcus discussed facing challenges with people who did not value collective wellness and therefore were unwilling to change, or who show performative support, but then would stop when personal benefits ended. He claimed,

...I wish they would, uh, spend a little more time and thought in is like setting aside like personal advantage, uh, personal privilege, personal power, and being more so guided by like, um, maybe a moral point or philosophy, or something, some guiding principle. For me, that’s, um, just kind of like collective wellness.

James described the challenging work of social justice advocacy as sometimes feeling like “trying to work on what felt like an immovable object.”

Some additional challenges noted by participants included: lack of time or credit/payment for advocacy work, dealing with the vast amount of social justice needs, having only so much time to spend on this work, and the fact that progress was often slow. Elizabeth also noted a concern with promoting shame:

...if we’re not careful with it being such a delicate work, you could cause a person to give up on even wanting to change by sending them some type of message that strikes a chord with them and lets them know that they don’t belong.

Advocacy Successes: “Success is progress”

Participants most often spoke about successes occurring when change happened (i.e., change in law/policy, change for client) and when attention to, awareness of, and concern for social injustices was gained. Six participants spoke about an increase in support or awareness of issues feeling like a success. Marcus described success through his own self-growth as well as the growth and attitudinal changes in others. Two participants discussed creating support programs that were successfully implemented and continued beyond their personal facilitation. For example, Lynn implemented a crisis response plan for youth, which was successfully implemented by staff to help with suicide prevention and non-suicidal self-injury. Ayesha stated her program continuation, “feels like a huge win, because we kind of, we made that seed.” Elizabeth shared happiness about moments when she would see a client/family successfully advocate for themselves based on her guidance. Marcus noted feeling he was successful when he would see people begin to change their attitude and language around a certain topic, showing growth in awareness and understanding. Sierra stated, “but it’s nice to be able to, to see folks make the progress that they maybe never thought they could make.”

Discussion

The goal of this study was to explore counselor experiences with social justice advocacy to learn what advocacy looks like in action, how the work is experienced by counselors, and factors that enhance or diminish a counselor’s ability to engage successfully in this work. To gain this knowledge, the primary researcher interviewed seven clinical counselors across the U.S. who had experience engaging in social justice advocacy with or on behalf of clients. The MSJCCs guided the conceptualization and implementation of the study (Ratts et al., 2015). Results indicated that advocacy was an integral part of the professional identity of participants and there were many ways that counselors could engage in social justice advocacy on a micro-, mezzo-, and macro-level.

The first research question aimed to learn how counselors identify their role as social justice advocates. Consistent with the counseling literature (Crethar & Winterowd, 2012; Lee et al., 2018, Ratts & Greenleaf, 2018; Vera et al., 2003) participants believed that engaging in social justice advocacy was part of their professional identity as counselors. Ratts and Greenleaf (2018) claimed that, “some client issues...require intervention that goes beyond talk therapy alone” (p. 79), which was a sentiment reflected by the participants in this study who believed that advocacy must extend beyond the counseling relationship. All participants ($N = 7$) voiced that counselors should be considering environmental factors impacting clients to inform the advocacy work needed to improve their client lives. Currently, the ACA (ACA, 2014) and The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2015) have adopted a stance that counselors should be incorporating advocacy into their clinical practice, further supporting the incorporation of this role into the professional identity of counselors. Additionally, several participants ($n = 4$) spoke about the ACA counseling competencies that should guide counselor’s work as advocates (i.e., the ACA Advocacy Competencies and the Multicultural and Social Justice Counseling Competencies), which was also discussed by Lown (2015).

The second research question looked at understanding counselors’ experiences engaging in social justice advocacy. Participants shared their experiences of both discomfort and gratification when being social justice advocates. Advocacy work was frequently described as being challenging, and at times overwhelming, leading to feelings of frustration and loneliness, yet all participants also spoke about the joy and gratification that is experienced when progress occurs, making the challenging work appear to be worth it. Participants’ experiences of advocacy in action included micro-, mezzo-, and macro-level activities. These advocacy levels were categorized based on the ACA Advocacy Competencies (Toporek & Daniels, 2018) and reflected recommendations within the competencies. The components of attitudes and beliefs, knowledge, skills, and action in the MSJCCs (Ratts et al., 2015) also were reflected in the results of this study. Similar advocacy actions shared by our participants have been reported in prior studies, including encouraging client self-advocacy (Crumb et al., 2019; Singh et al., 2010), having knowledge of systems, connecting clients with resources (Crumb et al., 2019; Kozan & Blustein, 2018),

