A Qualitative Analysis of Counseling Psychologists' Engagement in Social Justice Advocacy: Lessons from the Advocates in Practice

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Department of Counseling, Educational, and Developmental Psychology

Counseling Psychology

A QUALITATIVE ANALSIS OF COUNSELING PSYCHOLGISTS' ENGAGEMENT

IN SOCIAL JUSTICE ADVOCACY: LESSONS FROM THE ADVOCATES IN

PRACTICE

Dissertation

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SALIHA KOZAN

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A Qualitative Analysis of Counseling Psychologists' Engagement in Social Justice

Advocacy: Lessons from the Advocates in Practice

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Abstract

Drawing upon their professional history embracing a social justice perspective in

psychology, counseling psychologists have made substantial attempts to adopt social

justice advocacy roles in research, practice, and training. Responding to social justice-

oriented scholars' call to promote mental health by creating positive social change,

counseling psychology training programs across the United States have integrated

principles of social justice work into the training of future counseling psychologists since

the early 2000s. While previous literature has provided thought-provoking discussions on

conceptual aspects of social justice advocacy as well as advocacy training, these studies

mostly reflected the voices of psychologists in academia; therefore, advocacy work of

those in clinical practice has been neglected. In addition, practical outcomes of social

justice training in counseling psychology have not received enough scholarly attention. In

an attempt to address these concerns, the present study has utilized a qualitative research

methodology to explore the advocacy experiences of licensed clinicians who were trained

in social justice-oriented counseling psychology doctoral programs. Specifically, I have

employed a narrative inquiry method to analyze the interviews with 11 counseling

psychologists across the United States. Using critical psychology as the theoretical

framework of this study, interviews focused on participants' personal and professional

narratives, training experiences, and the factors that affect their engagement in advocacy

roles in clinical work. In addition to the inspiring ways of advocacy in psychological practice, narratives of the participants depicted resources and challenges regarding incorporating an advocacy agenda into clinical practice. These factors have significantly shaped participants' involvement in advocacy, indicating that counseling psychologists continue to grapple with systemic barriers which at times limit their advocacy actions— particularly macro-level advocacy. Implications for social justice research, practice, and training in counseling psychology are discussed.

Dedication

This study is dedicated to those who devote their lives to advocating for the underserved and oppressed.

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"If you want to go fast, go alone. If you want to go far, go together."

– African Proverb

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Table of Contents

Chapter 1: Introduction

"It's a story of this person taking this long walk, and they go down the river, and there is this person that is injured. They take him out of the water, and they help him. After they help him, they see another person, and they keep taking people out of the river and helping them out. Months later, they are building a whole clinic there to help these people that are coming down the river, and at one point, somebody packs up and is going to leave and it's like, "What are you doing? We need you here. People are still coming down the river." And, the person says, "I'm going to go up the river to see what the heck is going on up there to stop these people from being injured." For me, that captures the notion of social justice that we all are attending to the immediate need for right now and not necessarily taking a step back and saying, "What's the bigger picture? What are the roots of the problem, and how can we intervene at that level?" (Quote from a participant)

Personal Narrative

The most powerful learning experience I have had as a counseling psychology trainee was my First Year Experience (FYE) at the outset of my doctoral education at Boston College. With this training requirement of my program, I had the opportunity to work for the ROAD (Reaching Out About Depression), a peer-support and community-organizing project which addressed both individual and contextual factors that impact low-income women's mental health (Goodman, Liang, Helms, Latta, Sparks, & Weintraub, 2004). Through my interactions with the ROAD women as a mental health liaison, I often found myself deeply touched by their stories and resilience in the face of poverty, trauma, and injustice. I was also able to develop a better understanding of the systemic barriers that debilitate individuals' well-being. Indeed, this experience transformed my worldview. Gaining a more comprehensive outlook of the link between mental health and societal factors, I became passionate about using my research and practice to advocate for those who are underserved and oppressed. My future clinical trainings, I hoped, would provide me with further opportunities to apply my social justice perspective in psychology.

Shortly after my FYE, for one of my doctoral practicums, I worked at a medical setting where I attended interdisciplinary case consultation meetings. I particularly remember a case from those meetings: a homeless gay male dealing with a combination of severe medical and psychological problems. During my first meeting with this client, I was struck by the systemic issues he had to encounter including poverty and his family's rejection of him based on his sexual orientation. He reminded me of the ROAD women who were hurt by injustice in our society. Hence, when I brought this case to the consultation meeting, it was important for me to highlight those systemic issues given their influences on my client's health. Yet, my presentation that included both individual and contextual aspects of the case did not bring up any comments from the consultation team related to those systemic factors.

Considering the client's living circumstances and his lack of support, I wondered how we, as a team, could coordinate care for him to address both his depression and external conditions that maintain it. However, according to my supervisor at that time, our role did not involve focusing on those contextual issues; therefore, there was not much to do about those conditions. Instead, we briefly discussed the client's depression and which individual psychotherapy interventions would be helpful for it. With my limited power due to my trainee status along with my identity as the only ethnic minority person in the team, I felt the pressure to do what the rest of the team did: conceptualize the cases using the medical model and come up with interventions that addressed the client's mental health problems by solely focusing on individual factors.

While I was shocked and discouraged by this experience, I thought the social justice approach that I learned to value at Boston College was not welcomed, or even

acknowledged, at that setting. I was concerned about how I was going to practice as a social justice-oriented psychologist in the future. This was one of the reasons for seeking my subsequent training in clinical sites that were supportive of integrating a social justice perspective into psychological practice; however, I wondered if my experiences would be different if I decided to stay at medical settings. Was this story a single incident or representative of what was going on in the field of psychology? Would I find a way to voice my views about what ails and heals clients? Could my doctoral degree give me the power to advocate for my clients as a psychologist no matter where I worked? During my doctoral training, I have learned more about the research and training on social justice advocacy in counseling psychology; nonetheless, based on my own narrative, I continued to be curious about the experiences of those practitioners who were trained in doctoral programs that emphasized social justice values: stories of those clinicians who had walked a similar path to mine.

Background Literature

From the beginning of the counseling profession, counseling psychologists have emphasized the effects of environmental factors and social justice issues on individuals' well-being (Buki, 2014; Kiselica & Robinson, 2001; Fouad, Gerstein, & Toporek, 2006). For example, one of the pioneers of the field, Frank Parsons, was involved in advocacy work through helping young, poor individuals with job preparation and employment as a means of promoting social equity in society (Fouad et al., 2006; O'Brien, 2001). Additionally, counseling psychology's focus on developmental-contextual, multicultural, strength-based, and growth-oriented approaches could be linked to its commitment to social justice (Fouad et al., 2006). Although its focus on the ways in which environmental

factors affect individuals' mental health was one of the main factors that shaped counseling psychology initially, issues regarding social justice have not been central until recently.

There has been a growing movement in counseling psychology on integrating a social justice perspective into counseling theories, practices, and training (Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006). Parallel to this movement, the 2001 National Counseling Psychology Conference in Houston provided counseling psychologists with ample opportunities for conversations on social justice and its inclusion in the field (Baluch, Pieterse, & Bolden, 2004). In this conference, 88% of the attendees voted to endorse counseling psychologists' return to their social advocacy agenda (Fouad, McPherson, Gerstein, Blustein, Helledy, & Metz, 2004). Consequently, several scholars examined how to do practice and research that entailed social justice issues, and train future counseling psychologists to be agents of social change (Blustein, McWhirter, & Perry, 2005; Fouad et al., 2006; Goodman et al., 2004; Ivey & Collins, 2003; Vera & Speight, 2003).

As the scholarly interest in taking a social justice perspective in counseling psychology has continued to grow, several definitions of social justice and related concepts were brought up. According to Goodman and colleagues (2004), who provided one of the most comprehensive definitions, the work of social justice is "the scholarship and professional action designed to change societal values, structures, policies, and practices, such that disadvantaged or marginalized groups gain increased access to these tools of self determination" (p. 795). Therefore, the social justice perspective in counseling psychology emphasizes the necessity of responding to systemic inequalities

that marginalize and disenfranchise various groups in society (Vera & Speight, 2003). It acknowledges issues of power, privilege, and oppression within the lives of clients and utilizes social justice advocacy and activism as a means to address unequal sociopolitical and economic conditions that hinder the academic, career, and personal/social development of individuals (Fouad et al., 2006; Ratts, 2009).

Social Justice Advocacy

With an increased appreciation of a social justice perspective in counseling psychology, an emphasis on *social justice advocacy* is of paramount importance. Toporek and Liu (2001) defined social justice advocacy, as "an action taken by a counseling professional to facilitate the removal of external and institutional barriers to clients' well-being" (p. 387). In other words, advocacy involves actions that are aimed at changing the processes by which public decisions are made, thus affecting the political, social, and economic contexts that influence peoples' lives (Cohen, 2001). Toporek and Liu conceptualized advocacy as a continuum of counseling action extending from *empowerment* to *social action*. From this point of view, empowerment refers to counselor actions focusing on the individual or group psychotherapy context, which aim to help clients in acknowledging and addressing sociopolitical barriers to their well-being. On the other hand, *social action* characterizes counselors' actions that advocate for change in the society or public arena (Toporek, Lewis, & Crethar, 2009). Therefore, social justice advocacy is an essential step to address issues of equity when helping clients who have been marginalized and underprivileged.

In addition to these conceptual studies, counseling psychologists have discussed advocacy across different client populations, settings, and specialty areas (Ratts, Lewis,

& Toporek, 2010). Furthermore, several counseling psychology programs across the United States (e.g., Boston College, University of Oregon, and University of Tennessee) have adopted an explicit social justice framework into their training models. In accordance with these efforts, a number of scholars have investigated counseling psychology trainees' advocacy experiences and discussed the nature of specific teaching modalities and interventions that prepare trainees as social justice agents (Beer, Spanierman, Greene, & Todd, 2012; Singh et al., 2010).

While the scholarly work on social justice advocacy has gained momentum in recent years, understanding the nature of advocacy-related experiences of counseling psychologists still requires more attention. In this study, I aim to extend the body of research on this topic by focusing on the counseling psychologists who have recently graduated from a program with a social justice orientation and exploring their advocacy work experiences in clinical practice. More specifically, I have utilized a narrative inquiry method (Clandinin, 2007; Clandinin & Connelly, 2000; Lieblich, Tuval-Mashiach, & Zilber, 1998) and conducted interviews with counseling psychologists to understand their stories and perspectives in regards to engaging in advocacy roles.

I chose to use narrative inquiry to guide the data collection and analysis process of this study because I was interested in the complexity of the participants' experiences and the meanings they attach to their narratives. As Clandinin and Connelly (2000) highlighted, to understand social phenomena, it is necessary to investigate "the characters who [live] the stories, the characters who [tell] the stories, the times at which stories [are] lived, the times stories [are] told, the places in which stories [are] lived and told, and so on" (p. 25). Thus, rather than using participants' narratives as conclusions, my goal was

to utilize them as pathways to the understanding of particular experiences –engagement in social justice advocacy.

Shedding light on the experiences of the counseling psychologists who were trained to engage in social action to help underserved and oppressed individuals and communities can provide valuable information concerning the opportunities and challenges of integrating advocacy into counseling psychology. With this "bottom up" method, reporting practical experiences and perspectives of counseling psychologists in different settings can enhance our understanding of the feasibility and effectiveness of incorporating a social justice agenda into the professional psychology practice. Additionally, this study provides insights into the effectiveness of social justice advocacy training models and interventions. In short, by analyzing the stories of counseling psychologists and how they integrate social justice advocacy into their professional experiences as well as their personal lives, I aimed to provide ideas and implications that will inform counseling theory, research, practice, and training.

Chapter 2: Literature Review

The topic of social justice has received considerable scholarly attention from counseling psychologists within the past few decades. As mentioned in the previous chapter, a social justice perspective in counseling psychology acknowledges issues of power, privilege, and oppression; this perspective also proposes social justice advocacy and activism as tools to address and reduce the effects of injustices, and to enhance well-being and development (Fouad et al., 2006; Ratts, 2009).

Historically, counseling psychologists have actively considered the role of environmental factors, including social justice issues and inequality, on individuals' mental health (Arredondo & Perez, 2003; Constantine, Hage, Kindaichi, & Bryant, 2007; Toporek at al., 2006). Counseling psychologists have been dissatisfied with the lack of consideration of the experiences of women and people of color in traditional theories of psychology and development. This has led them to criticize these theories' ethnocentric focus and to look for more inclusive approaches in psychology. In particular, feminist and multicultural psychology theorists (e.g., Arredondo & Perez; 2003; Sue, Arredondo, & McDavis, 1992; Wilkinson, 1997) have emphasized the relationship between the individual and the sociocultural and political context and have informed the ways in which counseling psychologists could engage in social justice work.

Research deriving from feminist psychology and multicultural counseling theories has further contributed to new psychological practices, research paradigms, and training and consultation approaches in counseling psychology that have recognized the role of culture and have attempted to alleviate the effects of oppression on psychological functioning (Goodman et al., 2004). Within the following sections, I elaborate on

feminist psychology and multicultural counseling perspectives in relation to social justice

work in counseling psychology.

Feminist Psychology

Feminist psychology focuses on gender and unequal social structures and

critiques historical psychological research and practice as dominated by a male

androcentric perspective (Brabeck & Brown, 1997; Crawford & Unger, 2004). Feminist

psychologists have argued against the sexist assumptions of traditional psychological

practice, including psychological assessment and psychotherapy models (Brown & Root,

1990; Cartwright, D'Andrea, & Daniels, 2004; hooks, 2000; Wilkinson, 1997). They

have also critiqued the individualistic focus of psychology when conceptualizing the

mental health problems as characteristics of women rather than considering the influence

of sociopolitical context in creating those problems. In particular, feminist psychologists

have asserted that psychology contributes to the maintenance of status quo and

oppression in society by locating the causes and solutions of these problems within

individuals and by disregarding the contextual factors (Collins, 2002; Contratto &

Rossier, 2005; Fine & Gordon, 1991; Grossman, Gilbert, Genero, Hawes, Hyde, &

Marecek, 1997; Worell & Remer, 2003).

A number of scholars from the feminist psychology perspective (e.g., Brown,

1997; Comstock, 2005; Vera & Speight, 2003) have contended that psychological theory

and practice have colluded with the social structures of marginalization, exclusion, and

oppression. Put differently, psychological research, practice, and training historically

reinforced the social structures and institutions that produced various forms of inequality

and social injustice (e.g., racism, sexism, and heterosexism) instead of challenging or

fighting against them (Fox, 2003). Furthermore, feminist psychologists have pointed out that patriarchy and sexism in society are enacted within the psychotherapy context when psychotherapists are seen as the experts entitled to impose psychotherapy theories and interventions on their clients (Cartwright et al., 2004, Daniels, 2011). Hence, mental health professionals' ongoing imposition of gender-biased theories in traditional psychotherapy settings creates another social injustice for clients with less power and voice.

It is important to note that although feminist psychology in the United States (U.S.) initially focused on inequities with regards to gender differences and mainly reflected the voices of White women, more recently, this approach has recognized how race and social class function as important determinants of the power structure leading to the privilege of White women (Davis, 1983; hooks, 1981, 2000). This recent version of feminist psychology attempts to be more inclusive by advocating not only for women, but also other marginalized groups, such as ethnic and sexual minorities, whose mental health and overall well-being are threatened by systemic injustices.

In conjunction with these changes in feminist psychology, several psychologists have supported the idea of integrating a multicultural perspective into feminist approach in psychology (Brown, 1990, 1995; Landrine, 1995; Worell & Remer, 2003). In particular, they have advocated for recognizing how multiple identities (e.g., gender, race, ethnicity, social class, sexual orientation, and ability status) interact with each other and the systems of oppression and privilege in shaping individuals' psychological experiences (Brown, 1995). As opposed to focusing on a single form of injustice (e.g., sexism), contemporary feminist psychologists have highlighted the importance of

engaging in social action that leads to change by considering the complexities of the interactions among one's multiple identities and systemic structures.

Using these perspectives, the core values of contemporary feminist psychology involve attending to the diversity of clients' personal and social identities; raising their consciousness of the effects of societal forces on their mental health; recognizing power and role differentials in psychotherapy and establishing an egalitarian relationship with clients; and valuing women and validating clients' individual experiences (Worell & Remer, 2003). Specifically, creating an egalitarian relationship, one of the foundations of feminist psychotherapy, aims to remove the barriers to the sharing of power within the therapeutic relationship (Brown 1994, 2007). Rather than indicating a pure equal relationship between the client and psychotherapist, which is impossible, an egalitarian therapeutic relationship requires psychotherapists to commit to reflecting on how power differences in society affect the lives of those with less privilege. It also emphasizes the importance of exploring power differences in the psychotherapy room. By recognizing the implications of these power structures in the therapeutic relationship and larger systems, clinicians can move toward equality of power in psychotherapy (Brown 1994). Based on these values, some of the unique contributions of feminist scholars to counseling psychology include the sociopolitical change models (Morrow & Hawxhurst, 1998) that emphasize empowering clients through psychotherapy and conducting interventions across multiple levels (i.e., personal, interpersonal, and sociopolitical levels of interventions).

Multicultural Counseling

Building upon their increasing focus on contextual issues, counseling

psychologists have become more interested in including racial and cultural variables in their work through the past three decades (Sue et al., 1992). Due to the rapid diversification of the U.S. as a multiethnic, multiracial, and multilingual society, many counseling psychologists expressed an urgent need for mental health professions to address the issues of race, ethnicity, and culture (Pedersen, 1999; Sue & Sue, 2013). Multicultural counseling is a helping role and process, which identifies treatment goals and interventions that are consistent with the cultural values and experiences of clients (Sue & Torino, 2005). In addition to using culture-specific strategies, it supports the use of universal approaches when helping clients. Thus, multicultural counseling seeks the balance between individualistic and collectivist approaches in each aspect of mental health services.

Similar to feminist psychologists, multicultural counseling theorists have been concerned that mainstream psychological theories and concepts have been based on predominantly European-American perspectives and contexts; this cultural insularity has resulted in theories and ideas that were limited, at best, in their capacity to understand and help the racially and culturally diverse population in the U.S. These theorists have also underscored the role of social structures and injustices in exacerbating the mental health problems of disadvantaged clients (Helms & Cook, 1999). Multicultural counseling psychologists posit that psychological practice without accurate attention to racial, ethnic, and cultural factors is at risk of overpathologizing and marginalizing those whose values, beliefs, and experiences do not fit into the mainstream cultural norms.

These concerns regarding how counseling psychologists' assumptions and biases might add to the oppression and exclusion of culturally diverse clients have led to the

development of the concept of *multicultural competence* (Fox, 2003; Sue et al., 1992). As

articulated by the Association for Multicultural Counseling and Development (AMCD),

multicultural counseling competencies refer to the attitudes, beliefs, knowledge, and

skills that should guide counselors' work with culturally diverse individuals (Arredondo

et al., 1996; Sue et al.). Although the term "multicultural" initially referred to five major

cultural groups in the U.S. and its territories (i.e., African American, Asian American,

Caucasian/ European American, Hispanic/ Latino and Native American or indigenous

groups), interest in promoting multicultural competence within counseling soon expanded

to focus on racially and culturally diverse clients. In addition, it included competencies in

research and practice concerning sexual minority individuals as well as other

marginalized groups, such as immigrants and people with disabling conditions (Israel, &

Selvidge, 2003).

Based on these developments in multicultural counseling, the American

Psychological Association (APA) provided guidelines on Multicultural Education,

Training, Research, Practice, and Organizational Change for Psychologists (APA, 2003).

The principles that inform these guidelines include (a) conducting multiculturally-

informed professional and ethical practice; (b) recognizing the intersection of racial and

ethnic backgrounds with other domains of identity; (c) understanding the interface

between one's socialization experiences based on ethnic and racial group membership;

(d) being aware of approaches that view cultural differences as deficits and devalue

particular social identities; (e) using opportunities to promote racial equality and social

justice as psychologists; and (f) recognizing the role of organizations that could be the

contributors of the status quo in the society with respect to multiculturalism. Therefore,

these guidelines encouraged the use of organizational or systemic change processes by psychologists to support multiculturally-informed policy development and practices.

At the same time, a number of scholars have critiqued some components of multicultural counseling competencies, such as their lacking evidence for their effectiveness (Patterson, 2004); being potentially anti-therapeutic (Vontress & Jackson, 2004); and imposing a political agenda on the mental health professions and encouraging social activism (Weinrach & Thomas, 2002). For example, Patterson argued that rather than defining competencies for multicultural clients, mental health professionals need to create a universal system of counseling and to develop approaches and methods that are universally effective. With a similar perspective that dismisses the importance of cultural and racial factors, Vontress and Jackson stated:

> In general, race is not the real problem in the United States today. The significance that clients attach to it is the most important consideration. Individuals who perceive their race to be an impediment to achievement in life usually create for themselves a self-fulfilling prophecy (p. 76).

In addition to their disregard for the ways racial factors have shaped the experiences of multiple ethnic groups in the U.S., the opponents of multicultural competencies movement have argued that to determine what is socially just, and what is not, is irrelevant to the professional expertise of mental health professionals (Weinrach & Thomas, 2002, 2004). Instead, these scholars believed that mental health professionals should mainly focus on providing counseling or psychotherapy services; in other words, they should engage in individual-level work because changing the system should be the concern of other professionals. Weinrach and Thomas supported advocating for a specific

client, but disagreed with being part of social change as mental health professionals. They also objected to the concept of multicultural competencies and contended that the competencies were anti-therapeutic due to their emphasis on group stereotypes rather than the uniqueness of each client.

While these scholars challenged the core assumptions of multicultural counseling, other scholars critiqued it for its limited integration of social justice action into counseling psychology (e.g., Vera & Speight, 2003). Vera and Speight agreed with the scholars who viewed multicultural counseling guidelines as a framework for social justice work in psychology (Ivey & Collins, 2003), but they argued that multicultural competencies must do more than recognize oppression: a culturally competent counseling psychologist should also work towards ending oppression in society. Moreover, they pointed out that counseling psychologists have mostly used multicultural and feminist psychology perspectives in the psychotherapy context and been involved in social justice work at the micro-level instead of macro-level interventions.

In addition to these criticisms, there are practical and institutional challenges about implementing culturally competent practice such as lack of access to culturally competent clinical supervisors and training. For example, in many training settings, supervises might have received more training on multicultural counseling than their supervisors (Ancis & Ladany, 2010; Constantine, 1997) which poses problems in terms of training counseling psychologists as culturally competent practitioners. Recognizing the concerns regarding the multicultural counseling movement, many counseling psychologists have agreed with community, critical, and liberation psychologists (e.g., Fox, 2003; Freiré, 1990; Martin-Baro, 1994; Prilleltenksy, 1997, 1999; Rappaport, 2000) on the importance of facilitating

a structural change that embodies social, cultural, and political institutions to effectively help the oppressed. As they have advocated for developing macro-level interventions to advocate for individuals suffering from systemic inequities, they have also continued to value the prominence of micro-level work (e.g., individual psychotherapy) to foster individual strength and healing.

Although these attempts are relatively new in the field, the latest interventions of counseling psychologists have focused on targeting both individual-level problems and the social context in which those problems occur (e.g., Weintraub & Goodman, 2010). In addition to the theories and models of empowerment in counseling, a number of counseling psychologists established *The Journal for Social Action in Counseling and Psychology* in 2007. This journal has provided invaluable prospects for counseling psychologists and other mental health professionals to share their social change work with other scholars who are interested in transforming society toward social justice. Furthermore, the development of new organizations, such as *Psychologists for Social Responsibility*, has been another way in which counseling psychologists have attempted to establish social justice advocacy as an important professional activity for psychologists. Lately, the Special Task Group of the Society of Counseling Psychology (SCP) has included *orientation toward social justice* as a new foundational competency under the domain of Professional Identity (2013). Moreover, in response to the violent deaths of African American men in the U.S., the Executive Board of SCP has approved a number of efforts such as proposing a Major Contribution for *The Counseling Psychologist* and producing a webinar to address counseling psychologists' roles in eradicating state and other forms of violence toward African American men and

communities of color (Singh, 2015).

Evidently, these efforts underscore counseling psychologists' dedication to reducing the impacts of social inequalities on mental health (Caldwell & Vera, 2010); nevertheless, *how* one actually engages in social justice work and develops competencies as a change agent were not the focus of scholars until the past decade. Therefore, while multicultural counseling competencies and their integration into training have become one of the major hallmarks of counseling psychology, social justice work and training have not fully emerged as viable movements in the field (Goodman et al., 2004; Ivey & Collins, 2003).

Conceptual Framework: Critical Psychology

Prior to discussion of the literature on the basic concepts of interest, it is essential to explain the conceptual framework that has informed the data collection, analysis and interpretation of the proposed study – critical psychology (Fox & Prilleltensky, 1997; Fox, Prilleltensky, & Austin, 2009). Inspired by the ideas of liberation psychologists Paulo Freiré (1990) and Ignacio Martín-Baró (1994), critical psychology assumes that the societal status quo adds to the oppression of large portions of the U.S. population and that psychology maintains this status quo by ignoring the socio-political context (Fox & Prilleltensky; Prilleltensky, 1999). Similar to the ways in which counseling psychologists are committed to social justice work, critical psychologists believe that psychology should instead contribute to the transformation of society to create more just and meaningful lives (Prilleltensky & Nelson, 2002). In other words, critical psychologists are invested in both *deconstruction* (critique) and *reconstruction* of history, theory, and social structures (Teo, 2015).

To promote critical psychology's work for social and professional change, Prilleltensky (1997, 1999) has recommended examining the moral implications, values, assumptions, and practices rooted in the field of psychology. According to Prilleltensky, psychologists' values influence their assumptions about others, which in turn influence their professional practice. From this perspective, by focusing on the individual rather than the larger society, mainstream psychology overemphasizes individualistic values, impedes the attainment of mutuality and community, and reinforces unjust institutions (Fox et al., 2009). Core assumptions and institutional allegiances of mainstream psychology, therefore, harm members of powerless groups by promoting inequality regardless of psychologists' individual or collective well intentions. Psychologists' awareness of their own values and assumptions can improve the evaluation of the effects of psychological practices on clients and overall society. In particular, psychologists should articulate their personal and collective vision of the good life and the good society and define how to translate this vision into action; that is, they should clarify the ideals they aspire for society in addition to engaging in dialogue about the different notions of the good society and how to actually reach it (Prilleltensky, 1997, 1999).

Similar to feminist psychologists (e.g., Brown 1994, 2007), critical psychologists highlight the importance of addressing power dynamics in clinical practice, and value establishing egalitarian relationships with clients in which power differences between the care provider and the client are reduced (Prilleltensky 1997). Moreover, Prilleltensky (1997) has offered the Emancipatory Communitarian (EC) approach as an alternative to more traditional approaches in psychology. The EC approach questions the role of oppression and the lack of social responsibility and compassion towards those who are

underprivileged. Specifically, it fosters a balance among personal values (e.g., self-determination and personal health), social values (e.g., the fair distribution of goods and opportunities among all social groups), and mediating values that harmonize personal aims with social aims (e.g., respect for human diversity, collaboration and democratic participation). In accordance with this approach, psychologists are encouraged to engage in political action to reduce conditions of social oppression (Fox, 1993; Fox & Prilleltensky, 1997). Based on these core values, the EC approach assumes that the good life and the good society depend on the promotion of mutuality, the fulfillment of social obligations, and the elimination of oppression. Because problems are defined in terms of interpersonal and sociopolitical oppression, psychological interventions should attempt to change individuals as well as social systems that perpetuate injustice and oppression.

With regard to research, the critical psychology framework recognizes the roles of subjectivity and power with a stance that presumes "scientific work is embedded in a complex web of professional and political circumstances that make it impossible to claim supreme and detached objectivity" (Prilleltensky, 1999, p. 102). Critical psychology also invites psychologists to engage in self-examination regarding the ways in which they contribute to injustices or use power in theory and practice (Teo, 2015). While differentiating between the research data and researcher's subjectivity, critical psychology acknowledges the potential factors that might restrict the researcher's ability to claim the scientific truth, which is socially structured. Unlike traditional and post-modern approaches, critical psychology necessitates the use of critical knowledge of how the personal and socio-political context relates to the researcher's scientific interpretations for social justice, rather than for its own sake (Prilleltensky & Gonick,

1994). Therefore, similar to its stance on psychological practice, critical psychology requires researchers to utilize their knowledge for liberation.

Social Justice Advocacy in Counseling Psychology

Given the importance of advancing social justice within applied psychology programs, including counseling psychology (Baluch et al., 2004; Blustein et al., 2005; Burnes & Manese, 2008), several counseling psychology scholars have considered social justice as the fifth force, following the psychodynamic, cognitive behavioral, existential-humanistic, and multicultural forces in counseling (Ratts, D'Andrea, & Arredondo, 2004). As described earlier, the term social justice advocacy includes efforts to change public attitudes, policies, and laws to create a more just society (Cohen, 2001; Nilsson & Schmidt, 2005). Developing an extensive understanding of cultural and contextual factors in relation to clients' lives, counseling psychologists have built on their knowledge of multicultural counseling to engage in social justice advocacy with diverse populations (Lewis & Arnold, 1998). Nevertheless, the need for expanding the scope of multicultural competencies to include social justice advocacy has facilitated the social justice agenda in counseling psychology (Vera & Speight, 2003). Models developed by different scholars (e.g., Goodman et al., 2004) have provided the theoretical foundations of social justice work in addition to identifying principles of social justice approach to empower marginalized populations.

While earlier studies in counseling psychology have focused on defining social justice, the more recent emphasis seems to be shifting towards action-oriented work (e.g., Blustein, 2006; Pieterse, Evans, Risner-Butner, Collins, & Mason, 2009; Palmer, 2004; Singh et al., 2010; Speight & Vera, 2004; Toporek et al., 2006; Watts, 2004). In this

respect, commitment to a social justice perspective in counseling psychology entails

using interventions that would both include and go beyond traditional helping roles and

services (Ratts, 2009). For example, proactive and preventive interventions are critical to

addressing the cultural and institutional bases of oppression (Sue, 1995; Ivey & Collins,

2003). Other social justice interventions include social justice advocacy-focused

counseling, community outreach, and psychoeducation (Constantine et al., 2007;

Goodman et al., 2004; Ivey & Collins, 2003; Palmer & Parish, 2008; Vera & Speight,

2003). To integrate social justice advocacy, counseling psychologists need to understand

their professional role in maintaining oppression; support community empowerment;

engage in political advocacy; emphasize a social justice agenda in professional

organizations; and engage in academic training that would foster counselors' advocacy

skills (Lewis & Arnold, 1998; Palmer & Parish). Regarding integration of social justice

advocacy roles into practice, several studies point to the unclear distinction between

social justice advocacy and counseling interventions as both require collaboration on

changing context and vice versa (Goodman, Pugach, Skolnik, & Smith, 2013; Weintraub

& Goodman, 2010).

One of the issues that have been discussed in social justice advocacy literature

pertains to articulating advocacy competencies that provide guidelines for researchers,

practitioners, and trainers (Pieterse et al., 2009). In an attempt to address the concerns

about the lack of integration of social justice issues into the training and practice of

mental health professionals (Hage, 2005; Ivey & Collins, 2003; Martín-Baró, 1994;

Prilleltensky, 1997), in 2002, the American Counseling Association (ACA) took the

leadership to push the role of advocacy forward in the counseling field (Toporek et al.,

2009). The Task Force on Advocacy Competencies appointed by the ACA aimed at not only providing a comprehensive framework for counselors to engage in social justice advocacy on multiple levels, but also using these competencies to create a systemic change (Toporek, Lewis, & Ratts, 2010).

Specifically, Lewis, Arnold, House, and Toporek (2002) articulated 43 advocacy competencies, which are classified along three levels: the client/student level, the school/community level, and the public arena level. These competencies are divided into empowerment and advocacy domains, whereby empowerment indicates *acting with* the client and advocacy refers to *acting on behalf of* a client or a client community. At the individual-level, advocacy competencies are client empowerment and advocacy (Lewis et al., 2002; Toporek et al., 2009). Empowerment includes helping clients recognize external forces affecting their mental health and development and develop self-advocacy skills, strategies, and resources address those issues (Toporek et al., 2010). Advocacy, on the other hand, involves creating action plans and using interventions in the best interests of clients, identifying allies in the system, and assisting clients gain access to resources.

At the community-level, advocacy competencies include community collaboration and systems advocacy. While community collaboration involves working with a specific group of clients/individuals to identify problems and develop an advocacy plan to address those problems, systems advocacy requires professionals to identify problems, considering the perspectives of individuals who are most affected by those problems, and acting on behalf of those individuals to create a systemic change. Therefore, systems advocacy might involve the efforts to change unjust institutional policies or procedures to help groups who lack power to do so. Lastly, public arena level

of advocacy includes the competencies of public information and social/political advocacy. Public information refers to collaborations with a community to inform the public of systemic issues and developing strategies to address those issues on a large scale through the media and relevant organizations. Social/political advocacy pertains to recognizing when a systemic problem affects clients' lives and addressing it at a policy level to advocate for change.

Using all three levels of ACA Advocacy Competencies, counseling psychologists are likely to have a greater impact in terms of ameliorating the systemic conditions that are closely linked to client's individual problems (Lewis et al., 2002; Ratts et al., 2010). It is also worth noting that these competency levels are intertwined with each other because advocacy efforts at one level can lead professionals to intervene at other levels of advocacy (Ratts & Hutchins, 2009). As highlighted by the Task Force (Lewis et al., 2002), engaging in advocacy and an acknowledgment of the systemic factors as they interact with individuals' mental health problems can allow counseling psychologists to conceptualize clients' problems within the socioeconomic, cultural, and political contexts. However, it is more important to recognize that the goal of social justice advocacy is to reduce or end the impacts of oppression on clients' lives rather than simply acknowledging its psychological outcomes (Speight & Vera, 2004).

An Example for Social Justice Advocacy in Psychological Practice

Despite the recent focus on social justice advocacy in counseling psychology, there are promising interventions that conceptualize mental health problems within their social context and use multiple levels of advocacy (e.g., A. Ali, Hawkins, & Chambers, 2010; A. Ali & Lees, 2013; Goodman et al., 2007; L. Smith & Romero, 2010). For instance,

Alisha Ali and colleagues (2010) examined the mental health outcomes of *Project Enterprise,* a community-based, microcredit project in Harlem, which was designed to improve the psychological well-being of 73 low-income, ethnic minority clients (32 women and 41 men) with ages ranging from 27 to 70 through economic empowerment. This project provided participants with various resources such as small, interest-free loans to groups of approximately six peers so that they could initiate business projects, business and leadership training, technical assistance, and networking opportunities with other participants.

Throughout the project, each member was required to commit to membership in a small peer group that provided encouragement and shared liability for loan reimbursement. More importantly, while having more access to these instrumental supports, participants met with their support groups, which were held at the Project Enterprise neighborhood centers and in group members' homes, regularly. Additionally, several peer groups were able to meet and share their progress as well as difficulties, which helped them receive further training and support. This process allowed participants to offer emotional and practical support to each other.

While this program aimed to help ethnic minority men and women from low-income backgrounds in their transition out of poverty, Alisha Ali et al. (2010) also explored the factors that were more closely linked to the reduction of depression symptoms from clients' perspectives. The findings from this study suggested that over 40% of the participants who met the diagnostic criteria for major depressive disorder prior to the program were no longer clinically depressed after participating in the program for six months. Furthermore, based on the interviews conducted with the

participants, a sense of community and connection to one's peer group was particularly important in recovery from depression in this sample. Alisha Ali and colleagues speculated that receiving instrumental support from peers in achieving specific goals might help with recovering from depression by increasing the likelihood of goal attainment and sense of connection to the peers who provide support.

Although further empirical studies are necessary to clarify the specific factors that improve mental health outcomes of social justice advocacy interventions, Alisha Ali and colleagues' study (2010) illustrates the relevance of integrating a social justice advocacy component into psychological interventions. Consistent with the suggestions of social justice-oriented scholars (e.g., Fox, 2003; Kiselica & Robinson, 2001; Prilleltensky, 1999; Vera & Speight, 2003), this study provided more than individual psychotherapy to their participants and engaged in systemic work to enhance their psychological well-being. What warrants more attention is the experience of psychologists who face unique professional opportunities and challenges while conducting advocacy interventions.

Operationalization of Social Justice Advocacy

Despite the attempts to clarify the advocacy skills and competencies that counselors committed to social justice work should attain, operationalization of these concepts has not been examined sufficiently in the literature which seems to be related to the insufficient number of empirical studies on social justice advocacy. To address this problem, Ratts and Ford (2010) described specific advocacy skills and behaviors to be included in training. These authors developed a measure based on the ACA Advocacy Competencies and represented each advocacy domain with five items. Ratts and Ford's 30-item Advocacy Competencies Self-Assessment Scale (ACSA) has been one of the

initial steps for operationalizing and assessing advocacy competencies; however, these authors warned that psychometric qualities of this measure were not examined. Recently, Bvunzawabaya (2012) explored the reliability and validity of the ACSA Survey by collecting data from 109 mental health professionals. Her correlational analyses indicated a coefficient alpha of .93, thus demonstrating a high internal consistency. Yet, the construct validity (i.e., the degree to which the ACSA Survey measures the advocacy competency) was partially supported by the findings. In addition, Bvunzawabaya's results did not support the six factors proposed by the authors; thus, further research is necessary to validate this measure.

In another study, Dean (2009) described specific advocacy skills and behaviors to be included in counselors' training. She listed 74 advocacy skills that were classified based on the advocacy competencies set forth by the ACA and used these competencies to create a measure of social justice advocacy. Dean described a 43-item scale as a starting point for operationalizing and assessing counselors' advocacy competencies. An exploratory factor analysis (EFA) of this measure yielded a four-factor model of social justice advocacy skills: Collaborative Action, Social/ Political Advocacy, Client Empowerment, and Client/ Community Advocacy. Dean also provided some initial evidence of construct validity for this scale by demonstrating predictable relationships among the scores on the new measure with scores from the Multicultural Knowledge and Awareness Scale (Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002) and the Miville-Guzman Universal-Diverse Orientation Scale- Short Form (Fuertes, Miville, Mohr, Sedlacek, & Gretchen, 2000).

Additionally, Nilsson, Marszalek, Linnemeyer, Bahner, and Misialek (2011)

developed and conducted the psychometric evaluation of the Social Issues Advocacy

Scale (SIAS) in two studies. The SIAS included 21 items and sought to assess social

justice advocacy attitudes and behaviors. In contrast with Dean's (2009) and Ratt and

Ford's (2010) scales, the SIAS aims to measure advocacy-related attitudes and behaviors

of counseling psychologists as well as educators and health care providers. As reflected

in an EFA (n= 278), the SIAS measured four different components of advocacy: Political

and Social Advocacy, Confronting Discrimination, Political Awareness, and Social Issue

Awareness. In addition, Nilsson and colleagues' second study provided evidence for

internal reliability and construct and discriminant validity (n= 509) for their measure.

Nevertheless, the authors acknowledged the fact that the majority of their participants

were students; thus, their measure may not be generalized to professionals.

In short, although researchers have developed initial measures to operationalize

and assess social justice advocacy-related concepts, there remains a need for studies that

report the psychometric features of these measures when used in different samples that

include professional psychologists. The aforementioned measures point to the

significance of both awareness of sociopolitical factors that affect mental health and

action-oriented advocacy work, such as engaging in organizational collaborations,

confronting discriminatory policies and practices, and contacting legislators. These new

construct development projects support the relevant literature in terms of encouraging

advocacy that would encompass individual and societal levels to create social justice

(e.g., Constantine et al., 2007; Goodman et al., 2004; Prilleltensky, 1999). Lastly,

psychometric limitations regarding quantitative measures of social justice advocacy

necessitate a more iterative, in-depth analysis of psychologists' advocacy roles,

underscoring the need and rationale for using a qualitative design in this study.

Social Justice Advocacy Training

Considering the previous scholarly work (e.g., Blustein et al., 2005; Fouad et al., 2006; Toporek et al., 2006; Toporek & Liu, 2001), it is clear that research on social justice and advocacy has provided rich explanations of social justice-related concepts relevant to psychology and encouraged counseling psychologists to challenge the systemic barriers that shape disadvantaged communities' experiences. The Special Task Group of the Society of Counseling Psychology (2013) has echoed this view by highlighting the competency of advocacy for counseling psychology trainees which suggests addressing the sociopolitical, cultural, and economic factors when creating changes at multiple levels (i.e., individual, institutional, and systems level).

Nonetheless, counseling psychologists continue to strive for demonstrating practical implementations of social justice work and creating opportunities that would actively engage psychology trainees in social action (S. Ali, Liu, Mahmood, & Arguello, 2008, Hage & Kenny, 2009; Nilsson & Schmidt, 2005; L. Smith, Baluch, Bernabei, Robohm, & Sheehy, 2003; Singh et al., 2010; Toporek et al., 2006). In conjunction with these challenges, the relevant literature has embodied different methods to train counseling psychologists as social justice agents. In essence, training future generations of counseling psychologists as social justice change agents is viewed as central to the integration of the social justice perspective into counseling psychology (Vera & Speight, 2003).

As scholarly interest has focused on moving beyond traditional counseling interventions, there has been a push for counseling psychology trainees' involvement in

non-traditional experiential learning activities such as advocacy that is concurrent with course work or prior to clinical experience (Arthur & Achenbach, 2002; Burnes & Singh, 2010; Ivey & Collins, 2003; Kuo & Arcuri, 2014; Lewis, 2010; Lewis, Ratts, Paladino, & Toporek, 2011; Miller & Sendrowitz, 2011; O'Brien, Patel, Hensler-McGinnis, & Kaplan, 2006; M. Smith, Jennings, & Lakhan, 2014; Suarez-Balcazar, Durlak, & Smith, 1994; Vera & Speight, 2003). One way that social justice training has been addressed is through immersion experiences in underprivileged and culturally diverse communities (Burnett, Long, & Horne, 2005; Goodman et al., 2004; Hage, 2005; Hage & Kenny, 2009; Heppner & Wang, 2014; Pieterse et al., 2009).

Moreover, because classroom learning is limited in terms of helping counselors understand and address the unique needs of diverse communities, multiple training programs have attempted to utilize supervised service-learning opportunities and practicum experiences where students practice social justice interventions within a community agency or participate in partnerships with community action organizations (S. Ali et al., 2008; Burnett, Hamel, & Long, 2004; Goodman et al., in press; Koch, Ross, Wendell, & Aleksandrova-Howell, 2014; O'Brien, Risco, Castro, & Goodman, 2014; Pieterse et al., 2009; Niegocki et al., 2012; Murray, Pope, & Rowell, 2010; Toporek & Worthington, 2014). These activities include community service and collaboration, relationship-centered advocacy, multidisciplinary collaboration, psychoeducation, and advocacy research and professional development activities, which utilize different ACA Advocacy Competencies (Burnett et al., 2005; Goodman et al., 2004; Hage, 2005; Jett & Delgado-Romero, 2009; Weintraub & Goodman, 2010). Although these are different types of training activities, they all aim to increase trainees' engagement in social justice

advocacy by emphasizing applied experiences within community (Blustein et al., 2005; O'Brien et al., 2006; Pieterse et al., 2009; Talleyrand, Chung, & Bemak, 2006; Toporek & McNally, 2006). Additionally, several authors have emphasized the importance of helping trainees bridge the gap between traditional and social justice-oriented interventions (e.g., Goodman et al., in press).

Inextricably tied with social justice training is the issue of multicultural competence. Sue and Constantine (2007) outlined three important components for cultural competence:

(a) Understanding one's self as a racial/cultural being, (b) increasing cognitive understanding of how cultural conditioning affects the acquisition of biases and fears associated with race, and (c) becoming comfortable in discussing issues of race and racism in an open, honest and vulnerable manner (p. 142).

These components have received substantial attention in the counseling literature given their importance for successful advocacy interventions for diverse populations. It is crucial for counseling psychologists to engage in ongoing self-examination which helps with the development of self-awareness of biases, privileges, values, and power differentials (Arredondo & Arciniega, 2001; Burnett, et al., 2004; Collins, Arthur, & Wong-Wylie, 2010; Daniel, Roysircar, Abeles, & Boyd, 2004; Goodman et al., in press; Liu, Pickett, & Ivey, 2007; Moe, Perera-Dilitz, & Sepulveda, 2010). This can further help counseling psychologists to minimize the risks of imposing their values onto their clients. In addition, scholars have suggested a variety of approaches to develop self-awareness, including journaling, role-plays, peer and instructor in-the-moment feedback, examining case studies and videos, reading and discussing literature, consistent questioning of

interventions and reactions, taking process notes and debriefing (Arredondo & Arciniega;

Burnett, et al., 2004; Collins, et al., 2010; Daniel et al., 2004).

Along with these experiential training activities, counseling psychologists have

made valuable attempts to shed light on social justice advocacy training as well as

development of social justice orientation in counseling psychology. For example, Beer

(2006; as cited in Beer et al., 2012) conducted a content analysis of the interdisciplinary

social justice and activism literature from 1997 through 2007. She identified providing

knowledge of social justice scholarship; a training climate supportive of social advocacy

work; and opportunities for applied experiences to develop social justice activism skills

as the factors that facilitate social justice commitments among trainees. Other scholars

(e.g., Arredondo & Perez; 2003; Watts, 2004) have reported that providing education

about historical advocate figures, historical and socio-political contexts, and international

and interdisciplinary theories can foster trainees' knowledge and understanding of social

justice scholarship.

In a study assessing the generalizability of the social cognitive model of social

justice interest and commitment to counseling psychology trainees, Miller and

Sendrowitz (2011) found that social justice self-efficacy has a direct effect on social

justice commitment. Miller and Sendrowitz assert that when social justice-focused

training is coupled with the requisite skills, such as performance accomplishments gained

through supervised service learning opportunities, it might create social justice self-

efficacy beliefs that are linked to commitment. Their results suggest that social justice

supports and barriers in a specific training environment impact social justice commitment

indirectly by fostering social justice self-efficacy beliefs; however, these supports and

barriers do not affect commitment directly or indirectly through outcome expectations. Therefore, while previous studies (e.g., Palmer & Parish, 2008; Singh et al., 2010) indicated that the training environment directly impacts counseling psychology trainees' social justice development, Miller and Sendrowitz's findings show that this impact occurs indirectly through self-efficacy.

Additionally, the current literature highlights the necessity of faculty members serving as advocate role models and empowering students to create training environments that are supportive of advocacy (Arredondo & Perez, 2003; Kiselica, 2004; Prilleltensky & Nelson, 2002; Vera & Speight, 2003). These scholars have also emphasized the role of critical thinking and consciousness, expertise in working with groups and organizations, and non-traditional research skills (e.g., participatory action research) in fostering trainees' engagement in in social advocacy. Although diverse learning experiences provide students with ample opportunities to interact with a social justice-oriented roles, little research has been done regarding their effectiveness in reaching their goals (Jett & Delgado-Romero, 2009). On the other hand, these experiences have been shown to promote mental health professionals' multicultural competencies (Burnett et al., 2004), self-efficacy (Barbee, Scherer, & Combs, 2003), self-awareness of the ways in which they are influenced by systems of privilege and oppression, capacity for empathy, and commitment to work for positive social change (Goodman et al., 2004).

For example, in a qualitative study on counseling trainee advocates' experiences with low-income women suffering from depression, Weintraub and Goodman (2010) provided a profound example for the training outcomes of exposing counseling psychology trainees to non-traditional training experiences. Their study demonstrated the

effectiveness of using the Relationship- Centered Advocacy (RCA) model as a training

tool. Although RCA mainly intendeds to provide low-income women with both

emotional and instrumental support in the context of continuing relationships (cf.

Goodman et al., 2007), it also allowed trainees to meet with their partners (individuals

who receive services are seen as collaborators rather than clients) weekly and collaborate

with them to address their emotional and material needs in integrated ways (Weintraub &

Goodman). As a result of this nine-month intensive collaboration, trainees developed a

better understanding of structural factors' effects on low-income women's mental health,

which allowed them to conceptualize pathology in a larger social context. Weintraub and

Goodman suggested that along with facilitating trainees' empathy skills, the advocacy

role could increase their commitment and enthusiasm to work for a positive systemic

change.

  In addition to investigating the effects of learning experiences on counseling

psychology trainees' development as social justice agents, several studies explored the

role of personal factors in social justice training. With regard to the critical incidents that

foster a social justice orientation among counseling psychology doctoral students and

professionals, an exposure to injustice and influence of significant persons seem to be

influential incidents in the development of a social justice orientation (Caldwell & Vera,

2010). Moreover, Nilsson and Schmidt's (2005) study on counseling trainees indicates

that political interest and desire to engage in social action are significant predictors of

counseling students' social justice behaviors.

  Another personal factor, a personal moral imperative for social justice, the

process by which people discern particular aspects of social injustice as personally

compelling to take action, seems to lead to increased social justice commitment by increasing self-efficacy beliefs (e.g., through a sense of personal moral persuasion) and producing more positive outcome expectations specific to social justice (Miller & Sendrowitz, 2011). Similarly, Beer and colleagues' (2012) study indicated that the social justice commitment of counseling psychology doctoral students was predicted by a spiritually optimistic outlook and an activist orientation in addition to their perceptions of the training environment. Lastly, researchers identified several other factors, such as inner strength and courage (Arredondo & Perez, 2003) and empathy and compassion (Palmer, 2004; Prilleltensky & Prilleltensky, 2003) in promoting a commitment to social justice. When combined, these results suggest that several personal factors, such as moral or spiritual orientations and perceptions of context, can be associated with the social justice commitment of students.

In aggregate, while current literature on social justice advocacy is relatively rich in terms of defining the knowledge and behaviors that counseling psychologists should attain, a few studies have assessed the outcomes of counseling psychologists' advocacy work in both smaller and larger scale advocacy interventions. Consequently, empirical support for the psychological mechanisms that explain social justice advocacy has remained unclear (Miller & Sendrowitz, 2011). A common perspective in the literature is the need for more action-oriented, proactive, and preventative interventions that would integrate different modalities such as counseling, psychoeducation, community outreach, and organizational partnerships (e.g., Blustein et al., 2005; Pieterse et al., 2009; Ratts, 2009; Toporek et al., 2006).

Beyond the social justice-focused interventions, the literature on advocacy has

paid considerable attention to training counseling psychologists as social justice

advocates. Most of the studies, again, have emphasized the necessity of going beyond the

traditional training activities and synthesizing direct or hands-on and structured social

justice learning experiences to facilitate trainees' interest in and commitment to social

justice (e.g., Goodman, et al., 2004, 2007, in press; Miller & Sendrowitz, 2011; O'Brien

et al., 2006; Toporek & McNally, 2006). These experiences include service learning

experiences, community-based research projects, and supervised community

consultations. As Kiselica and Robinson (2001) noted, in all of these attempts, counseling

psychologists are required to work beyond their comfort zones (e.g., traditional

psychological interventions and their psychotherapy offices) and to collaborate with

communities and professionals from other agencies in different community settings (e.g.,

local agencies and churches) which might also be novel and challenging to them.

Aims of the Present Study

As mentioned previously, several counseling psychology programs have infused a

social justice orientation into their training and their professional identity; however, the

ways in which these programs' alumni currently integrate their advocacy knowledge and

skills into clinical practice (e.g., psychotherapy, psychological assessment, and

community outreach) are unknown. In addition, although the literature demonstrates

different ways of infusing social justice advocacy into multiple domains of counseling

psychology, such as research, practice, and training, most of these examples come from

academic environments and projects that aim to promote social justice advocacy. Given

the diversity of academic and clinical settings, counseling psychologists may not have the

opportunity to practice at institutions that recognize or emphasize a social justice

perspective (Ivey & Collins, 2003). These psychologists are likely to encounter obstacles that might influence their motivation for and engagement in advocacy. Relevant literature underscores the barriers to social justice work in academia, including the scope of traditional tenure- and promotion-based responsibilities which often exclude advocacy-related activities (Beer et al., 2012; Goodman et al., 2004; Swift, Bond, & Serrano-Garcia, 2000), but there is a dearth in the literature that explores the advocacy experiences of licensed clinicians.

It is also important to acknowledge the context in which counseling psychologists practice. On one hand, practicing in the aftermath of the Great Recession, which has limited the financial resources of mental health care organizations that aim to reach out to the underserved communities (e.g., community mental health centers), counseling psychologists are likely to face complicated challenges in terms of incorporating advocacy into their practice. On the other hand, the recent economic crisis and the managed care regulations in the U.S. might have encouraged psychologists to take more active roles to empower and advocate for their impoverished client populations. Therefore, the nature of social justice advocacy work in an era of economic distress requires further investigation.

Over ten years after the compelling call for a social justice-focused counseling at the 2001 National Counseling Psychology Conference, the present study has sought to share insights from the graduates of the counseling psychology programs that incorporate social justice into their training. By identifying the experiences of the licensed practitioners during one of the most challenging times of the U.S. history, the present study provides valuable information regarding advocacy work in clinical practice. Thus,

it has the potential to contribute to the scholarly efforts to bridge research and practice by offering practical perceptions with regard to the barriers and opportunities that counseling psychologists encounter when engaging in advocacy roles as practitioners. Rather than describing ideal interventions, my goal was to unfold the actual experiences of counseling psychologists given the sociopolitical and economic circumstances under which they practice.

Another outcome of this study is a better understanding of the effectiveness of the training interventions and activities that prepare counseling psychologists as advocates. Although a number of studies have shared counseling psychology students' experiences in social justice training, including advocacy interventions (e.g., Beer et al., 2012; Singh et al., 2010; Weintraub & Goodman, 2010), these trainees' advocacy experiences after graduation have not been studied. Using the feedback and suggestions of counseling psychologists who have received social justice-oriented training as graduate students, training programs can revise and enhance their training curricula to better fit the current clinical practice world. Finally, including counseling psychologists from diverse clinical settings, the present study exemplifies specific ways to engage in advocacy in different clinical environments.

Chapter 3: Methodology

Research Design

As the primary investigator of the present study, I have used narrative inquiry (Clandinin, 2007; Lieblich et al., 1998) and conducted an in-depth analysis of the licensed counseling psychologists' experiences with regard to engaging in social justice advocacy roles. Narrative inquiry is a specific form of qualitative research in which researchers collect and analyze data sources shared by participants about their lives (e.g., personal stories) and conceptualize the participants' experiences as narratives (Creswell, 2007). While these narratives can be short stories about specific events and characters, they can also be extended stories about individuals' entire lives or important aspects of them (Chase, 2008). Thus, narrative inquiry adopts narratives as the method and phenomena of the study (Clandinin, 2007). Connelly and Clandinin (2006) describe the importance of narrative inquiry as follows:

> People share their daily lives by stories of who they and others are and as they interpret their past in terms of these stories. Story, in the current idiom, is a portal through which a person enters the world and by which their experience of the world is interpreted and made personally meaningful. Narrative inquiry, the study of experience as story, then is first and foremost a way of thinking about experience. Narrative inquiry as a methodology entails a view of phenomenon. To use narrative inquiry methodology is to adopt a particular view of experience as phenomenon under study (p. 375).

Narrative inquiry also uses an inductive approach to explore the ways people make sense of their experiences. Instead of focusing on the specific chunks of text in the data,

this method aims to understand the depth and complexity of the ways individuals create meaning in their lives as narratives (Clandinin & Connelly, 2000). Therefore, in narrative inquiry, the researcher analyzes the data for life experiences and stories, and engages in "restorying" those experiences and developing themes. At the final stage, the researcher develops a narrative about the stories of individuals collectively, identifying major themes and trends in the qualitative data. Through narrative inquiry, researchers can use a variety of approaches, strategies, and methods (Lieblich et al., 1998). Stories, journals, field notes, autobiographies, and interviews are some of the data resources in narrative inquiry (Clandinin & Connelly, 2000). Clandinin and Connelly assert that narrative inquiry is so adaptable in that each narrative inquiry process "has its own rhythms and sequences, and each narrative researcher needs to work them out for her or his own inquiry" (p. 97).

Narrative research may seem similar to case study and ethnography in that researchers may conduct studies focusing on a single individual using these methodologies; however, the types of data that each approach collects and interprets are different (Creswell, 2007). While researchers focus on the stories told by the individual(s) and arrange these stories in a chronological order in narrative research, ethnography aims at putting a group of individuals' stories in the context of their culture, and case study usually focuses on a single case to explain an issue by providing a detailed description of the setting for the case (Creswell). By allowing counseling psychologists to share their stories in their own voices, narrative research offers valuable opportunities for exploring their advocacy experiences. Moreover, giving a voice to marginalized populations and naming silenced lives have been the main goals of narrative research (Chase, 2008). In

fact, narrative inquiry does not only provide the story of the narrator, but it also allows the researcher to create possibilities for social change through explaining the ways in which narrator's story is affected by the contextual factors (e.g., institutions, organizations, and culture) and vice versa. Although, researchers are able to facilitate a positive social change by using ethnographic research as well, rather than individuals' personal stories, ethnography focuses on a systematic observation of a group that shares the same culture and setting to provide comprehensive description and interpretation of group activity and culture (Creswell; LeCompte & Schensul, 2010).

The general structure of narrative research includes the following steps: (a) Identification of the problem statement and research questions; (b) explanation of research procedures; (c) reports of stories; (d) individuals' theories about their stories; (e) identification of narrative segments; (f) documentation of meaning patterns (events, processes, and themes); and (e) summary (Creswell, 2007; Denzin, 1989). Following these steps of the narrative inquiry method, I have been able to understand the depth of the narratives of the participants of this study as well as how they make meaning of those narratives. Therefore, I have had the opportunity to retell the stories of the study participants regarding their engagement in social justice advocacy roles, and I have provided detailed, rich information on this topic based on their lived experiences.

Using narrative inquiry, I was able to collect in-depth data on the practical aspects of advocacy work in counseling psychology. One of the most important advantages of using narrative inquiry in this study is that it can provide a holistic picture with authentic and rich information about a multitude of phenomena related to psychologists' experiences in social justice advocacy. By sharing the journeys of counseling

psychologists committed to social justice work, I have also been able to uncover the knowledge that may not be easily discerned on the surface. The meanings derived from participants' stories provide researchers, practitioners, and trainers with a valuable source of insight and practical information on this topic. Because narratives are often open to interpretation and can be revisited later, the descriptive data I have obtained have also helped me identify new research questions for further studies that might use other research methods (e.g., quantitative research methods).

Participants

Consistent with the aims of the present study, I have used purposeful and criterion-based sampling procedures (Morrow, 2005). As such, given the increasing focus on social justice training in counseling psychology, my initial goal was to interview approximately 12 licensed psychologists who have obtained their doctoral degrees from social justice-oriented counseling psychology programs between 2001 and 2011. I decided to include psychologists who have had at least four years of clinical experience post-graduation considering that it would take several years for clinicians to settle in the field and to have more experiences in terms of engaging in social justice advocacy.

Although narrative inquiry can be conducted with only one or two individuals (Creswell, 2007), because this study focuses on the graduates of specific counseling psychology programs, conducting interviews with one or more graduate(s) from each program provides a broader perspective of the experiences of counseling psychologists from different training programs as well as geographic regions. In addition, given that I have narrowed my participant sample to counseling psychologists who earned their graduate degrees from social justice-oriented training programs at least four years prior to

the interview, I anticipated that including 10-15 participants in this study would provide me with sufficient information about counseling psychologists' social justice advocacy roles. However, when determining the final number of interviews, I sought data saturation and continued to collect data until the new data did not provide any novel or different information about the topic (Lincoln & Guba, 1985; as cited in Morrow, 2005). I decided to end conducting further interviews after the 11th interview given the last two interviews' similarities with the rest of the interviews.

The study participants, 11 licensed counseling psychologists, completed the interview process, a demographic questionnaire, and a questionnaire on their educational and professional background. Participants' ages ranged from 34 to 48 years old with an average age of 38.3 ($SD = 5.04$). Nine participants identified as female and the remaining two identified as male. While the majority of the participants identified as heterosexual (n=8), one participant identified as bisexual and two participants identified as gay or lesbian. Regarding racial backgrounds, the participant sample included five White psychologists, two African American psychologists, two Asian American psychologists, and one Latino psychologist who identified with a range of ethnic backgrounds (e.g., East Indian/ Pakistani, Irish-Italian, and Jewish). In addition to the eight participants who reported U.S. as their country of origin, the study sample had three participants who were originally from other countries such as India, Pakistan, and South Africa. The study sample is considerably diverse in terms of religious affiliation as such eight participants identified with several religions including Buddhism, Christianity, Hinduism, Islam, Judaism, and Unitarian Universalism; two participants did not have a religious or spiritual affiliation; and one participant identified as spiritual. Lastly, four participants

were bi/multilingual and fluent in more than one language. Their second languages were Bengali, Hindi, Italian, Spanish, and Urdu. Participants lived in five different geographic regions of the U.S. including Mid-Atlantic (n=2), Midwest (n=1), New England (n=5), South Atlantic (n=2), and Southwest (n=1).

As described previously, the study participants earned their doctoral degrees from counseling psychology programs that integrate a social justice focus into their training model. Participants were trained in six different counseling psychology programs across the U.S., and all of these programs adopted a scientist-practitioner training model. To protect the privacy of the participants, names of the specific programs are not listed in this study. The number of years of clinical experience since receiving their doctoral degrees ranged from four to 10. All of the participants received multicultural counseling training during their academic training; however, their exposure to social justice advocacy training varied. Most of the participants had social justice training through their practicum and internship trainings (n=6) and other advocacy trainings (n=6). Four participants received prevention and outreach trainings, and two participants had clinical rotations in social justice-related work. Other social justice-based training opportunities that were reported by participants involve self-directed clinical work, graduate assistantship at a social justice-oriented organization, integration of social justice approach into teaching and supervision, research/ dissertation on social justice, involvement in spiritual and/or religious organizations (e.g., church and mosque), and post-doctoral training.

A number of clinical settings were represented by the participant sample. These settings include college counseling centers (n=3; two private colleges and one community

college); private/ independent practice (n=3); community mental health centers (n=2); an

advocacy organization for survivors of torture and trauma (n=1); a primary care

behavioral health program (n=1); and a Veterans Affairs hospital (n=1). It is worth noting

that most of the participants had other professional positions, such as research and

teaching, in addition to their role as clinicians. Participants' primary theoretical

orientation in clinical practice also represented a wide range of theoretical models,

namely cognitive behavioral therapy (n=4); dialectical behavior therapy (n=2); emotion-

based therapy; eclectic therapy (n=3); feminist therapy (n=2); mindfulness-based therapy

(n=1); narrative therapy (n=1); person-centered therapy (n=1); relational/ psychodynamic

therapy models (n=5); solution-focused brief therapy (n=1); and trauma-informed therapy

(n=1).

Instruments

I conducted individual interviews with study participants to explore their

engagement in advocacy in the light of their personal and professional histories, current

experiences, and future trajectories. Using the relevant literature in social justice-oriented

counseling, I developed the interview protocol to use during data collection. For example,

I utilized ACA Advocacy Competencies framework (Lewis et al., 2002) to help

participants elaborate on specific advocacy examples on multiple levels (i.e., individual

level, community level, and sociopolitical level advocacy). In addition, I considered the

factors that affect counseling psychologists' development of and commitment to social

justice orientation, such as the influence of significant people or role models and

exposure to injustices (e.g., Beer et al., 2012; Caldwell & Vera, 2010), to come up with

my interview questions. Within the following sections, I explain the interview protocol and other data collection tools that I used in this study.

Interview Protocol. I developed an in-depth, semi-structured interview protocol as a means to test the utility of questions related to the social justice advocacy roles of counseling psychologists. I conducted one pilot interview with a graduate of the counseling psychology doctoral program at Boston College which is included in the data used for this study. The interview protocol included questions under three broader domains: (a) developing interest in a social justice perspective; (b) social justice advocacy training; and (c) current professional experiences that involve advocacy (see Appendix C). The interview questions also helped the study participants tell their stories in a chronological order.

By using the pilot interview, I was able to gain an understanding of how to conduct an interview that facilitated genuine disclosure of participants' perspectives and experiences. Therefore, I scaled back the initial interview protocol to decrease redundancy based on the feedback I received from the interviewee and my own observations and reviews of the interview transcript. During the interviews, I asked the participants to answer specific questions; but I modified the exact phrasing of the questions to ensure clarity and comprehension. In addition, I encouraged participants to elaborate and follow-up on their responses, allowing for new ideas to emerge.

While five of the interviews took place by phone, three of them were conducted in person and three of them were on Skype based on participants' geographic locations. The length of interviews ranged from 50-90 minutes. Some of the interviews took longer due to the details of the participants' stories. While technical issues encountered throughout

the Skype interviews have affected the length of some of the interviews, several

participants had to interview for a maximum an hour because of other commitments they

had. A vast majority of the participants shared their interest in the topic of social justice

in counseling psychology as one of the reasons to participate in this study. Moreover,

several participants shared empathizing with the researcher based on their own

experiences throughout data collection for their dissertations.

Demographic Questionnaire. To gather more information about participants'

personal and professional backgrounds and contexts, participants completed a

demographic information sheet (see Appendix A). The demographic questionnaire

included questions pertaining to the participants' ability status, age, country of origin,

ethnic affiliation, gender, language(s), race, religion, and sexual orientation. I sent the

questionnaire to each participant before the interview, and I was available to answer their

potential questions they had.

Training and Clinical Work Information Questionnaire. Participants

completed another questionnaire on their training and clinical experiences (adapted from

Caldwell & Vera, 2010). This questionnaire included questions regarding the name and

the training model of the participant's doctoral program (e.g., scientist practitioner),

previous graduate program(s), primary theoretical orientation(s), current practice setting

and client populations they serve, previous practice settings, number of years in post-

graduate clinical experience, and number of years after licensure (see Appendix B).

Participants' responses to this measure were used during the interpretation of the

interview data to make meaning of their narratives in their particular contexts.

Data Collection

At the beginning of the data collection process, I contacted the training directors of the counseling psychology doctoral programs with a social justice orientation, namely Ball State University, Boston College, Loyola University Chicago, State University of New York (SUNY) at Albany, Teachers College–Columbia University, University of Florida, University of Iowa, University of Maryland, University of Miami, University of Oregon, University of Tennessee, University of Wisconsin-Madison, and University of Wisconsin-Milwaukee. I requested training directors' help with identifying the participants and asked them to share the participant recruitment e-mail text detailing the nature of the study with the listserves of their programs (see Appendices D and E for the recruitment e-mails for training directors and participants).

In addition, I recruited study participants via the listserves of several APA divisions (e.g., Division 17: Society of Counseling Psychology; Division 35: Society for the Psychology of Women; Division 44: Society for the Psychological Study of the Lesbian, Gay, Bisexual, and Transgender Issues; Division 45: Society for the Psychological Study of Ethnic Minority Issue; Division 48: Society for the Study of Peace, Conflict and Violence; and Division 52: Division of International Psychology), Asian American Psychological Association, Society for the Psychological Study of Social Issues, professional connections, and social network websites. I also asked the study participants to recommend colleagues who might be willing to participate in this study. To facilitate the participant recruitment process, I offered $25 gift-cards to all of the participants as appreciation for their interest in the study. Following these recruitment procedures, I interviewed 11 counseling psychologists across the U.S.

Data Analysis

After I conducted the interviews, five Mental Health and School Counseling Master's students at Boston College and I transcribed the interviews. I checked for the accuracy of the transcripts by listening to the audio recordings of the interviews. In addition, I sent the transcripts to the participants to ask their feedback on the correctness of the transcripts. This allowed participants to clarify their words that were unclear on the transcripts due to the technical problems occurred during the interviews. Next, one of the Master's students, one doctoral student from the Counseling Psychology program at Boston College, and I analyzed the data to increase the trustworthiness of the study findings by including different perspectives on the data set. Both graduate students and I had previous training and research experiences using narrative inquiry method as well as a social justice perspective in counseling psychology research.

Specifically, we started coding the data independently by reading and summarizing the transcripts to identify the major aspects of each participant's story. Following this step, we reconvened to discuss our first impressions of the data. Thus, this phase involved creating initial codes by closely reading the data (Glesne, 2011) and monitoring our reactions to the narratives of the study participants. Next, we read all of the transcripts once again to gain a deeper understanding of the relationships among different parts of participants' narratives and how each participant's narrative related to others' (Morrow, 2005). In working from a categorical perspective (Lieblich et al., 1998), we "dissected" the original stories of the participants and identified common categories (p. 12). Thus, connecting the common codes we initially identified, we recorded the specific data sections (i.e., categories) that reflected participants' narratives.

For example, participants' identities and experiences regarding social injustice; their mentors and role models; and training background emerged as one dominant category which was eventually included under the domain of development of social justice orientation (see Appendix G for a sample of coding).

During this stage of data analysis, we identified participants with experiences that are relevant to each category. We also recorded specific quotes from participants as well as our individual inferences and thoughts regarding the experiences of participants fitting in that category. By staying close to the data and noting the ways we interpreted participants' narratives, we aimed to avoid imposing our preconceived themes on the data. As we compared our opinions about the emerging categories and compiled our observations of the narratives, we were able to group all of the interview quotes that were linked to a particular category together. Lastly, we went back to the raw data to examine alternative categories and meanings that might better reflect participants' stories. In this process, we reviewed the match between the categories and relevant quotes we identified and discussed subsequent meanings that could be derived based on participants' narratives.

After reaching at a consensus on the list of categories, we formed the larger narrative segments and themes such as events and processes that outline participants' narratives (Creswell, 2007). Throughout this process, we interacted with each other periodically to discuss the common patterns across the narratives and to reach a consensus on the final results of the data analysis. To deal with areas of disagreements among us, we went back to the original data (i.e., interview transcripts) and discussed our points in light of the data. In addition, to further guide the data analysis process, I

consulted with the dissertation chair, Dr. David Blustein, who has an extensive

experience in social justice-focused qualitative research, including narrative inquiry.

Ethical Considerations

Before I started recruiting my participants, I received the approval of Internal

Review Board (IRB) at Boston College. On my recruitment letter and consent form (see

Appendices E and F), I informed my participants about the details of the data collection

process, and I was transparent about the limits of confidentiality and the potential risks

and benefits to participation. Identifying information of the participants was stored

separately from audio recordings, transcripts, and data analysis documents, and all data

were stored in a secure system at Boston College's data server.

While I used the narrative data verbatim in the research materials, participants'

identities were protected by the use of pseudonyms. However, participants'

confidentiality was not guaranteed due to the fact that other demographic data and life

histories are presented as part of the narrative data. (Research participants were informed

of this possibility as part of the informed consent process.) The participants were also

informed that if quotes were used in publications, only pseudonyms were associated with

each quote. Some of the participants asked me not to share the audio recording of their

interview when I am presenting the data on professional meetings; therefore, I edited the

informed consent form based on these participants' requests. In addition, sharing the

transcription with my participants allowed my participants to review the material that

could be shared in this study.

Researcher's Positionality

My positionality involves my personal identities, values, beliefs and biases; my

position as a doctoral student and an emerging psychologist; and my training experiences as they have emphasized multicultural counseling competencies and a social justice framework. From the vantage points of critical psychology perspective, I am consistently engaged in self-examination to monitor the ways in which my social identities, values, and assumptions along with my own oppression and privilege history might affect multiple aspects of this study.

Accompanied by my cultural and spiritual/ religious values that have encouraged me to promote social justice, the fluidity of my privileges and disadvantages as an international psychology trainee having lived in two different countries have shaped my perspectives, and unquestionably my biases when conducting this study. Therefore, my intersecting identities and personal experiences have potentially affected why I wanted to conduct a study on social justice in the first place. I value the social justice perspective in counseling psychology which highlights the significance of working towards positive social change and advocating for those who are underserved and oppressed to endorse mental health in society. Being inherent in both my research and clinical practice, these values have also informed my interest in exploring counseling psychologists' engagement in social justice advocacy roles in various clinical settings. I agree that without recognizing and challenging the effects of systemic injustices on individual's well-being, psychologists reinforce the status quo in society.

By investigating practical aspects of social justice work in counseling psychology, my goal was to contribute to the application and advancement of a social justice perspective in psychology, which will eventually support the creation of a more just society. As discussed in Chapter 1, being a psychologist in training and having some

exposure to clinical practice world, I had assumptions about the practical issues related to engaging in roles which might have influenced the ways in which I have developed my research questions, gathered data, and analysed participants' narratives. In some ways, I feel connected to the participants in this study, as I too have a strong interest in participating in multiple levels of advocacy, and I am trained in a social justice-oriented counseling psychology program. However, I have found it challenging to do advocacy in different ways due to the barriers I have faced in my clinical training. Thus, my curiosity about the practical aspects of social justice advocacy and the advocacy experiences of licensed psychologists who have similar training backgrounds to mine led me to conduct this study which I believe provides worthwhile information about advocacy in psychology.

In addition, as Prilleltensky and Gonick (1994) have posited, I have aimed to use the results of this study to understand the life experiences of psychologists who are devoted to social justice advocacy and to develop ideas that would potentially benefit future social justice interventions. Thus, by conducting a study on advocacy, my hope was to engage in social justice work as a counseling psychology trainee and researcher. At the same time, although my goal was to contribute to psychological interventions that reach out to disadvantaged individuals as well as to provide insights for counseling psychology programs that train psychologists as social justice advocates, not all of the participants were those who are the direct victims of systemic injustices. This requires me to be cautious when making conclusions in relation to what would be the good life and the good society. I am also aware that it is my responsibility to assure that the study

findings represent the beliefs, thoughts, and experiences of the participants rather than my own as much as possible (Gasson, 2004).

Quality of the Conclusions

I have used several criteria for the purpose of evaluating and verifying the quality of the conclusions of this study: Objectivity, reliability, credibility (i.e., internal validity), transferability (i.e., external validity), and utilization were the five main issues concerning the trustworthiness of this study (Miles & Huberman, 1994).

To meet the *objectivity* criteria, I have attempted to be transparent as much as possible and described the methods and procedures of the study in detail, so another researcher who is interested in this study can follow the same procedures. I concur with other qualitative researchers (e.g., Morrow, 2005) that the nature of the data I have collected and the analytic processes are grounded in subjectivity. To manage my assumptions and biases, I have been engaged in r*eflexivity* (Hill et al., 2005; Morrow, 2005) from the beginning of this study; that is, I have recognized how my own identities (e.g., female, middle class, heterosexual, and ethnic minority) committed to social justice might have affected the research process. In addition, I have consulted with peer debriefers who are also trained in psychology programs with a multicultural counseling and social justice orientation. These debriefers have helped me with reflecting on my responses to the research process as well as providing different interpretations of the data.

For assuring *reliability*, which relates to the consistency of the research process, I have described the research questions, research design, and my role as a researcher explicitly. I have clearly defined the theoretical framework (i.e., critical psychology) that has guided this study. I have periodically asked for feedback and suggestions from my

academic advisor and dissertation chair, Dr. David L. Blustein, who is a qualitative

research expert, about the accuracy of the data collection tools (e.g., interview protocol

and questionnaires) and data analysis process. Additionally, I consulted with other

counseling psychology faculty members at Boston College, such as Dr. Elizabeth Sparks

and Dr. Pratyusha Tummala-Narra, who have broad knowledge and experience in

conducting qualitative research and clinical interventions with a social justice focus.

In order to increase the *credibility (internal validity)* of the study, which refers to

the congruence of the research findings with reality, I have included two other

researchers in the data analysis process. During the data analysis, these researchers and I

as a team reflected on our multiple identities in relation to our interpretations of the

narratives of study participants. This process has helped us to be more aware of our

biases. For instance, both researchers reflected on the ways in which their identities as

White, heterosexual, males could potentially inform their understanding of the narratives

of those participants with different identities (e.g., participants who identified as

immigrant women of color). I, on the other hand, could relate the same participants'

narratives, and discussed my understanding of those narratives with the research team to

monitor my own biases. Here, it is important to include that both researchers had a strong

commitment to promoting social justice through their professional work that has shaped

their views in terms of social justice advocacy as well as their approach to the data.

I have also tested whether the data are internally coherent and related to the

findings of the previous research. Although I have not triangulated the data in terms of

data collection tools, I have recruited counseling psychologists from diverse clinical

settings, including, but not limited to, college counseling centers, community mental

health centers, and hospitals. Furthermore, I have interviewed participants who graduated from different academic programs. During the interview process, taking the stance of "naïve inquirer", I asked iterative questions and used probes to obtain richer responses; however, I was careful not to lead the participants' responses (Morrow, 2005, p. 254). I believe that these procedures have helped me to be more likely to fairly represent the participants' realities.

To meet the *transferability (external validity)* criterion, I have addressed the possible threats to generalizability and explain the limitations of the transferability of the research findings in detail (see Chapter 5). For example, I am aware that generalizability of the findings of this study is limited due to its focus on a specific group of counseling psychologists. Moreover, I have reported the characteristics of the research participants in order to give readers the opportunity to make comparisons with other research samples.

Finally, to provide the *utilizatio*n of the study, I have explained the potential benefits of this investigation to the research participants and its contributions to social justice research, practice, and training within counseling psychology. I believe that attending these standards support the conclusions that I have made based on the data analysis and increase the trustworthiness of this study.

Chapter 4: Findings

The present study is a qualitative analysis of the narratives of licensed counseling psychologists' who were trained in social justice-oriented doctoral programs. Study participants shared their stories regarding their involvement in social justice advocacy through their responses to the semi-structured interviews and questionnaires. In this chapter, I elaborate on the data that were analyzed using a narrative inquiry method. Within the first section, I describe the domains and categories that were identified based on the narratives of the participants. Next, I provide a brief summary of the commonalities and differences across the narratives of the participants. Throughout this chapter, I refer to the pseudonyms when describing participants' experiences and sharing direct quotes from the interviews.

Overview of the Domains and Categories of Data

Three major domains, or broad categories, that emerged as a result of data analysis include (1) Participants' development of social justice orientation; (2) Different ways of implementing social justice advocacy in practice; and (3) Positioning social justice advocacy in psychology. Under these domains, I identified specific categories that represent participants' engagement in social justice advocacy, which are outlined below.

The first domain, development of social justice orientation, consists of three categories that reflect the factors that have impacted participants' development as social justice advocates. These factors were clustered within three categories: 1) multiple identities and experiencing/witnessing social injustice, 2) mentors and role models, and 3) professional training background.

Different ways of social justice advocacy, the second domain, relates to the

diverse roles and responsibilities participants have taken to engage in social justice advocacy. These practices can be distilled into two main categories: individual-level advocacy and organizational-level advocacy. Individual-level advocacy consists of three sub-categories: 1) reaching out to the underserved and oppressed, 2) social justice-oriented case conceptualization, and 3) building connections. Organizational-level advocacy encompasses participants' involvement in advocacy-related activities within and beyond their organizations.

Lastly, the third domain, positioning social justice advocacy in psychology, represents participants' understanding of the status of social justice advocacy in psychology. In other words, this domain sheds light on the practical concerns regarding the participants' engagement in advocacy as counseling psychologists. Three main categories under this domain include participants' perceived supports and barriers, their learned lessons, and advocacy-related career aspirations. Within the following section, each of these domains and categories is described with supporting quotes from the interviews.

Domain I: Development of Social Justice Orientation

Within the first domain, all of the participants expressed strong interest in integrating a social justice perspective into their work as psychologists. Several important factors, including their identities, exposure to injustices, role models and mentors, and professional training backgrounds, seemed to contribute to participants' development of social justice orientation.

Multiple Identities and Experiencing/Witnessing Social Injustice. As participants told their stories during the interviews, they elaborated on the ways in which

their own identities (e.g., gender, race and ethnicity, sexual orientation, and immigration
history) have affected their interest in choosing a profession that would allow them to be
involved in creating a positive social change. Some of the participants noticed the roles
their marginalized identities played when developing a worldview that emphasized
working for social justice in society. These participants had to go through unfair
experiences in their personal lives, such as discrimination and social exclusion, based on
their identities. Participants who had multiple marginalized identities shared the
complexity of their stories as their personal experiences have significantly formed their
social justice orientation as psychologists. For example, being a Jewish female, Julia
described how her gender, ethnic, and religious backgrounds have interacted with each
other and promoted her interest in becoming a psychologist to those who are
underprivileged and oppressed:

> Being part of the only Jewish family in a small town early on exposed me to issues
> of inclusion, exclusion, to the feeling of not belonging and to the pain and anger
> that could come when we're judged and mistreated for our family and our
> community. In my rural town, there were instances where there were swastikas put
> on my mailbox, and the mailbox was put in a tree … With all of that, I was just
> acutely aware of identity markers as a source of both significance, identity, beatify,
> cultural heritage, kind of in the air who we are, and also a source of mistreatment,
> and I'm sure shame when I was young, and belonging or lack of belonging ... Also
> as a woman, I think being a woman in a culture that's pretty toxic for young girls
> and women and focused on body and appearance and narrow definitions of what's
> appropriate and what's not appropriate. That also has shaped my worldview and my

decisions about where to learn and what kind of clinician I wanted to be.

As stated previously, three of the participants lived in multiple countries. For these participants, their immigration history added another layer to their identities as racial, ethnic, or religious minorities. For example, Ben, a Black male psychologist, who was born and grew up in South Africa during the apartheid system, shared his racial background and immigration history as important factors that have informed his social justice orientation given the fact that he has lived in three countries and noticed similarities across societies "as a Black person."

In addition to reflecting on their marginalized identities, participants recognized some of the privileges they owned. Many discussed their privileged identities as they contributed to their social justice perspectives. Grace, an immigrant female psychologist from India, strongly identified with her family background and incorporated vastly different experiences in terms of oppression and privilege. She elaborated on how her parents' values have shaped her understanding of social justice even before she attended her doctoral program:

> My mother is the daughter of this wealthy individual. My father, on the other hand, is from a refugee family. He was displaced from India and was partitioned. In order to avoid death, he and his family picked up everything that they had and left … Then, he educated himself, and he went to England, and he lived there for a while, so he really struggled to build his life. That contrast of living the two worlds for me between a father who clearly was displaced and had that kind of identity around him and my mother who had all this privilege … I think these roots of understanding or even trying to be a social justice agent always felt like a natural fit

to the program.

In addition to the family history, some participants' geographical backgrounds seemed to have formed their identities along with their social justice orientation. Brooke, a White female psychologist, emphasized that being from a rural area and inheriting her parents' values around helping community to gain access to education and health services have fostered her interest in social justice advocacy:

> I grew up on a farm in a rural area. That was a foundational part of who I am and my life, and I have always valued education. I believe that it is one of the central ways that we can really transform our lives. My Dad was a teacher, and my Mom was a nurse. So, I integrated the two of them into my own interests and became initially a public health advocate … I was always interested in the whole person, not just a specific part of a person, so that led me to the field of psychology, but I started really way back ever. My parents have always been really focused on educating and empowering people to live their lives the way they need to.

While these commentaries focused on participants' understanding of the impacts of their own identities, for a number of participants, sociopolitical and institutional injustices they have witnessed seemed to be more critical when developing a social justice perspective. Mia, another White female psychologist, encountered instances where others were the targets of injustices. She believed these experiences were driving forces for her interest in social justice-oriented work in psychology:

> I worked in the Graduate Admissions Office where I got to see first-hand how people were coming into the program … then also seeing at the time how, even within our programs, there were some inequities, how people got financial aid and

got to participate in a panel or a working group. That was trying to actually

distribute funds more equitably across incoming students, particularly students in

need. So, that was something that really caught my attention.

These narratives point out that in addition to participants' identities that are

privileged and oppressed, their life experiences that allowed them to build an awareness

of systemic factors that affect individuals' lives have contributed to their development of

a social justice orientation as psychologists.

Mentors and Role Models. Another important factor that stood out in participants'

narratives with regard to developing social justice orientation relates to their relationships

with their mentors and role models. More than half of the participants described being

inspired by social justice-oriented scholars some of whom were participants' mentors.

For example, Angel was both inspired and empowered by a counseling psychology

faculty member who later became her mentor in graduate school. Modeling this faculty

member and the faculty member's graduate students when she was an undergraduate

student in psychology, Angel became more passionate about following a career path that

would allow her to live based on her social justice values:

> I was very inspired by her and wanted to be like her, so I think that I found that
>
> commonality in values with that professor. The value of social justice, thinking
>
> along those lines, and thinking about psychology and so I respected her as a person
>
> with the way that she was interpersonally with students, was with me. I loved the
>
> way she talked about phenomena. I loved the way she taught. She also was very
>
> encouraging of my own social justice interest as an undergraduate as well as a
>
> graduate student. So, she wasn't dismissive. She was supportive, and I felt she

understood why those things were important to me.

Angel's relationship with her mentor evidently promoted her interest in doing social justice advocacy for survivors of trauma as she stayed in this path by working as a clinical director of a non-profit torture treatment center. Correspondingly, Melinda's relationship with her academic advisor was truly empowering and provided her with an effective model of a social justice-focused professional:

> She was very present and caring. She really listened to her advisees, and we were really a part of the team. So, the team itself was very egalitarian. We weren't afraid to say: "Hey, I totally disagree with you, this is what I think," and I think that her ability to integrate that kind of approach was really; it was at all levels, and so she modeled that in a lot of ways. She modeled that as a mentor. She modeled it as a professor. She modeled it as a researcher, so I think that really, really helped me. She also modeled being an outspoken voice within the program. That was really important, to know that it wasn't just lip-service, that she was also willing to put herself on the line sometimes when there was tension or conflict within the program.

Amanda's statements were consistent with Melinda's emphasis on having mentors who modeled social justice work by advocating for the students within the particular counseling psychology program:

> They walked the walk. They did what they were saying ... In many ways, the people that I am thinking about were experts in navigating the way of systems. They prioritized students who they could tell were passionate about social justice. So, even though it was a social justice program there was a way in which certain

professors marginalized certain students, and other professors did not and made time for them … They were the ones who, like in interactions with other professors or administrators, would not be silent on issues that were important to minorities or marginalized people.

For some participants who emphasized one's engagement in community when doing advocacy, having faculty members modeling social justice work beyond traditional academic roles (e.g., research and teaching) by empowering community was important. Miguel emphasized not having enough role models who were connected to the local conditions and supported the community as social justice agents. He rather saw the work of several liberation and critical psychologists (e.g., Ignacio Martin-Baro) as inspiring. However, he discussed the projects of one faculty member in his program that he believed was a good example of social justice-oriented work:

My advisor was someone that I do think who had those components I mentioned in terms of her cultural sensitivity, providing a context for culture, being very empowering towards the students that she worked with, and she did reach out to the Latino community on campus, so the undergraduate population, which I do think was definitely a sense of empowering, particularly young Latinas and Latinos around engaging into academia and promoting their education. So, I see that as a bit sort of more engaged with the community.

In addition to being a role model as social justice-oriented psychologists, having shared identities with their mentors appeared to be a relevant component of some of the participants' trajectories as social justice advocates. Hope, for instance, felt accepted and supported by her professors who she identified as her role models in the program. These

faculty members, from the same racial background with Hope, shared her research interests, and helped her feel accepted and supported as a student of color:

> It was good because they were also minorities. Both faculty members are Asian Americans. I'm Pakistani American ... So, it was good to have them as role models to be there. Honestly, that's important, I think, to have. Having that in my program is like, "That's me!" because I had people who understood where I was coming from. I started the graduate program a year after September 11th. So, having to go into [name of the state] then, and I was also wearing a headscarf then too. So, it was just like, "Oh my goodness! This is scary!" Going to the [region] from the Northeast… Everyone was worried, but the faculty was really supportive.

For several participants, their source of inspiration came from other settings such as their clinical supervisors rather than the faculty members in their graduate programs. Danielle explained the ways in which her practicum supervisor modeled *how to* do social justice work in multiple levels and contexts:

> I learned a lot about the difference between multiculturalism and social justice work from her. There were ways in which she was able to communicate with people on a one-on-one basis that she would talk about points of oppression in a non-threatening way that didn't evoke defensiveness which is, I don't think I am as good at that as she is at his point, but it was really nice for me to be able to see that. She also created different opportunities and made herself available for different organizations she collaborated with. This gave me a vision for how it can be done.

In addition to being interested in his advisor's social justice-related research topics, Ben, who is also a faculty member, appreciated the work of the counseling psychology

scholars who engaged in social justice work beyond research. For him, it was important to see other psychologists getting involved in social justice work which he differentiated from multiculturalism:

> There are a couple of names that come to mind, but the source of inspiration was more of what people were writing about, than actually what they were doing or what I saw them doing. For example, there was Dr. Elizabeth Vera. She has done a lot of work around thinking about multiculturalism from a social justice perspective, and subsequently she has done a lot of prevention work with a social justice emphasis. So, I found her work, and still find her work, very inspiring partly because sometimes I think in psychology we do a much better job with multiculturalism than what we do with social justice. For me, social justice is more about institutions, social policies, and institutionally based practices, or society based practices that limit opportunities or that oppress.

While most of the participants underscored the importance of their relationships with their role models and mentors whom they met during their higher or graduate education, other participants had role models who modeled social justice values to them earlier in their lives. Brooke was one of the participants who was moved by the lessons she learned from her first grade teacher:

> He identified as American Indian, and in the classroom he would talk about his heritage and show movies like "I Will Fight No More Forever," about the government really trying to get eliminate the Indians. Immediately, I was like "That is wrong! That should not happen! Why don't we challenge that?"

> Another participant, Grace, shared touching memories with her grandfather which

implies the influence of positive role models in one's family. In this sense, her story calls attention to the strong influence of inspiring advocacy role models early in development:

> My grandfather, my mother's father, was involved in the Indian freedom movement from colonialism. He was a very famous lawyer; he was a big philanthropist, and social rights activist promoting education for women … I would spend more time with him than anyone else, and I think I saw what he stood for and what he had built. When he died, the village where he built a school and other things, all these villagers, they came to his funeral, the ceremony that we had in our community. So did the big politicians and the big businessmen. It's almost like everyone came together in the same place to be there, to pay respects to him, and that was something that I don't think I ever realized about him before, and that was an eye-opener because here was everyone. They were on equal ground at his death talking about the same thing and being together, and it didn't matter who was in front of the line and who was not. So, I think that was one of my turning points.

In aggregate, having role models who provided vibrant examples of social justice work seemed to contribute to participants' development of social justice issues in society. These individuals were mainly involved in participants' narratives through family and school, including graduate school, systems.

Professional Training Background. The last factor that appeared to affect participants' development of a social justice perspective as psychologists concerns their training backgrounds. Following sections illuminate different components of participants' trainings, as they were relevant to their growth as social justice advocates.

Why Attend a Social Justice-Oriented Psychology Program? Narratives of the

participants suggest that they chose to attend social justice-oriented counseling psychology doctoral programs for a variety of reasons. While an emphasis on contextual perspectives, multiculturalism, and social justice was an integral part of most of the participants' decisions to pursue their doctoral degrees in those programs, for some of the participants, it was not necessarily the case.

Most of the participants had their undergraduate and Master's degrees in psychology and related fields such as sociology and women's studies. Ben was one of the participants who transferred to psychology from another profession. His story changed direction when he encountered the scholarly work that resonated with his own racial and cultural experiences. Despite not knowing much about his doctoral program, Ben's interest in exploring the relationships among race, culture, and psychology led him to study in a counseling psychology program that emphasized a social justice approach:

> When I was doing my master's degree in counseling, my interest was not to leave the medical field, but doing more counseling-related activities either with families or doing some more support work with peers. But in the process, there were two things that happened: I became interested in research and started doing some work with [faculty], who was doing work around the impact of culture in assessment … The other interest was from a book I came across … It was in that book that I had my first exposure to racial identity theory, and in reading the racial identity theory, for me, it was as if someone was explaining my life experience. So, it really resonated with me in a very personal way.

Miguel was another participant who did not consider his program's social justice orientation when choosing it. In his case, multicultural counseling was included as one of

the components of the training, but social justice was not underlined when he entered his program at the end of the nineties. Miguel found it promising that his program provided support for developing multicultural counseling competencies. He articulated how he saw the relationship between multicultural counseling and social justice work in psychology:

> There were other factors that I think really were the main reason why I attended those colleges. I would probably say that the fact that they did have a diverse faculty, so they were culturally in particular and ethnically diverse, that they had an interest in multicultural issues. I think that was probably more of a direct draw for me. I think the multicultural emphasis is often at least a door or an entryway into social justice issues. A program that says, "We value multicultural issues, and our faculty are doing that kind of research," then at least I know it's within the landscape, as opposed to even diversity and cultural issues are not parts of the landscape. Then, social justice is never going to make it.

As discussed in the previous section, mentors seemed to be influential in molding some of the participants' career trajectories including their decision to pursue their doctoral degrees in counseling psychology. Amanda was one of the participants who ended up in her program based on her mentors' guidance. As a sexual minority female, she was raised in a "conservative, insular, hateful" family and went to a conservative university for her Master's. While working with "the only Black female" and "the only Black professor" in the school of education, Amanda volunteered for anti-racist projects. She trusted her professor's suggestion of applying for her doctoral program. However, at that time, she was not aware of her program's emphasis on social justice perspective:

> That phrase [social justice] was completely unfamiliar to me. In fact, I trusted her

because I was very frightened of [doctoral program.] I thought that [university] was a conservative campus, and I only heard the term "social justice" when I got in the program, and then it took me a while. I struggled with the term. I didn't understand what it meant. I didn't know where it was coming from. I had never heard of it before, and then I incorporated it into my professional identity.

Hope echoed Amanda's comments on trusting the recommendations of her advisor, but she was more aware of what she was getting into:

I was not focusing on counseling psychology programs at that time. I graduated from a psychology department, and typically the culture is really strong about, "You are going to go to clinical psychology because that's acceptable, and counseling psychology doesn't really have the same reputation." However, I had a really good advisor. She encouraged me to focus on what my interests were.

In relation to the social justice perspective, Melinda's doctoral program's emphasis on prevention, contextual factors, strength-based interventions that would create "change" in the community had a substantial effect on her decision to pursue her degree in a social-justice oriented program:

I remember looking at the professor's bios and the articles they had published, and I was like "This is all really fascinating! I love all of this!" It seemed much more of a crossroads of sociology and psychology and much more grounded and interesting. I looked at a couple of other programs, and it was like people writing about the cognitive processes of choosing cereal (laughs). It just seemed very removed and not really grounded in people as much. That doesn't sound very eloquent, but I think that was part of why I chose this program because it was very clear to me that

I found the work that the professors were doing that they really practice what they preach, and they were really trying to do research that was going to make a difference for people, and wasn't just to publish, and wasn't going to be lost in some random journal.

Based on the interview questions, a great deal of discussion in the interviews centered upon participants' training experiences regarding social justice approach in general, and social justice advocacy in particular. Although all of the participants attended doctoral programs with a social justice focus, exposure to social justice advocacy training varied greatly across participants. Put differently, doctoral programs ranged in the sense of what they offered pertaining to social justice training. This seemed to have significantly affected participants' experiences during training as well as after graduation.

One important finding was related to the methods in which a social justice perspective was incorporated into the training. Many participants discussed their doctoral programs' integration of social justice somewhat indirectly. In these programs, multicultural counseling competencies were identified as a more salient component of the training; however, according to participants, engagement in social justice work was not emphasized enough. From this point of view, Ben argued that different from multiculturalism, social justice advocacy has not really been the focus in many training programs: "We don't do a lot of advocacy training. I think the emphasis is on multiculturalism, and that there is a piece of multiculturalism that speaks to social justice, but I think that in many ways they are different." Specific training components in which training programs integrated a social justice framework are discussed within the

following sections.

Coursework. As mentioned earlier, to help participants elaborate on the components of social justice training in their doctoral programs, they were asked questions about their specific training experiences (e.g., courses, practicum and internship trainings, and research) focusing on social justice. One of the categories that came up regarding programs' incorporation of a social justice advocacy was about the inconsistencies across not only the programs, but also the faculty members who taught courses in counseling psychology programs. Miguel's narrative supported Ben's previous argument, as he was dissatisfied with his training program's involvement in social justice training through the academic courses:

> I would probably say that there was no course that addressed social justice explicitly and directly. I think there were a couple of professors that did really talk about our role as psychologists in a flexible way. So, there were more conversations about the advocacy role, being a multiculturally competent practitioner that involves being aware of people's context. In that way, I think it was nurturing of the social justice value or orientation, but not in an explicit way.

Similarly, Brooke recognized that her program valued multiculturalism and social justice perspectives, but provided limited training tools in terms of "doing" social justice-oriented work:

> I think that the overarching philosophy of the program is infiltrating the concepts about how important it is to be aware of multiculturalism and social justice advocacy in our work as psychologists. So, that's the theme that happened from the minute you entered into the program to the minute you leave … I think it's in each

course, but in terms of specific focus courses, I think the one that was most related

was our course about working with diverse populations. I think that there are a lot

of discussions about social justice, but there was not actually about doing it.

This led Brooke to take courses from other programs such as sociology. Danielle's

response was in the same direction as she highlighted the focus on multicultural

counseling without further training on social justice-related work:

There was probably my feminist psychotherapy class. I am thinking… I think to a

certain extent my multicultural counseling class… I guess all of the classes had a

focus on it. (Interviewer: So, you think social justice was integrated into the courses

that were taught in the program?) Well, multiculturalism was integrated into the

courses. Social justice was not so much.

While sharing a parallel narrative related to her program's limited integration of a

social justice perspective into the course curricula, Angel brought up an important point

that highlighted the inconsistency across faculty members' emphasis on social justice in

their courses:

Unfortunately, my program didn't offer many courses that I thought were related to

social justice work. I think that you could say the work that we do, the training in

counseling psychology, is still related to social justice work. It is social justice work

because you are working with, I mean especially in my area, which is trauma, you

work with people who have been harmed and injured, and working by their side to

help them recover. So, I don't know, I think that's a tough question that also

depends on the faculty.

It is important to note that while some doctoral programs did not have a specific course on social justice, they still applied this perspective on different aspects of the training. Hope was one of the participants who made this distinction:

I think it was just mostly integrated throughout our courses. Even though we had maybe one or two courses on multicultural issues... Multicultural issues, social justice, and advocacy issues were always integrated into the course material, in examples that were being discussed and in our conversations. So, not a specific course, but just something that was always there.

Participants who took specific courses on social justice talked about training projects and activities that were tied into their coursework. These participants also mentioned that a social justice perspective was infused into all of their courses through different activities including, but not limited to, fieldwork or in-service training, writing reflection papers on social justice-related readings, and small group discussions. For example, Amanda discussed her engagement in supervision of Master's students to reach out to an underserved public school and her consultation role for a community mental health center. Other participants, such as Julia, highlighted the function of writing reflection papers about their multiple identities and experiences as trainees, which helped them gain awareness around social justice issues:

Towards the end of graduate school, I would say they were less helpful, but especially in the beginning when I had less of a developed observing ego, I think I needed the help to guide my observation and critical thinking about settings and players in the settings.

In another instance, Grace reported positive feelings about writing reflection papers, but appreciated having discussion-based classes that centered on students' identities and how they related to social justice work. Within the following quote, Grace shared how those teaching activities transformed her:

All of us have identities that are either privileged or oppressed in one way or another, and when you speak to one of those identities in a group context, when it's so charged, you sort of cannot avoid, but reflect on your identities. So, you're constantly examining what's going on for you and what identities are being brought up for you, and when you become aware of that, it's not a pleasant, happy place. It's a very difficult place to be in, but you have to sit with those feelings, and I think what she [professor] did was really to take a step back and allow that process to unfold a bit more. So, it always felt like we had ownership of what we were doing… We were given readings, but we were expected to engage in that process of internal reflection, which I think changed who I was internally. That is far more valuable than all the readings I've had.

Here, Grace was able to talk about social justice issues such as skin color and body image, that she did not have the opportunity to do so in the past. She believed that her program "watered" down her interests in social justice perspective and provided her with a growth-fostering space to discuss relevant social justice issues.

Melinda, who mentioned that her program was "infused with a real social justice approach," valued having a particular course on engaging in social justice work, yet, coming from another field, she brought up an important point about consideration of students' academic preparedness to take this course:

We read a lot about injustice and oppression across a lot of the class … We talked a

lot about what it would mean to be an agent of change and what that it looks like,

and read a lot of philosophy like liberation theories, things like that. I liked it a lot. I

mean I loved it. It was very small and discussion-based, and I thought it was great.

At the same time, I have to say, I found myself a little frustrated, and it could have

been because I didn't have a psychology background, that it seemed right away you

were taught to really smash the paradigm and before we had really learned it. We

didn't learn, we didn't read traditional psychology, and we didn't talk about it

except to kind of scoff, and I found that difficult because I didn't know fully yet

what I was critiquing before I was critiquing it.

Practice. In addition to their coursework, participants' exposures to practical

aspects of social justice work were elicited during the interviews. Their narratives pointed

out a range of involvement in social justice-oriented practice throughout doctoral and

post-doctoral training. One of the most salient findings based on participants' narratives

was that engagement in social justice advocacy as a practitioner notably depended on the

practical opportunities provided by the particular doctoral training program and clinical

training settings (i.e., practicum, internship, and post-doctoral training sites). A number

of participants felt fortunate that their academic programs connected them with practicum

sites that provided social justice advocacy training and enhanced their social justice work.

Hope was one of the participants who highlighted their work for local organizations that

helped them gain further training in social justice advocacy:

At the homeless shelter, you are in a role where you may be doing the therapy

with the clients, but you are also trying to help them go back into the community

and get them to stand back up on your feet … It was getting to know some of the systems in the area. So getting to know: Where do they need to go to get furniture? Where do they need to go to get their medicines? How are they able to say that, "No, I'm OK to get this apartment, and I need this apartment"? So, that whole process was interesting with the clients there. That was certainly a different role than just being in the room with the client and just processing emotions.

Danielle was also grateful that she had an "option" to do her practicum at a training site with a social justice advocacy focus. For her, practicum experiences were more influential than her academic or research training around social justice work:

This was a social justice-oriented organization, and they offered individual therapy which was done by grad students. There were also support groups and other kinds of resources that they offered. Clients would come there, so university students and community members would come there for therapy. They tended to come there for a more feminist approach to therapy, but the [center] had also diversity dialogue circles, which were intended for university students. They were small groups for people to talk about and learn about their social locations and draw attention to disparities that exist and also things that you might want to do about them. There were a lot of opportunities at that center to work on a local level or statewide efforts to make a social change around intimate partner violence or sexual assault or rape, religion. I think that is where I learned about social justice and had the opportunity to work.

Melinda's comments supported the finding that, rather than being a requirement, social justice advocacy training was somewhat contingent upon participants' clinical

training sites. Melinda further underscored that her own identities (e.g., racial privileges) might have affected her experiences, but her main concern was about her doctoral program's lack of integration of advocacy training regarding her roles at clinical training settings. While she valued her advocacy-oriented training experiences, she recognized that her advisor's connection with local advocacy organizations was the key for her development as an advocate. Consequently, she was able to spend two years to work part-time for a community-based advocacy program:

> I think on my internship and post-docs, especially because I was at a VA where the system can be very oppressive, it helped me, the work that I had done around social justice and not just advocacy but social justice in general, helped me understand how some of the veterans could feel very oppressed and very traumatized by the system in some ways. I think that allowed me to open up a lot of conversations that I certainly would not have been able to open up. It also allowed me at times to have really tough conversations in groups and with individual clients around race and class and sexual orientation.

Another prominent category centered on participants' differentiation among different layers of social justice-oriented work. Although the majority of the participants reported that their programs integrated a social justice perspective into multiple domains of the training, including research and teaching curriculum, many of them did not receive advocacy training in their doctoral programs or clinical training sites. Additionally, despite being trained in sites with multiculturalism and a social justice orientation, several participants did not perceive their roles as advocates given their positions. In one instance, Miguel discussed his training at a college counseling center where he was

exposed to limited social justice work:

> I was involved with that program… Now, again, was I an advocate? I guess you
> could probably say "No" because I was more in a consultant capacity, more
> administrative, looking at the research component, but at least supporting that
> program, and certainly being a part of the experience that highlighted the role that
> me as a psychologist could play in promoting practices that could raise awareness
> and could be more engaging. So, that's one example, but as far as my other
> practicums, university counseling centers and mental health centers, no. There
> was really no integration of social justice advocacy or any of those in those roles.

Similarly, Ben indicated how most of the social justice work was done in the
context of traditional psychotherapy without going further (i.e., community-level or
systemic work):

> I did an externship at [college] for a full academic year. They had an explicit
> social justice kind of focus, and they built themselves around a social
> justice/feminist approach to doing the work, but even within that setting, it was
> more about thinking about the therapeutic work from the perspective of social
> justice. All of our clients were women, so the goal was to try to infuse
> empowerment strategies into the clinical work, but again, to be honest, I will say
> it was mostly aspirational in nature. When it came to the actual clinical work, the
> individual psychotherapy, a lot of it was more traditional-type psychotherapy.

Working for an advocacy organization for survivors of torture and trauma, Angel,
reported not getting any advocacy training during her doctoral education. She was
engaged in mostly traditional psychotherapist roles as well as outreach programming

around mental health problems, but her current professional position seemed to require advocacy skills beyond those:

It's completely different setting that I work in than my training. I trained at counseling centers, at the university health center, at different counseling centers, and then also at a psychiatric hospital at a PTSD unit, and at the VA, and this is a completely different site. I think it's important to train at these clinically different sites if you're interested in doing social justice work as a direct service practitioner because you can see how things can be different, and so then you have to think about your values and principles as a counseling psychologist and also in social justice work to see how that applies to the setting, but I think exposure to different settings, working with interpreters, translators, I had never done that before.

Lacking the advocacy experience she wanted, Brooke had to take extra steps throughout her doctoral training. This included getting involved in other academic programs and off-campus organizations that worked with diverse populations and challenged social and economic structures. She had to apply for scholarships for financial support so she could travel to other countries to work on environmental and social justice issues. Brooke later recommended faculty to require a social justice advocacy practicum for the trainees:

I think going into the community is just the way to experience social justice and injustice to see on the ground what is happening to people. There was not a lot of that. Students had to do that themselves… Nothing was required in the program. I did a lot of those on my own. I went to [country], to see communities, people who

have chosen through community organizing to get their water rights back since they're being given to American corporations, so the people of [country] didn't actually own their own water. So, it's that kind of thing that I never would have got to experience in the curriculum of the program.

Research. While participants presented varying experiences in terms of their coursework and clinical training that highlighted a social justice approach, most of them reported having opportunities to conduct social justice-oriented research during their training. For example, Mia was able to conduct research with her advisor who was exploring urban students' educational and vocational development. After studying the factors that led to greater risk for school dropout among students of color, she got involved in a program at a local urban high school where her research team tried to improve students' school engagement and career development:

It was like doing research, but actually getting to go in there and teaching, in a small group format, different modules that were trying to help ninth grade urban adolescents who were at risk for dropping out, get a little more out of school or see how it might benefit them to do well, and talk about careers and future ... It was great in terms of bringing the vocational psychology research to life because that's been important to me throughout is wanting to do research that also has a direct impact or has clinical implications.

One of the points emphasized by many participants pertains to the relevance of qualitative research methods in terms of social justice-oriented research. Melinda, for instance, appreciated working with a scholar who conducted participatory action research that allowed her to be close to the study participants and share participants' experiences

more accurately:

> We did research very slowly, and we did a lot of checking in with participants,
> having them give feedback, having them really be a part of the research process and
> it definitely took longer, but I always felt better about what we put out and, and
> sometimes it was more complicated and difficult to feel like we were really saying
> something definitive because you can't sometimes. Or, it's harder when it's not
> data points, but I think that was very, very important for me to ensure that I wasn't
> just treating research participants, like I wasn't using them, and that I was making
> sure that their voices were being depicted accurately in a way that felt right to them.

Likewise, Danielle shared how her multicultural counseling research could serve as a way to give a voice to the people from marginalized backgrounds; therefore, could be identified as social justice-oriented research:

> My advisor certainly had a multicultural focus, probably also social justice focus.
> So, working with him, there was exposure to topics of social class … Most of
> them [research projects in the program] were about bringing attention to the
> realities of certain aspects of identities so, social class and realities of people
> falling on different ends of that spectrum, gender and race. So, I guess much of
> the work was about giving voice to the people who embodied certain, relative
> seats of oppression on each of those identity markers.

With her feminist orientation as a researcher, Julia, had extensive research experiences in social justice advocacy. She explained her perspectives about the value of doing feminist research using example of one of the studies she conducted with her advisor:

That involved spending a lot of time in a McDonald's interviewing people, which was fun and sometimes challenging actually … [Advisor's] team talked about and conducted research really involved this social justice advocacy lens. I can imagine other research teams going into the McDonald's and handing out surveys and leaving, and that's kind of what we did too, but what I think is missing from a lot of other conversations about the research and ways of interacting with participants is this human dimension. We talked about the research participants as people, and when we talked about next steps, and if the surveys evoked any difficult thoughts or feelings, we had a list of resources and provided it in a conversational way.

In sum, participants' training experiences that involved coursework, practice, and research indicate that many participants had plenty of opportunities to conduct research using a social justice perspective. However, participants' doctoral programs seemed to provide inconsistent levels of exposure to opportunities for learning and practicing social justice advocacy. All of the participants valued in-service advocacy training that allowed them to provide services beyond individual psychotherapy and to reach out to underserved communities which they perceived as the most influential training experience in terms of fostering their development of a social justice orientation. Unfortunately, some of the participants did not have those opportunities throughout their training.

Domain II: Different Ways of Social Justice Advocacy

As mentioned previously, this domain captures participants' advocacy-related professional roles and responsibilities in their current clinical positions. All of the participants have been involved in multiple professional work activities such as

psychotherapy, teaching, supervision, consultation, research, and administration (e.g., training or clinical director). In line with the questions explored in this study, research participants described opportunities and barriers when applying a social justice lens to their diverse professional activities. Two main categories, individual-level advocacy and organizational-level advocacy, reflect the ways in which participants advocate for individuals and communities.

Individual-Level Advocacy. This category focuses on participants' engagement in micro-level work that mostly involves traditional psychotherapy or psychological assessment. Three sub-categories within individual-level advocacy, namely, working with underprivileged populations, social justice-oriented case conceptualization, and connecting individuals with resources, are discussed within the next section.

Working with Underprivileged Populations. Regardless of their clinical settings, participants commented on their efforts to reach out to underserved and marginalized individuals. Given that participants' opportunities and barriers regarding advocacy work seemed to be closely related to their clinical settings and job definition (see the discussion within the third domain: positioning social justice advocacy in psychology), they used different ways to reach out to those with less access to health care and other resources. Some of the participants considered these efforts as part of their social justice orientation. For example, reflecting on her challenges of doing advocacy as a private practitioner, Melinda tried to provide greater treatment access for individuals with few financial means, thus reached out to a wider spectrum of clients based on socioeconomic status:

> It may not seem so social justice oriented, but one of the ways that I try to feel
>
> better about doing private practice is by taking a lot of insurances because I've

actually found that there aren't a lot of clinicians that take insurances, or that take a wide range of them.

As for Ben, his desire to provide psychotherapy services for people of color was one of the reasons that encouraged him to do private practice in addition to his faculty position:

> Part of the reason why I initially sought out a practice, and again I'm not sure if you can think of this is the context of social justice or not, but in [city] there are very few psychologists of color, in general, and as far as Black psychologists; I think there are four of us. So, there is a particular need for therapists of color, and so when I initially thought about setting up a practice, it was in that context.

Grace, working part-time at a community mental health center, was pleased to have a lot of opportunities to address the needs of individuals with severe mental health illnesses who also came from a variety of racial, ethnic, and socioeconomic backgrounds:

> I take pride in what I do. I've been asked to leave the community agency a number of times. In fact, yesterday, I had a conversation with my husband who said, "You should leave that place, you know, time is limited, and your energy has dropped," but I love the work I do. I love the clients I work with. To me, it's social justice work. Part of my research is social justice-oriented, but clinically, most of the people I work with have very limited resources, so they're in poverty.

Similarly, participants who worked at college counseling centers described doing psychotherapy and other counseling-related work with a diverse client population based on gender, sexual orientation, race, ethnicity, religion, and social class. Brooke was one

of the participants who chose to work at a community college counseling center due to the opportunities for reaching out to an underserved student body:

> The primary reason why I selected the site that I am at is because I feel like it embodies some social justice issues. I am working at a community college where it is an open access institution, so that anybody that has a desire can go to school, and that is very different from any school that I've attended in my life. I think that's true for many faculties as well. What that means is, I am a psychologist in a counseling center and at any moment, pretty much any person can walk in my door. So, it quickly becomes a community mental health center, but just at an educational setting.

Lastly, based on her interest in working with the immigrant population in the U.S., Angel decided to work for an organization that advocated for immigrants with high needs:

> We see asylum seekers and the reason that we see them is that, at least when we started out a long time ago, it was by a counseling psychologist organization of founders to provide services to those who have no access to services, so they don't have the refugees' benefits that are traditionally given. They don't have the same access to healthcare, so that's why we first prioritized these clients.

These quotes indicate that participants in this study highly valued working with underprivileged populations regardless of their clinical settings. The next section highlights the ways in which participants integrate advocacy into conceptualization and treatment of clients' mental health problems.

Social Justice-Oriented Case Conceptualization and Treatment. Another central category around taking advocacy roles that has emerged in nearly all participants' narratives concentrates on their approaches to case conceptualization and psychological treatment. Most of the participants recognized the role of systemic factors (e.g., racism, sexism, and heterosexism) in contributing to mental health problems, and shared this understanding with their clients to validate and normalize their experiences. For example, Mia described checking in with her clients from more disadvantaged backgrounds to bring the mental health implications of contextual barriers to clients' understanding of their psychopathology, which she found therapeutically effective:

> I think about a student I saw who's an African American, young woman who's feeling really depressed for the first time. Asking her about her experiences at this college in terms of being a woman of color and thinking about her experiences of being discriminated against at the school and beyond and how [city] can feel incredibly segregated and just being able to have that conversation and say, "There's real research to support that this causes depression, and this very well could be a huge part of the picture for you." To be able to be someone who can point to that as a cause, and give somebody a sense of understanding and remove the blame and the guilt and everything else that comes with being depressed…

Conceptualization of contextual barriers as a source of trauma was discussed by a number of participants. Within the following quote, Julia, explained how her social perspective has shaped her understanding of psychodiagnostic assessment. Working with veterans, Julia also utilized her feminist approach to apply trauma-informed clinical interventions:

I'm considering identities and our experience of these identities, our experience of race, our experience of gender, our experience of sexuality, as shaping who we are and as part of the bigger human story, and often as part of the trauma story. In trauma, issues of power and trust are often central, just as they are in systemic issues of racism and sexism. I remember in graduate school reading about a double whammy for people of color who are dealing with mental health stuff and have experienced not only institutional racism but also interpersonal examples on a day-to-day basis. There's often the double whammy of having to deal with race-based trauma and whatever else it is.

Miguel, who worked at a behavioral health program, indicated using a similar approach when considering the contextual factors as they interact with mental health problems:

One way is in my individual conversations with clients to bring an awareness of how their context is affecting their well-being or psychological functioning. I see that in a very basic level, a way of advocacy, because it is opening a door away from this internalizing, oppressive story or narrative that they're to blame for everything that is going on. So, for me to widen that door and introduce a sense of cultural and contextual awareness is one way that I think I engage in advocacy. More specifically, let's take the example of a woman that comes in and she has had a history of trauma. I think knowing the trauma and making that connection, which I will call working in a trauma-informed way, I consider that as advocacy in the sense that it is one path towards increasing that sense of empowerment.

With reference to the treatment process, participants' treatment interventions

underscored the inevitable role of building relationships and collaborating with clients. Many of them noted using empowerment as a way to integrate a social justice perspective into their practice. Brooke, for instance, believed in the critical function of building a supportive relationship with clients from marginalized backgrounds:

> One example is a student who came into my office with a long history of severe mental illness. The student could be diagnosed with borderline personality disorder. A long history of depression, suicidal, multiple hospitalizations, and identified not with any one specific gender, but fluid gender and preferred "they" pronoun ... Working with this person, you know, we use a brief model, so this person's concerns are not going to be resolved in a brief time frame. There was also small history of physical and sexual abuse in the family of origin. So, basically, first of all just connecting with the person was crucial because they hadn't connected at all to anyone really in their lives up until that point.

Related to their focus on empowerment of clients, participants reflected on their strength-based therapeutic styles. Some participants highlighted how they would include the contextual issues when processing relational dynamics in treatment. One of the immigrant participants, Grace, shared how she addressed challenging issues with one of her homeless clients by providing compassion, empathy, and direction:

> I think that having had the opportunity to not just internally reflect on my personal experiences, but also on my social identities that may have influenced who I am today, in terms of both privilege and oppression. I think that really informs the work I do, so it allows me to bring out the difficult questions about race, about marginalization, about the experiences of what it's like to sit across from someone

who's more privileged than you.

In addition to being a resource for their clients using their social justice-oriented case conceptualization and psychotherapy skills, participants considered helping their clients by connecting them with the community resources which are explained next.

Connecting Individuals with Resources. The third noticeable aspect of participants' advocacy on individual level relates to their efforts to connect clients with community resources and services. All of the participants shared acting on behalf of clients, when needed, to facilitate this process. Danielle shared an example for her typical role of contacting other campus departments to coordinate services for her clients at a college counseling center:

> There is a client who recently needed medical leave and to not go to the various offices that she needed to go on her own. So, a lot of it was me calling various offices and helping her coordinate times to meet with people, offering to go with her, and being clear with people about the barriers she was facing so that they had a better understanding of how to work with her specifically.

Similarly, Julia's story included many cases in which she helped her clients navigate the system at her clinical setting, a VA hospital:

> Sometimes, my clients ask for help in navigating a really complicated, confusing medical system. As an advocate, that is sometimes my role, so helping them figure out who to call for appointments, how to follow up on a referral, and also it's the sounding board for complaints. So I am there to accept and acknowledge and validate when the VA system, when the healthcare system is not meeting their needs, which is tricky since I'm part of it.

In addition to connecting clients with professionals or resources in their own institutions, participants put significant time and efforts to interact with professionals from other organizations. As such, Melinda's story involved voluntary efforts that could be seen as labor-intensive:

> I think part of it is just as simple as being willing to call and get the authorizations, check in on it and see how much their co-pay is, and call and call and call. It's so hard for people to get information from their insurance companies, and you have to be willing to be firm. You have to advocate. You have to know who to ask for, and you have to have a lot of time on your hands. I think a lot of people don't have the resources or the time to do that. I know of some people in private practice who make their clients do a lot of the legwork with insurance companies, but I do that. I think that's really important and I don't know that it is a stretch to say that that's social justice work, but I see it as my job to wrangle with insurance companies if they're not willing to pay or if they're sending a lot of mixed information, which they do all the time.

When trying to connect individuals with resources, some participants, such as Miguel, prioritized clients' basic needs as they were listening to the mental health needs:

> If the medical provider shares that they're [client] depressed, and they want me to talk about their depression, but their major concern, as I ask them about their current environment, is housing. So, they're just really struggling with their housing. I really want to give them the opportunity or the resources for them to attend to that basic need. So, moving away from what's my clinical role and what I think is most important. We do have social work, community service

coordinators role that can work with that person and help them get connected with organizations that are specific advocacy organizations in the area of housing, in the area of employment.

Although at a different clinical setting, Brooke's narrative was consistent with Miguel's points on helping clients meet their basic needs by connecting them with multiple resources at the community college:

> A typical student might come in having some not adequately been prepared in high school. Or, maybe they didn't go to high school, or maybe they didn't finish high school. So, they come in already with an educational barrier in terms of the community that they were raised in that there wasn't support. Tax dollars weren't there to provide them with a quality education. They have major mental health issues, but never had treatment or access to treatment. They are struggling in their classes, and they are potentially going to fail out of their classes. So, I see my job is really helping to empower them to first of all just to access the basic services that they need in their lives.

While Brooke emphasized the importance of helping clients be connected to resources, she also discussed integrating a variety of theoretical orientations to help clients learn coping skills that made her work multi-layered. In Amanda's case, connecting clients with resources included doing psychotherapy at clients' homes without getting reimbursement:

> In my current position, we don't get paid for gas … I will go see them at their homes. If I can't get them transportation to the office, then I'll go to them. You know, one of us can afford gas and it's not them, so I will go to them. That's not,

I'm not reimbursed for that so, in many ways, that's my commitment.

Angel, extending the "holding environment" concept in psychotherapy to other contexts, advocated for her clients by accompanying them during their communication with other professionals. Although this was not part of her individual psychotherapy sessions, Angel believed that it has considerably benefited the clients:

That happens actually quite a lot in court, not quite a bit but often enough, where I might not speak on behalf of the clients, but be there physically for the clients. I have been told that it's been helpful for holding them together in a situation that is very difficult for them because they are advocating for themselves, talking about their story, and being challenged in front of the judge or they'll be deported back home to where they were tortured. So, there have been times where I will sit next to client on the witness (stand) where they are sitting and as a form of advocacy just holding, and I've also asked the judge if we could take a break or if we could do something because it seems like the client is visibly getting more and more distressed and just helping to modulate their stress and bring it down.

In sum, many of the participants valued engaging in individual-level social justice advocacy through multiple roles and activities which stressed their strength-based, collaborative, and contextual approach to psychotherapy. In addition to using therapeutic process to empower and advocate for their clients, participants took extra steps to ensure their clients are connected to the resources they needed. Aside from their work with individuals, participants partook in institutional or organizational activities that focused on promoting social justice. The next section elaborates on these activities.

Organizational-Level Advocacy: Under the organizational-level advocacy, research participants described their involvement in activities that would bring organizational or institutional changes. These activities include advocacy within and beyond participants' organizations as discussed in the next section:

Advocacy within the Organization. It was common for the participants in this study to participate in committees or groups in their organizations that would promote multicultural competencies as well as a social justice perspective. Grace, for example, realized how "poor" her organization's dialogues around racial disparities were. This motivated her to provide multicultural counseling training for staff members in her organization:

> I have been presenting and doing diversity training. I have been doing little things in different places, but in particular the Psych Rehab Association ones … We don't only focus on race, but race is a big part of what we do. So, trying to understand how power, privilege, and oppression operate.

Somewhat differently, Danielle also contributed to her organization by serving at the diversity committee. She further searched for ways to support the community both on- and off-campus:

> There is a committee that I am on at work which is a university-wide, diversity-focused committee and part of the point is about multiculturalism, but part of it is to draw attention to the different realities of people who live around the university and to figure out how the university can contribute to, not just take away from the community.

Another important finding regarding participants' organizational-level advocacy

pertains to their support for staff members (e.g., trainees, clinicians, and other staff members) who are marginalized or discriminated against. For example, Mia reported her concerns about working at a college counseling center where most of the staff members are White female clinicians. Accordingly, she advocated for recruiting clinicians and trainees from a variety of backgrounds. Being "the one" to bring up contextual factors and challenge the assumptions when discussing a case with her co-workers, Mia also advocated for trainees of color:

> When I was supervising a young woman of color who was going through the application process for practicum for next year, one of her colleagues who was a white female had basically said "Oh, you know, you're pulling the minority card. That's crappy!" or something along those lines, and my supervisee obviously felt really hurt and taken aback because these two had become very close in their training. I just felt like I had a chance to provide the space for her to talk about it, to talk about her options, and to talk about what it felt like and how this related and maybe stirred up other experiences she's had, and then, with her permission, to bring it to the greater staff, and to talk about how we, as staff, can be having these conversations, and figuring out if she wanted to do anything.

Mia also helped this trainee have a one-on-one conversation with her peer. Later, the training program benefited from Mia's advocacy work as additional steps were taken to create opportunities for having conversations around race and other identities of staff members. In another successful and meaningful advocacy case, Miguel made attempts to attend to the dynamics within his organization, especially around racial issues. In the following example, he described his advocacy work for a Spanish-speaking staff member

after witnessing how power dynamics and hierarchy affected one's position at his work

place – Miguel's dedication led to positive changes in the policies of his organization:

> I knew through conversation that the reception staff that was Spanish-speaking
>
> was told by a manager that they couldn't speak Spanish in the organization. That
>
> was very interesting because I'm a Spanish speaker, and I, at times, here and there
>
> talk in Spanish, but nobody had ever said that to me which wasn't surprising
>
> because I'm a man, and I am a psychologist, and I'm a provider, but what tends to
>
> be mostly female, receptionist, lower level of the hierarchy, they were given that
>
> message. So, I really took it upon myself to be an advocate within that situation, I
>
> would say more directly, and sent a couple e-mails to the senior leader saying, "I
>
> heard that this happened, I'm curious what the policy is around this because I
>
> wasn't really aware that this was a policy." I was given a vague response, and
>
> then I basically provided my rationale that I think that it's something for this
>
> organization that is an organization that serves a Latino population, how it really
>
> makes absolutely no sense for us to be critical in that way.

While these quotes imply participants' involvement in advocacy by taking active

roles to create an institutional change in their organizations, the next section elaborates on

participants' efforts to reach out to other organizations.

Advocacy Beyond the Organization: Participants' stories provided valuable

examples for their work with other organizations and communities. These examples

ranged from providing training and consultation to being a resource for different

organizations as well as populations. While they had full-time positions, many

participants spent extra time advocating for those who are underserved. Ben provided

diversity and social justice-related training both on campus and off campus, which were tasks that are not necessarily part of his job definition. In addition to seeking out activities such as being an associate for a center for health disparities on his campus and providing diversity training for a medical center, Ben was engaged in "indirect" advocacy for the community that mostly focused on providing education for other professionals:

> That's been primarily around raising awareness and providing education. For example, I was asked to do a presentation for a group of teachers in the [city] area, and the presentation was largely around racial harassment and thinking with these educators about providing environments that students experience as safer in relation to racial harassment. So, that's more of the type of work that I've been doing as opposed to working with communities directly, but it's been much more of an educational role.

> Like other participants, Miguel took active roles to do advocacy work around multicultural competencies and promoting cultural responsiveness, diversity and inclusivity within the organizations he worked. As a clinician who identified as Latino, he valued working with other organizations to deliver culturally responsive mental health services:

> I have worked with some organizations around, particularly within the Latino populations, doing presentations to help them better respond to trauma in a way that is sensitive within the context of psychological well-being, but for me the way that I have seen my advocacy is looking at other organizations, non-profit organizations, and trying to be a resource and a support as I am in this community which I really, really value.

Miguel also went on to help a school district improve its mental health system. In particular, he perceived this as part of his advocacy work given that he has contributed to dialogues around raising awareness around cultural issues and developing practices that would be more helpful for "populations that are at the margins—that are being oppressed." Some participants extended the scope of advocacy from clinical work to instruction. For instance, Amanda integrated advocacy into her teaching activities and valued educating students around social justice issues:

> A lot of these were large lecture classes, and often I would take a comment from a privileged student and speak to it in a very blunt way. A very anti-racist, anti-sexist way, for example… In that way, I would very publicly advocate for policy or a certain kind of politics or a group of people.

A few participants contributed to their local communities. As such, Hope, a Muslim clinician who was primarily involved in private practice, decided to give back to her community by providing cost-free educational and psychological services that aligned with her social justice values. Within the following quote, she described diverse ways of being a resource for one's community:

> I was invited to the mosque to give a presentation on child development … That had a great turnout: it was eighty plus people. I was shocked! People had a lot of questions, and they want me to come back, so with the private aspect, because I'm in my own business, I can do these types of things within the community … With the non-profit, I probably will be doing more clinical work, and that population is very diverse of course. Many of the people are in poverty. Just because the nature of it is; in general, the people who would need shelter are the people who lack

other resources. So, although we do see some social class diversity in terms of

people coming to shelter, or at the non-residential program, it's mostly people

who don't have other resources, and it is pretty diverse ethnically.

Angel, at the same time, was able to reach out to organizations across the country

and provided education and consultation on culturally-informed services for survivors of

torture:

> I am going to consult on an institute or complex trauma for survivors of torture …
> It provides trainings to all of the different centers around the country … I help
> them with the institute, which was: How do you think about complex trauma and
> thinking of factors related to that within this population? I help them with finding
> presenters... Help them with the designing of the institute and consulting on that. I
> also teach a class that's a post-masters certificate on working with survivors of
> violence like trauma, so I teach the classes on torture and torture treatment, so I
> guess that's somewhat more macro level. That's where I would work with
> clinicians around the country and teach them about this work.

In sum, participants' narratives around individual and organizational-level

advocacy suggest their deliberate actions and strong commitment to serve clients and

communities through a wide range of activities including, but not limited to, social

justice-oriented psychological assessment and psychotherapy, community outreach and

education, consultation, and involvement in non-profit cultural and religious institutions.

Therefore, participants' stories reflect a rich set of examples focusing on individual and

community-level advocacy; however, public arena-level advocacy in which clinicians

address systemic problems at a policy level and challenge socially unjust policies through

sociopolitical actions and collaborations was somewhat removed from the narratives. This brings us to the research question about the supports and barriers with regard to social justice advocacy in psychology. Participants elaborated on practical challenges of macro-level advocacy which are described under the following domain.

Domain III: Positioning Social Justice Advocacy in Psychology

Switching from how participants advocate to how they perceive the position of psychology in relation to integrating advocacy, this domain clarifies participants' perceived supports, barriers, and learned lessons as well as their career aspirations in relation to being a social justice advocate.

Supports for Advocacy. When prompted about the factors that make it easier for them to advocate for different clients and populations, nearly all participants highlighted the role of organizational or institutional support. Participants' collaborations with colleagues who share similar values provided a crucial source of support. Angel, working at an advocacy organization for asylum seekers, was one of the participants who perceived her current clinical setting as highly compatible with social justice advocacy. She appreciated having role models from the beginning of her work and having consultation and support whenever she was challenged:

> We work very closely and very intimately, and I find it to be very helpful. I think it's helpful when trying to think of secondary trauma and ways to prevent it, having another health professional or another staff member who's working very closely with the same client who is also experiencing some of the same things that you're experiencing with that client. Whether it's feeling very powerless or feeling very horrified of their story or feeling really sad for them, it helps. You

feel less alone. That's been very nice. It also helps to have someone there to talk

to that knows the case and that understands it, but also has a different role. They

understand the client. When I think about, I feel it helps me better serve the client.

I think better conceptually and hear how other people are experiencing them.

Despite describing herself as an "insider-outsider" because of her social justice

orientation at a VA hospital, Julie acknowledged the openness and respect of other

psychologists for considering contextual factors that affect clients. Julia also expressed

her concerns about the rigid distinction based on clinicians' identification as social

justice-oriented psychologists:

While there are many therapists who wouldn't identity as adopting a social justice

framework, many of them do show the respect and understanding of context to

their clients. So, I think having the team support is important. I would say good

clinicians are social justice-oriented. Many good clinicians who don't overtly

acknowledge their social justice approach, if they are good clinicians they are

meeting people where they are, they are thinking about the intra-psychic and

external contributors to their health and suffering. Maybe they're not thinking

about advocating for their clients in the same way other people with a social

justice framework are.

Working with professionals from other disciplines (e.g., psychiatrists and social

workers), some participants underscored the benefits of their collaborations. For Mia,

referring college students to psychiatrists who were more open to considering systemic

issues was a positive experience:

I have to say, for the most part, I feel like the people we have on our referral list

are pretty great and that I can have good conversations when I'm trying to bridge

a student's care. I think a lot of our psychiatrists like to do therapy and medication

at the same time, so I think that has been really nice to have providers who are

doing both, and even if they have the power to prescribe medication, they don't

go to that right away, that they're looking at things a little bit more like a therapist

would, in terms of systematically or culturally, and that's been refreshing.

This supportive ground was a critical factor for clinicians who advocated through

activities beyond psychotherapy (e.g., consultation, research, and training) as well. For

example, Ben, who helped an organization on health disparities with research and

educational outreach activities, pointed out that it was not challenging to engage in social

justice work when working with professionals with similar views:

A lot of the work has been in the context of research and education, either doing

educational outreach to the community or perusing research … It's been easy to

have discussions around social justice or just think about how social justice is

informing the work because, it's almost like a self-selection bias; the people who

choose to be affiliated with the center are the people that are committed to the

idea of health disparities as something that needs to be eliminated.

Beyond the organizational setting and support systems, having more power and

autonomy as licensed clinicians was identified as an important catalyzer of participants'

engagement in social justice advocacy roles such as in Julia's instance, "As a trainee, I

felt less comfortable explaining my work that falls outside of the traditional or expected

realm. It's fabulous now being able to do whatever I want," and Danielle's case, "I guess

there is a certain level of autonomy that I certainly have, so that I can make the decision

to do more in certain cases than others." While organizational environment and having more authority as a licensed clinician have been the main factors that seemed to facilitate participants' engagement in advocacy roles, barriers they faced were more pronounced than the supports they had. These barriers are discussed within the next section.

Barriers to Advocacy. One of the most striking themes that emerged throughout the analysis of participants' narratives relates to the systemic barriers they encountered when they attempted to advocate for clients or communities. In this sense, a majority of the participants shared their difficulties working in a system that does not recognize the importance of social justice advocacy for psychologists. Importantly, although many participants felt supported in terms of engaging advocacy during their doctoral training, for many of them, their clinical settings after graduation (e.g., post-doctoral position or current clinical setting) were much more challenging than they assumed. Moreover, participants' challenges seemed to be associated with the level of appreciation of social justice work in their clinical settings. Julia shared her challenging work with a veteran who felt invalidated by his psychiatrist. When Julia tried to advocate for her client by referring him to a medical provider to help him be better informed about his medication options, she was concerned about how he would be treated by other providers:

> I fear that this intervention that, to me, was meant to broaden his information and options to feel better, he's going to experience as invalidating and shaming and labeling. He already has told me that he hates his primary care provider and doesn't feel respected. So, yes, this is one of this limits that when we're working in a system, and we're not quite sure how our efforts are going to be acted upon or followed through with and who's going to be doing the explanation. In some

ways, it's out of our control, and I could be setting him up for an incredible

invalidating experience.

Due to the system in which she worked, Julia expressed significant concerns

about working with mental health care providers who didn't share her social justice-

oriented views, but rather focused on clients' diagnoses or psychiatric histories. She later

noted, "I don't think, as a system, I think my person-centered, social justice-y stance

might not be respected so much. I don't think it will really get me a permanent job." In

accordance with Julia's perspectives, many participants expressed noteworthy concerns

about the status of social justice advocacy within the field of psychology. Miguel, another

participant working at a medical setting, found it very hard to go beyond his traditional

clinical roles and to advocate for clients because advocacy-related activities were not

seen as normative for his position as a psychologist:

> My biggest disappointments and difficulties with my professional role is that I
>
> feel that the social justice component doesn't get nurtured, doesn't get attended to
>
> enough ... I consider our profession to be a very conservative one where that
>
> social justice advocacy role isn't considered within the scope of the work that I
>
> do. I'm not getting paid to do anything related to social justice. I'm getting paid to
>
> help people function better, and I try to provide a service that is culturally
>
> responsive, that's collaborative, that is empowerment-oriented, and that's the way
>
> I deconstruct or think of my work as consistent with social justice.

Considering social justice work in clinical practice to be "a radical idea," Miguel

added that mental health care providers still have very individualized and hierarchical

view of mental health care. Melinda's experiences were in line with these observations as
she struggled with working with psychiatrists who were solely medical model-oriented:

I don't think they're ill-intentioned at all. I think a lot of people are working really

hard and doing really good work, but they're to have so much power, and they're

trained to diagnose so quickly and to get people in and out a lot. So, often times,

people will just be diagnosed after meeting with someone for 20 minutes. It's just

completely insane! They don't even know you! They didn't even look at you!

They were typing the whole time, and when psychiatrists don't consider the

impact of trauma or situational difficulties or racism and oppression, that doesn't

get factored into the diagnosis … It's been difficult sometimes to have language

to kind of combat that because their language is so clear and it has power and it's

so backed-up that I worry that sometimes I wind up sounding like airy fairy kind

or that I'm somehow being naive in not seeing how sick or manipulative this

person really is.

Hope's difficult experiences at her first job position after training support Julia's
and Miguel's criticisms of the systemic factors that hinder psychologists' engagement in
advocacy. Hope often received mixed messages about what her role should be as a
psychologist and was discouraged from engaging in advocacy roles in psychotherapy and
community outreach:

We had a very diverse population on campus in terms of ethnic diversity and

social class diversity. There were several people that were minorities, who would

never even reach out for therapy. Within the center, sometimes they'd come in, so

maybe even coaching them through a phone call or making a phone call while

they're there, to help alleviate their anxiety. I was told not to do … I tend to walk my clients out, and welcome them. I really treat them with respect —as with my feminist and my multicultural orientation— with more of reducing the power differences. So, even that was seen as, "Why are you walking your clients out? That's weird. Don't do that. People don't do that here."

Here, Hope reflected on her confusion about the shift in her experiences as her advocacy-focused work was promoted in her training settings, but when she tried to implement it as a psychologist, she was told that she was "stepping out of [her] role." Grace, on the other hand, had to hear insensitive comments, which were not only about her work, but also about her identity as an immigrant:

I've had people at the center talk about, "Oh, she's an immigrant; what does she know about race or the experiences of racial minorities in this country?" "She didn't grow up here. Why should she talk about this?" So, some of the most hurtful things I've heard around here... I've been yelled at for [laughs] saying that we should address someone if they're wearing a tee-shirt that is racially charged. I've been told I'm too sensitive. All of those are challenges that you face if you do this kind of work. "Not everything is about race, but you make everything about race!" Oh! The latest one! "If you focus on multicultural research you're not going to get NIH funding." This is the world I live in! Asian Americans are not considered ethnic minorities. So, you don't count.

Similarly, for Amanda, it was very challenging to be obligated to work with other psychologists who were multiculturally insensitive, and at times, disrespectful:

We were supposed to be talking about patients and how to help one another with

patients, and they often made fun of the clients. Not in a way that was blowing off

steam or in solidarity of the clients, they would make fun of them, and again the

population is a lot of physical, racial, ethnic minorities, a lot of people in need.

They would make sexist and racist comments and then laugh. They would also

say very ignorant things about intelligence. Referring to the bell curve or some

outdated book, and they would really pathologize the clients. They would make

sexist jokes about some of my colleagues. So, pretty blatant racism and sexism…

In addition to her struggles with her co-workers, Amanda had to deal with larger

systemic issues such as difficulty getting psychotherapy sessions paid for; therefore, she

constantly had to advocate for clients' access to services. With her company's pressures,

doing advocacy work in the session sometimes conflicted with clients' best interests:

The company will say, "Alright, all the clinicians need to have 20 contact hours of

therapy per week to be full-time." Then, you'll need to do all of this paperwork to

ask for more sessions and your choice is to do it in the evening, or on weekends at

home, and the company will say, "To avoid burn out just do it in the session with

the client." But, that's not therapy, so there is a way in which – the company will

frame it so – that advocacy is counterproductive for the person, so it becomes an

either-or situation.

In a different case, Brooke emphasized other institutional barriers that made it

challenging for psychologists to go beyond individual-level interventions. She believed

that no matter how radical the clinicians' ideas were, bureaucracy was conservative and

set up to "maintain the structure and status quo:"

A lot of that comes down to economics, funding of education. At least for a

community college, a lot of the employees are in temporary positions … It makes

it actually really difficult for the person who's creating a program, and it makes it

less likely the administration wants to support that, especially if there is any

financial outlay because they don't know if the funds are not there will this

actually happen. I think the way the system is structured makes it difficult to have

really innovative programs that are in touch with the present needs of the students.

Ben's comments on systemic barriers for engaging in social justice advocacy

aligned with the rest of the participants' experiences in institutions that do not support

advocacy:

I think it becomes more difficult when you're in other settings because in the

sense that you are governed by the policies of the site. So, you have less unless

you're with a site that is in and of itself dedicated to the work. For example, there

are two sites in [city] that are focused on working with LGBT and transgender

populations, and they approach the work from a social justice perspective that's

about empowering people in addition to providing clinical services. So, if I were

to work in that type of setting, I think it would be easier to approach, but I think

those types of settings are more the exception.

Despite having his faculty position at a more multiculturalism- and social justice-

oriented program, Ben reported that their efforts to discuss social justice issues were not

successful. When prompted about the potential reasons for this outcome, Ben made

interesting remarks, which also seem to relate to the challenges about social justice

advocacy on the organizational level:

For me, it's easier to talk about multiculturalism, and it's much more challenging to talk about social justice advocacy, but I think when you're talking about multiculturalism it's more about respect, sensitivity, awareness, etc. When you're talking about social justice, it's more of, what are the ways in which I participate in social oppression? In which ways am I challenging social oppression? I think it becomes more threatening because there are less places to hide (Laughs).

These mostly institutional barriers seem to affect participants in multiple ways. Mia was one of the participants who completed her post-doctoral training at a hospital which she described as having "a one-size fits all" medical model. Through her post-doctoral training, Mia tried to bring the systemic perspectives to her case discussions with senior clinicians, but she found it discouraging to work with professionals who were rigid in their "Western, individualistic" perspectives about mental health:

I think because I was often the only one who would bring up the other side, I think just by numbers, I lost in terms of how people ended up thinking about or moving forward with the client, unless they were my own, I was working with them individually, and I had little bit more autonomy in how I worked with them, but that kind of felt disempowering, or I wasn't very successful.

Despite being hurt and disheartened many times, Grace, found solace in the fact that some professionals valued her perspective:

I had all these experiences where I was yelled at, and then I said, "I swear I'm not going to do another workshop downstairs! I just cannot do this at the center! This is too much for me! I just want to put my head down, and just finish my work here… figure out what I need to do." Next thing I know, someone comes to me

and says: "We would really like you to do this. I'm sorry, you don't have to if you don't want to, but it would be really good if you were present." And, then, of course, when you hear that it's like, "All right, I'll just do it."

While Grace was able to stay at her position, Hope had to leave her work which she described as a "toxic environment." She reiterated the demoralizing effects of not being able to implement what she learned throughout her entire training: "The sad part for me was I failed. So, it was kind of like, "Whoa!" You know? We have all this great training...We're taught to bring about change and work towards change. I was like, Whoa! I failed to do that!" Hope, later continued her career with private practice where she could have more autonomy in terms of doing advocacy. Similarly, Amanda shared her frustration with not being able to advocate for her clients because of the systemic barriers she faced as a clinician:

"Everyday, I had to choose between saying something for my own survival and just kind of sitting with it. That was challenging … It's very strange to me where I can't do what I'm trained to do because I need to ask permission to do it."

In addition to questioning the system's openness to advocacy, a number of participants, such as Julia, also wondered about their fit with the system in which they worked:

Sometimes, I wonder if I'm inhibited because I work with this system that values one way of treating client's concerns over another … Yet, does the VA system need more people like me who can become periodically energized around expanding medical providers' notions of health and pathology and increasing the level of respect communicated to patients?

Julia later emphasized that she could be doing more to advocate for her clients, but she also felt torn about what her role as a clinician should be and how social justice advocacy should be conceptualized:

Sometimes, it takes enough time and emotional energy to manage panic attacks and triggers and intrusive experiences and abusive relationships—and this is also a social justice issue … So, I sometimes feel torn about that. On one hand, it feels awful and not right to try to encourage people to accept their situation when the situation itself is unjust, but sometimes accepting our situations and acknowledging them as unjust is a very important step in doing something about it … Sometimes there's a false binary created between doing individual work that focuses on intra-psychic concerns and work that involves systems. Each is important by itself and each involves the other. So, I think that's kind of a dialectic: each is important and distinct and each could involve the other.

Consistent with Julia's questions about what social justice advocacy should be like and what is enough work in terms of advocacy, Ben noted an ongoing difficulty with the operationalization of social justice work in counseling psychology:

A lot of people are talking about it, but it's whether there are the learning opportunities and the structures in place to actually do the work. So, that's one, and the other piece is to what extent people know what true social justice work is. For example, we just had this discussion relatively recently in our program where the students were saying, "We want to do some social outreach work." And one of the suggestions was to go down to a soup kitchen for a day. I understand that working in a soup kitchen or working with the homeless population is very much

a type of social justice work, but just to do that for one day in the whole semester; I don't know to what extent that really equates with the social justice orientation.

Miguel, being engaged in community-level advocacy less and less as he became more established in the field and his responsibilities outside work (e.g., family) increased, brought up a critique regarding both his and psychology's lack of involvement in systemic-level advocacy. He believed that without taking action and impacting the community, reflection on social justice would be "empty." Thus, he noted that, to consider himself as a social justice advocate, he needed to be more involved in community which he found difficult. In a similar vein, Ben questioned psychologists', as well as his own, lack of investment in macro-level advocacy. He stressed the importance of building a relationship with a certain marginalized community and collaboratively working to provide a different set of opportunities, which he thought was mostly missing in the field of psychology: "It's about collaboration. It's not about us going down, working for three hours, and then coming back and patting ourselves on the back and saying: We do social justice work. "

Participants' collective narratives shed light onto their common struggles in terms of applying a social justice perspective and advocacy to their professional experiences. While many participants articulated the importance of social action and systemic work components of advocacy, often times, they were challenged by the systemic structures within the field of mental health care. Based on their journeys as social justice-oriented psychologists, participants also shared the lessons they learned in "real life" which take place next.

Lessons Learned. During the interviews, participants were asked about their recommendations for psychologists who are interested in engaging in social justice advocacy. In addition to sharing advice, study participants discussed how they dealt with the barriers they faced in their clinical settings. In other words, they shared their own survival strategies that helped them maintain their advocacy-related roles.

One of the main themes underscored by most of the participants refers to the significance of being connected to professionals who integrate a social justice perspective into their work. Melinda, who was concerned about being more isolated as a private practitioner, called attention to *having a support system* that would create a space for dialogues around social justice:

> Surround yourself with colleagues and peers who think the way that you do, and at least who support you in thinking the way you do and can dialogue. I have a lot of supervision groups that I belong to, peer supervision groups, where we talk about the work we're doing and support each other, and probably the most essential thing is to be connected to like-minded clinicians who you can process some of the stuff with and ask questions and not be afraid to say, "I don't know what to do with this person" or "I know I'm avoiding this issue of race or gender" or whatever it is, and "I just don't know how to address it."

Having many invalidating experiences when putting efforts to advocate for her clients, Amanda's comments were consistent with Melinda's. Amanda also valued collaboration over competition as well as being allies for each other:

> Staying connected with like-minded people is imperative. Like-minded people in the social justice sense… Finding ways to collaborate rather than bad situations.

There is no comparison. I think racism affects us all. Sexism affects us all.

Marginalized groups of people need to stay connected with each other as allies.

Given the pervasive obstacles to advocacy through their clinical work, the notion of *picking one's battles* came up in several participants' narratives. These participants were aware of the power issues that were in play; therefore, they sometimes chose to hide their social justice-oriented perspectives depending on their clinical setting and positions. Being discouraged and demoralized while trying to advocate for those who are oppressed, Grace seemed to use different ways to help herself in those situations:

> There have been moments when I wonder why I talk about multiculturalism, and then I remind myself, "Well, there are some people who are interested." Any of the workshops I've done, there's always a small minority who will be hurtful and resistant and difficult, and then there are a group of people who love it and wants more of it. Then, there is that majority in between. So, if you can shift the mindset of that in between majority a little bit more, that brings them over to (laughs) the other side. So, you pick your battles. You can't fight it every time.

Similarly, in addition to her belief in having colleagues and mentors who were good at advocating for others, Mia suggested *self-compassion* because advocacy did not seem to be easy at all times:

> It can be hard to really advocate and get your point across, and then it may feel like depending on your position of power, or lack thereof, because you're a trainee or just started a new job, that you're going to feel conflicted potentially and that you might choose not to speak up sometimes, or you kind of pick your battles, and that's okay …You might make some mistakes along the way, and I

think as long as you have people to bounce things off of or mentors or peers where you can have these conversations, only for checks, like "Am I being crazy? This is what I was thinking in this meeting," or, "This is what I'd like to say", I think that can really help support you in the work.

Going through institutional problems that were similar to other participants' difficulties, Julia often looked for *right time and place* to express her ideas that focused on promoting social justice. In some situations, she did what she was expected to rather than sharing her honest opinions about what would help her clients, which reflected her identity as the "insider-outsider" at her clinical setting:

I recently applied for a permanent position, and I was asked about my knowledge of evidence-based practices and cognitive behavioral approaches. I gave them what they wanted —I code switched. I talked about behavioral activation, cognitive processing therapy, motivational interviewing, and other cognitive behavioral treatments that I actually think are effective in conjunction with my humanistic, relational, context-rich feminist framework.

Grace, having similar perspectives regarding the importance of considering individual psychotherapy as an important way of advocacy, underlined that counseling psychologists should remind themselves that no social justice advocacy is too small:

Sometimes we don't realize when we are doing social justice work, because we see people who are doing - who are the poster bearers of social justice advocacy - we see them as such bright lights... All the stuff they're doing! I consider this work with this client to be social justice advocacy - that I described to you - that

to me is meaningful. Even though it's not a huge, large-scale change, at least for few moments, this person had something meaningful happen in her life.

Being flexible in advocacy-related activities was another attribute that was mentioned by multiple participants who seemed to be more satisfied with their advocacy-related activities. Of note, these participants' clinical settings were more supportive of taking flexible roles; therefore, allowed them to do what they valued. Angel, for instance, working for an organization that aimed to advocate for asylum seekers had a positive outlook in terms of what psychologists could do:

> There are a lot of opportunities out there. I think it's being open to doing things slightly different than what we've be trained to do. I'm a psychologist at this job. Things are slightly different or much different than anything that I have experienced in my training, but I was open to it and interested, and I let myself change and be changed in this process and still hold onto my identity as a counseling psychologist.

Many participants regarded *giving back to the community* highly which aligned with their understanding of social justice advocacy. Continuing her career with private practice which was not what she planned to do initially, Hope was optimistic and tended to reframe her hurtful experiences as an advocate: "Reality is not always rosy, but you can find pathways for yourself." Thus, she chose to "donate time" for community and religious organizations (e.g., mosque). In agreement with Hope's and other participants' perspectives, Brooke reported, "the more a person can get outside the university and engage in community, the more likely they will be engaged in social justice work." As these suggestions imply the ways in which participants coped with the barriers one could

face as an advocate psychologist, especially difficulties regarding being involved in community- and public arena-level advocacy, all of the participants had hopes to do advocate more in the future. Hence, next section focuses on participants' hopes about their future advocacy steps.

Advocacy-Related Career Aspirations. As discussed previously, analysis of the participants' narratives indicate that most of the psychologist in this study were mostly involved in individual- and organizational-level advocacy, yet their engagement in macro-level (i.e., public arena level) advocacy was limited. This was linked to participants' desire for being more involved in systemic work that would address sociopolitical problems. In particular, being more active in their communities was a significant goal that many participants shared. For example, as Hope wanted to settle in her position as a private practitioner, she was also willing to continue to help her religious community:

> I think there's an openness to it in the Muslim community to kind of the clinic thing at the mosque…To have something like open office hours, a couple hours a week, where people have access to me. So, that's something that ideally I would love to see happen maybe in a year from now.

As a clinician who devoted most of his time to social justice-related research, Ben reported becoming dissatisfied with the type of questions quantitative research allowed him to ask. To be "truly a social justice advocate," Ben has been moving towards qualitative research methodologies that would help him give a voice to the populations he wanted to work with:

I'm at a point in my research where I'm looking to shift from the work I've been

doing and move to an area that I perceive to be much more explicitly social

justice work. So, what I am starting to do is setting up research studies that are

going to lead me to engage with people in the community who are active in anti-

racism work. Basically, I want to start engaging in participatory action research,

which is going to require me to use research methodologies that I think are more

consistent with social justice.

While Ben wanted to continue academic writing focused on empowering

marginalized populations, a number of participants, such as Brooke, brought up their

interest in writing for general audience:

I would still like to write more about these concepts and devote myself a little

more to writing, if I can write something that actually reaches kind of the

mainstream. Not mainstream like dominant, but the average American idea,

whatever that means. It's far more powerful than writing a journal article for

publication, APA or something.

Teaching has also come up as one of the ways that several participants thought

would be an effective way of doing advocacy. Amanda, who was passionate about

teaching social justice-related topics mentioned: "I'd like to keep teaching because I think

teaching is a natural arena for me to use my voice in an authoritative way." In addition to

teaching that gave him a forum to create more dialogue to have an impact on the future

generation of practitioners, Miguel wanted to be able to continue consulting organizations

around multicultural issues in integrated behavioral health:

It would be great to work directly with these organizations that are doing social

justice work and say, "Hey, how are you functioning? How can we help you have better teams, collaborate better, communicate better, be less burnt out, have more workplace wellness?" I think that's one of the things that for me, probably my time has passed to be a community activist, but I think I can take my skillset and help organizations and people that are doing that work.

Considering an active involvement in sociopolitical advocacy was another important point included in several narratives in this study. Melinda, for example, discussed the impact of the recent political issues on her desire to become more active politically:

I feel like a lot of the things that have been happening in Ferguson have just really thrown me. Not thrown me, but I really want to do some sort of just plain political work, raising awareness and helping people really understand or recognize the impact that it has, especially on young men of color to be constantly treated like criminals. That's something that feels really important to me, the criminal justice system is something I've always felt really passionate about, and just felt like completely broken, but I don't know what that's going to look like yet.

Additionally, several participants' long-term goals went beyond the systemic issues in the U.S., thus concerned social justice issues in other countries. Although these participants' goals were not crystallized yet, they wanted to use their connections to actualize their goals. Angel, for instance, was passionate about transferring her knowledge about trauma and human rights issues to international contexts:

I would like to do advocacy on more of a macro level. That's very important to me, and something that I want to eventually do. I want to work abroad. Working

here six years, I have become more aware and more sensitized to human rights

around the world, and it makes me want to be there.

To conclude, categories under this final domain manifested the resources,

hardships, and hopes study participants had as they all wanted to advocate on multiple

levels. Participants' supports and barriers differed significantly based on their

institutions' and colleagues' values around incorporating a social justice perspective into

their work. These supports and barriers seemed to affect not only the level of engagement

in advocacy, but also the ways participants tried to overcome the challenges they faced

when advocating for clients and communities. While many participants highlighted the

necessity of participating in macro-level advocacy work, their involvement in these types

of advocacy was hindered by multiple factors. This brought up the question of how much

advocacy is enough and whether individual-level advocacy, which is done through

psychotherapy, is sufficient in some clinical settings. Regardless of their opportunities

with respect to engaging in all levels of advocacy, most of the participants' narratives

have evolved in the direction of doing more public arena-level advocacy (i.e., systemic

work), as they wanted to engage in advocacy in different ways in the future.

Chapter 5: Discussion

The goal of the present study was to shed light on the practical aspects of social justice advocacy by focusing on the narratives of licensed counseling psychologists who were trained in social justice-oriented doctoral programs. In an attempt to unveil the factors that are linked to counseling psychologists' involvement in advocacy roles, I interviewed 11 clinicians across the U.S. In this chapter, I discuss the main themes that emerged from the narratives of the participants in relation to the counseling psychology literature on social justice advocacy. Next, I point out the limitations of this study. Lastly, I reflect on the implications of the study findings for critical psychology theory (Prilleltensky, 1997, 1999) as well as counseling psychology practice, training, and research.

Narrative Analysis of the Study Findings

Participants' narratives can be clustered chronologically within three overarching themes: personal and training history, manifestations of social justice advocacy in current practice, and future advocacy prospects.

Personal and Training History. An analysis of the participants' narratives suggests that their interest in a social justice perspective had sparked before they attended their doctoral programs. Most of the participants in the present study had multiple marginalized identities. These participants described *living through* social injustice based on the intersection of their identities, such as being a woman and ethnic minority or being a man of color and immigrant. Having firsthand exposure to systemic barriers, a number of participants shared their awareness of the systemic problems prior to their doctoral training. Other participants with more privileged identities had exposures to injustice in

which they learned about experiences of those who have been the target of oppression, discrimination, and different forms of inequality. In line with the previous research (Beer et al., 2012; Caldwell & Vera, 2010; L. Smith & Lau, 2013; Watts, Williams, & Jagers, 2003), such exposures were critical in facilitating participants' social justice orientation by increasing their awareness of social injustice.

The present study's findings differed from previous research (e.g., Nilsson & Schmidt, 2005) in that political views were not identified as significant factors contributing to the participants' development of a social justice orientation. Correspondingly, while various researchers have emphasized spirituality as a significant predictor of social justice commitment (Arredondo & Perez, 2003; Beer et al., 2012; Caldwell & Vera, 2010; Kiselica & Robinson, 2001; Miller & Sendrowitz, 2011), participants did not discuss their spiritual values with regard to their social justice orientation. Nonetheless, it is important to note that interview questions in this study did not explicitly ask how critical incidents in participants' lives have shaped their social justice orientation. Instead, participants were asked to reflect on their overall personal and professional experiences as the factors that led to pursuing a doctoral degree from a social justice-oriented psychology program.

Regardless of participants' social identities and experiences of privilege and oppression, critical role models (e.g., family members, teachers, and mentors) were a source of inspiration and provided influential examples of integrating social justice-focused values into one's life. Akin to their earlier exposures to societal injustice, participants interacted with these individuals before they entered the doctoral programs. In some cases, at a very young age, participants gained their values around social justice

by observing these models' attitudes and actions around sociopolitical issues such as promoting human rights and access to health and education. This result supports the points of several scholars (e.g., Caldwell & Vera, 2010; Griffith, 2003; Watts et al., 2003) related to the necessity of instilling social justice values at early stages of individuals' development. Therefore, both exposure to injustice and role models that uphold social justice values could be instrumental in terms of fostering counseling psychologists' social justice orientation.

In relation to participants' training history, this study's finding that participants entered their programs with some level of commitment to social justice brings up a question about whether participants chose to pursue their education in a social justice-oriented psychology program based on this interest. Despite their values around promoting positive social change, not all of the participants prioritized their program's social justice emphasis when searching the doctoral programs. However, entering their doctoral programs with some awareness of systemic problems based on their life incidents, participants appreciated learning opportunities that bolstered their commitment to social justice through their doctoral trainings. Hence, in agreement with Beer and colleagues' (2012) findings, rather than being the primary factor that shaped participants' commitment to social justice, doctoral programs appeared to serve as an additional support for their development as social justice-oriented psychologists.

Counseling psychology programs supported participants' development as social justice-oriented psychologists in various ways, including course curricula, clinical practice, supervision, outreach, and research. Instead of teaching social justice issues explicitly within a specific course, most of the participants' training programs integrated

a social justice agenda into the learning activities in several courses (e.g., multicultural counseling/working with diverse populations and psychotherapy models). In conjunction with the literature on social justice training in counseling psychology, participants highlighted the role of learning about the links between sociopolitical/systemic issues and mental health through their course readings (Arredondo & Perez; 2003; Burnes & Singh, 2010; Pieterse et al., 2009; Watts, 2004).

Study participants also valued learning activities that enriched their awareness of contextual problems through self-examination of their identities, values, biases, and privileges. In this sense, participants' narratives support the previous literature's emphasis on using reflective activities (e.g., journal writing and group discussions) to increase consciousness around how one's multiple identities affect their work with oppressed populations (Arredondo & Arciniega, 2001; Burnes & Singh, 2010; Burnett, et al., 2004; Collins et al., 2010; Daniel et al., 2004; Goodman et al., in press; Goodman, Liang, Weintraub, Helms, & Latta, 2004). For example, several participants discussed being transformed by their internal reflections on their oppressed and privileged identities in relation to their social justice work. Providing plentiful opportunities to understand and use one's emotional reactions, these learning activities seemed to enhance participants' understanding of the impact of social injustice on individuals' and communities' well-being. Furthermore, conforming the research on integrating difficult dialogues into social justice training (e.g., Toporek &Worthington, 2014), participants appreciated having training opportunities to learn how to have conversations around sociopolitical issues with their clients, peers, and co-workers.

As these mostly *within-class training experiences* were important components of participants' training history, experiential or hands-on learning experiences that allowed them to actively engage in social justice work through immersion to underserved communities were invaluable. Findings of the present study echo the scholarly discussions on the value of *non-traditional training experiences,* such as participating in community-based interventions, in counseling psychology trainees' development as social change agents (S. Ali et al., 2008; Burnes & Singh, 2010; Burnett et al., 2005; Caldwell & Vera, 2010; Constantine et al., 2007; Goodman et al., 2004, in press; Ivey & Collins, 2003; Koch et al., 2014; Lewis, 2010; Miller & Sendrowitz, 2011; O'Brien et al., 2006; Suarez-Balcazar et al., 1994; Talleyrand et al., 2006; Vera & Speight, 2003). Specifically, a number of participants reported providing non-traditional psychological services from multicultural counseling and feminist approaches. This was crucial in training as it allowed participants to be more flexible in terms of expanding their roles as mental health care providers. Moreover, participants noted that these learning activities fostered their understanding of the sociopolitical barriers that impair mental health and further marginalize these populations.

Becoming more aware of the realities of underserved populations, such as the homeless or refugees, through community-based or systemic projects (e.g., collaborations with community agencies) also helped participants partake in interventions that addressed the needs of marginalized populations beyond individual-level work. Participants who had these learning opportunities in their doctoral programs appreciated the fact that their immersion and in-service learning experiences contributed to their perspectives about psychologists' roles and responsibilities in a way that they could not gain through

traditional learning activities (e.g., reading literature on social justice and mental health). Therefore, participants shared the transformative nature of these experiences as they had a stronger influence on participants' development as social change agents compared to other learning activities.

Participants' narratives were also congruent with previous studies' attention to the roles of the counseling psychology faculty members' as facilitators of trainees' engagement in social justice work (Burnes & Singh, 2010; Goodman et al., 2004; Koch et al., 2014; Motulsky, Gere, Saleem, & Trantham, 2014). These faculty members modeled social justice advocacy through their research projects in their local communities as well as advocacy within their academic programs (i.e., advocating for disadvantaged students). In other words, many faculty members in graduate programs "walked the walk" by engaging in social justice advocacy on multiple levels. Working with these faculty members throughout their training, all of the participants described research experiences that focused on social justice issues (e.g., intersections of gender, race, social class, and mental health).

While participants recognized the benefits of these nourishing training experiences in their doctoral programs that helped them infuse a social justice perspective to their work, their exposure to advocacy training varied considerably. In line with the arguments of numerous scholars in the field (e.g., Collins, Arthur, & Brown, 2013; Singh et al., 2010; Speight & Vera, 2008; Toporek et al., 2006), a number of participants criticized their training programs for not providing organized and structured didactic experiences, practice, supervision, and guidance that would promote their engagement in advocacy. In particular, participants lamented on their lack of formal training in practical

aspects of social justice work such as advocacy. Several participants' dissatisfaction of their social justice training supported the current literature on counseling psychology programs' relatively weaker focus on social justice work as opposed to multicultural counseling (Malott, 2010; Piterse et al., 2009; Priester, Jones, Jackson-Bailey, Jana-Masri, Jordan, & Metz, 2008). This finding indicates that counseling psychology programs, despite promoting a social justice agenda, may not provide a formal advocacy training which suggests some limitations in social justice-oriented training. More importantly, a few participants pointed out a problem regarding the fact that faculty members in their programs did not equally value a social justice perspective which echo a number of scholars' concerns about engaging faculty members in advocacy-oriented research and teaching (Koch et al., 2014; Motulsky et al., 2014; Singh et al., 2010; Speight & Vera, 2008).

Similar to their experiences in doctoral programs, participants reported inconsistent exposure to social justice advocacy training in their clinical training settings such as their practicum and internship sites. Although participants from several doctoral programs shared prominent practicum experiences through their doctoral programs' connections with local community agencies and ongoing research projects, in most of these programs, social justice advocacy experiences were "optional" rather than a requirement which did not provide equal learning opportunities for trainees regarding social justice work. As a result, those participants, who were not able to receive advocacy training through their doctoral programs, had to seek out opportunities in other academic programs or clinical training sites to learn ways to engage in advocacy. In short, participants' experiences are in the same direction with the findings of the previous

research on counseling psychology trainees' advocacy training (Beer et al., 2012; Collins et al., 2013; Singh et al., 2010), and suggest trainees' strong desire to learn about advocacy work, which was inconsistently integrated into the programs' training.

      Manifestations of Social Justice Advocacy in Current Practice. The second theme emerged based on the analysis of the participants' narratives revealed creative and promising ways of engaging in advocacy in psychological practice. Committed to reaching out to those who are underserved and oppressed, participants of this study gave rich examples for advocacy on both individual and organizational levels. Compatible with the relevant literature (Kuo & Arcuri, 2014; Lewis et al., 2002; Palmer et al., 1998**;** Ratts, 2009; Toporek et al., 2009), participants' examples for their engagement in *advocacy in the therapy room* include recognition of the impacts of cultural, sociopolitical, and economic factors on mental health; empowering clients by sharing this conceptualization with them and helping clients advocate for themselves; integrating a social justice perspective into the therapeutic alliance through relationship building and collaboration from an egalitarian stance; and addressing power dynamics and contextual issues within psychotherapy.

      Participants also discussed engaging in *advocacy outside the therapy room*. These efforts to integrate advocacy into clinical practice were in agreement with the need for taking non-traditional roles as psychologists which have been underscored by the leaders of social justice movement in counseling psychology (e.g., Blustein et al., 2005; Fouad et al., 2006; Goodman et al., 2004; Helms, 2003; Ivey & Collins, 2003; Lewis et al., 2002; Palmer & Parish, 2008; Ratts et al., 2010; Vera & Speight, 2003; Toporek et al., 2009). In particular, participants considered their clients' basic needs (e.g., housing, legal

problems, and medical/ psychological treatment) when coordinating services for them. They valued collaborating with other professionals and organizations that can provide these resources for their clients. As participants worked in complex mental health care systems, such as medical settings and community mental health centers, they perceived assisting clients navigate multiple systems, including health care, academic, and legal systems, by connecting them with resources as an essential way of engaging in advocacy. Consistent with Lewis and colleagues' (2002) description of advocacy competencies, participants' actions encompassed both acting with and acting on behalf of their clients.

As participants in this study valued advocacy, many of them did not hesitate to *do the extra work* that was far beyond the traditional psychotherapeutic roles (Burnes & Singh, 2010; Goodman et al., 2004, 2013; in press; Green, McCollum, & Hays, 2008; Ratts, 2009, 2011; Vera & Speight, 2003; Weintraub & Goodman, 2010) which are limited to 50-minute face-to-face meeting in a therapy room. Some of the valuable exemplars for advocacy outside the therapy room include having time-consuming phone or written contacts with health insurance companies to help clients access treatment services; going to legal trials with clients who are asylum seekers; providing home-based psychotherapy for clients from low-income backgrounds without getting reimbursement for transportation; and providing pro bono services.

In addition to advocacy on an individual level, participants' stories illustrated diverse ways of engagement in advocacy on an organizational level that embody advocacy work both within the organization and beyond. Regardless of their clinical settings, participants advocated for culturally-responsive practices and policies in their organizations. They made significant attempts to increase organizational awareness

around the relationship between mental health and contextual barriers. Some participants carried this role on to levels transcending advocacy for clients. For example, along with integrating a social justice perspective into their teaching and supervision, participants discussed their support for recruitment of clinicians of color and advocating for ethnic minority trainees and staff members who had less power than they did within the organization.

Beyond their organizations, participants used opportunities to provide education, consultation, and supervision on multicultural and social justice issues for local and national organizations. Furthermore, some participants valued giving back to their communities by providing psychoeducation through their cultural and religious institutions. Therefore, aligned with the scholarly emphasis on creating organizational change as psychologists (APA, 2003; Chang, Hays, & Milliken, 2009; Fouad et al. 2006; Goodman et al, 2004; Kiselica & Robinson, 2001; Lewis, 2010; Lewis et al., 2002; Prilleltensky, 1997, 1999; Prilleltensky & Prilleltensky, 2003; Speight & Vera, 2008; Toporek et al., 2009; Vera & Speight, 2003), participants tried to educate and challenge the institutions that maintain and contribute to the power inequalities, marginalization, and oppression. At times, this required them to put ongoing efforts to engage their co-workers in dialogues around the power dynamics and the systemic issues in their organizations.

One of the valuable contributions of this study was illuminating some of the pragmatic aspects of social justice advocacy. In this respect, several factors seemed to affect participants' engagement in aforementioned advocacy roles. As discussed in the literature extensively (e.g., Blustein, Elman, & Gerstein, 2002; as cited in Toporek &

Williams, 2006, p. 18; Goodman et al., 2004; Helms, 2003; Ivey & Collins, 2003;

Kennedy, 2013; Kiselica & Robinson, 2001; Speight & Vera, 2004, 2008; Toporek &

Vaughn, 2010), supports and barriers to engagement in social justice work had critical

roles in defining how participants could advance their advocacy roles. Institutional

support for social justice-focused practice, one's own power and autonomy as a licensed

clinician, working with like-minded professionals and professional networks were some

of the prominent catalyzers of participants' social justice work, including advocacy. For

instance, participants who worked for organizations that support advocacy appreciated

the flexibility they had as clinicians. Additionally, for many participants, staying

connected to professionals with similar social justice values was important.

  Not surprisingly, lack of institutional support for advocacy came up as the most

critical factor that impeded participants' further investment in advocacy in their practice.

Supporting several authors' (e.g., Fox, 2003; Goodman et al., 2004; Helms, 2003; Ivey &

Collins, 2003) contemplations on the barriers to social justice work within professional

psychology more than a decade ago, participants expressed numerous institutional

challenges they faced when trying to integrate advocacy into their professional practices.

Some of the examples participants shared pertain to working in settings with clinical

approaches, policies, and practices that are predominantly individualistic, over-

pathologizing, hierarchical, and culturally-insensitive. More strikingly, while trying to

advocate for those who are oppressed by systemic inequalities, including psychological

practices that uphold the social status quo (Prilleltensky, 1999), participants themselves

were not immune to injustice, as they also felt marginalized and dominated at times by

those institutional structures.

Notably, participants in this study described both emotional and professional challenges with regard to advocating for culturally-informed and social justice-focused policies and practices based on their identities such as being women, people of color, or immigrants as they were questioned and confronted by those professionals who discredited participants' social justice perspectives. Given their training that highlighted promoting social justice through psychological practice, some participants were shocked and confused due to the institutional barriers they encountered during their post-graduation professional experiences. Despite their relatively powerful and privileged status as licensed clinicians, participants struggled with finding ways to overcome these barriers.

While all of the participants were motivated to engage in community-level and systemic interventions, resonating with the practical issues noted in the literature (Dale, 2008; Goodman et al., 2004; Helms, 2003; Ivey & Collins, 2003; Koch et al., 2014; Palmer & Parish, 2008; Speight & Vera, 2008), participants had difficulty involving in these interventions because advocacy was not included within the scope of their work. Thus, they had to focus on advocacy-related activities that mostly consisted of individual- and organizational-level work without engaging in sociopolitical action that would target the roots of the systemic problems.

These real challenges that participants' narratives reflect are supportive of Helms's (2003) and Speight and Vera's (2008) statements regarding the fact that counseling psychologists also work within a mental health care system that does not necessarily share the same values; in fact, at times, these systems force them to meet certain demands that create barriers regarding working beyond individual- and

organizational- level advocacy. Consequently, the participants who tried to promote social justice-informed practices in their clinical settings were seen as "stepping out" of their professional roles as psychologists. One participant shared the reactions he received when he tried to advocate for a systemic approach in his clinical setting: "Wow! You are a psychologist, but you think more like a social worker!" Although the participant perceived this reaction as a "compliment," this perspective shows that advocacy interventions have still been presumed to be social workers' or other professionals' responsibilities (Ratts, 2009; Vera & Speight, 2007).

In response to these challenges, participants developed several strategies such as seeking support from "allies" and being flexible in terms of their understanding of what is feasible. Hence, participants found themselves in a place to "pick their battles" to promote a social justice perspective in their professional roles. As one of the participants mentioned, "In graduate school, I felt like there was a need to apologize for just wanting to do psychotherapy as if it's not enough. Sometimes it's not enough, but sometimes it's enough, sometimes it's a lot," these barriers also seemed to lead some of the participants' question about how much advocacy is enough. This speaks to the dilemmas that a social justice orientation posits for counseling psychologists' professional identities and continuing confusion about the meaning of advocacy in practice (Fox, 2003; Speight & Vera, 2008). With the reality of making a living, concerns about financial security, and the need to survive in a system that is closely aligned with the medical model, engaging in systemic interventions became difficult for some participants as they started settling in their careers.

Although participants of this study had clear ideas about what social justice advocacy should entail prior to their work as licensed clinicians, for some participants, the barriers they faced when trying to integrate advocacy into clinical work contributed to a new understanding that advocacy in clinical settings may be different than advocacy work in other settings. As such, several participants reflected on how their clinical interventions (e.g., helping clients manage their panic attacks) can also provide tools for clients to survive in systems that could be oppressive and help them cope with their contextual stressors. Therefore, these participants questioned whether clinical interventions could be viewed as another way of advocacy. This point brings up important questions regarding how counseling psychologists can move forward with re-defining advocacy in clinical practice specifically. To sum, rather than a lack of social justice orientation or motivation to engage in advocacy, participants of this study described genuine challenges with regard to advocating for the marginalized and oppressed due to the realities of marketplace, professional psychology, and mental health system.

Future Advocacy Prospects. Related to the nature of their current advocacy roles (i.e., individual and organizational advocacy), participants conveyed their advocacy-related aspirations. Starting with their local communities, participants wanted to be more active and visible in terms of providing education and consultation to respond to some of the mental health needs they have observed. Consistent with the social justice-oriented counseling psychology literature (Constantine et al., 2007; Goodman et al., 2004; Ivey & Collins, 2003; Kennedy, 2013; Lewis et al., 2002; Palmer & Parish, 2008; Toporek et al., 2009; Vera & Speight, 2003), they elaborated on future hopes and plans to work with a

specific group, such as Latino communities, to collaborate on different projects to address some of the problems these communities deal with.

Public arena advocacy, including public information and sociopolitical advocacy, due to its limited place in participants' stories, was another aspect of advocacy participants wanted to engage in. At this level, some participants provided examples of "doing more" by conducting qualitative research to give a voice to the marginalized communities and create systemic change. This resonates with the points of convergence between qualitative research methodology and a social justice approach discussed within the recent literature (e.g., Lyons et al., 2013). Furthermore, in line with the cultivating internationalization of the fields of counseling and counseling psychology (Gerstein, Heppner, Ægisdóttir, Leung, & Norsworthy, 2009; Heppner et al., 2009; Moodley, Gielen, & Wu, 2013; Heppner & Wang, 2014), participants' goals and plans went beyond the systems in the U.S. and aimed at addressing injustice overseas. To sum, building on their previous personal and professional experiences, participants considered ways to be more engaged in advocacy by connecting with their local communities and sociopolitical action.

Limitations

Findings from this study reflect an in-depth analysis of the narratives of 11 licensed counseling psychologists who were trained in social justice-oriented doctoral programs. While conducting a qualitative research methodology has provided opportunities to capture the complexity and depth of participants' experiences, the narratives of the counseling psychologists in the study sample represent participants' current subjective experiences in a specific context. As qualitative research is not focused

on generalizability of the findings, results of this study may not be generalized to the entire field of counseling psychology; in other words, study findings are not intended to represent the experiences of counseling psychologists in general. Instead, the goal of using a narrative inquiry in this study was to gather a closer and a comprehensive picture of participants' stories as they relate to their engagement in social justice advocacy in practice. Also, narratives included in this study represent advocacy experiences of the psychologists, and do not reflect those of individuals who were the receivers of advocacy practices.

Related to data collection, inclusion criteria for the study sample included participants' graduation year which was between 2001 and 2011. Therefore, counseling psychologists who graduated prior to 2001 and after 2011 were not included in the study sample. While this criterion has several advantages, such as understanding the experiences of licensed clinicians who are settled in their professional careers, yet also were trained after the counseling psychology programs enhanced their focus on social justice training, it may not reflect the views of those psychologists who earned their degrees more recently. This is an important point to consider when interpreting the findings because several counseling psychology doctoral programs have lately made more deliberate attempts to infuse a social justice perspective into their teaching curricula (e.g., S. Ali et al., 2008; Goodman et al, in press; Motulsky et al., 2014). Thus, experiences of current counseling psychology trainees and recent graduates of these doctoral programs might be different than the narratives of the study participants indicate.

Another participant inclusion criterion pertained to the participants' graduate programs. All of the participants graduated from those programs that have a social justice

focus in their training. This indicates that study findings may not represent the experiences of the psychologists who were trained in programs that have a weaker emphasis on integrating a social justice agenda. Additionally, all of the participants valued using a social justice lens in their practice and looked for ways to further engage in advocacy. This might suggest that counseling psychologists who were less interested in integrating advocacy into their work might have different personal and professional experiences. Moreover, those clinicians might have self-selected out of data collection process. As participating in this study required participants to spend at least an hour during data collection, participants who were not able to commit to this requirement might also have contributed to the potential bias in this study.

Furthermore, although the study sample was relatively diverse in terms of ethnicity, geographic location, race, religious background, and sexual orientation (see Table 1), the majority of the participants in this study identified as females (n=9) providing limited insights on male clinicians' experiences. Nevertheless, based on the national statistics for clinical and counseling psychology doctoral programs (APA, 2010), over 77% of the trainees in these programs are females, which is slightly lower than the percentage of females in this study (% 81). Also, given the results of a recent demographic analysis of both APA members and doctoral-level non-members who were licensed psychologists which suggests nearly 60% of the psychologists in the workforce are females (Michalski & Kohout, 2011), the gender gap in the study sample may be viewed as less problematic.

It is also worth noting that more than half of the participants in the present study identified as ethnic or racial minority psychologists, when only 31.5% of the trainees in

the national sample (APA, 2010) identify as people of color. It is likely that participants resonated with social justice issues due to dealing with these challenges on a daily basis. This might also imply that practitioners from more privileged backgrounds, such as White, heterosexual, male practitioners who were not included in the study sample might have different experiences in terms of advocacy.

Despite these limitations, the present study has important strengths such as telling the stories of the clinicians who were trained in six different doctoral programs across the U.S. By narrating the experiences of practitioners, this study provides valuable insights regarding the position of social justice advocacy in psychology. In the next section, the study's broader implications for theory, research, practice, and training are discussed.

Implications for Theory, Practice, and Training

Implications for Theory. The conceptual framework that has informed this study, critical psychology (Fox & Prilleltensky, 1997; Fox et al., 2009, Prilleltensky, 1999; Teo, 2015), presumes that societal status quo contributes to the oppression of marginalized populations, and that psychology as a profession maintains the status quo by ignoring the contextual factors that affect well-being and freedom of those who are oppressed. According to Prilleltensky, psychologists can contribute to the transformation of the society to promote "more just and meaningful ways of living." (1999, p. 100). In other words, when working with individuals, psychologists need to attend to the sociopolitical factors as well as personal and political power by going beyond the historically narrow focus of psychology on the cognitions and behaviors of individuals. The present study has supported these viewpoints through the narratives of participants

who strive to pay attention to both individual and systemic factors (e.g., cultural and sociopolitical dynamics) in their professional work.

A core principle of critical psychology is the recognition of power and status differences both on individual and political level. Critical psychology scholars (Prilleltensky, 2008; Prilleltensky, Prilleltensky, & Voorhees 2007, 2009) discuss the concept of *psychopolitical validity* to assess how well a psychological theory or practice attends to the power dynamics. Thus, consideration of the ways in which individual and political power affects each other when shaping well-being and suffering has been paramount in critical psychology. From this point of view, one of the main criticisms of mainstream psychology that critical psychologists voice is its decontextualized consideration of power. Some of the concerns critical psychologists have voiced at length include the biases within the field of psychology, such as its neglect of power differentials on the sociopolitical realm, overemphasis on pathology rather than the assets of individuals, and perpetuation of the myth of meritocracy in society. Indeed, participants' narratives diverged from the mainstream psychology through their conceptualization of their clients' problems. Specifically, participants shared thoughtful examples from their own practice where they considered the sociopolitical factors that affect well-being; focused on the strengths of their clients; and conducted trauma-informed psychotherapy that viewed structural injustice as a form of trauma that impairs mental health.

Critical psychologists (e.g., Prilleltensky et al., 2009) also clarify the differences between the *epistemic psychopolitical validity* and *transformative psychopolitical validity.* They explain: "Whereas epistemic validity refers to our understanding of the

psychopolitical dynamics of oppression, transformative validity demands changes towards liberation at personal, interpersonal, and structural levels." (p. 358). Therefore, critical psychologists assert building on our awareness of sociopolitical factors that impede well-being and liberating individuals from oppression through creating change in institutions and society. They call psychologists for action to cultivate well-being and liberation, which refers to creating positive change on multiple levels. This requires psychologists to reconcile between their roles as mental health care providers and social change agents by engaging in advocacy on individual, organizational, and systemic levels.

Although participants used these perspectives in their work, they also described honest challenges with respect to reconciling these different roles given their positions in professional psychology practice. In line with the views of critical psychologists (e.g., Prilleltensky, 1999, 2008; Prilleltensky, Prilleltensky, & Voorhees 2007, 2009), they wanted to move from ameliorative efforts to structural change; put differently, many participants sought to provide more than individual-level tools for their clients by addressing the sociopolitical origins of their problems. In order to do so, participants engaged in organizational-level activities and roles that would contribute to social justice. For example, many participants engaged in activities to educate organizations that promote health for diverse populations and collaborated with professionals from other disciplines when trying to ameliorate their clients' conditions. Participants also used opportunities to involve in political education of their clients, co-workers, and other organizations that work with marginalized populations; therefore, they attempted to raise critical consciousness around the interactions of systemic forces and mental health

(Prilleltensky, 1999). However, due to the scope of their professional positions, especially those working in medical settings, many of the participants had difficulty integrating their therapist roles and social change roles (Prilleltensky & Nelson, 2002; Toporek et al., 2006). As discussed by one of the participants, this reality put social justice-oriented clinicians in an "insider-outsider" role that has also been recognized in the critical psychology literature (Prilleltensky et al., 2009). Hence, participants' narratives poignantly indicate questions for the professional identity of counseling psychologists who try to integrate their roles as wellness promoters and social change agents.

This study also raises several questions for critical psychology and other social justice-oriented psychological theories, such as feminist psychology (Brown, 1997; Wilkinson, 1997) and multicultural counseling (Arredondo & Perez; 2003; Sue et al., 1992) that attend to the power differences in society and therapeutic relationships. These questions pertain to the position of social justice-oriented psychologists when altering the status quo of society and the status quo of psychology: How much power do counseling psychologists have in transforming professional psychology and health care systems in their attempts to create a more just society? What might be the potential consequences of moving forward with a psychopolitical agenda for those clinicians whose primary professional settings are limited in terms of consideration of the roles of contextual factors in mental health? Responses to these questions seem to require further investigation on practical aspects of systemic work in psychology including social justice advocacy.

In short, while counseling psychologists have been responding to the compelling call from the critical psychologists, as Prilleltensky (1999, p.110) described over 15 years ago, the main obstacle for social justice work in professional psychology continues to relate to transforming "reactive, deficit-oriented, and expert-driven approaches to proactive, strength-based, and collaborative practices." The next section describes practical implications of the study findings.

Implications for Practice. One of the unique aspects of this study was its focus on counseling psychologists' social justice advocacy within clinical practice. While findings from the present study draw upon the previous research on advocacy in counseling psychology, they also provide thought-provoking views regarding moving forward with the advocacy agenda in clinical practice. By focusing on the stories of practitioners, this study contributes to a more pragmatic view of social justice work in professional psychology. Hereafter, clinicians who are willing to engage in advocacy in their own practice could benefit from the substantial examples of advocacy shared by the participants in this study.

For example, in individual and group psychotherapy, clinicians could conceptualize their clients' problems integrating a more systemic perspective (Burnes & Singh, 2010; Prilleltensky et al., 2009). They could "name" the systemic barriers that impede their clients' health which would potentially lead to the validation and empowerment of their clients struggling with those barriers. Due to the importance of the role power and privilege play in therapeutic relationship, addressing these dynamics and taking a more egalitarian approach could also help clinicians engage in individual-level advocacy. At the same time, based on the narratives of the participants, a critical aspect

of advocacy in clinical work entails going beyond the therapy room (Goodman &
Weintraub, 2010). Thus, it is important to reemphasize the necessity of collaboration and
consultation with other professionals and organizations given that most of the problems
marginalized clients face lie in the systems in which they live. From this point of view,
clinicians could make efforts to learn about the available resources (e.g., local community
organizations) in their communities and connect their clients with those resources.

Participants' stories also validate the scholarly view that clinicians have more to
offer than just individual-level advocacy. Specifically, advocacy in clinical practice could
be applied to the organizational activities. Counseling psychologists, including those who
are primarily clinicians, have been challenged to change the systems that oppress
marginalized populations (Fox, 2003; Ivey & Collins, 2003; Kiselica & Robins, 2001;
Palmer, 2004; Prilleltensky, 1999; Vera & Speight, 2003). Therefore, it is largely
discussed in the literature that the ultimate goal is to move toward systemic work to
create a more just society. Notwithstanding, clinicians might find it more practical and
convenient to start with the proximate systems that maintain the status quo. In particular,
they could be cognizant of and willing to challenge the organizational structures that
could set obstacles for those who are oppressed. However, on the grounds of their
barriers to systemic advocacy which were also pointed out within the previous literature
(e.g., Beer et al., 2012; Fox, 2003; Helms, 2003; Speight & Vera, 2004; 2008), this would
require a certain level of autonomy and power which could be harder to gain earlier in
one's professional career as a psychologist.

Related to the power of clinicians within the health care system, findings
centering on the systemic barriers participants described are of great importance. Despite

their passion to advocate for disadvantaged populations, clinicians may face restrictions in terms of funding, organizational obligations, lack of support from administrators and co-workers, and limited time and resources. For early career psychologists, it might be even more difficult to prioritize pro-bono systemic work, as they might need to pay off their educational loans. In addition, as Fouad and colleagues (2004) noted, advocacy might still be a "highly political and controversial position[s] in professional psychology" (p. 35); therefore, it is likely to continue to receive resistance from many practitioners in the field (Arredondo, Tovar-Blank, & Parham, 2008; Hays, Dean, & Chang, 2007; Hunsaker, 2011).

Findings of this study should also be interpreted in light of the recent economic factors, such as the Great Recession, that impact the health care services in the U.S. For example, APA Practice Organization's (2014) report documents 35% decrease in Medicare's reimbursement for individual psychotherapy sessions and 22% decline in practitioners' payments since 2007. This report also reveals results of a survey that indicates over 5,000 psychologists across the U.S. (26% of the responding psychologists in the survey) left Medicare primarily due to low reimbursement rates. When the practical implications of these changes are considered, difficulties regarding engaging in further advocacy work clinicians in private practice encounter are understandable. What is more disturbing is that the impacts of these systemic changes not only postulate financial difficulties for clinicians, but also impede the interest in and dedication to providing services for clients with Medicare insurance, which eventually restricts underserved and underresourced communities' access to mental health care services.

As these barriers to social justice advocacy can lead to discouragement, if not fatigue and burn out, what can be done to help clinicians who want to be more engaged in advocacy? Those clinicians who try to survive in organizations that may not share their social justice values might carefully analyze the costs and benefits associated to their advocacy in more organizational and systemic levels and "pick their battles" when taking their advocacy steps. While it is certainly important to pay attention to the organizational and sociopolitical structures that further disadvantage marginalized client populations, it would be unreasonable to expect clinicians to jeopardize their positions. As Helms (2003) eloquently argued (p. 311):

> […] without systemic support from upper level administrators and policy makers, counseling psychologists probably will not move quickly in the directions advocated by Vera and Speight (2003). Graduate students will likely leave their "voluntary" communitarian social justice activities behind as they move into the professional world, particularly if there are no systems in place to support this new definition of applied psychology.

Therefore, in order to create a systemic change, counseling psychologists need to invest in ongoing alliances and interdisciplinary work to lobby politicians and policy makers whose decisions directly affect the health care system and psychological practice (Chang et al., 2009; Helms; 2003; Palmer, 2004). Furthermore, it is necessary to recognize what many counseling psychologists in practice have already been doing in terms of individual-level advocacy, and that this is an important progress for professional psychology which has been traditionally conservative with respect to expanding the boundaries of practice. This perspective might help clinicians reframe their advocacy

work as valuable. Yet, these clinicians can undoubtedly benefit from finding ally professionals with similar social justice values to brainstorm practical ideas and receive support. Additionally, clinicians could seek support from more experienced psychologists who could serve as mentors for advocacy-related work in clinical practice. Lastly, to make a broader influence, clinicians could continue to engage in inter-organizational education, consultation, training, and collaboration which are all worthwhile by virtue of building a systemic change.

Implications for Training. Another important contribution of this study applies to its implications for social justice training in counseling psychology. While participants' narratives were in accordance with the previous research on counseling psychologists' training, they also brought up new considerations that are worth underlining. Because the development of counseling psychologists as social justice advocates came up as an important theme in this study, participants' stories provide valuable perspectives in terms of helping counseling psychology training programs take several points into account.

Particularly, consistent with the previous literature on the link between training environment and social justice orientation and commitment (Arredondo & Perez, 2003; Beer et al., 2012; Caldwell & Vera, 2010; Collins et al, 2013; Goodman et al., in press; Miller & Sendrowitz, 2011; Singh et al. 2010), participants highlighted their doctoral programs' support in promoting their focus on social justice issues in relation to their clinical practice. As participants' collective narrative emphasized the use of non-traditional training models through activities embedded in the community (e.g., in-service learning and immersion to underserved communities through community-based

programs), further training models that foster trainees' engagement in advocacy through collaborations with community organizations are needed (Beer et al.; Bemak & Chung, 2007; Koch & Juntunen, 2014; Nilsson et al., 2011; Talleyrand et al., 2006).

As mentioned in previous chapters, recent literature in counseling psychology has provided promising examples for training counseling psychologists as social change agents (e.g., Bhattacharyya, Ashby, & Goodman, 2014; Carr, Bhagwat, Miller, & Ponce, 2014; Caldwell & Vera, 2010; Goodman et al., in press; Koch et al., 2014; Kuo & Arcuri, 2014; Motulsky et al., 2014; Singh, 2010; Toporek & Worthington, 2014). Participants shared experiences that are in line with the critical training components that were discussed in these studies. In this sense, training experiences such as practicum in community agencies focusing on social justice work and advocacy training can be nurtured with teaching activities that increase trainees' awareness of sociopolitical forces affecting individuals' well-being. Moreover, training programs can benefit from engaging trainees in self-examination around their oppressed and privileged identities and implications of those identities for their work with marginalized communities. Similarly, group discussions and dialogues centering on the challenging aspects of advocacy are valuable training activities that need to be integrated into social justice training of counseling psychologists.

Providing a supportive and safe atmosphere for these discussions can create valuable outlets for further exploration of intersecting identities as they interact with trainees' experiences of advocacy. Through dialogues with their peers as well as faculty members, trainees can develop a deeper understanding of social justice advocacy. In addition, faculty members can play critical roles in training by modeling advocacy and

sharing power within the program and community collaborations (Goodman et al., 2004; Ivey & Collins, 2003; Toporek & Vaughn, 2010). In a similar vein, providing sufficient supervision and mentoring to help trainees practice advocacy in their clinical work by both training sites and doctoral programs is essential to prepare counseling psychology trainees as social justice advocates.

Although it is important to recognize the progress counseling psychology training programs have made since the call of the leaders of social justice-oriented counseling in early 2000s (e.g., Baluch et al., 2004; Goodman et al., 2004; Palmer, 2004; Speight & Vera, 2004; Vera & Speight, 2003), this study uncovered some of the outstanding problems in social justice training in counseling psychology, including the training in programs with a social justice agenda. In essence, there seems to be a lack of comprehensive and consistent integration of a social justice agenda generally, and advocacy training specifically. Therefore, as argued by several authors (Singh et al., 2010; Matulsky et al., 2014; Speight & Vera, 2008; Toporek et al., 2006), if counseling psychology programs want to continue to embrace their social justice-oriented roots, they need to make more explicit and concrete attempts to infuse social justice advocacy training on multiple-level interventions (e.g., individual, community, and systemic). Moreover, these training opportunities should move from being "optional" to "required" activities. While improving academic programs' focus on social justice advocacy, it would also be important to consider the starting point of the trainees with regard to their pre-existing knowledge of mainstream psychology as well as social justice-oriented psychotherapy models.

Regarding the challenges in terms of incorporating advocacy into training, it is

crucial to be aware of the resistance against taking further action within the counseling psychology field itself. Given the continuing dilemmas about having social justice work as an integral focus of psychologists' professional identity (Arredondo et al., 2008; Bemak & Chung, 2008; Hays et al., 2007; Jones, Sander, & Booker, 2013; Motulsky et al., 2014; Singh et al., 2010), it would be important to reach clarification and agreement in how advocacy in practice should be taught. Focusing on this resistance in open dialogues within the programs along with professional organizations such as relevant APA divisions can clarify the confusion about integrating an advocacy stance into our professional identities. In addition, APA can recognize advocacy training by adding it to the accreditation standards. As Palmer (2004) addressed, providing funding for internship or post-doctoral training programs in social justice-oriented organizations could further engage trainees in advocacy work.

This study also offers unique training implications due to its focus on counseling psychologists who were trained in social justice-oriented doctoral programs. Participants' stories indicate that despite receiving valuable social justice training during graduate training, counseling psychologists may not have advocacy-related training opportunities after graduation, when they might need more support. This is concerning especially when the limited acknowledgment of a social justice approach in several clinical settings is taken into account. Therefore, future social justice training might aim at responding to the needs of counseling psychologists in practice. Given that clinicians in the field would provide the most accurate perspective regarding the practicality of those advocacy trainings, this could, in turn, inform the training programs' teaching curricula.

While most of the training recommendations concern graduate-level training in

counseling psychology, participants' narratives also imply useful insights that pertain to education in earlier stages of individuals' development of social justice orientation. Given that exposure to social injustice either through one's own experience or contact with marginalized populations emerged as a significant factor in participants' development of social justice orientation, psycho-educational interventions in K-12th education and undergraduate training can enhance students' critical consciousness around systemic issues (cf. Diemer, 2009; Diemer & Blustein, 2006). Furthermore, role models, such as family members, teachers, mentors, and other influential adults invested in social justice can provide useful examples of engagement in positive social change.

Future Research

Findings of this study indicate several new directions for future research. This study makes an important attempt by calling attention to the nature of social justice advocacy in clinical practice. Counseling psychology literature has provided valuable discussions around infusing a social justice perspective into research, practice, and training; however, most of the advocacy examples discussed in the literature represent voices from academia or community organizations. This study concentrated on the narratives of practitioners to explore the practical opportunities and barriers in today's clinical practice. Therefore, future research might foster this attention to the experiences of practitioners which could potentially help with application of social justice approach. Otherwise, valuable suggestions of the scholars who are pushing for a social justice agenda in psychology might be perceived as impractical ideas from the ivory towers of academia.

While narratives of counseling psychologists who were trained in social justice-oriented doctoral programs are important in terms of illuminating how advocacy could be implemented in clinical work, most of the participants in this study have not received formal advocacy training. Given that many counseling psychology programs have made recent efforts to integrate a social justice approach into their training, future research might explore the experiences of practitioners who received advocacy training before they started their careers as professional psychologists. Moreover, it is important to uncover the advocacy-related experiences of psychologists who were trained in doctoral programs that do not have a social justice focus. What are some of the factors that affect those psychologists' engagement in social justice advocacy? When programs do not emphasize a social justice perspective, can trainees have advocacy training outside their programs? Given that participants described an enduring resistance to take a more systemic perspective in professional psychology, it could also be helpful to use different research methodologies to examine the concerns of psychologists who are not ready to integrate a social justice approach into their work.

One prospect might involve conducting participatory action research methodologies to address the barriers to social justice advocacy in specific health care organizations. Similarly, understanding the reservations of counseling psychology faculty members who are not willing to integrate a social justice agenda and starting within-profession dialogues might benefit the social justice training of future counseling psychologists. Studies that connect clinicians who value social justice work through focus groups can help researchers and practitioners develop new ideas to break the systemic barriers within the health care system. Furthermore, this could create a support system for

those clinicians. In addition to searching for ways to better understand these systemic barriers, future research could also explore solutions to these barriers.

As counseling psychology is moving toward systemic interventions, researchers need to continue to conduct research that bridges individual-level advocacy with macro-level advocacy and foster university-community collaborations to create structural change. Listening to the challenges addressed by the participants of this study, researchers might consider further discussions to clarify the position of social justice and advocacy in psychology, engaging in further discussions to operationalize the concept of advocacy, and redefining what is attainable in today's psychological practice world.

Finally, future research could address the limitations of the present study. Despite its strengths as a methodology, qualitative research does not allow researchers to understand the pervasiveness and the extent of the experiences presented in this study. In addition, as discussed previously, the current study focused on a specific set of clinicians. Future studies might include a larger sample of clinicians to better capture the experiences of the practitioners from a variety of training programs and clinical settings. Using research methodologies to share perspectives of not only clinicians, but also clients and other professionals regarding the effectiveness of advocacy efforts might provide unique perspectives regarding advocacy in clinical practice. Finally, future research should address the ways in which counseling psychologists collaborate to make policy changes to eliminate the systemic barriers described by the participants of this study.

Conclusions

The present study contributes to the counseling psychology literature by exploring the practical aspects of social justice work in psychology through the narratives of licensed counseling psychologists who were trained in social justice-oriented counseling psychology programs. Using the narrative inquiry method to shed light on counseling psychologists' engagement in advocacy, this study highlighted three overarching themes that emerged from participants' narratives: personal and training history, manifestations of social justice advocacy in practice, and future advocacy prospects. These themes provided insights on the important factors that shape counseling psychologists' development as social change agents, engagement in advocacy, and future career aspirations regarding engaging in advocacy.

Finding of this study have direct implications for theory, practice, and training in social justice-oriented counseling psychology. Narratives of the clinicians interviewed in this study imply that the field of counseling psychology has come a long way since its social justice-oriented scholars called for a return to their social justice-focused roots by taking greater social responsibility and action on multiple fronts (e.g., Blustein et al., 2005; Goodman et al., 2004; Ivey & Collins, 2003; Kiselica & Robinson, 2001; Vera & Speight, 2003). Thus, courageous and creative ways of advocacy portrayed by participants might indicate that the social justice movement in counseling psychology research and training has already started to make a positive impact on the field itself, and potentially, on those who receive the services of counseling psychologists. At the same time, narratives of the participants brought up realities of working in systems that pose challenges for social justice-oriented psychologists. It is my hope that naming and

describing these resources and challenges will contribute to the future research, training,

and practice interventions as well as policies to eradicate the barriers to engaging in

advocacy within psychology.

References

Ali, A., Hawkins, R. L., & Chambers, D. A. (2010). Recovery from depression among

   clients transitioning out of poverty. *American Journal of Orthopsychiatry*, *80*, 26–

   33. doi:10.1111/j.1939-0025.2010.01004.x

Ali, A., & Lees, K. E. (2013). The therapist as advocate: Anti-oppression advocacy in

   psychological practice. *Journal of Clinical Psychology*, *69*, 162–171.

   doi: 10.1002/jclp.21955

Ali, S. R., Liu, W. M., Mahmood, A., & Arguello, J. (2008). Social justice and applied

   psychology: Practical ideas for training the next generation of psychologists.

   Journal for Social Action in Counseling and Psychology, *1*(2), 1–13.

American Psychological Association. (2003). Guidelines on multicultural education,

   training, research, practice, and organizational change for psychologists.

   American Psychologist, 58, 377–402.

American Psychological Association. (2010). 2010 doctoral student demographics:

   Clinical & counseling psychology programs [Table]. Retrieved from

   http://www.apa.org/ed/accreditation/about/research/clinicalcounseling-table.pdf

American Psychological Association Practice Organization. (2014). *Congress should halt

   Medicare's plummeting psychologist payments.* Retrieved from

   http://www.apapracticecentral.org/advocacy/state/leadership/slc-fact-

   medicare.pdf

Ancis, J. R., & Ladany, N. (2010). A multicultural framework for counselor supervision.

   In L. J. Bradley & N. Ladany (Eds.), *Counselor Supervision* (4th ed., pp. 53–94).

   New York, Routledge.

Arredondo, P. & Arciniega, G. M. (2001). Strategies and techniques for counselor

training based on the multicultural counseling competencies. *Journal of*

Multicultural Counseling and Development, 29, 263-273.

doi: 10.1002/j.2161-1912.2001.tb00469

Arredondo, P., & Perez, P. (2003). Expanding multicultural competence through social

justice leadership. *The Counseling Psychologist, 31*, 282-289.

doi: 10.1177/ 0011000003031003003

Arredondo, P., Toporek, R., Brown, S. P., Jones, J., Locke, D. C., Sanchez, J., & Stadler,

H. (1996), Operationalization of the multicultural counseling competencies.

Journal of Multicultural Counseling and Development, 24, 42–78.

doi: 10.1002/j.2161-1912.1996.tb00288

Arredondo, P., Tovar-Blank, Z., & Parham, T. (2008). Challenges and promises of

becoming a culturally competent counselor in a socio-political era of change and

empowerment. *Journal of Counseling and Development, 86*, 261-268.

doi: 10.1002/j.1556-6678.2008.tb00508.x

Arthur, N., & Achenbach, K. (2002). Developing multicultural counseling competencies

through experiential learning. *Counselor Education and Supervision, 42,*

2-42. doi: 10.1002/j.1556-6978.2002.tb01299.x

Baluch, S. P., Pieterse, A. L., & Bolden, M. A. (2004). Counseling psychology and social

justice: Houston . . . we have a problem. *The Counseling Psychologist, 32,* 89–98.

doi: 10.1177/0011000003260065

Barbee, P. W., Scherer, D., & Combs, D. C., (2003). Prepracticum service-learning:

Examining the relationship with counselor self-efficacy and anxiety. *Counselor*

Education and Supervision, 43, 108-119. doi: 10.1002/j.1556-6978.2003.tb01835

Beer, A. M. (2006, February). Social justice and counseling psychology training: Emerging themes and future directions. Poster session presented at the annual Winter Roundtable Conference, Teachers College, New York, NY.

Beer, A. M., Spanierman, L. B., Greene, J. C., & Todd, N. R. (2012). Counseling psychology trainees' perceptions of training and commitments to social justice. *Journal of Counseling Psychology*, *59*, 120–133. doi:10.1037/a0026325

Bemak, F. & Chung, R. C-Y. (2007). Training counselors in social justice. In C.C. Lee (Ed.), *Counseling for social justice* (pp. 239-258, 2nd ed.). Alexandria, VA: American Counseling Association.

Bhattacharyya, S., Ashby, K. M., & Goodman, L. A. (2014). Social justice beyond the classroom responding to the Marathon bombing's Islamophobic aftermath. *The Counseling Psychologist, 42*, 1136-1158. doi: 10.1177/0011000014551420

Blustein, D. L. (2006). *The psychology of working: A new perspective for counseling, career development, and public policy.* Mahwah, NJ: Lawrence Erlbaum Associates.

Blustein, D. L., Elman, N., & Gerstein, L. (2002). Executive report on social action groups. National Counseling Psychology Conference, Houston, March 28-April 1, 2001. Presented to the Executive Boards of Division 17 and CCPTP.

Blustein, D. L., McWhirter, E. H., & Perry, J. C. (2005). An emancipatory communitarian approach to vocational development theory, research, and practice. *The Counseling Psychologist*, *33*, 141–179. doi: 10.1177/0011000004272268

Brabeck, M., & Brown, L. (1997). Feminist theory and psychological practice. In J.

Worell & N. G. Johnson (Eds.), *Shaping the future of feminist psychology:*

Education, research, and practice (pp. 15–35). Washington, DC: American

Psychological Association.

Brown, L. S. (1990). The meaning of a multicultural perspective for theory-building in

feminist therapy. *Women and Therapy*, *9*, 1–22.

doi: 10.1300/J015v09n01_01

Brown, L. (1994). Subversive dialogues: Theory in feminist therapy. NYC: Harper

Collins, Basic Books.

Brown, L. S. (1995). Cultural diversity in feminist therapy: Theory and practice. In H.

Landrine (Ed.), *Bringing cultural diversity to feminist psychology: Theory,*

research, and practice (pp. 143–162). Washington, DC: American Psychological

Association.

Brown, L.S. (1997). Ethics in psychology: *Cui bono?* In D. Fox & I. Prilleltensky (Eds.),

Critical psychology: An introduction (pp. 51-67). London: Sage Publications.

Brown, L. S. (2007). Empathy, genuineness — and the dynamics of power: A feminist

responds to Rogers. Psychotherapy: Theory, Research, Practice, Training, 44,

257-259. DOI: 10.1037/0033-3204.44.3.257

Brown, L. S., & Root, M. P. (1990). *Diversity and complexity in feminist therapy*. New

York: Haworth Press.

Buki, L. P. (2014). The relevance of counseling psychology in addressing major social

issues. The Counseling Psychologist, 42, 6–12. doi: 10.1177/0011000013516369

Burnes, T. R., & Manese, J. E. (2008). Social justice in an accredited internship in

professional psychology: Answering the call. *Training and Education in Professional Psychology, 2*, 176–181. doi: 10.1037/1931-3918.2.3.176

Burnes, T. R., & Singh, A. A. (2010). Integrating social justice training into the practicum experience for psychology trainees: Starting earlier. *Training and Education in Professional Psychology, 4*, 153. doi: 10.1037/a0019385

Burnett, J. A., Hamel, D., & Long, L. L. (2004). Service learning in graduate counselor education: Developing multicultural counseling competency. *Journal of Multicultural Counseling and Development, 32,* 180–191. doi: 10.1002/j.2161-1912.2004.tb00370

Burnett, J. A., Long, L. L., & Horne, H. L. (2005). Service learning for counselors: Integrating education, training and the community. *Journal of Humanistic Counseling, Education and Development, 44,* 158–167. doi: 10.1002/j.2164-490X.2005.tb00028

Bvunzawabaya, B. (2012). *Social Justice Counseling: Establishing Psychometric Properties for the Advocacy Competencies Self-Assessment Survey©* (Unpublished doctoral dissertation). Auburn University, Auburn, AL.

Caldwell, J. C., & Vera, E. M. (2010). Critical incidents in counseling psychology professionals' and trainees' social justice orientation development. *Training and Education in Professional Psychology, 4*, 163. doi: 10.1037/a0019093

Carr, E.R., Bhagwat, R., Miller, R., & Ponce, A. N. (2014). Training in mental health recovery and social justice in the public sector. *The Counseling Psychologist, 42,1108-1135*. doi: 10.1177/0011000014555200

Cartwright, B., D'Andrea, M. & Daniels, J. (2004). *An instructional manual for a video*

demonstration entitled: Three approaches to Multicultural Counseling and Therapy (MCT). Boston: Microskills Training Associates.

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

Chase, S. E. (2008). Narrative inquiry: Multiple lenses, approaches, voices. In N. K. Denzin & Y. S. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (pp. 57–94). Thousand Oaks, CA: Sage.

Clandinin, D. J. (Ed.) (2007). *Handbook of narrative inquiry: Mapping a methodology.* Thousand Oaks, CA: Sage.

Clandinin, D. J., & Connelly, F. M. (2000). *Experience and story in qualitative research.* San Francisco, CA: Jossey-Bass.

Cohen, D. (2001). Advocacy: Its many faces and a common understanding. In D. Cohen, R. de la Vega, & G. Watson (Eds.), *Advocacy for social justice: A global action and reflection guide* (pp. 7–10). Bloomfield, CT: Kumarian Press.

Collins, K. A. (2002). An examination of feminist psychotherapy in North America during the 1980s. *Guidance and Counselling, 17*(4), 105–112.

Collins, S., Arthur, N., & Brown, C. (2013). Critical Incidents in Graduate Student Development of Multicultural and Social Justice Competency. *Academic Journal of Interdisciplinary Studies*, *2*, 105. doi: 10.5901/ajis.2013.v2n9p105

Collins, S., Arthur, N., & Wong-Wylie, G. (2010). Enhancing reflective practice in multicultural counseling through cultural auditing. *Journal of Counseling and Development, 88,* 340-347. doi: 10.1002/j.1556-6678.2010.tb00031

Comstock, D. (Ed.). (2005). *Diversity and development: Critical contexts that shape our lives and relationships.* Belmont, CA: Thomson, Brooks/Cole.

Connelly, F. M., & Clandinin, D. J. (2006). Narrative inquiry. In J. L. Green, G. Camilli, & P. Elmore (Eds.), *Handbook of complementary methods in education research* (pp. 477–487). Mahwah, NJ: Lawrence Erlbaum.

Constantine, M.G. (1997). Facilitating multicultural competency in counseling supervision: Operationalizing a practical framework. In D. B. Pope-Davis & H. L. K. Coleman (Eds.), *Multicultural counseling competencies: Assessment, education and training, and supervision* (pp. 310-324). Thousand Oaks, CA: Sage.

Constantine, M. G., Hage, S. M., Kindaichi, M. M., & Bryant, R. M. (2007). Social justice and multicultural issues: Implications for the practice and training of counselors and counseling psychologists. *Journal of Counseling and Development*, *85*, 24-29. doi: 10.1002/j.1556-6678.2007.tb00440

Contratto, S., & Rossier, J. (2005). *Early trends in feminist therapy theory and practice.* Women & Therapy, 28(3/4), 7–26.

Crawford, M. & Unger, R. (2004). *Women and gender: A feminist psychology.* (4th ed.). New York, NY: McGraw Hill.

Creswell, J. W. (2007). *Qualitative inquiry and research method: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.

Dale, G. (2008). The single practitioner and community engagement: Bridging the gap between practice and social action. *American Psychologist, 63,* 791–797. doi:10.1037/0003-066X.63.8.791

Daniel, J. H., Roysircar, G., Abeles, N., & Boyd, C. (2004). Individual and cultural-diversity competency: Focus on the therapist. *Journal of Clinical Psychology, 60*, 755–770. doi: 10.1002/jclp.20014

Daniels, J. (2011). Feminist counseling and therapy. In A.E. Ivey, M.J. D'Andrea, & M.B. Ivey (Eds.), *Theories of counseling and psychotherapy: A multicultural perspective* (pp. 451–494). Thousand Oaks, CA: Sage.

Davis, A. (1983). *Women, race, and class*. New York: Vintage.

Dean, J. K. (2009). *Quantifying social justice advocacy competency: Development of the social justice advocacy scale*. (Unpublished doctoral dissertation). Retrieved from http://digitalarchive.gsu.edu/cps_diss/40

Denzin, N.K. (1989). *Interpretive interactionism.* Newbury Park, CA: Sage.

Diemer, M. A. (2009). Pathways to occupational attainment among poor youth of color: The role of sociopolitical development. *The Counseling Psychologist, 37*, 6-35. doi: 10.1177/0011000007309858

Diemer, M. A., & Blustein, D. L. (2006). Critical consciousness and career development among urban youth. *Journal of Vocational Behavior*, *68*, 220-232. doi: 10.1016/j.jvb.2005.07.001

Fine, M., & Gordon, S. M. (1991). Effacing the center and the margins: Life at the intersection of psychology and feminism. *Feminism and Psychology*, *1*, 19–27. doi: 10.1177/0959353591011002

Fouad, N. A., Gerstein, L. H., & Toporek, R. L. (2006). Social justice and counseling psychology in context. In R. L. Toporek, L. H. Gerstein, N. A. Fouad, & G. Roysircar, T. Israel (Eds.), *Handbook for social justice in counseling psychology:*

Leadership, vision, and action (pp. 1–16). Thousand Oaks, CA: Sage.

Fouad, N.A., McPherson, R. H., Gerstein, L., Blustein, D. L., Helledy, K. I., & Metz, A. J. (2004). Houston, 2001: Context and legacy. *The Counseling Psychologist, 32*, 15-77. doi: 10.1177/0011000003259943

Fox, D. R. (1993). Psychological jurisprudence and radical social change. *American Psychologist*, *48*, 234–241. doi: 10.1037/0003-066X.48.3.234

Fox, D. R. (2003). Awareness is good, but action is better. *The Counseling Psychologist, 31,* 299–304. doi: 10.1177/0011000003031003005

Fox, D. R., & Prilleltensky, I. (Eds.). (1997). *Critical psychology: An introduction.* London: Sage.

Fox, D. R., Prilleltensky, I., & Austin, S. (Eds.). (2009). Critical Psychology For Social Justice: Concerns and Dilemmas. In D. Fox, I. Prilleltensky, & S. Austin (Eds.), *Critical psychology: An introduction* (pp. 5–19). Thousand Oaks, CA: Sage.

Freiré, P. (1990). *Pedagogy of the oppressed.* New York, NY: Continuum Press. (Original work published 1970)

Fuertes, J. N., Miville, M. L., Mohr, J. J., Sedlacek, W. E., & Gretchen, D. (2000). Factor structure and short form of the Miville-Guzman Universality-Diversity Scale, *Measurement and Evaluation in Counseling and Development, 33,* 157–169. doi: 10.1037/t09436-000

Gasson, S. (2004). Rigor in grounded theory research: An interpretive perspective on generating theory from qualitative field studies. In M. E. Whitman & A. B. Woszczynski (Eds.), *The handbook of information systems research* (pp. 79–102). Hershey, PA: Idea Group.

Gerstein, L. H., Heppner, P. P., Ægisdóttir, S., Leung, S. A., & Norsworthy, K. L. (2009). Cross-cultural counseling: History, challenges, and rationale. In L. H. Gerstein, P. P. Heppner, S. Ægisdóttir, S. A. Leung, & K. L. Norsworthy (Eds.), International handbook of cross-cultural counseling (pp. 3-32). Thousand Oaks, CA: SAGE.

Glesne, C. (2011). Becoming qualitative researchers: An introduction (4th Ed.). Boston: Pearson Education, Inc.

Goodman, L. A., Liang, B., Helms, J. E., Latta, R. E., Sparks, E., & Weintraub, S. R. (2004). Training counseling psychologists as social justice agents: Feminist and multicultural principles in action. *The Counseling Psychologist, 32,* 793–837. doi: 10.1177/0011000004268802

Goodman, L. A., Liang, B., Tummala-Narra, P., Borges, A., Claudius, M., & Woulfe, J. (in press). A model for integrating social justice roles into Counseling Psychology doctoral training In C. Johnson, H. Friedman, J. Diaz, B. Nastasi, & Z. Franco (Eds.), *Handbook of Social Justice and Psychology.* Westport, CT: Praeger.

Goodman, L. A., Liang, B., Weintraub, S., Helms, J., & Latta, R. (2004). Warts and all: Personal reflections on social justice in counseling psychology. Reply to Kiselica, Palmer, Thompson and Shermis and Watts. *The Counseling Psychologist, 32*, 886-899. doi: 10.1177/0011000004269276

Goodman, L. A., Litwin, A., Bohlig, A., Weintraub, S. R., Green, A., Walker, J., et al. (2007). Applying feminist theory to community practice: A multilevel empowerment intervention for low-income women with depression. In E.

Aldarondo (Ed.), Advancing social justice through clinical practice (pp. 265–290). Mahwah, NJ: Erlbaum.

Goodman, L. A., Pugach, M., Skolnik, A., & Smith, L. (2013). Poverty and mental health practice: Within and beyond the 50-minute hour. *Journal of Clinical Psychology*, *69*, 182–190. doi: 10.1002/jclp.21957

Green, E.J., McCollum, V.C., & Hays, D.G. (2008). Teaching advocacy counseling within a social justice framework: Implications for school counselors and educators. *Journal for Social Action in Counseling and Psychology, 1* (2), 14-30.

Griffith, D. M. (2003). Understanding critical aspects of young activists sociopolitical development. Dissertation Abstracts International: Section B: The Sciences and Engineering, 63(8-B), p. 3977.

Grossman, F. K., Gilbert, L. A., Genero, N. P., Hawes, S. E., Hyde, J. S., & Marecek, J. (1997). Feminist research: Practice and problems. In J. Worell & N. G. Johnson (Eds.), *Shaping the future of feminist psychology: Education, research, and practice* (pp. 73–92). Washington, DC: American Psychological Association.

Hage, S. M. (2005). Future considerations for fostering multicultural competence in mental health and educational settings: Social justice implications. In M. G. Constantine & D. W. Sue (Eds.), *Strategies for building multicultural competence in mental health and educational settings* (pp. 285–302). Hoboken, NJ: Wiley.

Hage, S. M., & Kenny, M. E. (2009). Promoting a social justice approach to prevention: Future directions for training, practice and research. *Journal of Primary Prevention, 30*, 75–87. doi: 10.1007/s10935-008-0165-5

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 and Development, 85, 317-324. doi: 10.1002/j.1556-6678.2007.tb00480.x

Helms, J. E. (2003). A pragmatic view of social justice. *The Counseling Psychologist*, *31*, 305-313. doi: 10.1177/0011000003031003006

Helms, J. E., & Cook, D. A. (1999). *Using race and culture in counseling and psychotherapy: Theory and process.* Boston: Allyn & Bacon.

Heppner, P. P., & Wang, K. T. (2014). A cross-cultural immersion program promoting students' cultural journeys. *The Counseling Psychologist*, *42*, 1159-1187. doi: 10.1177/0011000014548899

Heppner, P. P., Ægisdóttir, S., Leung, S.-M. A., Duan, C., Helms, J. E., Gerstein, L. H., & Pedersen, P. B. (2009.), The intersection of multicultural and crossnational movements in the United States: A complimentary role to promote culturally sensitive research, training, and practice. In L. H. Gerstein, P. P. Heppner, S. Ægisdóttir, S. A. Leung, & K. L. Norsworthy (Eds.), International handbook of cross-cultural counseling (pp. 33-52). Thousand Oaks, CA: SAGE.

Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology, 52,* 196–205. doi: 10.1037/ 0022-0167.52.2.196

hooks, b. (1981). *Ain't I a woman: Black women and feminism.* Boston, MA: South End Press.

hooks, b. (2000). *Feminist theory: From margin to center*. London, England: Pluto Press.

Hunsaker, R. C. (2011). Counseling and social justice. *Academic Questions, 24*, 319-340. doi: 10.1007/s12129-011-9242-y

Israel, T., & Selvidge, M. (2003). Contributions of multicultural counseling to counselor competence with lesbian, gay, and bisexual clients. *Journal of Multicultural Counseling and Development, 31*, 84–98. doi: 10.1002/j.2161-1912.2003.tb00535

Ivey, A. E., & Collins, N. M. (2003). Social justice: A long-term challenge for counseling psychology. *The Counseling Psychologist, 31,* 290–298. doi: 10.1177/0011000003031003004

Jett, S. T. & Delgado-Romero, E. A. (2009). Prepracticum service-learning in counselor education: A qualitative case study. *Counselor Education and Supervision, 49,* 106–121. doi: 10.1002/j.1556-6978.2009.tb00091

Jones, J. M., Sander, J. B., & Booker, K. W. (2013). Multicultural competency building: Practical solutions for training and evaluating student progress. *Training and Education in Professional Psychology, 7*, 12-22. doi:10.1037/a0030880

Kennedy, B. S. A. (2013). Counselling Psychologists' Lived Experiences of Engaging with Social Justice. (Unpublished doctoral dissertation). University of Calgary, Alberta, Canada.

Kiselica, M. S. (2004). When duty calls: The implications of social justice work for policy, education, and practice in the mental health professions. *The Counseling Psychologist, 32*, 838–854. doi: 10.1177/0011000004269272

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*, 387–397. doi: 10.1002/j.1556-6676.2001.tb01985

Koch, J. M., & Juntunen, C. L. (2014). Non-traditional teaching methods that promote

social justice: Introduction to the Special Issue. *The Counseling Psychologist*, *42*,

894-900. doi: 10.1177/0011000014551772

Koch, J. M., Ross, J. B., Wendell, J., & Aleksandrova-Howell, M. (2014). Results of

immersion service learning activism with peers: Anticipated and surprising. *The*

Counseling Psychologist, *42*, 1215-1246. doi: 10.1177/0011000014535955

Kuo, B. C., & Arcuri, A. (2014). Multicultural therapy practicum involving refugees:

Description and illustration of a training model. *The Counseling Psychologist*, *42*,

1021-1052. doi: 10.1177/0011000013491610

Landrine, H. E. (1995). *Bringing cultural diversity to feminist psychology: Theory,*

research, and practice. Washington, DC: American Psychological Association.

LeCompte, M. D., & Schensul, J. J. (2010). *Designing and conducting ethnographic*

research: An introduction (2nd ed., Vol. 1). Lanham, MD: AltaMira.

Lewis, B. L. (2010). Social justice in practicum training: Competencies and

developmental implications. *Training and Education in Professional Psychology*,

4, 145. doi: 10.1037/a0017383

Lewis, J., & Arnold, M. S. (1998). From multiculturalism to social action. In C. C. Lee &

G. R. Walz (Eds.), *Social action: A mandate for counselors* (pp. 51–64).

Alexandria, VA: American Counseling Association and Educational Resources

Information Center Counseling and Student Services Clearinghouse.

Lewis, J., Arnold, M. S., House, R., & Toporek, R. L. (2002). *ACA Advocacy*

Competencies. Retrieved from http://www.counseling.org/Publications/

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.

Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research: Reading,*

    analysis, and interpretation. Thousand Oaks, CA: Sage.

Liu, W. M., Pickett, T., & Ivey, A. E. (2007). White Middle-Class Privilege: Social Class

    Bias and Implications for Training and Practice. *Journal of Multicultural*

    Counseling and Development, *35*, 194-206. doi: 10.1002/j.2161-

    1912.2007.tb00060.x

Lyons, H. Z., Bike, D. H., Ojeda, L., Johnson, A., Rosales Meza, R., & Flores, L. Y.

    (2013). Qualitative research practice as social justice with culturally diverse

    populations. *Journal for Social Action in Counseling and Psychology, 5(2),* 10-25

Malott, K. M. (2010). Multicultural counselor training in a single course: Review

    of research. *Journal of Multicultural Counseling and Development, 38,* 51-63.

    doi:10.1002/j.2161-1912.2010.tb00113.x

Martin-Baro, I. (1994). *Writings for a liberation psychology.* Cambridge, MA: Harvard

    University Press.

Michalski, D. S., & Kohout, J. L. (2011). The state of the psychology health service

    provider workforce. *American Psychologist*, *66*, 825- 834. doi: 10.1037/a0026200

Miles, M. B, & Huberman, A. M. (1994). *Qualitative data analysis,* 2nd Ed. (pp. 10–12).

    Newbury Park, CA: Sage.

Miller, M. J., & Sendrowitz, K. (2011). Counseling psychology trainees' social justice

    interest and commitment. *Journal of Counseling Psychology*, *58*, 159–169.

doi: 10.1037/a0022663

Moe, J.L., Perera-Diltz, D., & Sepulveda, V. (2010). Are consultation and social justice advocacy similar?: Exploring the perceptions of professional counselors and counseling students. *Journal for Social Action in Counseling and Psychology, 2(*2), 106-123.

Moodley, R., Gielen, U. P., & Wu, R. (Eds.). (2013). Handbook of counseling and psychotherapy in an international context. New York, NY: Routledge.

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, *52*, 250–260. doi: 10.1037/0022-0167.52.2.250

Morrow, S. L., & Hawxhurst, D. M. (1998). Feminist therapy: Integrating political analysis in counseling and psychotherapy. *Women and Therapy, 21*, 37–50. doi: 10.1300/J015v21n02_03

Motulsky, S. L., Gere, S. H., Saleem, R., & Trantham, S. M. (2014). Teaching social justice in counseling psychology. *The Counseling Psychologist, 42*, 1058-1083. doi: 10.1177/0011000014553855

Murray, C. E., Pope, A. L., & Rowell, P. C. (2010). Promoting counseling students' advocacy competencies through service-learning. *Journal for Social Action in Counseling and Psychology*, *2*(2), 29-47.

Niegocki, K. L., Mastroianni, E. M., Hurley, E.J., Green, M. M., Gerstein, L. H., Richardson, D. R., & Miller, D. A. (2012). Making the social justice connection: Development of a community resource guide. *Journal of Social Action in Counseling and Psychology, 4*(2), 41-58.

Nilsson, J. E., Marszalek, J. M., Linnemeyer, R. M., Bahner, A. D., & Misialek, L. H. (2011). Development and assessment of the Social Issues Advocacy Scale. *Educational and Psychological Measurement*, *71*(1), 258-275. doi: 10.1177/0013164410391581

Nilsson, J. E., & Schmidt, C. K. (2005). Social justice advocacy among graduate students in counseling: An initial exploration. *Journal of College Student Development, 46,* 267-279. doi: 10.1353/csd. 2005.0030

O'Brien, K. M. (2001). The legacy of Parsons: Career counselors and vocational psychologists as agents of social change. *The Career Development Quarterly*, *50*, 66–76. doi: 10.1002/j.2161-0045.2001.tb00891.x

O'Brien, K. M., Patel, S., Hensler-McGinnis, N., & Kaplan, J. (2006). Empowering undergraduate students to be agents of social change: An innovative service learning course in counseling psychology. In R. L. Toporek, L. H. Gerstein, N. A. Fouad, G. Roysircar, & T. Israel (Eds.), *Handbook for social justice in counseling psychology: Leadership, vision, and action* (pp. 59–73). Thousand Oaks, CA: Sage.

O'Brien, K. M., Risco, C. M., Castro, J., & Goodman, L. A. (2014). Educating undergraduate students to work with children of abused women. *The Counseling Psychologist, 42*, 972-997. doi:10.1177/0011000014548898

Palmer, L. K. (2004). The call to social justice: A multidiscipline agenda. *The Counseling Psychologist, 32*, 879-885. doi: 10.1177/0011000004269278

Palmer, A., & Parish, J. (2008). Social justice and counselling psychology: Situating the role of graduate student research, education, and training. *Canadian Journal of*

Counselling, 42(4), 278–292.

Pedersen, P. (Ed.). (1999). *Multiculturalism as a fourth force.* Philadelphia, PA: Taylor &
Francis.

Pieterse, A. L., Evans, S. A., Risner-Butner, A., Collins, N. M., & Mason, L. B. (2009).
Multicultural competence and social justice training in counseling psychology and
counselor education: A review and analysis of a sample of multicultural course
syllabi. *The Counseling Psychologist*, *37*, 93–115.
doi: 10.1177/0011000008319986

Ponterotto, J. G., Gretchen, D., Utsey, S. O., Rieger, B., & Austin, R., (2002). A revision
of the Multicultural Counseling Awareness *Scale. Journal of Multicultural
Counseling and Development, 30,* 153–180.
doi:10.1002/j.21611912.2002.tb00489

Priester, P. E., Jones, J. E., Jackson-Bailey, C. M., Jana-Masri, A., Jordan, E. X., &
Metz, A. (2008). An analysis of content and instructional strategies in
multicultural counseling courses. *Journal Multicultural Counseling and
Development, 36*, 29-39. doi:10.1002/j.2161-1912.2008.tb00067.x

Prilleltensky, I. (1997). Values, assumptions, and practices: Assessing the moral
implications of psychological discourse and action. *American Psychologist*, *52*,
517–535. doi: 10.1037//0003-066X.52.5.517

Prilleltensky, I. (1999). Critical psychology foundations for the promotion of mental
health. *Annual Review of Critical Psychology*, *1*(1), 100–118.

Prilleltensky, I. (2008). The role of power in wellness, oppression, and liberation: The
promise of psychopolitical validity. *Journal of Community Psychology*, *36*, 116-

136. doi: 10.1002/jcop.20225

Prilleltensky, I., & Gonick, L. (1994) The discourse of oppression in the social sciences:

Past, present, and future. In E. J. Trickett, R. J. Watts, & D. Birman (Eds.),

Human diversity: Perspectives on people in context (pp. 145–177) San Francisco,

CA: Jossey-Bass.

Prilleltensky, I., & Nelson, G. (2002). *Doing psychology critically: Making a difference*

in diverse settings. New York, NY: Palgrave Macmillan.

Prilleltensky, I., & Prilleltensky, O. (2003). Synergies for wellness and liberation in

counseling psychology. *The Counseling Psychologist. 31,* 273–281.

doi: 10.1177/0011000003031003002

Prilleltensky, I., Prilleltensky, O., & Voorhees, C. (2007). Psychopolitical validity in the

helping professions: Applications to research, interventions, case conceptualization,

and therapy. In C. Cohen, and S. Tamiami (Eds.), *Liberatory psychiatry: Towards a*

new psychiatry (pp. 105-130). New York: Cambridge University Press. (revised and

updated 7 for second edition of Fox, Prilleltensky and Austin, *Critical Psychology:*

An introduction, Sage).

Prilleltensky, I., Prilleltensky, O., & Voorhees, C. (2008). Psychopolitical validity in the

helping professions: Applications to research, interventions, case

conceptualization, and therapy. *Liberatory psychiatry: Philosophy, politics, and*

mental health, 105-130.

Rappaport, J. (2000). Community narratives: Tales of terror and joy. *American Journal of*

Community Psychology, 28, 1–24. doi: 10.1023/A:1005161528817

Ratts, M. J. (2009). Social justice counseling: Toward the development of a fifth force

among counseling paradigms. *The Journal of Humanistic Counseling, Education*

and Development, *48*, 160–172. doi: 10.1002/j.2161-1939.2009.tb00076.x

Ratts, M., D'Andrea, M., & Arredondo, P. (2004). Social justice counseling: "Fifth force" in field. *Counseling Today, 47*(1), 28-30.

Ratts, M. J., & Ford, A. (2010). Advocacy Competencies Self-Assessment Survey: A tool for measuring advocacy competence. In M. J. Ratts, R. L. Toporek, & J. A. Lewis (Eds.), *ACA advocacy competencies: A social justice framework for counselors* (pp. 21–26). Alexandria, VA: American Counseling Association.

Ratts, M. J., & Hutchins, A. M. (2009). ACA advocacy competencies: Social justice advocacy at the client/student level. *Journal of Counseling and Development*, *87*, 269-275. doi: 10.1002/j.1556-6678.2009.tb00106.x

Ratts, M. V., Lewis, J. A., & Toporek, R. L. (2010). Advocacy in counseling. In M. V. Ratts, J. A. Lewis, & R. L. Toporek (Eds.), *ACA Advocacy Competencies: A social justice framework for counselors.* Alexandria, VA: American Counseling Association.

Singh, A.A. (2015, April). Vice President for Diversity and Public Interest executive report. *American Psychological Association Society of Counseling Psychology Winter Newsletter, 36*(1). Retrieved from http://www.div17.org/wp-content/uploads/SCP-newsletter-spring-2015.pdf

Singh, A. A., Hofsess, C. D., Boyer, E. M., Kwong, A., Lau, A. S. M., McLain, M., & Haggins, K. L. (2010). Social justice and counseling psychology: Listening to the voices of doctoral trainees. *The Counseling Psychologist, 38*(6), 766–795. doi: 10.1037/a0026325

Smith, L., Baluch, S., Bernabei, S., Robohm, J., & Sheehy, J. (2003). Applying a social

justice framework to college counseling center practice. *Journal of College Counseling*, *6*, 3–13. doi: 10.1002/j.2161-1882.2003.tb00222.x

Smith, L., & Lau, M. Y. (2013). Exploring the corollaries of students' social justice intentionality. *Education, Citizenship and Social Justice*, *8*, 59-71. doi: 10.1177/1746197912461327

Smith, L., & Romero, L. (2010). Psychological interventions in the context of poverty: participatory action research as practice. *American journal of Orthopsychiatry*, *80*(1), 12. doi: 10.1111/j.1939-0025.2010.01003.x

Smith, M., Jennings, L., & Lakhan, S. (2004). International education and service learning: Approaches toward cultural competency and social justice. *The Counseling Psychologist, 42, 1188- 1214.* doi: 10.1177/0011000014557499

Speight, S. L., & Vera, E. M. (2004). A social justice agenda: Ready or not? *The Counseling Psychologist, 32,* 109–118. doi: 10.1177/0011000003260005

Speight, S. L., & Vera, E. M. (2008). Social justice and counseling psychology: A challenge to the specialty (pg. 54-67). In S. D. Brown & R. Lent (Ed.). *The Handbook of Counseling Psychology* (4th Edition). Hoboken, NJ: John Wiley.

Suarez-Balcazar, Y., Durlak, J. A., & Smith, C. (1994). Multicultural training practices in community psychology programs. *American Journal of Community Psychology, 22*(6), 785–798. doi: 10.1007/BF02521559

Sue, D. W. (1995). Multicultural organizational development: Implications for the counseling profession. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 474-492). Thousand Oaks, CA: Sage.

Sue, D. W., Arredondo, P., & McDavis, R. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development, 70,* 477-486. doi: 10.1002/j.2161-1912.1992.tb00563.x

Sue, D. W., & Constantine, M. G. (2007). Racial microaggressions as instigators of difficult dialogues on race: Implications for student affairs professionals. *College Student Affairs Journal, 26,* 136-143.

Sue, D. W. & Sue, D. (2013). *Counseling the Culturally Diverse: Theory and Practice.* (6th edition). Hoboken, NJ: John Wiley & Sons.

Sue, D. W., & Torino, G. (2005). Racial-cultural competence: Awareness, knowledge, and skills. In R. T. Carter (Ed.), Handbook of racial-cultural psychology and counseling: Vol. 2. Training and practice (pp. 3–18). Hoboken, NJ: Wiley.

Swift, C. F., Bond, M. A., & Serrano-Garcia, I. (2000). Women's empowerment: A review of community psychology's first twenty-five years. In J. Rappaport and E. Seidman (Eds.), *Handbook of community psychology* (pp. 857-896). New York: Kluwer Academic/Plenum.

Talleyrand, R. M., Chung, R. C. Y., & Bemak, F. (2006). Incorporating social justice in counselor training programs. In R. L. Toporek, L. H. Gerstein, N. A. Fouad, G. Roysircar, & T. Israel (Eds.), *Handbook for social justice in counseling psychology: Leadership, vision, and action* (pp. 44–58). Thousand Oaks, CA: Sage.

Teo, T. (2015). Critical Psychology: A Geography of Intellectual Engagement and Resistance. *American Psychologist*, 243-254.

The Society of Counseling Psychology Special Task Group. (2013). Counseling

psychology core competencies, essential components, behavioral anchors, and

examples. Retrieved from http://www.ccptp.org/assets/docs/copsy competencies

introduction and rationale - final.pdf

Toporek, R. L., Gerstein, L. H., Fouad, N. A., Roysircar, G., & Israel, T. (2006).

Handbook of social justice in counseling psychology. Thousand Oaks, CA: Sage.

Toporek, R. L., Lewis, J. A., & Crethar, H. C. (2009). Promoting systemic change

through the ACA Advocacy Competencies. *Journal of Counseling and

Development, 87,* 260–268. doi: 10.1002/j.1556-6678.2009.tb00105.x

Toporek, R. L., Lewis, J. A., & Ratts, M. J. (2010). The ACA Advocacy Competencies:

An Overview. In M. J. Ratts, R. L. Toporek, & J. A. Lewis (Eds.), *ACA Advocacy

Competencies: A social justice framework for counselors* (pp. 11–20). Alexandria,

VA: American Counseling Association.

Toporek, R. L., & Liu, W. M. (2001). Advocacy in counseling: Addressing race, class,

and gender oppression. In D. B. Pope-Davis & H. L. K. Coleman (Eds.), *The

intersection of race, class, and gender in multicultural counseling* (pp. 285–413).

Thousand Oaks, CA: Sage.

Toporek, R. L., & McNally, C. J. (2006). Social justice in counseling psychology: Needs

and innovations. In R. L. Toporek, L. H. Gerstein, N. A. Fouad, G. