University of Texas Rio Grande Valley
ScholarWorks @ UTRGV

Theses and Dissertations

12-2018

A Study of Counselor Trainees' Self-Perceived Competency in Social Justice Advocacy

Mary Ann Rocha
The University of Texas Rio Grande Valley

Follow this and additional works at: https://scholarworks.utrgv.edu/etd

Part of the Rehabilitation and Therapy Commons

Recommended Citation

Rocha, Mary Ann, "A Study of Counselor Trainees' Self-Perceived Competency in Social Justice Advocacy" (2018). *Theses and Dissertations*. 346.
https://scholarworks.utrgv.edu/etd/346

This Dissertation is brought to you for free and open access by ScholarWorks @ UTRGV. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of ScholarWorks @ UTRGV. For more information, please contact justin.white@utrgv.edu, william.flores01@utrgv.edu.

A STUDY OF COUNSELOR TRAINEES' SELF-PERCEIVED COMPETENCY IN SOCIAL JUSTICE ADVOCACY

A Dissertation

by

MARY ANN ROCHA

Submitted to the Graduate College of
The University of Texas Rio Grande Valley
In partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

December 2018

Major Subject: Rehabilitation Counseling

A STUDY OF COUNSELOR TRAINEES' SELF-PERCEIVED COMPETENCY IN SOCIAL JUSTICE ADVOCACY

A Dissertation
by
MARY ANN ROCHA

COMMITTEE MEMBERS

Dr. Roy Chen
Chair of Committee

Dr. Jerome Fischer
Committee Member

Dr. Veronica Umeasiegbu
Committee Member

Dr. Ming-Tsan Lu
Committee Member

December 2018

Copyright 2018 Mary Ann Rocha

All Rights Reserved

ABSTRACT

Rocha, Mary Ann, A Study of Counselor Trainees' Self-Perceived Competency in Social Justice Advocacy. Doctor of Philosophy (Ph.D.), December, 2018, 112 pp., 9 tables, 6 figures, references, 89 titles.

Due to the prevalence of disability in the United States, coupled with the high incidence of economic, employment, and educational hardship experienced by people with disabilities, rehabilitation counselor trainees have an increased responsibility to engage in social justice advocacy; however, little is known whether pre- service counselors are prepared to engage in social justice advocacy. Counselor trainees' demographic variables, preparation, and advocacy training were examined in relation to their contribution to proficiency in advocacy. The relationship between social justice advocacy competency and ethical awareness was explored. One hundred and thirty two ($N = 132$) counselor trainees participated in the study. Results indicated competencies mean scores were highest for client advocacy, followed by client empowerment and then community collaboration. A stepwise multiple regression analysis revealed variables: ethical awareness, internship status, classification, and social justice advocacy course status predicted competencies in social justice advocacy. Also, significant differences of mean scores were observed for the groups: classification, advocacy course status, licensure status, and whether advocacy competency had been assessed status. Implications are discussed.

DEDICATION

I am fortunate to have a family who deserves to be recognized in my dedication. This academic accomplishment was possible because of my biggest champion, my husband Fernando, thank you for your love, support and patience. I am lucky to have someone who believes in me when I need it the most. My son Lucas, you are my heart, my favorite dream that came to be, and it is my hope that my accomplishments serve as a path to all the opportunities I know you deserve. I love you both more than you will ever know. To the forever proudest parents on this Earth, my father Onofre and my mother Felisitas, all my achievements are yours as this realized dream all began because of you both. You instilled in me the value of integrity, grit, perseverance, faith, and education. I also dedicate this accomplishment to my two brothers Jaime and Lupe, as the big sister I am forever motivated to make you proud and to be a good example; I am grateful to have you as my brothers. To my favorite niece, Aleya, our world changed for the best the moment you came into our lives. I am proud of you—you're the sweetest and the smartest 20 yr. old I know – I am excited for you as in a short time you too will be graduating---the nursing field is lucky to have you! To the Villanueva and the Alvarez-Rocha abuelos, abuelas, tios, tias, primos, and primas--familia es lo todo; this is for you, too. Finally, I dedicate this dissertation to all those who make the choice to advocate for justice—the social change agents, who peacefully, quietly, or loudly fight the hard fight however big or small, even when change is slow or not fruitful, this world would not be if it wasn't for you in it, thank you and in the words of Dolores Huerta "Si Se Puede!"

ACKNOWLEDGEMENTS

I want to thank Dr. Roy Chen, chair of my dissertation committee, for all of his advice and mentoring. From research design to editing, he ensured the quality of my dissertation work. I am grateful to my committee members: Dr. Jerome Fischer, Dr. Ming-Tsan Pierre Lu, and Dr. Veronica Umeasiegbu for being supportive. Specifically, Dr. Fischer, for your willingness to share your ideas and knowledge, Dr. Umeasiegbu, for your enthusiasm in my topic and your friendly nature, and Dr. Lu, for your encouraging nature and availability regardless of your very busy schedule—UTRGV is fortunate to have professors like you. I want to recognize Dr. Bruce Reed for his passion in higher education and fierce leadership. Your commitment to the success of the rehabilitation program and doctoral students is inspiring and the rehabilitation counseling program is fortunate to have you as our leader. I would also like to thank my colleagues and peers from the School of Rehabilitation Services and Counseling at UTRGV, your support was not unnoticed, an extra thank you to Dr. Lynn Fischer, Dr. Jerome Fischer, Dr. Abdoulaye Diallo, and Miranda Lopez, for your willingness to support me in the recruitment of participants.

TABLE OF CONTENTS

Page

ABSTRACT ... iii

DEDICATION ... iv

ACKNOWLEDGEMENTS ... v

TABLE OF CONTENTS ... vi

LIST OF TABLES ... ix

LIST OF FIGURES ... x

CHAPTER I. INTRODUCTION ... 1

Statement of the Problem ... 6

Purpose of the Study ... 7

Research Questions ... 7

Significance of Study ... 8

Definition of Terms ... 9

Assumptions, Limitations, and Delimitations ... 10

CHAPTER II. REVIEW OF LITERATURE ... 11

Theoretical Framework ... 11

Rehabilitation Counseling and Social Justice Advocacy ... 14

Correlates of Social Justice Advocacy Competencies 29

Expected Outcome 41

CHAPTER III. METHODOLOGY 42

Participants and Samples....................43

Power Analysis....................43

Procedures 44

Data Collection....................45

Instrumentation....................46

Data Analysis Procedures....................48

Research Design 52

CHAPTER IV. RESULTS....................58

Descriptive Statistics 58

Inferential Statistics....................67

Further Analysis of Variables....................75

Summary 77

CHAPTER V. DISCUSSION....................78

Summary of Research Questions 78

Evaluation and Conclusions 79

Limitations 89

Implications and Recommendations 90

Future Research....93

REFERENCES....94

APENDIX....102

BIOGRAPHICAL SKETCH....112

LIST OF TABLES

Page

Table 1: Point Biserial Correlations Between Variables and ACSA Scores 57

Table 2:Descriptive Statistics: Demographic Characteristics of Survey Sample 59

Table 3:Descriptive Statistics: Counseling Training Characteristics of Survey Sample...............61

Table 4:Mean and Standard Deviation of Advocacy Competencies Domains..............................66

Table 5:Most Important Rank Frequencies for Advocacy Domains 67

Table 6:Pearson Correlation Between ACSA and ELQ Scores...68

Table 7:Bivariate Correlations for Advocacy Competencies Domains and ELQ Scores..............70

Table 8:Stepwise Multiple Regression Analysis: Variable Predicting SJA Competencies...........72

Table 9:Stepwise Multiple Regression Analysis: Training Predicting SJA Competencies 74

LIST OF FIGURES

Page

Figure 1: Social Justice Advocacy Framework 13

Figure 2: ACA Advocacy Competencies...14

Figure 3: Normal Q-Q Plot of ACSA Scores...54

Figure 4: Box Plot for ACSA Scores..55

Figure 5: Histogram of *M* and *SD* for ACSA Scores..65

Figure 6: Scatterplot of the Relationship Between ELQ Scores and ACSA Scores......................69

CHAPTER I

INTRODUCTION

Due to the prevalence of disability in the United States, coupled with the high incidence of economic, employment, and educational hardship experienced by people with disabilities, rehabilitation counselor trainees have an increased responsibility to become competent social change agents (Ratts & Hutchins, 2009). Social justice advocacy is defined as activism for social change, particularly with a focus on oppressive social structures and systems (Marbley, Bonner, Robinson, Stevens, Li, Phelan, & Huang, 2015); therefore someone who engages in social justice advocacy is referred to as a social change agent. Social justice advocacy is a fundamental competency in the rehabilitation counseling profession (Leahy, Fong, & Saunders, 2003; Leahy, Muenzen, Saunders, & Strauser, 2009); however, little is known whether pre- service counselors are prepared to engage in social justice advocacy (Waldmann & Blackwell, 2010).

Social justice in counseling is an approach used to promote equity, access, participation, and harmony by challenging social barriers and other inequalities (Crethar & Ratts, n.d.). Social justice advocacy is imperative in counseling; therefore, competencies and professional practices have been adopted to ensure counselors are equipped to engage in advocacy. For instance, to help conceptualize advocacy, a framework of interventions and strategies that occur on multiple levels were created to guide counselors in social justice advocacy. These competencies are

endorsed in professional counseling by the American Counseling Association (ACA) (Lewis, 2011). Also, professional counseling standards and responsibilities have been established to engage rehabilitation counselors in social justice advocacy and to execute competent rehabilitation counseling services. According to the Commission on Rehabilitation Counselor Certification (CRCC, 2017), the standards of ethical practice in the Code of Professional Ethics (Section C.1.) indicate that rehabilitation counselors are competent in group, institutional, individual and social advocacy. The Code further expresses the importance of competency in advocacy practices and skills to include empowerment, organizational advocacy, advocacy and consent, advocacy and confidentiality, and systems. Additionally, to ensure competent rehabilitation services, the Code lists six critical principles that guide the work of rehabilitation counselors:

Autonomy: To respect client rights and facilitate self-determination

Beneficence: To demonstrate support and advance the well-being of others.

Fidelity: To be reliable and trustworthy.

Justice: Give fair treatment and care to all.

Nonmaleficence: To do no harm onto others.

Veracity: To demonstrate truthfulness.

Social justice advocacy competency has become steadily pertinent in rehabilitation counseling due to the growing representation and prevalence of disability in the U.S. population and counselors have an increased responsibility for providing competent rehabilitation services to these populations. Disability populations indicate millions of persons living with a disability with many receiving services and treatment from a counseling professional. According to a U.S. Disability Statistics report in 2016 reflecting all disability types, genders, ages, races, and

educational levels, an estimated 12.8 percent or 40,890,900 million, non-institutionalized persons disclosed a disability. Major depression is expected to be the second most common cause of disabilities by 2020 (WHO, 2016) and according to The National Institute of Mental Health, about 44.7 million adults aged 18 or older were identified to have a mental illness of which an estimated 19.2 million received mental health treatment within that past year. Furthermore, an online survey of more than 2,100 U.S. adults was conducted by Harris Interactive on behalf of University of Phoenix in March 2013, which found that close to 32 percent of Americans have sought professional counseling for issues related to mental health. Given the prevalence of disability in the United States, competent rehabilitation counseling services are essential; however research about counselor trainees' advocacy competencies is almost nonexistent (Hudson, Shapiro, Ebiner, Berenberg, & Bacher, 2017; Waldmann & Blackwell, 2010).

In addition to the increasing number of people reporting disabilities and who participate in rehabilitation services, there are economic, education and housing disparities between people with disabilities (PWDs) and those without disabilities. These disparities represent oppression in the form of unjust distribution of resources due to the stigma associated with disability and the systemic barriers in place that have perpetually afflicted PWDs. Oppression is a societal concern whether intentional or unintentional, these attacks can have staggering effects on the individual and the community (Ratts, Singh, Nassar-McMillan, Butler, Rafferty, & McCullough, 2016).

The reported barriers, lack of accessibility and hardships related to employment, housing, and education opportunities are concerning. In 2016, the data from Bureau of Labor Statistics reported that among working age persons with disabilities, labor participation measured at 17.9% and the rate for persons without disabilities was 65.3%. Other reports echo similar concerns in areas of employment, housing, and poverty. The Center for Disease Control and Prevention

reported higher rates of unemployment for PWDs (13.9%) compared to people without (6.0 %), poverty levels (22%) compared to (12.8%), violence (32.4%) compared to (21%), and higher school dropout rates (23.5%) compared to (11%). Furthermore, females have less favorable circumstances when compared to males. In regard to gender and disabilities disparities, it is reported that women with disabilities are less likely to engage in management, professional, related vocations (34.9% of women with disabilities compared to 41.8% of women without disabilities) and were likely to earn below wages ($32,500) when working full-time when compared to women without disabilities ($38,000) (Bureau of Labor Statistics, 2013). As a result, PWDs are at increased risk for economic, health, housing and other problems. When examining these disparities, it is obvious that PWDs have fewer opportunities compared to persons without disabilities. Taking into account these trends, it is expected that a person with a disability will experience hardship at some point in their life and require competent rehabilitation counseling services. If these disparities among disability populations are not addressed, problems related to quality of life and systems of oppression for PWDs will continue to increase. It is critical that rehabilitation counselors engage in all levels of advocacy to challenge systems of oppression that are counter- productive to the well-being of people with disabilities. To date, there is a lack of research examining if pre-service rehabilitation counselors are prepared to engage in advocacy at different levels and to fill this gap, the current study explored counselor trainees competencies in six social justice advocacy domains.

The Rehabilitation counseling profession and related counseling professions is a vocation dedicated to helping others. Professional counseling is described as a professional dynamic that supports diverse individuals, families, and groups to achieve vocational, mental health and wellness goals (ACA, 2014). Rehabilitation counselors assist people with physical, mental, or

developmental disabilities to achieve independence and to manage the psychological, vocational and social aspects of disabilities (Bureau of Labor Statistics-Occupational Outlook Handbook, 2018). Leahy, Fong, and Saunders (2003) studied the practice of rehabilitation counselors and found that certified rehabilitation counselors identified advocacy as their second most important job function, more specifically, they engaged in social political advocacy, empowerment, and community advocacy. The study also reported knowledge domains for rehabilitation counselors to include knowledge of systemic and societal barriers that impede accessibility and equality for people with disabilities. The study demonstrates that counselors have an important and unique role in the lives of people with disabilities and are in a position to challenge stigma, prejudice and advocate for people with disabilities (Thomas, Curtis, & Shippen, 2011). As long as the field of rehabilitation counseling is committed to champion accessibility in all areas of life for people with disabilities, social justice and advocacy will remain foundational in counseling training (Chang, Hays, & Milliken, 2009). Considering the responsibilities and scope of practice of rehabilitation counseling, counselors must have the ability to address social injustices faced by their clients (Goodman, Morgan, Hodgson, & Caldwell, 2017; Miller & Sendrowitz, 2011; Ratts & Hutchins, 2009). Thus, exploring the competency to engage in advocacy of counselor trainees is important (Hudson et al., 2017).

In summary, engaging in advocacy is essential in counseling, yet few studies have examined social justice advocacy competence in rehabilitation counselor trainees (Ratts & Hutchins, 2009; Smith, Reynolds, & Rovnak, 2009), and the scarcity of research was the primary catalyst for this study. To undertake this deficiency, the present study examined the relationship between social justice advocacy competency and ethical awareness, in addition to exploring the personal characteristics and counseling training of counselor trainees that may predict

competency in social justice advocacy. It was the intention of the study to gain insight of the educational needs of counselor trainees.

Statement of the Problem

Given the growing prevalence of disabilities in the United States and the high rates of poverty, unemployment and homelessness experienced by people with disabilities, providing competent rehabilitation counseling services is critical. Social justice advocacy is necessary to improve the quality of life for people with disabilities and rehabilitation counselors are in a unique position to engage as social change agents, however; a review of the literature suggests insufficient research examining the advocacy competencies of rehabilitation counselor trainees (Decker, Manis, & Paylo, 2015; Goodman, Morgan, Hodgson, & Caldwell, 2017; Motulsky, Gere, Saleem, & Trantham, 2014; Ratt & Hutchins, 2009; Waldmann & Blackwell, 2010). Moreover, existing inquiry has examined the competency of counselor trainees from other disciplines and not rehabilitation counseling (Bemak & Chung, 2011; Linnemeyer, Nilsson, Marszalek, & Khan, 2018; Murray & Crowe, 2016; Ramirez Stege, Brockberg, & Hoyt, 2017), while others have focused on whether interest and dedication predicts social justice advocacy (Miller & Sendrowitz, 2011), or if courage and patience increases advocacy practices (Goodman et al., 2018), and another study was interested in learning about the impact of counseling curriculum integrated with topics of oppression and privilege (Hays, Dean, & Chang, 2007).

The rehabilitation counseling profession has adopted ethical and professional standards to ensure social justice advocacy competency. For instance, counseling professional associations like the Commission on Rehabilitation Counselor Certification (CRCC), the American Counseling Association (ACA) and counselor education accreditation bodies such as the Council for Accreditation of Counseling and Related Educational Programs (CACREP) have outlined

specific expectations and practices to carry out advocacy; yet, little is known if professional standards and counselor training promote advocacy proficiency in rehabilitation counselor trainees (Motulsky, Gere, Saleem, & Trantham, 2014, Ratt & Hutchins, 2009).

Social justice advocacy competency is critical in counseling and to pursue social justice for PWDs, counselor training, advocacy skills and strategies are necessary (Smart & Smart, 2006). Thus, determining whether counselor training of pre-service rehabilitation counselors predicts social justice advocacy competency was relevant to this study. To achieve the aforementioned, counselor trainee preparation and advocacy training, in addition to demographic variables and the relationship between ethical awareness and social justice advocacy competency was examined.

Purpose of the Study

The purpose of the study was to investigate the social justice advocacy competencies of rehabilitation counselor trainees. More specifically, counselor trainees' demographic variables, preparation, and advocacy training were examined to determine whether these variables contribute to proficiency in advocacy. Also, the relationship between social justice advocacy competency and ethical awareness was tested. In doing this, the study addressed gaps in the existing body of literature in the field of rehabilitation counseling training. Furthermore, the intention was to identify the educational needs of pre-service rehabilitation counselors that will facilitate competency in social justice advocacy. Thus, the following research questions were asked in this study:

Research Questions

The present study was designed to explore the competencies of social justice advocacy for rehabilitation counselor trainees. Specific research questions are as follows:

RQ 1: How do counselor trainees rate their level of competency in social justice advocacy?

RQ 1.1: How do counselor trainees rank order the importance of each social justice advocacy competency domain?

RQ 2: How do counselors in training rate their level of ethical awareness?

RQ3: What is the relationship between level of competency in social justice advocacy and ethical awareness of counselors in training?

RQ3.1: Is there a significant relationship between each social justice advocacy competency domain and ethical awareness of counselors in training?

RQ4: What personal characteristics (age, ethnicity, gender, sexual orientation, ethical awareness and, disability status) of counselor trainee account for the level of competency in social justice advocacy?

RQ5: What training (classification, internship experience, social justice advocacy course, and counseling program) of counselor trainee account for level of competency in social justice advocacy?

Significance of Study

There are a number of benefits in examining the social justice advocacy competencies of rehabilitation counselor trainees. It is important because there is a lack of research focused on social justice advocacy in rehabilitation counseling, specifically related to counselor trainees. Previous research has focused on the practice and job functions of professional rehabilitation counselors (Leahy et al., 2003; Leahy, Muenzen, Saunders, & Strauser, 2009). Additionally, previous studies have targeted other counseling disciplines, thus, this study examined the perceptions of rehabilitation counselor trainees to expand the counseling literature (Kilbane, Freire, Hong, & Pryce, 2014). Thus, it was the intention of the current study to add empirical

evidence to the existing body of knowledge related to rehabilitation counselor trainees. Also, social justice advocacy in rehabilitation counseling is a critical competency (Toporek, Lewis, & Crethar, 2009) and it is the intention of the current study to outline implications for counseling instruction, development of curriculum and training. Students, educators, accreditation bodies and counseling training programs all can benefit from the current study as they gain insight of what may foster training opportunities and overall student optimal learning outcomes. Findings of the study may provide essential information to counseling education. Educators and counseling programs may find the data useful to enhance their counseling curriculum including course requirements, internship experience, and counseling theoretical perspectives. Finally, due to the gaps in the current literature and the lack of empirical studies related to the advocacy competencies of rehabilitation counselor trainees, there is a need for research to focus on a larger and more diverse sample of counselor trainees (Beer, Spanierman, Green, & Todd, 2012).

Understanding the academic and training experiences of counselor trainees is an important step to identify the strengths and needs of counselor trainees. In sum, results of the study may provide insight and implications to rehabilitation counselor trainees, counselors, educators, and researchers.

Definition of Terms

Social justice: the value of fair and equal distribution of resources, rights and treatment (Lewis & Lewis, 1993).

Social justice advocacy: activism for social change, particularly with a focus on oppressive societal structures and systems (Marbley, Bonner, Robinson, Stevens, Li, Phelan, & Huang, 2015).

ACA Advocacy competencies: a framework of counseling intervention and strategies that occur on multiple levels in order to execute social justice advocacy. (Lewis, 2011; Ratts & Hutchins, 2009).

Ethical awareness: The capacity to resolve ethical or moral dilemmas with awareness of how the action will impact those involved, actions are guided by three ethical dimensions (care, justice, and critique) (Branson & Gross, 2014).