and educating others, such as through community trainings and awareness building (Crumb et al., 2019; Kozan & Blustein, 2018; Singh et al., 2010). Initiating difficult dialogues, being intentional with relationship building, and using research data to share information (Singh et al., 2010) also have been noted in the advocacy literature. Furthermore, participants in the current study discussed the importance of collaborating within communities, which has been highlighted in the literature as well (Constantine et al., 2007; Lopez-Baez & Paylo, 2009; Lown, 2015; McDonald & Chang, 2022). Further, the advocacy actions reported by our participants are supported by recommendations that were articulated in the conceptual counseling literature (i.e., Constantine et al., 2007; Lown, 2015; McDonald & Chang, 2022; Ratts & Hutchins, 2009; Toporek et al., 2009).

While it is necessary to understand the steps counselors can take to engage in social justice advocacy, it is critical to know what skills they use. Participants described skills they utilized in advocacy action, including gaining a knowledge of systems (through research and collaboration), being intentional and strategic about advocacy plans (including how to refine the message so that it is accepted), and displaying foundational counseling skills such as compassion, gentle confrontation, and listening strategies. Similar skills were discussed by Lee et al. (2013), including communication skills to speak and write in political systems and having knowledge about systems such as lobbying rules and how government structures work.

The third research question sought to find out whether issues of marginalization impacted advocacy. All seven participants' personal identities (e.g., gender, race, etc.) as well as their life or professional experiences influenced where they spent their time and energy engaging in advocacy. Overall, six participants shared identifying with a marginalized identity and indicated that their life experiences tied to these identities impacted their advocacy focus. Outside of counseling research, Williams et al. (2021) highlighted how the social class of college students can impact advocacy development, such as through on-campus advocacy work focused on improving college experiences for low-income students.

The final research question aimed to understand the challenges and successes that arose when engaging in social justice advocacy with or on behalf of clients. Overall, participants discussed the lack of awareness, support, and/or action by individuals to enact beneficial change, the uncomfortable experiences of doing this work, and the difficulty of knowing what to do to be effective. Success was most often described as seeing change. Experiences of change included changes in attitudes/beliefs (i.e., increased awareness and support on an issue), changes in systems (i.e., decisions that impact clients in a positive way), changes in access (i.e., clients gaining access to needed resources or services), and successful implementation and continuation of programs that supported clients. Kozan and Blustein's (2018) participants indicated that a lack of support in institutions was often a barrier to engaging in advocacy work, while participants in the current study noted general challenges faced from a lack of support.

The components of attitudes and beliefs, knowledge, skills, and action in the MSJCCs (Ratts et al., 2015) were discovered in the results of this study. Participants spoke about a need to reflect on their own biases and place of power and privilege and to have a knowledge and understanding of client/community needs and systems. The use of certain skills to be effective as advocates (i.e., compassion, gentle confrontation, refining your message, managing discomfort), as well as ways to engage in direct advocacy action to enact change (i.e., increasing client access to needed services, challenging individuals engaging in -isms, providing trainings on social justice topics, creating partnerships to develop needed programs, speaking to legislators, and speaking to the public about important topics related to mental health) also were tied to what is noted in the MSJCCs.

Implications for Counselor Education and Practice

Given the results of this study, there are several implications for the counseling profession, including counselor education programs and practicing counselors. Counselor education programs can focus on better preparing counselor trainees to be effective advocates. Four main elements are recommended in this regard: (1) establishing a clear professional identity/role around social justice advocacy, (2) teaching advocacy competencies, (3) education about what advocacy practice looks like, and (4) building skills frequently utilized in advocacy

practice. Given the theme of professional identity found in this study, it is recommended that counseling programs focus on establishing a clear understanding of the role that counselors play in being social justice advocates and how this role connects with the ACA (2014) Code of Ethics to develop a strong professional identity by trainees. This can include incorporation of the ACA Advocacy Competencies (Toporek & Daniels, 2018) and the MSJCCs (Ratts et al., 2015) as frameworks and can lead to discussion about advocacy in practice. Lown (2015) and Donald and Moro (2014) also recommended the incorporation of competencies into counseling training to improve advocacy competency. It is generally recommended to infuse topics related to social justice and multicultural counseling in training programs, such as the facilitation of discussion around power, privilege, culture, and issues related to social justice (Chung & Bemak, 2013; Cook et al., 2015; Cook et al., 2016; Edwards et al., 2017; Goodman et al., 2018; Killian & Floren, 2020). Including these topics in counseling supervision also can positively impact student training in this area (Cook et al., 2015, Cook et al., 2016; Goodman et al., 2018).

Additionally, programs should focus on providing practical examples of what is involved in engaging in social justice advocacy and relying on the MSJCCs can assist with this. Teaching trainees what actions are included on a micro-, mezzo-, and macro-level may increase the likelihood of students engaging in those practices. This assumption is supported by Decker (2013) and Peterson (2021) who both found that training in social justice predicted higher engagement in social justice advocacy, as well as Tanner (2021) who discovered a relationship between self-perceived competency and social justice self-efficacy for school counselors. Incorporating case studies and examples can provide trainees with a clear understanding of what advocacy looks like in practice. Furthermore, infusing advocacy projects (Chang, 2022; Cook et al., 2016; Edwards et al., 2017; Farrell et al., 2020; Goodman et al., 2018; Killian & Floren, 2020; Winkeljohn Black et al., 2022) into the curriculum can offer a hands-on and practical way for trainees to prepare to be social justice advocates through the practice of advocacy activities. As an example, Chappman-Hilliard and Parker (2022) suggested inclusion of a social justice curriculum that uses topic related theoretical frameworks (i.e., critical history and liberation pedagogy) paired with service-learning projects focused on community-based advocacy needs.

Inclusion of skills used to be an effective advocate also should be addressed in training programs, so that trainees have an opportunity to learn and practice skills that will aid them in being effective social justice advocates. Participants in this study identified a variety of necessary skills, including how to speak about and present information on advocacy related topics, how to challenge –isms and injustices directly, how to respond to individuals who may respond aggressively or defensively, how to collaborate and get involved with others to strengthen advocacy, how to engage in self-care to prevent advocacy fatigue, and how to manage discomfort in doing this work. It seems that a general willingness to be uncomfortable is necessary when engaging in social justice advocacy given the challenges that arise with this work. James equated this to working with challenging clients; something that counselors are usually trained to do. If we can view advocacy work similarly, we can adapt our approaches to creating change in systems as we do in guiding change for clients. Participants in this study also spoke about challenges and successes, which can be used to help prepare counselor trainees. For example, if trainees discuss potential barriers they may face when engaging in advocacy efforts, they can problem solve and practice how to overcome those barriers.

In addition to offering recommendations for training counselors, licensed counselors also could benefit from further education via continued education units (CEUs) to increase and/or improve their advocacy efforts. The results of this study suggest that licensed counselors may benefit from connecting with organizations (within or outside of the counseling profession) that are engaging in advocacy efforts to learn more about the process and join forces on specific social justice issues. This can be a starting point for counselors who may be uncertain about what to do to be effective advocates. The action steps and skills shared by our participants also can be adopted by practicing counselors to engage in social justice advocacy with or on behalf of the clients they serve.

Limitations and Future Research

Qualitative research has long been criticized for not being generalizable to large populations due to smaller sample sizes utilized, although some scholars have argued that with rigorous methods, qualitative research findings can be generalizable (Guenther & Falk, 2019; Prabhu, 2020). While the number of participants interviewed in this study ($N = 7$) was within the acceptable range for qualitative studies (Kumar et al., 2020), in the broader view of research it remains small. Including a quantitative component to this study or in future research could increase the number of participants and potentially increase generalizability. Additionally, our participants were not randomly selected, thus selection bias may have occurred based on the recruitment procedures used. Participants likely carried bias about the importance and necessity of incorporating social justice advocacy into their counselor professional identity, influencing their decisions to participate in this study and leading to potential self-selection bias. Furthermore, the demographics of the participants did not vary as widely as is found in the counseling profession. White identity represented 57% of the participants, and some aspects of identity were not included on the demographic sheet (e.g., sexual orientation). Additionally, only one participant was a master's level practitioner while the other six were doctoral level, which was not as representative of the field. Having a larger range of participant diversity would have strengthened the external validity of the findings.

Future research could examine the advocacy actions of a more diverse sample of counselors, given that limitation in this study. This could include a broader range of master's level clinicians, and larger diversity in clinicians' identity. The perspectives of counselors who do not value advocacy work or who do not engage in advocacy from a social justice lens could also be explored in future research to gain insights into beliefs about, or barriers to, abstaining from social justice advocacy action. Additionally, future research focused on learning about the direct impact of counseling based social justice advocacy on client outcomes could further strengthen the argument that advocacy work is necessary in our field.

Conclusion

Discrimination and oppression are highly likely to negatively impact the lives of many clients who seek support in counseling. Yet, advocacy work can require an immense amount of, typically unpaid, time, energy, and skill to be effective. This descriptive phenomenological study sought to learn about how clinical counselors engage in social justice advocacy and their experiences with this work. Seven ($N = 7$) participants shared their perspectives on social justice advocacy, how they experienced engaging in advocacy work, what advocacy action they took, how their identities might impact their work, and what challenges and successes they experienced. Results indicated that counselors engaging in social justice advocacy believed this was a crucial part of their professional identity and their experiences were both uncomfortable and gratifying when doing this work. Participants expressed engaging in micro-, mezzo-, and macro-level advocacy and found value in using skills such as gaining knowledge of systems, refining their message, having self-awareness of their own biases and privilege, and using foundational counseling skills. The results of this study can inform how counselor education programs focus training on social justice advocacy and help current practitioners engage in this work to potentially impact the outcomes and quality of life of their marginalized clients in a positive way.

If counselors can use the insights gained from hearing about the experiences of counselors who are directly involved in social justice advocacy, larger scale change may occur more often. This research highlighted direct action that can be taken as well as the skills we as counselors can use to experience success with our advocacy efforts. Further training could be useful to increase counselors' confidence to engage in social justice advocacy. This article's focus did not include a review on how mentorship could be employed to further increase advocacy action. However, supervision and observation have long been successful training methods in the counseling field indicating that mentorship from an active advocate could provide a higher level of practical knowledge and understanding of this role. While it can be difficult for a few individuals fighting for a cause to bring about change, we imagine what larger groups could achieve. Beyond this, an increased number of counselors doing this work

could minimize the individual time and energy cost needed to do advocacy work, which could increase counselors' motivation or willingness to invest their time to do this work. We believe there is no question that counselors care about their clients. Nevertheless, we are missing a critical component of wellness in our clients' lives if we ignore clients' experiences of social injustice and the impact these experiences can have on their lives.


Author Note


Correspondence concerning this article should be addressed to Vanessa Sinclair, University of Cincinnati, 2600 Clifton Ave., Cincinnati, OH, 45221. Email: sinclavm@mail.uc.edu.

Author ORCID iDs

Vanessa M. Sinclair: sinclavm@mail.uc.edu.  <https://orcid.org/0000-0002-9155-6252>

Amanda C. LaGuardia: laguaraa@ucmail.uc.edu.  <https://orcid.org/0000-0002-3453-4006>

Rachel M. Saunders: rmsaund@clemsun.edu.  <https://orcid.org/0000-0002-0354-7090>

Antar A. Tichavakunda: tichavakunda@ucsb.edu.  <https://orcid.org/0000-0003-2055-8303>

Declaration of Interest Statement

The authors declare no conflicts of interest in relation to this work.

