# VIRGINIA COUNSELORS' ENGAGEMENT WITH SOCIAL ISSUES ADVOCACY FOR BLACK/AFRICAN AMERICAN CLIENTS/STUDENTS IN VARIOUS WORKPLACE SETTINGS

Dannette Gomez Beane

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Counselor Education

Nancy E. Bodenhorn, Chair

Laura B. Farmer

David J. Kniola

Kelly D. Oaks

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Virginia Counselors' engagement with social issues advocacy for Black/African American clients/students in various workplace settings

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## ABSTRACT

The purpose of this study was to develop an understanding of how Virginia counselors engage in social issues advocacy, specifically advocacy for Black/African American clients/students. Racial Identity (Helms, 1993) and Multicultural Social Justice Counseling Competencies (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016) are used as the framework. The researcher examined whether the work setting of a counselor impacts the amount and type of involvement with race-specific advocacy and how counselors are supported as advocates in that setting. Data was collected via information questionnaires including demographic and professional background, attitudes and beliefs captured by the Social Issues Advocacy Scale, and race-specific advocacy activity. The sample included Masters-holding professional counselors practicing in Virginia and who are members of professional organizations based in Virginia. Results indicate reasons for advocating, when applicable, with or on behalf of Black/African American clients/students and a relationship with workplace setting type. Findings show that counselors feel supported by their workplace to advocate on the basis of race, however the type of advocacy varies.

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## GENERAL AUDIENCE ABSTRACT

The purpose of this study was to develop an understanding of how Virginia counselors engage in social issues advocacy, specifically advocacy for Black/African American clients/students. The researcher examined whether the work setting of a counselor impacts the amount and type of involvement with race-specific advocacy and how counselors are supported as advocates in that setting. Data was collected using questionnaires. The sample included Masters-holding professional counselors practicing in Virginia and who are members of professional organizations based in Virginia. Results indicate reasons for advocating, when applicable, with or on behalf of Black/African American clients/students and a relationship with workplace setting type. Findings show that counselors feel supported by their workplace to advocate on the basis of race, however the type of advocacy varies.

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The PhD journey started in 2009 with one class using an employee benefit while working full time. My husband encouraged and supported the journey from start to finish. Since that first class, we adopted two kids, had a baby, and changed careers. Thank you JB for being the rock I leaned upon throughout these years. I thank my mother who answered the phone every day when I called to give updates on my progress and she encouraged me to keep my eye-on-the-prize. Thanks go to all of my committee members, with special thanks to my Chair Dr. Nancy Bodenhorn. Dr. B is a model for what all advisors, administrators, faculty members, and people should aspire to be. The love, support, and understanding offered by my husband, children, mother, and in-laws throughout this process will forever be appreciated and sustained me through this process. The care and encouragement from my committee allowed for this study and scholarship to take place. Thank you.

Lastly, I include this poem, excerpt from *Citizen* by Claudia Rankine, for which she describes the horrific reality of racial discrimination, specifically that endured by Black/African Americans in the United States by law enforcement which was the catalyst for this research.

*This is what it looks like. You know this is wrong. This is not what it looks like. You need to be quiet. This is wrong. You need to close your mouth now. This is what it looks like. Why are you talking if you haven't done anything wrong?*

*And you are not the guy and still you fit the description because there is only one guy who is always the guy fitting the description.*

*In a landscape drawn from an ocean bed, you can't drive yourself sane—so angry you are crying. You can't drive yourself sane. This motion wears a guy out. Our motion is wearing you out and still you are not that guy.*

*Then flashes, a siren, a stretched-out roar—and you are not the guy and still you fit the description because there is only one guy who is always the guy fitting the description.*

*Get on the ground. Get on the ground now. I must have been speeding. No, you weren't speeding. I wasn't speeding? You didn't do anything wrong. Then why are you pulling me over? Why am I pulled over? Put your hands where they can be seen. Put your hands in the air. Put your hands up.*

*Then you are stretched out on the hood. Then cuffed. Get on the ground now.*

*Each time it begins in the same way, it doesn't begin the same way, each time it begins it's the same. Flashes, a siren, the stretched-out roar—*

*Maybe because home was a hood the officer could not afford, not that a reason was needed, I was pulled out of my vehicle a block from my door, handcuffed and pushed into the police vehicle's backseat, the officer's knee pressing into my collarbone, the officer's warm breath vacating a face creased into the smile of its own private joke.*

*Each time it begins in the same way, it doesn't begin the same way, each time it begins it's the same.*

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# Chapter 1

Counselors are advocates (Meyers, 2014). Counselors advocate for their clients and for their profession. “Counselors are expected to advocate to promote changes at the individual, group, institutional, and societal levels that improve the quality of life for individuals and groups and remove potential barriers” (ACA, 2014, p. 8). There are many forms of advocacy that counselors can take from micro level (i.e. one-on-one interactions) to macro level (i.e. societal change) (Toporek, Lewis, & Crethar, 2006). The American Counselor Association endorsed Advocacy Competencies for counselors (Toporek, 2006) offering three levels each with two domains of advocacy with and advocacy on behalf of the client/student, school/community, and public arena. These competencies are provided along with implications, case studies, and strategies to deal with complex client issues that are multicultural in nature (Ratts & Hutchins, 2009) coupled with societal barriers that require public sphere advocacy (Lee & Rogers, 2009).

As the fifth wave of counseling, a call to action was made for counselors to work toward “challenging the prevailing environment and working to change it” beyond the one-on-one client relationship toward advocacy (Meyers, 2014, p. 1; Toporek et al., 2009). Advocacy has been defined by many leaders in the counseling field, a handbook was developed on how to be a social justice advocate (Toporek et al., 2009), yet nothing is written reporting what advocacy counselors perform for clients/students from racially diverse background who historically and presently are targeted because of their race. Specifically, counselors do not have guidelines or best practices to participate in race-based advocacy for Black/African American clients/students.

Counselors have been a part of social issues advocacy since the civil rights movement of the 1950s (Chung & Bemak, 2011). However, the scholarship and focus of multicultural approaches and methods did not emerge in counseling until a decade later (Chung & Bemak,

2011). When considering the diversification of the United States, the cultural competency (knowledge, skills, and action) of counselors is one of the most important issues confronting helping professionals when addressing complex social structures that affect clients/students (Sue & Sue, 2003). Social and cultural differences between counselor and client can complicate the fundamental bases of building rapport and gaining trust needed for a therapeutic relationship, especially when the identity of counselor and client have a history of mistrust (Singh & Harper, 2013; Roysircar, 2009). Race is one of the identities that inform the therapeutic relationship (Choudhuri, Santiago-Rivera & Garrett, 2012). Counselors are challenged to acknowledge and understand racial inequities that exist in society and are called to act on behalf of clients who experience discrimination, racism, and harassment as a result of these inequities (Toporek, 2006). Counselors are employed in schools and communities to be resources and provide solutions and support for communities and people who are facing adversity (Lee & Rogers, 2009).

It is clear in the ethical code of counseling that counselors are to be advocates, not discriminate, and to remove barriers for clients. "Counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients" especially if counselor values differ from that of the client (ACA, 2014, p. 6). Knowing this, practices such as microagressing, over diagnosing, acculturating, and being colorblind are against ethical code but are known to happen in counseling. This chapter provides the context of the study, problem statement, purpose of the study, research questions, definition of terms, overview of the method, and limitations of the study.

## Context of Study

Addressing societal issues is a dimension of the basic competencies possessed by counselors according to updated standards. The Multicultural and Social Justice Counseling Competencies (MSJCC) (Ratts, Singh, Nassar-McMillan, Butler, & McCollough, 2016), a revision of the Multicultural Counseling Competencies (MCC) developed by Sue, Arredondo, and McDavis (1992), "offers counselors a framework to implement multicultural and social justice competencies into counseling theories, practices, and research" (p. 3). Using the MSJCC, counselors need to engage in race-based conversations about issues that are relevant to their clients/students is critical toward the racial identity development of both the client and counselor (Vinson & Neimeyer, 2003). "Specifically, counselors are trained to understand life span development issues, to demonstrate multicultural and social justice competence, and to be systems change agents; they also possess the technology and research skills required to enact change" (Ratts & Hutchins, 2009, p. 270).

Violence against Black/African Americans in the United States is a topic of growing concern as smartphones capture these heinous acts and post them for public consumption (Carney, 2016). A listing describing some of these videos is included in Appendix J. The fear and anger caused by these racially charged incidents permeate our society and require the attention of mental health and helping professionals to get involved (Day-Vines et al., 2007). Counselors play various roles and could advocate for clients in different ways to disrupt racism and improve client development as racial beings (Miller & Garran, 2008). However, the type of involvement by counselors is not clear.

**Racial Identity Development and MSJCC.**

Since the concept of racial identity development (RID) was first theorized with Black identity development (Cross, 1971), counselors have included this type of development in their training and practice (Wijeyesinghe & Jackson, 2001). Racial identity development occurs in stages in which a person identifies with their race through encounters with the dominate culture and can affect psychological functioning (Helms, 1993). Acculturation can be seen as harmful to this development (Pope-Davis, Liu, Ledesma-Jones, and Nevitt, 2000) and stifles client/student wellbeing. The importance of racial identity development for clients/students is evident in several studies since the inception of the theory (Vinson & Neimeyer, 2003; Wijeyesinghe & Jackson, 2001; Helms, 1990; Chao, 2012; Constantine, 2007; Day-Vines, 2007; Pope-Davis, Liu, Ledesma-Jones & Nevitt, 2000). These studies derived from counseling practice of standards set over 25 years ago as the Multicultural Counseling Competencies (Sue et al., 1992) confirming the need for race to be a part of the work and critical consideration of counselors.

Research shows that suicide is one of the leading causes of death for teenage Black/African Americans males (Day-Vines, 2007). When help is needed, the Black/African American community does not traditionally seek mental health services as frequently as the White community and thus rely on their faith communities and family members to assist with depressive or self-destructive behaviors (Curry, 2010). When mental health counselors are consulted, Black clients have experienced microaggressions or microinvalidations in counseling relationships that nullify the thoughts, feelings, or experiences of clients, thus inflicting harm (Curry, 2010).

Moreover, there is evidence that counselors disproportionally diagnose Black/African Americans with disruptive disorders (that require medication or severe intervention), more than

Euro-Americans (Feisthamel & Schwartz, 2009). This practice by counselors can harm the relationships and perceptions of the mental health profession for Black/African American clients as being a biased field or one rooted in Euro-American standards. These practices are damaging and can perpetuating the trend for Black/African American clients' aversion to seek counseling. Race does in fact influence counseling relationships. Racial concerns for Black/African American client/student include those identified above and others such as colorblindness, stereotypes, minimization of racial issues, meritocracy myth, patronization, accused hypersensitivity regarding racial issues, and idealization (Constantine, 2007). It is clear that closer inspection of counselor training, supervision, and practice are needed to provide the services and interventions needed to support Black/African American clients/students and continues to be a topic of concern among counseling practitioners and researchers alike (Chung & Bemack, 2011).

Multicultural issues based on race and ethnicity have permeated the literature and has been of interest to researchers of counselors and counselor educators since the early 1990s (Arredondo et al., 1996; Locke 1990). However race-based advocacy is rarely studied and discussed. Advocacy is mentioned in the literature in general terms and pertaining to *all* clients and to combat systems of oppression (Lee & Rogers, 2009; Feldwisch & Whiston, 2015). To date, none have specified advocacy applied to race-based issues. Empirical evidence of the engagement of counselors with social issues is offered and in what ways counselors advocate for Black/African American clients/students through the framework of Racial Identity Development (Helms, 1993) and through the constructs of Multicultural Social Justice Counseling Competencies (MSJCC) (Ratts et al., 2016).

## Problem Statement

In order to help clients, inclusive of all races and ethnicity, to work toward personal well-being, professional counselors must advocate (Chung & Bemak, 2011). Counselors must also acknowledge the importance of racial identity development for their clients/student (Helms, 1993). Counselors who understand this and advocate on behalf of clients regarding race-based social issues that impact their lives may be needed to achieve equity, empowerment, and development for racially oppressed populations. If nothing else, counselors might better demonstrate a different level of responsiveness and engagement in the lives of clients.

Given the rise of racial tensions and the importance of the role of counselors to serve in the lives of their clients, there is great need to develop empirical evidence of race-based social advocacy among professional counselors. At present, a dearth of research exists about race-based counselor advocacy for Black/African Americans since the development of movements such as The Movement for Black Lives. Additionally, there has not been a critical look at race-based social advocacy of counselors. Understanding the role of the professional counselor in this and similar movements will inform the helping professions of the type of advocacy unique to counselors and their clients.

## Purpose of the Study

Counselors have been called to action against racism (ACA, 2014). Therefore, an investigation is needed to understand the types and frequency of race-based counselor advocacy. The purpose of this study is to examine race-based advocacy among counselors on behalf of Black/African American clients/students. In doing so, counselors and others will be better informed about current practices and differently positioned to influence future behavior.

To address the lack of studies on this topic, I propose to examine counselors in the Commonwealth of Virginia. First, Virginia is home to the headquarters to the American Counseling Association. Proximity of ACA creates a different level of attention to professional standards that might not be seen in other states. Second, it is geographically positioned as a frontier of both the North and South United States giving it a rich history of racial tensions as seen in systems of education, prisons, and property ownership (Muse, 1961; Zubak-Skees & Wieder, 2015). Third, the recent events in Charlottesville, Virginia involving White Nationalists show a continued issue of racism in this southern state. Combined, Virginia is an ideal location to study the issue of race-based advocacy among counselors.

## Research Questions

This study was designed to address the following research questions:

1. To what extent do counselors in Virginia participate in social issues advocacy?
2. To what extent do counselors in Virginia advocate for Black/African American clients/students?
3. To what extent does workplace setting influence counselors in Virginia to advocate for Black/African American clients/students?

## Significance of the Study

Racism exists in the United States (Alexander, 2010). Racism is complex and invasive and is "embedded in institutions, the economy, politically, socially and culturally, in social welfare politics, everyday practices, internalized stereotypes, interpersonal and intergroup relations, and public discourse" (Miller & Garran, 2008, xvii). Helping professions are part of this structure and helping professionals participate in these relationships. According to the code of ethics for counselors, "When appropriate, counselors advocate at individual, group,

institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients" (ACA, 2014, p. 5). Being an advocate against racism is congruent with counselor code and much is known about how to avoid racism as a counselor (Sue et al, 2007; Constantine, 2007; Terwilliger et al., 2007.) However, little is known about what counselors do to advocate against racism in their professional role and in their particular work setting. The concern is how aware, skilled, motivated, and supported are counselors to determine what race-based advocacy is needed for their Black/African American clients/students when these difficult realities are occurring in their communities and throughout the country.

There are several reasons why this study is warranted. First, a review of the literature revealed (a) that race bias held by counselors exists (Feisthamel & Schwartz, 2009), (b) racial identity development is a part of personal growth for both counselor and client/student (Chao, 2012), and (c) there is a critical need for advocacy for Black/African American clients/students based on increased oppression, discrimination, and violence (Parker, Puig, Johnson, & Anthony, 2016; Day-Vines, 2007). Uncovering the level of involvement, work place support, and type of race-based advocacy associated with counseling work is important to the profession. By quantifying these points of interest, counselors can begin to discuss the supports or barriers involved with being a social issues advocate. With the intensity of needs stemming from racial inequities in our society, the topic of race-based advocacy should be one of concern and professional development for today's counselor.

The results from this study had significance for future practice, research, and education. As determined by the leaders in the field of counseling, "counselors must be willing to assume an advocacy role that is focused on affecting public opinion, public policy, and

legislation" (Lee & Rogers, 2009, p. 284). Unfortunately, the adoption of advocacy at the macrolevel is not happening and there are implications for clients/students who are a part of oppressed populations.

In terms of practice, this study is significant in informing practitioners about the trends, types, and settings of their peers in terms of attitudes, beliefs, and practices in social issues and race based advocacy. With these data, practitioners are given a baseline understanding of what their peers are doing in terms of advocacy and how that may inform their own practice. This study also provides examples of advocacy that may help define what types and levels of advocacy are encouraged. Research associated with this study can include qualitative data about how and why counselors advocate.

For counselor educators, this study is important in informing trainers on the level of adoption of new standards for the field of counseling. When teaching about competencies, educators can use this study as a discussion point for how workplace setting may or may not determine the type of advocacy done by counselors. Research about how workplace setting is supportive of advocacy can complement this study. What is most certain from this study is the need for further research on what protections if any exist for counselors who advocate publically (or in the public sphere on the macro level) and run the risk of legal concerns. The role of counselors must be better defined within the constructs of advocacy and what expectations are required and at what level.

## Definition of Terms

Several terms are associated with multicultural counseling, advocacy, and racial identity development as well as historical and modern references to social issues movements. An overview of terms used in this study is provided here. The terms defined include the following:

Professional Counselor, Black/African American client/student, Racial Identity Development (RID), social issues advocacy, multicultural counseling competence, and The Movement for Black Lives.

*Professional Counselor*: According to the *20/20 Vision for the Future of Counseling*, a professional counselors is someone who holds degrees in counselor education, are credentialed by state or national agencies, and adhere to ethical, behavioral, and diversity competency standards ultimately fostering wellness and human dignity that empowers individuals, families and groups in health, education, and career goals (Chang et.al, 2012).

*Black/African American client/student*: A person receiving services provided by a professional counselor whose racial identity is defined by the person as Black and/or African American. The term Black/African American emerged from a social transformation or "convergence" in the 1960's from the term "Negro" (Wijeyesinghe & Jackson, 2001, p. 8).

*Racial Identity Development (RID):* is a process of examining one's attitude toward one's own racial group and the racial groups of others. Racial identity development theories describe the way people see themselves and respond to their world and with each other often through stages involving levels of awareness, acceptance, internalization, or resistance (Wijeyesinghe & Jackson, 2001).

*Social issues advocacy:* is one's engagement in activities that work toward a more just society based on one's attitudes toward improving social forces and policies. "Social justice issues often arise when groups, on a collective level, are forced to confront aspects of the givens of existence due to social structures or impositions. These can include threats to one's self or existence, being cut off from sources of meaning or relationship, or limitations being imposed on

one's political freedom, which necessarily has implications for one's existential freedom" (Hoffman, Granger, Vallejos, Moats, 2016, p.596).

*Multicultural Social Justice Counseling Competence (MSJCC):* is the counselor's acquisition of awareness, knowledge and skills needed to engage in actions or create conditions that maximize the optimal development of client and client systems (Sue & Sue, 2003) "to reflect the growing changes in the profession and society" (Ratts, et al., 2016, p. 30). A model of MSJCC is illustrated in Appendix A.

*The Movement for Black Lives* is a complex and ongoing development of civil rights efforts to improve conditions for Black/African American people through a conglomeration of organizations such as *BlackLivesMatter* [sic] that exist to bring attention to systematic racism and daily microagressions that reinforce the unimportance of Blacks/African Americans (Hoffman et al., 2016, p. 598).

## Organization of Study

This study is presented in five chapters. Chapter One includes the statement of the problem, the purpose of the study, and the significance to the counseling field. A review of the literature related to this study is presented in Chapter Two. Chapter Three contains the methodology used to conduct the study including the sampling technique, data collection and cleaning, and how the data was analyzed. The results of this study are presented in Chapter Four. Chapter Five discusses those results and the implications for counselors, researchers, educators, and supervisors.

## Delimitations

As with all research, there were delimitations around the design of this study. Delimitations exist with the sample, instrument, procedure and analysis. These delimitations affect the results and potential implications of the study.

The first delimitation is related to the sample. The researcher chose to focus on one state to identify the sample population. Masters-holding counselors who practice in the Commonwealth of Virginia are the focus of this study limiting it to a statewide study and not a nationwide study. However, Virginia is representative of the national demographics for race and ethnicity and offers a variety of localities (such as rural and urban settings) with a rich history of racialized policies and events. Also, the researcher is associated with many professional organizations in Virginia affording access to counselor databases. The counselors identified for this study had internet accessible electronic mailing (e-mail) addresses that were part of a directory of members of three organizations to which the researcher had access. This excluded counselors whose e-mail was not part of the directory or counselors who did not hold membership to the one of the three organizations. Finally, the member directories are often outdated. The researcher discovered during data collection that active members of the organization did not appear on the directory because the directory had not been updated to reflect the most current e-mail information. These sample delimitations affected the results of the study because they narrowly represent what counselors throughout the United States are experiencing even though the study has a national context. The results may not be as transferable to the counseling population who may not identify in a professional organization or whose counseling does not require a Masters degree.

The next set of delimitations is with the survey instrument. First, the instrument was designed and only offered as an electronic survey that excludes counselors who may not have electronic mailing addresses or are unable to respond electronically to a survey. Next, there are no race-based advocacy instruments that access attitudes, beliefs, and actions of helping professionals. The instrument used in this study includes a combination of social issues advocacy assessments and race-based advocacy assessment to determine any correlations between the two variables. This is a limitation because the results of the study and the responses to the research questions rely on a potential relationship between social issues advocacy and race-based advocacy to determine the level of counselor race-based advocacy. Finally, one of the most prevalent limitations of this study is the timing and topic. Race and advocacy are at the root of several heated and divisive national conversations occurring today. Because of the intensity and sensitivity of the topic, there may be a skewed response rate either increasing participation because of the topic prevalence or decreasing the response rate due to angst and concern over the national debate on race-based issues. Limitations of the study results are based on political climate and social desirability that have the potential to affect the responses.

One of the limitations of this study that could have informed the result of counselors choosing unsure or no to advocating for Black/African American clients/students is that the survey instrument did not define advocacy or race based advocacy for the participants. There was an assumption that counselors had a basic knowledge of what advocacy involved. The results might have been impacted if a definition and an example of what race based advocacy was provided so participants had a common understanding. Another limitation for this part of the study was that the researcher did not specify in the consent form that this study was about race. The content only mentioned social issues advocacy and introducing race within the instrument

may have affected responses. As mentioned throughout this study, race is a divisive topic in this country and could have informed the responses of the participants even after they consented (Achenbach & Clement, 2016).