Counselor trainee: graduate student enrolled in a master or doctoral rehabilitation counseling program or related counseling program.

Assumptions, Limitations, and Delimitations of the Study

The researcher assumes that the participants will provide truthful responses. The researcher assumes questions and instruments are appropriate and measure what they are intended to measure. Some limitations to this study should be taken into account in the interpretation of the findings. For example, the participants for the study were self- selected and volunteered; there is a potential sampling bias. The results are based on a sample of volunteers and did not include data from counselor trainees who chose not to participate in the study. The study will use a sample of participants from seven different universities. The results will be limited to a small convenience sample size. Generalizability is a limitation of the current study since a convenient sample will be used, therefore; cannot be applied to a larger population of counselor trainees nationally. Another possible limitation is respondent bias. There is a potential for participant to respond based on social desirability. Although the selection of participants may limit the generalizability of the study findings; many of the findings may outweigh the limitations where findings may be valuable and practical. A delimitation of the study is that only students who are studying counseling in a Southwestern state will be included in this study.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

Theoretical Framework

Chapter Two of this study is the literature review. The purpose of this chapter was to review the literature in relation to social justice advocacy in rehabilitation counseling and the competencies of rehabilitation counselor trainees. It begins with the theoretical framework followed by social justice advocacy in rehabilitation counseling, and correlates of social justice advocacy competencies.

A social justice perspective provides the theoretical framework for this study. Social justice is viewed as foundational to activism and it is described as "distributive justice" or the distribution of assets and burdens in society in order to promote fairness to all persons (Rawl, 1971). According to social justice theorist, Rawl (1971), a justice society is defined as one that values the fair and equal sharing of goods to groups of greater need in society; emphasizing that all members of society are afforded equal civil rights and duties. This means that everyone is equal regardless of race, class, gender or status. Distributive justice is based on three dominant theories: Utilitarian, libertarian, and egalitarian. Egalitarian theories which are aligned with a social justice philosophy assert that all members of society warrant the same rights, opportunities, and resources. Rawls (1971) expanded on the resource distribution and egalitarian

theories adding that each person merits both benefits and burdens not only by material goods and services but in non-material goods and services including possibility and power. Scholars have used this perspective to illustrate the societal responsibility to promote equity and harmony (Fietzer & Ponterotto, 2015; Rawl, 1971). Justice must be accessible directly with individual, community, and at institution levels in to achieve a fair and equal system for groups that historically have been systemically marginalized (Fietzer & Ponterotto, 2015). Constantine, Hage, Kindaichi, and Bryant (2007) also note barriers to full participation is often due to environmental factors such as social attitudes, institutions, and policies, which lead to the impairments of personal, vocational, and social development of marginalized groups. Finn and Jacobson (2017) point out the most vulnerable members of society more often benefit from the redistribution of societal resources. According to Crethar and Ratts (n.d.) equity, access, participation, and harmony are four critical components of social justice with the intention to promote distributive justice.

Social justice theory is foundational to the ACA advocacy competencies and the competencies serve as a social justice advocacy framework for counselors (Ratts, DeKruyf, & Chen-Hayes, 2007). Social justice advocacy is described as activism for social change and entails taking action that is guided by the advocacy competencies of which are interventions and strategies based on social justice principles. Figure 1 illustrates the interaction of social justice theory and the advocacy competencies of which provides a framework to engage in social justice advocacy for rehabilitation counselors.

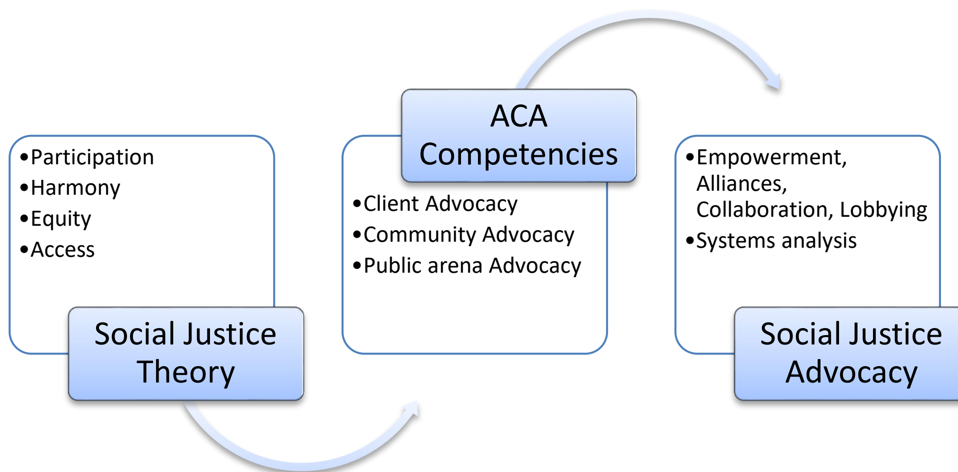

Figure 1: Social Justice Advocacy Framework (Rawl, 1971; Lewis, Arnold, House, & Toporek, 2002)

According to the ACA advocacy competencies, there are three levels of advocacy: a) client/student advocacy, b) school/community advocacy, and c) public arena advocacy, and counselors can engage in advocacy through direct interventions (micro level) or indirect interventions (macro level). Each advocacy level encompasses two domains with specific areas of and interventions. For example, the client/student advocacy level domains are client/student empowerment and client/student advocacy. The interventions associated with the client/student empowerment domain are as follows: identify strengths and resources of clients/students, identify barriers that affect client/student, and teach self-advocacy skills to client/student. Figure 2 illustrates the ACA advocacy competencies which displays three levels of advocacy with two domains in each level (Lewis, Arnold, House, & Toporek, 2002).

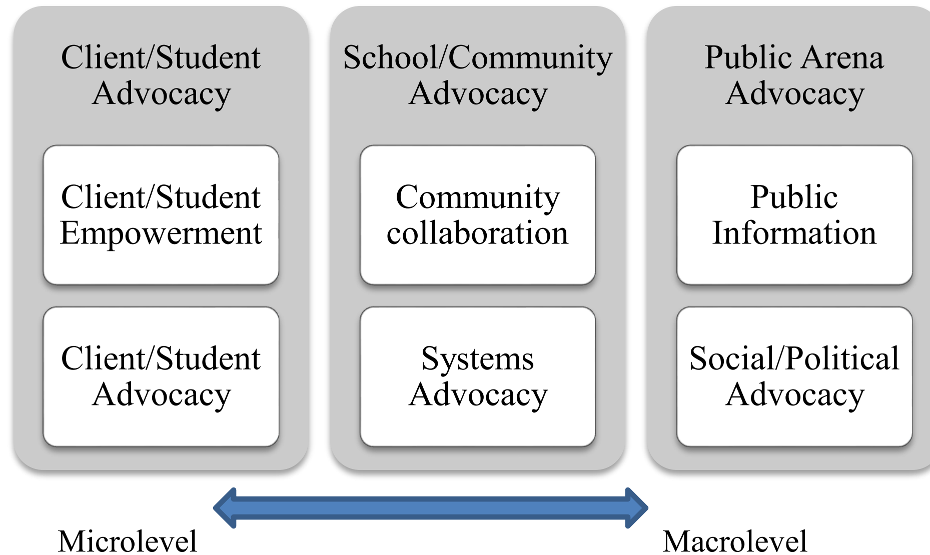

Figure 2: ACA Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2002)

Rehabilitation Counseling and Social Justice Advocacy

Professional Standards

Social justice advocacy is support by professional and educational associations. The Commission on Rehabilitation Counselor Certification has established the Code of Professional Ethics to promote caring and competent rehabilitation services to people with disabilities. As such certified rehabilitation counselors are expected to act in accordance with the Code. According to the Code, rehabilitation counselors have an ethical responsibility to engage in advocacy for and with their clients (Code of Professional Ethics, 2017). Advocacy is highlighted as an enforceable standard of ethical practice in rehabilitation counseling of which counselors are expected to participate in advocacy at the individual, group, institutional, and societal levels. More specifically, the following standards have been outlined to guide the profession to execute advocacy and competent rehabilitation services: Section A: The Counseling Relationship section A. 1.a. states "the primary responsibility of a rehabilitation counselor is to respect the dignity of clients and to promote their welfare." Section A. 2.b. states

“rehabilitation counselors do not condone or engage in the prejudicial treatment of an individual or group based on their actual or perceived membership in a particular group, class, or category.” Section C.1. rehabilitation counselors recognize that disability frequently occurs in association with other social justice issues (e.g. unemployment, poverty), therefore, “rehabilitation counselor’s advocate at individual, group, institutional, and societal levels.” Section C: Advocacy and Accessibility lists the following standards related to advocacy: a) rehabilitation counselors engage in the removal of stigma and misconceptions of disability, b) empower clients and their families when appropriate, c) perform organized advocacy, d) engage in systemic change, e) understands the limitations of confidentiality and advocacy, f) awareness of the systemic barriers to employment, education, housing, health care and more, g) knowledge of the impact of systemic barriers to the quality of life.

The American Counseling Association (ACA) is a professional and educational organization for professional counselors in various settings. The ACA established the Code of Ethics to promote the compliance of counselors and counselors-in-training with the ethical standards of professional counseling. Social justice and respect for diverse individuals, families, and groups have been listed by the ACA as core professional values of the counseling profession. Section A.7a. states that when appropriate, counselors engage in individual, group, institutional, and societal levels of advocacy to remove the possible barriers to the wellness of the client. In 2003, the ACA endorsed the advocacy competencies to promote competent social justice advocacy in professional counseling.

The Counselors for Social Justice is a division of the American Counseling Association that was established to promote the duty of advocacy in professional counseling. Their mission is stated as the responsibility of counselors to promote social justice through the empowerment

of individuals and groups as well as the engagement to reverse the inequality in society. They further state that social justice advocacy principles are founded on the belief of accessibility and equal opportunities for all members of society whether at the individual, community or systemic level.

Counselor education accreditation bodies like The Council for the Accreditation of Counseling and Related Educational Programs (CACREP) promote educational standards for eight core areas of counseling and standards of instruction and supervised clinical experiences. According to the 2016 CACREP standards of instruction for Clinical Rehabilitation Counseling and Rehabilitation Counseling, social justice advocacy must be integrated in the counseling program's instruction, supervision, and training. To be in compliance with this expectation, the following standards, which outline topics and interventions, have been established for Clinical Rehabilitation Counseling: Standard 2.k., effects of discrimination, such as handicapism, ableism, power, privilege, and oppression on clients' life and development, Standard 3.c., strategies to advocate for people with disabilities. In regards to Rehabilitation Counseling: Standard 1.e., principles of societal inclusion, participation, access, and universal design, with respect for individual differences, Standard 2.e., impact of psychosocial influences, diversity and social justice issues, poverty, and health disparities, Standard 2.f., impact of socioeconomic trends, public policies, stigma, access, and attitudinal barriers as related to disability, Standard 2.n, advocacy on behalf of individuals with disabilities and the profession as related to disability and disability legislation, Standard 3.j. advocacy for the full integration and inclusion of individuals with disabilities including strategies to reduce attitudinal and environmental barriers.

Counselor professional and education bodies have clearly stated the significance of social justice and advocacy competency in counseling, yet rehabilitation counselor trainee social justice

advocacy is relatively unknown. Waldemann and Blackwell (2010) point out to achieve advocacy competency, rehabilitation counselors must acquire skills and knowledge that include policy and social issues that impact their clients, but little research has been done to examine rehabilitation counselor trainees' advocacy competency.

Disability Advocacy

The conceptualization of disability has been influenced by social traditions, practices, institutional and political factors (Myers, Jenkins Lindburg, & Nied, 2014Thomas, Curtis, & Shippen, 2011). For instance, a medical perspective of disability posits that a physical or a psychological impairment is the cause of disability and that it is a personal pathology (Goodley, 1997). The medical view describes disability as a tragedy of which causes dependency on others and expects the individual to make personal adjustments to fit in with their environment. On the other hand, a social view of disability explains that impairment is not synonymous with disability and instead it is the physical environment and societal attitudes that must be adjusted to increase independency and inclusion of people with impairments (Goodley, 1997, Smart & Smart, 2006). The Americans with Disabilities Act (ADA) is a set of federal regulations that guarantees the protection of the civil rights of people with disabilities in all aspects of public life (ADA gov). The regulations appear to be influenced by both a medical and social view of disability. In the text of the ADA, disability is regarded as a legal term and defines a person with a disability to be an individual who 1) has a physical or mental impairment that substantially limits a major life activity, 2) has a record of such an impairment, 3) or is regarded as having such an impairment.

Advocacy has had an important role in bringing awareness to disability rights issues. More specifically, political advocacy has been successful in changing laws to include the protection of the civil rights of people with disabilities with emphasize on accessibility and

equality. Political advocacy led by people with disabilities in protest of employment, educational, and health care injustices began to take shape in the 1970s (Pelka, 2012). For instance, in 1977 for more than two weeks hundreds of people with disabilities and their allies led marches, sit-ins and occupied federal government buildings in New York, San Francisco, and Washington to protest the pending regulations for section of 504 of the Rehabilitation Act of which had been enacted in 1973 (Pelka, 2012). Section 504 regulations ensure the enforcement of equal treatment and opportunity for people with disabilities in work, educational, and recreational settings. Also, in 1977 and 1978 groups of disability advocates organized a public demonstration in Denver and New York to change the lack of policy that guaranteed wheelchair accessible public transportation and an accessible transit system (Pelka, 2012). Additionally, political and social advocacy was responsible for the passage of the Americans with Disabilities Act of 1990 (ADA). For more than two years, people with disabilities and their allies organized and negotiated with legislators to ensure that a more comprehensive civil rights disability federal policy was created. For the first time in US history, people with disabilities shared their personal stories in front of law makers at public hearings and had a significant role in writing and securing a policy that was more equip to address critical disability issues which had been largely ignored by previous policies (Pelka, 2012). Despite the aforementioned events and progress in American policy during this period, there continued to be significant societal barriers that guaranteed equal participation of people with disabilities in America society, thus, shaping the disability rights movement (Harris, Owen, & De Ruiter, 2012; Pelka, 2012). Many stories and disability experiences shared directly from the individuals prior and during the disability rights movement are recorded in Pelka's (2012) book *What We Have Done: An Oral History of the Disability Rights Movement*. His book illustrates the daily injustices that targeted people with disabilities

including denied or segregated public education and forced institutionalization; also, the critical role disability advocacy had in the removal of disability stigmatization and the physical barriers created by society. The social injustice and the rejection of human rights experienced by individuals with disabilities set the tone for the disability rights movement in the 1960s (Radermaher, Sonn, Keys, & Duckett, 2010). This mistreatment has been referred to as Handicapism, which is the set of beliefs and practices that further the unequal treatment of people on the basis of disability (Thomas, Curtis, & Shippen, 2011). The movement's message was that the problem was society's refusal to accommodate and include people with disabilities. For this reason disability rights advocates focus was to remove discrimination and oppression and call for the equity of people with disabilities (Radermaher et al., 2010). Further, disability activists argue that inclusion is not only a right, but there is economic, cultural and social value on society when inclusive communities are in place. The implementation of inclusive communities and the practice of equal participation of people with disabilities continue to be a challenge. The social movement for disability rights that began in the 1960s gave a clear picture of the important relationship between advocacy and the rights of individuals with disabilities.

A number of scholars from a variety of disciplines have written about the importance of disability advocacy in removing the misconceptions of and the social marginalization of people with disabilities (Alston, Harley and Middleton, 2006; Radermaher et al, 2010; Smart & Smart, 2006; and Thomas et. al, 2011). It is noted that social discrimination and the barriers to a healthy quality of life of people with disabilities is more likely to be the result of societal disability misconceptions and prejudice (Smart & Smart, 2006; Thomas et al, 2011). For instance, individuals training to work with people with disabilities present with misconceptions about disabilities. Thomas et al. (2011) asked graduate students enrolled in general and special

education teacher, rehabilitation, and counseling courses about their perceptions of different types of disabilities. Although, in general attitudes and perceptions were positive, they found that the discipline of study and the type of disability may have an influence on perceptions and attitudes toward disabilities. Implications of the study suggest there is a lack of educational opportunities to learn about disabilities and a value in integrating disability studies into counseling programs to expand the skills of pre service counselors. Further, the authors emphasize this is important since human service providers will be in a position to challenge stigma, prejudice and advocate for people with disabilities. Radermaher et al. (2010) reports that more needs to be done to correct the misconceptions related to people with disabilities. They surveyed a disability advocacy organization that self identifies as inclusive with having employees and board members who identify as a person with a disability and found the organization to not be fully accessible to participation opportunities and when people with disabilities did participate they were not recognized for it because their level of participation was not viewed as equal to those who did not have a disability. In other words, people with disabilities are visible and have roles at the organization; however, their efforts and their need of supports are often ignored by those who do not have a disability which can be viewed as perpetuating the misconceptions of disability.

The government supports the societal role to promote equal and fair opportunities for people with disabilities. Reports such as the 2005 U.S. Surgeon General's report titled "Call to Action to Improve the Health and Wellness of Persons with Disabilities" highlights the relationship of health to the quality of life. The report further states that with good health, persons with disabilities have opportunities to work, learn and actively participate with their

families and their communities, and emphasizes that all members of society have an important role in improving the overall wellness of PWDs.

Social Justice in Counseling

The tenets of social justice counseling support the integral principles of the counseling profession: autonomy, fidelity, justice, non-maleficence, and veracity. A social justice counseling perspective is described as an extension to traditional counseling views and practices (Lewis, Ratts, Paladino, & Toporek, 2010). For instance, social justice counseling promotes social justice ideals, describes mental and physical stability as a basic human right and considers the implications of discrimination and oppression on a person's quality of life (Chang, Crethar, & Ratts, 2010; Lewis, 2011). The counseling interventions used are also an extension of traditional ones with a focus on social action (institutional and social political) strategies and activism, which fully address social barriers, instead of traditional interventions such self-empowermen (Hipolitio-Delgado, Pharaoh, & Hemosillo, 2016; Ratts, 2009; Crethar & Winterowd, 2012). Thus, a social-justice-minded counselor is described as a leader and systems change agent who empowers individuals, families, and communities (Ratts & Hutchins, 2009). Roysircar (2009) asserts that a social justice counselor is one that has a deep understanding of social justice advocacy, knowledge of the history of social action, engages in social change and recognizes the implications of the social system and political economy on its community.

Social justice counseling posits that optimal congruence for the client is achieved by addressing both internal and external factors that impact the wellness of the client (Ratts & Hutchins, 2009). This concept is based on the view that a person is the product of their environment, therefore; difficulties are not always internally constructed (Ratts, 2009); both the individual and the environment have influence on health and mental wellness (Chang et al,

2010). Another important facet of social justice counseling is the philosophy that both the counselor and the client contribute to the change and intervention (Toporek, 1999) and client participation throughout the counseling process is necessary to facilitate client empowerment and equal access to opportunity (Lewis et al., 2011).

As described by Alston et al (2006) the aim of social justice counseling is to encourage self-worth, self-determination, physical and psychological wellness through the distribution of power and resources. Advocacy is used to promote social justice and social change. Crethar and Ratt (n.d.) describe the view of social justice counseling as one that is grounded by the concept of distributive justice and the belief in the common good in order to facilitate optimal mental and physical human development. They present four principles that guide this counseling approach: equity, access, participation, and harmony. Equity is the fair distribution of resources, rights, responsibilities to all who are part of society. Access is the right to equal use of resources, services, power, and information. The other two elements of social justice are participation and harmony. Participation is regarded as the right to engage in the decisions that directly and indirectly impact the individual. Harmony is described as the best possible outcomes for the community as the result of actions from individuals or groups. This view is supported by findings from a study done by Lewis et al. (2011), who conducted a workshop for counselors in training, professional counselors and educators. They found that participants from the workshop reported barriers to social justice advocacy stemmed from limited training, specifically, not familiar with social justice counseling and advocacy concepts. Although many participants reported advocating for their clients, they did now view themselves as competent social justice advocates and suggested more needed to be done to change this barrier. Participants agreed that more should be done by counseling professional organizations to promote social justice

advocacy training and assessment is necessary. This suggests that future leaders in the counseling field will need skills and strategies to advocate for social justice and to further secure advocacy within counseling.

Advocacy in Counseling

Toporek and Liu (1999) describe advocacy as a continuum of interventions ranging from empowerment to social action used by a counseling professional to remove environmental and systemic barriers of oppression impeding the clients' well-being. Advocacy can occur on behalf of the client such as the counselor representing the needs of the client or with the client in the form of empowerment or self-advocacy. Advocacy is used to aid social justice and social change. Advocacy is at the core of the counseling professional identity. In order to confront social justice issues, counseling professionals have assumed a critical role as social justice change agents. Social justice and advocacy are at the core of counseling and counseling professionals have an ethical obligation to advocate for their clients. This means a push to implement advocacy and social justice in counselor education and training has been expressed.

Advocacy can be defined as an "action on behalf of an aggrieved individual, group or class of individuals—people subject to discrimination and injustice (Richan 1973, p.233)." As advocacy is a significant function of the counseling profession and counselor programs have established curriculum standards it is important to learn about counselor trainees' competency in advocacy while they are in counseling programs. It is common in traditional counseling to focus on the individual an approach that significantly ignores the systemic issues that perpetuate marginalized groups. Social justice advocacy can improve traditional counseling approaches when working with people with disabilities and other diverse groups.

Scholarly discussion and research to better understand advocacy in counseling is extensive; some of literature dates back to the late 1800s (Smith et al., 2009). The concept of advocacy in counseling is significantly influenced by community counseling and multicultural counseling, but is different since a purpose of advocacy counseling is to promote sociopolitical change that has greater influence on the needs of the client (Kiselica & Robinson, 2001). With this in mind, counselors are in an ideal position to engage in advocacy because of their training in collaboration, leadership, consultation and advocacy (Lewis et al., 2011). The aforementioned demonstrates the importance of exploring the competencies of pre-service counselors. Leahy' et al.'s (2009) study illustrates the importance of advocacy competency in rehabilitation counseling. Their research asked rehabilitation counselors to report important knowledge domains and the frequency in which they used the domains in order to meet the demand of their work. The data provided by the study supports the established scope and training needs of rehabilitation counseling students in training and professionals. The study surveyed a total of 648 Certified Rehabilitation Counselors, of whom more than 35 % reported they had a job title of rehabilitation counselor while 13% stated they had a title of rehabilitation consultant/specialist, and 3% reported they are employed as university educators. Seventy three participants identified as female and 27% were male. Participants reported knowledge of advocacy for people with disabilities is moderately important to improve outcomes for rehabilitation clients and the frequency of advocacy in rehabilitation was ranked among the next most used knowledge subdomains. Also, sixty eight percent of participants indicated that advocacy skills to support the needs of people with disabilities should be acquired during counselor training. The study suggests advocacy for people with disabilities is important in rehabilitation counseling. These findings were also supported by another study by Waldmann

and Blackwell (2010) who after a review of the literature indicated the significance of advocacy in counseling. They also highlight the updates and changes that were made to the Code of Professional Ethics for Rehabilitation Counselors. As noted in the Code of Professional Ethics for Rehabilitation Counselors (2017), rehabilitation counseling values "advocating for the fair and adequate provision of services, respecting human rights and dignity, and promoting empowerment through self-advocacy." It further outlines the role of the rehabilitation counselor to recognize advocacy occurs at the individual, group, institutional, and societal levels to improve equal opportunity, accessibility, and the quality of life for persons with disabilities. Rehabilitation counselors are expected to be knowledgeable in policies, laws, and systems that influence accessibility to medical care, mental health care, employment, education, housing, and transportation for persons with disabilities (Section C.1 f. of the Code of Professional Ethics for Rehabilitation Counselors, 2017).

Advocacy Competencies

In response to the growing importance of advocacy in counseling, the American Counseling Association (ACA) adopted and endorsed the Advocacy Competencies in 2003 (Lewis, Arnold, House, & Toporek, 2002). Soon after the division of Counselors for Social Justice and the 2016 CACREP standards also endorsed the Advocacy Competencies (Lewis et al., 2002) to demonstrate their support of social justice and advocacy in counseling. In counseling, advocacy competency is defined as the ability, understanding, and knowledge to carry out advocacy ethically and effectively (Toporek, Lewis, & Crethar, 2009). The catalyst for the endorsement was to help counselors conceptualize advocacy with a social justice advocacy framework. The advocacy model provides clear interventions and skills that can be used by clinicians, supervisors and educators to execute competent social justice advocacy practice,

supervision, and training for the counseling profession. In using the competencies the counseling professional is able to execute social justice in their practice at the individual and systems level. In other words, the Advocacy Competencies were created to help conceptualize, formalize, and facilitate social justice advocacy in counseling (Lewis et al., 2002; Ratts & Hutchins, 2009). The Advocacy Competencies can be used as a model of which describes three levels of advocacy. Each level includes two domains for a total of 6 domains with specific competency areas and interventions to engage in advocacy. The Advocacy Competencies are organized on a continuum that begins with micro interventions then moves to messo interventions and ends with macro interventions. A micro level intervention reflects one that is the most common in counseling, which is directly working with or on behalf of a client or family. A meso level intervention is described as working with small groups such as a school or community. A macro level intervention is one that involves the counselor to engage in large systems as in social policy or lobbying. Also, the advocacy competencies are structured in a way that guides the counselor to 1) determine whether the counselor will engage in advocacy on behalf of the client (indirect interventions) or with the client (direct interventions) and 2) determine the degree of advocacy engagement, micro, meso, or macro level. The client/student empowerment domain involves direct interventions/counseling such teaching the client self-advocacy skills. The counselor is acting with (works directly) the client and requires skills that will help identify strengths and resources of client, train client to develop self -advocacy skills, help clients develop and carry out self -advocacy action plans. The client/student advocacy domain calls for advocacy interventions on behalf of the client or groups (work indirectly) who lack accessibility to needed service. The counselor has the skills to negotiate, plan, and gain access to needed resources for the client. The counselor must be equipped to identify barriers to

the well-being of the client, develop and carry out an action plan to confront identified barriers. The community collaboration domain refers to counseling interventions of which the counselor engages and collaborates with community in order to address social issues (Toporek et al., 2009). In this domain, community can refer to a neighborhood, a church, or school in other words a group. The counselor engages directly with the community and takes the role of an ally. As an ally, the counselor offers experience, expertise, and integrity (Toporek et al., 2009). Important skills for the counselor include communication, interpersonal relations, training and research. Additionally, the counselor has the ability to identify environmental issues that interfere with accessibility and the clients' well-being. Competencies in this domain include the skills to create alliances with groups who work for change, recognize environmental issues that hinder personal growth of the client and to engage with the community. In this context, environmental system refers to family, school, place of employment, neighborhood, or church (Lopez-Baez & Paylo, 2009). The systems advocacy domain describes advocacy as the counselor adopting a leadership role in systems change at the community level (meso). Advocacy actions in this domain are done on behalf of the client and their community. For example, the counselor represents their client and may speak on behalf of the client and does not require the participation of the client (Toporek et al., 2009). Eight advocacy competencies are presented that effectively remove systemic barriers that impede client's development. These include (a) distinguish environmental issues interfering with clients' development; (b) give and discuss data to demonstrate the need for change; (c) in working with others, create a vision to direct change; (d) assess the cause of political power and social affect within the system; (e) create a detailed plan for executing the change process; (f) generate a plan to respond to possible reactions; (g) cope with resistance and (h) evaluate the impact of counselor's advocacy efforts on the system and constituents. The

public information domain indicates the counselor participates and engages in community advocacy. An example of public information advocacy intervention is facilitating a public meeting that presents awareness to social barriers that deters human worth and growth (Toporek et al., 2009). The associated interventions and skills include the ability to collaborate with other professionals, disseminate information via written and multi-media materials and assessing one's efforts. A counselor who has achieved competency in this domain is able to organize a public information campaign with the community to inform the general public of an issue that impacts the community at large (Toporek et al., 2009). A focus of the social/political advocacy domain is policy change at a large scale and public level. Domain intervention implies the counselor understands patterns of systemic injustices that can only be resolved through policy mediation (Toporek et al, 2009). The counselor's role is to engage in advocacy actions on behalf of (indirectly) the public to eliminate macro level issues and barriers. Social/political interventions include the ability to join with potential allies, support existing alliances for change, lobby law makers and legislators and prepare data to promote change. According to the advocacy competencies, advocacy means to engage in advocacy with the client or on behalf of the client and describes advocacy to occur on three levels.

In summary, Ratts and Hutchins (2009) assert the advocacy competencies provide a concrete framework, clinical implications, and suggest counselor training programs that integrate this model help develop social justice advocacy oriented clinicians. Furthermore, they bring the meaning of social justice counseling from theory to practice (Lewis, 2011) and can be utilized with diverse counselor trainees, clients and communities (Brady-Amoon, 2011; Ratt et al., 2016).

Correlates of Social Justice Advocacy Competencies

A review of literature revealed research that examined the relationship between social justice competencies and demographic variables and counselor training. The findings are presented in the following section.

Ethical awareness

For the purpose of this study ethical awareness is defined as the capacity to resolve ethical or moral dilemmas with awareness of how the action will impact those involved. According to Gillian (1995) ethical decisions or moral dilemmas are guided by the following three concepts: ethic of care, ethic of critique and ethic of justice. She describes ethic of care as solving and reasoning based on the current scenario, the individuals involved in the scenario and the bond of those involved. The ethics of care perspective is motivated by the bonds that people create and the value of caring for others (Robertson & Walter, 2007). The ethic of justice refers to resolving ethical dilemmas in terms of the justice approach where rules and standards are used to reason the action.

Professional ethics are views about comportment that represent professional practices. As cited in Branson and Gross (2014), ethical behavior in relation to leadership means the leader is an individual of courage and integrity who is motivated and committed to doing the right thing regardless of the consequences. As defined in Branson and Gross (2014), "ethical action skills include "resolving conflicts, taking initiative as a leader, asserting respectfully, planning and implementing decisions." This definition is aligned with counseling professional duties. They further state, there is an expectation for counselors to be ethical leaders meaning to act fairly and promote good instead of harm. Ethical leadership is gained, learned, and is more than knowing what it means instead how to act ethically, and having the desire to be ethical. Additionally,

when the practice of ethical leadership becomes deeply meaningful to the person, it becomes more than a learned skilled, it become part of their character. The counseling profession has adopted ethical standards to protect clients and guide professional behavior and ethical codes for interpreting specific forms of conduct for the profession (Calley, 2009).

Ethics in counseling is an important competency and is outlined in professional counseling standards. Counselor training standards for education programs have been set by accreditation bodies like the Council for Accreditation of Counseling and Related Educational Programs (CACREP). For example, ethical considerations and practices are identified as one of eight core areas that must be included in the curriculums of counseling education programs. Professional counseling organizations such as Certified Rehabilitation Counselors (CRC) and the American Counseling Association (ACA) have each adopted a code of ethics to facilitate ethical awareness, obligations, and practices for counselors, supervisors, and counselor trainees. According to the ACA Code of ethics (ACA, 2014) counselor trainees, counselor educators, and practitioners all are held to the same standards. Cartwrights and Hartley (2016) investigated ethics consultation in rehabilitation counseling, more specifically their study provided data about the content of the advisory opinions made by the Ethics Committee of CRCC. They found that most of the advisory opinions addressed ethical standards associated with the counseling relationship, confidentiality, resolving ethical issues, and professional responsibility. This suggests although a Code of Ethics for rehabilitation counselors are in place there may be gaps in ethics education and training.

Ethical awareness in counseling has been investigated. Landon and Schulz (2018) investigated the perception of supervisors' and their role in counselor ethical awareness. The study found that using a "supervisor working alliance" approach with counselor trainees

improved the development of ethical awareness among their supervisees. This approach integrates training, practical application case conceptualization, and mentorship. The findings suggest comprehensive supervision facilitates ethical awareness. Another study examined the relationship between ethical decision making and the characteristics of the counselor. The study findings suggested there was not a significant relationship between ethical decision making and personal characteristics (age, gender, and school counseling experience) of school counselors (Lambie, Ieva, Mullen, & Hayes, 2011). However, another study noted that the variables gender and the years of experience of a mental health professional did influence the ethical decision making process (Walton, 2007). Mason and McMahon (2009) examined the influence of age, gender, professional training, experience and school setting on the leadership practices of school counselors. Leadership practices were measured and participants scored highest on the enable others to act subscale and lowest on the inspire a shared vision subscale. Results indicated participants who scored higher on all or most subscales of leadership practices where counselors who reported more experience, or identified as having more years at their current school or were older. The study reported a relationship with leadership practices with age and years at current school on the five subscales and that age predicts practices of Inspire a Shared Vision, Challenge the Process, Enable Others to Act, and Encourage the Heart. Mason and McMahon (2009) concluded school counseling leadership depends on age, experience and size of the school setting. Based on the results, they suggest that the role of leadership in counseling may not be emphasized or clear and recommend counselor education programs examine curriculum to include leadership development and identity in addition to understanding the implications of leadership skills in counseling. Langlois, Lapointe, Valois and de Leeuw (2014) studied the characteristics of school leaders in relation to ethical orientation. Specifically, the study

provided data on ethical conduct, ethical leadership training, and assessing ethical leadership. They explain ethical leadership based on Starratt's tridimensional model which is made up of three interdependent dimensions of ethics (justice, critique, and care). These studies examined personal characteristics of professionals in education settings, so the present study will add to the literature as researcher is interested in examining counselor trainees enrolled in specialized counseling training programs. The influence of ethics education on rehabilitation counseling students has been examined (Tsai, 2013). The study found ethics education mostly consists of a structured course that typically utilize the CRCC Code of Ethics and the ACA Code of Ethics as training material and teaching method is heavily based on lecture method. In regards to the rating of their ethics education and ethics competency, student reported they were moderately satisfied with their training and reported ethical awareness confidence and competence to be moderate. A limitation reported in this study was regarding the small sample used. A recommendation noted in the study was to integrate more case study discussions, role play and more classroom activities in addition to the code of ethics in order to facilitate competency in resolving ethical dilemmas.

Counselor Training

To understand counselor trainees' development of social justice competency, it is important to examine counseling training and education that may account for such development (Hudson, et al, 2017). In investigating the influence of counseling training on competency, Goodman et al. (2018) found that comprehensive (full academic year) training that incorporates microlevel advocacy coupled with collaboration, emotional support, and critical reflection not only increases motivation to engage in advocacy, but participants reported their competency increased as a professional counselor.

Holmberg-Abel (2012) studied the advocacy competency of professional school counselors. The findings suggest that counselors engage in the advocacy level where they perceive to be "very much to extremely" prepared and view as "very important". More specifically, more counselors viewed client/student advocacy as "very important" compared to public arena/level as "important." It is important to note that client/student advocacy refers to empowerment, whereas, public arena/level refers to systemic advocacy. The sample reported they are "very much to extremely prepared" to engage in client/student advocacy compared to the other levels. This suggests that education and training focused on client/student advocacy. Stackhouse-Powe (2014) also discovered that social work students enrolled in an accredited social work program do not engage in political/system advocacy and suggested this was due to the lack of social justice advocacy integrated in their training and field practice.

Decker et al. (2015) assert counseling programs must consistently present the role of advocacy so that it becomes part of the counselor's professional identity. In addition to knowledge of multicultural theories, other theories such as social change, empowerment, and advocacy theories must be explored by student trainees. Finally, field experience, volunteer opportunities and reflective exercises promote advocacy to become part of a counselors' professional identity. For example, an activity such as writing a letter to a local or state member of government about oppression promotes social justice action.

Students report adequate training improves advocacy competency. Researchers evaluated a case based collaborative learning model as a teaching tool for advocacy (Kilbane, Freire, Hong, & Pryce, 2014). Masters-level clinical social workers self- rated their values and practices of advocacy after their participation at Advocacy Week workshops that included discussions on policy and clinical practice and legislative advocacy skills and faculty led case presentations

which are used for student reflection on context cases and clinical practice. Results indicated this model benefited the students as a tool for teaching advocacy, specifically, policy participation help promote the relationship between advocacy and clinical practice. The researchers caution the implications of the study given the small sample size

Topics of privilege, oppression, and advocacy are important in curricula and during supervision to improve counselor competency (Hays, Dean, & Chang, 2007).   A qualitative study explored the academic and clinical experiences of counselors from a variety of counseling disciplines. Some questions proposed to participants included: "Based on your experiences, what are some suggestions for training programs to facilitate discussions about privilege and oppression issues?" If relevant, in what ways do privilege and oppression effect counseling practice and/or training?" Participants of study reported a challenge they encountered as counselors was the inability to address the experiences of discrimination and social injustices of their clients. They further reported a lack of these topics during counseling preparation and training.

Counseling training programs in the field of psychology have examined the role of advocacy within the field and among students in training. A nation-wide survey by Ramirez Stege, Brockberg, and Hoyt (2017) sought to learn how clinicians in training perceive their advocacy competency.   Specifically, the study examined the influence of advocacy resources, advocacy engagement, and perceived importance of advocacy on advocacy competency. A total of 188 participants selected from APA-accredited counseling psychology doctoral programs and clinical mental health counseling –CACREP accredited master's programs participated in the study. Results indicated that participants who reported higher advocacy self- efficacy also reported more accessibility to training and/or resources such as volunteer opportunities.

Additionally, a significant relationship was found between perceived importance and self - reported advocacy competency. For example, participants who reported advocacy is "very important" for the counseling profession had a significantly higher mean score versus participants who reported advocacy is "important."

The perceptions of doctoral psychology counseling trainees regarding social justice interest and commitment were studied by Miller and Sendrowitz (2011). They asserted the program training environment indirectly predicted social justice commitment and personal morality is indirectly and directly significant in determining social justice commitment. Furthermore, they found a large number of trainees reported highly motivated to engage in social justice advocacy; however, they also indicated a lack of resources, time and direction from their counseling program imperative for competency of social justice advocacy. Miller and Sendrowitz (2011) suggest future research assess the interest and commitment to social justice advocacy of counselor trainees from diverse populations and programs.

Bemak and Chung (2011) report the significance of counseling training programs that include social justice counseling and advocacy concepts and practice in every facet of the curriculum. Specifically, students who complete action oriented activities and practicum field based training referred as "classrooms without borders" along with supervision and mentoring report increased motivation and confidence about their advocacy skills and abilities.

Another study that examined the correlates of social justice advocacy among clinical, psychology counseling and school psychology doctoral trainees found that discrimination, multicultural knowledge, and multicultural awareness were statistically correlated with social justice advocacy. The authors suggested that the relationship between experiences of discrimination and engaging in social justice advocacy is influenced indirectly by a persons'

political involvement (Linnemeyer, Nilsson, Marszalek, & Khan, 2018). The study also examined social justice advocacy differences among the three different counseling programs and found no statistically significant differences among the programs.

A dissertation examined the social justice advocacy competencies of rehabilitation counselor trainees in CORE accredited rehabilitation counseling programs. The participants included Master level students enrolled in an internship course and full time faculty of CORE accredited RCE programs. The results indicated that students reported more developed social justice advocacy competencies in client advocacy and client empowerment with the least developed in systems advocacy, public information and social/political advocacy. Faculty results were similar to the students'; faculty reported that students have the highest competence in client advocacy and the lowest in systems advocacy public information and social/political advocacy. The study also reported a higher mean score for male students compared to female students; however, no significance differences in gender, racial/ethnic background or age of students was documented. Future research recommendations included comparing CORE standards with teaching standards and exploration of reasons why counselor students report limited competencies in systems advocacy and community collaboration (Jeon, 2014).

The literature reveals that previous research has focused on other disciplines such as social work and psychology. The literature also suggests training and education is important for the development of social justice competencies. It demonstrates that education and training must incorporate social justice advocacy at multiple levels and throughout instruction to prepare future counselors as competent social justice advocates. Furthermore, initial research indicates social justice training is important, however; it is underdeveloped in numerous programs.

Counselor trainees' demographic variables

To understand the development of advocacy competence of counselor trainees, personal characteristics must be considered. To understand counselor trainees' development of social justice competency, it is important to examine the personal characteristics that account for such development. In investigating factors that predict social and political advocacy, Goodman et al. (2018) found in the literature review advocacy requires specific elements such as information, motivation, allies, patience, courage, and training. The authors stress along with motivation, gathering facts and information, learning important terms, and relevant stories are crucial for effective advocacy. Other important advocacy skills include creating allies and building relationships with others who share the same social justice concerns and view. They further state advocacy necessitates courage to command change and is best effective when it is presented by impassioned groups with comprehensive facts that support the cause.

The relationship between advocacy competencies and the characteristics of counselor trainees has been explored in research studies. For example, Miller and Sendrowitz (2011) found that personal morality is indirectly and directly significant in determining social justice commitment among doctoral psychology counseling trainees. According to Beer et al. (2012), who examined the commitment to social justice issues among Master and doctoral counseling psychology students, found gender was correlated statistically with social justice commitment, however; gender did not have a significant relationship with activism orientation and confronting discrimination. Overall, the study suggests little significance for the role of social identity in predicting social justice commitment among the counseling students. Another study found there was no statistically significant racial and gender differences in counselor trainees' level of social justice advocacy engagement, more specifically in any of the following types of advocacy:

collaborative action, social/political advocacy, client empowerment, and client/community advocacy (Luu, 2016). This study further reported that majority of participants identified as White and as female. It also reported that White trainees had significantly more unawareness of blatant racial issues than trainees of color. Also White trainees experienced less racial injustice and witnessed significantly less racial injustice happening to others around them verses trainees of color. However, there was no statistically significant difference between White trainees and trainees of color with regard to their unawareness about racial privilege and institutional discrimination. Trainees who experience and/or witness racial discrimination and gender discrimination or more likely to participate in social justice advocacy. Also, results reported a significant and positive relationship between participation in formal campus experiences (course work, events) and trainees' social justice advocacy behaviors. Study recommends that students be given more opportunities to engage in experiential activities and for these activities to be integrated into the campus community in order to increase social justice advocacy participation.

Wendler and Nilsson (2009) explored whether cognitive complexity and social political advocacy predicted universal diverse orientation (UDO) among counseling psychology and counselor education trainees classified as master level and doctoral students. UDO is described as the recognition and acceptance of all people regardless of the similarities and the differences. Overall, participants who were engaged in sociopolitical advocacy scored higher levels of UDO. Doctoral level participants scored higher regarding UDO. They discovered significant group differences between lesbian, gay or bisexual (LGB) and heterosexual participants on actual and desired social political advocacy. Participants who identified as LGB had higher scores compared to the participants who identified as heterosexual. In other words, students who identified as LGB reported higher scores in the intention to engage and more time engaged in

advocacy activities. The researchers found it interesting since the LGB group was a much smaller sample than the heterosexual group. It is important to report, a review of the literature resulted little exploration of LGB status with regard to social justice advocacy competency.

Hipolitio-Delgado, Pharaoh, and Hemosillo (2016) did a qualitative study with two graduate students, two high school counselors, one college counselor and one retired counselor. All counselors identified as White, five identified as female and one identified as male. The study found that the duty to advocate was reinforced when injustices where viewed first hand at a personal level. Additionally, mentorship aided in their likelihood to engage in advocacy. They recommend counselor educators and education programs provide learning activities and internships that aid in hands on opportunities at underserved communities.

A qualitative study by Hoover and Morrow (2016), examined how mental health counselors in training developed as social justice advocates during a feminist multicultural social justice oriented practicum. The study found that participating in a social justice –oriented training supported trainees' development as it involved intrapersonal, interpersonal and sociopolitical training opportunities. Participants reported social justice efforts such as self-examination of their oppressed and privileged identities and doing social justice work during their training had a significant role in their development. In other words, counselor trainees' social justice development is likely fostered by training that involves personalizing social justice and activism. All participants identified as women and 13 participants were doctoral students from clinical or counseling psychology, 4 were students from master's programs in social work and 3 were students from master's programs in professional counseling. They note that social justice training in counseling is relatively new in its development and merits further research in trainees' awareness about their training experiences.

Feldwisch and Whiston (2015) examined the beliefs, attitudes and practices of social justice advocacy for school counselors. Participants were practicing counselors with a Master's degree in counseling or a related field such as education or social work that is endorsed by school counseling. The study indicates that counselors report moderate to high social justice advocacy attitudes and moderate degree of social justice advocacy. Specifically, the study suggests that school counselors from recognized comprehensive school counseling programs scored higher on measures of social justice advocacy when compared to school counselors in non-recognized school counseling programs. In other words, counselors who work at a school that participates in a comprehensive program that aims to close the gap on achievement are more likely to be advocacy action oriented.

Another study examined the direct and indirect relationships between social justice self-efficacy, social justice commitment, social justice social support, social justice interest, belief in a just world, and belief in an unjust world among graduate trainees from disciplines including counseling psychology, marriage and family, addictions, school psychology and school counseling (Inman, Luu, Pendse, & Caskie, 2016). The study revealed that social justice self-efficacy beliefs had a significant and direct relationship with interest and commitment. The study also suggested that interest in and commitment to social justice advocacy is less likely if the individual believes justice already exists and members of society get what they deserve. Another worthy finding was that counselor trainees' confidence to engage in social justice work increased with social support.

After review of the current literature on social justice advocacy competency in relation to counselor trainees, it was noted that almost no research has focused on the rehabilitation counseling field. In spite of professional standards and responsibilities and need for competent

rehabilitation services for people with disabilities, little is known if pre-service counselor are prepared to engage in social justice advocacy. Empirical research can provide insight to the strengths and needs of rehabilitation counselor trainees (Hudson et al, 2017; Miller & Sendrowitz, 2011). Therefore, the current study explored variables such as counselor training and advocacy training of counselor trainees' in addition to the relationship between ethical awareness and social justice advocacy.

Expected Outcomes of the Study

It is expected that current empirical study will add to the literature and will be informative to students, researchers, educators, and counseling supervisors as they continue to promote, guide, and implement social issues and advocacy in counseling training. It is anticipated that current study will demonstrate support for the social justice advocacy competencies as essential in counseling training given that some express uncertainty about the application and benefits of mandating advocacy engagement in counseling (McLaughlin, 2009). Additionally, it is the intention of the study to investigate the strengths and training needs of pre-service counselor so that implications for best practices in social justice are expected to be presented as currently there is a lack of such data (Ratts & Hutchins, 2009; Smith, et al., 2009).

CHAPTER III

METHODOLOGY

The following chapter describes the methods and procedures that were used to carry out the present study. The chapter provides details about the participants, instruments used, method and procedures of collecting the data, and methods of the data analysis. The purpose of the study was to explore rehabilitation counselor trainees' self- reported competency of social justice advocacy. The study was designed to examine demographic and counselor training variables that may predict social justice advocacy competency. The study was guided by the following research questions:

RQ1: How do counselor trainees rate their level of competency in social justice advocacy?

RQ1.1: How do counselor trainees rank order the importance of each social justice advocacy competency domain?

RQ2: How do counselors in training rate their level of ethical awareness?

RQ3: What is the relationship between level of competency in social justice advocacy and ethical awareness of counselors in training?

RQ3.1: Is there a significant relationship between each social justice advocacy competency domain and ethical awareness of counselors in training?

RQ4: What personal characteristics (age, ethnicity, gender, sexual orientation, disability status, ethical awareness) of counselor trainee account for the level of competency in social justice advocacy?

RQ5: What training (classification, internship experience, social justice advocacy course, and counseling program) of counselor trainee account for level of competency in social justice advocacy?

Participants and Sample

The participants of this study were recruited from rehabilitation counseling programs at seven public universities in a Southwestern state. The targeted participants were master level and doctoral level counselors-in-training enrolled in a counseling program. To improve sample size, participants from one West coast university and one Midwestern university were recruited, as well. In addition to graduate rehabilitation counseling programs, other counseling-related disciplines, such as counseling psychology, social work, educational psychology and counselor education were included. There is a small number of master and doctoral students in counseling programs so limiting screening criteria was not used for the sample selection in order to secure adequate data to achieve a certain level of statistical power in the data analysis. The participants of this study volunteered, were recruited from various counseling programs, thus, are considered a convenience sample. A convenience sample is made up of participants who are readily available and may be representative of the population that is accessible for the data collection process (Creswell, 2013). A limitation with this type of sample is that it may not entirely reflect the targeted population and may generate biased results.

Power analysis

A power analysis was conducted to determine the required sample size to yield a given power. The G*Power software was used to conduct a priori power analysis to determine the appropriate sample size. It was determined that a stepwise multiple linear regression analysis was appropriate for Research question 4, thus a power analysis was used to determine the

appropriate sample size. A nominal power of .90 was used and this means that with 90% confidence that the effect can be detected. Power analysis for Research question 4 for a multiple linear regression with six predictors was conducted in G* Power 3.1 to determine a sufficient sample size using an alpha of 0.05, a statistical power level of .90, and a medium effect size .15; based on this calculation the desired sample for this study is 123. A medium effect size of .15 or higher was determined to be appropriate (Cohen & Cohen, 1993). It was determined that a stepwise multiple linear regression analysis was appropriate for Research question 5, thus a power analysis was used to determine the appropriate sample size. Power analysis for Research question 5 for a multiple linear regression with four predictors was conducted in G* Power 3.1 to determine a sufficient sample size using an alpha of 0.05, a power of .90, and a medium effect size .15; the desired sample for this study is 108.

Procedures

This section describes how the data was collected. After obtaining permission from the Institutional Review Board, procedures to collect data were initiated. The present study surveyed a sample of counselors in training via Internet-distributed questionnaires. In order to achieve this, a list of counseling and social work programs from a Southwestern state were generated by conducting an internet search. Program directors, coordinators, and faculty from the generated list were contacted through electronic mail and telephone with the purpose of the study and to solicit participants. Program directors, coordinators and faculty who agreed to distribute the invitation to their students received another email with the invitation that explained the purpose, significance of the study and that participation is voluntary and anonymous. Professors and program directors from five programs agreed to participate in the study by providing the survey link to their students via email or in class and seven professors allowed a one- time class

presentation to help recruit participants. The invitation to participate in the online survey included a link that directed the participant to a secure online survey created in Qualtrics along with informed consent and confidentiality information. The survey invitation indicated questionnaire would take approximately 10 minutes to complete. Initial contact with invitation for participants was made at the beginning of Fall semester 2017 and three additional follow-up requests were sent spaced approximately two weeks apart following the initial contact. Other than having the opportunity to participate in a study and to add to the literature by participating in the study, no other incentives were offered to participate in the survey. Participants included students who identified with one of the following disciplines: rehabilitation counseling, social work, counseling psychology, counseling education, and human services. Qualified participants were directed to a secure online survey created on Qualtrics and completion of the survey indicated informed consent. At the conclusion of data collection, all data was exported from Qualtrics to be analyzed using SPSS 25.

Data Collection

A four part internet-based survey was used to collect essential information for the purpose of this study. The survey inquired about and gathered demographic information, counseling training, social justice advocacy competency, and ethical awareness. A demographic questionnaire was included in the survey to record the participants age, race/ethnicity, disability status, sexual orientation, ethical awareness and gender. Also, the questionnaire inquired about the students' counseling training with questions such as the number of completed practicum/internship courses, classification (Master level or Doctoral level student), type of counseling program, the number of social justice advocacy courses and the number of Ethics courses completed. Additional survey questions inquired about counseling program

accreditation status, whether social justice competency has been evaluated, and highest education level attained. The demographic information was utilized to describe the participants, observe frequency and used as the independent variables in data analysis. In addition to demographic data, self- reported social justice advocacy competency and ethical awareness was collected. The instruments that were used in this study are the Advocacy Competencies Self-Assessment (ACSA) Survey and the Ethical Leadership Questionnaire.

Instruments

The Advocacy Competencies Self-Assessment (ACSA) Survey is a self-assessment that measures level competence in six advocacy domains. The instrument was created specifically to measure social justice advocacy competency for counselors therefore the questionnaire was not modified. The ACSA has a total of 30 items that instructs the participant to rate themselves on six domains; client/student empowerment, community collaboration, public information, client/student advocacy, systems advocacy, and social/political advocacy on a three-point Likert scale ranging from Almost Never (0), Sometimes, (2), and Almost always (4). The range of scores for each of the six advocacy domains is from 0 to 20. Adding the total score for the six advocacy domains determines participants' overall advocacy rating scale. The total range of scores possible is from 0 to 120. Scores of 69 and below indicate that participants may need further training in a particular advocacy domain. Scores ranging from 70 to 99 indicate that participants have demonstrated competence with certain advocacy domains but may need to further develop competence in other advocacy areas. Scores ranging from 100 to 120 indicate a high level of competence in each of the six advocacy domains. The total scale score and the range of scores for each of the six domains will be used for this study. Knowing where a student is lacking in a particular advocacy domain can assist counselor educators create appropriate and

meaningful curricula and help students become aware of their strengths and weaknesses. An example of a question used in the ACSA survey includes "I distinguish when problems need to be resolved through social advocacy." The ACSA was found to have adequate internal consistency, a Cronbach's alpha coefficient of .93 and mixed results in terms of its construct validity (Bvunzawabaya, 2012). Feldwisch and Whiston (2015) examined social justice advocacy competencies of school counselors and reported Cronbach's alpha coefficient for the ACSA to be .91. The ACSA is a good fit for this study because the survey items are influenced by the American Counseling Associations Advocacy competencies. Permission from the authors of the ACSA was granted electronically through an email.

The Ethical Leadership Questionnaire (ELQ) is a 23-item questionnaire with three subscales measuring ethical leadership; the items are designed to elicit a reflection on one's own professional conduct when faced with real ethical dilemmas at work (Langlois, Lapointe, Valois, & de Leeuw, 2014). It is designed to measure the presence of ethical leadership based on the three ethical dimensions: justice, care, and critique. It is intended to assist individuals gain awareness of their ethical profile by identifying their acquired and emerging ethical competencies; including identification of ethical sensitivity, an important factor for ethical decision making. Langlois and Lapointe (2010) emphasize that their goal was to develop an instrument that is able to identify the presence of emergent or confirmed ethical competency among leaders and to support their optimal development through professional training. The ELQ measures the presence of Ethic of critique (seven items), Ethic of justice (six items), and Ethic of care (ten items) based on Starratt's (1991) Ethical Leadership Model. Respondents are asked to rate each statement on a six-point Likert scale with response options ranging from 1 (Never) to 6 (Always). The total range of scores possible is from 0 to 138. Higher scores are interpreted to

reflect a greater level of ethical competencies. Items 1, 2,5, 8, 9, 17, 18, 19, 20, 21 measure the Ethic of Care, items 3, 6, 7, 10, 11, 16, 23 measure Ethic of Critique, and items 4, 12, 13, 14, 15, 22 measure the Ethic of Justice. The ELQ went through seven validation processes to determine validity of instrument. Item response theory (IRT) was used to verify the reliability and the psychometrics properties of the ELQ. A study reports discriminant validity for the ELQ as the inter-factor correlations range from .75 to .81 and factor loadings were satisfactory with the exception of three loadings that were less than .3 (Langlois & Houme, 2008). The instrument is reported to have good internal consistency, Cronbach's alpha coefficient, .80 (Langlois et al., 2014). Items of the ELQ were found to not be gender biased so the ELQ will provide more reliable results in diverse research settings. Permission to use the ELQ was granted from the authors electronically through an email.

Data Analysis Procedures

Data analysis was done using IBM SPSS Statistics Version 25 (IBM Corp, 2017). Descriptive statistics and inferential statistics were carried out on all independent measures and dependent measure. Data analysis procedures are described below:

Descriptive statistics

Descriptive statistics are useful for describing general information and characteristics of the participants in a study and is typically used to summarize the collection of data. It is also applied in support of study sample to be a representation of the sampled population. For the purposes of this study, the following descriptive statistics were used: frequency, mean, percentages, rank order, and standard deviations to analyze the demographic data, rank order of SJA domains, social justice advocacy competency and ethical awareness. Demographic/social characteristics (gender, age, race/ethnicity, disability status, ethical awareness) and counseling

training (classification, type of counseling program, accreditation status, advocacy training, and practicum/internship courses) data of counselor trainee was gathered. This information was utilized to describe the make-up of the sample and to observe frequency. Also, this method helped describe the score distribution for social justice advocacy competency and ethical awareness of the counselor trainees. More specifically, descriptive statistics was employed to answer the following research questions: RQ1. How do counselor trainees rate their level of competency in social justice advocacy? RQ1.1, How does counselor trainee's rank order the importance of each social justice advocacy competency domain? RQ2, How do counselor trainees rate their level of ethical awareness?

Inferential Statistics

This study applied the Pearson product-moment correlation, independent sample t-test, stepwise multiple regression to determine the relationship between variables, if significant differences existed between groups, and examine if variables were predictors of social justice advocacy competency.

Pearson Product -Moment Correlation

A Pearson product-moment correlation coefficient measures the strength of a linear association between two variables. The Pearson correlation cannot determine a cause-and-effect relationship and only will establish the strength of linear association between two variables. A Pearson correlation coefficient, *r,* value of zero (0) suggests that there is no association between the two variables.

A Pearson correlation coefficient was used to answer RQ3. What is the relationship between level of competency in social justice advocacy and level of ethical awareness of counselor trainees? A Pearson Correlation was conducted to determine the strength and

direction of relationship that exists between social justice advocacy competency and ethical awareness. A correlational analysis was employed to answer Research question 3a. Is there a significant relationship between each social justice advocacy competency domain and ethical awareness of counselors in training? A Pearson correlation was performed to determine the strength and direction of relationship that exists between each social justice advocacy competency domain and ethical awareness.

Independent Sample T-Test

The inferential statistical test determines whether there is a statistically significant difference between the means in two unrelated groups in terms of the dependent variable. The assumptions of normal distribution and homogeneity of variance must be met to run the test. The independent t-test is regarded as a robust test with respect to the assumption of normality. The Levene's Test of Equality of Variance was run and the significance (p) value was greater than 0.05 so the group variances can be treated as equal. A series of t-tests were used to determine if social justice advocacy competency scores were different between classification group means, social justice advocacy course status group means, licensure status group means, gender group means, sexual orientation group means, Ethics course status group means, disability status group means, Ethnicity status group means and whether social justice advocacy competency had been assessed group means.

Multiple Linear Regression

A standard multiple regression is used to determine the predictive relationship between a dependent variable and two or more independent variables. A multiple regression aims to learn the overall fit of the model and the input of each of the predictors to the total variance explained. Cohen suggests f^2 value of .35 represents a large effect size. One recommendation is that you

have at least five observations for each variable to run a multiple linear regression. For this study, a power analysis using G* power was used to determine appropriate sample size.

A stepwise multiple linear regression analysis was used to answer RQ4. A stepwise multiple regression was conducted to examine if demographic variables (independent, predictor variables) age, race, gender, sexual orientation, ethical awareness, and disability status can predict social justice advocacy competency (dependent, criterion variable).

Stepwise regression is a semi-automated process of building a model by successively adding or removing variables based solely on the t-statistics of their estimated coefficeints. Outliers can have a large impact on the stepping procedures, so it is recommended that they are removed before applying method to data. Power analysis for a multiple regression with six predictors was conducted in G* Power 3.1 to determine a sufficient sample size using an alpha of 0.05, a power of .90, and a medium effect size .15; the desired sample is 123. A stepwise multiple regression was employed to answer Research question 5. A step wise multiple regression was used to explore if counselor training (independent variables) such as counseling program, classification, internship experience, and social justice advocacy course can predict social justice advocacy (dependent variable). Power analysis for a multiple regression with four predictors was conducted in G* Power 3.1 to determine a sufficient sample size using an alpha of 0.05, a power of .90, and a medium effect size .15; the desired sample is 108.

The assumptions to be able to run a multiple regression analysis were examined and met. After removing four possible outliers, the Shapiro-Wilk test and the measures of skewness and kurtosis demonstrated data is normally distributed. The Shapiro-Wilk *p* value was above .05 and z-values for skewness and kurtosis were between -1.96 to +1.96. If the *p* value of the Shapiro-Wilk test is below 0.05, the data significantly deviate from a normal distribution. The dependent

variable is a continuous variable and the independent variables are both categorical and continuous variables. Also, analyses were conducted to confirm the assumptions for multicollinearity, linearity, homoscedasticity, and independence of residual were met. According to collinearity diagnostics on SPSS, multicollinearity was not found among the independent variables. The correlation coefficients for each pair of independent variables were .415 or less; correlations of .8 or higher suggest variables are highly related and indicate multicollinearity (Huck, 2008). Collinearity statistics was used to measure the relationship between multiple independent variables. The tolerance values and the variance inflation factor (VIF) values confirmed assumptions were met to run a multiple regression analysis statistic. VIF scores were close to 1 and tolerance values were above .75.

Research Design

This is a non-experimental, descriptive design survey that examined the social justice advocacy competency of rehabilitation counselor trainees. The study employed descriptive statistics, independent sample t-test, correlation analysis, and stepwise multiple linear regression analysis to answer the research questions. This study examined a total of ten independent variables: age, gender, race, sexual orientation, classification, counselor program, internship experience, social justice advocacy course, ethical awareness. The dependent variable that was used for this study is social justice advocacy competency. All analyses were conducted using the latest edition of IBM Statistical Package for the Social Sciences (SPSS) version 25.

Preliminary analysis

Prior to conducting statistical analysis, normality of data was examined in addition to assumptions to determine if the multiple linear regression analysis statistical test and independent sample t test would be appropriate. After reviewing scatterplots for ACSA and ELQ scores, five

cases appeared to be possible outliers and were removed to achieve normal distribution of data. The Shapiro-Wilk *p* value was above .05 and z-values for skewness and kurtosis were between -1.96 to +1.96. If the p value of the Shapiro-Wilk test is below 0.05, the data significantly deviate from a normal distribution (Kirk, 2008). Also, analyses were conducted to confirm the assumptions for multicollinearity, linearity, homoscedasticity, and independence of residual were met. According to collinearity diagnostics on SPSS, multicollinearity was not found among the independent variables. Multicollinearity is described as moderate to high intercorrelations among the predictor variables which limits the size of *R* (Stevens, 1996). Additionally, data distributions were observed with a Q-Q plot and a Box plot. The box plot represents the distribution of scores and can be used to assess the symmetry of a distribution (Duncan & Howitt, 2004). Figure 3 is a Q-Q plot and Figure 4 is a Box plot that demonstrates the distribution of scores for the ACSA based on the participants' responses. All assumptions were met, and therefore statistical analysis to perform a stepwise multiple linear regression analysis, Pearson Product correlation analysis, and independent sample t test were performed.

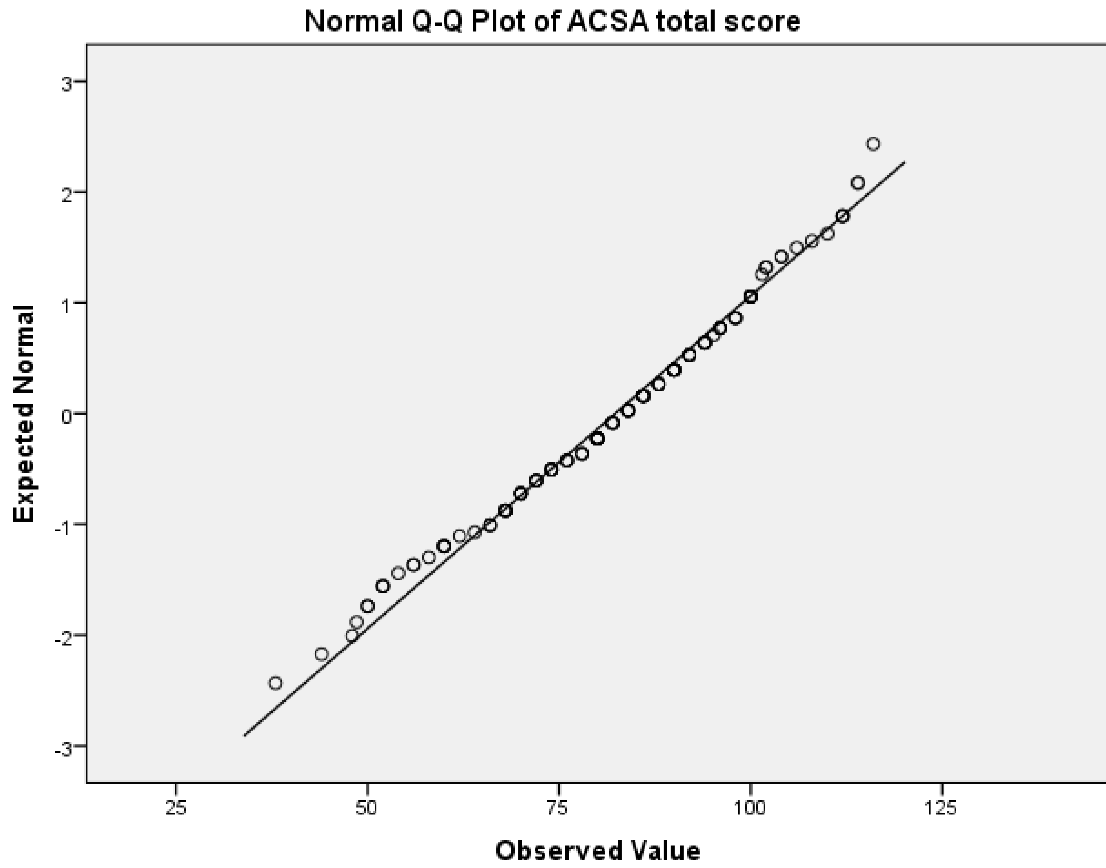

Figure 3: Normal Q-Q Plot of ACSA Scores

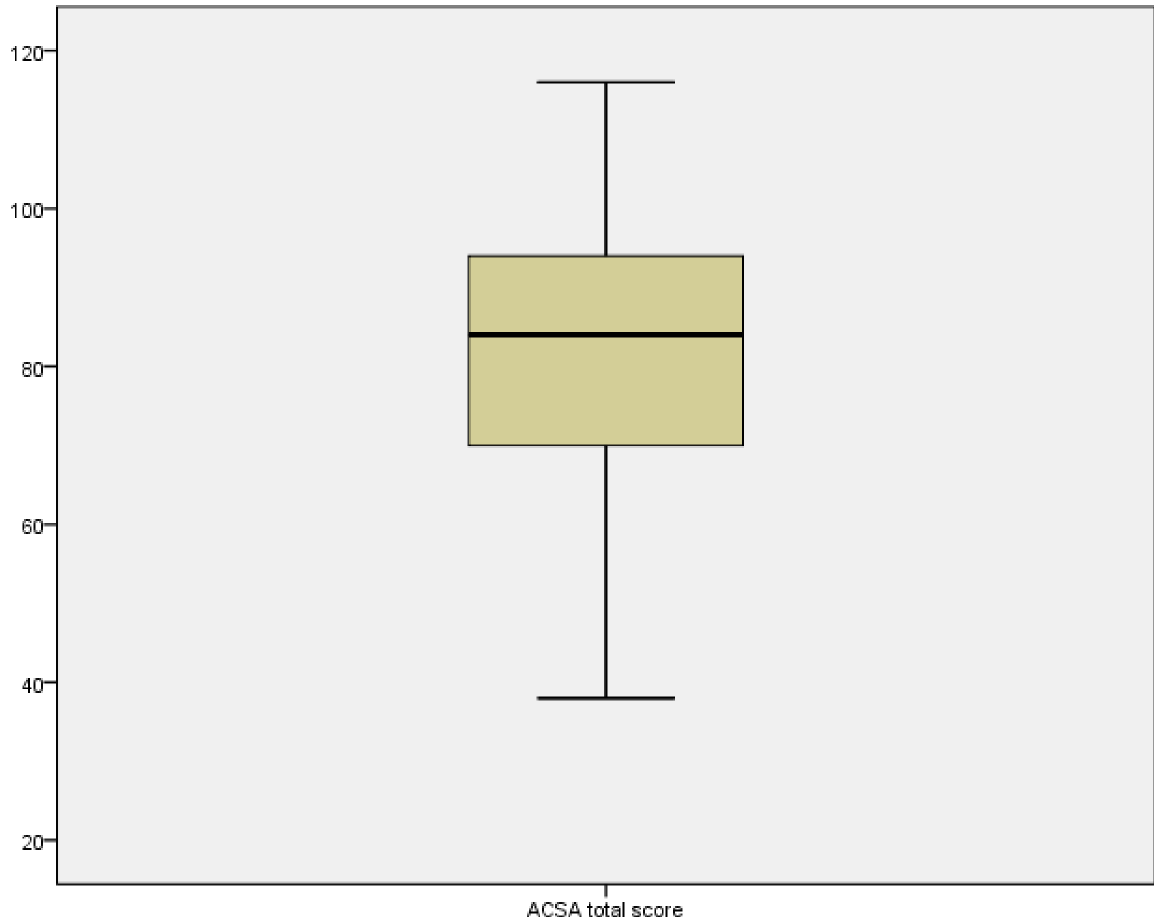

Figure 4: Box Plot for ACSA Scores

Missing data was addressed to protect the validity of research findings. Cohen and Cohen (1993) suggested that when up to 10% of cases have missing data on a particular variable, it is not extensive, therefore; the variable should be kept. For cases that had missing responses to fewer than 10% of the items, a replacement by means method was administered to allow the computation of total scores for the measure. After this process, sample consisted of one hundred thirty seven participants. However, in reviewing sample data and scatter plots for ACSA and ELQ scores, five possible outliers were removed in order to meet the assumptions and run a multiple linear regression analysis and independent sample *t*-test. Therefore, the final sample

was one hundred and thirty two (*N* = 132) participants. The scores were used in the multiple linear regression analysis, independent sample *t*-test, and a Pearson correlation analysis and to meet normal distribution assumption, the possible outliers were removed.

A series of point biserial correlation analysis were conducted on SPSS version 25 to examine the relationship between independent variables (counseling training demographics) with the Advocacy Competencies Self-Assessment (ACSA) Survey scores. The point biserial correlation coefficient is a correlation coefficient used when one variable is dichotomous and the other is continuous. The analysis was run to determine the relationship between ACSA scores and the variables (licensure status, Ethics course status, competency status, and accreditation status). There was a small positive correlation between ACSA scores and licensure status (yes status), which was statistically significant; $r(132) = .18$, $p < .036$. There was a small positive correlation between ACSA scores and Ethics course (yes status), which was not statistically significant; $p > .262$. There was a small positive correlation between ACSA scores and whether social justice competency was assessed (yes status), which was statistically significant; $r(132) = .22$, $p < .010$. There was a small negative correlation between ACSA scores and accreditation (CACREP status), which was not statistically significant; $p > .769$. Table 1 provides the point biserial correlations between variables and ACSA scores.

Table 1

Point Biserial Correlations Between Variables and ACSA Scores

Variables	Pearson	*p* value	(*N* = 132)
Classification (Doctoral)	.177*	.042	
Licensure status (yes)	.183*	.036	
Ethics course (yes)	.098	.262	
SJA competency assessed (yes)	.224**	.010	
Accreditation status (CACREP)	-.026	.769	

**p* < .05, two-tailed. ***p* < .01, two-tailed.

ACSA = Advocacy Competencies Self-Assessment Survey

CACREP = The Council for Accreditation of Counseling & Related Educational Programs

CHAPTER V

RESULTS

Descriptive Statistics

Participants

One hundred and seventy one people opened the survey link, 168 gave consent and completed some part of the questionnaire; three did not give consent and did not complete survey. Missing data was addressed to avoid having invalid data. Cohen and Cohen (1993) suggested that when up to 10% of cases have missing data on a particular variable, it is not extensive, therefore; the variable should be kept. For cases that had missing responses to fewer than 10% of the items, a replacement by means method was administered to allow the computation of total scores for the measure. After this process, sample consisted of 137 participants. However, in reviewing sample data and scatter plots for ACSA and ELQ scores, five possible outliers were removed in order to meet the assumptions and run a multiple linear regression analysis and independent sample t-test. Therefore, the final sample was 132 participants. The scores were used in the multiple linear regression analysis, independent sample t-test, and a Pearson correlation analysis and to meet normal distribution assumption, the possible outliers were removed. The survey was organized to include the two questionnaires at the beginning of the survey followed by demographic information and counseling training information questions at the end. This was done to ensure that participants would complete the questionnaires since a purpose of this study was to gather data about social justice advocacy

competency and ethical awareness of counselor trainees. Participant responses were recorded and it was noted if a question did not have a response. Table 2 contains an overview and frequencies of key demographic variables such as gender, age, ethnicity, disability status, and sexual orientation.

Table 2

Descriptive Statistics: Demographic Characteristics of Survey Sample

Variable	Frequency	Percent	Valid percent
Gender (n = 127)			
Female	101	76.5	76.5
Male	25	18.9	19.7
Other	1	.8	.8
No response	5	3.8	3.8
Mean age (n = 124)	32	__	__
Ethnicity (n = 126)			
Hispanic/Latino (non-White)	77	58.3	61.1
White (non-Hispanic/Latino)	31	23.5	24.6
Black/African American	9	6.8	7.1
Asian	3	2.3	2.4
American Indian or Alaska Native	0	0	0
Multiracial	5	4.1	4.2
Native Hawaiian or Pacific Islander	0	0	0
Other	1	.8	.8
No response	6	4.5	4.6

Disability Status (n = 126)			
Psychological	10	7.6	7.9
Physical	5	3.8	4.0
Multiple	7	5.3	5.6
Cognitive	3	2.3	2.4
Developmental	1	.8	.8
No Disability	100	75.8	79.4
No Response	6	4.5	4.6
Sexual Orientation (n = 123)			
Heterosexual	112	84.8	91.1
Lesbian	4	3.0	3.3
Bisexual	3	2.3	2.4
Gay	2	1.5	1.6
Other	2	1.5	1.6
No response	9	6.8	6.8

Table 3 provides an overview and frequencies of key counseling training variables regarding classification, counseling program, accreditation status, licensure/certification status, completed practicum/internship, social justice advocacy course, Ethics course, and whether social justice advocacy competency has been assessed.

Table 3

Descriptive Statistics: Counseling Training Characteristics of Survey Sample

Variable	Frequency	Percent	Valid Percent
Classification (n = 126)			
Master's level	102	77.3	77.3
Doctoral level	24	4.5	4.5
No response	6	4.5	4.5
Counseling program (n = 127)			
Rehabilitation Counseling	77	58.3	60.6
Social Work	26	19.7	20.5
Counseling (Education)	14	10.6	11.0
Counseling (Psychology)	3	2.3	2.4
Human Services	1	.8	.8
Other	6	4.5	4.7
No Response	5	3.8	3.8
Accreditation status (n = 127)			
CACREP	68	51.5	53.5
CORE	19	14.4	15.0
CSWE	18	13.6	14.2
None	21	15.9	16.5
Other	1	.8	.8
No Response	5	3.8	3.8
Licensure/certification (n = 127)			

Yes	28	21.2	22.0
No	99	75.0	78.0
No Response	5	3.8	3.8
Internship/Practicum (n = 122)			
Yes	81	64.1	66.4
No	41	31.1	33.6
No Response	10	7.6	7.6
SJA course (n = 127)			
Yes	22	16.7	17.3
No	105	79.5	82.7
No Response	5	3.8	3.8
SJA assessed (n = 124)			
Yes	23	17.4	18.5
No	101	76.5	81.5
No Response	8	6.1	6.1
Ethics Course (n = 127)			
Yes	55	41.7	43.3
No	72	54.5	56.7
No Response	5	3.8	3.8

Note. SJA = Social Justice Advocacy

A convenience sample of counselor trainees who are in a master's-level or doctoral level rehabilitation counseling program or related counseling program was utilized for this study. In total, 132 counselors in training completed an online survey, of whom 101 were female, 25 were

male, 1 identified as other (dissociative identity disorder); 5 did not report. More than half of the participants (*n* = 77) self-identified their race/ethnicity as Hispanic/Latino non-White. Other race/ethnicity reports included White non-Hispanic/Latino (*n* = 31), Black or African American (*n* = 9), Asian (*n* = 3), Multiracial (*n* = 6), Other (*n* = 2); 6 did not report. Participants' age ranged from 20 to 65 years (*M*= 31.7, *SD*= 9.0). With regard to sexual orientation, 112 participants self- identified as heterosexual, 4 as lesbian, 3 as bisexual, 2 as gay, and 2 as other (pansexual); 9 did not report. A majority of the participants (*n* = 100) reported disability status as no disability. Other disability statuses that were reported included psychological disability (*n* = 10), physical disability (*n* = 5), other/multiple disability (*n* = 7), cognitive disability (*n* = 3), developmental disability (*n* = 1); 6 did not report. Seventy-seven participants were enrolled in rehabilitation counseling program, social work program (*n* = 26), counseling education program (*n* = 14), other counseling program (*n* = 6), counseling psychology program (*n* = 3), human services program (n = 1); 5 did not report. A majority of participants were enrolled in a CACREP counseling accredited program (*n* = 68), CORE counseling accredited program (*n* = 19), CSWE social work accredited program (*n* = 18), non- accredited program (*n* = 21), other (*n* = 1); 5 did not report. One-hundred and two participants self-reported their student classification as a master level student and 24 as a doctoral level student; 6 did not report. More than half of participants (*n* = 81) self-reported they completed a practicum/internship course and 41 did not complete a practicum/internship course; 10 did not report. With regard to licensure/certification status, 28 of the participants reported they hold a license/certification, 99 do not, and 5 did not report. One-hundred and five participants self-reported they have not completed a stand- alone social justice advocacy course, 22 did complete a course, and 5 did not report. A majority of the participants (*n* = 101) self -reported their social justice advocacy competency had not been

assessed or evaluated; 23 were assessed at work, by a supervisor, or self; 8 did not report. Eighty-three participants reported a Bachelor's degree was the highest degree completed, (n = 38) reported Master's degree, (n = 2) reported Doctoral degree, (n = 8) reported other, and 1 did not report. Participants were asked to rank order the Social Justice Advocacy domains from the most important to the least important with 1 meaning the most important and 6 meaning the least important, 1 = (Most important) to 6 = (Least important). The client empowerment domain was selected as most important 67 times, community collaboration domain was selected as most important 6 times, public information domain was selected as most important 9 times, client advocacy domain was selected as most important 17 times, systems advocacy domain was selected as most important 6 times, and social/political advocacy domain was selected as most important 15 times. Table 5 contains the most important rank frequency for social justice advocacy domains.

RQ1

Descriptive statistics was run on SPSS version 25 to examine advocacy competency score. The mean score and standard deviation was (M = 82.43, SD = 16.647). Figure 3 is a histogram that indicates the mean and standard deviation for advocacy competency based on the participants' responses. Scores ranging from 70 to 99 indicate that participants have demonstrated competence with certain advocacy domains but may need to further develop competence in other advocacy areas. Scores ranging from 100 to 120 indicate a high level of competence in each of the six advocacy domains. The range of scores for each of the six advocacy domains is from 0 to 20. The client advocacy domain had the highest mean score, followed by client empowerment then communication collaboration. The mean score for client advocacy was (M = 16.21), client empowerment (M = 15.35), communication collaboration (M =

14.53), systems advocacy (*M* = 12.85), public information (*M* = 12.05), and social political advocacy (*M* = 11.44). Table 4 contains the mean and standard deviation of each social justice advocacy competency domain. Figure 5 demonstrates a histogram with the mean and standard deviation of social justice advocacy competencies scores for the sample.

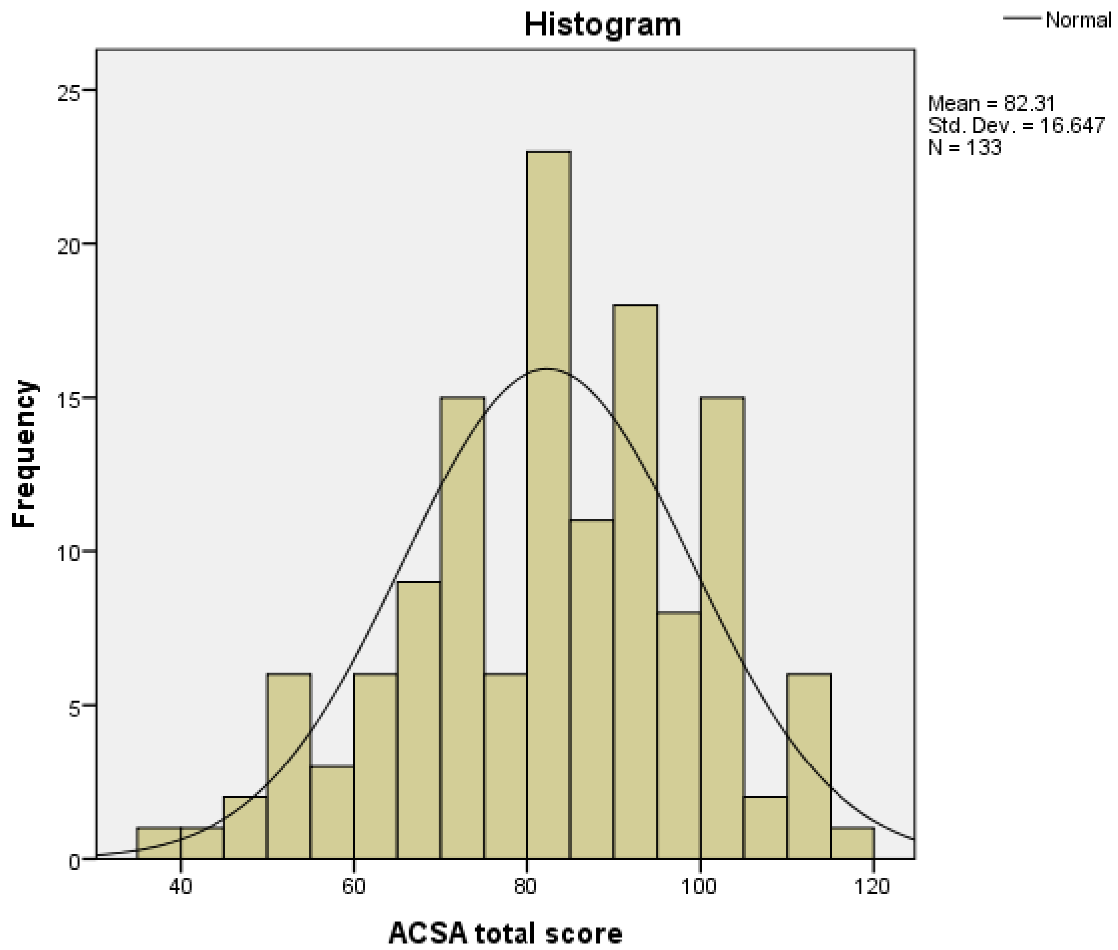

Figure 5: Histogram of *M* and *SD* for ACSA Scores

Table 4

Mean and Standard Deviation of Advocacy Competencies Domains

SJA Domain	Mean	Standard Deviation
Client Advocacy	16.21	2.95
Client Empowerment	15.35	3.07
Community Collaboration	14.53	3.39
Systems Advocacy	12.85	3.95
Public Information	12.05	3.81
Social/Political Advocacy	11.44	4.49

Note. Range for competencies domains, 0-20

RQ1.1

Participants were asked to rank order the Social Justice Advocacy domains from the most important to the least important with one meaning the most important and six the least important, 1 = (Most important) to 6 = (Least important). The frequency and percentage of most important and least important rank was recorded for each domain. The client empowerment domain was selected as most important 67 times, 51% and as least important 15% , community collaboration was selected as most important 6 times, 4.5% and as least important 2.3%, public information was selected as most important 9 times, 6.8% and as least important 23.5%, client advocacy was selected as most important 17 times, 12.9% and as least important 1.5%, systems advocacy was selected as most important 6 times, 4.5% and as least important 14.4%, and social/political advocacy was selected as most important 15 times, 11.4% and as least important 30.3%. Table 5 demonstrates the frequency for each domain, frequencies for most important and least important are reported.

Table 5

Most Important Rank Frequencies for Advocacy Domains

SJA Domain	Frequency	Most Important	Least Important
Client Empowerment	51.0%	67	22
Client Advocacy	12.9%	17	2
Social Political Advocacy	11.4%	15	41
Public Information	6.8%	9	32
Systems Advocacy	4.5%	6	20
Community Collaboration	4.5%	6	3

Note. Most Important and Least Important Reflect the Number of Times Domain Was Selected

RQ2

Descriptive statistics was performed on SPSS version 25 to examine ethical awareness score. The mean score and standard deviation were (M = 113.03, SD = 13.01). The total range of scores possible is from 0 to 138. The mean score for the Ethic of Care was (M = 52.13), Ethic of Critique (M = 31.46), and Ethic of Justice (M = 29.45).

Inferential Statistics

RQ3

A Pearson product-moment correlation was run on SPSS version 25 to determine the relationship between Social Justice Advocacy competency and Ethical awareness in 132 counselors in training. There was a small positive correlation between Social Justice Advocacy Competency and Ethical awareness, which was statistically significant; $r(132) = .23, p < .008$. Table 6 reports the correlation matrix for Social Justice Advocacy scores and Ethical awareness scores. Figure 6 demonstrate a scatterplot that indicates as ethical awareness scores increase,

social justice advocacy competency scores increase. Consequently, it suggests a positively-sloped regression line.

Table 6

Pearson Correlation between ACSA and ELQ scores ($N = 132$)

	ACSA	ELQ
ACSA	__	.23*
ELQ	__	__

Note. * $p < .01$, two-tailed.

ACSA = Social Justice Advocacy competency

ELQ = Ethical Leadership Questionnaire

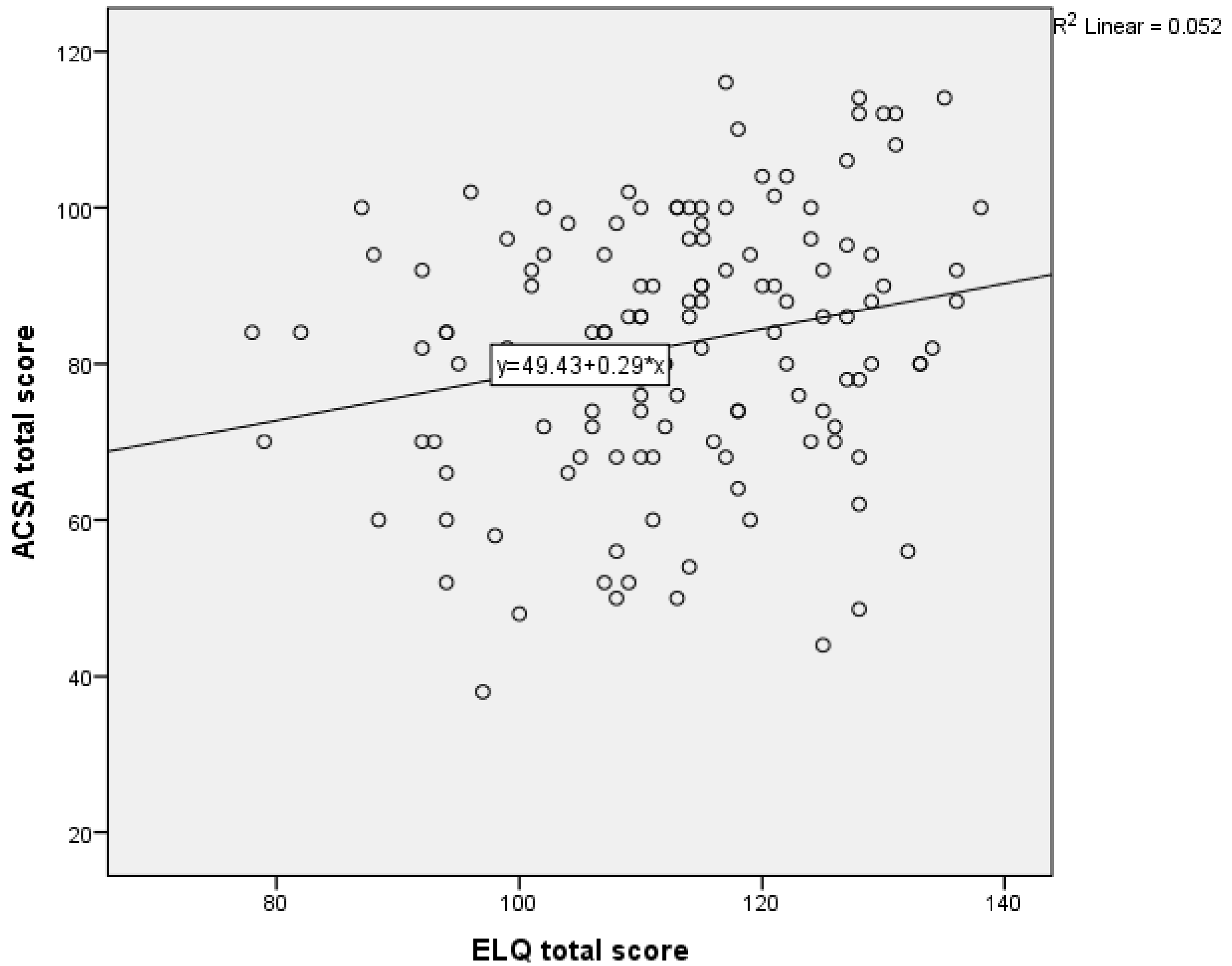

Figure 6: Scatterplot of the Relationship Between ELQ Scores and ACSA Scores

RQ3.1

A Pearson product moment correlation was run on SPSS version 21 to assess the relationship between ethical awareness and SJA subscales (domains) in 132 counselor trainees. There was a small positive correlation between Ethical awareness and client empowerment domain, which was statistically significant; $r(132) = .20$, $p < .020$. There was a small correlation between ethical awareness and community collaboration domain, which was not statistically significant; $p > .130$. There was a small positive correlation between ethical awareness and client advocacy domain, which was statistically significant; $r(132) = .21$, $p < .015$. There was a small correlation between ethical awareness and systems advocacy domain, which was

statistically significant; $r(132) = .20$, $p < .023$. There was a small correlation between ethical awareness and social political advocacy domain, which was not statistically significant $p > .114$. There was a small correlation between ethical awareness and Public Information domain, which was statistically significant $r(132) = .19$, $p < .033$. Table 7 demonstrates the bivariate correlations for advocacy competencies domains and ELQ scores.

Table 7

Bivariate Correlations for Advocacy Competencies Domains and ELQ Scores

Domain	1	2	3	4	5	6	7
1. CE	__						
2. CA	.514**	__					
3. SPA	.341 **	.473**	__				
4. PI	.230**	.429**	.645**	__			
5. CC	.471**	.471**	.681**	.547**	__		
6. SA	.342**	.512**	.583**	.555**	.621**	__	
7. ELQ	.202*	.211*	.138	.186*	.132	.198*	__

Note. N = 132 *$p < .05$, two- tailed. **$p < .01$, two-tailed.

RQ4

A multiple regression analysis was conducted to examine the relationship between social justice advocacy competency and various potential predictors (ethnicity/race, sexual orientation, age, disability status, ethical awareness, and gender. Given that the majority of the participants in this study self-identified as Hispanic/Latino non-White ($n = 77$), race was recoded into a dichotomous variable: Hispanic/Latino non White and White non-Hispanic/Latino. The same

procedure was applied to the other demographic variables; sexual orientation status, was recoded as Heterosexual and non-Heterosexual, and disability status was recoded to no disability and disability. Results of the standard multiple regression analysis indicated that there was not a significant effect between ethnicity, age, gender, sexual orientation, disability status and ethical awareness. Each of the predictor was dummy coded and entered into the regression model. The regression is not significant $F(6,117) = 1.513$, $p < .180$, the adjusted R^2 is .024 percent; indicating that these variables explained 2.4 percent of the variance in the total ACSA score. The individual predictors were examined further and indicated that ethical awareness ($t = 2.265$, $p = .025$) was a significant predictor in the model.

A stepwise multiple linear regression analysis was performed to examine the relationship between social justice advocacy competency and various potential counselor demographic predictors. The analysis revealed one step, adding one predictor each. Model significantly predicted social justice advocacy competency. Step 1, indicated variable (ethical awareness) significantly predicted social justice advocacy competency, Model 1 showed a significant effect, $F(1,122) = 5.475$, $p < .021$ with R^2 of .043 and adjusted R^2 of .035. This indicates that 3.5 percent of the variation in the advocacy competency score can be explained by the model containing the variable, ethical awareness. The individual predictors were examined further and indicated that ethical awareness ($t = 2.340$, $p = .021$) was a significant predictor in the model. However, gender (female), race (Hispanic/Latino non-White), age, sexual orientation (Heterosexual), and disability status (No disability) were not significant predictors in the model and were not included in the regression model. Results from the stepwise multiple regression revealed a significant regression equation for predicting social justice advocacy competencies. ACSA (y) = 51.601 + .272 (ethical awareness). Participant's social justice advocacy

competency score increased .272 for each point of ethical awareness score. Table 8 contains a summary of stepwise regression analysis of demographic variables predicting social justice advocacy competency.

Table 8

Stepwise Multiple Regression Analysis: Variable Predicting SJA Competencies

Variable	*B*	*SE B*	β	R^2	*Adjusted* R^2	*t*
Step 1						
Constant	51.601	13.191				
ELQ score	.272	.116	.207	.043	.035	2.340

Note. SJA = Social Justice Advocacy ELQ = Ethical Leadership Questionnaire

RQ5

A standard multiple regression analyses was conducted to examine the relationship between social justice advocacy competency and various potential counselor training predictors. Results indicated there was a significant effect between completed social justice advocacy course, completed practicum/internship course, classification, and counseling program. $F(4,127) = 4.658$, $p < .002$. The individual predictors were examined further and demonstrated that completed social justice advocacy course ($t = 2.250$, $p = .026$), completed practicum/internship course (t = 2.249, $p = .026$), and student classification-Master's level ($t = -2.271$, $p = .025$) were significant predictors in the model. However, the variable (counseling program—Rehabilitation counseling) was not a significant predictor.

A stepwise multiple regression analysis was conducted to examine the relationship between social justice advocacy competency and various potential counselor training predictors.

The analysis revealed three steps, adding one predictor each. Model significantly predicted social justice advocacy competency. Step 1, indicated variable (completed internship) significantly predicted social justice advocacy competency, Model 1 indicated a significant effect, $F(1,130) = 7.283$, $p < .008$ with R^2 of .053 and adjusted R^2 of .046. This reveals that 4.6 percent of the variation in the advocacy competency score can be explained by the model containing the variable, completed internship. Step 2 denoted variables (completed internship and classification--Master level) significantly predicted social justice advocacy competency, $F(2, 129) = 6.016$, $p < .003$ with R^2 of .085 and adjusted R^2 of .071. This refers that seven percent (7.1 %) of the variation in the advocacy competency score can be explained by the model containing the variables (complemented internship and student classification—Master level.) Step 3 indicated variables (completed internship, classification--Master level, and social justice advocacy course) significantly predicted social justice advocacy competency, $F(3, 128) = 5.635$, $p < .001$ with R^2 of .117 and adjusted R^2 of .096. This shows that 9.6 percent (9.6%) of the variation in the advocacy competency score can be explained by the model containing the variables (completed internship, classification--Master level, and social justice advocacy course). Further, 90.4 percent of the variation in the social justice advocacy competency score cannot be explained by the model with the variables (completed internship, classification--Master level, and social justice advocacy course). Additionally, the variable (counseling program—Rehabilitation counseling) was not a significant predictor and was not included in the regression equation model. Results from the stepwise multiple regression revealed a significant regression equation for predicting social justice advocacy competency. ACSA (y) = 83.337 + 6.284 (completed internship) – 7.900 (Master-level) + 8.071 (Social justice advocacy course). The participant's social justice advocacy competency score increased 6.284 points when completed

an internship course. The social justice advocacy competency score increased 8.071 points when completed a social justice advocacy course. A participant's social justice advocacy competency score is 7.900 less when student classification is Master level compared to Doctoral level. Table 9 provides a summary of stepwise regression analysis for counseling training variables predicting social justice advocacy competency.

Table 9

Stepwise Multiple Regression Analysis: Training Predicting SJA Competencies

Variable	*B*	*SE B*	β	R^2	Adjusted R^2	*T*
Step 1				.053	.046	
Constant	77.619	2.277				
Internship (Yes)	7.846	2.907	.230			2.699
Step 2				.085	.071	
Constant	83.344	3.500				
Internship (Yes)	7.484	2.873	.220			2.605
Master's level	- 7.121	3.339	-.180			-2.133
Step 3				.117	.096	
Constant	83.337	3.453	.			
Internship (Yes)	6.284	2.890	.184			2.174
Master's level	-7.900	3.314	-.200			-2.384
SJA course (Yes)	8.071	3.787	.181			2.131

Note. SJA = Social Justice Advocacy

Cronbach's Alpha

The estimate of the internal consistency reliability using Cronbach's Alpha for the ACSA scale was examined; this is done to check reliability of the scale. Cronbach's Alpha value for this sample was found to be .871; this suggests acceptable reliability. The estimate of the internal consistency reliability using Cronbach's Alpha for the ELQ scale was examined; the value for this sample was found to be .886; this suggests acceptable reliability. Tavakol and Dennick (2011) indicate that when alpha is too high it implies that some items are redundant as they may be testing the same item, therefore, a maximum alpha value of .90 has been recommend.

Further Analysis of Variables

Independent Sample T-Test

A series of independent–sample t-tests were conducted to compare social justice advocacy competency scores for several variables. There is a significant difference in social justice advocacy competency scores for classification (Master level, Doctoral), social justice advocacy course status (yes course, no course), licensure status (yes licensure, no licensure), and whether social justice advocacy competency has been assessed or evaluated (yes assessed, no assessed). There is a significant difference between participants who are classified as Master level (M = 80.70, SD = 17.07) and as Doctoral level (M = 88.67, SD = 13.17); $t(124) = -2.14$, $p < .03$. There is a significant difference between participants who completed a social justice advocacy course (M = 89.73, SD = 17.38) and who did not complete a social justice advocacy course (M = 81.19, SD =16.05); $t(125) = -2.24$, $p < .03$. There is a significant difference between students who reported yes for licensure status (M = 88.29, SD = 17.18) and those who reported

no for licensure status (*M* = 81.29, *SD* =15.96); *t*(125) = -2.02, *p* < .046. There is a significant difference between participants who reported yes for social justice advocacy competency has been assessed (*M* = 90.52, SD =14.54) and for those who reported no for social justice advocacy competency has been assessed (*M* = 80.47, SD = 16.38); *t*(122) = -2.71, *p* < .008. There is not a significant difference in social justice advocacy competency scores for gender (male, female), sexual orientation (Heterosexual, non-Heterosexual), Ethics course status (yes course, no course), disability status (yes disability, no disability), and Ethnicity status (Hispanic-non White, White-non-Hispanic). There is not a significant difference between males (*M* = 79.36, *SD* = 15.84) and females (*M* = 83.36, *SD* =16.87); *p* > .29. There were 25 participants who identified as male and 101 participants who identified as female; six participants did not report gender. There was not a significant difference between participants who reported sexual orientation status as Heterosexual (*M* = 82.26, *SD* =16.60) and non-Heterosexual (*M* = 88.55, *SD* =13.7); *p* > .23. There was not a significant difference between participants who reported they completed an Ethics course (*M* = 84.6, *SD* = 16.99) and who did not complete an Ethics course (*M* = 81.38, *SD* = 16.18); *p* > .32. There was not a significant difference between participants who reported yes for Disability status (*M* = 80.00, *SD* = 18.64) and for participants who reported no disability (*M* = 83.31, *SD* = 16.17); *p* > .37. There was not a significant difference between participants who reported as Hispanic non-White (*M* = 82.00, *SD* = 17.54) and for those who reported as White non- Hispanic (*M* = 83.30, *SD* = 15.28); *p* > .67.

Effect Size

The effect size provides a way to measure the magnitude of mean difference. A common interpretation to refer to effect size is: small (*d* = .2), medium (*d* = .5), and large (*d* = .8); however, it is noted that these values should not be construed rigidly (Cohen & Cohen, 1993).

The following groups indicated a statistical significant difference in group mean so the Cohen's d was used to analyze effect size: Classification status $t(124) = -2.14$, $p = .03$, $d = .5$; Social justice course status $t(125) = -2.24$, $p < .03$, $d = .5$; licensure status $t(125) = -2.02$, $p < .046$, $d = .4$; and assessed social justice competencies $t(122) = -2.71$, $p < .008$, $d = .6$.

Summary

An overview of the statistical results of the study was presented in Chapter IV. Descriptive statistics was reported to describe demographics and counseling training of sample. Participants were asked to rank order the six social justice advocacy competency domains from most important to least important to observe importance frequencies. A Pearson's correlation was run to assess the relationship between ethical awareness scores and social justice advocacy competencies scores. A second Pearson's correlation was run to observe the relationship between each competency domain scores and ethical awareness scores. A stepwise multiple regression was run to examine if demographic variables of counselor trainees predicted social justice advocacy competencies scores and a second stepwise multiple regression was run to assess if counseling training variables of counselor trainees predicted social justice advocacy competencies. Further analysis of variables examined using a series of independent sample *t* Tests.

CHAPTER V

DISCUSSION

This was an exploratory study and the limited knowledge and lack of empirical research related to social justice advocacy competency of rehabilitation counselor trainees was the primary catalyst for this study. The purpose of the study was to examine the competencies of counselor trainees, more specifically, demographic variables, counselor training, and advocacy training was explored. This section of the dissertation provides a discussion of the results, implications, and limitations of the study. This chapter begins with a summary of the findings followed by the evaluation and conclusions of the research questions, the limitations, implications for counselor trainees, counseling programs and educators, and future recommendations.

Summary of Research Questions

The findings for the study are briefly summarized in this section. The mean for social justice advocacy competency was (M = 82.43) and according to the Advocacy Competencies Self-Assessment survey, scores ranging from 70 to 99 indicate that participants have demonstrated competence with certain advocacy domains, but may need to further develop competence in other advocacy areas. The possible domain range score was from one to twenty and the mean for each social justice advocacy competency domain were the following: Client Advocacy (M = 16.21), Client Empowerment (M = 15.35), Community Collaboration (M = 14.53), Social Advocacy (M = 12.85), Public Information (M = 12.05), and

Social/Political Advocacy (*M* = 11.44). The Ethical Leadership Questionnaire instrument was used to measure ethical awareness and the mean score was (*M* = 113.03). The total range of scores for the ELQ instrument is from 1 to 138. Demographic variables such as age, ethnicity, gender, sexual orientation, and disability status did not predict social justice advocacy competency for this sample; however, ethical awareness did predict social justice advocacy competency. Counselor training variables such as completion of a stand-alone advocacy course, Master-level classification and completion of an internship or practicum course did predict social justice advocacy competency for this sample; however, counseling program (Rehabilitation counseling) did not. Furthermore, the variable Master-level classification had an inverse effect on the social justice advocacy competency score. In regards to relationship of variables, there was a small positive relationship between ethical awareness and social justice advocacy competency; as ethical awareness score increased so did the social justice advocacy competency score; $r(132) = .23$, $p < .008$. Participants were asked to rank each advocacy domain from most to least important, they selected Client Empowerment more frequently as the most important social justice advocacy domain whereas the domains Community Collaboration and Social Advocacy were selected more frequently as the least important.

Evaluation and Conclusions

RQ1

The advocacy competency of the participants were examined and measured. Participants self - reported their social justice advocacy competency and the mean score was (*M* = 82.43). According to the Advocacy Competency Self-Assessment survey, scores ranging from 70 to 99 indicate that participants have demonstrated competence with certain advocacy domains, but may need to further develop competence in other advocacy areas. This finding appears to be

typical of counselor trainees and consistent with other studies, for example, Jeon (2014) examined the competency of Master-level rehabilitation counselor trainees and reported similar mean scores. Also, Holmberg-Abel (2012) reported finding that counselors demonstrated competence in some advocacy domains, but not all.

The experience and training reported by this sample appears to have influenced the advocacy competency score, 77.3% of participants identified as Master-level versus 4.5% who identified as Doctoral level students. Also, seventy five percent reported they do not hold a professional license, eighty percent have not completed a stand-alone advocacy course, 77% reported their competencies have not been evaluated, and 31 % have not completed an internship/practicum course. The mean score reported for this sample indicated that participants demonstrate some advocacy skills and knowledge, but need further training to achieve competencies in certain advocacy domains. An explanation for this finding is that the participants have not been exposed to a counseling curriculum that incorporates social justice learning opportunities that facilitate the development of advocacy skills in more than one level or domain. Previous research has found that counselor trainees report their training and preparation infrequently integrated the topic of social justice advocacy, specifically, social and systems advocacy (Holmberg-Abel, 2012; Hudson, Shapiro, Ebiner, Berenberg, & Bacher; 2017 Stackhouse-Powe, 2014). Also, it may be that counselor trainees are more frequently introduced to traditional counseling perspectives and theories, instead of a social justice theoretical framework. According to some literature, counseling curriculum that incorporates a theoretical social justice perspective coupled with practical advocacy models and comprehensive service learning promotes the advancement of social justice advocacy (Alston et al., 2006; Goodman, Wilson, Helms, Greenstein, & Medzhitova, 2018; Ratt & Greenleaf, 2018; Toporek &

Worthington, 2014). In sum, the findings of the current study suggest counselor trainees have strengths and needs in social justice advocacy that require to be addressed during their counselor training and preparation. More specifically, comprehensive counselor training must emphasize social and political advocacy training during counselor preparation to increase competencies in social justice advocacy.

Research Question 1.1

Participants were asked to rank order the social justice advocacy competency domains from the most important to the least important with 1 meaning the most important and 6 meaning the least important. The client empowerment domain was selected overwhelmingly over the other domains as most important (51.1%), followed by client advocacy (12.9%), social political advocacy (11.4%), public information (6.8%), systems advocacy (4.5%), and community collaboration (4.5%). This finding is consistent with a previous study where counselors indicated empowerment and self -advocacy was the most important type of advocacy compared to other types such as systems advocacy. In that study, the counselors also reported that their advocacy competency, interest, and training had an influence in the level of advocacy they engaged in (Fickling, 2016). Another study reported similar findings, it found that counselors ranked client empowerment and client advocacy as "very important" compared to social/political advocacy which was ranked as "important" (Holmberg-Abel, 2012).