References

- Adom, D., Yeboah, A., & Ankrah, A. K. (2016). Constructivism philosophical paradigm: Implications for research, teaching and learning. *Global Journal of Arts Humanities and Social Sciences*, 4(1), 1-9. <https://www.eajournals.org/wp-content/uploads/Constructivism-Philosophical-Paradigm-Implication-for-Research-Teaching-and-Learning.pdf>
- American Counseling Association. (2014). *2014 ACA code of ethics*: As approved by the ACA governing council. <https://www.counseling.org>
- Bird, C. M., Webb, E. K., Schramm, A. T., Torres, L., Larson, C., & deRoom-Cassini, T. A. (2021). Racial discrimination is associated with acute posttraumatic stress symptoms and predicts future posttraumatic stress disorder symptoms severity in trauma-exposed Black adults in the United States. *Journal of Traumatic Stress*, 0, 1-11. <https://doi.org/10.1002/jts.22670>
- Bower, K. M., Thorpe, R. J., & LaVeist, T. A. (2013). Perceived racial discrimination and mental health in low-income urban-dwelling Whites. *International Journal of Health Services*, 43(2), 267-280. <https://doi.org/10.2190/HS.43.2.e>
- Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A. J. (2014). The use of triangulation in qualitative research. *ONS*, 41(5), 545-547. <https://doi.org/10.1188/14.ONF.545-547>
- Carter, R. T., Kirkinis, K., & Johnson, V. E. (2019). Relationships between trauma symptoms and race-based traumatic stress. *Traumatology*, 26(1) 11-18. <https://doi.org/10.1037/trm0000217>
- Centers for Disease Control and Prevention. (ND). *CDC-Kaiser ACE study*. <https://www.cdc.gov/violenceprevention/aces/about.html>
- Chang, V. (2022). Advocacy and creativity in community: A social justice project for counseling students. *Journal for Social Action in Counseling and Psychology*, 14(1), 2-16. <https://doi.org/10.33043/JSACP.14.1.2-16>
- Chapman-Hilliard, C., & Parker, B. (2022). Embodied social justice learning: Considerations for curriculum development and training in counseling programs. *Journal for Social Action in Counseling and Psychology*, 14(1), 77-93. <https://doi.org/10.33043/JSACP.14.1.77-93>
- Chung, R. C., & Bemak, F. (2013). Use of ethnographic fiction in social justice graduate counselor training. *Counselor Education and Supervision*, 52(1), 56-69. <https://doi.org/10.1002/j.1556-6978.2013.00028.x>
- Clarke, V., & Braun, V. (2015). Thematic analysis. *Journal of Positive Psychology*, 1-5. https://researchspace.auckland.ac.nz/bitstream/handle/2292/43968/Thematic%20analysis_Journal%20Positive%20Psychology_ACCEPTED..pdf?sequence=4&isAllowed=y
- Constantine, M. G., Hage, S. M., Kindaichi, M. M., & Bryant, R. M. (2007). Social justice and multicultural issues: Implications for the practice and training of counselors and counseling psychologists. *Journal of Counseling and Development*, 85(1), 24-29. <https://doi.org/10.1002/j.1556-6678.2007.tb00440.x>
- Cook, A. L., Hayden, L. A., Gracia, R., & Tyrrell, R. (2015). Exploring outcomes of a targeted supervisory training curriculum on developing multicultural competency and social justice advocacy. *Counseling Outcome Research and Evaluation*, 6(2), 126-140. <https://doi.org/10.1177/2150137815594201>
- Cook, A. L., Krell, M. M., Hayden, L. A., Gracia, R., & Denitzio, K. (2016). Fieldwork using the professional development school's model: Developing a social justice orientation and multicultural competency. *Journal of Multicultural Counseling and Development*, 44(3), 176-188. <https://doi.org/10.1002/jmcd.12045>
- Council for Accreditation of Counseling and Related Educational Programs. (2015). *2016 CACREP standards*. <https://www.cacrep.org/section-2-professional-counseling-identity/>
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice*, 39(3), 124-130. https://doi.org/10.1207/s15430421tip3903_2
- Crethar, H. C., & Winterowd, C. L. (2012). Values and social justice in counseling. *Counseling and Values*, 57(1), 3-9. <https://doi.org/10.1002/j.2161-007X.2012.00001.x>

- Crumb, L., Haskins, N., & Brown, S. (2019). Integrating social justice advocacy into mental health counseling in rural impoverished American communities. *The Professional Counselor, 9*(1), 20-34. <https://doi.org/10.15241/lc.9.1.20>
- Decker, K. M. (2013). *A study of relationships between counselor education, social justice advocacy competence, and likelihood to advocate* [Doctoral dissertation, Capella University]. ProQuest. <https://www.proquest.com/docview/1468680195?pq-origsite=gscholar&fromopenview=true>
- DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical Education, 40*(4), 314-321. <https://doi.org/10.1111/j.1365-2929.2006.02418.x>
- Donald, E. J., & Moro, R. R. (2014). Engaging students and supervisees in social justice: *The social justice toolbox. Ideas and Research You Can Use: VISTAS, 10*, 1-16. https://www.counseling.org/docs/default-source/vistas/article_10.pdf?sfvrsn=1c003afc_12&sfvrsn=1c003afc_12
- Edwards, L. M., Tate, K. A., Cook, J. M., Toigo, M. P., & Yeomans, A. C. (2017). Counselors as advocates: Effects of a pilot project designed to develop advocacy knowledge and confidence in trainees. *Journal for Social Action in Counseling and Psychology, 9*(2), 79-94. <https://doi.org/10.33043/JSACP.9.2.79-94>
- Equality and Human Rights Commission. (2020). *Race report statistics*. <https://www.equalityhumanrights.com/en/race-report-statistics>
- Faulkner, S. L., & Trotter, S. P. (2017) Data saturation. *The International Encyclopedia of Communication Research Methods*. <https://doi.org/10.1002/9781118901731.iecrm0060> Farrell, I. C., DeDiego, A. C., & Marshall, R. C. (2020). Service learning to foster advocacy training in CACREP accredited programs. *Journal of Creativity in Mental Health, 15*(4), 522-534. <https://doi.org/10.1080/15401383.2020.1733724>
- Goodman, L. A. (1960). Snowball sampling. *The Annals of Mathematical Statistics, 148*-170.
- Goodman, L. A., Wilson, J. M., Helms, J. E., Greenstein, N., & Medzhitova, J. (2018). Becoming an advocate: Process and outcomes of a relationship-centered advocacy training model. *The Counseling Psychologist, 46*(2), 122-153. <https://doi.org/10.1177/0011000018757168>
- Greenleaf, A. T., & Bryant, R. M. (2012). Perpetuating oppression: Does the current counseling discourse neutralize social action? *Journal for Social Action in Counseling and Psychology, 4*(1), 18-29.
- Guenther, J., & Falk, I. (2019). Generalizing from qualitative research (GQR): A new old approach. *Qualitative Report, 25*(5), 1012-1033. <https://doi.org/10.46743/2160-3715/2019.3478>
- Kcomt, L., Evans-Polce, R. J., Boyd, C. J., & McCabe, S. E. (2020). Association of transphobic discrimination and alcohol misuse among transgender adults: Results from the U.S. transgender survey. *Drug and Alcohol Dependence, 215*, 1-9. <https://doi.org/10.1016/j.drugalcdep.2020.108223>
- Killian, T., & Floren, M. (2020). Exploring the relationship between pedagogy and counselor trainees' multicultural and social justice competence. *Journal of Counseling and Development, 98*(3), 295-307. <https://doi.org/10.1002/jcad.12324>
- Kirkinis, K., Pieterse, A. L., Martin, C., Agiliga, A., & Brownell, A. (2018). Racism, racial discrimination, and trauma: A systematic review of the social science literature. *Ethnicity & Health, 26*(3), 392-412. <https://doi.org/10.1080/13557858.2018.1514453>
- Kozan, S., & Blustein, D. L. (2018). Implementing social change: A qualitative analysis of counseling psychologists' engagement in advocacy. *The Counseling Psychologist, 46*(2), 154-189. <https://doi.org/10.1177/0011000018756882>
- Kumar, S., Kumar, R. S., Govindaraj, M., & Prabhu, N. R. V. (2020). Sampling framework for personal interviews in qualitative research. *PalArch's Journal of Archaeology of Egypt, 17*(7), 7102-7114. <https://archives.palarch.nl/index.php/jae/article/view/3115>
- LaBrenz C. A., O'Gara, J. L., Panisch, L. S., Baiden, P., & Larkin, H. (2020). Adverse childhood experiences and mental and physical health disparities: The moderating effect of race and implications for social work. *Social Work in Health Care, 59*(8), 588-614. <https://doi.org/10.1080/00981389.2020.1823547v>

- Lee, M. A., Jorgensen Smith, T., & Henry, R. G. (2013). Power politics: Advocacy to activism in social justice counseling. *Journal for Social Action in Counseling and Psychology*, 5(3), 70-94. <https://doi.org/10.33043/JSACP.5.3.70-94>
- Lee, C. C., Baldwin, R., Mamarà, & Quesenberry, L. (2018). Counselors as agents of social justice. In C. C. Lee (Ed.) *Counseling for social justice* (3rd ed., pp. 3-20). American Counseling Association Foundation.
- Lewis, J. A., Arnold, M. S., House, R., & Toporek, R. L. (2002). *ACA advocacy competencies*. https://www.counseling.org/resources/competencies/advocacy_competencies.pdf
- López, C. I., Richards, D. K., & Field, C. A. (2022). Perceived discrimination and alcohol-related problems among Hispanic college students: The protective role of serious harm reduction behaviors. *Journal of Ethnicity in Substance Abuse*, 21(1), 272-283. <https://doi.org/10.1080/15332640.2020.1747040>
- Lopez-Baez, S. I. & Paylo, M. J. (2009). Social justice advocacy: Community collaboration and systems advocacy. *Journal of Counseling and Development*, 87(3), 276-283. <https://doi.org/10.1002/j.1556-6678.2009.tb00107.x>
- Lown, J. M. (2015). Advocacy in action: A framework for implementation of the American Counselors Association Advocacy Competencies on a local level. *Educational Specialist*, 18, 1-47. https://commons.lib.jmu.edu/edspec201019/18/?utm_source=commons.lib.jmu.edu%2Fedspec201019%2F18&utm_medium=PDF&utm_campaign=PDFCoverPages
- Maxwell, J. A. (2005). *Qualitative research design: An interactive approach* (2nd ed., Vol. 41). Sage Publications, Inc.
- McDonald, P., & Chang, C. Y. (2022). Creating social change through culturally responsive counseling practices: A look at the multiracial population. *Journal of Counselor Leadership and Advocacy*, 9(1), 21-31. <https://doi.org/10.1080/2326716X.2021.1998807>
- McLaughlin, K. A., Hatzenbuehler, M. L., & Keyes, K. M. (2010). Responses to discrimination and psychiatric disorders among Black, Hispanic, female and lesbian, gay, and bisexual individuals. *American Journal of Public Health*, 100(8), 1477-1484. <https://doi.org/10.2105/AJPH.2009.181586>
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2020). *Qualitative data analysis: A methods sourcebook*. (4th ed.). SAGE Publications, Inc.
- Moustakas, C. (1994). *Phenomenological research methods*. SAGE Publications, Inc.
- Peterson, B. (2021). *Social justice counseling: Predictions of counselor advocacy* [Doctoral dissertation, Regent University]. ProQuest. <https://media.proquest.com/media/hms/PFT/2/jPWkL?s=dTCjHASak7iMciZQF1raqcyjdGM%3D>
- Prabhu, G. N. (2020). Teaching the scope and limits of generalizability in qualitative research. *Qualitative Research: Practices and Challenges*, 1, 186-192. <https://doi.org/10.36367/intqr.1.2020.186-192>
- Ratts, M. J. (2009). Social justice counseling: Toward the development of a fifth force among counseling paradigms. *Journal of Humanistic Counseling, Education and Development*, 48, 160-172. <https://doi.org/10.1002/j.2161-1939.2009.tb00076.x>
- Ratts, M. J., & Greenleaf, A. T. (2018). Counselor-advocate-scholar model: Changing the dominant discourse in counseling. *Journal of Multicultural Counseling and Development*, 46, 78-96. <https://doi.org/10.1022/jmcd.12094>
- Ratts, M. J., & Hutchins, A. M. (2009). ACA advocacy competencies: Social justice advocacy at the client/student level. *Journal of Counseling and Development*, 87(3), 269-275. <https://doi.org/10.1002/j.1556-6678.2009.tb00106.x>
- Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, K., & McCullough, J. R. (2015). Multicultural and social justice counseling competencies. *American Counseling Association*, 1-14. <https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20>

- Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative Research in Psychology, 11*(1), 25-41. <https://doi.org/10.1080/14780887.2013.801543>
- Singh, A. A., Urbano, A., Haston, M., & McMahan, E. (2010). School counselors' strategies for social justice change: A grounded theory of what works in the real world. *Professional School Counseling, 13*(3), 1-12. <https://doi.org/10.1177/2156759X1001300301>
- Smith, L., Baluch, S., Bernabei, S., Robohm, J., & Sheehy, J. (2003). Applying a social justice framework to college counseling center practice. *Journal of College Counseling, 6*, 3-13.
- Takeda, K., Rosenthal, L., & Arora, P. G. (2021). Internalizing symptoms, intersectional discrimination, and social support among Asian-Pacific Islander sexual and gender minority adults. *Cultural Diversity and Ethnic Minority Psychology, 27*(3), 418-430. <https://doi.org/10.1037/cdp0000442>
- Tanner, M. E. (2021). *School counseling in an oppressed society: Examining the relationship between social justice advocacy competence, empowerment, and social justice self-efficacy* [Doctoral dissertation, Duquesne University]. <https://dsc.duq.edu/etd/1998/>
- Toporek, R. L., Lewis, J. A., & Crethar, H. C. (2009). Promoting systemic change through the ACA Advocacy Competencies. *Journal of Counseling and Development, 87*, 260-268.
- Toporek, R. L., & Daniels, J. (2018) Advocacy competencies. *American Counseling Association*. [aca-advocacy-competencies-updated-may-2020.pdf](https://www.counseling.org/aca-advocacy-competencies-updated-may-2020.pdf) (counseling.org)
- Tufford, L., & Newman, P. (2010). Bracketing in qualitative research. *Qualitative Social Work, 11*(1), 80-96. <https://doi.org/10.1177/1473325010368316>
- U.S. Census (2018) American Community Survey. <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/2018/>
- Vera, E. M., & Speight, S. L. (2003). Multicultural competence, social justice, and counseling psychology: Expanding our roles. *The Counseling Psychologist, 31*(3), 253-272. <https://doi.org/10.1177/0011000002250634>
- Verbi. (2023). MAXQDA. [Computer software]. VERBI GmbH. <https://www.maxqda.com/>
- Weeks, M. R., & Sullivan, A. L. (2019) Discrimination matters: Relations of perceived discrimination to student mental health. *School Mental Health, 11*, 425-437. <https://doi.org/10.1007/s12310-019-09309-1>
- Wei, M., Wang, K. T., Heppner, P. P., & Du, Y. (2012). Ethnic and mainstream social connectedness, perceived racial discrimination, and posttraumatic stress symptoms. *Journal of Counseling Psychology, 59*(3), 486-493. <https://www.doi.org/10.1037/a0028000>
- Whittemore, R., Chase, S. K., & Mandle, C. L. (2001). Validity in qualitative research. *Qualitative Health Research, 11*(4), 522-537. <https://doi.org/10.1177/104973201129119299>
- Williams, B. M., Williams, Q., & Smith, C. (2021). How social class identity influences students' leadership and advocacy development. *New Directions for Student Leadership, 2021*(169), 69-76. <https://doi.org/10.1002/yd.20422>
- Winkeljohn Black, S., Akaf, Z., & Thomas, C. (2022). Using a consultation assignment to enhance trainees' understanding and implementation of consultation and social justice in career counseling. *Journal for Social Action in Counseling and Psychology, 14*(1), 106-123. <https://doi.org/10.33043/JSACP.14.1.106-123>
- Wray, T. B., Pantalone, D. W., Kahler, C. W., Monti, P. M., & Mayer, K. H. (2016). The role of discrimination in alcohol-related problems in samples of heavy drinking HIV-negative and positive men who have sex with men (MSM). *Drug and Alcohol Dependence, 166*, 226-234. <https://doi.org/10.1016/j.drugalcdep.2016.07.017>

Appendix A

Research Interview Questions

1. Please tell me how you perceive or would define your role as a social justice advocate as it relates to your role as a professional counselor.
 - a. Is social justice advocacy valued in your line of work? If so, describe how you know it is valued.
 - b. To what extent do you believe counselors should be engaging in social justice advocacy?
2. Let's talk about your experiences with social justice advocacy. In what ways have you engaged in social justice advocacy work on a local, state, and/or national level?
 - a. How have you experienced engagement in social justice advocacy?
3. How do your own identifies influence your perception of and involvement with advocacy work? If you have membership in a marginalized group, does that impact your experience when advocating?
4. How have these experiences with advocacy engagement affected you? What feelings and thoughts were generated by the experience?
5. What challenges have you faced when trying to engage in social justice advocacy with or on behalf of your clients?
6. In what ways have you found success as an advocate / what does success look like?
 - a. What skills did you use that led to your success?
7. What do you think people get wrong about social justice advocacy?
8. Please share anything else you believe is significant with reference to the social justice advocacy experiences you have had.