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Quality of Life for North Korean Female Refugees: The Influence of Physical Health, PTSD, and Social Support

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Abstract

Background of the Study. The purpose of this study was to test a mediation model that describes the pathways through which female North Korean defectors' perceived physical health and Post-traumatic stress disorder (PTSD) symptoms may be associated with their quality of life. Specifically, we aimed to investigate whether social support would mediate the association between North Korean defectors' perceived physical health and PTSD symptoms and their quality of life. *Methods.* The study sample included 172 female North Korean defectors living in South Korea. Participants completed a health condition checklist, the Posttraumatic Stress Disorder Checklist-Civilian Version (PLC-C), the Multidimensional Scale of Perceived Social Support (MSPSS), and the Korean version of the Short-Form 8-Item Health Survey (SF-8). *Results.* The structural equation model confirmed the hypothesized mediation model, with the following indices: $\chi^2(38) = 86.184$, CFI = 0.97, NFI = 0.95, TLI = 0.96, RMSEA = 0.08 (90% CI: 0.06 - 0.10). *Discussion.* Our findings could help counselors understand unique issues that women refugees may experience as well as protective factors in their life (i.e., social support).

Keywords: Female North Korean defectors; physical health; post-traumatic stress disorder; quality of life; and social support

Background

Severe political and economic conditions in North Korea have caused North Korean to defect to South Korea. The primary cause of defection in the 1990s was food shortages, but since the 2000s, the number of North Koreans who want to gain freedom and seek better opportunities for their children has increased. At present, approximately 33,000 people, which account for 7% of the total population of North Korea, have fled to S. Korea, and about 80% of North Korean defectors are women (Ministry of Unification, 2019). Although North Koreans have escaped from starvation and oppression, their quality of life (QOL) has become an important issue after their successful defection. Given the increasing number of defectors globally, understanding the factors associated with the QOL of North Korean defectors after resettlement can guide similar situations in other countries. This study aims to understand the unique issues encountered by female North Korean refugees who suffer from political and gender-based oppression. The results of this study can be useful in providing gender-appropriate care to female North Korean defectors.

QOL is important in the social adaptation process of North Korean defectors (Kwon, Lim, & Kim, 2011). Numerous studies have focused on the effects of physical and psychological health on these defectors' QOL and adjustment in South Korea (Choi, Min, Cho, Joung, & Park, 2011; Garuti & Luerti, 2009; Hazell, Heaven, Kazemi, & Fourie, 2009). North Korean defectors living in South Korea have reported poor perception of their physical health, thereby requiring extensive medical support (Korea Hana Foundation, 2014; Walen & Lachman, 2000). North Korean defectors are exposed to a poor healthcare environment and are often unable to receive healthcare benefits even when they become long-term residents in China (Kang, 2018). Thus, particular attention should be provided to the physical health of women because North Korean female defectors often experience sexual assault or become victims of trafficking in the migration process (Kang, 2018). Before they come to South Korea, North Korean defectors spend an average of 5–7 years in China or other countries. Female North Korean defectors have reported lower health status compared with males (Wang, Yu, Noh, & Kwon, 2014); thus, the physical health of these women should be examined to understand their QOL.

Apart from gynecological diseases (e.g., syphilis, cervical cancer, HIV infection), anxiety, and shock encountered during the migration process, North Korean female defectors have a high possibility of developing mental disorders, such as post-traumatic stress disorder (PTSD), which affect their QOL (Lee, 2006). Defectors tend to show signs of psychological and mental health concerns, such as symptoms of PTSD, depression, and anxiety (Goldney, Fisher, Wilson, & Cheok, 2000). Among these concerns, PTSD is the most critical factor that influences defectors' mental health (Tyhurst, 1982). Trauma is also reported as a critical factor that undermines QOL (Araya, Chotai, Komproe, & de Jong, 2007). According to previous studies, defectors who have experienced more prolonged asylum procedures report more severe PTSD than those who have experienced shorter procedures (Laban, Komproe, Gernaat, & de Jong, 2008). Female North Korean defectors mainly reported higher rates of PTSD, depression (Kim, 2010), and anxiety (Bravell, Berg, Malmberg, & Sundstrom, 2009) than their male counterparts. Traumatic events, such as social violence, cause serious trauma to women (Raphael, Taylor, & McAndrew, 2008), and female North Korean defectors showed twice more PTSD symptoms than males (Kim & Yoo, 2010). Thus, PTSD is one of the risk factors in the adjustment process, which may affect the QOL of female North Korean defectors.

Social support serves as a buffer against the physical and psychological effects of stress. According to the stress-buffering model by Cohen and Will (1985), social support helps individuals to deal with stress. Social support is considered a significant factor in enhancing the QOL of immigrant women and lowering suicide rates (Simich, Beiser, & Mawani, 2003; Cho & Haslam, 2010). Consequently, social support is one of the most important factors that influence the adjustment of North Korean defectors in South Korea (Kim, Lee, & Kim, 2011). Social support facilitates the recovery from illness and surgical procedures (Kulik & Mahler, 1989) and aids in the treatment of psychological injuries. Defectors may experience cultural adjustment similar to that of immigrants, while social support is a critical factor for a cross-cultural adjustment (Adelman, 1988).

Thus, connections with the South Korean hosts would enable defectors to acquire the social and practical skills necessary to live in the country. In addition, acceptance by the North Korean community in South Korea can provide a sense of belonging (Park, Cho, & Yoon, 2009). Previous empirical studies have shown that defectors' social relations can relieve and moderate life stress (Cobb, 1976) and influence QOL (Helgeson, 2003). QOL is negatively associated with difficulty in interacting with new people and communities, that is, with South Koreans in this case (Fitch, Bartholomew, Hanowski, & Perez, 2015). In addition, North Korean defectors who live alone have experienced high levels of anxiety (Bravell et al., 2009), thereby demonstrating the importance of social support for the population. Empirical studies have emphasized that social support is vital for female North Korean defectors in South Korea by identifying the moderating effect of social support between their daily life stress and suicidal ideation (Kim, Choi, Chae, & Hwang, 2013).

The Ministry of Unification of South Korea indicated that 80% of North Korean defectors who enter the country are women (Ministry of Unification, 2019). However, only a few studies have differentiated the experiences of female and male North Korean defectors. A few studies have shown that women are strongly affected by social networks, while others have determined that social support strongly affects the well-being of women (Walen & Lachman, 2000). In a qualitative study on female North Korean adolescents living in South Korea, the gendered processes of escape, gender-discriminatory family culture, and vulnerable sexuality are identified as unique challenges for the population (Chung, Choi, & Choi, 2013). These data are particularly relevant for female defectors who may have been exposed to sexual or domestic violence and gender discrimination during their escape; accordingly, social support is an important factor in recovering from the harmful effects of physical and mental health problems (Yap & Devilly, 2004). Therefore, we analyzed social support as a mediating factor in the association between the physical and psychological health and QOL of female North Korean defectors.

From the psychology of liberation perspective, oppression deprives individuals and groups of their rights, whereas liberation promotes recovery (Prilleltensky, 2003). Liberation is the process of achieving psychological and political well-being, and for psychological well-being, the promotion of physical and mental health, and connections are needed (Prilleltensky, 2003). The liberation psychology theory has been used to promote social justice and understand refugees' socio-historical contexts of oppression. The current study focuses on the psychological well-being of female North Korean defectors. According to the liberation theory, at the relational level, welfare depends on cooperation and respect for diversity and social cohesion. For personal well-being, the promotion of physical and mental health is needed (Prilleltensky, 2003). Therefore, we considered physical and mental health as factors that influence female North Korean defectors' QOL at a personal level, and social support as factors to contribute to their QOL at the relational level.

The current study used the theoretical framework of liberation psychology and previous empirical studies related to female North Korean defectors as bases to test a hypothesized model of how physical and mental health (i.e., PTSD symptoms) would influence the QOL of female North Korean defectors. Moreover, this study tested such a model on how social support may have potential buffering effects of physical and psychological health on QOL.

Method

Participants

A total of 172 ($n = 172$) female North Korean defectors participated in the study. We excluded 2 participants who experienced difficulty answering questions due to severe mental health issues or dementia. Table 1 presents details of the demographic backgrounds of participants.

Table 1. Participants' demographic backgrounds (N = 172)

Variables		Number	%
Age, years	Range 19 - 76 <i>Mean</i> = 47.45 <i>SD</i> = 10.61		
Entry year	2011 - 2013	54	31.4
	2009 - 2010	48	27.9
	Before 2009	70	40.7
Duration of stay in the third country	Straight to South Korea	42	24.4
	Under 5 years	54	31.4
	5 years and more	76	44.2
Current employment	No	118	68.6
	Yes	54	31.4
Religion	No	113	65.7
	Yes	59	34.3
Married	No	98	57.0
	Yes	74	43.0
Education in the North Korea	Under high school	110	64.0
	Over college	62	36.0

Note. *SD* = Standard deviation

Procedures

Participants were recruited from North Korean Defector Call Center and counseling centers caring for North Korean defectors with snowball sampling. The procedures of the study were thoroughly explained to all participants, and they signed written consent. All participants voluntarily completed self-report questionnaires on perceived physical health, PTSD, perceived social support, and QOL. The Institutional Review Board of the National Medical Center in South Korea approved the study. Structural equation modeling was used to test a mediation effect of social support in the association between the perceived physical health and PTSD symptoms and QOL.

Measures

Demographic data

We gathered information about the participants' entry year to South Korea, stay in the country, current occupation, income, religion, marital status, and education level, as experienced in North Korea.

Perceived physical health

To measure the perceived physical health status of North Korean refugees, we asked participants to describe their usual health condition and compared the answers with their health condition over the last year using a five-point Likert scale. Finally, we asked them to use a three-point Likert scale to compare their health condition with that of other people of the same age.

Post-traumatic stress disorder

The PTSD Checklist-Civilian Version (PCL-C), which consists of 17 items, was used to measure PTSD

symptoms (Weisman, 1993). A five-point Likert scale from 1 (“not at all”) to 5 (“extremely”) was used to rate each PTSD symptom over the past month. A sample item included “Repeated, disturbing memories, thoughts, or images of a stressful experience?” The total score was used, with high PCL-C scores indicating a large number of PTSD symptoms. The measure was translated and the Korean version of the PCL-C showed good validity and reliability (Oh et al., 2014). In this sample, internal consistency was 0.97.

Perceived social support

Social support was determined using the Multidimensional Scale of Perceived Social Support (MSPSS), which consists of 12 items with 3 subscales for family, friends, and significant others (Zimet, Powell, Farley, Werkman, & Berkoff, 1990). A sample item included “*There is a special person who is around when I am in need.*” We used the Korean version of the MSPSS in this study. The construct validity of the Korean version of the Multidimensional Scale of Perceived Social Support was tested previously on a population of Korean older adults (Kang et al., 2012). Items were measured on a five-point scale from 1 (“strongly disagree”) to 5 (“strongly agree”). Total scores were used with high scores indicating high social support. Internal consistency was 0.95 in this sample.

Quality of life

The Short-Form 8-Item Health Survey (SF-8) was used to derive a health-related QOL (Ware, Kosinski, Dewey, & Gandek, 2001; Han, Lee, Iwaya, Kataoka, & Kohzuki, 2004). Two subscales include the physical health-related feature of QOL (PCS) and mental health-related features of QOL (MCS). A sample item included “During the past 4 weeks, how much have you been bothered by emotional problems.” The Korean version of the SF-8 was validated (Han, Lee, Kataoka, & Kohzuki, 2004). In this study, the internal consistency of PCS was 0.88, whereas that of MCS was 0.80.

Results

Table 2. Zero-order Pearson Correlation among Variables (N = 172)

Variables	M	SD	1	2	3
1. Perceived Physical Health	9.37	1.90	-	.	
2. PTSD symptoms	24.95	19.38	.35**	-	
3. Social Support	41.09	12.31	-.29**	-.53**	-
4. Quality of Life	25.37	7.18	.60**	.75**	.44**

$p < .01$ ** Note. M = Mean, SD = Standard deviation

Data were normally distributed in univariate and multivariate analyses, thereby meeting structural equation modeling (SEM) assumptions. Table 2 presents the means and standard deviations of all variables, as well as their Pearson correlations. Multicollinearity was an unlikely problem considering low correlations at below 0.85 (Tabachnick & Fidell, 2007).

We used SEM to test the hypotheses and then employed several fit indices to determine whether the hypothesized model was a good fit. The comparative fit index (CFI) indicates the relative fit between hypothesized and baseline models that assume no relationships among variables. The CFI ranges from 0 to 1.0 with values closer to 1.0 indicating a better fit. The normed fit index (NFI) is derived by comparing the hypothesis with the independence model. A value of 0.90 or above indicates a well-fitting model. The standardized RMSEA should be 0.05 or less in a well-fitting model. The proposed mediation model followed a two-step procedure. In the first step, confirmatory factor analysis (CFA) was conducted to develop a measurement model with an acceptable fit. Once the acceptable fit was established, the structural model was tested. The confirmatory model consisted of 4 latent and 11 observed variables. We used each item as an observed component of the latent variable because the measure of physical health only includes three items. For PTSD and QOL, we created item parcels using the

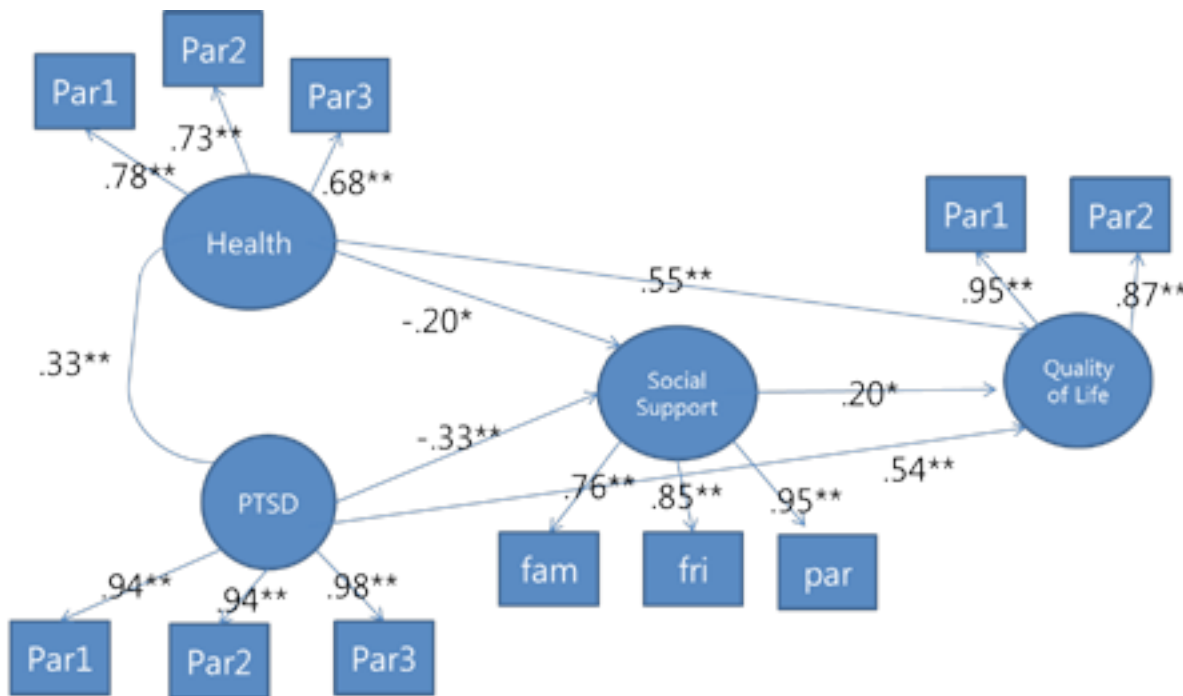
item-to-construct balance method (Little, Cunningham, Shahar, & Widaman, 2002). For social support, we used subscales as observed indicators of latent variables.

Measurement model

In the first SEM step, we tested the measurement model through CFA with the maximum likelihood estimation method using AMOS software. The measurement model showed good fit to the data with the following indices: $\chi^2(38) = 86.18$, CFI = 0.97, NFI = 0.95, TLI = 0.96, and RMSEA = 0.08 (90% CI: 0.06–0.10). All factor loadings were significant ($p < 0.001$), indicating that the latent variables were well represented by the indicators.

Structural model

Fig. 1. The Hypothesized Structural Model



* $p < .05$. ** $p < .01$

The hypothesized structural model (see Figure 1) was evaluated to identify the mediating relationships among the variables in the hypothesized model. The structural model provided good fit to the data: $\chi^2(38) = 86.184$, CFI = 0.97, NFI = 0.95, TLI = 0.96, and RMSEA = 0.08 (90% CI: 0.06–0.10).

Table 3. Goodness-of-Fit Indices for Model Testing

	χ^2	df	$\Delta\chi^2$	Δ df	CFI	TLI	
Hypothesized Model	86.18	38			.97	.96	.08
Alternative Model 2A	146.83	39	60.65	1	.94	.91	.12
Alternative Model 2B	111.01	39	24.83	1	.96	.94	.10
Alternative Model 2C	285.65	40	199.47	2	.86	.81	.18

Note. Alternative Model 2A is a model without a direct path between physical health and quality of life, Alternative Model 2B is a model without a direct path between PTSD and quality of life, Alternative Model 2C is a model without direct paths between both physical health and PTSD to quality of life.

$\Delta\chi^2$ = Chi-squared difference test between the Hypothesized Model and the Alternative Models, CFI = Comparative Fit Index, TLI = Tucker Lewis Index, RMSEA = Root Mean Square Error of Approximation

To determine the presence of full or partial mediation, we compared the proposed model with a model without a direct path between perceived physical health and QOL (alternative model 2A), PTSD symptoms, and QOL (alternative model 2B), and perceived physical health and PTSD symptoms to QOL (alternative model 2C). The fit values of the three alternative models were significantly lower than those of the hypothesized model. Alternative models 2A, 2B, and 2C produced lower CFI, TLI, RMSEA, and chi-square values compared with the hypothesized model. Chi-square difference tests between the hypothesized and alternative models indicated that the hypothesized model yielded a significantly better fit to the data compared with any of the alternative models. A difference of $\Delta\chi^2 = 60.65$, Δ df = 1 was found between the hypothesized and alternative model 2A, $\Delta\chi^2 = 24.83$, Δ df = 1 between the hypothesized and alternative model 2B, and $\Delta\chi^2 = 199.47$, Δ df = 2 between the hypothesized and alternative model 2C. Therefore, the hypothesized full mediation model resulted in a better fit to the data than any of the alternative models (see Table 3).