The findings of the current study suggests that counselor confidence, training and perceived competency explains what level of advocacy a counselor will engage in. For instance, Homberg-Abel (2012) reported that counselors who ranked client empowerment and client advocacy as "very important" also reported engaging in higher frequency of activities related to

this level of advocacy. Furthermore, they reported they were “very much to extremely” prepared for advocacy at this level.

An interesting observation of the current study is the notable difference in frequency that participants ranked client empowerment advocacy as the most important compared to the other advocacy domains. A possible reason that explains the difference may be related to their perceived competency with the client empowerment domain compared to the other domains. In other words, they ranked it the most important since they have more knowledge and experience with strategies and interventions related to the client empowerment domain. Holmberg-Abel (2012) found that professional counselors ranked the social justice advocacy domains based on their confidence and ability to engage in that advocacy domain. Furthermore, that study found that counselors ranked advocacy domains differently. He reported that counselors ranked client empowerment and client advocacy as “very important” compared to social/political advocacy which was ranked as “important.”

Another observation about the rank findings are related to the counseling profession. A reason for the high frequency may be explained by the counselor trainees’ interest and familiarity with the strategies, type of engagement and skills associated with client empowerment. According to the ACA advocacy competencies, competency in client empowerment entails direct engagement with the client, train clients to become self- advocates, identify strengths and resources of client among other interventions. The client empowerment domain competencies are skills that are traditionally associated in helping professions such as counseling, which is possibly why participants ranked this domain as most important more frequently. The community collaboration advocacy domain was ranked most important the least frequently. According to the ACA advocacy competencies, competency in community collaboration entails

the ability to engage and collaborate as an ally for the community and local organizations. The community collaboration domain competencies are skills that are not traditionally associated with counseling, which is possibly why participants ranked this domain as most important the least frequently.

For the current study, advocacy competency domain mean scores were highest for client advocacy (M = 16.21) and client empowerment (M = 15.35), followed by community collaboration (M = 14.53), then systems advocacy (M = 12.85), and public information (M =12.05), finally social/political advocacy (M = 11.44). These findings were consistent with a study by Jeon (2014), who reported counseling trainees' advocacy competency scores were higher for the client advocacy domain and client empowerment domain when compared to the other domains.

It is recommended that counselor trainees and educators expand advocacy training and preparation to include non- traditional counseling perspectives to improve advocacy in all domains. Hudson, Shapiro, Ebiner, Berenberg, and Bacher (2017) suggest training programs that integrate social justice within the classroom climate and within the program's policies promote student social justice reflection and are more likely to prepare students to be social change agents. A study by Holmberg-Abel (2012) also reported that interest, confidence, and commitment to social justice advocacy increased with social supports and with a social justice orientation. Thus, it is likely rehabilitation counseling trainees with more social justice advocacy training may enhance their counseling effectiveness when working with people with disabilities.

RQ2

Ethical awareness of participants was measured and recorded. The ELQ instrument was used to measure ethical awareness and the mean score was (M = 113.03). The total range of

scores for the ELQ instrument is from 1 to 138. This result may be reflective of the participants' experience and preparation, 55 percent of the participants reported they have not completed a stand-alone Ethics course at the time of the survey. As previously mentioned, the majority (77%) of participants identified as Master-level students and most all (75%) reported they do not hold a professional license. Still the reported mean appears to be average considering the highest possible scoring range suggesting that although more than half reported they have not completed a stand- alone Ethics course, participants demonstrate average ethical awareness. Finding regarding ethical awareness is consistent with another study that examined the ethics education in master's rehabilitation counseling programs in the U.S. (Tsai, 2013). The study also found that students' self- reported moderate level of confidence and competency in handling ethical situations based on their training.

One explanation why this sample revealed moderate ethical awareness may be due to their counseling program accreditation status. The majority of participants reported they were enrolled in an accredited counseling program (CACREP, 51.5%; CORE, 14.4%; CSWE, 13.6%). According to accredited counseling programs such as CACREP, Section 2 (F.1.i.) the curriculum must include ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling. It is likely that participants may have been exposed to discussions related to ethics even though most reported they did not complete a stand-alone Ethics course. Thus, accredited counseling programs that include ethics in the curriculum and not necessarily a stand-alone course still may influence counselor achievement in ethical awareness. The ELQ has three subscales which measures ethical reasoning based on Ethic of care, Ethic of critique, and Ethic of justice. The mean score for Ethic of care ($M = 52.13$) was higher compared to the other two subscales, this supports

research by Simonis (2009) who reported similar findings. Another study that examined the impact of ethics education on rehabilitation counseling students found that students demonstrated their ethical reasoning based on an *Individual level* ethical orientation (Tsai, 2013). An Individual level ethical orientation means ethical dilemmas are resolved by considering the rights and needs of the person. In brief, the ethic of care refers to ethical reasoning based on the value of caring for others and the value of relationships (Gilligan, 1995). It appears rehabilitation counseling students' ethical orientation is influenced by ethics education and training. The Ethic of care subscale appears to be measuring ethical awareness based on skills and values compatible with counseling and social justice advocacy. Consequently, the current findings demonstrate moderate ethical awareness for this sample suggesting ethics education has an influence on ethical awareness and social justice advocacy competency.

RQ3

The relationship between advocacy competency and ethical awareness was explored. A small positive, statistically significant correlation between the Ethical Leadership Questionnaire and the Advocacy Competencies Self-Assessment Survey was observed. Results are consistent with previous research that indicated ethics knowledge and awareness is critical to achieving social justice advocacy competency (Cohen, 2004; Stone & Zirkel, 2010).

The finding of the study suggests a relationship between ethical awareness and advocacy competency. For instance, someone who perceives to have ethical awareness is likely to also perceive to have social justice advocacy competency. This implies that the participants' confidence in ethical awareness has an influence on their social justice advocacy competencies; thus competency in one increases competency in the other. Another explanation for the finding may be related to the instruments used to measure the two variables. The instrument used to

measure ethical awareness has three subscales (ethic of care, ethic of justice, ethic of critique). This suggests the instruments used to measure ethical awareness and social justice advocacy have similar, but not identical constructs. According to the literature review, this was the first study to investigate the relationship between ethical awareness and competencies in social justice advocacy in relation to counselor trainees; therefore, more research is warranted to provide comprehensive implications.

RQ3.1

The relationship between each advocacy competency domain and ethical awareness was measured. A small positive, statistically significant correlation between the Counselor Empowerment domain of the Advocacy Competencies Self-Assessment and the Ethical Leadership Questionnaire was observed, this was also true for the Counselor Advocacy domain, Public Information domain, and the Systems Advocacy domain. This finding suggests that ethical awareness improves advocacy competency for specific advocacy domains, but not in all domains. However, a small and positive non- statistically significant relationship between the Ethical Leadership Questionnaire and Social/Political advocacy domain and the Community collaboration domain was observed. For this sample, ethical awareness did not significantly influence advocacy competency in community collaboration and social/political advocacy domains. It is possible that other factors and not necessarily ethical awareness may have a bigger influence on advocacy competency for different levels and domains. As one study pointed out, advocacy training that is extensive and involves a social justice perspective approach including practical advocacy models have demonstrated to facilitate social justice advocacy competency in counselor trainees (Goodman et al., 2018). Another possible explanation for the current finding may be related to ethics education and training. Tsai (2013)

examined the influence of ethics education on ethical awareness and found confidence and competency was related to satisfaction of education. Those who reported moderate satisfaction also reported moderate ethical awareness in regards to confidence and competence. Thus for the current study it is possible that the competency mean score was the lowest for the social political advocacy domain because counselor trainees were not satisfied with their preparation in social political advocacy. As previous mentioned, there is a lack of current literature that has examined the relationship between ethical awareness and social justice advocacy competency, thus, these findings merit further investigation.

RQ4

The influence of personal demographic variables such as gender, ethical awareness, age, sexual orientation, ethnicity, and disability status on social justice advocacy competency was examined. Findings show that gender, age, sexual orientation, ethnicity, and disability status did not predict social justice advocacy competency for this sample. Findings may suggest that demographic variables such as gender, age, sexual orientation, and disability status are not relevant to the development of social justice advocacy competency. This finding is consistent with Jeon's (2014) research that did not find a significant relationship between demographic variables and social justice advocacy among rehabilitation counselor trainees enrolled in an internship course. Other research has reported similar findings (Beer, et al., 2012; Luu, 2016). In contrast, Wendler and Nilsson (2009) found that participants who identified as lesbian, gay or bisexual had higher social justice advocacy competencies. Also, implications from the findings of current study should be done with caution since some of the variable groups were not balanced; the majority of the participants identified as female (77%), heterosexual (85%), Hispanic/Latino (58%), and no disability (76%). Although this demographic sample is typical in

social behavioral and counseling research; further research with a more balanced sample is recommended.

RQ5

The influence of counseling training with variables such as classification, completed internship, completed social justice advocacy course, and counselor program on social justice advocacy competency was examined. Findings for this study indicate that completing a practicum/internship course and a social justice advocacy course statistically significantly increased social justice advocacy competency score, but Master level classification had an inverse effect on the social justice advocacy score. This suggests that practicum and social justice advocacy course increases scores on social justice advocacy competencies. This result is consistent with previous research that indicates social justice education improves social justice advocacy competency (Kilbane et al., 2014; Linnemeyer et al., 2018; Toporek & Worthington, 2014). In contrast, Killian (2017) reported that counseling pedagogy community service learning, didactically focused, and experientially focused) did not advance social justice advocacy competency. In regards to classification, findings suggest that social justice advocacy development may be predicted by the classification of the counselor trainee. For this sample, participants who identified as Doctoral level had statistically significantly higher scores versus Master level; this implies experience and training may predict competency. This is an interesting finding since the majority (n = 102) of participants identified as Master-level and 24 identified as Doctoral level counselor trainees.

Other important findings from study are reported in the following segment. There was a significant difference in social justice advocacy competencies scores between those who reported yes for professional licensure status and those who reported no professional license. This

implies continuous educational training to maintain a professional license also increases social justice advocacy competencies. In addition, there was a significant difference in social justice advocacy competencies scores between those who reported their advocacy had been evaluated and those who reported no. The finding implies that those whose advocacy was evaluated may be enrolled in a comprehensive counseling program that is implementing social justice advocacy in the curriculum and training, thus, is more likely to demonstrate higher social justice advocacy competencies. Another observation, more than half (52%) of participants reported that their counseling program was CACREP accredited, (55%) reported they have not completed a stand-alone Ethics course, (80%) have not completed a stand-alone advocacy course, and (77%) have not evaluated their advocacy competency. It appears this sample has limited social justice advocacy training even though they are enrolled in a counseling program that is expected to integrate social justice advocacy. This finding is consistent with a study by Ramirez Stege et al. (2017) that found there is a lack of advocacy training and assessment of advocacy competencies in counselor education. However, another explanation for the limited training reported may be that the majority of the sample are new graduate students and have only started their degree plan. Mix results have been reported and more research in this area is warranted to determine what factors improve social justice advocacy. For instance, one study found that the majority of counselor trainees (71.3%) reported satisfaction and comprehensive social justice training from counseling education (Decker, 2013).

Limitations

Limitations must be evaluated when drawing conclusions from this study. One limitation of this study is that it used self-reported measures to collect data. It is possible that participants might have over or underestimated their abilities in social justice advocacy; therefore; they may

have reported their perceptions and not actual ability. Other limitations of the study are related to the participants. In particular, the participants included 132 counselor trainees who identified their counselor program as rehabilitation counseling (n = 77), social work (n = 26), counseling (education) (n = 14), counseling (psychology) (n = 3), human services (n = 1), other (n = 6) from three different states. Counselor trainees from other disciplines were not represented and other states were not reflected in the sample studied. Consequently, generalizability is limited and the results should be viewed with caution when considering application. Also, the majority (80.3%) of participants reported they were enrolled in a counseling program that is accredited, thus, the results of this study may only be generalized to counselor trainees enrolled in an accredited counseling program. Implications from the findings of current study should be done with caution since some of the variable groups were not balanced; the majority of the participants identified as female (77%), heterosexual (85%), Hispanic/Latino (58%), and no disability (76%). Additionally, the study did not reward or offer incentives to participants, and the students who participated were likely more interested in the topic of advocacy.

Implications and Recommendations

Given the prevalence of disability in the United States, competent rehabilitation counseling services are critical. The results of the study contribute valuable and practical information for counseling education, preparation, research and counselor trainees. This study explored the demographic variables, counselor training, and advocacy training of counselor trainees and the relationship between these variables and social justice advocacy competency. Self-perception and reporting of competency is an important element of actual competency. To facilitate social justice agents in counseling, it is important to investigate the strengths and needs of counselor trainees. Implications and recommendations for counselor training are discussed.

Furthermore, it is noted this was an exploratory study and more research is needed to provide a comprehensive list of implications and recommendations.

Implications for Counselor Training

This study found that there is a relationship between counseling training and social justice advocacy competency, while, variables such as gender, sexual orientation, age, ethnicity, and disability status did not have a relationship with competencies. More specifically, variables such as classification, licensure status, internship status, whether competencies have been evaluated, and advocacy course status promote proficiency in social justice advocacy competency. This finding suggest counselor and advocacy training facilitates competencies in social justice advocacy. This study also found a significant positive association between the ELQ and ACSA. The ELQ was used to measure ethical awareness and the ACSA was used to measure social justice advocacy. Findings of study imply that comprehensive counseling preparation supports competencies of social justice advocacy; however, it also implies there are limitations to as counselor trainees have not achieved competency is all social justice advocacy domains. Therefore, it is recommended that counseling training emphasize professional development such as licensure/certification, comprehensive internships, and the assessment of social justice advocacy. Toporek and Worthington (2014) found that service learning with social justice opportunities build advocacy skills and facilitate a social justice orientation. Another study also found that integrating a social justice advocacy supervision approach during supervision was a successful way to prepare social justice advocates (Glosoff & Durham, 2010). Counselor trainees demonstrated the need for more preparation in particular levels and domains of social justice advocacy, for example, systems advocacy, public information and social/political advocacy. Thus, it is critical that counseling training integrate social justice

advocacy both in theory and practice. Ratts and Greenleaf (2018) report there is a lack of emphasizes on social justice and social political advocacy presented in counseling training and propose that social theories, models and interventions be integrated in counselor preparation to support the development of comprehensive social justice advocacy.

Program recommendations

It is recommended that counseling programs promote a social justice climate. Hudson, Shapiro, Ebiner, Berenberg, and Bacher (2017) reported programs that engage in social justice practices within classrooms and program's policy facilitate a social justice professional orientation among students. Another suggestion for educators and programs is to highlight social justice advocacy as a core value of professional counseling. For example, a program can include competencies in social justice advocacy as a component in the admission to counselor program process and in the counselor comprehensive examination. Ramirez Stege, Brockberg, and Hoyt (2017) examined the advocacy skills of counselors and reported that assessing advocacy competence during counselor education improves confidence and competency.

Curriculum recommendations

It is recommended that counselor curricula integrate a stand-alone social justice advocacy course and implement the ACA advocacy competencies as a model to enhance counselor trainees' confidence and skills. Harris, Owen, and De Ruiter (2012) found that classroom activities such as meetings with legislators, writing letters to law makers, and leading community presentations increased confidence and competencies in systems advocacy. Other research echo similar findings about counselor curricula, for example, Bemak and Chung (2011) found that courses which incorporate service learning along with supervision, and mentoring increase motivation and confidence to engage in social justice advocacy. This also includes

course discussions and projects that explore topics of privilege, oppression, and advocacy (Hays, Dean, & Chang, 2007). Thus, social justice advocacy is a learned skill and counselor curricula that integrates social justice advocacy can facilitate social justice agents.

Future Research

An exploratory study was conducted to address the lack of empirical research that explored the competencies of rehabilitation counselor trainees in social justice advocacy. Implications and recommendation were identified and discussed based on the study's findings. However, in order to provide comprehensive implications, future research may want to explore the variables attitude toward and knowledge about disabilities as a predictor in competency to engage in social justice advocacy. Stuntzner and Harley (2014) stress the importance of counselors that work with individuals with disabilities to be well informed and trained on the experience and process of disability in order to be effective counselors. Another suggestion is for future research to examine the relationship between social justice advocacy and the counseling programs' curricula and counselor program accreditation status. Hudson, Shapiro, Ebiner, Berenberg, and Bacher (2017) recommend research to expand on their study and examine the curricula of other counseling disciplines and their approach to social justice advocacy training.

REFERENCES

Alston, R. J., Harley, D. A., & Middleton, R. (2006). The role of rehabilitation in achieving social justice for minorities with disabilities. *Journal of Vocational Rehabilitation, 24*, 129-136.

American Counseling Association. (2014). *ACA code of ethics.* Retrieved from http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=4

Beer, A. M., Spanierman, L. B., Green, J. C., & Todd, N. R. (2012). Counseling psychology trainees' perceptions of training and commitments to social justice. *Journal of Counseling Psychology, 59*(1), 120-133.

Benak, F., & Chung, R. C. (2011). Applications in social justice counselor training: Classroom without walls. *Journal of Humanistic Counseling, 50*(2), 204-219.

Brady-Amoon, P. (2009). Humanism, feminism, and multiculturalism: Essential elements of social justice in counseling, education, and advocacy. *Journal of Humanistic Counseling, 50*(2), 135-148.

Branson, C. M., & Gross, S. J. (2014). Handbook of ethical educational leadership. New York, New York: Routledge.

Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, Rehabilitation Counselors, http://www.bls.gov/ooh/community-and social-service/rehabilitation-counselors.htm Retrieved from http://www.bls.gov/ooh/community-and social-service/rehabilitation-counselors.htm

Bvunzawabaya, B. (2012). *Social justice counseling: Establishing psychometric properties for the advocacy competencies self–assessment survey* (Doctoral dissertation). Retrieved fromhttps://etd.auburn.edu/bitstream/handle/10415/3369/Batsirai%20Bvunzawabaya%20Final%20Draft%2010.22.12.pdf?sequence=2

Calley, N. G. (2009). Promoting a contextual perspective in the application of the ACA code of ethics: The ethics into action map. *Journal Counseling and Development, 87*(4), 476-482.

Cartwrights, B. Y., & Harley, M. T. (2016). Ethics consultation in rehabilitation counseling: a content analysis of CRCC advisory opinions, 1996-2013. *Rehabilitation Counseling Bulletin, 59*(2), 84-93

Centers for Disease Control and Prevention (n.d.). *Common barriers to participation experienced by people with disabilities.* Retrieved from https://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html

Chang, C. Y., Crethar, H. C., & Ratts, M. J. (2010). Social justice: A national imperative for counselor education and supervision. *Education and Supervision, 50*(2), 82-87.

Chang, C. Y., Yays, D. G., & Milliken, T. F. (2009). Addressing social justice issues in supervision: A call for client and professional advocacy. *Clinical Supervisor, 28*(1), 20-35. doi:10.1080/07325220902855144

Cohen, E. S. (2004). Advocacy and advocates. *Generations, 28*(1), 9-16.

Cohen, J. & Cohen, P. (1993). Applied multiple regression/correlation analysis for the behavioral sciences (2 nd ed.). Hillsdale, NJ: Erlbaum.

Collins, S., Arthur, N., Brown, C., & Kennedy, B. (2015). Student perspectives: Graduate education facilitation of multicultural counseling and social justice competency. *Training & Education in Professional Psychology, 9*(2), 153-160. doi:10.1037/tep0000070

Constantine, M. G., Hage, S. M., Kindaichi, M. M., & Bryant, R. M. (2007). Social justice and multicultural issues: Implications for the practice and training of counselors and counseling psychologists. *Journal of Counseling & Development, 85*(1), 24-29.

Creswell, J. W. (2013). *Qualitative Inquiry & Research Design: Choosing Among Five Approaches.* Thousand Oaks, CA: Sage.

Crethar, H. C., & Ratts, M. J. (n.d.). Why social justice is a counseling concern. Retrieved from https://www.counseling.org/docs/default-source/Government-Affairs/why_social_justice_is_a_counseling_concern-1.pdf?sfvrsn=2

Crethar, H. C., & Winterowd, C. L. (2012). Special selection: Spiritual, ethical and religious issues. Values and social justice in counseling. *Counseling and Values, 57,* (1), 3-9.

Decker, K. M. (2013). A study of relationships between counselor education, social justice advocacy competence, and the likelihood to advocate (Doctoral dissertation). Available from Pro Quest database Capella University.

Decker, K. M., Manis, A. A., & Paylo, M. J. (2015). Infusing social justice advocacy into counselor education: Strategies and recommendations. *The Journal of Counselor Preparation and Supervision, 8*(3), 28-38.

Disability Statistics (2015). *Disability status report*. Retrieved from http://www.disabilitystatistics.org/

Duncan, C., & Howitt, D. L. (2004). The SAGE dictionary of statistics: a practical resource for students in the social sciences. London: SAGE

Feldwisch, R. P., & Whiston, S. C. (2015). Examining school counselors' commitments to social justice advocacy. *Professional School Counseling, 19*(1), 166-175. doi:10.5330/1096-2409-19.1.166

Fickling, M. J., (2016). An exploration of career counselors' perspectives on advocacy. *Professional Counselor, 6*(2), 174-188.

Finn, J. L., & Jacobson, M. (2017, March 25). What is social justice? [Blog post]. Retrieved from http://blog.apastyle.org/apastyle/2016/04/how-to-cite-a-blog-post-in-apa-style.html

Gilligan, C. (1995). Hearing the difference: theorizing connection. *Hypatia, 10*(2), 120-127.

Glosoff, H. L., & Durham, J. C. (2010). Using supervision to prepare social justice counseling advocates. *Counselor Education and Supervision, 50*(2), 116-129.

Goodley, D. (1997). Locating self advocacy in models of disability: understanding disability in the support of self advocates with learning difficulties. *Disability & Society*, *12*(3), 367-379.

Goodman, J. M., Morgan, A. A., Hodgson, J. L., & Caldwell, B. E. (2018). From private practice to academia: integrating social and political advocacy into every MFT identity. *Journal of Marital and Family Therapy, 44*(1), 32-45.

Goodman, L. A., Wilson, J. M., Helms, J. E., Greenstein, N., & Medzhitova, J. (2018). Becoming an advocate: processes and outcomes of relationship-centered advocacy training model. *The Counseling Psychologist, 46*(2), 122-153.

Hays, D. G., Dean, J. K., & Chang, C. Y. (2007). Addressing privilege and oppression in counselor training and practice: a qualitative analysis. *Journal of Counseling & Development, 85*(3)*,* 317-324.

Hipolito-Delgado, C. P., Pharaoh, T., & Hermosillo, J. (2016). Empathy and advocacy: Successfully serving communities of color. *Journal of Humanistic Counseling, 55*(1), 37-54.

Holmberg-Abel, D. J. (2012). The perceived status of the professional school counselor's advocacy role, training, and activities (Doctoral dissertation, Texas A&M University-Corpus Christi).

Hoover, S. M., & Morrow, S. L. (2016). A qualitative study of feminist multicultural trainees' social justice development. *Journal of Counseling and Development, 94*(3)*,* 306-318.

Huck, S. W. (2008). Reading Statistics and Research (6 th ed.). Boston, MA: Pearson/Allyn & Bacon.

Hudson, K. D., Shapiro, V. B., Ebiner, I. A., Berenberg, A., & Bacher, N. (2017). Preparing tomorrow's professoriate: An examination of social justice language in social work PhD program manuals. *Social Work Education 36*(4), 443-455.

Inman, A. G., Luu, L. P., Pendse, A. C., & Caskie, G. I. L. (2015). Graduate trainees' social justice supports, beliefs, interest, and commitment. *The Counseling Psychologist, 43*(6), 879-905.

Jeon, M. K. (2014). *Advocacy competencies of rehabilitation counselor trainees in core-accredited rehabilitation counselor education programs* (Doctoral Dissertation). Available from Pro Quest database. (3638387).

Kilbane, T., Freire, P. R., Hong, P. P., Pryce, J. M. (2014). A case-based collaborative learning model for teaching advocacy. *Social Work Education, 33*(8), 1054-1069.

Killian, T. S. (2017). *Counselor trainees' readiness for multicultural competency and social justice advocacy* (Doctoral Dissertation). Available from Pro Quest database. University of Northern Colorado

Kirk, R. E. (2008). Statistics: An introduction (5 th ed.). Belmont, CA: Thompson/Wadsworth.

Kiselica, M., S., & Robinson, M. (2001). Bringing advocacy counseling to life: The history, issues, and human dramas of social justice work in counseling. *Journal of Counseling and Development, 79*(4), 387-397.

Lambie, G. W., Ieva, K. P., Mullen, P. R., & Hayes, B. (2011). Ego development, ethical-decision making, and legal and ethical knowledge in school counselors. *Journal of Adult Development*, *18*(1), 50-59.

Landon, T. J., & Schulz, J. C. (2018). Exploring rehabilitation counseling supervisors' role in promoting counselor development of ethical fluency. *Rehabilitation Counseling Bulletin, 62*(1), 18-29.

Langlois, L. C., Lapointe, P., Valois, & de Leeuw, A. (2014). Development and validity of ethical leadership questionnaire (ELQ). *Journal of Educational Administration, 52*(6), 310-331.

Leahy, M. J., Fong, C., & Saunders, J. L. (2003). Job functions and knowledge requirements of certified rehabilitation counselors in the 21st century. *Rehabilitation Counseling Bulletin, 46*(2), 66-81.

Leahy, M. J., Muenzen, P., Saunders, J. L., & Strauser, D. (2009). Essential knowledge domains underlying effective rehabilitation counselling practice. *Rehabilitation Counseling Bulletin, 52*(2), 95-106.

Lewis, J. A. (2011). Operationalizing social justice counseling: Paradigm to practice. *Journal of Humanistic Counseling, 50*(2), 183-191.

Lewis, J. A., Arnold, M. S., House, R., & Toporek, R. L. (2002). *ACA Advocacy Competencies.* Retrieved from http://www.counseling.org/Resources/Competencies/Advocacy_Competencies.pdf

Lewis, J. A., Ratts, M. J., Paladino, D. A., & Toporek, R. L (2011). Social justice counseling and advocacy: Developing new leadership roles and competencies. *Journal for Social Action in Counseling and Psychology, 3*(1), 5-16.

Linnemeyer, R. M., Nilsson, J. E., Marszalek, J. M., & Khan, M. (2018). Social justice advocacy among doctoral students in professional psychology programs. *Counselling Psychology Quarterly, 31*(1), 98-116.

Lopez-Baez, S. I. & Paylo, M. J. (2009). Social justice advocacy: community collaboration and systems advocacy. *Journal of Counseling and Development, 87*(3)*,* 276-283.

Luu, L.P. (2016). Counseling trainees' advocacy: investigating the role of race, gender beliefs, exposure to injustice, and diversity experiences (Doctoral Dissertation). Available from Database Proquest. (2702).

Marbley, A. F., Bonner, F. A., Robinson, P. A., Stevens, H., Li, J., Phelan, K., & Huang, S. H. (2015). Voices from the field of social justice. *Multicultural Education, 23*(1), 45-51.

Mason, E. C. M., & McMahon, H. G. (2009). Leadership practices of school counselors. *Professional School Counseling, 13*(2), 107-115.

Miller, R., & Prosek, E. A. (2013). Trends and implications of proposed changes to the DSM-5 for vulnerable populations. *Journal of Counseling & Development*, *91*(3), 359-366. doi:10.1002/j.1556-6676.2013.00106.x

Miller, M. J., & Sendrowitz, K. (2011). Counseling psychology trainees' social justice interest and commitment. *Journal of Counseling Psychology, 58*(2), 159-169.

Motulsky, S. L., Gere, S. H., Saleem, R., & Trantham, S. M. (2014). Teaching social justice in counseling psychology. *The Counseling Psychologist, 42*(8), 1058-1083.

Myers, K. A., Jenkins Lindburg, J., & Nied D. M. (2014). Allies for inclusion: disability and equity in higher education [monograph]. *ASHE Higher & Adult Education Report, 39*(5), 1-152.

National Institute of Mental Health (2018). *Statistics*. Retrieved from https://www.nimh.nih.gov/health/statistics/index.shtml.

Office of the Surgeon General, Office on Disability (2005). *The Surgeon General's call to action to improve the health and wellness of persons with disabilities.* Rockville (MD): US, III, Health and Wellness for Persons with Disabilities Today. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK44662/

Pelka, F. (2012). What we have done: An oral history of the disability rights movement. Boston, MA: University of Massachusetts Press.

Radermacher, H., Sonn, C., Keys, K., & Duckett, P. (2010). Disability and participation: it's about us but still without us! *Journal of Community & Applied Social Psychology, 20*(5)*,* 333-346.

Ramirez Stege, A. M., Brockberg, D., & Hoyt, W. T. (2017). Advocating for advocacy: an exploratory survey on student advocacy skills and training in counseling psychology. *Training and education in Professional Psychology, 11*(3), 190-197.

Ratta, M. J., DeKruyf, L., & Chen-Hayes, S. F. (2007). The ACA advocacy competencies: a social justice advocacy framework for professional school counselors. *Professional School Counselor, 11*(2), 90-97.

Ratts, M. J., & Greenleaf, A. T. (2018). Counselor-advocate-scholar model: changing the dominant discourse in counseling. *Journal of Multicultural Counseling and Development 46*(2), 78-96.

Ratts, M. J., & Hutchins, A. M. (2009). ACA advocacy competencies: social justice advocacy at the client/student level. *Journal of Counseling & Development, 87*(3), 269-275.

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.

Rawls, J. (1971). A theory of justice (first edition). Cambridge, MA: Harvard University Press.

Robertson, M. & Walter, G. (2007). Overview of psychiatric ethics II: virtue ethics and the ethics of care. *Australasian Psychiatry, 15*(3), 207-211.

Roysircar, G. (2009). The big picture of social justice advocacy: Counselor, heal society, and thyself. *Journal of Counseling & Development, 87*(3)*,* 288-294.

Simonis, J. M. A. (2009). The relationship between music educators' ethical awareness and students' sense of belonging and academic achievement. (dissertation) Bowling Green State University.

Smart, J. F., & Smart, D. W. (2006). Models of disability: implications for the counseling profession. *Journal of Counseling & Development, 84*(1)*,* 29-40.

Smith, S. D., Reynolds, C. A., & Rovnak, A. (2009). A critical analysis of the social advocacy movement in counseling. *Journal of Counseling & Development, 87*(4), 483-491.

Stackhouse-Powe, D. L. (2014). *A study of political interest, competence, advocacy, and awareness among social work students in the state of Georgia* (Doctoral dissertation, Clark Atlanta University.

Steele, J. M. (2008). Preparing counselors to advocate for social justice: a liberation model. *Counselor Education & Supervision, 48*(2), 74-85.

Stevens, J. (1996). Applied multivariate statistics for the social sciences (3 rd edition). Mahwah, NJ: Lawrence Erlbasum.

Stone, C. B., & Zirkel, P. A. (2010). School counselor advocacy: When law and ethics may collide. *Professional School Counseling, 13*(4), 244-247.

Stuntzner, S., & Hartley, M. T. (2014). Disability and the counseling relationship: what counselors need to know. Retrieved from https://www.counseling.org/knowledge-center/vistas/by-subject2/vistas-professional-development/docs/default-source/vistas/article_09

Tavakol, M., & Dennick, R. (2011). Making sense of cronbach's alpha. *International Journal of Medical Education*, 2, 53-55.

Thomas, C. M., Curtis, R.S., & Shippen, M. E. (2011). Counselors', rehabilitation providers', and teachers' perceptions of mental and physical disabilities. *Journal of Counseling & Development, 89*(2)*,* 182-189.

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

Toporek, R. L., & Liu, W. M. (1999). *Advocacy in counseling: Addressing race, class, and gender oppression*. Thousand Oaks, CA: Sage.

Toporek, R. L., & Worthington, R. L. (2014). Integrating service learning and difficult dialogues pedagogy to advance social justice training. *The Counseling Psychologist*, *42*(7), 919-945.

Waldmann, A. K., & Blackwell, T. L. (2010). Advocacy and accessibility standards in the new code of professional ethics for rehabilitation counselors. *Rehabilitation Counseling Bulletin, 53*(4), 232-236.

Walton, K. C. (2007). An examination of the factors related to the ethical decision-making process of MH professionals (Doctoral Dissertation). Available from ProQuest database. (3294985).

Wendler, A. M., & Nilsson, J. E. (2009). Universal-diverse orientation, cognitive complexity, and sociopolitical advocacy in counselor trainees. *Journal of Multicultural Counseling and Development, 37*(1), 28-39.

Whitfield-Williams, M. (2012). The need for attention to cognitive development in the preparation and practice of mental health counselors as advocates for social justice (Doctoral Dissertation). Available from ProQuest database. (35

APPENDIX A

APPENDIX A

A Study of Counselor Trainees' Self-Perceived Competency in Social Justice Advocacy

This survey is being conducted by Mary Ann Rocha, Ph.D. student in Rehabilitation Counseling at The University of Texas Rio Grande Valley (email: mary.rocha01@utrgv.edu).

The purpose of the study is to increase our knowledge regarding the social justice advocacy competencies of counselor trainees.

This survey should take about 11 minutes to complete.

Participation in this research is completely voluntary. Choosing not to participate will not adversely affect you as a student in regards to your grade or standing in the class. If there are any individual questions that you would prefer to skip, simply leave the answer blank.

You must be at least 18 years old to participate. If you are not 18 or older, please do not complete the survey. Also, you must be a Master or Doctoral counseling/social worker student.

All survey responses that we receive will be treated confidentially and stored on a secure server. However, given that the surveys can be completed from any computer (e.g., personal, work, school), we are unable to guarantee the security of the computer on which you choose to enter your responses. As a participant in our study, we want you to be aware that certain technologies exist that can be used to monitor or record data that you enter and/or websites that you visit.

This research has been reviewed and approved by the Institutional Review Board for Human Subjects Protection (IRB). If you have any questions about your rights as a participant, or if you feel that your rights as a participant were not adequately met by the researcher, please contact the IRB at (956) 665-2889 or irb@utrgv.edu.

Thank you for taking the time to participate in this survey! You will find 5 questions per page. The following 30 questions are related to social justice advocacy.

Almost always	Sometimes	Almost never

1. It is difficult for me to identify client's strengths and resources
2. I am comfortable with negotiating for relevant services on behalf of client/students
3. I alert community or school groups with concerns that I become aware of through my work with client/students
4. I use data to demonstrate urgency for systemic change
5. I prepare written and multimedia materials that demonstrate how environmental barriers contribute to client/student development
6. I distinguish when problems need to be resolved through social advocacy
7. It is difficult for me to identify whether social, political and economic conditions affect client/student development
8. I am skilled at helping clients/students gain access to needed resources
9. I develop alliances with groups working for social change
10. I am able to analyze the sources of political power and social systems that influence client/student development
11. I am able to communicate in ways that are ethical and appropriate when taking on issues of oppression public
12. I seek out and join with potential allies to confront oppression
13. I find it difficult to recognize when client/student concerns reflect responses to systemic oppression
14. I am able to identify barriers and impede the well-being of individuals and vulnerable groups
15. I identify strengths and resources that community members bring to the process of systems change
16. I am comfortable developing an action plan to make systems changes
17. I disseminate information about oppression to media outlets
18. I support existing alliances and movements for social change
19. I help clients/students identify external barriers that affect their development
20. I am comfortable with developing a plan of action to confront barriers that impact client/students
21. I assess my effectiveness when interacting with community and school groups.
22. I am able to recognize and deal with resistance when involved with systems advocacy
23. I am able to identify and collaborate with other professionals who are involved with disseminating public information

24. I collaborate with allies in using data to promote social change
25. I assist client/students with developing self-advocacy skills
26. I am able to identify allies who can help confront barriers that impact client/student development
27. I am comfortable collaborating with groups of varying size and backgrounds to make systems change
28. I assess the effectiveness of my advocacy efforts on systems and its constituents
29. I assess the influence of my efforts to awaken the general public about oppressive barriers that impact client/students
30. I lobby legislators and policy makers to create social change.

The following 23 questions are related to ethical awareness.

Never	Rarely	Sometimes	Often	Very often	Always	
1	2	3	4	5	6	

When I reflect on the way I act at work/internship, I can see that …..

1. I establish trust in my relationships with others
2. I try to ensure harmony in the organization
3. I don't tolerate arrogance
4. I follow procedures and rules
5. I try to preserve everyone's safety and well being
6. I try to make people aware that some situations disproportionately privilege certain groups
7. I speak out against unfair practices
8. I seek to protect each individual's dignity
9. I know people can make mistakes -- it is human nature
10. I speak out against injustice
11. I am concerned when individuals or groups have advantages compared to others

When I have to resolve an ethical dilemma….

12. I check the legal and regulatory clauses that might apply
13. I check my organization's unwritten rules
14. I take into consideration the related facts
15. I sanction mistakes in proportion to their seriousness
16. I try to rectify injustice
17. I take time to listen to the people involved in a situation

18. I seek to preserve bonds and harmony within the organization
19. I avoid hurting people's feelings by maintaining their dignity
20. I pay attention to individuals
21. I promote dialogue about contentious issues

My decision in the resolution of an ethical dilemma is based on ….

22. The statutory and legal framework
23. Increased equity in the work/internship place

The following 10 questions are related to counseling training and will take about 2 minutes to complete. This is the last part of the survey.

1. What is your highest degree completed
   A. Bachelor's degree
   B. Master's degree
   C. Doctoral degree
   D. Other, please explain________

2. Do you hold a certificate/license (for example, Certified Rehabilitation Counselor, Licensed Social Worker, Licensed Professional Counselor)?
   a. Yes, name of certificate/license __________________
   b. No

3. What is your current student classification?
   A. Master student, number of completed semesters (for example, 2)_________
   B. Doctoral student, number of completed semesters (for example, 1)______

4. How many internship/practicum courses have you completed?
   A. Number of internship/practicum courses (for example,3) ______________
   B. None

5. What is your current counseling training program?
   A. Rehabilitation Counseling
   B. Social Work
   C. Counseling(Education)
   D. Human Services
   E. Counseling (Psychology)
   F. Other, please explain _______

6. Counseling program accreditation status
    a. Council on Rehabilitation Education (CORE)
    b. Council for Accreditation of Counseling & Related Educational Programs (CACREP)
    c. Council on Social Work Education (CSWE)
    d. Other, please explain____________
    e. None

7. Have you completed a stand- alone "Social Justice/Advocacy" course
    a. Yes, number of courses (for example, 3) _____
    b. No

8. Has your level of competency in social justice advocacy been assessed/evaluated?
    a. Yes, please explain (for example, self, counseling program, or supervisor)
    b. No

9. In regards to social justice advocacy competencies, rank order the importance of each domain. 1 being the most important to you and 6 being the least important to you.
    ______ client empowerment
    ______ community collaboration
    ______ public information
    ______ client advocacy
    ______ systems advocacy
    ______ social/political advocacy

10. Have you completed a stand- alone "Ethics" course
    a. Yes, number of courses (for example,2) ____
    b. No

The final 5 questions of survey are related to demographics. It will take about 1 minute to complete these questions.

11. What is your age ________

12. What gender status do you identify most with?
    a. Male
    b. Female

c. Other, please explain ____

13. What sexual orientation do you identify most with, select all that apply.
    a. Heterosexual
    b. Lesbian
    c. Gay
    d. Bisexual
    e. Transexual
    f. Queer
    g. Other, please explain _____

14. What category best describes you, select all that apply
    a. White (non Hispanic/Latino)
    b. Black or African American
    c. American Indian or Alaska Native
    d. Asian
    e. Native Hawaiian or Pacific Islander
    f. Other, please explain ______

15. What disability status do you identify most with, select all that apply:
    A. Physical disability
    B. Psychological disability
    C. Developmental disability
    D. Cognitive disability
    E. No disability
    F. Other, please explain ______

Please click on continue button to submit survey. This is the end of the survey questions. Thank you for your participation!

APPENDIX B

APPENDIX B

Hello,

My name is Mary Ann Rocha, I am a Ph.D. student from the School of Rehabilitation Services and Counseling at the University of Texas Rio Grande Valley (UTRGV). I would like to invite you to participate in my research study entitled *A Study of Counselor Trainees' Self Perceived Competency in Social Justice Advocacy.* The purpose of the study is to increase our knowledge regarding the social justice advocacy competencies of counselor trainees.

This research study has been reviewed and approved by the Institutional Review Board for the Protection of Human Subjects (IRB) at the University of Texas Rio Grande Valley.

In order to participate you must be 18 years or older and a Master or Doctoral counseling/social worker student. Participation in this research is completely voluntary, you may choose not to participate without penalty.

As a participant, you will be asked to complete an online survey which should take approximately 11 minutes to complete. The data from this study will be collected anonymously via web based survey using Qualtrics. The survey has been set up to anonymize responses so it will not record personal information and remove contact association.

If you would like to participate in this research study, please click on the survey link below and read the consent page carefully. If you would like to complete survey, click on "I consent, begin the study." If not, simply exit the web browser or click on "I do not consent, I do not wish to participate".

Survey link: https://utrgv.co1.qualtrics.com/jfe/form/SV_5jxq1BCdhtIqRMh

If you have questions related to the research, please contact me by telephone at (956) 665-7036 or by email at mary.rocha01@utrgv.edu.

If you have any questions regarding your rights as a participant, please contact the Institutional Review Board (IRB) by telephone at (956) 665-2889 or by email at irb@utrgv.edu.

Thank you for your interest and participation in this study!

Sincerely,

Mary Ann Rocha

Doctoral student

The University of Texas Rio Grande Valley

BIOGRAPHICAL SKETCH

Mary Ann Rocha is a Licensed Professional Counselor in the state of Texas. She has over 14 years of clinical experience specializing in pain management, vocational, and mental health counseling. She earned a Bachelor's degree in Psychology from University of Texas at San Antonio in 1997 and a Master's degree in Counseling and Guidance from University of Texas - Pan American in 2000. She completed the requirements for her Doctorate degree (Ph.D.) in Rehabilitation Counseling from the University of Texas Rio Grande Valley in 2018.

Mary Ann is currently a lecturer at the University of Texas Rio Grande Valley for the School of Rehabilitation Services and Counseling. Her research interests include disability policy and advocacy. She can be contacted at mascorpio1974@yahoo.com.