This leads to the next delimitation of researcher bias. The researcher conducting this study is interested in learning more about social issues advocacy and race-based advocacy because of her prior work with Black/African American clients/students who approached the researcher about the need for more advocacy. This lens can bias the researcher and provide a skewed analysis of the data if not neutral. Strategies to minimize researcher bias are included in Chapter 3 data analysis procedures.

# Chapter 2

# LITERATURE REVIEW

Advocacy is core to the professional identity of today's counselor (Toporek, Lewis, & Crethar, 2009). Counseling has its earliest roots in providing guidance for others based upon the principle that we all need the assistance of others at times (Chang, Minton, Dixon, Myers, & Sweeney, 2012). Guidelines are established to help counselors uphold competency standards of ethics and behavior to foster wellness and empower people to establish mental health (Chang, Minton, Dixon, Myers, and Sweeney, 2012). The American Counseling Association is recognized as the unifying organization that sets the standards and creates the Code of Ethics for counselors (2014) through a framework of advocacy for clients (Ratts, Dekruyf & Chen-Hayes, 2007). "The philosophical foundation for the counseling profession in this country is established within the Bill of Rights and fortified by the Constitution and system of government of the United States" (Chang, et al., 2012, p.6) to include freedoms and inalienable rights. These rights include life, liberty and the pursuit of happiness. To accomplish this, counselors must understand the threat to these rights and well-being for clients and their communities. Thus, a mandate for social action is put in place for counselors to become "agents of social change who intervene not only in the lives of their clients but also in the world around them" (Lee, Walz, & American Counseling Association, 1998, p. xi). Social issues advocacy is one way for counselors to help clients improve their lives.

## Advocacy in Counseling

Counselors have the imperative to stand up for those communities who are suffering on the margins through advocacy (Arredondo, et al., 2008). Advocacy is defined by the American Counseling Association as "promotion of the well-being of individuals, groups, and the

counseling profession within systems and organizations" (ACA, 2014, p. 20). The literature often uses the term advocacy interchangeable with social justice to describe the action with or on behalf of clients (Chung & Bemak, 2011). The *Code of Ethics* (ACA, 2014) goes on to define advocacy as the removal of "barriers and obstacles that inhibit access, growth, and development" (p. 20). With the most recent revision of the American Counseling Association guidelines for cultural competencies and advocacy – the Multicultural and Social Justice Counseling Competencies (MSJCC), authors (Ratts, Singh , Nassar-McMillan, Butler, and McCullough, 2016) acknowledge the need for social justice advocacy. The MSJCC framework promotes "recognizing the negative influence of oppression on mental health and wellbeing, and an understanding of individuals in the context of their environment, and integrating social justice advocacy into the modalities of counseling (e.g. individual, family, partners, groups)" (Ratts, et al., 2016, p.31). The American School Counseling Association (ASCA) takes the stance that school counselors move to "action to ensure students of culturally diverse backgrounds have access to appropriate services and opportunities which promote the maximum development of the individual" (ASCA, 2004, p. 3).

School counselors and other professional counseling personnel acknowledged the need for more training and research in multiculturalism since the cultural landscape had changed. In 1971, a special issue in a prominent counseling journal published a call to action for counselors "to engage in social change processes and address issues related to racism, sexism, destruction of the environment, and ending warfare" (Chang, et al., 2012). As a result, the Association for Non-White Concerns (ANWC) was formed under the American Counseling Association (ACA). Today, this group is called the Association for Multicultural Counseling and Development (AMCD) (Chang, et al., 2012).

In 1998, the book *Social Action: A Mandate for Counselors* (Lee, Walz, & ACA, 1998), the authors called for counseling professionals to get out of their offices and become agents of change. In 2002, Counselors for Social Justice became a division of the ACA with increased emphasis on action beyond training and creating the first signs of advocacy competencies (Chang, et al., 2012). That same year, the ACA code of Ethics was revised to include Standard E.5.c directing counselors to "recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups and the role of mental health professionals perpetuating these prejudices through diagnosis and treatment" (ACA, 2005, p. 12). Multicultural counseling became a standard in training and practice of counselors amidst the diversification of the United States and is said to be the fourth wave of the mental health field (Chung & Bemak, 2012). Training through Master's degree programs complement the ACA standards with standards defined by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016). Graduates from CACREP accredited programs in school and clinical programs receive training in eight core competencies, one of which is Social and Cultural Diversity (CACREP, 2016), to include multicultural competencies and "strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination (CACREP, 2016). Graduates are also required to provide "advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients" (CACREP, 2016) as part of the Ethical Practice core competency.

Throughout the 2000's, research, ethical standards, and practices have emerged in the counseling profession to be more inclusive, culturally aware, and skillful toward differences in race, gender, sexual orientation, ability, social economic status, and other identities that effect the

treatment of clients (Toporek, Lewis, & Crethar, 2009). However, practitioners and scholars are recognizing that multicultural counseling competency is not enough, thus the fifth wave of counseling – advocacy – has developed (Chung & Bemak, 2012). The need for multicultural social justice approaches to counseling is urgent with the growing diversity in race, ethnicity, class, culture, ability, age, gender identity, sexuality, and languages of clients (Crethar, Rivera & Nash, 2008). Authors of *Decolonizing Multicultural Counseling through Social Justice*, go so far to say, "We contend that multiculturalism without a social justice framework is dangerous because it creates the illusion that our practices address the oppressions of marginalized people and the oppressiveness of hegemony, even if its attention to marginalized groups and hegemony is superficial" (Goodman, & Gorski, 2015, p. 2). Counselors are working with students, clients, families, and communities who are victims of oppression, discrimination, and inequality every day. Incorporating social justice as part of the counseling practice allows practitioners to help clients "address vital life circumstances and issues that affect them and become salient components in counseling" and "subsequently become key ingredients in the psychotherapeutic relationship" (Chung & Bemak, p. 12).

Lee and Rogers (2009) offer direction for increasing public sphere advocacy to improve systemic oppression, affect public policy, and influence legislation. The authors believe it is a moral and ethical responsibility of counselors to participate in such advocacy. When considering advocacy at the social, cultural, political, and economical levels, counselors "must decide whether he or she has the awareness, knowledge, and skills to engage in social/political advocacy" (Lee & Rogers, 2009, p. 284). In order to create transformational change for individuals, groups, and societies, counselors must provide the necessary support and approach needed for progress (Arredondo et al., 2008). However, today's sociopolitical climate presents

controversial discourses around race (Achenbach & Clement, 2016). The dialogue on race in the United States creates a divisive, and sometimes hostile environment for people with opposing views of the topic. How do counselors reconcile the realities of clients who may identify with one truth that opposes the truth of another as in the example of Black Lives Matter versus All Lives Matter? What role do counselors play in the dialogue about race and how do counselors advocate for clients who struggle with their racial identity development?

**Racism in the United States**

Anthropologists describe race not as a "legitimate biological or genetic construct; rather it is an ideology used to justify the domination of one identifiable group of people by another – a rationale that has supported many forms of oppression, including genocide, slavery, ethnic cleansing, colonialism, and other forms of domination, mistreatment, and resources and opportunity hoarding" (Miller & Garran, 2008, p. 15). The notion of distinct races and racial groups is perplexing to psychologists, historians, anthropologists, sociologist, politicians and citizenry of all nations, but what is known is that race is a "social construction, and racism is a very real, multifaceted, historical, and contemporary force" (Miller & Garran, 2008, p. 16). Theories about race and race relations are formed, studied, and tested by people from all countries and throughout history. For the United States, racism is over two centuries old.

**Racism at the root of US history.** Anglo-Christian, White Europeans perpetuated the ever-present tradition of racism as they settled in the United States by nearly annihilating Native/Indigenous people through colonization. After dominating the land and people of the New World throughout the 1600's, White colonials continued state-sanctioned racism during the Mexican-American War in 1848 opposing Mexicans who inhabited what is now Texas. In 1882, Chinese people endured the Chinese Exclusion Act forcing them to flee for safety after

constructing the transcontinental railway line as a result of the prejudice of White Seattle settlers. Later, Japanese people were included in the discrimination and both Chinese and Japanese people could not enter the United States as part of the "Gentleman's Agreement" of 1907 (Miller & Garran, 2008). The tradition of hatred and discrimination of brown skinned people became the foundation for the economy, political power, and resource hoarding of the United States.

Slave labor played a major role in how the United States was formed, as history proved hundreds of years of unpaid labor as benefitting those in power. Slave labor in the U.S. was legalized in 1641 and the largest influx of slaves occurred during the years of 1680 and 1786 with an estimated two million slaves imported from villages in Africa to the fields of the United States South to work on plantations (Miller and Garran, 2008).

**Virginia Plantations.** Virginia became a pivotal place for slave labor in the 17th century. Indentured servitude, or work to pay off a debt or for freedom, was the type of work provided by 75% of Virginia settlers from England and Ireland. These workers labored alongside African slaves which led to the formation of chattel slavery, or the treatment of slaves as property much like livestock (Miller & Garran, 2008). Black workers were to be treated differently than European workers in a harsh contrast of conditions. It was in Virginia that racism against African Americans became prevalent and distinct. The racialization of slavery began and a system of generational bondage through prohibition of meetings, sexual unions, and social interactions between Blacks and Whites (Miller & Garran, 2008). Virginia is a focus of this study due to its unique history of race relations.

**Civil Rights.** Many of the presidents, or "Founding Fathers", of the United States were slave owners, and from Virginia. Even after the Civil War which abolished slavery by law, racism and oppression suffered by Blacks/African Americans persisted. Laws (like Jim Crow

Laws), taxes, social contracts, and use of public spaces were discriminatory allowing for Whites to hold privilege over Blacks/African Americans. Obtaining jobs, healthcare, and housing were limited for Black/African Americans due to racial discrimination. These injustices gave birth to the Civil Rights Movement of the 1950's and 1960's where advocates led the way to desegregation of schools and equal rights for Black/African Americans (Miller & Garran, 2008).

**The Movement for Black Lives M4BL**

During the last decade, the dialogue around race and racial disparities in the United States has ebbed and flowed in highs and lows with the election and reelection of the first Black/African American president and subsequently with the election of a president who has not taken a stance against the actions of white supremacist groups (Thrush & Haberman, 2017). Attention to racial tensions in the U.S. increase from media coverage of unarmed Black/African American people being brutally beaten and sometimes killed by law enforcement. The stakes rise even more as protest, hunger strikes, resignations, and firings have erupted across the country due to racial incidents that have cost many their livelihood and some their lives. Additionally, the rates of Black/African American students entering the school to prison pipeline outnumber Whites by three times (Nelson & Lind, 2015).

One notable example of a national concern occurred following the death of Trayvon Martin, a Black 12-year-old boy killed in 2012 by a man who was subsequently acquitted. The incident incited feelings of confusion, mistrust, anger, and justice across America (Barry et al, 2012). Not since the Civil Rights movement in the 1960s had a case elevated and renewed calls for attention to inequalities and injustices chiefly among African Americans (Wimbly, 2016). Activists in Ferguson, Missouri declared that "Black Lives Matter" (White, 2016), launching a national movement that resonated and persisted beyond this community. The incident and

resulting outcry of injustice and inequality for Blacks in the U.S. served as a sobering reminder of racial tensions and the many chronic, prevalent and pervasive disparities in our society (Considine, 2011). Just as women's suffrage, LGBTQ equality, and other social issues movements in recent decades have informed the practice of counselors, The Movement for Black Lives (M4BL) is a relevant and needed topic of research and dialogue. M4BL in essence is a movement to preserve the safety, inalienable rights, and freedom of Blacks/African Americans in America (Black Lives Matter, 2017). Although this movement began with tragic outcomes surrounding the death of Trayvon Martin, the epidemic of systematic oppression of Black and African Americans is rooted in long standing injustices against Blacks/African Americans in America (Taylor, 2016).

Most recently, the protests in Charlottesville, Virginia on August 11- 12, 2017 which included the death of a 32-year old woman, began as a demonstration mostly made up of White-supremacists defending the preservation of a statue of Robert E. Lee – General in the Civil War's confederate army - to remain in a downtown park. This protest is one of many occurring across the United States that involves a vocal and mostly male group of people who claim to want to preserve the historical landmarks from the Civil War that are threatened to be removed. Over 60 such monuments have been taken down since the 2015 massacre of nine Black/African American parishioners at a church in Charleston, South Carolina by a self-proclaimed White supremacist (Heim, 2017). Signs reading #WhiteLivesMatter were displayed in the crowd (Heim, 2017). Again, this racially-charged event reignited the ongoing national dialogue about the safety, rights, and justices associated with social issues rooted in race relations.

Black liberation movements in the United States form in response to the violence, oppression, and suffering imposed on Black/African American people since the American Civil

War (Taylor, 2016). The United States of America is grappling with a reoccurring epidemic of violence and discrimination against Black people that does not discriminate by age, gender, socioeconomic status, sexual orientation, or geographic location (Alexander, 2016). The Movement for Black Lives urges citizens to "end the war on Black people" (Black Lives Matter, 2017). This social movement for racial equality is part of the American narrative as it permeates the television and phone screens of youth through media. Similar to the reactions of the civil rights movement, the Movement for Black Lives evokes a range of responses including avoidance, denial, naivety, anger, to fear (Hoffman, Granger, Vallejos, & Moats, 2016). The Movement for Black Lives (M4BL), specifically the #BlackLivesMatter movement, is one of the most divisive topics for our country today (Shor, 2010.) The hashtag #BlackLivesMatter provokes conversation, activism, and emotion for anyone who sees it (Shor, 2010). The movement draws on the unique opportunities of the times, such as social media and technology, to bolster the movement and create a surge of activism toward racial justice (Yang, 2016).

Race-based advocacy through social justice movements is one way for counselors to respond. The Movement for Black Lives is one of the movements that addresses racial inequity (Chung & Bemack, 2012). The M4BL in essence is a movement to preserve the safety, inalienable rights, and freedom of Blacks in America (The Movement for Black Lives, 2017). Although this movement began with tragic outcomes surrounding the death of Black, unarmed youth Trayvon Martin in 2012, the epidemic of systematic oppression of Black and African Americans is rooted in long standing injustices against Blacks in America (Taylor, 2016). The foundation of the movement includes reparations, community control, political power, economic justice, investments in the education, health and safety, and the end of the criminalization, incarceration, and killing of Black people (The Movement for Black Lives, 2017).

The Movement for Black Lives (M4BL) is a resistance and rebellion made up of over 50 organizations, in response to the violence and injustices against Blacks and African Americans that the U.S. allows through its systems of healthcare, policing, gerrymandering, housing, and imprisoning (Taylor, 2016). Culminated by a series of attacks on Blacks/African Americans and through the power of social media, community organizers and concerned citizens gathered in Ferguson, Missouri in 2014 to mobilize a movement to improve the conditions for Black people in the U.S. and reinvest in Black communities (Carney, 2016). What was determined from the Ferguson, Missouri meeting was that "the U.S. is a country that does not support, preserve or protect Black life" and the Movement for Black Lives calls for transformation (The Movement for Black Lives, 2017). The vision for the movement is to "forge a fierce, free and beautiful future that we can only imagine into realty" (The Movement for Black Lives, 2017). In short, the goal is liberation.

**#BlackLivesMatter.**

Social media (e.g. Facebook, Twitter) has elevated the awareness of these systematic racial issues by engaging virtual onlookers in real time violence and injustice (Carney, 2016). The hashtag #BlackLivesMatter emerged in this way. In 2013, after the acquittal of George Zimmerman, the man who shot and killed Black youth Trayvon Martin, three social activists banded to create #BlackLivesMatter to rebuild the Black liberation movement. Shortly after, a new hashtag evolved to discredit and disrupt the efforts of #BlackLivesMatter in the form of #AllLivesMatter. The #AllLivesMatter response caused dissonance throughout the country with people having to critically analyze for themselves on which side of the discourse they stood. Faculty and administrators at college campuses stood in solidarity with Black/African American students and others to protest for the #BlackLivesMatter movement, while others stayed silently

in their offices (White, 2016). The media portrayal of what was occurring around the country evoked the emotions of supporters on both sides as more deaths, riots, protests, and race-based incidents surfaced (Hoffman et al, 2016). Because of the increased visibility of state sanctioned violence on Black lives, and the unfiltered, and often biased media coverage of violence against Blacks, onlookers (including children) are left to grapple with what to do or how to think about such injustice.

### #AllLivesMatter.

A response to the #BlackLivesMatter movement, a second movement arose in the form of #AllLivesMatter. Carney (2016) discusses the emergence of #AllLivesMatter which protests against the claim that #BlackLivesMatter in an effort to call attention to the preservation of Whites in America. Carney (2016) states that the #AllLivesMatter "claim tend(s) to oversimplify the discourse, engaging in color-blind racism. While the claim that all human life is valuable is not 'wrong,' it intentionally erases the complexities of race, class, gender, and sexuality in the lives of people who suffer from systematic police brutality" (p. 185). Regardless of the context, these hashtags became a prominent basis for discourse for the country both on social media and in everyday life. Counselors, alongside other school officials, were forced to acknowledge this tension when students began to join the voices of the movements (White, 2016).

## Counseling for Black/African American Clients/Students

Black/African American people in the United States are often left on their own to establish social networks, support mechanisms, and infrastructure for progress. That was certainly the case in the early years of the helping professions. Counseling, social work, charitable organizations and other helping professionals emerged as a response to poor or disadvantaged White citizens. Even when services were available to Black/African Americans,

those who served in helping profession roles were mostly White and lacked the training or awareness to adequately serve the needs of Black/African American clients (Chung & Bemak, 2011).

Advocacy surrounding racial issues involving Black/African American clients/students is sparsely recorded in scholarly literature. Most accounts of counselor race-based advocacy comes in the form of anecdotes and best practice research. Where there is more race-based research is regarding a need for more advocacy for Black/African American clients because of bias, misdiagnoses, suicide, and cultural trauma.

**Suicide Among African Americans.** The psychological well-being of Black and African Americans continues to be of concern. Suicide is one of the leading causes of death for African Americans males ages 15-19 years old (Day-Vines, 2007). Culturally, suicide has not been a significant part of the African American community and has traditionally been seen as a "White thing" (Day-Vines, 2007, p. 372). To complicate matters, African Americans traditionally are averse to seeking mental health services and have used their faith to cure depression or other disorders even when facing self-destructive behaviors or suicidal ideation (Curry, 2010).

Counselors could be seen as untrustworthy to the Black and African American community and present a power dynamic that is harmful to Black clients. For young Black men, being able to communicate their needs to a White counselor can be problematic, thus they cope through maladaptive behaviors or self-harm (Day-Vines, 2007). "With this in mind, clinicians cannot apply the conventional suicide profiles to at-risk individuals without first taking into account the contextual dimensions of race, ethnicity, culture, gender, and class" (Day-Vines, 2007, 374). Microaggressions or microinvalidations in counseling relationships toward Black

clients can nullify the thoughts, feelings, or experiences of our clients, thus inflicting harm (Curry, 2010).

The implication for counselors is to create a heightened awareness of the needs associated with Black/African American clients and the unique cultural predicament endured by the Black/African American community surrounding safety and wellness. Also, non-Black counselors must acknowledge that Black/African American clients could have concerns with trust. Because racism is in all systems of our culture from individual interactions to systematic oppression, counselors should approach the needs of Black clients with care and consideration of these realities.

**Diagnosis Based on Race.** As found in the previously mentioned study (Day-Vines, 2007), counselors, at times, can be part of a client's problem, not solution. Feisthamel & Schwartz (2009) conducted a study that included nearly 900 clients and found that Black/African Americans were diagnosed disproportionally more often with disruptive disorders than Euro-Americans. Diagnoses included adjustment disorders (depressed mood or anxiety), substance-related disorders, or childhood disorders (conduct disorder, attention-deficit hyper-activity disorder, and oppositional defiant disorder).

The researchers (Feisthamel & Schwartz, 2009) tracked demographic information for clients at a community mental health agency where they performed interviews and diagnosis by licensed counselors who had graduated from CACREP-accredited institutions. Data was collected on archival information and current client information to provide quantitative data. Descriptive statistics were obtained for all variable data, including means, standard deviation, and ranges of the independent and dependent variables. Three separate chi square analyses and Bonferroni-corrected alpha level was used to interpret the results. The findings included no

significant difference by race for diagnosis of substance-related disorders, African Americans were diagnosed more often than Euro-Americans for childhood disorders, and Euro-Americans were more likely to be diagnosed with adjustment disorders. These findings confirm that counselors more often diagnose African Americans with attention deficit, oppositional, and conduct-related problems than adjustment disorders (Feisthamel & Schwartz, 2009).

The finding from the study (Feisthamel & Schwartz, 2009) exposed that mental health counselors hold biased perceptions about clients of color, specifically judging African American clients more severely than Euro-Americans. Another conclusion could be that the norming of the diagnosis in the DSM is not considerate of the cultural and social norms of different races. Lastly, the findings could indicate that African American clients endure higher levels of social-cultural pressures that lead to more distressing diagnosis. An increased exposure to racism, discrimination, violence, and poverty in African American communities could contribute to the symptoms of mental illness which is diagnosed at higher rates for clients of color (Feisthamel & Schwartz, 2009). Any of these above mentioned reasons could contribute to the elevated rates of childhood disorder diagnosis for African Americans. However, minimal information is available about the objectivity of mental health counselors to determine if bias is the basis for the race-based findings.

Limitations of the study (Feisthamel & Schwartz, 2009) include its narrow and homogenous participant population. None of the counselors involved in diagnosing for this study were identified as African American, which is a significant limitation. Also, no other identifier such as gender were used. What could have strengthened the findings was a qualitative analysis of clients' experiences and what led them to counseling. This context could provide context for the diagnosis and socio-cultural needs of the clients as it relates to mental health services.

**Microaggressions against Black/African American clients.** A study in 2007 (Constantine) examine the relationships between African American clients and their counselor who did not identify as Black/African American to determine if the client perceived racial microaggressions – or "subtle and commonplace exchanges that somehow convey insulting or demeaning messages to people of color" (Constantine, 2007, p. 2). In the first phase of the study, focus groups made up of 24 self-identified Black/African American undergraduate students using counseling services were used to identify perceptions and experiences from counseling. Participants were interviewed, responses were codes, and twelve racial microagressions emerged from the study. The examples discovered in this study are the basis for many of the racial concerns that exist for today's Black/African American client/student such as colorblindness, stereotypes, minimization of racial issues, meritocracy myth, patronization, accused hypersensitivity regarding racial issues, and idealization (Constantine, 2007). Although subtle, microagressions are a form of racialized socialization that diminish the humanity of clients of color and will impose harm on clients.

**Black/African American Acculturation.** With such adverse conditions and with the pressures of acculturation to the American standard of life, those from racial and ethnic minority groups struggle with maintaining their cultural identity. *African American acculturation and Black Racial Identity: A preliminary investigation* (Pope-Davis, Liu, Ledesma-Jones, and Nevitt, 2000) uses the African American Acculturation Scale (AAAS) and the Black Racial Identity Attitude Scale (BRIAS) to determine how one associates with one's own cultural group. The study examines the relationship between the two theories of acculturation and racial identity to see if there are correlations. Being sensitive to the complex process of fitting into a cultural and

racial group, the authors take into account individual differences as part of identity development (Pope-Davis, et al., 2000).

The purpose of the study (Pope-Davis, Liu, Ledesma-Jones, and Nevitt, 2000) was to assess if acculturation and racial identity are different constructs. The hypothesis is that low scores on the AAAS would correlate with high scores on Pre-Encounter stage of the BRIAS. Participants included 138 female and 56 male college students from two universities and all levels (first year to graduate student). They took the assessments during a psychology or education class which may have skewed the data to include social desirability bias based on the power structure between respondent and researcher.

The results of the study prove the hypothesis that individuals who identify with pre-encounter attitudes are less likely to see African American culture as constant. Investment in African American culture is highest when acculturation is high. However, the hypothesis that acculturation scores are highest during internalization was not supported. The correlation is supported that racial identity development and acculturation are relational. For counselors, these findings indicate that a client's ability to learn about his culture increases the likelihood of racial identity development. Limitations of this study were the male to female ratio of the participants as being 1:2 and the fact that they were in college which may have led to socially acceptable responses (Pope-Davis, Liu, Ledesma-Jones, and Nevitt, 2000).

Overall, this study thoroughly examines the relationship between what one knows about one's culture and how one connects with one's culture. The implication for counselors is to not assume that even though a client relates closely with their racial identity, that does not directly correlate with their understanding of the race. Since acculturation has long been a part of the dominant culture's attempt to erase cultural aspects of minoritized populations, counselors

should broach racial development and racial attitudes with clients to acknowledge the needs associated with the client's race and identity (Pope-Davis, Liu, Ledesma-Jones, and Nevitt, 2000).

**Racial and Multicultural Competence Among School Counselors.** A recent study (Chao, 2013) tests the connection between multicultural competence of school counselors with color-blind racial attitudes (CoBRA). Using multicultural counseling competency theories, the author makes the hypothesis that an interactive effect exists of race/ethnicity and multicultural training on school counselors' multicultural counseling competence. A second hypothesis made by the author is that a positive association between school counselor training and racial/ethnic identity exists. A third hypothesis is a connection of multicultural training on the relationship between race/ethnicity and multicultural counseling competency mediated by identity with one's race/ethnicity. Finally, the author offers a fourth hypothesis of a three-way interaction of race/ethnicity, multicultural training, and color-blind attitudes in predicting multicultural counseling competency (Chao, 2013).

Chao (2013) uses a demographic questionnaire, Balanced Inventory of Desirable Responding (BIDR), Multigroup Ethnic Identity Measure (MEIM), Color-Blind Racial Attitudes Scale (CoBRAS) and Multicultural Counseling Knowledge and Awareness Scale (MCKAS) to assess and determine findings associated with the hypotheses. Over 1,078 school counselors, from a national directory, were randomly selected and 259 participated with a total of 247 completed survey (25% response rate). Validity checks and power analysis were performed on the surveys and guidelines were met to proceed with further analysis (Chao, 2013).

The dependent variable of Multicultural Counseling Competence (MCC) varied with participant demographics when an analysis of variance (ANOVA) was conducted. Hierarchical

multiple regression and centered variables were used to test for moderator effects. There were five steps and variables used for each hypothesis ranging from correlations between the three assessment instruments and MCC. Results concluded in this study were numerous considering the various instruments used and hypothesis drawn. The four hypotheses were supported and linked racial/ethnic multicultural training, racial/ethnic identity, and color-blind racial attitudes to counselor multicultural competency. Racial/ethnic minorities showed higher levels of MCC, which the author pointed out could be because of the lived experiences that led them to understand multiculturalism. The lowest MCC came from school counselors who had limited training and high levels of color-blind racial attitudes (Chao, 2013).

Limitations of the study include self-reported MCC and that counselor's previous training was not assessed. The conclusion from the study implies that counselors should partake in more training. Specifically, White counselors should reflect on self-awareness of White privilege, but also all counselors should participate in cultural awareness. This study is one of few studies that brings together so many aspects of counselor awareness and competencies and is comprehensive enough to provide supervisors with insight into measuring knowledge gained, identity development, and training needed for counselor educators (Chao, 2013).

**Racial Identity Development as Counselor Competency**

Vinson and Neimeyer (2003) examine the relationship between racial identity development and multicultural competency for counselors over time. Presumably, counselors who have practiced longer should have higher levels of competency and racial development. With research supporting the positive correlation between the two constructs, this study examined whether that correlation improves over time, stays the same, or weakens. Two years after a similar study conducted in 1997 by these authors, they revisited the participants to

conduct a follow-up using identical assessments. The hypotheses were that these participants' racial identity development would change using the People of Color Racial Identity Attitudes Scale or White Racial Identity Attitudes Scales (depending on race) and that their multicultural competency would improve using the Multicultural Counseling Awareness Scale (MCAS)-Form B (Vinson & Neimeyer 2003).

The original study had 87 participants who took the Multicultural Counseling Awareness Scale Form B (MCAS-B) and White Racial Identity Attitudes Scale (WRIAS) or People of Color Racial Identity Attitudes Scale (PCRIAS) depending on their racial identity. In the second study, 44 of the original 87 participants responded. Descriptive analyses performed showed that of the 44 participants, 72% identified as women, and 70% identified as White. Categories of White and non-White were used to compare the assessment (Vinson & Neimeyer 2003).

Test-retest correlations were used between the two studies and found "relatively stable" results from the MCAS-B over time (p. 267). The results from the WRIAS and PCRIAS had variability in the results. What was determined by this variability in the two studies is that racial identity development can be cyclical or changing as people experience new racial experiences. Although, no significant changes were found, a *t*-test analysis showed an increase in awareness and skills for White and non-White participants in the MCAS-B (Vinson & Neimeyer, 2003).

The researchers (Vinson & Neimeyer) were thorough in their analysis using to ensure comparative results between respondents. The findings showed no statistically significant difference in the correlation between multicultural knowledge and skills and racial identify development. The study did prove the reliability of the assessment instruments as the results confirmed similar responses from the first study to the next. Although that was not the intent of the study, strengthening the reliability of important assessment instruments is a service to the

counseling field. These instruments help to guide the practice in formulating multicultural competencies for counselors and developing racial identity for counselors (Vinson & Neimeyer 2003).

One finding from the Vinson and Neimeyer study is that counselor time in the field does not correlate with their development of race or multicultural competence. This is an important finding, because with a movement like that for Black lives, newer counselors may have an equal or better understanding of multicultural competencies and race simply because of the heightened training and awareness of cultural competence in the most recent revisions of the CACREP curriculum. Those who went through training in an older version of CACREP, may not have the competencies of multicultural counseling nor advocacy lens (Vinson & Neimeyer, 2003).

## Theoretical Framework

Racial Identity Development Theory (RID) provides a framework for counselors and clients to understand self and others through a racial context. RID is the major focus of this section including studies associated with the RID and racial identity development assessment tools and implications for counselors.

### Racial Identity Development Theory

Racial identity refers to "a sense of group or collective identity based on one's perception that he or she shares a common racial heritage with a particular racial group" (Helms, 1993, p. 3). Terms such as racial consciousness are related but not synonymous to racial identity. Racial consciousness refers to "the awareness that (due to socialization due to) racial-group membership can influence one's intrapsychic dynamics as well as interpersonal relationships" (Helms, 1993, p. 7). Several studies (Helms, 1993; Cross & Fhagen-Smith, 2001; Sullivan & Esmail, 2012)

have developed the concept of racial identity, but for the sake of this study, the work of Janet E. Helms (1993) is used for her approach to racial identity theory and development.

Racial identity development (Helms, 1990) refers to a sense of identity developed through an awareness of a shared and collective racial and cultural heritage. Several identity development models have also emerged, but for this study, Black Racial Identity Development (BID) is used. This racial identity development, which Helms designates for Blacks or People of Color (1995), is understood through a continuum of stages of preencounter (conformity), encounter (dissonance), immersion/emersion, internalization, and integrative awareness (Helms, 1995).

Preencounter also known as conformity refers to a stage when People of Color disvalue their own culture and see Whites as superior. In this stage, there is blaming of one's own race for its status in society and a tendency to repress and avoid racial issues in society by accepting the dominant culture as right. The encounter or dissonance stage is described as catalytic where an event or series of events set off a realization that one's own race is not the dominant (i.e. White) (Choudhuri et al., 2012). Confusion and anxiety are associated with this stage as the person attempts to question White culture. Immersion/emersion describes a stage when a person delves into his own culture to seek answers about racial and ethnic identity within his own race or ethnicity. In this stage, anger is often provoked for Whites and a rejection of the dominant race. Internalization stage involves an acceptance of one's own race and an increased ability to respond with understanding to the dominant race. Finally, integrative awareness stage is a positive racial self-identity where a person can act on a personal sense of their own culture (Helms, 1993).

**Black Racial Identity Development.** Black racial identity in the United States emerged through the work of William E. Cross Jr. (1971) with the Black Consciousness Movement. Twenty years later, Cross' (1991) *Shades of Black*, and later (2001) *Encountering Nigrescence*, helped to shape the understanding for psychologists about the Black experience in our country. The Racial Identity Attitudes Scale (RIAS) developed as an assessment for counselors and clients to assess attitudes of one's race and the race of others. Racial Identity Development (RID) became a framework for counselors to use in working through the social development of clients. This occurred during a time when Blacks in the United States integrated into White-dominated systems such as schools, work, and entertainment. The transition was not easy, despite the newly established rights from the civil rights movement of the 1950's, 60's, and 70's. Injustice, harassment, discrimination, and oppression did not disappear despite the progress made.

## Summary

This chapter provides an extensive literature review of counselor involvement in social issues advocacy, the context of racism in the United States, the emergence of multicultural counseling competency and social justice competency, advocacy for Black/African American clients, and racial identity development. What is most evident in the literature as counselors consider involvement with advocacy is that race does matter and competencies are important. We see from the literature that racial biases exist for counselors through differences in diagnoses based on race (Feisthamel & Schwartz, 2009) and color-blind racial attitudes (Chao, 2013). We see that improvement in mental health services to Blacks/African Americans is needed based on the compounding societal stresses faced by the Black community (Day-Vines, 2007). Also evident in the research is that client needs cannot be met without the proper training and

competency of counselors (Vinson & Neimeyer, 2003). The development of racial identity for both the client and the counselor are crucial to the counselor-client relationship.

As the literature suggests, there is still work to be done to examine the racial complexities of counselor-to-client relationships. Racial identity, competence, and advocacy are understood as features of the counseling relationship through these studies, but the engagement in social issues relating to Black/African American client/students is not understood. Research is needed to create a baseline of assessment for counselor engagement in social justice movements and social issues that address the concerns of Black/African American clients/students. Counselor engagement in the M4BL social movement, when assessed, could provide context and understanding of the reasons counselors choose or choose not to get involved. Additionally, work place environment and the level of support offered to counselors for race-based advocacy is not understood through the literature. Thus, this study seeks to find whether workplace setting plays a role in counselor engagement with race-based advocacy.

# Chapter 3

## METHODOLOGY

The purpose of this study was to determine the level of engagement of Virginia counselors in social issues and race-based advocacy. Helms's (1993) theory of racial identity development and the constructs of multicultural social justice counseling competency (MSJCC) (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016) will be used as conceptual frameworks. The theory of racial identity development helps to explain how counselors "make sense of themselves as racial beings" (p. 153) and "conceptualize one's identification with a particular racial group" (Wijeyesinghe & Jackson, p.155.). The MSJCC framework is a set of professional principles that guide the counselor's role in social advocacy. The framework is generally adopted by counselors but has not yet been used to assess race-based advocacy.

The goal of this study is to understand types of social issues advocacy by counselors, particularly regarding race-based issues for Black/African American clients/students. The results of this study will elevate awareness of counselor participation in social issues particularly in terms of growth and development of racial identity for the counselor and client/student through advocacy. The results will inform professional organizations, work supervisors, and state stakeholders on how counselors advocate for Black/African American client(s)/student(s) based on their work setting.

The data for this study come from the Social Issues Advocacy Scale (SIAS) and a survey questionnaire designed by the researcher that includes questions about counselor participation in race-based advocacy, demographics, and work settings. Data gathered address the research questions and provide insight toward the amount and types of race-based advocacy that is occurring in the Commonwealth of Virginia by professional counselors. This chapter includes

sections describing the research questions, research design, sample selection, instrumentation, validity and reliability, data collection procedures, limitations to methodology, and data analysis.

## Research Questions

This study is designed to address the following research questions:

1. To what extent do counselors in Virginia participate in social issues advocacy?
2. To what extent do counselors in Virginia advocate for Black/African American clients/students?
3. To what extent does work setting influence counselors in Virginia to advocate for Black/African American clients/students?

This chapter describes the methods used in the current study including research questions, participant selection, research design, instrumentation, survey procedures, and data collection. A description of the data analysis procedures is also provided.

## Research Design

A quantitative research design is used for this study. A quantitative research design is used to describe the relationships between variables. The data can provide large, representative samples to determine trends, summarize numerical data, and determine attitudes or opinions of populations in a persuasive manner (Creswell, 2003). Determining frequency, categorical and comparative statistics data, and crosstabulations between advocacy and setting are included.

### Sample Selection

The sample is selected using a multilevel selection first using the Commonwealth of Virginia and second using individual criteria. The research population is professional Masters-level counseling practitioners in Virginia who graduated from a counseling program and work in settings including schools, private practice, and a wide range of community organizations. The

Commonwealth of Virginia is used as a purposeful sample for the researcher, but also because of its representative population (U.S. Census Bureau, 2010), professional reputation since the 1930's of advocacy in counseling (VCA, 2017), and history in the racially divided part of the country (Muse, 1961). According to 2010 Census Data, (U.S. Census Bureau, 2010), Virginia's changing demographics mirror those of national changes in economic and cultural factors (Sturtevant, 2011). Virginia's estimated population is 8.4 million people with approximately 70% identifying as White, 19.8% Black or African American, 9% Hispanic or Latino, 6% Asian, and 0.5% American Indian or Alaska Native (U.S. Census Bureau, 2010). For comparison, the national breakdown of race and ethnicity are similar: 76% White, 12.6% Black or African American, 17.8% Hispanic or Latino, 5.7% Asian, and 1.3% American Indian or Alaskan Native (U.S. Census Bureau, 2010). It is important to note that Virginia's Black/African American population is higher than the national average. This racial demographic is a focus of this study.

Virginia's racial concerns involving Blacks/African Americans are ever-present. Since the early 1900s, racial segregation has been a factor in Virginia establishments such as public schools, higher education, housing, and healthcare (Daugherity, 2016). Virginia is also a target for recent racial concerns with the protest in Charlottesville, Virginia involving White supremacist and counter protests from advocacy groups like Black Lives Matter (Hein, 2017). Virginia geographically borders the country's capital of Washington, DC bringing legislative concerns to a national level. For counselors in Virginia, advocacy has been central to their professional identity since the 1930s (VCA, 2017; VSCA, 2017). Despite this context, there are few statistics of how counselors advocate for clients/students in Virginia. For this reason, Virginia counselors are the target for this study.

In order to be included in this study, participants met certain selection criteria. As noted above, the target population for purposes of this study is Master's degree holding counselors practicing in Virginia. Two criteria for sample selection were used in this study: (a) practice as a professional counselor in Virginia and (b) have a Master's degree in counseling. The first selection criterion was to be a professional counselor in the Commonwealth of Virginia. To identify eligible respondents, I focused on counselors who are registered in Virginia as members of the Virginia Board of Counseling (licensure board), the Virginia Counselors Association (a Virginia-specific professional organization), and the Virginia School Counselors Association (another Virginia-specific professional organization). Counselors who are licensed or affiliated with these organizations are most likely practicing in the Commonwealth of Virginia and hold at least a Master's degree in a counseling field. These organizations have membership directories which will serve as the primary source of recruitment for this study.

In order to ensure eligibility for the study, respondents are asked at the start of the survey, (Q2) "Do you currently work as a professional counselor (i.e. school counselor, LPC) in the Commonwealth of Virginia?" If the respondent chooses "no", they are directed to the end of the survey. If the respondent chooses "yes", he/she/they were able to continue to the next eligibility question. The second selection criterion was that the counselor must have completed a post-graduate level academic degree program. This means that the counselor must have received a counseling-related Master's degree or Doctorate. To show eligibility, the respondent is asked at the beginning of the survey (Q3) "Do you have a Masters and/or doctorate degree in a counseling field?" As before, if the respondent chooses "no" he/she/they are directed to the end of the study, whereas if the respondent chooses "yes" he/she/they can proceed to the rest of the survey. By putting the qualifying questions at the beginning of the survey allows the participant to self-

identify as a Masters holding Virginia counselor which are the two eligibility questions needed to participate.

The sample frame for this study came from three sources: The Virginia Counselor's Association (VCA), the Virginia Board of Counseling (VBC), and the Virginia School Counselor's Association (VSCA). The VCA, founded in 1930, is a professional non-profit organization whose members "are expected to comply with the Ethics and Professional Standards established by the American Counseling Association" (VCA, 2017). Members of the VCA are one group of counselors targeted for participation in this study. These counselors are typically active in advocacy at a local and regional level. The researcher is a member of VCA and has access to the membership directory of approximately 1,000 counselors and educators. Using directory information, the researcher included all members with electronic contact information in the request for participation. Also, the annual conference for the VCA takes place in November every year. Approximately 200 counselors attended this year's event. The researcher attended this event to promote the study and encourage participation.

The second group of counselors targeted for this study is members of the Virginia Board of Counseling. As a government agency of Virginia, the VBC administers and monitors the licensing of clinicians and behavioral health professionals in the Commonwealth of Virginia. Counselors with active licenses must document that they are in compliance with the code of ethics and standards set by the Board, which include multicultural competencies and advocacy. Most of these counselors are in community settings or maintain a private practice. The database of licensed Virginia counselors has over 12,000 records. To access these records, the VBC charges a fee (i.e., a $100 charge per 1,000 records and $20 for each additional 1,000 records). When all counties in Virginia were selected in a search for Licensed Professional Counselors,

5,431 records were identified for a total cost of $220. The research paid the fee and downloaded the file, which included counselor name, license number, address, city, state, zip code, and date of last renewal of license. The researcher used the information provided to identify the electronic contact information for each counselor and send an electronic survey. In such cases where an electronic contact is not identified, the researcher excluded that counselor from the sample.

The third group of counselors targeted for this study was school counselors. Although school counselors are not required to be licensed through the Virginia Board of Counseling, they are required to uphold the ethics set by the American Counseling Association, the Department of Education and school district policies. Membership in the VSCA implies active participation in professional development, training, and advocacy. The VSCA was founded in 1952 and presently has an estimated 1,000 members who identify as professional counselors in primary, secondary, and postsecondary schools. The vision of the organization is to "promote excellence in the profession of school counseling and to provide member support through professional development, advocacy, leadership accountability, and collaboration" (VSCA, 2017). The VSCA was once a part of the VCA but separated into its own organization in 2011. As a member of the VSCA, the researcher has access to the organization's membership database. Of the approximately 1,000 active members listed in the directory nearly 800 have electronic contact information (email address) available. The email addresses provided in the database are used to invite school counselors to participate. The President of the VSCA was informed that this survey targeted members for participation.

A sample using these three databases, accessible to the researcher, was used for this study. Approximately 7,000 counselors are listed in these combined databases (VCA, VA License Board, VSCA). The sample frame for this study includes 2168 counselors with updated

and accessible electronic contact information. Counselors were listed in more than one of the three databases and the researcher sorted by last name and email to identify duplicates and remove the second listing from the database. If the email address was different, the researcher treated that entry as a unique participant and kept it in the database.

To further ensure a sufficient sample size, the researcher attended the VCA conference (approximately 200 attendees) to solicit participation. The researcher screened participants at the conference to ensure that they had not previously completed the survey. For various reasons, including missing or outdated electronic mail addresses, potential participants might not have been invited to participate in the study even though they may be listed in the directory. For convenience, the researcher created a quick reference or quick response (QR) code that was printed and attached (see Appendix H) to the researcher's nametag for easy access to the survey through a mobile device (Dillman, Smyth, & Christian, 2016).

By using the three databases from prominent professional organizations and by attending the state conference, the researcher sought to maximize the response rate among those meeting the selection criteria for this study. However, if the counselor no longer practiced in the Commonwealth of Virginia at the time of this study, he/she/they were excluded from the sample. Also, if the counselor no longer worked in a counseling capacity, he/she/they were excluded. Counselors eligible for this study were only those who currently employed in a capacity for which counseling services are provided.

## Instrumentation

**S**everal instruments are used in previous studies that examine advocacy, activism and social justice including the Activism Orientation Scale (AOS) (Corning & Myers, 2002), Social Issues Questionnaire (SIQ) (Miller et al., 2009), and Social Justice Scale (SJS) (Torres-Harding,

2012). However, none of these instruments are based on social issues advocacy. For this reason, the researcher used the Social Issues Advocacy Scale (SIAS) (Nilsson, Marszalek, Linnemeyer, Bahner, & Misialek, 2011). With permission from the authors (Nilsson et al.), the SIAS was free and available to use for this study (see Appendix C). Additional questions were added to the survey. The combined data allowed the researcher to compare scores from the SIAS scale with data gathered about specific race-specific advocacy activities to find correlations.

**Social Issues Advocacy Scale**

The purpose of the SIAS is to measure attitudes and behaviors related to social justice advocacy in academic and professional fields. The SIAS (available in Appendix D, Q6-27) was designed to include several levels of advocacy (micro, mezzo, and macro). These levels of advocacy are aligned with those illustrated in the ACA Advocacy framework (see Appendix B).

The SIAS is designed to assess counselor opinions, behaviors, and experiences in social issue advocacy. This instrument was selected because its central purpose is to elicit social advocacy issues that counselors consider in practice as well as assesses various actions. The SIAS is a 21-item instrument that asks participants to respond to a series of statements using a 5-point scale. Response options include: *Strongly Disagree, Disagree, Undecided, Agree,* and *Strongly Agree.* Prompts include statements regarding participation in social advocacy activities such as "I volunteer for political causes or candidates that I believe in."

The SIAS is comprised of four subscales: *Social and Political Advocacy, Confronting Discrimination, Political Awareness,* and *Social Issue Awareness*. The Social and Political Advocacy subscale includes 8 items dealing with actions taken by the respondent such as participating in rallies, letter writing, and meeting with policy makers. The Confronting Discrimination subscale includes 3 items each pertaining to how the respondent confronts

discrimination when it occurs. The Political Awareness subscale includes 6 items regarding tracking and discussing political issues. The Social Issues Awareness subscale includes 4 items about the respondents understanding of how social issues affect individuals and systems. To use the instrument appropriately, the researcher included the entire 21-question scale and incorporated analysis using the four subscales.

The survey instrument for this study is constructed in such a way that the SIAS prompts are positioned at the beginning of the survey but follow a series of eligibility questions (Q1-6). If the respondent selects "yes" (i.e., meeting the threshold selection criteria), respondents are directed to complete the remaining questions on the Social Issues Advocacy Scale (Q6-27). The remaining items (Q 28-32) are designed to collect data about workplace and race-specific advocacy. The researcher-designed portion of the instrument included questions about how the counselor advocates for Black/African American clients/students, what percentage of their population includes Black/African American clients/students (i.e., 0-10%, 10-20%, etc.), and the level of support for the counselor in their work setting to participate in race-based advocacy (i.e., Not at All, Not Very, Somewhat, Very). The final prompts (Q33-34) of the instrument collected demographic information such as gender identity and race/ethnicity. Should a participant not feel comfortable revealing their gender, race, or ethnicity, the option *Choose Not to Respond* was provided.

Additional questions included in the instrument are not used for eligibility but may be used by the researcher for additional comparative analysis in future studies. For example, respondents are asked (Q 4) what year the counselor completed his/her/their Masters-level training. Response choices will include years starting at 1997 through the current year 2017. Beyond that, the participant is able to choose the option "prior to 1997." The researcher

determined that the past twenty years was appropriate for this data point to indicate that credentials are more than twenty years old.

Another question (Q5) asked whether the participant received training from a CACREP-accredited program. As mentioned in Chapter 2, CACREP programs require that graduates from their programs receive the highest standards of quality and content established by the counseling profession which include multicultural competencies. Although participation in a CACREP program is not required for the study, the researcher included this question to facilitate comparative analysis for a future study.

## Validity and Reliability

The combined instrument used for this study includes a valid and reliable measurement scale and researcher-developed prompts that were reviewed by experts in the counseling field. Reliability measures "the stability, consistency, and replicability of an instrument" (Bowen, 2016, p. 331). Validity is the "extent that the instrument actually measures what it is supposed to measure" (Bowen, 2016, p. 331).

A significant portion of the instrument used in this study is the Social Issues Advocacy Scale (SIAS). To assess the SIAS reliability and validity, a psychometric analysis (PCA) of the SIAS was performed by SIAS researchers in 2010 using over 700 samples in two distinct studies. In the first study of the instrument, an exploratory factor analysis examined the responses of 278 participants (Nilsson, Marszalek, Linnemeyer, Bahner, & Misialek, 2010). Internal consistency and interfactor correlations were examined to determine if relationships with other advocacy scales (convergent validity) and multicultural empathy and political interest (test criterion validity) exist (Nilsson et al., 2011). The results from these analyses proved a strong reliability

and validity within each subscale and for the entire instrument explained below. Because of the strong results, the researcher chose to include the assessment tool in this study and its analysis.

**First Test of Reliability and Validity**

When the SIAS authors (Nilsson et al., 2011) tested the reliability and validity in their first test of the SIAS ($n$ = 278), the items given in the instrument were based on an extensive literature review of fields such as counseling, social work, political science, and public health. This review initially yielded a 96 item instrument to measure general attitudes and behaviors associated with social justice advocacy. Three areas were created (personal social justice advocacy, professional advocacy, and legislative advocacy) with an equal number of questions in each area. After expert review of the questions, the instrument was revised several times (Nilsson, et al., 2011). Using a Likert-type scale (1 = strongly disagree, etc.), a brief demographic section, the SIAS instrument was constructed with incorporation of questions taken from the Activity Scale (ACT) (Kerpelman, 1969). The 96 item instrument was reduced to a 21-item instrument after discovery of skewed statistics thus requiring a polychoric interitem correlation rather than Pearson correlations (Nilsson et al., 2011). The result was an instrument with an overall Kaiser-Myer-Olkin (KMO) statistic of .88 and individual-item KMOs ranging from .79 to .93 meaning that the SIAS was well suited for factor analysis. A theta reliability was used to measure the internal consistency reliability of the total scale and subscales. The overall SIAS had a reliability of theta .93. The subscales had reliability of theta .93 for Social and Political Advocacy (SPA), .89 for Political Awareness (PA), .89 for Social Issues Awareness (SIA), and .89 for Confronting Discrimination (CD). Correlations were significant ($\alpha$ = .01) and positive among subscales (Nilsson et al., 2011).

**Second Test of Reliability and Validity**

The second test performed by SIAS authors (Nilsson et al., 2011) with 509 participants revealed a similar structure that affirmed the first test, however the second study would provide the best evidence against sampling error and further analysis of validity. Using the same analytical approach, the researchers broadened the geographic location and academic fields to provide a more representative sample (Thompson, 2008). Correlations between SIAS scores and Rosenburg Self-Esteem Scale (RSES) and Satisfaction With Life Scale (SWLS) which are thought to be independent from constructs of social justice advocacy providing discriminant validity. Participants ($n$ = 509) took all three assessments (SIAS, RSES, and SWLS) so that intercorrelation coefficients could be computed. The results showed lack of significant relationships (RSES $r$ = .04, $n$ = 504, $p$ = .39 and SWLS $r$ = .07, $n$ = 505, $p$ = .132) which confirmed evidence of discriminant validity (Nilsson et al., 2011).

**Supplemental Survey Item Analysis**

The researcher used a Delphi assessment (Hsu & Standford, 2007) to substantiate claims of validity and reliability in the supplemental sub-section about race-specific actions and activities. The Delphi technique is a widely used and acceptable method for achieving congruence of opinion about knowledge solicited from experts associated with the topic (Hsu & Standford, 2007). For this study, four experts in the field of counseling were identified and asked to review the survey using expertise on topics associated with this study. The four experts include academic researchers who study undocumented students and counselor advocacy, multicultural competency in community mental health, counselor moral development, and persistence and grit in clients. The experts were emailed an invitation to participate in the Delphi

assessment and were provided a link to the survey. All four experts responded to the request within two weeks of the invitation and offered valuable feedback about the instrument.

The feedback received from these experts informed the development of specific race-based prompts (i.e., items Q28, 28a, 28b, and 28c) that are included in the survey. For example, it was suggested to ask specifically if the counselor participated in race-based advocacy. The experts did not have conflicting opinions, however the researcher chose not to include some of the experts' suggestions if they did not align with the other expert opinions. For example, one expert mentioned that including the response option of "unsure" for the prompt *In the last two years (since 2015), have you advocated for Black/African American client(s)/student(s) about a race-specific issue/concern* because it may yield interpretable data if chosen. The researcher chose to keep "unsure" as a response option to keep item scales consistent. In this particular instance, however, the researcher decided to add a follow-up question that asks the respondent to explain what they were unsure about.

The Delphi test ensured that the quality, availability, and inclusion of the prompts and response choices were congruent with the expectations determined by researchers in the field of counseling and advocacy. The expert panel also reviewed questions about demographics and workplace setting (Q29-34). Their suggestions influenced the demographic section resulting in questions that are more inclusive and response options that are more inclusive and exhaustive. For example, the panel recommended that "mixed race" be included as one of the response choices for race/ethnicity. For workplace setting, the panel suggested adding a question about location with response options Rural, Suburban, and Urban. The experts agreed this data point would be a significant feature of the research because it could contextualize the responses.

A few items were omitted from the original instrument based on the feedback from the experts. Two questions with workplace scenarios about race-based advocacy were omitted because work place setting would have a significant impact on the responses. Although, identifying workplaces that support race-based advocacy is central to this study, the scenarios did not directly assess whether the responses from the scenario were based on work place setting or counselor tendencies for advocacy. For this reason, the scenarios were omitted.

The final version of the instrument includes 34 prompts. The researcher estimated it will take the participant 15-20 minutes to complete electronically. Once the instrument was created, it was distributed to the sampling frame to begin data collection.

## Data Collection Procedures

Per the guidelines of the Virginia Tech Institutional Review Board, the study is deemed appropriate for human subjects. An approval letter is included in Appendix H. The data collected are gathered in the form of questionnaire responses. Implementing the research design, the researcher collected data through a commercially available, university-sponsored, Internet-based (online) survey tool. This electronic format was the only format available to respondents. Using an electronic format allows for control over the data, data access and reporting, and minimal costs (Dillman, Smyth, & Christian, 2014). Data collection using an electronic survey increases efficiency, is convenient for respondents, and maximizes distribution with minimal cost (Dillman, et al., 2009). Other advantages of using an electronic survey include higher locus of control for the participant and accessibility (Dillman et al., 2009). As previously mentioned, professional counselors are familiar with electronic technologies such as online testing and surveys because these media are commonly used in schools, communities, and private practice work settings.

**Survey Platform**. Qualtrics® is a web-based survey development and distribution plateform that is widely used for survey research. It is sufficiently robust for the purposes of this study and allowed flexibility in instrument design such as the ability to truncate items when necessary. Importantly, the platform is free, secure, and accessible to all researchers (including students) at the home institution of the researcher. Because the license and protections of survey data rest with the institution, there is assurance that the technology is password protected and encrypted according to the information systems standards of the university. Another feature that is guaranteed through use of Qualtrics® is accessibility across different devices, platforms, browsers, and user settings (Dillman et al, 2014). Finally, the Qualtrics® tool performs basic reporting and data analytics such as cross tabulation, weighting, creating charts, and filtering data. These features allowed the researcher to easily export data needed for more robust statistical analysis to answer the research questions.

**Survey procedures**

Distribution of the survey instrument occurred with an electronic mail invitation sent to each potential participant identified through a process outlined in the sample selection (mentioned above). The recruitment email included a link to the Qualtrics® survey and an informed consent outlining participation, procedures, risks and benefits, confidentiality, anonymity, and participant rights (Dillman, 2000). The invitation can be found in Appendix E.

Because the timing of the invitation is critical, namely school counselors are constrained by school calendar and workdays, distribution occurred at the beginning of October. Participants were instructed to complete the survey within 10 days. This timeline allows adequate time for respondents to complete the survey. Because most respondents participated within days of the initial invitation, two follow-up emails (Appendix F & G) were sent to everyone after two and

four weeks (Granello & Wheaton, 2004) as approved and determined by IRB. Additionally, the researcher attended a state conference (Virginia Counselors Association) to encourage participation in the study and to make available the survey to interested and eligible participants.

## Data Analysis Procedures

A combination of descriptive statistics, frequency tables and crosstabulations were used to analyze the data. The researcher used SPSS, the Statistical Packages for the Social Sciences which is commonly used for data analysis computations in the social sciences (Bowen, 2016)**.** This study is quantitative and requires statistical analysis. Statistics is "a science that deals with the collection, organization, analysis, and interpretation of numerical data" (Bowen, 2016, p. 1). The data analysis for this study involved three steps: cleaning, recoding, and analyzing the data.

### Cleaning the Data

The initial step was cleaning the data. As part of the first step the researcher had to account for missing data. In order to be included in the sample, respondents are required to consent to the study, have Masters level training and practice in Virginia. Responses from key questions were also needed to be included in the data analysis. The researcher determined that if any data are missing from the SIAS prompts or the race-based advocacy prompts, that the data were removed from the sample. Accounting for missing data decreased the size of the sample by 56 participants.

### Recoding the Data

Next, the researcher recoded the data from text to numerical coding to be used in the SPSS system. A listing of questions, responses and recoding are in Appendix C. For example, the Qualtrics® survey responses about training in a CACREP program (Q 5) record as "yes or no" and are recoded as "1 or 0" in SPSS. I coded the responses of the survey into numerical form

for statistical analysis. This numeric assignment allowed the researcher to perform descriptive statistics. Descriptive statistics "are statistical procedures used to describe, summarize, organize, and simplify relevant characteristics of data" (Bowen, 2016, p. 3). The research used these descriptive statistics to do descriptive analysis such as determining a percentage of women who completed the survey.

For the SIAS, the responses are in the form of a Likert scale using 1- Strongly Disagree to 5 – Strongly Agree. The researcher adopted the numerical assignments provided by the scale and used these for inferential statistics. Inferential statistics use sample statistics to make generalizations or inferences about a population (Bowen, 2016). For binary data such as that solicited in Q27, the researcher used "1" and "2" to indicate "no" and "yes" respectively. For items with no response, the researcher coded with "0". For items with multiple responses, each response was given a code as indicated in the numeric assignments in the survey instrument (see Appendix C). Again, categories or choices left unmarked were coded as "0".

**Analyzing the Data**

The statistical software used for data analysis was the Statistical Package for Social Sciences (SPSS). The data gathered and analyzed addressed the three research questions.

**Addressing Research Question 1.** *To what extent do counselors in Virginia participate in social issues advocacy?* To address this question, the researcher reported descriptive statistics using the SIAS subscales. The descriptive statistics was compiled by computing means, standard deviations, and scores for the total SIAS (21 items) plus (four) subscales. The results were used to identify the items on the SIAS with the highest and lowest means. The researched followed the grading guidelines provided by the authors of the SIAS to determine total scores and subscale scores for each participant by enumerating each response in congruence with the numbering

provided by the SIAS authors. These results were used to inform comparative statistical analysis to address the second research question.

**Addressing Research Question 2.** *To what extent do counselors in Virginia advocate for Black/African American clients/students*. To address this question, analysis of question Q28 was done which asks about advocating for Black/AA client(s)/student(s) about a race-specific issue/concern. A simple frequency distributions of responses from *yes*, *no*, and *unsure* offered the researcher a "tally count of number of occurrences in each category" (Bowen, 2016, p. 29). Because Q28 includes a follow-up question, a separate analysis for Q28a, Q28b, and Q28c was done (explained below). To identify participation in advocacy, the researcher used responses from Q28 which asks if the counselor advocated for a Black/African American client/student with a response choice of "yes" or "no" and "unsure". The response of "unsure" is excluded and used in a separate analysis (explained below). In this case, the groups used are those who did advocate for Black/African American clients since 2015 and work place setting. Crosstabulations were offered between the two groups by workplace setting to acknowledge any relationships between the observed frequencies and the expected frequencies using Chi-square tests (Bowen, 2016).

Following question Q 28, respondents were offered a follow-up prompt that requested each respondent explain why she did or did not advocate for Black/African American clients/students. For those who indicated "yes", a menu of 10 choices was offered. Respondents selected all that apply. A frequency table was used to display these results (see Table 4). For those who indicated "no", a menu of 5 choices is offered. These responses will be shown in a multiple response frequency table. If no menu item is chosen for either of these follow-up prompts, a value of "0" was coded.

**Addressing Research Question 3.** *To what extent does work setting influence counselors in Virginia to advocate for Black/African American clients/students?* To answer the final research question, descriptive and comparative statistics were conducted. For this question, the work setting of professional counselors is recoded with answers such as "rural" were recoded as "1" and so on. Chi-square tests were used to determine if the observed frequency of advocacy was different than the expected between advocacy for Black/African American clients/students (Q28) and variables including work setting (i.e. private practice), work location (i.e. rural), and percentage of clients who identify as Black/African American (i.e. 20%).

To conduct multiple correlation statistical analysis, the work setting variable is determined by question Q29 *Please describe your work setting* with responses such as *private practice, college/university*, etc. Again, these responses were recoded to numeric values and a Pearson correlation was be conducted to determine if there is a relationship between work place setting and counselor engagement in advocacy for Black/African American clients/students. Another variable comes from question Q30 *Please choose what setting best describes the location where you serve your clients/students* with responses *rural*, *suburban*, and *urban*. The same analysis was conducted to determine if there is a relationship between setting and advocacy.

The next variable to conduct a correlation is question Q31 *Please share what percentage of your clients/students identify as Black/African American* with responses *0-10%, 10-20%*, etc. A separate analysis was conducted to determine the relationship with the amount of Black/African American clients served and counselor advocacy for Black/African American clients. Like before, Chi-square tests were performed to determine if the observed frequency of

each category was higher or lower than the expected frequency for counselors advocating based on client/student population.

It is also the interest of the researcher to understand the level of support from the workplace to the counselor and its correlation to advocacy. Specifically, a fourth chi square test included responses to Q33 *How would you describe your current work setting?* that included levels of *Very Supportive*, *Somewhat Supportive*, *Not Very Supportive*, and *Not at all Supportive* in relationship to advocacy. This analysis illustrated the influence of work place support with counselor advocacy.

**Additional analysis.** It is not a requirement for participation in this study to have graduated from a program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2015). Beyond the analysis for this study, a future analysis will be a comparison made between those who did and did not. Holding CACREP accreditation for a Master's granting program implies a level of counselor preparation that meets the standards of the counseling profession including knowledge, skills, and training associated with multicultural competencies and advocacy. Although training and education is not a central concern for this study, counselor training will inform the results and be included in the analysis.

The researcher hopes to gather information from this study that is recent, specifically in the last two years, of counselor social issue advocacy. The reason for this is to capture the actions of counselors in the midst of several societal occurrences that took place during those two years. Many race-related issues, specifically concerning Black/African American clients/students have surfaced as national news. Using the last two years as a timeframe will force respondents to reflect on recent actions and recent events. The researcher hopes to quantify how counselors advocate for Black/African American clients/students in Virginia during difficult

racial times. These data could inform decision makers about how work settings support or do not support race-based advocacy by counselors. To prevent skewed results based on researcher bias, data will be shared and reviewed for accuracy and appropriate analysis by faculty advisors and methodologist support provided by the Virginia Tech School of Education Educational Research and Evaluation (EDRE) consultation lab.

## Summary

In conclusion, the purpose of this study was to examine counselor participation in race-based advocacy. Variables including results from the Social Issues Advocacy Scale, work setting, percentage of Black/African American clients/students, and counselor demographics were considered. The methodology described in this chapter was deemed sufficient to address the research questions posed in this study. The questions addressed in the methods solicit response to counselor participation in social issues advocacy, advocacy for Black/African American clients, and work setting support for race-based advocacy.

# Chapter 4

## RESULTS

This study was designed to address three research questions related to counselor participation in social issues advocacy for Black/African American clients/students. This chapter describes the participants of the study, the instrument utilized, the data cleaning process, and the sample. Additionally, this chapter provides the results from the data to address the following questions:

1. To what extent do counselors in Virginia participate in social issues advocacy?
2. To what extent do counselors in Virginia advocate for Black/African American clients/students?
3. To what extent does work setting influence counselors in Virginia advocate for Black/African American clients/students?

### Participants

The participants for this study were professional Masters-holding Virginia counselors. Counselors must currently work in the Commonwealth of Virginia and have at least a Masters degree in a counseling field to be eligible. Using the membership listings of the Virginia Counselors Association, Virginia School Counselors Association, and the Virginia Board of Counseling, the population eligible is estimated to be over 7000 counselors. However, only 2167 counselors had publically available email addresses through the membership listing and agency listing. After the first email invitation to participate in the study was sent to the 2167 counselors, 69 emails bounced back and were undeliverable. Five individuals contacted the researcher directly to explain that they were retired or no longer worked as a counselor. There were 16 “out of office” emails returned indicating that counselors were out on leave or out of the office for an

extended time. Of these messages, only 4 indicated that they would not be able to participate in the survey during the survey administration time frame. The final sampling frame reduced to 2092. After the data collection period closed, a total of 456 responses from participants were recorded. The data cleaning process is described below showing 4 participants not agreeing to consent to the study, 41 ineligible, for a total of 411 consenting and eligible participants. Of those who progressed through the survey, 341 completed responses that address the research questions of this study and will be used for analysis. Participants were excluded if they did not progress through the survey far enough to be included in data collection for all three research questions. Of the eligible and contactable sample (n = 2092), 456 started the survey for a response rate of 22%, however only 341 are used in the analysis because they completed the prompts associated with the researcher's three research questions.

## Instruments

The questionnaire used for this survey begins with four items, two of which are qualifying questions. If eligible, participants are asked 2 additional questions about their Masters-level training, including what year did they complete their training and was their training from a CACREP program. The additional questions will not be used for purposes of this study, but may be used for future analysis.

### Social Issues Advocacy Scale Items

Included in the instrument used for this study was the Social Issues Advocacy Scale (SIAS) (Nilsson, Marszalek, Linnemeyer, Bahner, & Misialek, 2011). This 21-item, 5-point scale (*1= Strongly Disagree*, *2= Disagree, 3= Undecided, 4= Agree, 5= Strongly Agree*) instrument gathered data on participants' attitudes and behaviors related to social issues advocacy. Four subscales (Social and Political Advocacy, Confronting Discrimination, Political

Awareness, and Social Issue Awareness) are included, however as recommended by the authors of the instrument, the total SIAS score is analyzed using the scoring provided by the authors. This instrument was used to collect data to inform the researcher of general sentiment and involvement of counselors with social issues advocacy described later in this chapter.

**Race-based Advocacy Survey Item**

After completing the qualifying questions and SIAS, participants responded to one race-based question. The question asked if the counselor participated in advocacy for Black/African American clients/student in the last two years (since 2015). This item is the major focus of this study and addresses the second research question. Depending on the response to this question, the participant is given 2 additional follow-up questions to further explain their response. If the respondent chooses "yes", the follow-up question provides a menu of types of advocacy performed by the counselor. If the respondent chooses "no", the follow-up question includes a separate menu of reasons why they did not participate in race-based advocacy.

**Work Place Setting Survey Items**

The researcher included 5 additional questions to gather data about the participants' work place setting. These prompts address the third research question and included workplace setting, geographic location, population served, and level of support of work place setting. Respondents were given examples of descriptions of their workplace (i.e. rural) to which they could only choose one response. For population served, the prompt asked percentage of Black/African American clients served in a range (i.e. 0-10%). For workplace support, respondents were given a Likert-like scale from *Very supportive* to *Not at all supportive*. Responses were removed if any of these questions were left blank.

**Demographic Survey Items**

There are only two demographic questions including the participants' racial and/or ethnic identity and gender identity. Findings associated with the demographics are used in future research. The counseling field continues to be dominated by White women so gender and racial/ethnic identity data collection remain important features to research about counselors (Spanierman, Poteat, Wang & Oh, 2008). These are valuable data points for the analysis of this study but are not used to address these research questions.

## Description of the Sample

Four hundred and fifty seven participants recorded responses in the survey. Four participants decided not to agree to the terms of the consent and did not proceed through the survey. Of those who consented to participate, 41did not currently work in the Commonwealth of Virginia in the last two years making them ineligible. The remainder (n = 411) consented to participate and were eligible for the study. However, 13 participants chose to not progress beyond the eligibility questions. For those who progressed (n = 398), 56 chose to answer the two prompts about their Masters-level training but then did not complete the SIAS prompts or beyond. The analysis for the study will be of the 341 participants who completed at least one question of the SIAS, thus provided data needed for analysis responding to one of the three research questions. Missing data will be addressed using mean imputation (Rubin, 1987). Participants who omitted additional responses are addressed in the analysis below.

After reviewing the responses, the researcher determined that those who responded to work setting with the choice of *Advocacy Center* (n = 1) and *Hospital/Medical* (n = 2) were so small that they were combined as a category with *Community Services* counselors making that category expand to 59 participants.

The researcher also decided to remove the category of *unsure* (n = 36) from the results for addressing the third research question because the focus of this study is to examine those who did or did not advocate. Those who responded with *unsure* will be included in a separate research study.

The sample included Virginia counselors from various settings with varied characteristics. The participant sample consists of individuals whose gender identity are female (n = 277) and male (n = 43). No respondents identified as gender nonconforming. Six respondents chose not to report gender identity and 9 had no response. The racial/ethnic makeup of the sample consisted of 254 White (74%), 32 Black/African American (9%), 5 as Mixed Race (1%), 4 Hispanic/Latino (1%), 2 Asian, and 1 Native American/American Indian. No respondents identified as Hawaiian/Pacific Islander. Eighteen respondents chose the option of "choose not to respond" and 22 did not response at all. These demographics of those counselors who completed the survey are shown in Charts 1 and 2.

Chart 1

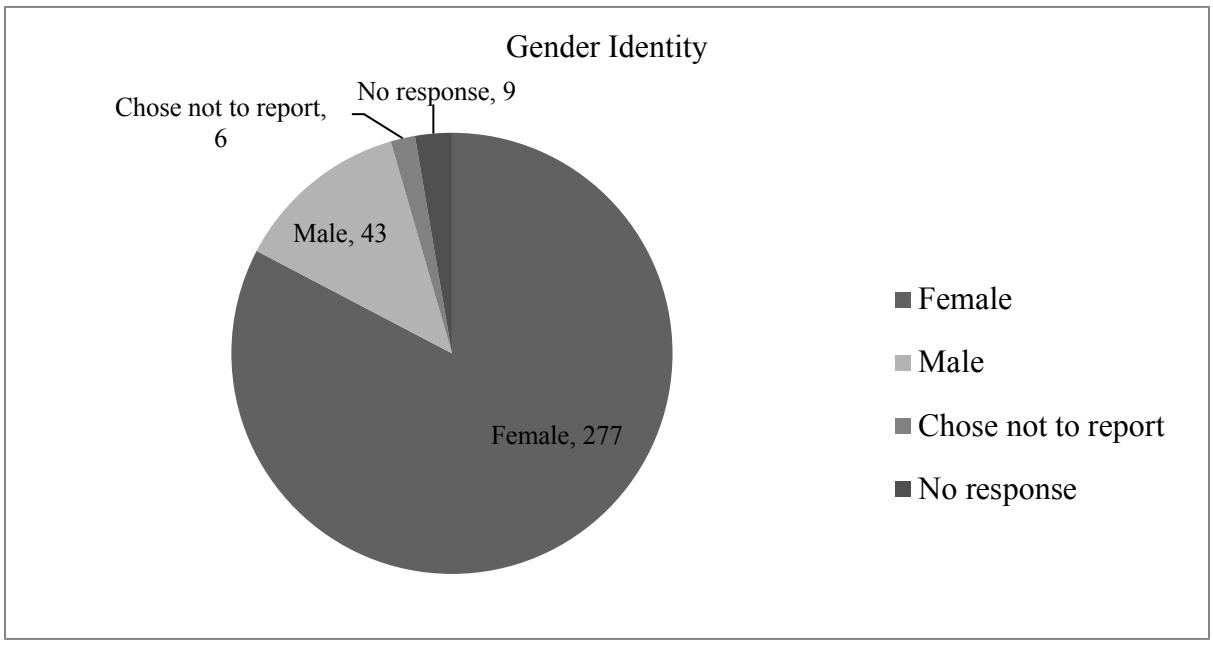
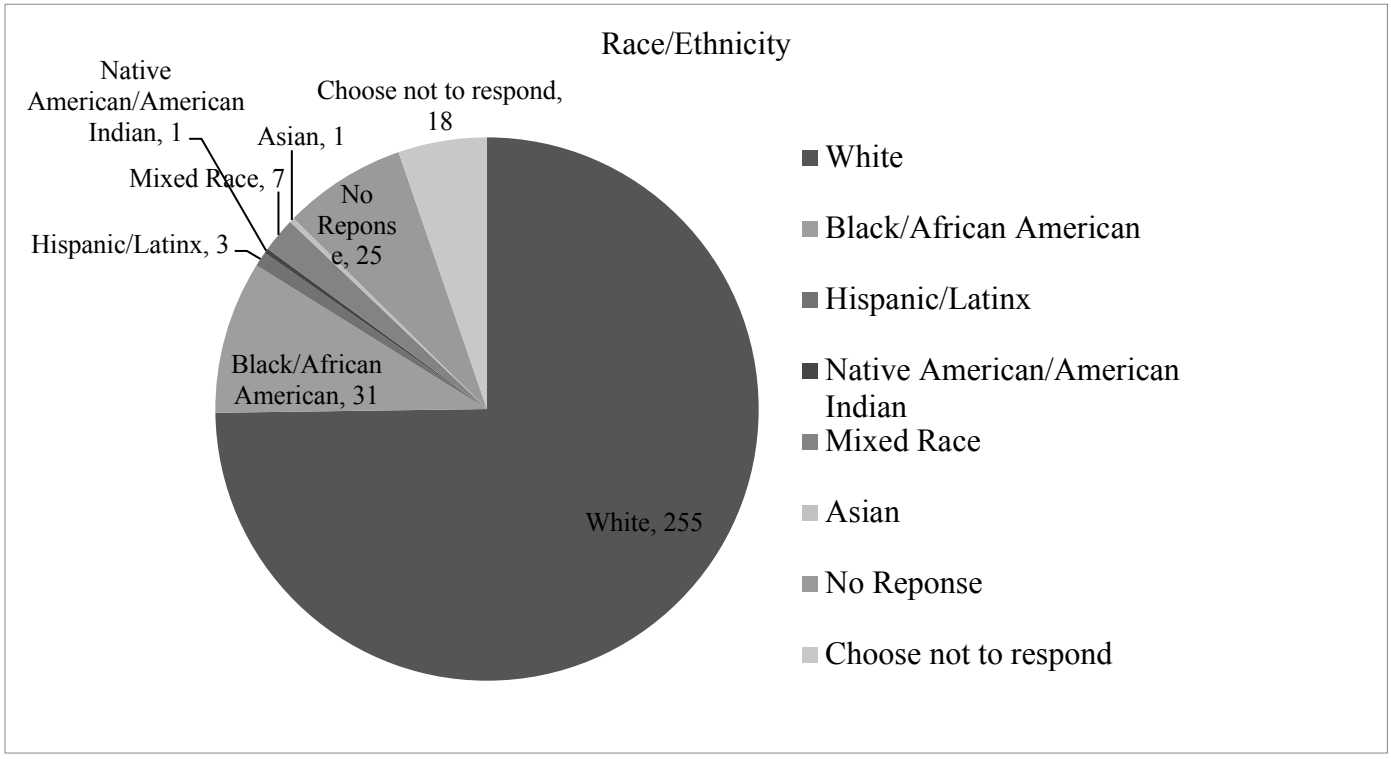


Chart 2




Another focus of this study is workplace setting. The table below (Table 1) offers the count of participants in each setting by location including type of work setting and geographic location within the Commonwealth of Virginia. The largest group of the respondents were elementary school counselors (n = 78). The geographic location with the most respondents was suburban areas (n = 146). Only one participant indicated that he/she worked in an advocacy center and only two respondents served in a medical setting. These categories align with the membership of those counselors who were identified for this study using the Virginia School Counselors Association and Virginia Counselors Association. Counselors who work in medical settings may identify more with professional organizations that are based in medical fields (i.e. psychology). Also, advocacy centers may include more social workers than counselors which could explain the low number of respondents in that setting.

Table 1

*Counselor Work Settings (N = 341)*

| Setting | # Responses | | | | |
|---|---|---|---|---|---|
| | Rural | Suburban | Urban | No Response | Total |
| Advocacy Center | 1 | 0 | 0 | 0 | 1 |
| Hospital/Medical | 0 | 1 | 1 | 0 | 2 |
| Community Services | 7 | 12 | 12 | 0 | 31 |
| Private Practice | 17 | 40 | 12 | 0 | 69 |
| Elementary | 26 | 34 | 18 | 0 | 78 |
| Middle School | 24 | 34 | 18 | 0 | 49 |
| High School | 26 | 26 | 6 | 0 | 58 |
| College/University | 7 | 8 | 8 | 2 | 25 |
| Other type of setting | 4 | 5 | 8 | 1 | 18 |
| No response | 0 | 0 | 0 | 10 | 10 |
| Total | 112 | 146 | 70 | 13 | 341 |

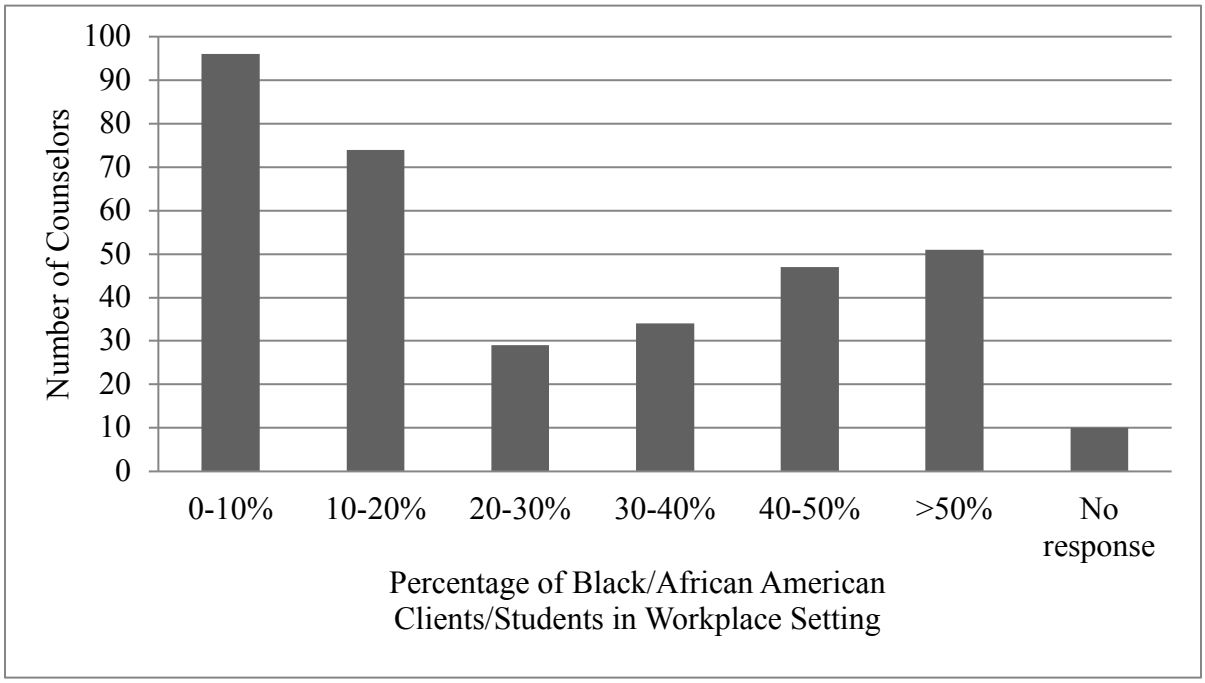
*Note: For the analysis, the categories of Community Services, Hospitals, and Advocacy Center are combined into one category called Community Services.*

Participants were asked to estimate the percentage of their clients/students who identify as Black/African American. The choices were offered in increments of 10 percent (i.e. 0-10%) and a category of over half (i.e. >50). There was a wide distribution of responses with the majority of respondents (n = 96) indicating they have 10% or less clients/students identifying as Black/African American. The next highest category (n = 74) was those counselors for whom 10-20% of their clients identify as Black/African American. For 51 respondents, over half (>50%) of their client/students identify as Black/African American. Forty seven respondents indicated that 40-50% of their clients/students identify as Black/African American and 34 indicated the 30-

40% range. Finally, 29 respondents indicated 20-30% of their clients identify as Black/African American. Ten respondents chose not to answer this question.

Chart 3

*Number of counselors whose workplace setting serves what percentage of Black/African American clients/students*




Participants were prompted to select all developmental ages (early childhood, adolescence, young adult, adult, older adult) with whom they work. For those who only work with one category of clients/students, there were 67 respondents who chose working with adolescence, 48 who worked with early childhood, and 21 who only worked with adults. For those who worked with multiple developmental ages, 16 respondents worked with young adults, adults, and older adults. Fourteen respondents worked with only young adults and adults, but not older adults. Few respondents (n = 14) worked with all ages. Twenty respondents worked with all ages except early childhood (adolescence, young adult, adult, older adult). The respondents who chose early childhood and adolescence (n = 32) are presumably in a school setting.

Likewise, those respondents who chose the categories adolescence and young adult (n = 31) are presumably in a school setting. Also, those who chose early childhood, adolescence, and young adult (n = 8) could also serve students. Respondents who chose adolescence, adult, and adult (n = 14) could also be in school settings. The combination selected as early childhood, adolescence, young adult and adult (n =18) are counselors who work with all groups except older adults. Only 3 respondents indicated serving only adults and older adults. Only 1 respondent served adolescents and adults and 1 served clients/students in the developmental stages of early childhood, adolescence, and adult. A couple of respondents indicated working with developmental ages that are not close in age such as early childhood, adult, and older adult (n = 1), early childhood and young adult (n =1), and early childhood, young adult, adult, and older adult (n = 1). Because of the range and discrepancy of ages do not show any patterns, the responses to this question are not used in the analysis for this study.

## Findings

Findings include responses to the Social Issues Advocacy Scale (SIAS), responses to advocacy for Black/African American clients/students, and workplace setting (including type of setting, location, percentage of Black/African American clients/students, and workplace support). The SIAS had a reliability of theta 0.93 ($\Theta = .93$). Theta reliability was used to measure the internal consistency reliability of the total scale and subscales. The SIAS is a 21-item scale with subscales measuring Political and Social Advocacy, Political Awareness, Social Issues Awareness, and Political Awareness using a Likert-type scale (*1- Strongly Disagree* to *5 – Strongly Agree*). For this study, the total score and all responses are used to address the first research question.

**Research question #1** ***To what extent do counselors in Virginia participate in social issues advocacy?***

To address this question, a frequency table is given to illustrate the amount and type of advocacy done by counselors in Virginia using the Social Issues Advocacy Scale (SIAS). The number of responses for each item of the SIAS, mean (M) and standard deviation (SD) are outlined in Table 2.

Table 2

*Social Issues Advocacy Scale*
*Individual Item Responses (N = 341)*

| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | *SD* |
|---|---|---|---|---|---|---|
| 1. I participate in demonstrations or rallies about social issues that are important to my profession. | 66 | 151 | 40 | 70 | 13 | 1.132 |
| 2. I am professionally responsible to confront colleagues who display signs of discrimination toward the elderly. | 11 | 19 | 40 | 159 | 112 | 0.981 |
| 3. I make telephone calls to policymakers to voice my opinion on issues that affect my profession. | 57 | 121 | 41 | 96 | 25 | 1.241 |
| 4. I keep track of important bills/legislative issues that are being debated in Congress that affect my profession. | 18 | 54 | 42 | 192 | 35 | 1.045 |
| 5. It is my professional responsibility to confront colleagues who display signs of discrimination toward disabled individuals. | 6 | 5 | 25 | 142 | 163 | .816 |
| 6. I volunteer for political causes or candidates that I believe in. | 63 | 122 | 44 | 91 | 21 | 1.225 |
| 7. State and federal policies affect | 3 | 8 | 22 | 124 | 184 | .786 |

| | | | | | | |
|---|---|---|---|---|---|---|
| individuals' access to quality education and resources. | | | | | | |
| 8. I keep track of important bills/legislative issues that are being debated in Congress that I am personally interested in. | 18 | 41 | 42 | 182 | 56 | 1.060 |
| 9. Societal forces (e.g. public policies, resource allocation, human rights) affect individuals' health and wellbeing. | 3 | 5 | 11 | 127 | 193 | .715 |
| 10. I discuss bills/legislative issues that are important to my profession with friends and family. | 8 | 44 | 38 | 173 | 75 | 1.011 |
| 11. It is my professional responsibility to confront colleagues who I think display signs of discrimination toward culturally/ethnically different people or groups. | 6 | 11 | 20 | 132 | 169 | 0.864 |
| 12. I participate in demonstrations or rallies about social issues that are important to me personally. | 69 | 129 | 43 | 70 | 26 | 1.240 |
| 13. I work to elect policymakers who support the views of my professional organizations on important social issues. | 24 | 41 | 62 | 137 | 75 | 1.165 |
| 14. State and federal policies affect individuals' access to social services. | 2 | 8 | 13 | 129 | 187 | 0.733 |
| 15. I meet with policymakers (e.g. City council, State and Federal legislators, local elected officials) to advocate for social issues that I personally believe in. | 82 | 147 | 50 | 45 | 13 | 1.208 |
| 16. I volunteer for political causes or candidates that support the values of my profession. | 73 | 116 | 58 | 71 | 20 | 1.208 |
| 17. I discuss bills/legislative issues that are important to my profession | 20 | 49 | 40 | 183 | 45 | 1.079 |

| | | | | | | |
|---|---|---|---|---|---|---|
| with co-workers and acquaintances. | | | | | | |
| 18. Societal forces (e.g. public policies, resource allocation, human rights) affect individuals' educational performance. | 4 | 14 | 23 | 143 | 152 | 0.852 |
| 19. I make financial contributions to political causes or candidates who support the values of my profession. | 77 | 111 | 44 | 70 | 36 | 1.321 |
| 20. I vote in most local elections. | 7 | 17 | 8 | 82 | 224 | 0.922 |
| 21. I use letters or email to influence others through the media regarding issues that affect my profession. | 44 | 104 | 47 | 97 | 46 | 1.290 |
| Total | 661 | 1317 | 753 | 2515 | 1870 | |

The total score of the SIAS describes counselor attitudes, involvement, and opinions of social issues advocacy. The subscales offer additional information as seen in Table 2. According to the SIAS, counselors are aware of the societal, political, and systematic forces that influence social issues indicated by Subscale 4: Social Issue Awareness which includes items 7, 9, 14, 18. For these items, the mean score (M) was above 4 indicating the highest agreement of any subscale. This indicates that counselors have high awareness that local, regional, and national policies directly impact society and social issues.

In contrast, the SIAS results indicate that counselors are least likely to meet with policymakers to advocate for social issues. The subscale with the lowest mean (where the mean was less than 3) was Subscale 1: Social and Political Advocacy. These items dealt with actively volunteering to participate in advocacy such as protest, making calls to policy makers, or volunteering for political campaigns (items 1, 3, 6, 12, 15, 16, 19, and 21).

This study has particular interest in Subscale 2: Confronting Discrimination (items 2, 5, and 11). The means (M) for these items were high (all above 4) indicating that counselors agree

that discrimination should be confronted. These responses align with ethical codes for counselors and a professional responsibility to uphold these ethics.

The Subscale 3: Political Awareness (items 4, 8, 10, 13, 17, and 20) had the largest range of responses with all means between 3 and 4 and consistent variance ($0.9 < \sigma > 1.2$). These items dealt with keeping abreast of politics and legislation and discussing these matters with colleagues and friends. This subscale had the highest responses of *Agree* than any other subscale indicating that counselors do keep up with current policy and law but not strongly.

Table 3
*Social Issues Advocacy Scale*
*Subscale Scores (n = 341)*

| | Mean | SD | N | Cronbach A |
|---|---|---|---|---|
| *Subscales* | | | | |
| Subscale 1: Social and Political Advocacy *(8 items)* | 20.81 | 7.196 | 8 | .880 |
| Subscale 2: Confronting Discrimination *(3 items)* | 12.65 | 2.297 | 3 | .830 |
| Subscale 3: Political Awareness *(6 items)* | 21.25 | 4.229 | 6 | .753 |
| Subscale 4: Social Issue Awareness (4 items) | 17.64 | 2.508 | 4 | .852 |
| *Total Scale* | | | | |
| Total Instrument Score (*21 items*) | 73.56 | 12.580 | 21 | .896 |

**Research Question #2 To what extent do counselors in Virginia advocate for Black/African American clients/students.**

To address research question 3, respondents (n = 338) reported if they participated in advocacy for Black/African American clients/students. Those counselors who did (n = 203) advocate for Black/African American clients/students in the last two years (since 2015) reported the types of advocacy they practiced and for those (n = 98) who did not advocate for

Black/African American clients offered reasons why. A simple frequency distribution of responses from *yes*, *no*, and *unsure* from question 28 (Q28) is used to address this question and is shown in Table 4. Those (n = 37) who chose "unsure" will be used in a separate analysis but are included in the findings table.

Table 4

*Counselors who advocated for Black/African American clients/students in the last two years (since 2015)*

| Advocated | Frequency | Percent |
|---|---|---|
| No | 98 | 28.7 |
| Yes | 203 | 59.5 |
| Unsure | 37 | 10.9 |
| No response | 3 | 0.9 |
| Total | 341 | 100.0 |

Table 5 shows a frequency distribution of the type of advocacy completed by those counselors who indicated they did advocate for Black/African American clients/students in the last two years.

Table 5

*Frequency of each type of advocacy completed by counselors who indicated they advocated for Black/African American clients/student in the last two years (since 2015)*

| Type of advocacy | Frequency | Percentage of total (n = 203) |
|---|---|---|
| Attended a meeting/discussion about race-specific issues to improve climate for Black/African American clients/students | 113 | 55.6 |
| Attended training to learn more about how to support Black/African American clients/students | 109 | 53.6 |
| Provided support to the family of Black/African American client(s)/student(s) for race-specific issue | 96 | 47.2 |

| | | |
|---|---|---|
| Provided psycho-educational opportunity for the client(s)/student(s) involved with racially-specific issue | 80 | 39.4 |
| Provided dyadic counseling services when racially-specific issue was the presenting problem | 76 | 37.4 |
| Showed support of Black/African American client(s)/student(s) in some visible way (i.e. Black Lives Matter poster) | 62 | 30.5 |
| Publically protested racist issue to advocate on behalf of the Black/African American client(s)/student(s) | 34 | 16.7 |
| Provided group counseling services when racially-specific issue was the topic | 33 | 16.2 |
| Wrote a letter on behalf of the client/student to stakeholders involved with the racially-specific issue | 15 | 7.3 |
| Other | 13 | 6.4 |
| Legislative action (i.e. starting a petition) | 11 | 5.4 |
| No response | 5 | 2.4 |

*Note: Respondents could choose all that apply allowing for multiple responses*

The findings from this frequency table indicate that the type of advocacy is aligned with the SIAS subscale findings. For example, attending a meeting/discussion about race-specific issues to improve climate for Black/African American clients/students (n = 113) and attending a training to learn more about how to support Black/African American clients/students (n = 109) are the two types of advocacy most performed by counselors. This would be aligned with the Social Awareness subscale items about awareness of societal forces that had such high agreement from counselors. Counselors are most active in advocacy when it is to build awareness of an issue.

The next highest category (n = 96) is counselors who advocated for Black/African American clients/students by providing support to families who are dealing with race-specific issues. The SIAS does not include items about family advocacy so the researcher is not able to compare these data points. However, including the family in the therapeutic process is part of the

code of ethics for counselors and is a best practice in school and community settings (ACA, 2014).

Counselors reported low participation (n = 11) in legislative action on behalf of Black/African American issues or write a letter on behalf of a client or student (n = 13) which is congruent with findings from the SIAS Subscale 1: Social and Political Advocacy which showed the lowest levels of agreement. Participating in protest or rallies showed high levels of disagreement for counselors in the results of the SIAS, but for those who chose to advocate for Black/African American clients/students, 34 (16%) responded that they did participate in this type of advocacy.

Not all counselors advocated for Black/African American clients/students and for different reasons (n = 98). These reasons are shown in Table 6. Seemingly, workplace setting is not the reason for most counselors identify as prohibitive to advocacy for Black/African American clients/students. In this case, only 1 (1%) respondent indicated discouragement from the workplace and only 7 (7.1%) indicating that their setting does not serve Black/African American clients/students. The factor that is most prevalent for counselors who do not advocate for Black/African American clients/students is cause (n = 81, 82.6%). Counselors who do not perceive a cause to advocate based on race do not.

Table 6

*Frequency of reasons counselors did not advocate in the last two years (since 2015)*

| Reasons | Frequency | Percentage of total (n = 98) |
|---|---|---|
| I did not have cause to advocate for my Black/African American client(s)/student(s) since 2015. | 81 | 82.6 |
| Other | 7 | 7.1 |
| I do not serve any Black/African American clients/students. | 7 | 7.1 |
| I do not advocate for any clients regardless of race. | 6 | 6.1 |
| I do not feel culturally competent to advocate for Black/African American clients. | 4 | 4 |
| I am discouraged by my workplace to advocate for Black/African American clients/students | 1 | 1 |
| No response | 1 | 1 |

*Note: Respondents could choose all that apply allowing for multiple responses.*

**Research Question #3 To what extent does work setting influence counselors in Virginia to advocate for Black/African American clients/students?**

To address research question #3, correlations are used between work setting and advocacy. Data presented included those respondents who answered *yes* (n = 198, 58%) or *no* (n = 97, 28%) to the prompt (Q 28) *In the last two years (since 2015), have you advocated for Black/African American client(s)/student(s) about a race-specific issue/concern?* Those who answered *unsure* (n = 37, 11%) are not reported in these tables or used in the analysis for this study, but will be included in a separate study. There is also missing data from some of the prompts. These data are excluded in the tables and reported as missing for each table using list wise deletion. Chi square tests are used to examine whether advocacy is conditional on each of

the workplace characteristics (i.e. setting, location, percentage of Black/African American clients/students, and workplace support for race-based advocacy.)

There are four categories examined to determine if there is a relationship with counselor advocacy. Those categories include 1. Workplace (i.e. *elementary school*), 2. Location (i.e. *rural*), 3. Percentage of Black/African American clients/students (i.e. *0-10%*), and 4. Level of workplace support of race-based advocacy (i.e. *very supportive*). To test each category, two variables were used to do a Pearson Chi Square ($\chi^2$) dependent test to determine if there is a relationship between counselors advocating and workplace (Bowen, 2016). Because there are multiple categories (more than two by two), a Cramer's V effect size (*V*) was used (Abbott, 2017) in each analysis. The effect size is important to note because the chi square is more sensitive to sample size (Bowen, 2016). The standardized residual is noted in parenthesis below the frequency count to report the difference between the observed count and expected count of each group. The results for standardized residuals are each are shown below in Tables 7, 8, 9, and 10 along with statistical significance of chi square tests.

Table 7

*Counselor Advocating for Black/African American Clients/Students since 2015 and Workplace*

| Counselor advocated | Private Practice | College/ University | Community Service | Elementary School | Middle School | High School | Other | $\chi^2$ | *V* |
|---|---|---|---|---|---|---|---|---|---|
| Yes | 31 | 17 | 27 | 42 | 32 | 36 | 13 | 26 | .2 |
| | (-1.6) | (.5) | (1.5) | (-.7) | (.5) | (.2) | (.7) | | |
| No | 29 | 3 | 4 | 30 | 9 | 18 | 4 | | |
| | (2) | (-1.6) | (-1.9) | (1.5) | (-1.4) | (.2) | (-.6) | | |

The significance from these variables is $\chi^2_{(12)} = 26.5$, $p = .009 < .05$, which indicates that the null hypothesis is rejected. So there is a statistically significant relationship between counselor advocacy and workplace setting. As seen in Table 7, the effect size of Cramer's V ($V$= .2) is small indicating that the difference between groups is small. The standardized residual of 2 for Private Practice counselors who did not advocate for Black/African American clients indicates that more than expected than observed showing that private practice counselors advocated less than counselors in other settings. Those working in community services, middle schools, and college/universities are more likely to advocate for Black/African American clients/students than other settings.

Table 8

*Counselors Advocating for Black/African American Clients/Students since 2015 and Location*

| Counselors advocated | Rural | Suburban | Urban | $\chi^2$ | $V$ |
|---|---|---|---|---|---|
| Yes | 65 | 82 | 48 | 8.570 | .089 |
| | (-.5) | (.0) | (.7) | | |
| No | 39 | 41 | 17 | | |
| | (.8) | (0) | (-1) | | |

For these variables, the chi square significance is $\chi^2_{(4)} = 8.570$, $p = .073 > .05$, which indicates no statistical significance between counselors advocating and location of workplace. The results from the relationship between location of counselor and advocacy (Table 8) show no effect (V= .089). The standardized residual for each category is small indicating that the observed and expected are similar and not so different that they show any dependence on each other. Counselor location in rural, suburban, and urban settings does not have a significant

relationship with counselor advocacy for Black/African American clients/students. Counselors in all locations are advocating at about the expected rate with placement in rural, suburban, and rural locations not being a dependent factor.

Table 9

*Counselor Advocating since 2015 and Percentage of Black/African American Clients/Students*

| Counselor advocated | 0-10% | 10-20% | 20-30% | 30-40% | 40-50% | .50% | $\chi^2$ | *V* |
|---|---|---|---|---|---|---|---|---|
| Yes | 44 | 44 | 30 | 25 | 16 | 39 | 30.366 | .282 |
| | (-2.1) | (.3) | (.7) | (.9) | (-.2) | (1.3) | | |
| No | 46 | 19 | 9 | 6 | 9 | 8 | | |
| | (3) | (-.4) | (-1.1) | (-1.3) | (.3) | (-1.9) | | |

The correlation between percentage of Black/African American client/students in a work setting and the amount of advocacy is very significant (Table 9). The chi square significance is $\chi^2_{(10)} = 30.366$, $p = .001 < .05$ indicating a statistically significant relationship between percentage of Black/African American clients/students in a workplace setting and the advocacy of the counselor for Black/African American clients/students. The Cramer's V effect size of .28 has a medium effect. The percentage of Black/African American clients/students does significantly relate to counselor advocacy. The category of 0-10% Black/African American clients/students has a higher than expected observed rate of counselors who did not advocate (with a high standardized residual of 3). In the same category, fewer than expected were observed to advocate (with a standard residual of -2.1). For the category of >50% clients/students, less than expected did not advocate. This means that if a counselor is working in a setting in which the population

of Black/African American clients/students is less than 10% or higher than 50%, the level of advocacy is greatly affected showing a dependent relationship between the two variables.

Table 10

*Counselor Advocating since 2015 and Level of Workplace Support for Race-based Advocacy*

| Counselor advocated | Very Supportive | Somewhat Supportive | Not Very | Not at all | $\chi^2$ | *V* |
|---|---|---|---|---|---|---|
| Yes | 109 | 86 | 0* | 1 | 1.366 | .033 |
| | (.0) | (.1) | - | (-.3) | | |
| No | 53 | 40 | 0 | 1 | | |
| | (.1) | (-.1) | - | (.4) | | |

**No respondents chose "Not Very" as a response to this item.*

A chi square analysis revealed $\chi^2_{(4)} = 1.366$, $p = .850 > .05$ indicating no statistical significance between the variables of counselor advocacy and level of workplace support for race-based advocacy. There were no significant findings from the correlation between advocacy and level of workplace support (Table 10). The results show that counselors overwhelmingly felt that their workplace was supportive of race-based advocacy and had little bearing on whether they participated in advocacy for Black/African American clients/students.

## Summary

This chapter included results from the respondents for the SIAS, participation in race-based advocacy, and workplace setting. Demographics of the respondents are included. Results revealed that counselors participate in social issues advocacy at varying levels and in differing ways. Results also revealed that certain characteristics of workplace setting have a significant relationship with counselor advocacy and other characteristics did not.

As shown in the findings from the SIAS, respondents did not believe that they were professionally responsible to confront discrimination (toward the elderly, n = 70; toward disabled individuals, n = 36; or toward culturally/ethnically different people or groups, n = 37) exhibited by their colleagues. Although the code of ethics does not explicitly say that counselors should confront colleagues, it does say that counselors should "not condone or engage in discrimination" (ACA, 2014, p. 19). The Multicultural Social Justice Counseling Competencies (Ratts, et al., 2016) provide guidelines that support counselors moving beyond awareness and skills toward advocacy. As indicated by the SIAS and race-based advocacy question, some counselors are not advocating for social issues or remaining neutral. Even more counselors are not specifically advocating for those issues concerning Black/African American clients/students (n = 97).

For those counselors who are advocating, the types of advocacy vary. According to the SIAS subscales, counselors are most likely to have high awareness of societal forces that effect social issues. However, counselors are not likely to agree with actively advocating in the form of participating in demonstrations, making phone calls or writing letters to or meeting with policymakers, financially contributing to political causes or volunteering for political causes.

Significant findings from this study of workplace setting and counselor participation in advocacy for Black/African American clients/students included the type of workplace and the percentage of clients/student who identified as Black/African American. This study found that location (rural, suburban, urban) did not have a statistically significant relationship with counselor advocacy nor did workplace support for race-based advocacy.

# CHAPTER 5

## DISCUSSION

This chapter discusses the results of the study and the implications. Limitations of this study are included and discussion follows. Implications for counselors, counselors-in-training, counselor educators, and supervisors are presented as well as considerations for future research. What is clear is that the field of counseling is moving toward advocacy becoming an increasingly major role with consideration of social/political implications.

Research shows that when systematic barriers for clients are removed, the outcome is improved client well-being (Toperek, 2006). When racial barriers are removed or minimized, people are safer, more productive, and achieve better self-care (Miller & Garran, 2008). Counselors are well positioned in schools and communities to address systematic and racial barriers and have the unique ability to foster social change through advocacy (Vera & Speight 2003). The Council for Accreditation of Counseling and Related Education Programs (CACREP, 2016), which sets standards for many counselor-in-training programs, mandates that training programs infuse advocacy competencies and training throughout the core curriculum experiences. The American Counseling Association Code of Ethics (ACA, 2014) requires that counselors work to remove barriers for clients. The Multicultural and Social Justice Counseling Competencies (MSJCC) (Ratts et al., 2015), a revision of the Multicultural Counseling Competencies (MCC) developed by Sue, Arredondo, and McDavis (1992), "offers counselors a framework to implement multicultural and social justice competencies into counseling theories, practices, and research" involving four dimensions - (1) counselor self-awareness, (2) client worldview, (3) counseling relationship, and (4) counseling and advocacy interventions (p. 3).

This study focuses on the counseling and advocacy intervention dimension, specifically with how counselors advocate for Black/African American clients/students in various settings.

**Key Finding Addressing Research Question #1**

The first key finding from this study directly addresses the first research question regarding the ways Virginia professional counselors participate in social issues advocacy. Counselors do participate in social issues advocacy in significant ways. The most profound finding from the results of the SIAS and the types of race based advocacy of respondents is that counselors strongly identify with the attitudes, beliefs, awareness, and knowledge of social issues advocacy, however the action and public/social advocacy that is beyond the therapeutic relationship is limited.

***Subscale 1: Social and Political Advocacy.***

The SIAS subscale Social and Political Advocacy has the most prompts including questions involving participation in rallies, voting practices, campaigning, volunteering, financial contributions, and letter writing. This subscale had the lowest mean indicating that counselors are least likely to participate (or agree with statements about participating) in these types of advocacy activities. Although counselors are aware of social and political factors that play a role in their clients'/students' lives, counselors are more averse to advocating publicly as evidenced in the SIAS subscale Social and Political Advocacy (i.e. participating in rallies) having the highest level of disagreement ($M = 20.81$, $SD = 7.196$). To further confirm this aversion to public advocacy, when asked about race based advocacy counselors indicated that they participated least in types of advocacy that required public or external advocacy such as publicly protesting (16%) or writing a letter to a legislator (7%). The type of advocacy offered most for Black/African American clients/students was in the form of trainings (53%), raising awareness

(53%), and individual support of the client and their family (42%). This shows that counselors prefer to advocate in their traditional capacities of the therapeutic alliance, but not in the public sphere.

***Subscale 2: Confronting Discrimination.***

The SIAS subscale Confronting Discrimination involves 3 prompts which state a professional obligation to confront discriminatory practices against the elderly, people with disabilities, and people with different racial/ethnic identities. As mentioned above, for counselors, any form of discrimination is prohibited by the code of ethics (ACA, 2014). Where there is less direction, is a counselor's responsibility in confronting discrimination. This could be the cause of nearly 20% of counselors responding with *unsure* to these questions. If counselors are unclear with their professional role in confronting discrimination, both the code of ethics and workplace policies should include stronger messages about what disrupting discrimination looks like for a counselor.

Counselors overwhelmingly (more than 80%) *agreed* or *strongly agreed* with prompts in this subscale. These responses align with counselor expectations as set by training and ethical standards of the field. Very few (less than 5% of) respondents said they disagreed or strongly disagreed with prompts in this subscale. However, by disagreeing with the prompt, a counselor is admitting to going against best practice and ethical standards. The concern from these findings is the multicultural competence of those counselors.

***Subscale 3: Political Awareness.***

Having awareness of political issues is a choice for counselors as it is for most professionals and people in general. This SIAS Political Awareness subscale gets to the behaviors of counselors in politics. Prompts include keeping track of bills and legislation that

affect the respondent. In this area, approximately 70% of respondents *agree* or *strongly agree* to staying up-to-date and discussing current political topics that affect them. That leaves a significant portion (nearly 20%) who do not engage actively with current events.

This subscale also had the second highest amount (after Social and Political Advocacy Scale) of respondents answering *unsure* to the prompts (nearly 12%). There could be doubt in knowing if the respondent was participating in political awareness because there is so much media consumption that they may feel they are informed but do not actively engage with social issues advocacy. Also, the climate of race-neutral or colorblind rhetoric (also known as avoidant behaviors or political correctness), may deter counselors from being a part of the social and political advocacy needed to support race-based issues (Day-Vines et al., 2007).

***Subscale 4: Social Issue Awareness.***

The overwhelming majority of counselors (86%) *agreed* or *strongly agreed* with items in SIAS subscale of Social Issues Awareness demonstrating that professional counselors understand the societal factors that affect their clients/students. One explanation of this high frequency of counselors who participate in some sort of social issues advocacy is supported by the counselor identity in the fifth wave of the profession as advocacy (Chung & Bemak, 2012). Since its inception, the counseling profession has identified with helping improve the quality of life for clients (Choudhuri et al., 2012). Awareness of social issues that can effect a client's situation is foundational to the profession. The findings from this study (SIAS Subscale 4: Social Issue Awareness, SD = 2.508) confirm that counselors do have an awareness of these societal forces.

These findings show a strong adoption to the Multicultural Counseling Competencies (MCC) that stress attitudes/beliefs, knowledge, and skills (Sue, Arredondo, & McDavis,1992). These are longstanding standards that have informed multiple generations of practitioners,

educators, and supervisors. Most texts (Yoon, Jérémie-Brink, & Kordesh, 2014), studies (Chao et al., 2011), and trainings (Chao, 2012) are rooted in the MCC and there is evidence that the MCC is incorporated into counseling practice (Hayes, 2008). There is not the depth of literature to support that counselors are taking action in the public domain (such as public sphere advocacy).

This finding goes against the most updated versions of literature that involves counselor leadership, excellence, and advocacy (Chang et al., 2012). This finding is also contrary to the most updated standards of supervision (Bernard & Goodyear, 2014) which claim that supervisors and supervisees determine approaches to remove barriers for clients. This finding goes against the call to action in the literature for counselors to become social justice advocates (Swartz, 2015; Toperek, 2006; Totton, 2006; Vera, & Speight, 2016; Wright, 2016). Counselors are called to advocate *socially/politically* as one of the six dimensions of the American Counseling Association Advocacy Competencies (Meyers, 2012). With the newest 2016 Multicultural Social Justice Counseling Competencies (Ratts et. al, 2016), we see a combination of the MCC and Advocacy Competencies stating four areas including *attitudes and beliefs*, *knowledge*, *skills*, and *action*. The *action* is lacking for some counselors. According to the SIAS results from this study, the areas of attitudes, beliefs, knowledge are strongly associated with counselor competencies, however *action* is less evident. The SIAS does not assess skills but research on multicultural counseling skills assessment exists (Cubero, 2009; Cates et al, 2007; Gallardo, 2012). Research about counselor action is less known.

Counselors may not be taking action because action in the form of advocacy is more public and could be more risky. Stone and Zirkel (2010) caution counselors about public advocacy by providing cases of school counselors who participated in ethical advocacy on behalf

of a student and were faced with the repercussions of legal disputes. The judicial trend shows increased litigation that comes as a result when the counselor adheres to "the profession's obligation to protect and advocate for students" through advocacy (Stone & Zirkel, 2012, p. 247). Counselors are not the only profession in legal battles over advocacy, other school personnel are being fired or reprimanded for using their public voice and action to advocate for students/clients (Flaherty, 2017). Action is visible and hard to deny, and this fear of litigation or reprimand could be enough to deter counselors from advocating in the public sphere.

**Key Finding Addressing Research Question #2**

Another major finding from this study addressed the second research question involving Virginia counselor's advocacy for Black/African American clients/students. First, advocacy is not clearly understood by counselors. Nearly 11% of respondents indicated that they were *unsure* if they advocated for Black/African American clients/students since 2015. This could be because they could not remember or that they did not know if the advocacy was race-based. A limitation to this finding is that race-based advocacy was never defined by the researcher for the participant. This could have caused confusion and led respondents to choose unsure.

What was most alarming to the researcher was the nearly 30% of respondents who indicated they did not advocate for Black/African American clients in the last two years. A possible explanation for this is that advocacy is new for many counselors as a core competency as explored above. It was not until the last decade (Ratts & Hutchins, 2009) that advocacy became part of the ACA code of ethics (ACA, 2005) and CACREP (2016) standards. Also, most of the literature on advocacy is general to all clients and does not include race-based advocacy (Swartz, 2015).

Another concern is the lack of practical examples of race based advocacy presented in the literature. Literature provides practical examples to perform any advocacy is limited (Lee & Rogers, 2009). The counselors who have the most guidance are school counselors (Field & Baker, 2004; Singh, Urbano, Hasston & McMahan, 2010; Wright, 2016; Ratts, DeKruyf, & Chen-Hayes, 2007; McMahan, Singh, Urbano & Haston, 2010). It would benefit practitioners, educators, and counselors-in-training to have more examples of best practices of social issues advocacy, race based advocacy, and any advocacy done at the public sphere dimension. Counselors rely on research-based evidence, supervision, and training to provide the needed competencies, and incorporating race based advocacy as a topic important for counselor performance is needed in today's climate. The philosophy and support for providing strong advocacy is in place but the tools are not.

**Key Finding Addressing Research Question #3**

When addressing the third research question, the third major finding is revealed. Work place setting had various correlations with counselors advocating for Black/African American clients/students. There was minimal significance in the results of counselors advocating in different work place type (i.e. private practice). There was no significant effect of counselors advocating based on their workplace location (i.e. rural). There was a medium effect of significance from the results of counselors advocating based on the percentage of clients/students who identify as Black/African American in their setting. In settings with 0-10% Black/African American clients/students, less advocacy was observed than expected. Similarly, in settings with >50% Black/African American clients/students, less advocacy was observed than expected. This indicates that the Black/African American clients/students who are in the smallest minority of

their racial demographic are receiving less advocacy by counselors than expected. This finding goes against with best practices for helping professionals who are addressing racism (Miller & Garran, 2008). When a client/student is part of the "targeted identity" there is a heighten awareness of difference, their targeted status, internalized oppression, and need for social activism (Miller & Garran, 2008, p. 120). Implications for racial identity development for clients/students who are less than 10% of the population include fluctuation between the stages of development. Using Helms' (1990) *Black and White Racial Identity* process, counselors are paramount to the relationship between Black identified and White identified clients/students in such circumstances based on their perceptions, intentions, attitudes, and skills. Black/African American clients/students in any environment in the United States, since the Civil Right movement, are defining what being Black (nigrescence) means and the "process of accepting and affirming a Black identity in an American context moving from Black self-hatred to Black self-acceptance" (Vandiver, 2011, p. 166). With unique life experiences and culture, Blacks/African Americans who are in a small minority of their population experience race as a more salient identity and experience the *encounter* stage on a daily basis (Vandiver, 2011). An *encounter* can be a "single event" or "a series of small eye-opening episodes" that occurs and challenges the beliefs of a person about their own race and the race of the dominant culture (Cross, 1991, p. 200). The involvement of a counselor in these encounters can directly affect the client's/student's perceptions of the counselor, feelings toward therapy, and directly determine the client's/student's well-being (Helms, 1993). Having almost half of respondents either not advocating for or unsure if they advocated for Black/African American clients in the last two years is contradictory to the tenets of basic Racial Identity Development theory that has been part of counselor training since the 1990's (Choudhuri, Santiago-Rivera, Garrett, 2012).

An interesting finding is uncovering that some counselors indicated they did not advocate for Black/African American clients/students in the last two years even though racial incidents (often involving Black/African Americans) were making national news. One possible explanation of why counselors do not advocate for Black/African American clients/student is that they feel they advocate for all clients equally. We know that research indicates the preference for colorblindness in White identified members of a group (Ryan et al., 2007). We also know that colorblindness is known to exist in therapeutic relationships (Terwilliger et al., 2013; Ryan et al., 2007). Historically and presently, there is evidence that our U.S. systems such as education, law, employment, and housing are accepting colorblindness as a tool to continue the oppression of Blacks/African Americans (Alexander, 2010). For counselors to avoid acknowledging race as a social issue topic and not participate in race based advocacy can be harmful to clients who are part of a targeted, or socially oppressed population (Miller & Garran, 2008).

Another possible explanation of why respondents chose *unsure* when asked about advocating for Black/African clients/students is that counselors may not know what race based advocacy is. Again, this was not defined in the study and is a limitation to the findings. However, when asked if their workplace supported race based advocacy, only one respondent indicated that their workplace was not supportive. Even respondents who said they did not advocate for Black/African American clients indicated a *very* (n = 53) or *somewhat* (n = 40) supportive workplace for race based advocacy (84%), but several respondents did not answer this question. This poses a limitation to the study because this question did not offer *unsure* as a response option when asked about workplace support for race based advocacy. It could be that those respondents who did not answer the question (14%) really were unsure if their workplace setting

supported race based advocacy simply because they are unsure of what race based advocacy means. Overall, counselors do feel supported to do race based advocacy when asked, but still may be unsure what that means.

### Additional Findings

A few of the results of the study gave pause to the researcher because of the potential implications. One such concern is the finding that 3-4% of respondents are unsure and 3-5% disagree or strongly disagree with prompts that state that societal forces affect our clients/student. For these (20-40) counselors, the belief is that their clients/students are not or maybe not be affected by societal forces (for education, health and wellbeing, or access to services) is a denial of differing lived experiences and is dangerous and unethical as it can cause harm to client/students if unexamined. Having a belief that is contrary to reality is problematic for counselors and can cause harm. These counselors show evidence that they are either incompetent, unaware, unsure, or completely opposed to being multiculturally competent. When combined with issues such as race and racial identity development, these counselors who are not multiculturally competent do not have the foundation to provide advocacy and even may cause harm. Further research is needed to understand the root of these beliefs and how they inform the therapeutic relationship.

## Limitations

Throughout each chapter of this study, limitations have been addressed. For this chapter, the researcher acknowledges that many of the constructs mentioned are created with race in mind but that counselors may be advocating at all levels for other types of matter such as gender equality. This study does not account for other types of social issues. Race is a social construct that is difficult to define and could impact all parts of this study based on how a counselor

defines it. Another limitation includes the use of advocacy and social justice in the literature and in this study. At times, advocacy is used interchangeably with social justice and those are different concepts. Social justice can be a result of advocacy. If the standard for counselors is social justice, then the action is advocacy. These are closely connected but not synonymous.

Another limitation to the study is the choice of 2015 as the year to reference for the last two years of engagement for advocacy. The reference year of this study may have influenced the response of participants who did not practice in 2015. Even if counselors were actively engaged in advocacy for Black/African American clients/students prior to 2015, those data are not requested for this study. The year 2015 was chosen for reasons of recall for the counselor to recollect and because of the recent events since 2015 that have occurred regarding Black/African American communities (see Appendix J). The year 2015 is the year that the new MSJCC standards were released for counselors and set new requirements that counselors participate in social justice activities with and behalf of clients/students (Ratts et al., 2015). The timing is a limitation also because of two major events that could influence the respondents. In August of this year, two months before the administration of this study, a major race-based rally occurred in Charlottesville, Virginia. The event resulted in the death of a peaceful protester and caused major controversy in the Commonwealth of Virginia and the country. This event could have increased or decreased the rate of response to this survey based on its closely related topic. Additionally, in November, one month after the administration of the survey instrument, a presidential election occurred between Hilary Clinton and Donald Trump. The heat of the election, and its contention could have also informed the outcomes of the responses to the survey.

A limitation of these findings about counselor participation in social issues advocacy is the alignment of the SIAS prompts and the race-based advocacy prompts offered to participants. Although the prompts did share common language and themes, the prompts from the SIAS were general to any professional whereas the race-based advocacy questions were written with counselor-specific prompts. The correlations drawn between the types of advocacy could be stronger if these prompts were more similar.

## Implications

Several implications are drawn from the results of this study that can inform policies, counselor educators, counselor supervisors, and practitioners. Since the beginning of the profession, counselors have had a spirit and ethical code that include advocacy for clients and their well-being. These features inform a counselor's professional identity and have developed through strengthening a call to action toward social justice. There are no standards that define how effective or caring a counselor is based on their level of advocacy or involvement in social justice, but there has always been an expectation that counselor would act with and on behalf of clients to remove barriers (Toporek et al, 2009). A counselor can be effective and caring if all advocacy remains at the microlevel (client/student empowerment) or expands to mezzo (community/school system), or macro (social/political) levels. Involvement in advocacy at all levels is not a requirement to be an effective counselor, but should be a consideration. Again, discretion, guidelines, and clear expectations are needed for counselors to assess when to advocate at which level and how.

### Policy

Counselors are aware that policies affect the well-being of their clients. As seen from this study, and the results of the SIAS, most counselors (90%) agree or strongly agree that what

is determined by policy at all levels of our lives (including legislative) can determine a client's/student's access to resources such as education, healthcare, etc. With such awareness, it is then the responsibility for counselors to increase their knowledge and skills in the areas of policy to affect improved changes to existing conditions that are stifled by oppressive policy. Counselors must use their awareness, knowledge and skills (AKS) to inform their decision making about involvement in advocacy that determine or change micro, mezzo, and macro level policies.

There is a tremendous gap, in the literature and training for counselors, that discusses this leap from AKS to action (advocacy) that effect policy. Until research and resources are offered that support the understanding and practice for counselors to participate in policy change, policies will continue to exist that could be potentially harmful to clients/students. Creating a clear path for counselors to engage in policy change as part of their role is needed. Counselors are not politicians or policy makers but are well positioned to be a voice for the needs of the community that can inform policy making. That voice is needed, but often not heard. Acting on behalf of clients/students (ACA Advocacy Competencies, Toporek, et al., 2009), at all levels is important especially when combatting racism and race-based issues. There are techniques and approaches for counselors to use toward disrupting racism at the individual level and systematic level (Baum, 2012; Miller & Garran, 2008), but very limited guidance is available on how to disrupt racist policy or culture in the public sphere (Lee & Rogers, 2009). This type of advocacy traditionally has been a role of a professional organization assigned lobbyists (i.e. VCA) and not the counselors themselves. Should counselors enter this work, a new skill set and competencies will have to be examined as part of the training as well as performance assessment. The

effectiveness of social/political advocacy will have to be measured and assessment of impact reviewed.

Another consideration for policy is that of security for counselors in their role as a social public advocate. For example, there are no current policies (except maybe those offered a particular work site) that protects a counselor from repercussions should he/she/they participate in race based advocacy at the public level. If a counselor feels that participating in a public rally is a part of "acting on behalf" of a client population, there is no assurance that the counselor can use their professional license status or school counselor status as a platform for this type of advocacy. This type of public advocacy is not considered direct service or billable to insurance. This type of advocacy could cost a counselor time, money, and even their job if no assurances are offered by professional codes or licensing expectations.

**Counselor Educators**

Another consideration for why advocacy at the macro level is not occurring by counselors is that the application and assessment of advocacy for and by counselors is mainly aspirational in the literature (Chang et al., 2012; Evans et al., 2001; Feldwisch & Whiston, 2015). In 1996, an operationalization of the Multicultural Counseling Competencies was written for counselors giving practical and clear outcomes for the practitioner to know and master multicultural competence as part of their practice (Arrendado et al., 1996). The literature to operationalize MSJCC (beyond multicultural skills) is limited to Ratts & Hutchins (2009) for the client/student level and Lee & Rogers (2009) addressing the public sphere advocacy. Even these helpful publications do not address race-specific advocacy. Operationalizing advocacy with and on behalf of Black/African American client/students does not exist. This lack of guidance

coupled with fear could lead to the aversion of participating in advocacy for Black/African American clients/students.

Counselor educators must include practical guidelines, techniques, and examples of what macro level advocacy involves for counselors. We can no expect the next generation of counselors-in-training to know how to address systemic barriers like racism for clients if there is little literature or research dedicated to exploring these types of activities. Counselor educators need to incorporate advocacy and social justice into all areas of competencies associated with accreditation standards such as those required by CACREP. If that is to be the case, CACREP must provide language that uses social justice and public sphere language in the review of counselor-in-training competencies that can be measured.

**Practitioners**

There is the issue of advocacy as in-addition-to the already heavy workloads of counselors. Counselor burnout is common and more prevalent in particular settings (Lent, & Schwartz, 2012). With increasing caseloads, finding time to address system and societal level racial injustices could be seen as added duties in which counselors are unable to participate. Participating in advocacy, especially advocacy that requires work outside of the work setting such as social and political advocacy, may distract from the responsibilities and work duties that are vital to the daily operations of the job. For some professional counselors, participating in advocacy could affect their bottom line by accepting less clients to make time for advocacy. For counselor educators and researchers, participating in advocacy could distract scholars from tenure-related deliverables such as publications or teaching (Lee & Rogers, 2009). Additionally, becoming a counselor advocate comes with emotional labor that counselors already experience

when serving clients/students (Chang et al, 2012). This could deter counselors from becoming more involved with advocacy.

We see from the results of this study that counselors in settings where Black/African American clients/students were either in the small minority (less than 10%) or large majority (more than 50%), race based advocacy had major discrepancy. Counselors who had the majority of the population as Black/African American seemed more involved with race based issues where as counselors who had few Blacks/African American clients/students did very little race based advocacy. It seems that depending on the population, the advocacy levels change. I would argue that an equal amount of race based advocacy should occur despite the representative populations and even more so for those settings with small minorities of Black/African American clients. There is much evidence about "being the only" and the added resources and support needed to create affirming and inclusive environments when there are marginalized people in majority contexts (Miller & Garran, 2012).

**Training and Professional Development**

Counselors are encouraged to receive supervision and training throughout their careers to stay current on best practices. One implication is the service or disservice to clients/students as a result of counselors' aversion to public sphere advocacy. This lack of participation in the public sphere could be a result of limited training and research on how and why counselors should be doing such advocacy. By not participating in macro level social issues advocacy, counselors do not meet the call to action encouraged by recent guidelines and do not work toward social justice. Counselors can still be effective, but must decide when to elevate their client advocacy to a more macro level. Furthermore, by not participating in race based advocacy, counselors become part of the silent citizenry that allows for racial injustices to occur without discussion,

examination, and reform. For clients who are working through their own racial identity development, the lack of public advocacy shown by counselors may influence their development through the stages. Finally, workplace settings, although not significant in affecting race based advocacy, could not only support counselor advocacy, but find ways to ensure that public sphere advocacy can occur. For example, supervisors can allow for professional development opportunities that involve macro level advocacy where counselors are encouraged to publically advocate for social issues.

**Counselor Supervision**

A future consideration for counselor supervisors is to create clear expectations and assessment around how counselors are involved in social and political advocacy. The code of ethics (APA, 2014) uses the language "when appropriate" when describing when a counselor should participate in advocacy on an individual, group, institutional or societal level which could be interpreted in various ways (p.5). The question to be answered by each professional counselor is the appropriateness of the advocacy and what are the risks and benefits of becoming more involved at the macro level. Are there professional and personal assurances that a counselor has to face adversity and battle systematic injustices knowing that this work has led to repercussions of others in the past? If counselors need guidance in making a decision on whether to participate in advocacy, specifically advocacy involving race, it is recommended that counselors rely on ethical decision making as they would in any other difficult decision with clients and supervisees (Herlihy & Corey, 2015). Herlihy & Corey clarify through their ethical decision making process that all steps require reflection, client collaboration, consultation with colleagues, and courage. These same features could be incorporated into practice for counselors when considering race based advocacy.

## Future Research

The research needed to fill the gaps of this study includes assessing what advocacy means for counselors, educators, and researchers. Furthermore, research in race based advocacy is needed to understand when and how a counselor advocates only on the basis of race and how it is different than other types of advocacy. Racial identity development research is needed for both client/student and counselor when facing a shared race-related trauma. The field of counseling values racial identity development but research is needed to understand how racial development occurs for people of different races after a racial incident or during a racial movement. As a result, Racial Identity Development could receive more attention and be a part of counseling that is considered invaluable during a time of racial division.

A consideration for future research is to examine the risks and benefits of participating in social and political advocacy (Lee & Rogers, 2009). These risks can be personal and professional ranging from reputation to disciplinary action (Lee & Rogers, 2009). Participating in social/political advocacy requires leadership, strategic vision, collecting and affectively using data, and courage (Lee & Rogers, 2009). Understanding the implications of participating in the public sphere of MSJCC for counselors is a real concern and has limited research (Simons, Hutchison, & Bahr, 2016; Feldwisch & Whiston, 2016). Future research is needed to understand the outcomes of social and political advocacy done by counselors. Although newly adopted, the 2016 MSJCC must be examined in practice with empirical data to support the participation in public sphere advocacy to include social issues advocacy.

Future research is needed to provide evidence based arguments in support of participating in advocacy. Counselors are told to advocate (Chang et al., 2012) but not enough literature tells counselors how and why (Schwartz, 2015), and no literature speaks directly to the advocacy

involving Black/African American clients/students. Assessing and creating standards for race-based advocacy are needed, especially with race being such a prevalent topic today (Terwilliger et al., 2013). Although advocacy is part of the counselor identity according to recent standards, the adoption of incorporating advocacy in the public sphere dimension is still lagging according to these results.

## Conclusion

Leaders in counseling include advocacy as foundational to the role of a professional counselor (Chang et al., 2012). The Advocacy Competencies developed by Lewis, Arnold, House & Toporek (2002) were written to operationalize the framework that counselors infuse advocacy into their day-to-day practice. These Advocacy Competencies coupled with the Multicultural Social Justice Counseling Competencies (Ratts et al., 2016) offer practitioners, counselor educators and supervisors a form of measurement to assess the awareness and skills of their and their trainees' advocacy competencies. While competencies can be assessed, it is unclear the type and action of advocacy performed and in what work settings. What is even less understood is the types of advocacy offered to Black/African American clients/students. Thus, an examination of the types of advocacy is needed and in what work settings is advocacy occurring.

Many counselors are still practicing within the competencies of the Multicultural Counseling Competency model. Advocacy needs to be better defined, modeled, and assessed for counselors to adopt this as part of their practice. Supervisors and counselor educators must address the risk and benefits of advocacy at the public sphere level and be clear about workplace expectations for this type of advocacy. Courage is mentioned as a requirement to participate in advocacy. Counselors must assess their level of courage to determine if they will choose to be a leader or follower in this area. With hostile environments, high risk litigation, and time

constraints, counselors are given little incentive to advocate at the societal/political or macro level. Until the field of counseling addresses these concerns, bravery and courage are the only motivators in place today that counselors can rely to do this important and needed work.

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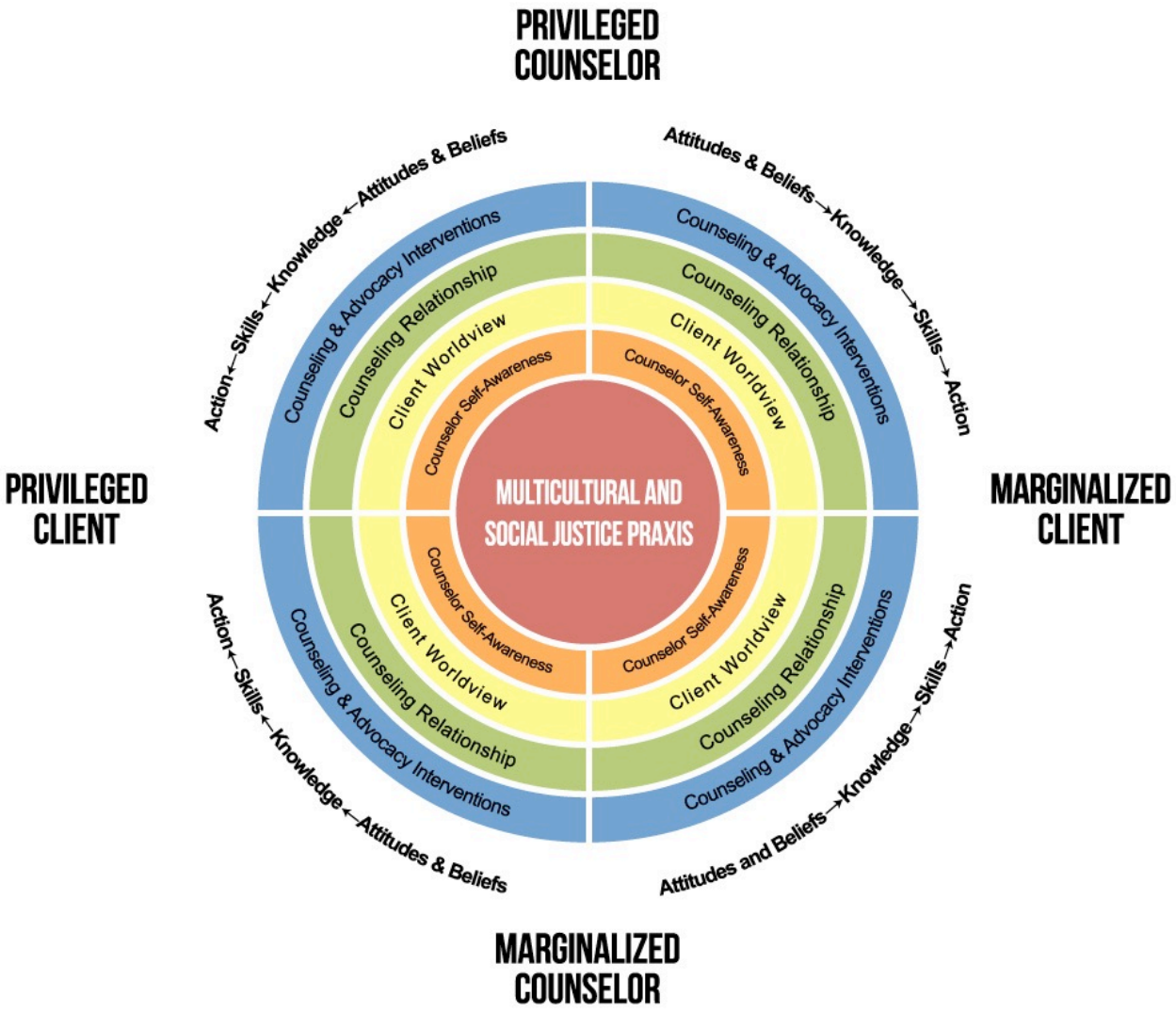
Appendix A

Multicultural and Social Justice Counseling Competencies

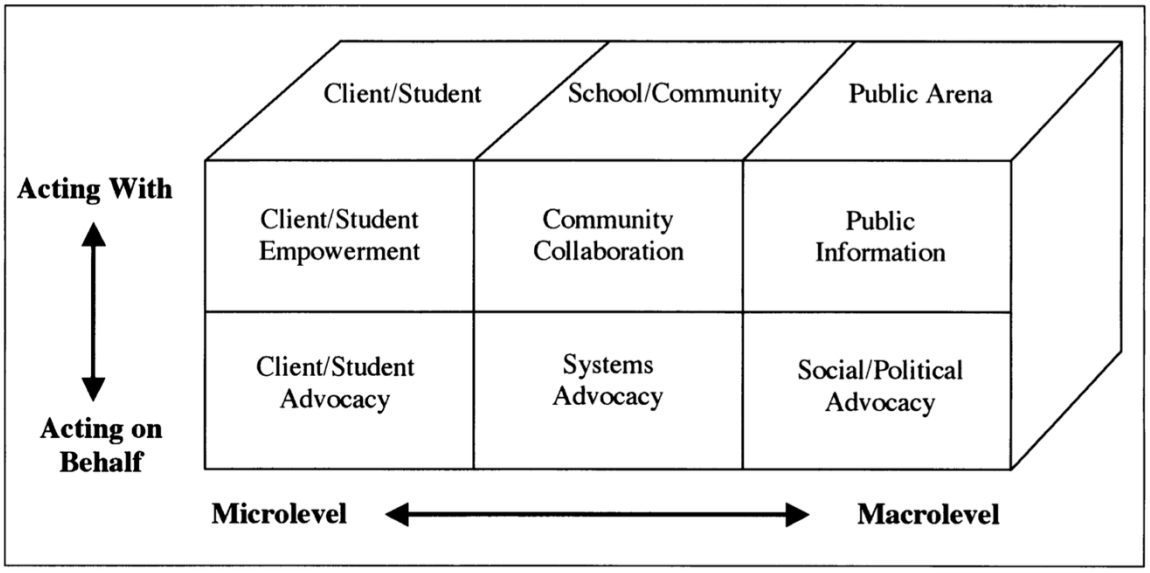



---

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2016). Multicultural and social justice counseling competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development, 44*(1), 28-48. doi:10.1002/jmcd.12035

Appendix B

ACA Advocacy Competencies




Toporek, R. L., Lewis, J. A., & Crethar, H. C. (2009). Promoting systemic change through the ACA advocacy competencies. *Journal of Counseling and Development, 87*(3), 260-268.

Appendix C

Social Issues Advocacy Scale Permission Correspondence

VirginiaTech
Invent the Future

**Dannette Gomez Beane <gomezds@vt.edu>**

## Social Issues Advocacy Scale – permission

**Beane, Dannette** <gomezds@vt.edu> Wed, May 31, 2017 at 4:29 PM
To: "nilssonj@umkc.edu" <nilssonj@umkc.edu>

Dr. Nilsson,
I am considering using the SIAS as part of my dissertation. Can you please share with me what permissions and costs are associated with use of the scale? Thank you. –Dannette

**Nilsson, Johanna E.** <NilssonJ@umkc.edu> Thu, Jun 1, 2017 at 1:22 PM
To: "Beane, Dannette" <gomezds@vt.edu>
Cc: "Marszalek, Jacob M." <marszalekj@umkc.edu>

Of course. Thanks for your interest in using it. It is free.
Please share your results with us.
Best,
Johanna

**2011 Social Issues Advocacy Scale.doc**
31K

Appendix D

Survey Instrument

**VA Counselors Social Issues Advocacy**

Q1 This survey is designed for Masters degree holding professional counselors currently providing services in Virginia to share their experiences, opinions, and attitudes about social issues advocacy. The data gathered from this survey will be used for professional and client advocacy. Information will be protected through standards set by Virginia Tech Institutional Review Board (#17-651) requirements and is confidential and anonymous. Your participation is important for the betterment of work place settings, for clients receiving services, and the counseling profession. The survey includes 34 prompts and should take 15-20 minutes to complete. All questions are optional so you can skip any item. Your participation is voluntary and you're able to discontinue participation at any point. The researcher has attempted to minimize any risks for the participant but should you experience any discomfort with the questions, again, you're welcome to skip that question or remove yourself from the study at any time. Please complete the survey by Wednesday, November 15, 2017. Contact the researcher with questions at gomezds@vt.edu or 540-815-9601. **For questions about your human subject research protections, contact Dr. Moore, IRB Chair, moored@vt.edu or 540-231-4991.**

By clicking "yes" below, you consent to participate in this study.

- ○ Yes (1)
- ○ No (2)

---

*Display This Question:*

*If This survey is designed for Masters degree holding professional counselors currently providing se... = No*

Thank you for your time and consideration with this study.

*Skip To: End of Survey If - (1) Is Displayed*

**End of Block: Default Question Block**

---

**Start of Block: Block 7**

Q2 To be eligible for this study, you must be a Virginia counselor. Have you work as a professional counselor in the Commonwealth of Virginia in the last two years?

- ○ Yes (1)
- ○ No (2)

*Skip To: End of Survey If Q2 = No (2)*

Q3 To be eligible for this study, you must hold a Master's degree. Do you have a Masters and/or doctorate degree in a counseling field?

- ○ Yes (1)
- ○ No (2)

*Skip To: End of Survey If Q3 = No (2)*

*Display This Question:*

*If To be eligible for this study, you must hold a Master's degree. Do you have a Masters and/or doct... = Yes*

Q4 What year did you complete your Masters-level training?

▼ 2017 (1) ... Prior to 1997 (21)

Q5 Was your counselor training from a CACREP program at the time you attended?

- ○ Yes (1)
- ○ No (2)
- ○ I don't know (3)

End of Block: Block 7

---

Start of Block: Block 9

Please rate the following items according to the scale below. Click the response code that most clearly reflects your opinions, behaviors, or experiences:

| | 1 Strongly Disagree (1) | 2 Disagree (2) | 3 Undecided (3) | 4 Agree (6) | 5 Strongly Agree (4) |
|---|---|---|---|---|---|
| 1. I participate in demonstrations or rallies about social issues that are important to my profession. (22) | ○ | ○ | ○ | ○ | ○ |
| 2. I am professionally responsible to confront colleagues who display signs of discrimination toward the elderly. (24) | ○ | ○ | ○ | ○ | ○ |
| 3. I make telephone calls to policymakers to voice my opinion on issues that affect my profession. (4) | ○ | ○ | ○ | ○ | ○ |
| 4. I keep track of important bills/legislative issues that are being debated in Congress that affect my profession. (5) | ○ | ○ | ○ | ○ | ○ |
| 5. It is my professional responsibility to confront colleagues who display signs of discrimination toward disabled individuals. (6) | ○ | ○ | ○ | ○ | ○ |
| 6. I volunteer for political causes or candidates that I believe in. (7) | ○ | ○ | ○ | ○ | ○ |
| 7. State and federal policies affect individuals' access to quality education and resources. (8) | ○ | ○ | ○ | ○ | ○ |

| | | | | | |
|---|---|---|---|---|---|
| 8. I keep track of important bills/legislative issues that are being debated in Congress that I am personally interested in. (9) | ○ | ○ | ○ | ○ | ○ |
| 9. Societal forces (e.g. public policies, resource allocation, human rights) affect individuals' health and well being. (10) | ○ | ○ | ○ | ○ | ○ |
| 10. I discuss bills/legislative issues that are important to my profession with friends and family. (11) | ○ | ○ | ○ | ○ | ○ |
| 11. It is my professional responsibility to confront colleagues who I think display signs of discrimination toward culturally/ethnically different people or groups. (12) | ○ | ○ | ○ | ○ | ○ |
| 12. I participate in demonstrations or rallies about social issues that are important to me personally. (13) | ○ | ○ | ○ | ○ | ○ |
| 13. I work to elect policymakers who support the views of my professional organizations on important social issues. (14) | ○ | ○ | ○ | ○ | ○ |
| 14. State and federal policies affect individuals' access to social services. (15) | ○ | ○ | ○ | ○ | ○ |

| | | | | | |
|---|---|---|---|---|---|
| 15. I meet with policymakers (e.g. City council, State and Federal legislators, local elected officials) to advocate for social issues that I personally believe in. (16) | ○ | ○ | ○ | ○ | ○ |
| 16. I volunteer for political causes or candidates that support the values of my profession. (17) | ○ | ○ | ○ | ○ | ○ |
| 17. I discuss bills/legislative issues that are important to my profession with co-workers and acquaintances. (18) | ○ | ○ | ○ | ○ | ○ |
| 18. Societal forces (e.g. public policies, resource allocation, human rights) affect individuals' educational performance. (19) | ○ | ○ | ○ | ○ | ○ |
| 19. I make financial contributions to political causes or candidates who support the values of my profession. (20) | ○ | ○ | ○ | ○ | ○ |
| 20. I vote in most local elections. (21) | ○ | ○ | ○ | ○ | ○ |
| 21. I use letters or email to influence others through the media regarding issues that affect my profession. (3) | ○ | ○ | ○ | ○ | ○ |

End of Block: Block 9

---

Start of Block: Block 6

Q28 In the last two years (since 2015), have you advocated for Black/African American client(s)/student(s) about a race-specific issue/concern?

- ○ Yes (1)
- ○ No (2)
- ○ Unsure (3)

End of Block: Block 6

---

Start of Block: Block 5

*Display This Question:*

*If In the last two years (since 2015), have you advocated for Black/African American client(s)/stude... = Yes*

Q28a If yes, what type of advocacy did you provide to the client(s)/student(s) since 2015. Check all that apply.

- [ ] Attended a meeting/discussion about race-specific issues to improve climate for Black/African American clients/students (1)
- [ ] Attended training to learn more about how to support Black/African American clients/students (2)
- [ ] Provided dyadic counseling services when racially-specific issue was the presenting problem (3)
- [ ] Provided group counseling services when racially-specific issue was the topic (4)
- [ ] Provided psycho-educational opportunity for the client(s)/student(s) involved with racially-specific issue (5)
- [ ] Provided support to the family of Black/African American client(s)/student(s) for race-specific issue (6)
- [ ] Publically protested racist issue to advocate on behalf of the Black/African American client(s)/student(s) (7)
- [ ] Showed support of Black/African American client(s)/student(s) in some visible way (i.e. Black Lives Matter poster) (8)
- [ ] Wrote a letter on behalf of the client/student to stakeholders involved with the racially-specific issue (9)
- [ ] Legislative action (i.e. starting a petition) (10)
- [ ] Other (11) _____

*Display This Question:*

*If If If yes, what type of advocacy did you provide to the client(s)/student(s) since 2015. Check all t... q://QID2/SelectedChoicesCount Is Not Empty*

OPTIONAL Please elaborate on your experiences with advocating for Black/African American clients/students in your current work setting.

_____

_____

_____

_____

_____

*Display This Question:*

*If In the last two years (since 2015), have you advocated for Black/African American client(s)/stude... = No*

Q28b If no, please indicate for what reason(s) you did not advocate for Black/African American client(s)/student(s) since 2015. Check all that apply.

- ☐ I do not serve any Black/African American clients/students (1)
- ☐ I do not feel culturally competent to advocate for Black/African American clients (2)
- ☐ I am discouraged by my workplace to advocate for Black/African American clients (3)
- ☐ I do not advocate for any clients regardless of race. (4)
- ☐ I did not have cause to advocate for my Black/African American client(s)/student(s) since 2015. (5)
- ☐ Other (6) _____

*Display This Question:*

*If In the last two years (since 2015), have you advocated for Black/African American client(s)/stude... = Unsure*

Q27 If unsure, can you explain what you're unsure about?

_____

**End of Block: Block 5**

---

**Start of Block: Block 4**

Q29 Please describe your work setting. Please choose the setting that best describes where you spend most of your time with clients/students.

- ○ Private practice (1)
- ○ College/University (2)
- ○ Community Services (3)
- ○ Advocacy Center (4)
- ○ Hospital/Medical (5)
- ○ Elementary School (6)
- ○ Middle School (7)
- ○ High School (8)
- ○ Other (9)

---

Q30 Please choose what setting best describes the location where you serve your clients/students.

- ○ Rural (1)
- ○ Suburban (2)
- ○ Urban (3)

---

Q31 Please describe the developmental age group you serve. Check all that apply.

- ☐ Early childhood (1)
- ☐ Adolescence (2)
- ☐ Young adult (3)
- ☐ Adult (4)
- ☐ Older adult (5)

---

Q32 Please share what percentage of your clients/students identify as Black/African American. Please use the best estimate based on your work with clients/students in the last two years.

- 0-10% (1)
- 10-20% (2)
- 20-30% (3)
- 30-40% (4)
- 40-50% (5)
- >50% (6)

End of Block: Block 4

---

Start of Block: Block 8

Q33 How would you describe your current work setting?

- Very Supportive of race-based advocacy (1)
- Somewhat Supportive of race-based advocacy (2)
- Not very supportive of race-based advocacy (3)
- Not at all supportive of race-based advocacy (4)

End of Block: Block 8

---

Start of Block: Block 3

Q 34 Please share your racial and/or ethnic identity.

- [ ] Asian (including South Asians, East Asians, etc) (4)
- [ ] Black/African American (1)
- [ ] Hawaiian/Pacific Islander (6)
- [ ] Hispanic/Latinx (5)
- [ ] Mixed Race (7)
- [ ] Native American/American Indian (2)
- [ ] White (3)
- [ ] Choose not to respond (8)

---

Q 35 Please describe your gender identity.

- ○ Female (2)
- ○ Gender nonconforming (3)
- ○ Male (1)
- ○ Choose not to respond (5)

**End of Block: Block 3**

Start of Block: Block 9

*Display This Question:*

*If To be eligible for this study, you must be a Virginia counselor. Have you work as a professional... = No*

*Or To be eligible for this study, you must hold a Master's degree. Do you have a Masters and/or doct... = No*

Thank you for consenting to take this survey. Unfortunately, you do not meet the criteria needed for participation in this study. If you have questions, feel free to reach out to the researcher at gomezds@vt.edu.

End of Block: Block 9

# Appendix E

## Email Invitation

Dear Colleague,

You have been identified as a professional counselor in the Commonwealth of Virginia who meets one or more of these criteria 1) membership in the Virginia Counselors Association, 2) membership in the Virginia School Counselors Association, and/or 3) received endorsement through the Virginia Board of Counseling.

My name is Dannette Gomez Beane, a PhD student at Virginia Tech, and I am conducting a research study about Virginia counselor engagement with social issues advocacy. The data will be used to accomplish the following: 1) provide insight of practitioner behaviors and attitudes toward social issues advocacy, 2) quantify the types and frequency of advocacy occurring in Virginia, and 3) inform supervisors and policymakers of workplace trends and possible needs in the area of social issues advocacy.

The data gathered from the survey are anonymous and confidential in alignment with the approval of the Virginia Tech Institutional Review Board (IRB 17-651).

You are invited to participate in the study and complete the 34-item questionnaire. The survey should take less than 15 minutes to complete. Participation is voluntary. All questions are optional and you have the choice to discontinue participation at anytime. The results will be published to further the knowledge of the counseling profession in Virginia.

Click here to take the survey or type this URL into your browser

https://virginiatech.qualtrics.com/jfe/form/SV_7NFtlfoLUXqw1bD

The survey will close on November 15, 2017. A reminder email will be sent in 10 days and once again in early November.

Feel free to reach out to me if you have any questions. I look forward to receiving your responses. Thank you.

Sincerely,

Dannette Gomez Beane

# Appendix F

## Reminder Email Invitation

Dear Colleague,

This is the second invitation to participate in research study about Virginia counselor engagement with social issues advocacy. Thank you to those who participated and filled out the survey. You can disregard this email.

As a reminder, the data will be used to accomplish the following: 1) provide insight of practitioner behaviors and attitudes toward social issues advocacy, 2) quantify the types and frequency of advocacy occurring in Virginia, and 3) inform supervisors and policymakers of workplace trends and possible needs in the area of social issues advocacy.

The data gathered from the survey are anonymous and confidential in alignment with the approval of the Virginia Tech Institutional Review Board (IRB 17-651).

You are invited to participate in the study and complete the 34-item questionnaire. The survey should take less than 15 minutes to complete. Participation is voluntary. All questions are optional and you have the choice to discontinue participation at anytime. The results will be published to further the knowledge of the counseling profession in Virginia.

Click here to take the survey or type this URL into your browser https://virginiatech.qualtrics.com/jfe/form/SV_7NFtlfoLUXqw1bD.

The survey will close on November 15, 2017. A final reminder will be sent again in early November. Thank you.

Sincerely,

Dannette Gomez Beane

# Appendix G

## Final Reminder Email Invitation

Dear Colleague,

This is the final reminder invitation to participate in a research study about Virginia counselor engagement with social issues advocacy. If you have already completed the survey, thank you. You can ignore this reminder.

For those who have not, you are invited to participate in the study and complete the 34-item questionnaire. The survey should take less than 15 minutes to complete. Participation is voluntary. All questions are optional and you have the choice to discontinue participation at anytime. The results will be published to further the knowledge of the counseling profession in Virginia.

Click here to take the survey or type this URL into your browser https://virginiatech.qualtrics.com/jfe/form/SV_7NFtlfoLUXqw1bD.

The survey closes on Wednesday, November 15th. Feel free to reach out to me if you have any questions. I look forward to receiving your response. Thank you.

Sincerely,

Dannette Gomez Beane

# Appendix H

## IRB Approval Letter

VirginiaTech

**Office of Research Compliance**
Institutional Review Board
North End Center, Suite 4120, Virginia Tech
300 Turner Street NW
Blacksburg, Virginia 24061
540/231-4606 Fax 540/231-0959
email irb@vt.edu
website http://www.irb.vt.edu

**MEMORANDUM**

**DATE:** October 11, 2017

**TO:** Dannette Gomez Beane, Nancy E Bodenhorn

**FROM:** Virginia Tech Institutional Review Board (FWA00000572, expires January 29, 2021)

**PROTOCOL TITLE:** Virginia Counselor's Engagement with Social Issues Advocacy for Black/African American Clients/Students in Various Workplace Settings

**IRB NUMBER:** **17-651**

Effective October 11, 2017, the Virginia Tech Institution Review Board (IRB) Chair, David M Moore, approved the New Application request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report within 5 business days to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at:

http://www.irb.vt.edu/pages/responsibilities.htm

(Please review responsibilities before the commencement of your research.)

**PROTOCOL INFORMATION:**

| | |
|---|---|
| Approved As: | **Exempt, under 45 CFR 46.110 category(ies) 2,4** |
| Protocol Approval Date: | **October 11, 2017** |
| Protocol Expiration Date: | **N/A** |
| Continuing Review Due Date*: | **N/A** |

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

**FEDERALLY FUNDED RESEARCH REQUIREMENTS:**

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals/work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

Appendix I

Recruitment at VCA Conference

(Researcher to attach to nametag)

**Ask me about my study**

Appendix J

High profile incidents of violence against Blacks/African Americans since the inception of #BlackLivesMatter

| | |
|---|---|
| October 10, 2014 | Laquan McDonald – shot 16 times by a white officer |
| November 22, 2014 | Tamir Rice - shot 2 times by a white officer |
| April 4, 2015 | Walter L. Scott – shot 8 times by a white officer |
| April 12, 2015 | Freddie Gray – spinal injury resulting in death in police custody |
| July 10, 2015 | Sandra Bland – taken into custody and threatened with a stunned gun for a traffic stop, arrested and later died in jail |
| July 19, 2015 | Samuel Dubose – shot by a white officer for traffic stop |
| August 7, 2015 | Christian Taylor – shot by a white officer for no apparent reason |
| October 26, 2015 | South Carolina High School student – White officer flipped her out of her desk and drug her across the floor |
| July 5, 2016 | Alton Sterling – Shot while being held by two white officers |
| July 6, 2016 | Philando Castile – Shot for a routine traffic stop while woman and her daughter are in the car |
| July 11, 2016 | Joseph Mann – Shot 14 times while fleeing by officers after officers failed to run him over with police car |
| July 28, 2016 | Paul O'Neal – shot in the back by police officers |
| September 16, 2016 | Terence Crutcher – stunned and then shot by police with hands raised |
| September 20, 2016 | Keith Lamont Scott – shot and killed by police while parked |
| April 10, 2017 | Nania Cain – thrown on the ground and repeatedly punched for |

| | |
|---|---|
| | jaywalking |
| April 12, 2017 | Demetrius Bryan Hollins – kicked in the head and punched by two officers during a traffic stop. |
| August 12, 2017 | Richard Hubbard III – beaten by white officer during traffic stop |

Benzaquen, M., Cave, D. & Oliver, R. (2017)