Discussion

This study investigated the association between the perceived physical health and PTSD symptoms and the QOL of female North Korean defectors living in South Korea. The current research also tested the mediating effects of social support related to this association. Previous studies have determined that physical and mental health conditions (e.g., PTSD symptoms) are risk factors that diminish the QOL. By contrast, social support can be a protective factor. The results of this study are consistent with those of previous research and supported that PTSD is negatively associated with the QOL of North Korean defectors (Helgeson, 2003). The current study also confirmed that physical health influences their QOL and social adjustment (Choi, Min, Cho, Joung, & Park, 2011; Garuti & Luerti, 2009; Hazell, Heaven, Kazemi, & Fourie, 2009). Furthermore, the present research is consistent with previous studies, which have indicated that North Korean defectors who escaped without families tended to be depressed (Jeon et al., 2009), while social support is associated with improved QOL (Kato et al., 2013).

The focus on female North Korean defectors and the role of social support in mediating the negative impact of their perceived health status and PTSD symptoms on their QOL is the unique feature and contribution of this study. Several studies have addressed the physical and mental health status of North Korean defectors and their QOL (Choi et al., 2011; Garuti & Luerti, 2009). One study has tested the factors associated with the physical health of North Korean defectors who have reported poor health status (Wang, Yu, Noh, & Kwon,

2014). Prior studies have shown that female North Korean defectors have higher prevalence rates (29.5%) of PTSD than their male counterparts (Jeon et al., 2005). Female North Korean defectors experience unique issues, such as the gendered process of escape, gender-discriminatory family culture, and vulnerability to sexual assault (Mitus & Coughlin, 2013). However, no study has specifically explored pathways of the mental and physical health and QOL of female North Korean refugees. The analysis of gender-specific factors that influence female North Korean defectors' QOL is important because of their high rates of psychological symptoms and poor health status.

We considered social support as a mediating factor in the association between physical health and PTSD and QOL. Previous studies have indicated that North Korean defectors living with their spouses have better QOL than those who do not (Bravell et al., 2009). However, prior studies have also indicated that couples often have conflicts once they settle in South Korea because women adapt relatively faster than men, thereby altering the couple's roles and positions (Choi, 2011). The difficulty experienced by North Korean defectors in getting along with South Korean citizens may reduce their QOL by decreasing opportunities to learn the social norms of a new culture and undermining the feeling of belonging. A study on the association between defense mechanisms and PTSD symptoms among North Korean defectors has indicated that social isolation is associated with undoing and isolation (Jun et al., 2015). Thus, North Korean defectors may use interpersonal isolation as a maladaptive coping strategy. Therefore, practitioners who work with female North Korean defectors can help improve their QOL by helping them identify ways to gain social support in their given social context (e.g., by facilitating social skills training and exposing them to South Korean popular culture). Apart from general and practical settlement training, interpersonal training would be beneficial to reduce difficulties in everyday communication. Compared with perceived physical health and PTSD symptoms, changing the level of social support that female North Korean defectors seek and receive may be substantially easy for clinicians. Researchers and practitioners who work with female defectors can help enhance their QOL by helping them gain social support, thereby serving as a buffer against the negative effects of physical and mental health on their QOL.

Difficulties in healthcare access are common problems for defectors or immigrants (Topa, Neves, & Nogueira, 2013). These difficulties are intensified in the sexual and reproductive health domains for female defectors (Machado et al., 2009). Therefore, female defectors should be assisted to have access to the needed health care. From the theoretical perspective of migration, in which immigration causes stresses and health problems (Im & Yang, 2006), such protective factors as social support can be beneficial. The acculturation process also facilitates the healthcare-seeking behaviors of immigrants (Im & Yang, 2006), while social support can accelerate their acculturation process. The results of the study align with the liberation psychology movement of engaging with the marginalized population (Burton & Kagan, 2004), where the connection is needed for the liberation of refugees.

The physical and mental health status of female North Korean defectors can be understood as social conditions associated with oppression at a macro level, while limited social support can be understood as social-based oppression at the micro-level (Bartky, 1990). Based on this, the research results have two-level action plans; one at the system level and another at the interpersonal level. For the system level, the results of this study suggest the importance of a gender-sensitive system that would require the support of the Office of Women's Policy under the Ministry of Unification. Gender-specific barriers and protective factors must be identified to develop gender-sensitive programs for North Korean defectors. The current research is one of the few empirical studies that have analyzed the gender-specific barriers and protective factors for female North Korean defectors. At the interpersonal level, we need to view social support from a broad perspective. Accordingly, collective actions are needed to foster bond with one's reference group and bridge across other groups (Moane, 2003; Putnam, 2000). The current study focuses on the psychological well-being of female North Korean defectors, and we considered their physical and mental health, and social support as factors to contribute to their QOL as

a part of the liberation process.

Global Implications in Counseling Psychology

Since the presidential address at the Society of Counseling Psychology Division 17 in 2003, the globalization of counseling psychology has been illuminated. Increased attention has focused on women as victims of human rights violations at the international level. According to the World Health Organization reports, women experience much more psychological distress than men. Furthermore, the feminist perspective has relevance for all women across borders, and clinicians need to consider the social contexts of women's psychological distress. With globalization, counselors need to know how to work with women from an international background and become familiar with their unique challenges. Even in the United States, 1 in 10 people is an immigrant or has a refugee background (US Census Bureau, 2010). The results of this study would help counselors to understand unique issues that women refugees may experience as well as a protective factor in their QOL (i.e., social support).

Limitation

Several limitations should be considered when evaluating the results of this study. First, the self-report nature of the instruments used limits the researchers' ability to determine how truthfully the respondents answered. Second, this study may not be generalizable to all female North Korean defectors in South Korea because the current sample fails to represent their entire population. Lastly, this study measured the perceived physical health of North Korean defectors instead of their actual physical health status. Thus, future studies should analyze the effects of actual physical health or differentiate the effects of perceived physical health and actual physical health status.

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Declaration of Conflict of Interest

The authors declare no conflict of interest with respect to the research, authorship, and/or publication of this article.

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Community-Based Participatory Research with Invisible, Geographically-Dispersed Communities: Partnering with Lesbian, Gay, Bisexual, Transgender and Queer Communities on the California Central Coast

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Abstract

This article reports on the community-based participatory research (CBPR) process of a 3.5-year study documenting lesbian, gay, bisexual, transgender, and queer (LGBTQ) community members' perceptions of local LGBTQ communities on the Central Coast of California. This three-phase study consisted of online and paper-and-pen surveys to analyze community strengths, challenges, priorities, and feelings of connection; collaborative interpretation of survey results through community forums; and a regional "LGBTQ Summit" to envision and initiate data-based actions to address community priorities. The focus throughout the project was on establishing collaborative partnerships to plan and guide the project, cultivating community participation in interpreting and disseminating findings, and honoring diverse LGBTQ community members' voices through data-driven community action. This article documents lessons learned about building and facilitating community-university partnerships, organizing and maintaining a sustained community research collaborative, engaging community participation, and ultimately, creating lasting, community-driven interventions.

Keywords: community-based participatory research; LGBTQ communities; marginalized communities; minority stress; community collaborations

Introduction

Community-based participatory research (CBPR) provides a framework for identifying community assets and concerns, and motivates campus and community partners together to focus on relevant, targeted service interventions (Minkler & Hancock, 2003; see also Israel et al., 2005; Minkler, 2005; Minkler & Wallerstein, 2008; Wallerstein & Duran, 2006; Wells & Norris, 2006). Actively engaging community members alongside health, mental health, and social services providers in research conceptualization and assessment of problems signaled in collected data ensure that research aims and conclusions reflect community needs.

Recently, CBPR has been used with diverse lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities to understand and improve health-related inequities, discrimination, and outcomes (Bauermeister et al., 2017; Marshall et al., 2012; Rhodes et al., 2014; Rodriguez-Diaz et al., 2016; Tanner et al., 2016; Travers et al., 2013), employment outcomes (Hergenrather, Geishecker, Clark, & Rhodes, 2013), and risk factors for suicidal ideation (Irwin, Coleman, Fisher, & Marasco, 2014). Researchers have found CBPR to be particularly useful with LGBTQ communities because it takes into account current and historical feelings of mistrust toward research institutions, adheres to an ethos of “cultural humility,” integrates community norms and language, and increases diversity among planning and participants (Bauermeister et al., 2017). To foster positive, lasting change within LGBTQ communities; therefore, integration of the community in research is essential for culturally congruent actions and recommendations.

The psychological literature includes a limited number of articles outlining lessons learned from CBPR projects with specific LGBTQ subpopulations, such as sexual and gender minority youth (Bauermeister et al., 2017), African American gay men living with HIV/AIDS (Hergenrather et al., 2013), LGBTQ youth with intellectual disabilities (Marshall et al., 2012), Guatemalan sexual minority men and transgender people (Rhodes et al., 2014), and the trans community in Ontario, Canada (Travers et al., 2013). To the authors’ knowledge, however, no literature exists presenting an in-depth discussion of the unique aspects of conducting CBPR with a diverse and geographically-defined LGBTQ community. This is an essential type of community to understand because service agencies are often in the position of trying to meet the needs of a wide range of LGBTQ individuals living in a broad region. This article fills that gap.

The authors participated in a 3.5-year CBPR project with LGBTQ communities in the Central Coast region of California. In this region, these communities are geographically-dispersed and often invisible. CBPR has been conducted with members of LGBTQ populations that are not centered on a particular neighborhood or urban location (Dobinson et al., 2005; Graziano, 2004; Paxton, Guentzel & Trombacco, 2006; Rhodes, Yee & Hergenrather, 2006; Willging, Salvador, & Kano, 2006; Clements-Nolle & Bachrach, 2008). Our choice of CBPR is mindful of the unique and potentially powerful role community plays for LGBTQ individuals, even when not centered on common geographic space, sometimes known as a “gayborhood.”

Given the complexity of factors that influence how members of a group perceive their community and their relationship to it, researchers should work with diverse individuals to encourage representation of those who feel connected to the LGBTQ community in different ways. The experience of living with stigma, prejudice, discrimination, and violence against LGBTQ people creates minority stress in this population (Meyer, 2003). Social support can buffer the negative consequences of minority stress for LGBTQ individuals (Friedman et al., 2006; Lehavot, Balsam and Ibrahim-Wells, 2009; Peterson, Folkman, and Bakeman, 1996; Szymanski & Kashubeck-West, 2008), and support can be provided at the individual, group and community levels. Despite the shared experience of social marginalization and the need for support among LGBTQ individuals, considerable differences exist among LGBTQ individuals that create challenges for community cohesiveness. Diversity within LGBTQ communities that may influence “belonging” includes sexual orientation identity, gender expression, age, race/ethnicity, level of integration within the heterosexual community, relationship status, and degree of “outness.”

Our research was attentive to other types of diversities characterizing the local area. We conducted

our project in a county divided by a mountain range into distinct north and south regions. The county is comprised of eight incorporated cities with a total population of over 400,000 residents (U.S. Census Bureau, 2006). The southern county is located on the Pacific coast, hosts tourist and technology industries, and has a significant research university. The northern county is primarily inland, with major employment opportunities in agriculture, at an Air Force Base or a federal prison complex, or commute to work. At the end of the project in February 2010, the median home list price in the largest South county city was \$1.2 million versus a median home list price of \$250,000 in the most populated North county city (Zillow, 2018). Further demonstrating contrasts in the character of two parts of the county, there were more people of color in the North county compared to the South; for example, 42% of the North county and 28% of the South county population identified as Latino (U.S. Census Bureau, 2006).

At the time of this project, there was no LGBTQ-specific gathering space in the county, such as a gay bar, coffee shop, bookstore, or community center. LGBTQ community members in the region noted the dearth of public, social meeting spaces and reported feeling threatened by local incidents of harassment and violence against LGBTQ individuals (Israel, et al., 2008; Tennant-Moore, 2007). The primary provider of mental health and social support services for LGBTQ communities in the region has its headquarters in South county and an office in North county. Further, the agency received much of their funding in order to provide services for people with HIV/AIDS, and had very limited resources for services for LGBTQ individuals who are not HIV+.

This article documents the planned and unexpected parts of conducting CBPR within an invisible community that covers a large geographic area and does not have much cohesion, collective voice, visibility, or infrastructure. We begin with descriptions of the community-academic relationships and the three phases of data-driven action. Our analysis of strengths, challenges, and strategies addresses each stage of the project, roles, and relationships among project components, attention to diversity within LGBTQ communities, and efforts to sustain the project.

Community-Academic Relationships

Our community-based participatory research (CBPR) project was initiated when the first and second authors, both university faculty, approached the Executive Director and Director of Counseling at the local LGBTQ non-profit agency. We discussed the idea of collaborating on a CBPR project related to mental health concerns for local LGBTQ communities, drawing on the second author's expertise in LGBTQ mental health and the first author's research on community health perceptions. The LGBTQ agency administrators shared anecdotal knowledge about LGBTQ individuals' requests for services and the lack of an adequate study of community resources and needs. We sought to cultivate community members' investment in all study phases, including planning, implementation, and data interpretation.

Our first step toward gaining community participation was a series of group meetings at which LGBTQ community members offered project development input. Participants highlighted community concerns, such as invisibility and isolation, as well as a lack of dedicated LGBTQ spaces for socializing. Despite our initial efforts to invite a broad base of community members to design a CPBR project, there was a noted absence of individuals who were not in professional LGBTQ services and advocacy positions, leading one participant to light-heartedly refer to the group as composed of "professional queers." We realized that it is logical that the first people to step up to participate are professionals, many of whom are too busy to devote time to a CBPR project. We immediately modified our community contact strategy and solicited the assistance of our community partner organization to help us connect with a broader audience. These efforts were successful, and we achieved the participation of community members in each aspect of the project, the majority being non-professionals.

At this early stage, Israel and Oaks established a research team with graduate students in counseling

psychology and an Executive Committee (EC) consisting of themselves and the collaborating LGBTQ agency staff. The EC initiated the development of a Partnership Council composed of community, EC, and research team members who would work together to plan and implement the project. The Executive Committee met bi-weekly to provide leadership and resources by planning monthly Council meetings and developing grant proposals. Our aim was to assemble a Council that provided broad LGBTQ community representation based on professional and community roles as well as social identities and county-wide geographic locations. In order to identify constituencies essential to the successful collaborative planning and implementation of the research, research team members created a database of LGBTQ community resources and groups and conducted informal interviews with community members in LGBTQ organizations and communities (transgender, youth, and Latinx).

The Council met monthly to provide input on grant opportunities, survey development, and continued development of the group. Demonstrating collaboration, a university research team member sent meeting information to Council members and organized the RSVPs, and LGBTQ service organization staff reserved meeting space. At meetings, a research team member took notes, which were reviewed by two EC members before being distributed to Council members via email. The major Council work was completed in person at these meetings; other than communication about the meetings, email or phone discussions were minimal. Attendance averaged around eight people at each meeting, with a more consistent presence of some. Each meeting included at least one research team and one EC member. We limited the number of research team members so the community members would have a dominant voice in the process.

We first formed two groups, one meeting in North and the other in South county, with quarterly joint meetings. This was logistically difficult because we did not have the capacity to maintain two different research projects. Following our partner agency's guidance, we recognized that the North and South county LGBTQ residents had different needs and goals – community-building and integration into institutional infrastructures, respectively – and we continued to attend to these. We merged the two groups and rotated meetings among three locations, which had the benefits of directing South county resources to North county CBPR activities and promoting countywide community-building efforts. This change seemed to meet most Council member's needs, although it led to one member leaving the Council disgruntled. The Council set a regular evening monthly meeting time and agreed to a policy of canceling a meeting that had fewer than three RSVPs from Council members. The multiple-location strategy, carpool, and shared meals at the meetings enhanced our relationships and the collaborative community feeling of the Council.

Early in the Council development, a few vocal members expressed impatience with the ambiguity of the process; they urged the researchers to make project decisions and lead the group. This conflict was not directly resolved, although this sentiment seemed to dissipate as the project took form. To promote the project's growth, we devoted extensive time and energy to the development and support of the Council, following other scholars' experiences of successful CBPR studies and "lessons learned" (CCPH, 2000; Minkler & Hancock, 2003; Becker, Israel, & Allen 2005; Minkler, 2005; Minkler & Wallerstein, 2008). Council members reflected diversity in terms of gender, gender identity/expression, economic status, ethnic group membership, culture, age, HIV status, mental health consumer status, and physical abilities. To promote diversity and enhance trust, EC and Council members personally invited others to join the group. A particular challenge we faced is that the LGBTQ community is small, with many relationship interconnections and differing degrees of "outness" amongst its members. We took care to invite members who would work well with others on the Council and be comfortable with visibly being part of an LGBTQ project. At the same time, we were aware that our sensitivity to maintaining positive group dynamics and LGBTQ-community affiliation did bar some individuals from participating.

The membership of the Council, EC, and research team changed over time in keeping with individuals' availability, interest, and energy. We faced particular difficulty developing a Council representative of diverse constituencies that allowed disenfranchised individuals to share an equal voice with more privileged members.

We were more successful recruiting service providers and established, visible LGBTQ community members to the Council.

Drawing on models from CBPR research, the EC developed a Partnership Agreement to articulate a set of principles to guide the project; all EC, Council, and research team members read and signed the Partnership Agreement (available upon request of the first author). This provided new members with a clear sense of the responsibilities of Council membership. However, the Agreement was not designed by the Council as a whole. This indicates that some forms of leadership power were retained by the EC. In part, this lack of power-sharing was created because the early Council consisted of several vocal members who wanted to take action, not process ideas. In retrospect, forming a Partnership Agreement Committee of the Council could have more readily shared power between the EC and Council.

Data-Driven Action in Three Phases

Several phases of this project entailed collecting and/or sharing data with the community to inform action: 1) conducting a survey of LGBTQ community assets and risks, 2) gathering additional community input via forums, and 3) convening a regional LGBTQ Summit. These aspects of data-driven action built on one another and resulted in several initiatives. Here, we explain each phase, followed by an analysis of the challenges we encountered and the strategies we used.

Phase 1: Survey of Community Assets and Risks

Early in the project, our community partner and service providers expressed a desire to know more about how local LGBTQ people perceive the LGBTQ community, especially in light of the community's dearth of gathering spaces and limited visibility. In response to this interest, Phase 1 was a survey to assess LGBTQ community assets and concerns. Close to 400 community members responded to our online or paper survey that included open- and closed-ended questions about the psychological sense of community, social support, community involvement, descriptions of community, priorities, and aspects of the community they would like to change or retain.

The survey was designed within a collaborative CBPR framework, and the division of responsibilities drew on the strengths of the collaborators. The EC planned and guided all aspects of the survey, including coordinating and assigning tasks and making administrative decisions. The research team reviewed scholarly literature, consulted with experts in CBPR survey development, and disseminated information to the EC and Council. The research team also assisted the data collection by recruiting participants and distributing surveys. The Council provided input on survey development and data collection, including a selection of topics, wording of items, and participant recruitment.

Because LGBTQ people in this county typically do not live in a cohesive neighborhood setting and may not be easily identifiable, we used multiple approaches to recruit survey participants from this hidden, scattered population. Given the absence of local gathering places and infrequent LGBTQ community activities, the Internet is a primary means of connection and communication among local LGBTQ individuals. Therefore, we initially recruited Internet survey respondents through electronic mailing lists and websites that provided information about local LGBTQ activities.

After a preliminary analysis of data from a significant number of surveys (n=291), we identified segments of local LGBTQ communities that were underrepresented in our sample, including youth, transgender individuals, primarily Spanish-speaking people, older adults, rural residents, and North County residents. In response, we implemented a targeted recruitment strategy that included the distribution of paper surveys and a link to the online survey through community events, community researchers, and service providers. Consistent with strategies implemented in other CBPR (e.g., Clements-Nolle & Bachrach, 2008), the research team hired and trained three community researchers from particularly hard to reach segments of local LGBTQ communities to assist in data collection. The training included handouts, a demonstration of survey completion, role-plays, and

a quiz. Following the training, the community researchers distributed 50-60 paper surveys through personal networks, private gatherings, and public events. They offered interviews as an alternative option for participants, although no participants opted to provide information in this way. As an incentive and to respect their research work, community researchers were paid for their time and for each survey returned.

Phase 2: Community Forums

Relying on CBPR principles that emphasize the importance of community participation in each aspect of research, the Council decided to host community forums to share survey results and gather input for collaborative interpretation of results and identification of areas for community growth. To that end, the Council hosted nine 2-hour LGBTQ Community Forums, ranging in size between five and 23 participants, with 83 participants total. The forum format was based on a modified version of the Collaborative Change Approach, which relies on facilitated, interactive discussions with stakeholder groups and is particularly valuable because it helps multiple parties collaborate in the creation and implementation of lasting organizational or community change (e.g., Fountain & Evans, 1994; Ridley, 1997). Forum participants were recruited through the same avenues used for the survey. In addition, survey participants who expressed interest in continued involvement in the project were emailed. Council members recruited participants through personal, professional, and informal social networks.

To capture a range of perspectives, we arranged five of the forums to focus on specific affinity groups: people of color, transgender individuals, primarily Spanish-speaking community members, students, and college faculty and staff. The remaining forums were open to all LGBTQ-identified individuals who reside, work, and/or socialize in the county. Forums were held in the north and south parts of the county to capture regional diversity. Participants were provided with refreshments and were entered in a drawing for a \$25 gift certificate. In order to maintain confidentiality and increase participants' feelings of safety, participants were not asked to provide any identifying or demographic information.

The forums were designed and facilitated by a local organization that specialized in training on inclusion and equity, and research team members participated by presenting survey data and taking notes. Following an opening activity to help participants envision a healthy LGBTQ community, facilitators provided survey results verbally and visually, using a PowerPoint presentation. Participants identified what resonated and what was missing based on their experiences and perspectives. At the end of the presentation, participants were guided to collaboratively think about the skills, resources, and support necessary to address the issues discussed.

These forums served two primary CBPR purposes: community collaboration with making sense of survey data and building LGBTQ community problem-solving discussions. The facilitated discussions provided an intimate, informal, and comfortable way for a diverse group of individuals and community members who identify as part of an LGBTQ community to meet and have their views heard on the survey data. Seasoned facilitators led the discussions within which participants expressed concerns about feeling supported and safe within the broader community, and also envisioned creative, realistic, and effective solutions for LGBTQ community-building. Through a meaningful collaboration of shared values and goals for community support, these forums fostered ideas for community engagement and sustainable local change. The forums also provided research data and moved forward to the CBPR-centered research agenda.

Phase 3: Regional Summit

The final phase of the project was a regional "LGBTQ Summit" that provided an opportunity for a broader range of community members to hear the results of the project and connect with each other to plan realistic actions responding to community needs identified by the survey and forums. The Summit was a one-day, five-hour event designed and facilitated by the organization that guided the community forums. The event was hosted in two locations, 70 miles apart, to encourage the participation of community members residing in the two distinct county regions. The two sites were linked via video-conferencing for the opening and closing presentations. Approximately 80 people attended the Summit; 20 in a northern location and 60 in a southern

location in the county, a reflection of the more significant existing infrastructure in the south. The content of the Summit was driven by three critical needs identified through the survey and community forums: 1) increasing LGBTQ social opportunities, 2) addressing diversity within local LGBTQ communities, and 3) improving safety from discrimination and violence.

We used a range of strategies to invite community members to this action-based Summit. Partnership Council members created and distributed flyers in local businesses and at LGBTQ events, including a well-attended marriage equality leadership training, and created a website with information about the Summit. Council members, the research team, and LGBTQ community members publicized the event through personal and professional contacts. Members of the research team contacted local radio stations, newspapers, and LGBTQ list-serves to reach community members outside of established social networks and in more rural areas. Community forum participants who stated interest in further project information were invited to the Summit by email. Although it is difficult to imagine a time before social media communication, even in February 2009, when the Summit was held, mobile phones and social media were not widespread. Thus we relied on flyers, word of mouth, and emails to promote the event.

To begin the Summit, the first two authors co-presented the project overview and results via videoconferencing. Visuals, simple language, and songs were used to make the findings accessible to the community audience. Following the presentation, parallel activities were structured in the North and South county locations. Participants selected a priority area they were interested in working on. Action planning took place in small groups facilitated by experienced diversity trainers and included the following stages: developing a vision; case statement; goal setting; and resources, needs, and next steps. Finally, the participants reconvened via videoconferencing to share the action plans created by all groups. As group representatives presented and answered questions, facilitators documented the main ideas. Following the presentations, participants were given the opportunity to sign up to collaborate with groups formed across the county to take action on specific issues.

Summit participants demonstrated enthusiasm for the goals they developed and provided one another with thoughtful feedback about how best to attain them. Some breakout groups came up with a large goal, while others divided into sub-groups with smaller goals. Broader aspirations were priorities in South county, where there is more substantial infrastructure than in North county. For example, some South county participants envisioned building a centralized LGBTQ community and recreation center, and some North county participants created a plan for holding a monthly movie night and potluck in private residences. In the months following the Summit, some goals were met by planning groups and some action plans were incorporated into community agencies' work; other ideas were not sustained.

Strengths, Challenges, and Strategies

Strengths and Challenges of Each Project Component. In this section, we present the strengths of our project, the challenges we faced, and the strategies we developed to address these challenges. We discuss these ideas in terms of the three critical components of the project: the research infrastructure, the community partner agency, and efforts related to broader community engagement in each research phase.

Research Infrastructure. The project had a relatively robust research infrastructure consisting of two faculty members, six graduate students, federal funding for the first two years of the project, and the resources available at a Research I university. The researchers had a federal grant that supported the research aspects of the project and components of community engagement. The project originated with the researchers, who initiated contact with the community partner agency. We intentionally designed the complex multi-phase project knowing that it would demand significant time, coordination, and interpersonal investment to be successful.

Our dedication to CBPR's commitment to multi-vocal research practices, which we emphasized in each phase, provided a structure for decision-making and community participation. The priorities of the

community participants, and our research team's responsiveness to these, reshaped the project's aims. Although the researchers had in mind a focus on LGBTQ mental health services, we learned quickly by meeting with the community partner organization staff, LGBTQ service providers, and community members, that this research priority would underlie the project but not frame it. Given the dearth of visibility and gathering spaces, community members were interested primarily in LGBTQ people's perceptions of their community, which was a broad focus that had mental health components embedded within it. In this way, the project successfully balanced researchers' academic priorities (research on compelling academic questions around LGBTQ social support and mental health) and diverse community members' needs (an assessment of LGBTQ community assets and risks).

Together, the project participants provided an outlet for LGBTQ community members through the Community Forums and Summit discussions, within which their voices were heard and actions collaborated on. The anonymous survey documented varied perspectives and served as the foundation for the design and content of the forums and Summit. We disseminated our research findings within the forums, designed to elicit input into our preliminary analysis of the information gathered in surveys, and to fill in any gaps. The project served to gather community voices, as well as act upon them.

Both of the PIs and several cohorts of trained research team members were involved with each phase of the research, and this level of immersion and coordination, although presenting challenging time-management demands for both for the PIs and the graduate students, was required to sustain the work over the 3.5 year period. Research team members were essential to completing the study, and the strength of the project was the researchers' ability to carry out the tasks associated with CBPR. This work was supported by significant university resources, including the second author's federal grant, which provided seed money, meeting space, survey consultants, computers, and photocopying. Our research team was composed of generous students willing to take on any work handed to them. Students conducted literature reviews of CBPR scholarship to understand the models' principles. In Phase 1, the research team collected survey instruments, collaboratively designed the survey, and interfaced with the UCSB Survey Center when the survey was posted online and piloted, revised, then distributed. The researchers identified as LGBTQ community members and allies and moved the project forward by reaching out to their social networks in the community, for example, by distributing surveys at LGBTQ community events. Research team members collaboratively organized Council meetings and community forums, analyzed survey data and helped set up the Summit. A significant outcome of this study's process was training graduate students in CBPR and experience with research that extend beyond "the lab" or "the ivory tower."

The research team's work was not limited to traditional research-related tasks, which ultimately taxed the energy of research team members and used their time in ways not always conducive to graduate research training. For example, Council and forum meetings required significant organization of carpooling, food orders (and pick up and delivery), and gift certificates. Graduate students performed most of these tasks, although they were not ideally suited to these roles, being relatively new to the region or unfamiliar with community organizing and cultivation of CBPR relationships.

Our attempts to include LGBTQ community participation in each stage of the research were not always successful. At the survey stage, our reliance on community researchers, which included the development of the training materials, the training itself, and trouble-shooting distribution and collection of surveys, was time-consuming, and the results were disappointing. The novice researchers were overly optimistic about how many surveys they could motivate others to complete within the project timeline. We received fewer surveys than expected using this strategy and had to discard several because respondents were not LGBTQ-identified. Although the community researchers did not significantly help us with our aim for better representation among specific LGBTQ sub-groups, their work did not hinder the researchers from obtaining a high number of surveys overall. Lessons learned were that considerable guidance and communication is needed to help community

researchers succeed, and appropriate expectation must be set by the researchers, and that training should include shadowing seasoned researchers.

Community Partner. The community partner agency contributed to the project in a number of significant ways. Most importantly, as a highly visible, credible, and long-standing service provider, they conferred initial legitimacy to the project within the community. When working with a marginalized community that may be wary of researchers and exploitation, partnering with such an organization is essential to bring skeptical community members into a CBPR collaboration. The agency identified and reached out to volunteers, community leaders, and clients to participate in the Council. Simultaneously, we were aware that some individuals and sub-populations had negative assessments of or weak affiliations with the organization and would likely not participate. We took steps to work through other channels to encourage their participation in surveys, forums, and the Summit to have their voices heard.

The partner organization provided space for Council meetings within their two buildings in different parts of the county, which had comfortable meeting rooms and were familiar to many Council members. The organization staff also arranged for some Council meetings and our Council Retreat to be held at a church meeting room equipped with a kitchen, which made it easier for us to serve light meals. In addition, some of the Community Forums were held at the agency, again facilitating the meeting in a place that some people felt was “their own” and most comfortable and safe. These meeting spaces were essential because the meeting at the university was, for many community members, uncomfortable, inconvenient, and required paying for parking. Other central meeting spaces, such as library rooms, charged a fee that we did not have a budget for.

The community partner organization, although resource-poor, supported the CBPR project by administering the local grant we received, which relieved the research team from some tasks related to the Council, such as photocopying and reimbursements for food and travel expenses. The agency directly supported the research project through email blasts to its very large list-serve announcing the survey and providing links to it, as well as distributing paper surveys at its two locations and Pride event. The Community Forums and LGBTQ Summit were also announced on the listserv. Research project success is seen most clearly in two actions taken by the partner organization following the Summit. First, the Board funded an LGBTQ Mental Health Wellness Coordinator position (currently with the job title LGBTQ+ Program Manager) to organize and promote mental health services at the partner agency and to conduct community outreach throughout the county. Second, the organization pursued one of the main findings of the research, community members’ desire for local organizations to work on safety from harassment and violence, and initiated dialogue with the Chief of Police that resulted in mandatory trainings for local law enforcement (Israel, Harkness, Delucio, Ledbetter, & Avellar, 2014).

Broader Community Engagement. The community engagement of the project occurred primarily through the Partnership Council, community researchers, community forums, and the regional Summit. Partnership Council members provided a range of contributions that sustained the project through strategizing about how best to include diverse research participants, and directly recruiting participants to attend the community forums, an essential vehicle for hearing individual interpretations of the survey information we had collected. Over the course of the project, council members offered essential resources, including contacts with their social and professional networks, graphic design expertise, and the generous hosting of forums at a home, restaurant, or agency.

We faced challenges in developing community leadership capacity and buy-in to the project, despite the fact that the Partnership Agreement provided new members with a clear sense of the responsibilities of Council membership. There was not an existing LGBTQ community voice, so we put energy into community and leadership development, mainly because efforts were focused on engaging people who were not already at the table. A few vocal individuals did not have the patience for the process aspect of collaboratively creating a community research strategy and urged the researchers to make decisions and lead the group, but the researchers were reluctant to do so due to their commitment to community engagement. Similar requests have

been documented in other CBPR studies with LGBTQ communities (see Holtby, Klein, Cook, & Travers, 2015).

The membership of the Council, EC, and research team changed over time in keeping with individuals' availability, interest, and energy. We faced particular difficulty with creating a Council representative of diverse constituencies that allowed disenfranchised individuals to share an equal voice with more privileged members. One barrier to the fullest and most representative community participation was the lack of connectedness, visibility, and safety of some segments of LGBTQ communities. For example, some LGBTQ individuals (primarily middle-aged to older, partnered lesbian and gay male) feel assimilated into the lesbian/gay and heterosexual communities. However, accounts we heard reflected victimization and isolation experienced by newcomers to the community, youth, transgender individuals, and people of color. These characteristics are exacerbated in North county due to the socially and politically conservative nature of the area.

We sought assistance with building and maintaining a diverse and consistent Partnership Council, and received a \$10,000 community grant run through the Partner organization. The grant support moved us toward the overarching goal of community-building and specifically assisted our efforts to sustain current members' involvement and to encourage the participation of marginalized individuals, including youth, Latino/ individuals, rural residents, and transgender/genderqueer persons. The grant was run through the Partner organization and enabled more Council members to attend and participate in meetings. Council members could receive reimbursement for transportation to and from Council meetings, childcare reimbursement, and a conference call telephone system. The grant also covered light meals that fostered a sense of community at our meetings.

This grant support also allowed us to contract with a local organization that focuses on equity and inclusion to assist us in building a sustainable, diverse, and directed Partnership Council. Attending Council meetings, consultants assessed the composition of the Council, individuals' participation in discussions, and their decision-making was influenced by gender, ethnicity, age, gender identity, SES, dis/ability, and other power differentials. Next, they consulted with the Executive Committee, recommended additional Council members to increase diversity, and facilitated a full-day retreat for the Council to determine a project name, Mission Statement, and Vision Statement. Naming the project and building consensus about the mission and vision marked a high point of Council cohesion and facilitated increased visibility of the group, legitimating the group itself and the survey and forums to be conducted.

Our contract with the equity and inclusion training organization assisted us by addressing the ongoing challenge we faced with bringing in voices of people not already at the table as highly-vocal community members or LGBTQ service providers. We reached out to those from marginalized LGBTQ sub-groups, such as newcomers, youths, Spanish-speakers, and transgender individuals. To ensure inclusivity, we worked deliberately toward diversity within Council members, survey respondents, and community forum participants. Significant attempts to include Spanish-speaking LGBTQ individuals had limited success, yet concerted work to invite transgender participants met with success.

Council members reflected diversity in terms of gender, gender identity/expression, economic status, ethnic group membership, culture, age, HIV status, mental health consumer status, and physical abilities. To promote diversity and enhance trust, EC and Council members personally invited others to join the group. A particular challenge we faced is that the LGBTQ community is small, with many relationship interconnections and differing degrees of "outness." We took care to invite members who would work well with the others on the Council and be comfortable with visibly being part of an LGBTQ project. At the same time, we were aware that our sensitivity to maintaining positive group dynamics and LGBTQ-community affiliation did bar some individuals from participating.

Council members assisted the development of the forums, such as by insisting that researchers talk about research in an accessible way in both the language used in the survey and discussion of the results. The forums served two purposes: 1) community collaboration with making sense of survey data, and 2) building LGBTQ community problem-solving discussions. The facilitated discussions provided an intimate, informal, and comfortable way for a diverse group of individuals and community members who identify as part of an

LGBTQ community could meet one another and have their views heard on the survey data. Led by seasoned facilitators, participants expressed needs and concerns about feeling supported and safe within the broader community and also envisioned creative, realistic, and effective solutions for LGBTQ community-building. Through a meaningful collaboration of shared values and goals for community-support, these forums fostered community engagement and sustainable local change. The forums also provided research data and also moved forward to the CBPR-centered research agenda.

Following the Forums, the Council worked on brainstorming ideas about how to bring the 3.5-year project to a conclusion when it was clear that funding was not received to continue it. Our Council discussions resulted in the collaborative design and planning of the LGBTQ Summit around three research findings, and Council members worked to promote the event with eye-catching flyers and a Facebook page. The result was a Summit event that felt “owned” by the Council as a whole.

Negotiating Roles and Relationships among Project Components. Negotiating roles, responsibilities, resources between the academic and community partner were challenging, and required strategies to address. An experienced CBPR research we consulted with early in the project emphasized the importance of working with a community entity as a full and equal partner with the researchers (P. Koegel, personal communication). At the time the project started, the partner organization was struggling in a time of severe economic downturn and budget cuts. The organization could not devote significant staff time to the project, however, shared work with the research team by copying handouts and providing meeting spaces, and upon receiving the community grant, staff members were responsible for travel, childcare, and meal reimbursements to Council members.

There were other resource imbalances between the academic and community partners over the course of the project. The two researchers and one community agency administrator were engaged throughout, but due to staff turnover, the director of counseling services position was held by several individuals over the course of the project. Furthermore, the researchers’ institution viewed this project as central to their work expectations, so they were able to put considerable energy into the project, unlike the community partners. Ideally, the primary connection with Council members and the meeting coordination would have been the responsibility of the community partner. However, due to the organization’s severely limited infrastructure and budget, this division of duties was not possible.

Attending to Diversity within LGBTQ Communities. Based on the perspectives of Council members and the diversity consultants, we knew we needed to reach out to LGBTQ community members who are most comfortable speaking/reading Spanish. To facilitate Spanish speakers’ inclusion, we spent a great deal of time developing English and Spanish versions of the online and paper surveys and facilitated one community forum in Spanish. At the Summit, a Spanish interpreter was present at both sites, and written materials were available in Spanish and English. Despite these efforts to facilitate communication, some of the surveys returned in Spanish could not be used because respondents did not identify as LGBTQ, yielding only seven usable surveys in Spanish. Creating resources was not enough, and we needed consistent efforts from Spanish-speaking LGBTQ community members themselves – not service providers to them – to closely align with the project. Further, an impediment to reaching Spanish speakers is that they may not identify as part of the LGBTQ community or feel safe to disclose.

We had multiple strategies to include and acknowledge transgender participants of different ages. The Partnership Council had transgender members, we conducted two forums, including transgender support group members in two regions, and we altered restroom signs at the LGBTQ Summit locations as all-gender. One research team member devoted time to outreach to transgender individuals and advocates. Some outspoken and visible transgender individuals connected to LGBTQ services participated, and they reported that other transgender individuals were significantly underrepresented. Two potential reasons for this may be the feeling by some that the LGBQ community does not openly welcome them, and that post-transition, an individual may not wish to be visible or identified as transgender.

Throughout the project, we also were attentive to LGBTQ individuals with various physical abilities. We had a Partnership Council member with low vision, ensured our meeting sites were accessible, and handouts were made available in a large font format.

At every stage, we were sensitive to participants' different comfort levels with and LGBTQ-community connection and took extra efforts to ensure anonymity when it was desired. At the Summit, photographs were taken by an LGBTQ community member volunteer, but they could only be taken of participants who signaled consent to be photographed by wearing a red sticker. No complaints were voiced about this system. Further, we opted not to audiotape the forums in order to enhance trust within the group that information would not be associated with specific individuals. The downside of not audiotaping was that our note-takers were not professional stenographers, and it was challenging work to document a discussion that involved multiple voices. The lack of verbatim quotes from participants meant that analysis of the forum data could not be as systematic or precise as an analysis of the survey data.

Sustaining the Project

Funding. A significant challenge of our research process was securing funding. Concurrent with these stages, the Council provided feedback on a National Institutes of Health Exploratory/Development (R21) grant proposal that had been submitted by the research team, but not funded. A revised and resubmitted proposal to the National Institute of Mental Health (NIMH) aimed at reducing mental health disparities by comparing LGBTQ mental health/social support service models. We planned to use a CBPR infrastructure to support the research and aimed to provide capacity-building with a diverse LGBTQ community. When this funding attempt failed, we designed Phase 3 of the project, bringing our work to a highly productive close at a day-long Summit meeting. Without a large-budget grant that would support ongoing efforts and full-time staff devoted to the project on the community partner side, we resorted to completing the work and hosting the Summit by applying for smaller grants from the university for the research side and community foundations and student organizations for community engagement component. Although the Partnership Council could have continued without funding after the Summit, creating one ongoing entity was not a goal of the project, nor would it have served the community in significantly different ways than achieved by the partner agency.

Community infrastructure. Community development was the central focus of our research process. Starting the forums with an opening activity rather than jumping right into survey results urged participants to reflect on their relationship to the LGBTQ community and to create a sense of collective purpose. At the Summit, we encouraged communication and collaboration among participants through the structuring of the small groups around shared interest areas and the use of skilled facilitators.

Sustained action. There were several challenges to sustaining the action plans developed at the LGBTQ Summit. The goals or projects were intended to be developed and maintained solely using the resources within the group that designed it. Without avenues to obtain funding, realistic anticipation of and planning around potential obstacles, or an organized way to connect with other Summit groups or projects, some plans were dissolved, and interventions discontinued.

Furthermore, some projects became more complicated over time than were initially anticipated and could no longer be sustained with the resources of a small number of volunteers. One group met biweekly for three months to organize an emergency resource list specific to LGBTQ-identified people. Though the goal initially seemed simple enough, the scope of the project grew as more questions arose about what qualified a specific doctor, lawyer, housing shelter, or mental health professional to be on the list, how the list was to be updated over time, and how it would be distributed. As the project expanded, many volunteers stopped completing tasks or attending meetings, which increased responsibility on the few who remained. When central group members were unable to meet for a period of time, the group stopped meeting altogether, and the project was seriously threatened. If core members had brainstormed about potential obstacles prior to meeting with other volunteers, additional preventive planning could have occurred. Fortunately, funding was later received

by the non-profit partner organization to hire a part-time mental health wellness coordinator who took the lead in creating and distributing the emergency responder list. This coordinator met with core group members to discuss the obstacles the project faced.

Training of law enforcement was another form of action that sustained to completion of some goals. As mentioned earlier, the Executive Director of the community partner organization shared data with the Chief of Police that was generated by the project. In response to information that the number one priority of the local LGBT community was freedom from harassment and violence, the Chief mandated a 5-hour training on LGBT issues for every sworn officer in the local community. The researchers and community partner organizations invited into the collaboration the police department and another community organization that specialized in equity and diversity training. Limited funding was secured from a local foundation, although most of the labor was donated by individuals and organizations. Additional data were collected to inform the design and content of the training, and approximately 150 law enforcement officers received the training. The researchers published several manuscripts from this project, including a report on the efficacy of the intervention (Israel, et al., 2014), an analysis of the ways in which participants demonstrated resistance and receptiveness to the training (Israel et al., 2017), and a description of LGBT-affirming law enforcement tactics generated by the participants (Israel, et al., 2016).

Finally, a significant barrier to sustainable change was the lack of a systematized way for Summit groups or projects to connect with one another at a time when social media networking was not widespread as it is today. This made it difficult for participants to share resources, attend each other's social events or meetings, and remain connected. During their presentations, representatives from each group stated the date, time, and location of the next meeting. This was the only way to follow up with most groups. In order to sustain interventions that are developed out of a large meeting, we recommend a centralized and shared social media format that allows groups and individuals to post their contact information, needs, progress, or events and access postings by other groups. The downside to such shared communication (at the time of writing, Facebook, Slack, group text messages, and shared Google calendars are some of the options) this is that those who are not comfortable being identified with an LGBTQ identity or issue may find this the lack of anonymity to be a disincentive.

Implications for Counseling and Psychology

In addition to focusing on individual mental health treatment, the fields of counseling and psychology provide frameworks for identifying and addressing structures that contribute to mental health challenges. In fact, advocacy competencies have been identified as an "ethical aspect of service to clients" by Toporek, Lewis, and Crethar (2009, p. 260), who outlined six domains of social justice advocacy for counselors. One of these domains, community collaboration, involves counselors and psychologists assisting community groups in achieving their goals, with the community taking the lead in how problems are addressed. A number of challenges and obstacles arise, however, that prevent counselors and psychologists from effectively partnering with communities toward shared goals. These can include the considerable time commitment these relationships entail, distrust of psychologists among community members, compassion fatigue and burnout, lack of control in the project, and uncertainty about the outcome (Varghese et al., in press). We hope that lessons learned from this CBPR project can provide guideposts that help counselors and psychologists navigate collaborations with individuals, groups, and organizations within their local communities.

Conclusion

Our 3.5-year CBPR project experience motivates us to share lessons learned with other researchers who seek to work with invisible, geographically-dispersed communities, which may be as wide-ranging as people with disabilities, unpaid caregivers for elderly people, and parents raising children diagnosed with autism. Our recommendations focus on relationships between researchers and CBPR participants, identifying the different responsibilities of academic researchers and community partners, setting appropriate expectations for research

and community engagement, and assessing the CBPR process throughout each stage of the project.

When establishing an advisory committee, we found that attention must be paid by all members to the intentional recruitment of key stakeholders and people who are embedded in diverse parts of the community to ensure inclusive representation. Conversations from the beginning of a project are best to set agreed-upon expectations for shared responsibilities based on the *skills* that the community partner and each Advisory Committee member can contribute based on community networks rather than the *identities* that they bring to the table, which can be tokenizing. Valuing individual contributions enhances attention to diversity and can minimize divisions between academic researchers and community participants.

At the same time, researchers do have needs and interests that differ from those of project participants. For the researchers, we found that appropriate expectations include spending time in the community to build relationships and the understanding that compared to other methods, CBPR scholars have less control of the research process because it is negotiated with a number of people in a sophisticated community setting. We recommend that researchers maintain research goals for academic publications while simultaneously participating in community-building activities that do not result in mainstream scholarly products. To be successful, researchers must design the project's scope at a level that they can invest in, and researchers should have honed some negotiation skills to protect their research goals and to motivate shared goals — for example, partnering on a collaborative component early on in the project to meet shared goals. On the community-building side, we designed the Partnership Agreement, and on the research side, we sought feedback from community partners on the survey draft before completing it.

Ideally, a CBPR project will have a robust research infrastructure, a community partner with resources, and a community with an organized infrastructure in place. When this is not already in place, we recommend that the collaborators commit to building it as part of the project itself. Although our project worked with the “LGBTQ community,” that community is not unified, located in a geographic area, or with vocal community organizers who are key players in bringing individuals together. Given this reality and characteristic of the CBPR method, rather than study LGBTQ individuals, this research cultivated community participation in all phases.

Trust-building is part of the CBPR process at each stage of the project, and researchers should build in time and energy to be engaged with the community. Academics must prove that they can listen, show up, and care about the people and community issues beyond the research project. Researchers develop partnerships by participating in community organizations' events, developing social relationships with members and leaders, and investing in the organizations and the people within them. We recommend that researchers rely on their personal contacts to routinely reach out to community leaders and participants as individuals by phone and in person, instead of relying on group email communication.

Collaboration and assessment of the project at each step of our project was productive, and we relied on a range of methods, including community forums, LGBTQ Summit, and a survey that itself engaged community in meaningful and enthusiastic ways. To accommodate different learning styles and communicate across distance, we used a combination of PowerPoint Presentations, teleconferencing, email, and interactive meeting methods. When assessing each step, it is essential to remember that the community participants live on a different timeline than academics do (we expect IRB approval wait time, long review periods for fund seeking review, calls for grant submission revision, and other steps that interrupt the flow of the work). To avoid impatience, we suggest that researchers have a variety of goals throughout the project staged to address the immediate needs of the community.

Another area of recommendations focuses on research and leadership participation. When facing the problem of a lack of representation of diverse sub-groups within the overall community (for example, transgender individuals were particularly challenging to recruit and required concerted outreach efforts in our study), resources must be devoted to specific outreach to engage those groups that are marginalized in the mainstream LGBTQ community. Further, we recommend securing adequate funding and meeting spaces to encourage the

sustainability of projects designed as a result of a CBPR project. this creates more equitable participation by community members who have varied financial resources and volunteer time to enact sustainable change. From the start, researchers ought to develop realistic expectations for what each player can contribute to the project and dedicate time and resources to developing the capacity of community partners. On the researcher's side, infrastructure includes funding to support graduate students and hiring those who are invested not just in the project, but also in the community. On the Advisory Board side, members should commit time to the project and relationship-building beyond meeting time. When expectations are transparent in the Partnership Agreement, revisiting and even revising it over the project period will assist in mitigating any accountability imbalances. We found it crucial for all participants to understand that significant collaborative efforts would have to be made to cultivate a diverse range of networks in both visible and invisible communities. At the later stages of the research to bridge the research and community members, the CBPR team can acknowledge the perspectives of people involved in the project (e.g., participants, community partners, researchers), by inviting community partners and participants to review an initial draft of the manuscript (which we did) or executive summary and share their reactions and perspectives that researchers can then use to revise the work.

Overall, this CBPR project brought together facets of a diffuse LGBTQ community to better understand the primary needs of the community as a whole and mobilize community members and leaders toward data-driven social actions. It is our belief that the full impact of this collaboration goes beyond concrete outcomes and continues on in unmeasurable ways. For example, the sharing of ideas and networking among local LGBTQ people allowed for allyship and ongoing partnerships and facilitated community members taking on new roles and gaining skills in activism and research as a form of empowerment. Although we had not envisioned it at the start of our CBPR process, the LGBTQ Summit event served both as closure for the research arm of the study and as a forward-looking community action event. We recommend a similar model for other researchers because it reflects the CPBR balance between research and community engagement. Finally, we note that this project was among the most rewarding of our careers, and we encourage other researchers to team up with marginalized communities, particularly those that are invisible and dispersed, to share ideas, skills, and resources that enhance inclusive and equitable community capacities.

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Trainee Counselor Development of Social Justice Counseling Competencies

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Abstract

This grounded theory study sought to identify the process by which master's level counselors-in-training (CITs) develop social justice counseling competencies. Participants ($N = 41$) from a clinical mental health counseling (CMHC) program were interviewed at pre-practicum, pre-internship, and post-internship phases. CITs progressed through the stages of exposure, recognition, and action, influenced by self-reflection and attitudes. These stages differed from the awareness, knowledge, and skills domains identified in prior multicultural and social justice counseling literature. Most CITs planned advocacy action steps by the conclusion of their program, though few implemented them. Implications for counselor educators are discussed.

Keywords: social justice; MSJCC; trainee; counselor development; competency.

Trainee Counselor Development of Social Justice Counseling Competencies

The recently integrated multicultural and social justice counseling competencies (MSJCCs; Ratts, Singh, Nassar-MacMillan, Butler, & McCullough, 2016) reflect the “seamless connection” (Ratts, 2011, p. 24) between multicultural competencies and working with clients in combination with advocacy actions needed to remedy systemic injustices. In 2016, Ratts et al. revised the original multicultural counseling competencies by Sue, Arredondo, and McDavis (1992) to add a fourth competency for counselors to take action and advocate. This fourth competency area was in addition to developing awareness of attitudes and beliefs, knowledge, and skills (AKS) relevant to multicultural counseling (Sue et al., 1992; Sue & Sue, 2013) and social justice counseling (Ratts et al., 2016). The revised MSJCCs, therefore, outlined four types of aspirational competencies: attitudes and beliefs, knowledge, skills, and action (AKSA; Ratts et al., 2016). This addition reflected the new integration of multicultural and social justice counseling competence.

The MSJCCs are important guidelines for all counselors to consider when working with clients. Yet to date, sparse guidance is available regarding how to implement the new MSJCCs in graduate programs that train counseling students. While a significant body of information exists for when and how students master multicultural counseling competencies (e.g., Collins, Arthur, Brown, & Kennedy, 2015; Hipolito-Delgado, Cook, Avrus, & Bonham, 2011; Prosek & Michel, 2016), no studies currently exist that examine the impact of social justice training on students’ development of social justice and advocacy counseling competencies. Existing literature tends to provide guidance about developing an academic climate that emphasizes social justice training by modifying the core mission, objectives, and course content of the program (e.g., Bemak, Chung, Talleyrand, Jones, & Daquin, 2011). The majority of articles exploring social justice training during clinical practica and internships address doctoral-level training in psychology (e.g., Collins, Arthur, Brown, & Kennedy, 2015; Lewis, 2010). For example, Lewis (2010) examined the process by which doctoral students in psychology practiced different forms of social justice at their site. Lewis (2010) identified three forms of social justice in the literature, namely interactional justice, procedural justice, and distributive justice (e.g., Colquitt & Greenberg, 2003). Lewis (2010) described interactional justice as the trainee’s display of respect and dignity to clients, whereas both procedural and distributive justice required the trainee to advocate on behalf of their clients. Procedural justice was defined as the trainee advocating for the just distribution of goods and services, such as access to health care and educational services. For distributive justice, the trainee advocated for fair processes by which these distributions were allocated (i.e., funding). Lewis (2010) found in his study that doctoral students demonstrated interactional justice initially during their practicum sequence. Students then demonstrated procedural and distributive justice towards the conclusion of their practicum sequence, gaining skills relevant to the legislative process, public policy, lobbying, and advocacy.

Purpose of this Study

The current authors sought to address the gap in the literature regarding how counseling students develop social justice counseling competencies during their graduate program, and what training approaches seem to be beneficial. The purpose of this study was to examine how counselors-in-training (CITs) who are enrolled in a master’s-level clinical mental health counseling (CMHC) program develop strong social justice and advocacy counseling competencies during practicum and internship. Multicultural competence was not directly measured in this study, as the purpose was to address the research gap regarding how CITs develop social justice counseling competencies specifically. The research question guiding this study was, how, when, why, and to what extent do CMHC trainees develop social justice and advocacy counseling competencies during their master’s-level practicum and internship experiences?

Methodology

The authors chose a qualitative grounded theory methodology to address the research questions. They sought to understand the unique perspectives of participants (Corbin & Strauss, 2014), and then identify an

inductive developmental model for social justice counseling competence that emerged from the data (Charmaz, 2014). The authors used the constant comparative method from grounded theory (Corbin & Strauss, 2014) to create categories that represented developmental stages. The constant comparative method is used to develop concepts from data by coding and analyzing at the same time (Corbin & Strauss, 2014). When using the constant comparative method, the researcher sorts and classifies new codes into existing categories or creates new categories to capture data that do not fit existing categories.

The authors approached the data from a traditional grounded theory position (Corbin & Strauss, 2014) rather than a constructivist grounded theory approach (Charmaz, 2014; Mills, Bonner, & Francis, 2006). Consistent with traditional grounded theory (Corbin & Strauss, 2014), the authors attempted to bracket researcher assumptions and bias, used consensus during coding and analysis, and endeavored to ensure the coding, analysis, and findings were accurate to participant descriptions. The research team reviewed and discussed the emerging model to ensure that the theory was grounded in data and accurately reflected participant experiences. The authors hoped that findings would be transferable to other counselor education programs. While the authors believed that participants' reality was socially co-constructed (Lincoln & Guba, 2013) and attributed importance to all responses regardless of frequency, the authors did not take an interpretive approach to coding and analysis nor seek to co-construct meaning between the multiple researchers and participants. In this regard, the authors were oriented toward a more post-positivistic epistemology reflected in more traditional grounded theory than in constructivist grounded theory (Mills et al., 2006).

Participants

The authors recruited CITs from a CMHC master's program in the Northwestern United States that was accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). All CITs were currently enrolled CMHC students at the time of the study. All participants who met eligibility criteria (i.e., all those who were in the program) were invited into the study and asked to answer demographic questions for the purpose of describing the resulting participant sample and for context in interpreting the data. While the authors collected demographic information from participants to describe the sample, it was not used to screen interviewees for inclusion into the study. The authors felt that such screening based on demographics would have been inappropriate, because all CITs attended the same university where the research was conducted. Thus, the authors used convenience sampling to recruit participants.

Participants ($N = 41$) self-reported their cultural identities. Regarding gender, participants identified as female (73.2%, $n = 30$), male (24.4%, $n = 10$), and non-binary (2.4%, $n = 1$). No students self-identified as transgender. A sizeable minority of students (24.4%, $n = 10$) identified as having a lesbian, gay, or bisexual sexual/affective orientation. Participants reported their race/ethnicity as Euro-American/Caucasian (68.3%, $n = 28$), Asian/Asian-American (14.6%, $n = 6$), African/African-American (4.9%, $n = 2$), Hispanic/Latinx (4.9%, $n = 2$), Native American (4.9%, $n = 2$), and Multiracial (2.4%, $n = 1$). No participants identified as Native Alaskan, Native Hawaiian, nor Pacific Islander. Participants' age ranged from 22 to 56 years, with an average of 31.8 years ($SD = 8.6$ years) and median of 29 years. Participants varied in the amount of pre-experience in the mental health field they had obtained prior to entering graduate school. Nearly two-thirds of participants (63.4%, $n = 26$) had zero pre-experience. Of the remaining 15 participants, 13 participants had two to three years of pre-experience. The remaining two participants had a much greater amount of experience, at ten and fifteen years. Thus, while the median number of pre-experience years was zero, the average was 1.3 years with a large standard deviation ($SD = 2.8$ years).

All CMHC trainees who were about to enter the practicum phase of training were invited to participate in the study. To enroll in practicum, students in the program had to complete a year of academic coursework that included most of the CACREP core courses (e.g., professional orientation and ethical practice, social and cultural foundations, etc.). Two years of cohorts were invited to participate. Across the cohorts, 41 CMHC trainees participated from a pool of 47 CMHC students (87.2% response rate). Demographics for the six

trainees who elected not to participate in the study (70% female, $n = 4$; 30% male, $n = 2$; 83.3% Euro-American/Caucasian, $n = 5$; M age = 31.67 years) were roughly equivalent to those who participated. The authors sought to protect participant privacy to the extent possible by scheduling interviews during times when participants were not expected to be on campus (e.g., classes), to blind cohort members from knowing which of their peers were study participants.

Procedure

Participants were recruited to participate in the study through online and in-class announcements that followed the recruitment script approved by the first author's IRB. Participants received an informed consent statement, indicating the length of the study, the requirements for participation, and the ability to leave the study at any time. CITs were not given any incentive to participate in the study. Participants were informed that the study sought to understand their self-perceptions of social justice counseling competency. The authors did not inform participants of their intent to evaluate their social justice counseling competence across developmental intervals, to limit potential social desirability bias in participant responses. In the informed consent document, CITs were informed that data would not be analyzed until after their graduation from the program to mitigate pressure to persist in the study.

The authors collected data during three intervals: pre-practicum, post-practicum (pre-internship), and post-internship. The authors collected pre-practicum data during the week prior to the students' first week at their practicum site, approximately one year into their counseling program. The authors collected post-practicum (pre-internship) data approximately six months later, at the conclusion of their practicum and prior to starting their internship experience. The authors collected post-internship data during the last week of the student's internship, approximately nine months following the post-practicum measure and at the end of the counseling program. At each interval, student participants completed a demographic questionnaire and standardized structured qualitative interview. The research team used Patton's (2014) guidelines to develop interview questions addressing participant perceptions of their current social justice awareness and beliefs, knowledge, skills, and actions (Ratts et al., 2016), and their impact on counselor development. Patton (2014) recommended that interview questions should address a range of experiences, identifying six major areas: behaviors, opinions and values, feelings, knowledge, sensory, and background/demographics. Patton (2014) also recommended that questions be open-ended, be as neutral as possible, and that interviewers asked only one question at a time and avoided "why" questions. The research team created questions that adhered to these categories and recommendations.

The interview protocol was piloted with trainees who were not enrolled in the study to ensure that the interview questions adequately addressed the research questions. The authors hoped this pilot would improve data trustworthiness and validity. The authors found that the interview questions adequately collected data to answer the research questions. One question about professional identity was added to better capture more general/global CIT development outside of the three areas of social justice awareness and beliefs, knowledge, skills, and actions.

Each interview lasted for approximately 30 minutes. The same interview questions were used for pre-practicum, post-practicum, and post-internship. The interview questions are included in Appendix A.

The first author trained four alumni from the program who had graduated several years before the study commenced to conduct the interviews. The interviewer, therefore, was unknown to the participants in the study. The same four alumni conducted interviews with the same participants for each of the three interviews over the 24-month data collection period to enhance consistency. The first author randomly assigned interviewers to participant interviewees. One exception to this consistency between interviewer-participant pairing occurred midway through the study. One of the interviewers left the project for several months due to medical complications. The participants assigned to this interviewer were re-allocated to another interviewer during one of the data collection periods (i.e., post-practicum). The original interviewer conducted the final

interview for these participants (i.e., post-internship) upon returning from medical leave. All interviews were conducted individually, rather than in groups. The interviewers disclosed to participants that their identity would be masked from faculty to prevent social desirability response bias to the extent possible. Interviews were audio recorded and uploaded to a secure encrypted online data management software system.

Transcription and member checks. After 24 months of data collection concluded, an additional 12-month period elapsed before the interviews were transcribed by trained graduate students. All participants had graduated from the program at the time of transcription, thereby limiting the transcribers' connection and exposure to the study participants. Audio files were transcribed verbatim. The first author checked transcripts to ensure accuracy, before sending transcripts to participants who performed member checks to ensure consistency with their perceptions. Participants found no errors to be corrected.

Coding and analysis. A consensus coding team comprised of the first four authors coded transcripts utilizing manual line-by-line open coding. The focus on coding was to identify current experiences within and between participants in order to detect a common developmental process. Audio files were identified by an alphanumeric number corresponding to the participant identifier and the data collection interval (i.e., pre-practicum, pre-internship, post-internship).

The coding team met weekly over a period of several months. The four coding team members were full-time faculty members in different counselor education programs with prior qualitative coding training and experience. The demographic representation of the coding team members was as follows. The first author identified as a cisgender heterosexual Caucasian male. The second author identified as a cisgender heterosexual African-American female. The third author identified as a cisgender heterosexual African-American female. The fourth author identified as a cisgender heterosexual Caucasian female.

The last three authors were graduate students who were trained in qualitative coding by the first author and assisted with coding transcripts during in-person coding sessions with the first author. Each graduate student author read a chapter on qualitative coding by Charmaz (2014). Graduate students only coded transcripts under the first author's in-person supervision, and did not code transcripts independently. The demographics of these graduate student authors were as follows. The fifth author identified as a cisgender heterosexual Asian-American female. The sixth author identified as a cisgender heterosexual Asian female. The seventh author identified as a cisgender bisexual Caucasian male.

The team independently coded the first four transcripts (with the trained graduate students coding the transcript with the first author), and discussed coding discrepancies during meetings. The first four transcripts were intentionally selected, with two transcripts selected for the same two participants (i.e., pre-practicum and post-practicum) to ensure the team was developing codes relevant to data collection intervals across participants. These two participants were at the extreme ends of the range for the amount of pre-existing experiences in the mental health field prior to entering the counselor education program (i.e., 0 and 15 years) to seek the greatest amount of variation during initial coding to prevent early redundancy (Charmaz, 2014).

The coding team developed a codebook from the first four coding meetings, comprised of emergent codes. Following the first set of transcripts, the first four authors coded transcripts independently. Inconsistencies in coding were resolved by the coding team using consensus to clarify the final coding for that transcript section. No unresolvable disagreements occurred among the team members during the coding process. The research team organized emergent codes through axial coding. Codes were inputted into NVivo 11 (QSR International, 2010) for organization and comparison by demographic variables and by phases of development. The team stopped coding transcripts after completing coding for 37 participants across all three time intervals (i.e., pre-practicum, post-practicum, post-internship), as saturation and redundancy had been reached.

Training Program

Prior to enrollment in practicum, all CMHC trainees completed coursework in multicultural and social justice counseling through both a formal didactic course (Multicultural Counseling) and instruction/

reflection integrated into each of the CACREP common core coursework about cultural diversity and social justice concepts. For example, during the ethics course, students identified advocacy action steps for addressing a social justice concern in a client case vignette. During their practicum and internship, all 48 CMHC trainees (including the 41 participants in the study) engaged in exercises and assignments during university-based group supervision that attempted to help them demonstrate MSJCCs. These exercises and assignments included (1) discussion prompts about social justice issues that trainees were observing at their site, (2) assigned readings and in-class discussion from the text, *Beyond the 50-Minute Hour: Therapists Involved in Meaningful Social Action* (Kottler, Englar-Carlson, & Carlson, 2013), (3) case presentations that addressed social justice issues and potential areas for advocacy, and (4) biweekly journal prompts that addressed social justice issues that trainees were observing at their site. These exercises and assignments were part of the CMHC practicum and internship curriculum and were not developed specifically for this research project. Thus, all CITs completed these exercises and assignments regardless of participation in the study.

Trustworthiness

The authors attempted to enhance the trustworthiness of this study by following several procedures identified in the literature (Merriam & Tisdell, 2015). First, we considered the positioning of the research team to reduce the potential for bias. The research team consisted of persons with emic and etic exposure to the counselor education program to balance the perspective of the first author who worked in the setting where the study took place. The second, third, and fourth authors all worked at separate counselor education programs. The trained graduate students (fifth, sixth, seventh authors) had no connection to the participants in the study. The first author was the sole person with any connection to the participants in the study. To protect against the first author's coder bias, all transcripts were given alphanumeric codes and the document that connected codes to participants was developed by another research team member. The first author also coded transcripts with trained graduate students and other research team members to reduce bias.

The authors identified prior assumptions and biases prior to commencing coding and throughout the coding process. The research team discussed their own bias towards the importance of social justice training and an identity as a social justice advocate. Faculty authors discussed their own program's approach to social justice training, and students discussed their own experience. The authors bracketed biases that included the belief that cultural variables would predict social justice counseling competence. For example, the authors discussed and bracketed their pre-existing belief that White identity would prevent or limit CIT development of social justice counseling competence, because of White identity's association with ethnocentrism and unconscious privilege (Sue & Sue, 2013). During coding meetings, the team leaned towards in vivo coding rather than theoretical coding, to reduce the possibility of bias (Corbin & Strauss, 2014). Member checks were established by emailing initial transcripts and analyses to participants to ensure consistency with their perceptions and experience. The authors maintained an audit trail throughout the process.

Results

All participants ($N = 41$) completed the study, with no early drop-outs. This exceeded the sample size requirement for grounded theory research used by most qualitative authorities (e.g., Charmaz, 2014; Creswell & Poth, 2017). For example, Creswell and Poth (2017) suggested 20-30 interviewees for grounded theory studies. Through emergent consensus coding and the constant comparative method of grounded theory research, the research team identified thematic categories for developmental stages by which CITs in the study developed social justice counseling competencies. The research team also identified thematic categories for the phase of training. The three developmental stages were exposure, recognition, and action. These categories were related to but different from the aspirational domains of awareness, knowledge, and skills identified by Ratts et al. (2016) and Sue et al. (1992). Even though interviews were conducted at the pre-practicum, post-practicum, and post-internship intervals, qualitative data reflected three different phases of training: pre-program, pre-

practicum, and supervised field experience. The narrative below describes the three developmental stages, with analyses organized by training phase (i.e., pre-program, pre-practicum, supervised field experience) for each developmental stage.

Stage 1: Exposure

Exposure pertained to personal experiencing or direct observation of social injustice or inequity. Throughout the training experience, exposure to social justice and advocacy issues was ongoing and recursive. For example, new exposure to social injustice and inequity occurred when CITs took action by supporting clients and advocating on their behalf.

Pre-program. CITs differed in their first exposure to social justice experiences. Some CITs reported exposure during childhood, whereas others reported being raised in privileged environments and did not experience personal exposure to social justice issues until undergraduate or graduate study. One pre-practicum CIT stated,

In my past, I don't feel that I was aware of any social justice or advocacy issues. I'm just so removed. If you don't notice what is going on around you, you're unaware. And you just kinda ignore, even though you know it's there, it just fades into the background. So being in the counseling program has made me more attentive to social justice issues. (Participant B)

Personal experiences of exposure to social justice issues during childhood were fairly diverse. CITs experienced and/or observed discrimination, prejudice, marginalization, and oppression through experiencing racism, sexism, and homophobia; living with a parent who had a significant mental disorder and encountering community stigma; low SES households; homelessness; parental incarceration; lacking systemic social supports; awareness of resources yet inability to access them; and powerlessness to self-advocate as a child. For some CITs, exposure to social justice issues occurred through discussions with parents and their experiences in religious traditions. During adulthood, a few CITs experienced barriers to education and employment prior to entering the counseling program.

As they progressed through their first year of their studies, CITs reflected on their pre-existing awareness of multicultural and social justice issues before they joined the program. CITs differed in their degree of awareness. Some CITs had high levels of multicultural and social justice awareness, and self-reported a desire for more social justice training. As one pre-practicum CIT reported,

Social justice is something that I have been interested in for some time, and probably will become my specialty in counseling. I came in with a lot of information. I feel like I am biased, because I came in wanting social justice training. (Participant J)

In contrast, some CITs reflected during interviews that they had little to no awareness of multicultural and social justice issues prior to entering the counseling program. CITs who lacked pre-program awareness of multicultural and social justice issues specifically mentioned being unaware of their White racial identity and White privilege. These CITs became more knowledgeable about social justice issues when exploring their White identity and privilege pre-practicum. Personal experiences with racial identity formation helped White CITs to observe social injustice and inequality. As one pre-practicum CIT shared,

I've become more aware. Sometimes it is hard to look at my privilege and know that I do have a lot of resources. And look at other people and say, how did you not get all the resources? You know, is it White privilege, is it that I just got lucky? (Participant M)

Pre-practicum. The vast majority of CITs identified exposure to social justice themes throughout the CMHC curriculum related to racism, homophobia, discrimination, oppression, poverty, and issues related to gender and sexual identity. CITs reported exposure through discussions in class, conversations with faculty outside of class, reading case studies, and through their multicultural counseling course. Some students believed

that multiple avenues of exposure were important, because mere textbook readings were not sufficient for developing awareness and knowledge of social justice issues. A few students seemed to demonstrate higher levels of critical thinking regarding curricula decisions. For example, one pre-practicum CIT mentioned that:

One thing I notice is, about 80% of our books are written by White men. You're not going to be always talking about social justice in every class, but where is the advocacy if you're not teaching from a diverse perspective, if that makes sense. Um... and I think [the counselor education program] is trying, I mean I don't see it being resistant or anything. But I think it's possible to subvert that a little bit more. (Participant E)

Supervised field experiences. All CITs experienced exposure to social justice issues throughout their supervised field experiences. Students reported significant exposure to a multitude of social justice issues facing clients during practicum and internship experiences. For example, CITs observed client experiences with struggling to navigate systemic social supports, facing educational barriers, homelessness, homophobia, inability to access counseling services because of difficulties with attaining affordable child care, incarceration, poverty and low-income, racism, problems with the foster care system, unemployment and difficulties finding work, White privilege, and the “uneven playing field.” On multiple occasions, CITs called such experiences “eye opening” and felt that this exposure enhanced their own recognition of social injustice. As one post-internship CIT shared, “The social justice issues that I've seen in my work with clients... the homelessness, discrimination, racial prejudice, have been a big eye opener for me” (Participant K).

Stage 2: Recognition

Recognition was a step beyond exposure (i.e., personal experience or direct observation), whereby the CIT not only observed but also realized and identified when social justice issues such as inequity were occurring. In other words, the CIT comprehended injustice, rather than merely observed it. Recognition occurred in many forms, such as awareness of systems, injustice, own privilege, client needs relative to injustice, and potential solutions to systemic problems. Recognition required self-awareness, awareness of others (i.e. empathy; theory of mind), and knowledge of social justice issues.

Pre-program. CITs who were exposed to social injustice before entering the counselor education program were far more likely to possess formalized understandings of injustice, such as privilege, prejudice, discrimination, oppression, and marginalization. One pre-practicum CIT had worked for a transitional housing facility prior to entering the program and had observed how systemic forms of inequality had resulted in dehumanization:

A resident told me, “People are treated like trash, and it's our job to pick them up off the street.” On our average day, we do treat people like trash. I think our job as counselors is to recognize those who have not been given that privilege, and to lift them up, to literally pick them up off the streets and say, “You're not trash, you're human.” I think that when people can see their humanity, that's when healing can begin. (Participant E)

In contrast, CITs without personal experiences of social injustices were less likely to be familiar with those terms and few possessed deep and nuanced understandings of inequity pre-program.

Pre-practicum. Pre-practicum CITs reported developing awareness and knowledge of social justice issues through aspects of the curriculum that included coursework, outside of class discussions with faculty, and targeted readings. Most CITs felt prepared to address social justice issues during practicum. However, a few CITs felt unsure about their preparation to recognize and address social justice issues affecting clients as they entered practicum, which appeared to cause some degree of anxiety. One pre-practicum CIT stated:

Yeah...um, part of it, I think, is just, um, being, you know, kind of brand new [laughter]. I'm just kind of generally unsure, and nervous, and still figuring things out...I'm still, um, you know... some of these

issues we haven't even discussed in class. So, um, that would be the reason why I'm still not comfortable. (Participant S)

While CITs with childhood exposure to social injustice typically possessed an awareness and knowledge of social justice issues, only CITs with prior work experience possessed a knowledge of available resources to help clients. Most CITs developed an awareness of knowledge of available resources through their supervised field experiences.

Supervised field experiences. During field experiences and in supervision, most CITs mentioned recognizing social justice and advocacy issues affecting clients. CITs recognized client injustices even when their clients did not. CITs seemed more capable to identify and define social justice as a concept, which appeared more difficult for some CITs prior to practicum and internship. CITs also recognized more nuanced social justice issues such as client internalization of systemic problems and how social injustices can impact clients differently. CITs also began to “see the big picture” and became aware of broader systemic issues impacting clients such as mental health funding and the influence of the current political climate. As the statement below from a post-internship CIT indicates, CITs began to realize how social justice issues affected the counseling process.

I sat in sessions where the client had to take the bus and it took them an hour to get there. And on top of that they are homeless, can't get their social security, and all these different issues. [deep sigh] It was really hard for me to grasp how someone could still come in to therapy... They have all these different factors against them. (Participant T)

The CIT's site placement appeared to influence their degree of recognition for social justice issues facing their clients. This seemed particularly true for internship experiences, compared to practicum experiences. CITs felt that community mental health sites seemed to focus more on social justice training than others. When social justice issues were a clear focus in the agency, CITs reported feeling comfortable with talking to supervisors about these issues. Some supervisors introduced these topics during supervision, though it appeared most common for supervisees to be responsible for bringing social justice topics to supervision discussions. Most CITs interning in private practice settings noticed through campus-based group supervision that fellow classmates interning in community mental health settings were trained to recognize social justice issues in far more depth, and felt they had missed a training opportunity.

As a result of field experiences, some students recognized gaps in their training program. Students reported needing training in specific advocacy skills during practicum such as “advocating for disability assessment within the school system” and “writing to legislature.” Some students reported feeling either unaware or untrained in advocacy skills. These gaps did not appear as pronounced during internship. For example, a post-internship CIT shared:

Well, quite honestly... I don't feel like we actually talked about any real social justice issues in our classes. We didn't talk about health care, we didn't talk about wages, the prison industrial complex, any of the things that we, as a counselor, need to be working on to make people's lives better. It was disappointing to say the least. (Participant J)

In addition, some students wanted their faculty members to provide a clearer explanation for the relevance of social justice training to counselor education.

Stage 3: Action

CIT recognition of social justice was strongly influenced by exposure through personal experience and direct observation (i.e., self and other). For most CITs, this recognition resulted in *action* responses that included offering support through listening, sharing of resources, and planning and implementing advocacy action steps

to address systemic issues causing inequity.

Pre-program and pre-practicum. CITs with prior work experience in the mental health field were the only participants who reported addressing interactional justice prior to practicum, such as providing referrals and resources to clients. One pre-practicum CIT shared:

Every client that I had, I tried to do as much as I possibly could. For instance, I once arranged visitations for a child to see their biological parents. The kid was picked up by a stranger and taken to the meeting. I made sure that the driver was consistent, that the kid had the same driver all the time, and there was not a change. To me, that was advocacy. (Participant B)

No CITs addressed procedural or distributive justice issues (Lewis, 2010) before starting practicum.

Supervised field experiences. During supervised field experiences, all CITs attempted to demonstrate dignity and respect for their clients through providing support in the form of listening to the client, validating their experiences of injustice, and reinforcing resilience. Some CITs intentionally brought up social justice topics in conversation and at times educated clients about social justice issues, whereas other CITs waited for clients to raise the topic. One post-practicum CIT reported that helping the client conceptualize their problems as social injustice was empowering:

The issues that my clients have, a lot of times they don't realize that it is a systemic thing. They just see it as their own personal problem. Once you set that spark, like, "hey, you know, this is really a systemic thing also," it kinda helps people not feel so alone and opens people up to explore how to navigate those certain situations where they are not being set up for success necessarily. (Participant A)

CITs also developed a deeper understanding of how the counselor's role extended beyond the counseling room. Counselors often took on case management duties such as coordinating systems of care, finding and sharing resources with clients, and helping clients navigate supportive housing and legal systems. By the conclusion of the internship experience, many CITs had planned advocacy action steps though few had taken them. Advocacy planning seemed to exist on a continuum from organized and well-formed to tentative and preliminary. CITs faced barriers and "stumbling blocks" that had prevented them from implementing their plans. Most commonly, CITs felt they lacked the time to plan and implement advocacy action steps. CITs reported struggling to manage coursework requirements and demands at their internship site, and felt that graduate school itself was a barrier to advocacy. As a post-internship CIT shared:

I think it's really difficult to advocate. Because at the agency where I'm interning, there's not much down time. There is usually so much paperwork that it's difficult. And I know that right now, being in grad school and working, it makes it even more impossible. There is only so much time. What can you do? Can you write a big paper to your legislature about every single client now? You know, you need to pick and choose. (Participant S)

CIT knowledge of social justice and self-confidence was also a barrier to advocacy. A few CITs solely equated serving clients from disadvantaged backgrounds with social justice advocacy, and thus equated social justice counseling competence with demonstrations of interactive justice only, without consideration for procedural or distributive justice (cf. Lewis, 2010). Other CITs continued to feel that their advocacy skillset was limited, and lacked confidence to advocate during their internship.

CIT advocacy actions also appeared to be prevented by strong negative emotions. Powerlessness in the face of seemingly immovable systems that supported injustice was the most common negative emotion experienced by CITs. Some CITs experienced helplessness, stating that they were unsure of what to do to address systemic-level injustices. The frequency and severity of exposure to social justice experiences in community mental health agencies felt overwhelming to some CITs, who recognized limitations in "what can be done." One CIT reported avoiding the topic as a coping mechanism. As one post-internship CIT shared,

Now that I have had almost a year of experience, I feel like I have got, um [pause] almost too much awareness... kinda to the point that it's frustrating. There are so many barriers that are bigger than our work individually. [Sigh] Sometimes, you know that nothing can be done until many years down the road. So, I think it's frustrating in that sense. You feel a little bit powerless. There's things you can do, but there are a lot of things you can't do. (Participant T)

Some CITs did implement advocacy action steps. CITs met with local government officials, K-12 administrators, and school counselors to advocate on behalf of their clients. The focus of these advocacy efforts was a mix of procedural and distributive justice. As one CIT mentioned post-internship: "I have learned in my internship to advocate. Making sure they are not homeless, finding transitional housing, I've done that with my clients. Even sometimes, talking with their school counselors or the teachers, or their PCPs, or social workers" (Participant D). Another post-internship CIT stated,

I've done everything from meeting with legislators to knocking on doors and talking to people in neighborhoods, raising money to lobby. I've been in a meeting with the governor about the impact of medical debt on patients especially with chronic and ongoing illnesses who don't have health insurance. I do think that being able to get my degree has just bolstered my ability to go out into the community and do some more of this work. (Participant J)

CITs seemed to be planning more advocacy action steps as they progressed through their supervised field experiences. During practicum, five CITs had planned advocacy action steps, and only two had taken action. By the conclusion of internship, 10 CITs had planned advocacy action steps, and three had taken them. Thus, it appears that CITs were far more likely to plan advocacy action steps during internship though it still remained uncommon for CITs to carry out those action steps.

Factors Influencing the Developmental Process

Two factors appeared to influence whether the CIT responded to exposure experiences by recognizing social injustices and acting to address them; self-reflection and attitudes.

Self-reflection. CIT self-reflection appeared to be an integral part of the developmental process. Previous approaches to social justice training have also emphasized the role of self-reflection in developing social justice counseling competencies (e.g., Ratts, Toporek, & Lewis, 2010). Self-reflection facilitated a recognition of social justice issues and opportunities for advocacy, often prompting action, which in turn created greater exposure. For example, exposure experiences during practicum or internship often resulted in CITs reflecting on their prior experiences and observations, and re-evaluating their own awareness and knowledge. Exposure experiences led some CITs without significant prior exposure to social injustices to become aware of their lack of earlier exposure and to re-examine their privilege, particularly White trainees. These CITs experienced a transformation through self-reflection in response to exposure experiences during practicum and internship. In addition, CITs who had prior exposure to social injustices, particularly during childhood, experiencing an evolution from a personal to professional understanding of social justice. These CITs also seemed to experience self-reflective transformation in response to social injustice exposure during practicum and internship.

Attitudes. The CITs' attitudes toward social justice seemed to pre-exist the training program and appeared to influence whether the CIT was open to new exposure experiences. CITs appeared to possess an intrinsic motivation (Ægisdóttir, & Gerstein, 2010) toward social justice training. No CITs in the study reported holding negative or dismissive attitudes toward social justice training and practice. CIT openness impacted their recognition of new exposure experiences and whether they were willing to take action. An open stance appeared more likely to result in learning from exposure, whereas a closed stance (which included pre-existing notions that one had "arrived" as a social justice advocate) seemed less likely to result in the CIT learning from the exposure experience. As an example, Participant B was a CIT with an open stance who reported at

the conclusion of their internship: “I want to become the kind of person that helps the community change.” In comparison, Participant E was a CIT with a closed stance who stated that they “came in the program already being really aware of” social justice issues. During both post-practicum and post-internship, this CIT reported that their social justice awareness and knowledge was “from previous experience” (i.e., pre-program) and reported that the social justice aspect of the curriculum had merely “made me enjoy my soapbox.” When asked about what they were learning in the counseling program about social justice, this CIT acknowledged: “I don’t feel like it did a whole lot to be honest... I don’t know how much it really affected me.” Perhaps as a result, this CIT reported that “I don’t really feel too comfortable with advocacy action steps as a counselor” during supervised field placements and was not bringing up these concerns in supervision.

Discussion

The purpose of this study was to answer the research question of how, when, why, and to what extent do CMHC trainees develop social justice and advocacy counseling competencies during their master’s-level practicum and internship experiences. Through the use of a grounded theory methodology, the authors identified the process (i.e., the “how” and “when” of the research question) by which CITs appeared to develop social justice counseling competencies. CITs appeared to follow a linear yet recursive trajectory of development. The first stage of development, exposure, occurred prior to the counselor education program for some CITs. For others, they reported being first exposed to social justice issues during their program. During field experiences, most students became able to recognize when social injustices were occurring and responded most frequently through demonstrations of support such as listening, validating, reinforcing resilience, and providing case management. By the conclusion of their internships, many CITs had begun to plan advocacy action steps to address procedural and distributive justice (Lewis, 2010), though few carried out these plans. The progression of competency development (exposure, recognition, action) was related to, though different than, existing aspirational models of social justice counseling competency (e.g., AKSA by Ratts et al., 2016; AKS by Sue et al., 1992). For example, recognition preceded action in this study, similar to Ratts et al.’s (2016) progression of awareness and knowledge preceding advocacy. Unlike Ratts et al.’s (2016) model, this study distinctly found that exposure to social justice issues was a key component to competency development and occurred throughout the developmental process.

Several factors seemed to influence this developmental trajectory (i.e., the “why” of the research question). Throughout the process, CITs responded self-reflectively to their exposure, recognition, and action, which seemed to help them progress developmentally and supported their emerging identities as social justice advocates. Prominent authors have previously cited the importance of self-reflection in the development of social justice counseling competence (e.g., Ratts et al., 2010). For some CITs, their motivations and attitudes toward social justice appeared to hinder their development, especially for CITs who entered their counselor education program with pre-existing identities as social justice advocates. For example, the CIT who reported that their social justice training in the program merely “made me enjoy my soapbox” also reported post-internship that they “don’t really feel too comfortable with advocacy action steps as a counselor.” This finding ran contrary to the results of a prior study by Nilsson and Schmidt (2005) who found that self-identifying as a social justice advocate predicted engagement in social justice advocacy. It was, therefore, unclear as to what effect intrinsic motivation (Ægisdóttir, & Gerstein, 2010) had on the development of social justice counseling competence in this study. Intrinsic motivation and positive attitudes toward social justice training did not seem to result in enhanced development of social justice counseling competence for all CITs in this study, and actually seemed to hinder development for some CITs.

Research Implications

The extent to which CITs developed social justice counseling competence varied by participant. CITs in this study were far more likely to develop awareness and knowledge of social justice issues than take action

to address inequalities. This was consistent with a prior study by Nilsson and Schmidt (2005) who found that advocacy actions were uncommon among CITs. If the CMHC program under study is representative of other CMHC programs, it is likely that even programs with a social justice emphasis tend to focus more on CIT recognition of social justice issues rather than having these individuals take action. CITs in other training programs may thus develop social justice counseling knowledge and skills, without implementing them during field experiences. Further studies could investigate the extent to which counselor education programs require students to not only plan but also execute action steps during master's-level internships. Future studies also could examine CIT skills in advocating for clients, as participants in this study may have felt unprepared to take advocacy actions because of lack of skills in this area.

Furthermore, future studies are needed that examine the interwoven concurrent development of multicultural and social justice competencies. For example, several CITs in this study had limited exposure to social injustices because of their White racial identity and White privilege. Future studies could compare the development of social justice competencies among CITs with varying cultural identities, including racial identity.

Implications for Counselor Education Programs: Addressing Barriers to Client Advocacy

The findings of this study could be useful for other counselor education programs who are required by the CACREP (2016) standards to implement social justice training within master's-level programs. In this study, CITs appreciated an intentional attempt to integrate social justice training into the curriculum prior to field experiences. Despite this appreciation, CITs appeared to want even more social justice training earlier in the curriculum. The counselor education program in this study could have integrated even more social justice training experiences during the first year of studies pre-practicum. As an example, CITs in this study developed knowledge of available resources through their supervised field experiences, and may have benefitted from earlier training in case management resources pertinent to social justice issues. Service learning experiences may be one useful tool for initiating social justice training earlier in the program (Bemak et al., 2011).

During practicum and internship, CITs seemed to benefit from self-reflection activities, consistent with prior literature on the development of social justice counseling competence (Ratts et al., 2010). CITs could be prepared to identify and reflect on exposure experiences that occur on site through structured exercises such as journals and class discussions. Counselor education programs also could encourage CITs to identify systemic barriers that are experienced by the people they serve, and plan advocacy action steps to address procedural or distributive injustice. Requiring CITs to take advocacy action steps during supervised field experiences in counselor education programs should be paired with support. CITs reported lacking time to advocate because of their site's demands on their time, and also because of the rigors of graduate school during field experiences. A prior study of doctoral-level psychology trainees reported that creating time and space for social justice training was essential to the development of trainee competency (Singh et al., 2010).

The CIT's practicum and internship field placement site also seemed to have an impact on their development of social justice counseling competence. Participants in this study reported that some sites provided better social justice training than others. Counselor education programs could consider screening sites more carefully to ensure that students are adequately trained to recognize and address social justice issues. Counselor education programs also could consider conducting a needs assessment of their site supervisors' interests related to social justice training. Counselor education programs could then provide training as needed (Lewis, 2010).

Limitations

This study had several limitations. Because this was a qualitative study, findings may not be replicable and also may not be transferable to other counselor education programs who seek to train their CMHC students in social justice counseling competencies. Additionally, more research is needed to explore whether CITs in areas of other specialized study (e.g., school counseling) experience similar or different developmental trajectories for

developing multicultural and social justice counseling competence. As is common to qualitative interviews, the source of data was solely self-report which could have impacted the validity of findings. We frequently observed as a coding team that interviewees did not provide examples in support of their claims. It is, therefore, possible that the data may be inaccurate.

The authors chose to transcribe interviews 12 months after the study had been completed to ensure that trained graduate students who transcribed interviews had no connection nor exposure to participants in the study. All transcriptionists entered the counselor education program after all participants had graduated from the program. Because the authors analyzed the data after the study had been completed, the authors took the risk of the interview questions not adequately addressing the research questions. If this had occurred, data may have reached saturation too quickly and codes would have only been sorted into existing rather than new categories, resulting in a reduced amount of categories and themes (Corbin & Strauss, 2014). Saturation was reached after coding data for nearly all participants (37 of 41). Data saturation after 37 participants did not seem overly premature, because the sample size of this study ($N = 41$) exceeded most guidelines for grounded theory research. For example, Creswell and Poth (2017) had previously suggested 20-30 interviewees was adequate. Data saturation could, therefore, be expected after approximately 20-30 participants. The authors piloted the interview protocol prior to the study to reduce this threat to data trustworthiness and validity. The interview questions adequately collected data to answer the research questions during the pilot study.

Consistent with national trends (e.g., CACREP, 2016, pp. 8-9), White females were overrepresented in the sample. It is possible that different themes would have been observed in a more diverse sample. Furthermore, the study was conducted in a region of the country which is known to be fairly progressive in its political leanings. The themes that emerged from this study, therefore, may not be transferable to counselor education programs in other regions of the country with less progressive leanings. For example, no CITs in this study held negative attitudes toward social justice training or practice, which may not be representative of CITs in other counseling programs. Future studies could be conducted, therefore, with CITs from different geographical regions, with CITs in different specialization tracks (e.g., school counseling), and with a sample that represents greater racial/ethnic identity. Finally, the sample had a wide age range (22 to 56), with an average age of 31.8 years. This age range may not be consistent with other counseling programs who have either a predominantly younger student body (i.e., mostly students who have just completed undergraduate education) or who serve older adult learners.

CIT responses also may have been biased somewhat by the positioning of the interviewers. The interviewers had emic positioning as alumni of the program and had contact with the first author. While CITs had no prior or subsequent exposure to interviewers, some participants may have felt that they needed to report higher degrees of competence to please the interviewer because of their potential connection to faculty. An interviewer with etic positioning may have elicited more guarded responses, though they also may have encountered social desirability response bias to a lesser extent. Despite clear instructions in the informed consent about the participant's right to withdraw from the study at any time, and CITs being informed that data would not be analyzed until after their graduation from the program, it was possible that some CITs believed they could not withdraw from the study because of their status as current students in the program. This may partially explain the high retention rate of students. Other possible reasons for high retention include participants enjoying their participation in the study, and having a value towards social justice training and wanting to advocate for more social justice training in the program's curriculum.

Conclusion

This study was the first to identify the process by which CMHC CITs develop social justice counseling competencies. Further studies are needed into the experiences of CITs in other counselor education programs to compare and contrast the experiences of CITs from this study, and to gauge the transferability of the grounded theory developed in this article. Greater geographic representation and racial/ethnic diversity in the

CIT sample are important considerations for subsequent research studies that seek to evaluate the replicability and transferability of the findings. Future articles also could address the effectiveness of strategies that attempt to remove CIT barriers to client advocacy. Finally, quantitative studies also could be useful to measure the outcome of social justice training programs on CIT development of social justice counseling competencies.

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Appendix A: Interview Questions

1. Please share how you self-identify regarding the following descriptors: Gender identity, sexual or affective identity, race and ethnicity, age, and years of experience in the mental health field before entering the counselor education program.
2. To what extent have you seen or currently see how social justice or advocacy issues impact your own life or your environment?
3. To what extent do you understand broad social justice issues such as “prejudice,” “oppression,” and “discrimination,” and how often do you see how these issues impact your clients?
4. To what extent do you feel prepared to discuss any and all social justice issues with your clients?
5. To what extent have you taken advocacy action steps?
6. How did your experience with a social justice counseling during practicum or internship influence your own identity as a counselor, if at all?
7. Last question: What else could I have asked you about, that I did not think to ask?

From Proposal to Action: Supporting Student Advocacy during Graduate Counseling Training

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Abstract

Training future clinicians to engage in advocacy is an important element of fostering multicultural competence. We describe the use of an advocacy proposal assignment integrated into a required multicultural counseling course to teach students about advocacy work. We offer data from a study that examined the impact of the assignment on students' perceptions of advocacy/activism. Participants included 74 counseling psychology graduate students. Students in the advocacy compared to the comparison group endorsed greater importance placed on advocacy and greater intentions to engage in advocacy. We also offer four examples of students who moved from the proposal stage to action stage, documenting their projects. Finally, we offer suggestions and recommendations for supporting students' engagement in advocacy.

Keywords: advocacy; pedagogy; social justice

Social justice advocacy is intended to promote positive change for marginalized and underrepresented groups and is a central tenet in the fields of counseling and counseling psychology (Myers, Sweeney, & White, 2002). In fact, the American Counseling Association created Advocacy Competencies (ACA) to serve as a framework, and the Multicultural and Social Justice Counseling Competencies (MSJCC) to help clinicians engage in this type of work (Ratts, et al., 2016). Numerous scholars within counseling and psychology have advocated for professionals to engage in social justice work that surpasses traditional multicultural competence models and that emphasizes engagement in advocacy and systems-level interventions (Ali & Sichel, 2014; Fouad, Gerstein, & Toporek, 2006; Lewis, Arnold, House, & Toporek, 2002). For example, the MSJCC explicitly highlight the role of social justice advocacy in counseling modalities. Some have offered excellent examples of advocacy work within the community (e.g., Barrett & Olle, 2016; Murray & Crowe, 2016), while others have provided models of engaging students in advocacy in fieldwork (Cook, Krell, Hayden, Gracia, & Denitzio, 2016). By engaging in advocacy for social justice, systemic inequities that can lead to increased mental health challenges and perpetuate a cycle of oppression can be targeted for change (Ratts & Hutchinson, 2009). However, for those training future counselors and psychologists, areas of exploration remain. First, while some students enter our programs with existing commitments to social justice and desire to engage in advocacy, many do not. If our intention is to increase the number of counseling professionals engaged in systems level engagement, we must find ways to increase students' interest in advocacy and encourage them to see this work as an aspect of their future professional role. Second, as educators, we should work to facilitate students' transition from *interest* in advocacy to *engagement* in this work.

In this paper, we describe the influence of an advocacy-based assignment—within a required multicultural counseling course—on students' views about advocacy. We provide data from a study describing how students' perceptions and commitment to advocacy shifted at the end of the course, compared to students completing an alternative assignment. We also offer four case studies of students who moved from proposal to action—engaging in systems-level activities in a variety of ways. Finally, we offer suggestions and recommendations for supporting students' engagement in advocacy.

Pedagogical Approaches to Advocacy Training

Education regarding advocacy includes empowering students to engage in social justice by identifying systemic oppressive forces and behavioral responses of clients based on these forces, as well as identifying specific ways to advocate for clients within a system (Ratts & Hutchinson, 2009). The MSJCC (Ratts, et al., 2016) built upon previous social justice competencies and were developed to highlight how social justice advocacy can be utilized by acting with or on behalf of clients across the micro, meso, and macro levels (Lewis, Arnold, House, & Toporek, 2002). Such advocacy consists of “institutional intervention skills on behalf of their clients” (Arredondo et al., 1996, p. 3). Becoming knowledgeable about the institutions that create inequalities and injustice for marginalized individuals can lead counselors and psychologists to shift their energy from solely focusing on helping the individual to actively changing the institutions which are themselves the source of problems.

Although courses in multicultural competence and/or social justice are becoming common (Micah, McCreary, & Walker, 2001; Warren, 2006) and are frequently required in counseling and counseling psychology training programs, the extent to which students receive specific training in advocacy is unclear. One study of over 50 multicultural courses found that only half of them included a specific advocacy assignment (Pieterse, Evans, Risner-Butner, Collins, & Mason, 2009). Although many of the syllabi in these classes listed social justice as an objective, the application of social justice within the courses was inconsistent—few of them included specific assignments to teach strategies for engaging in social change.

Courses that do utilize advocacy-learning projects to promote social change (Bubriski & Semaan, 2009) have employed a range of techniques. Most of these courses have used methods such as didactic presentations (Brubaker, Puig, Reese, & Young, 2010; Singh, 2010), service-learning training programs that include working

with community-based organizations (Brubaker et al., 2010; Chapdelaine & Chapman, 1999; Constantine, Hage, Kindaichi, & Bryant, 2007), and feminist pedagogical strategies (Singh, 2010) to encourage critical reflection and perception transformation (Cetindamar & Hopkins, 2008). Additionally, instructors can use various pedagogical tools to help students better integrate service learning, such as activities that promote critical reflection (e.g., reflection assignments) (Dunlap, 1998). Some counseling and counseling psychology programs are working to integrate these types of advocacy activities throughout their curriculum. For example, the scientist-practitioner-advocate model (Mallinckrodt, Miles, & Levy, 2014) was recently introduced as a way to conceptualize graduate training that explicitly integrates social justice advocacy and prepares graduates to address the social contexts of clients' lives.

The Advocacy Proposal Assignment

The curriculum utilized by training programs is important as it can influence how students think about advocacy and whether they decide to engage in advocacy as part of their professional role. While including in the curriculum service-learning and fieldwork can provide excellent opportunities to engage in advocacy, some students may elect not to participate in these experiences. In particular, students who enter training programs without an existing commitment to social justice, and/or who identify counseling and psychology fields as focusing solely on individual work, may need training that precedes actual participation in advocacy activities. Offering an assignment in required courses that exposes students to the role of advocacy—without requiring them to engage in advocacy—is one way to reach a broad training audience, potentially shift attitudes and commitments toward advocacy, and possibly facilitate a movement towards engagement.

In this paper, we describe an advocacy proposal assignment which was integrated into a required multicultural course where the instructor provided students step-by-step instruction for developing a proposal for a potential advocacy project. The course was a survey style class which addressed issues of culture and identity, as related to counseling and therapeutic relationships. Sociopolitical, socioeconomic, familial, and psychological aspects of diversity, identity, and culture were explored through readings, seminars, and experiential exercises. Students learned about advocacy skills and various ways counselors and psychologists can engage in advocacy with and for clients. Students participating in the treatment sections of the course also completed an advocacy proposal assignment. They were asked to reflect on a form of oppression against one or more groups that occurs at a systemic level within a community to which they belong or had belonged in the past (e.g., the university, the city where they lived, their church, a school they previously attended, etc.). They were required to develop a realistic and specific plan to influence change within that system and address their identified topic. Students wrote a brief paper (8-10 pages) describing the group they selected and literature about the aspect of oppression, a detailed description of the plan and activities they would engage in to facilitate change, expected outcomes and challenges, and resources they would need to implement their plan. Students also participated in a poster session at the end of the semester in which they shared their project idea with their classmates and members of the university community. The poster sessions were open as well to the public and students were welcomed to invite anyone who may have been interested in their project. To date, the lead author has used this assignment in more than 10 sections over seven years, with approximately 15-20 students per section.

The purpose of this research study was to examine how the advocacy proposal assignment impacted students' perceptions of advocacy and their potential commitment to advocacy. Specifically, we used a quasi-experimental approach to compare advocacy-intention outcomes of students who engaged in an advocacy assignment (treatment group) and students who completed a non-advocacy alternative assignment (comparison group). We were interested in two research questions:

- 1) Did students who completed the advocacy proposal increase in advocacy-intention outcomes from the beginning to the end of the semester?
- 2) Did students who completed the advocacy proposal differ in their advocacy-intention outcomes from the comparison group at the end of the semester?

Methods

Participants

Participants consisted of graduate students from a small university in the Mid-Atlantic region of the United States. The participants were 74 students enrolled in a required multicultural course as part of their master's level training in a counseling psychology program. They included 65 females, nine males, and zero students who identified as transgender. The majority of the participants self-identified as White, non-Hispanic (75.7%; 8.1% African American; 1.4% American Indian; 2.7% Asian; 2.7% Hispanic; 6.8% multi-ethnic; and 1.4% other), and heterosexual (94.6%; 1.4% Lesbian; 2.7% Gay male; or 1.4% Bisexual). The students were predominantly in their first year of their master's program (86.5% first year; 9.5% second year; 2.7% third year; and 1.4% four or more years) and had a mean age of 26 years (age range: 21 to 58 years, $SD = 8.15$).

Procedure

Students were assigned to either a treatment group (43%, $N = 32$) or comparison group (57%, $N = 42$) based upon the semester in which they enrolled in the required course. All students in a given section were assigned to the same group (e.g., either treatment or comparison). In order to develop similarly sized groups, data was collected from a total of seven sections (three treatment groups, four comparison groups) of the same course offered over two years (including summers). Sections ranged from eight to 18 students (as is typical for the master's program in which the students were enrolled). All sections of the course were taught by the same instructor (the Principal Investigator [PI] and first author). All students were asked to volunteer for the study on the first day of their class. Students in both groups were told that the purpose of the study was to "examine counseling psychology students' development of multicultural competence and commitment to activism and advocacy work." Students were unaware there was a treatment and comparison group in the study. The instructor informed the students about the study and explained that their participation was completely voluntary, confidential, and that participation would not influence their grade. A research assistant distributed and collected consent forms and participants were given code numbers. The professor did not learn who participated in the study until after the end of each semester. Students in both groups completed a demographics form and advocacy questions on their first day of class prior to starting the lesson. At the end of each semester, students completed the advocacy questions. Sixty students completed both the pre- and post-test questions. The Institutional Review Board at the PI's university approved all procedures for the study.

Multicultural Case Conceptualization

Students in the comparison group were provided with hypothetical cases of clients. Students were asked to choose one case and answer questions regarding: case conceptualization focusing on multicultural aspects, how students might respond to the client, and what additional information was needed to work with the client. The case conceptualization paper was utilized for the comparison group to ensure that both groups completed similar amounts of work for the course. Case conceptualization papers are a common assignment utilized in the master's program the students were enrolled in and could be considered the standard of teaching for this program.

The difference in the instruction of the two courses included three class sessions. At two points in the semester, during the 3-hour class session, one hour was designated for an "advocacy project workshop" for the treatment group, while the comparison group spent one-hour in a "case conceptualization workshop." On the final day of class, the treatment group held a poster presentation, where students displayed their advocacy proposals. The comparison group, in contrast, on the final day of class participated in a large group discussion/wrap up of the semester.

Measures

Demographic Questionnaire. A short demographic questionnaire was used to assess participant age, gender, sexual orientation, year in program, and ethnicity.

Advocacy in Counseling Questionnaire. The questionnaire and items for this study was created by the PI based on the literature on the development of advocacy and/or activism intentions and behaviors. There is no validity or reliability data available for this measure. Participants responded to three statements about the role of activism/advocacy in counseling. Students were prompted to indicate their level of agreement with each statement using a Likert response format ranging from 1= *strongly disagree* to 4= *strongly agree*. The three statements included: 1) “Engaging in activism and/or advocacy is an important part of developing multicultural competence as a counselor;” 2) “I feel confident in my ability to engage in activism and/or advocacy regarding multicultural issues;” and 3) “I intend to engage in activism and/or advocacy in my future role as a counselor (or counselor-in-training).” Students also were asked to explain their level of agreement with each statement, using an open-ended format. The responses ranged from 1-3 sentences and were analyzed using qualitative content analysis (as described below).

Qualitative Data Analysis

Qualitative Content Analysis (QCA; Altheide, 1987; Tashakkori & Teddlie, 1998; Thomas, 2003) was used to analyze the responses to the open-ended questions, developing the codes based on the responses of the participants, rather than being imposed by the researcher. QCA is an inductive method that allows the researcher to develop new categories throughout the coding procedure using constant comparative analysis. Two independent coders analyzed the qualitative responses obtained in the study (a female psychology undergraduate and a female psychology graduate student), with the PI overseeing the coding process. The coders were trained by the PI to engage in qualitative content analysis. The coders were trained in person, over multiple meetings, lasting approximately 10 hours. The coders were provided with information about qualitative content analysis and walked through examples of coding from this framework. The coders were encouraged to email the PI with any questions about the process. The coders met with the PI at the end of each stage of the coding to review the data and the coding process. In the initial stage of coding, the coders utilized open coding to break down the data into concepts or units of meaning (Fassinger, 2005). In this stage, the coders independently read the responses and created their own categories that emerged from the data. After this stage, the coders met with the PI and compared their initial lists to create a shared list. The two coders then independently coded the data using the shared coding list. The coding lists and definitions of codes were revised until the inter-rater reliability for each category (using Cohen’s kappa) was above .50 which is considered a moderate value according to Altman (1991), with all but one category (confidence) being .60 or higher. In the final stage, any discrepancies between the coders were resolved through consensus and the final coded data were developed.

Results

Change-over-time

First, we wanted to understand whether students who completed the advocacy proposal increased in advocacy-intention outcomes from the beginning to the end of the semester. On both the pre-test and post-test questionnaires, students were asked to indicate their level of agreement with three statements about activism and/or advocacy utilizing a Likert response format. We compared the treatment group’s scores from pre-test to post-test. We first assessed whether students felt that activism and/or advocacy is an important part of developing multicultural competence as a counselor by asking them to indicate their level of agreement with the statement, “Engaging in activism and/or advocacy is an important part of developing multicultural competence as a counselor.” Based on a paired samples dependent *t*-test, the treatment group significantly increased in the Likert rating from pretest ($Mn = 3.15$; $SD = .67$) to post-test ($Mn = 3.62$; $SD = .57$), $t(25) = 3.33$, $p < .01$.

We next assessed students’ self-assessment of their confidence in their ability to engage in advocacy or activism by asking them to indicate their level of agreement with the statement, “I feel confident in my ability to

engage in activism and/or advocacy regarding multicultural issues.” Based on a paired samples dependent t -test, the treatment group significantly increased in the Likert rating from pretest ($Mn = 2.92$; $SD = .80$) to post-test ($Mn = 3.42$; $SD = .50$), $t(25) = 2.96$, $p < .01$.

To explore students’ plans to engage in advocacy, we asked them to indicate their level of agreement with the statement, “I intend to engage in activism and/or advocacy in my future role as a counselor (or counselor-in-training).” Based on a paired samples dependent t -test, the treatment group did not significantly increase in the Likert rating from pretest ($Mn = 3.27$; $SD = .53$) to post-test ($Mn = 3.42$; $SD = .64$), $t(25) = 1.28$, $p = .21$. See Table One for a list of all pre-test and post-test means for the treatment and comparison groups.

Table 1: Means of pretest and posttest advocacy intention scores for treatment and comparison groups

Measure	Pretest		Posttest	
	Treatment	Comparison	Treatment	Comparison
Importance	3.15 _a	3.26 _a	3.62 _b	3.57 _b
Confidence	2.92 _a	2.89 _a	3.42 _b	3.22 _b
Intentions	3.27 _a	3.26 _a	3.42 _a	3.68 _a

Note: Within each row, means with different subscripts are significantly different from one another at the $p < .01$ level.

End-of-course outcomes

Next, we examined whether there were differences in the end-of-course advocacy intentions between the treatment and comparison group. Based on paired samples independent t -tests, there were no significant differences on the Likert ratings at pre-test or post-test between the treatment group and the comparison group.

Next, we examined whether students from the two groups differed in the qualitative data generated from the open-ended responses. For each statement, several categories emerged from the qualitative data. There were no pre-test differences between the treatment group and comparison group for any of the categories. Chi-square analyses were conducted to assess for differences between the groups at post-test. As we were particularly interested in students’ responses following their participation in the course, we only report the frequencies and percentages for the codes at post-test. Not all students wrote about all themes and some students wrote about multiple themes, so the percentages do not necessarily total 100%.

First, we examined the open-ended responses related to the statement: “Engaging in activism and/or advocacy is an important part of developing multicultural competence as a counselor.” Three categories emerged from the students’ explanations of their level of agreement with this statement: *advocacy is important*, *advocacy impacts counselor*, *advocacy impact society*. See Table 2 for list of codes and frequencies.

Table 2: Students' responses to "Engaging in activism and/or advocacy is an important part of developing multicultural competence as a counselor"

Category	Frequency of category	Students who endorsed category			
		Comparison group		Treatment group	
		N	Percentage (%)	N	Percentage (%)
Advocacy is important	25	1	45.2	24	75.0
Advocacy impacts Counselor understanding knowledge	15	9	21.4	6	18.8
Competence	5	3	7.1	2	6.3
Awareness	4	2	4.8	2	6.3
Open-minded	2	2	4.8	0	0.0
Advocacy impacts society	17	9	21.4	8	25.0

Chi-square analysis was conducted to examine whether students who completed the advocacy project differed in their endorsement of the importance of advocacy from students in the comparison group, meaning that in their written response they indicated that advocacy was important. At post-test, the students in the treatment group ($n = 24, 75\%$) were significantly more likely than the students in the comparison group ($n = 19, 45.2\%$) to indicate that *advocacy is important*, $\chi^2(1, 74) = 6.61, p < .001$, Cramer's $V = .30$. There were no significant differences between the groups at post-test for any of the other categories.

Within the category of *advocacy impacts counselor*, students indicated that activism/advocacy was important because it impacts a counselor in their level of awareness, increases their understanding or knowledge, was related to competence, and increases open-mindedness or expands their perspectives. One student wrote, "Being active and advocating for what is right makes us better counselors by broadening our awareness and increasing sensitivity to issues that impact our clients." In their explanation of why advocacy was important, some students wrote about ways *advocacy impacts society* as a whole. These answers included comments about having an influence on people other than clients as well as working outside the traditional counselor-client relationship. One student commented, "Advocating for our clients/potential clients exhibits abundant levels of care for the well-being of the community."

Next, we examined the open-ended responses to the statement: "I feel confident in my ability to engage in activism and/or advocacy regarding multicultural issues." Four categories emerged from the students' explanations of their level of agreement with this statement: *confidence*, *past or current experience*, *interest*, and *what is needed to build confidence*. See Table 3 for list of codes and frequencies.

Table 3: Students' responses to "I feel confident in my ability to engage in activism and/or advocacy regarding multicultural issues"

Category	Frequency of category	Students who endorsed category			
		Comparison group		Treatment group	
		N	Percentage (%)	N	Percentage (%)
Past or Current Experience					
Yes	17	7	16.7	10	31.3
No	2	2	4.8	0	0.0
Confidence					
Confident	12	8	19.0	4	12.5
Confident about some issues	10	6	14.3	4	12.5
No confidence	2	2	4.8	0	0.0
Interest	10	5	11.9	5	15.6
What is Needed to Build Confidence					
Only Knowledge	7	5	11.9	2	6.3
Both knowledge and skills	3	1	2.4	2	6.3
Only Skills	1	1	2.4	0	0.0

Chi-square analyses were used to examine whether there were differences in the level of confidence between students in the treatment and comparison groups. No significant differences were found between the treatment group ($n = 4$, 12.5%) and the comparison group ($n = 8$, 19%) in the students who directly endorsed feeling confident. There were also no significant differences found between the treatment and comparison group in the three other categories. These findings should be interpreted with caution, however, given the low n s of these groups.

To explain their degree of endorsement of whether they felt confident, many students referred to their own experience (past or current) of doing activism or advocacy. Some students indicated they had interest in doing advocacy work, sometimes despite their lack of experience. For example, one student noted, "I feel passionate about different issues however I haven't had the chance to really engage these yet." A number of students also wrote about what they would need in order to have greater confidence, including more knowledge, more skills, and more overall experience (including both skills and knowledge).

Finally, we examined the open-ended responses regarding the level of agreement with the statement: "I intend to engage in activism and/or advocacy in my future role as a counselor (or counselor-in-training)." Chi-square analyses indicated that students in the treatment group ($n = 20$, 63%) endorsed significantly more intentions to engage in advocacy than did students in the comparison group ($n = 14$, 33%), $\chi^2(2, 74) = 8.32$, $p < .05$, Cramer's $V = .34$. These responses were coded into two categories: *intend to engage in advocacy* and *do not intend to engage in advocacy*. Many of these students stated their plans unequivocally, "I definitely plan on advocating for others." One student commented, "I really feel that it is a necessary part of my job as a counselor to advocate for clients both inside and outside the counseling room." Some students indicated that they would engage in advocacy under the right conditions or that they were willing to try.

Advocacy in Action

In this section, we describe four examples of student case projects that began within the course as an advocacy proposal and turned into action in some form. All students provided written permission to have their project described in this publication (including their names). One student requested that their project remain anonymous, as they were working on advocating within their workplace and the project was ongoing. The four projects were intentionally selected to provide a breadth of understanding of the different forms that advocacy projects took and how some unfolded in ways that were very similar to what was originally proposed, while in other cases the proposal assignment led to other engaged work.

Preventing Sexual Violence on College Campuses

Carol Balk, M.S. was concerned about sexual violence on college campuses and wanted to see more prevention work happening that engaged bystanders in creative ways. Carol learned about the Circle of 6 App (<https://www.circleof6app.com/>), a smartphone application designed to facilitate access to a “circle” of supportive individuals—when needed—for help. With the support of the first author, Carol met with student affairs staff to describe her proposal to bring the App to campus. A collaborative project developed between the Graduate Psychology department and an Assistant Dean of Students. The purpose of the Community Building and Violence Prevention project was to pilot a program designed to decrease sexual assault and other forms of interpersonal violence through bystander intervention and the use of the Circle of 6 App. The project included development and implementation of a workshop introducing students to bystander intervention and the use of the App. Over 100 undergraduate students participated in the workshops. The project included a research study examining the efficacy of the workshops, use of the App, and how students engaged in discussions of sexual violence (See Author A, under review).

Intergroup Dialogues

David Williams, M.A., and Kathleen Fawcett, M.S. proposed bringing the Intergroup Dialogue (Michigan model) program to the university. Research on the Michigan model of intergroup dialogue has been found to increase students’ understanding of group-based inequalities, increase students’ awareness and understanding of social identities, and increase students’ positive intergroup relationships, especially their motivation to bridge differences (Gurin, Nagda, & Zuniga, 2013). David and Kathleen proposed bringing the model with some adaptations to make it appropriate for the school. After numerous meetings with administrators in academic affairs and student affairs (including department chairs, deans, and others), the university agreed to support and fund a pilot implementation of the program, which is currently ongoing. The students, especially David, stayed involved throughout the process, even presenting on the work at the American Psychological Association convention (Paquin & Williams, 2017). When asked to be included in the current project, David commented about the advocacy proposal:

“I think the advocacy assignment is an excellent activity. It helps orient students to the idea that psychology is really about working on an individual as well as community basis and, in many cases, it forces students to establish connections with their community. The advocacy project connects the academic material with real life situations of misunderstanding and/or inequality.”

Student Athletes and Mental Health

Amanda Halula and a classmate believed that student athletes frequently go untreated for mental health concerns because of the stigma related to seeking help. Their project highlighted ways identities as athletes often intersect with gendered identities and stereotypes to exacerbate concerns. For example, elite female athletes may be judged on their physical appearance more than their athletic ability, while also being at increased risk for developing eating disorders. Amanda and her classmate proposed addressing these concerns by raising awareness on their campus, increasing the relationship/collaboration between counseling services and the athletic

department, and developing educational material for various audiences. Although they did not implement their proposal, Amanda did go on to work with a faculty member and other students in developing a grant proposal, which was funded by the National Collegiate Athletic Association (NCAA), to create a web-based program that will train coaches in ways to communicate with athletes about mental health topics and how to make appropriate referrals when needed. When asked to be included in the current paper, Amanda commented,

“I would definitely say that the advocacy project helped with writing our grant later on. Although the project had its own guidelines to follow and fulfill, it allowed me to begin articulating my areas of interest and funnel my ideas into concrete objectives and programming. I would definitely say that the advocacy project created a spring board for later opportunities.”

Paid Parental Leave

The final example includes a student who was working full time while going to school. The student (who I will refer to as “G” as they chose to remain anonymous) recently discovered that their workplace did not have a paid parental leave policy, which they found to be surprising given the nature and publicly espoused values of the place of employment. G was concerned about the lack of paid paternal leave and the burden this placed, especially on single mothers. For this project, G learned about various paid leave policies and laws in the region and nation, as well as research on the benefits of having such policies. G started to explore the history of the policy within their workplace and who the important change makers would be. G was surprised to find that raising the issue of paid paternal leave was controversial and G treaded carefully, while advocating for a change to the policy. At the time of this writing, G reported that progress had been made, but their organization recently had a significant leadership change, so the outcome was uncertain.

These examples were intentionally chosen to showcase a variety of approaches students have taken over the years. Contrary to the examples, most students did not propose campus-based projects (although some did). However, campus-based projects have been the most likely ones to be implemented as close to their proposal form and while the student is still in school. This is not surprising given that graduate students spend a great deal of time on campus and may more easily find collaborators within the campus community than outside it. However, it is our hope that students take the skills they develop from this project into a variety of community settings and apply them throughout their career.

Discussion

There were two research questions posed for this study. The first question examined whether students who completed the advocacy proposal changed over the course of the semester. Findings from the quantitative data indicated that the students in the treatment group increased from the beginning to the end of the semester in their endorsement of the importance of advocacy and their confidence to engage in advocacy. Our second research question was designed to examine whether students in the treatment group differed from students in the comparison group in their advocacy-intention outcomes at the end of the semester. Students from the treatment group and comparison group did provide meaningfully different responses on the qualitative measure. Students in the treatment versus the comparison group were significantly more likely in their responses to indicate that advocacy was important, and that they intended to engage in advocacy work. Our findings suggested that completing an advocacy proposal project may be impactful on students’ attitudes about advocacy and intentions to engage in advocacy. For example, in response to the question about whether advocacy was important, students in the treatment group indicated that it is important because it can have a broad impact on society and also impact the counselor’s development of competence and self-awareness. The qualitative data also provides insights about what the students would need to feel more confident in their ability to engage in advocacy. Students reported that they needed more knowledge, more skills, and more experience to feel confident in engaging in advocacy.

Our findings contribute to the existing literature regarding pedagogical tools for training students in advocacy by offering an alternative to service-learning approaches. While service-learning opportunities and engaged advocacy through fieldwork can be great ways of developing advocacy skills in students, these approaches do have limitations. In their interviews with 67 community organization representatives who work with service-learning students, Tryon and Stoecker (2008) found that many reported numerous challenges including: lack of cultural competency, communication and relationship-building, and challenges associated with short-term service-learning projects. Utilizing an advocacy proposal project like the one discussed in the current article, which students are not required to complete, may be a useful way to encourage students' developmental process regarding advocacy work, while combatting these limitations.

Although our findings suggest that students in the treatment group increased in their advocacy-intention outcomes at the end of the semester, it is important to note that the findings for the quantitative and qualitative data were mixed with respect to the treatment and comparison groups. While there were differences in the qualitative data, students in the two groups did not differ on any of the quantitative items at post-test. More research is needed to better understand how students are impacted by completing an advocacy proposal assignment, compared to learning about advocacy without engaging in such an assignment. It is possible that learning about advocacy within a multicultural course is sufficient to impact students' attitudes regarding advocacy.

The four case studies we describe in this paper can help to elucidate the process that students undergo when they decide to put an advocacy idea into action. The students in the current study were able to build upon their assignment and, with additional support and guidance, implemented their project or a similar one. These case studies suggest that the advocacy assignment may be of utility for students who are already committed to social justice and ready to move toward action. In addition to having a positive impact on their chosen community, the students who do engage in advocacy action may experience direct benefits. Recent research has demonstrated that engaging in service-learning or advocacy work in conjunction with courses can increase students' multicultural competency and advocacy-related skills. In general, one meta-analysis found that components of service learning can lead to positive changes for students, including academic, personal, and social outcomes (Conway, Amel, & Gerwien, 2009). Future research should examine in-depth the experiences of counseling students doing advocacy projects to better understand the most effective pedagogical tools for instructing these individuals.

Limitations

There are several limitations to our study, and therefore, we recommend interpreting the findings with caution. First, there is no data available regarding the validity or reliability for the quantitative advocacy in counseling measure we administered. The items on this scale were developed by the PI for the purpose of this study. The intention of the measure was to examine participants' thoughts about advocacy. The three areas assessed by this scale (i.e., whether advocacy is important; confidence to engage in advocacy; and intentions to engage in advocacy) were chosen based on the literature. The Likert response formats linked with the items were used to help the students anchor their quantitative responses. Each item was intended to stand alone, and they were not intended to be combined into a scale. The quantitative findings should be interpreted with caution given the limitations just mentioned.

The students who participated in this research study, and most of the students in the targeted training program, identify as White, heterosexual, cisgender females. This leads to limitations both of the study and in terms of drawing conclusions about how the particular advocacy proposal activity described in this article impacts students. In general, the lack of diversity within the selected classes may have prevented a greater depth of discussion about cultural diversity and may have influenced how students conceptualized advocacy.

Furthermore, while the two different classes/groups (treatment and comparison) had the same instructor

and curriculum (except for the different projects), the two classes differed in terms of the composition of individuals and discussions that occurred. These differences, among other non-controlled factors (e.g., the semester in which the course was taken) may have influenced students' perceptions about advocacy and their motivation to engage in this type of work.

Additionally, while measures were taken to reduce experimenter bias (have a research assistant collect data from participants), the fact that the PI taught the classes could have influenced how she presented advocacy to the different classes. Future research should include an instructor that is blind to the research questions. Additional research also could examine how students' own social identities influence their conceptualization of and engagement in advocacy. Moreover, future research should explore the developmental trajectory for students as they engage in advocacy work both as a student and when they enter into their careers. This research could shed additional light on the barriers that students face in moving from valuing advocacy to including it in their own work. Obtaining this information could help training programs to increase their support for students interested in advocacy activities.

Recommendations

Based on the results of this study and our professional experiences, the following are recommendations that can support students who want to move from the proposal to action stage. These recommendations, however, should be considered with caution, as future research is needed to attempt to replicate the current findings, and to further investigate how to best engage students in advocacy activities.

1. Provide an opportunity for students to showcase their proposals. Based on the findings of this study, we found that holding a public poster session (or similar activity) as part of the course requirements can help students in numerous ways. It gives them an opportunity to discuss their project with others, they can invite stakeholders to the poster session to begin discussions about implementation, and they can bring the poster with them to meetings where they are presenting their idea.
2. Assist students in finding collaborators and allies. Additionally, we found that it was important (and often necessary) for students to connect with faculty members and/or other university staff who would collaborate with them and support their projects. In the first three student case examples highlighted earlier, one or more faculty/staff members became involved early on in the project and held pivotal roles. This can be important for numerous reasons: a) these individuals may have access to resources/social capital that students do not; b) these persons can provide ongoing mentoring to students so they can continue to learn throughout the process; and c) these individuals can sustain a project when a student graduates. Many advocacy projects take on a life and timeline of their own, often moving at a pace that is different from a student's graduation timeline. While the four student case examples discussed in this article focused on the university community, this is also true of partnerships with other organizations within the community. Langseth (2000) argued that long-range community change and the most effective multicultural education for students result from high trust and high investment relationships between universities and communities. These relationships take time and may develop outside of the course of one student's career. Ideally, an individual student will stay involved in a project after graduation and will continue to lead (or at least influence) the project. This has been the case with the four student case examples in this paper. Even in these circumstances, permanent faculty and staff members can be helpful in sustaining a project and supporting a student's role transition.
3. Encourage students to integrate advocacy with research. Based on the four presented student case studies, we propose that it may be helpful for students to integrate advocacy with research projects. One way to support students incorporating research into their advocacy project would be to recruit faculty collaborators who can work on the project as part of their own research agenda. Community-based

participatory action research (CBPAR) is a collaborative approach to research that equitably involves all partners in the research process. The goal is to ensure that the topic is of interest to the community and that these projects combine knowledge and action for social change to improve community well-being (W.K. Kellogg Foundation). Conducting ongoing research on an advocacy project can contribute to ensuring that the project is effective and meaningful to the relevant population. By incorporating research into an advocacy project, it may be possible to shed light on disparities within our society and also provide evidence to support advocacy efforts.

Conclusion

Recent calls have encouraged counseling and counseling psychology to incorporate macro-level interventions focused on promoting social change and advocacy or activism (Beer, Green, Spanierman, & Todd, 2012; Singh, 2010; Vera & Speight, 2003). In order for students and professionals to heed these calls, training programs need to find effective ways to integrate advocacy education into their multicultural and social justice pedagogy. This includes offering training that recognizes the spectrum of students' readiness. Some students enter our programs with an existing commitment to social justice work and they are eager for opportunities to engage in advocacy. Others enter our programs with the intention of focusing solely on individual change models and may have never considered the possibility of engaging in systems-based interventions. Frequently, as instructors, we encounter a classroom full of students who exist at a variety of places on this spectrum. It is our job, however, to offer creative, engaging, and effective techniques and learning opportunities for everyone in our classes.

The advocacy proposal assignment discussed in this article is one way to engage all students in considering the role of advocacy within their professional lives and to provide them with the tools to prepare them to engage in this type of work. Students who are unsure about advocacy or for whom this material is new can use the assignment to learn more about the importance of structural-level interventions. Students who are ready to transition from proposal to action can be supported by having an opportunity to showcase their advocacy ideas and by being connected with collaborators and allies who will work with them to put their plans in motion.

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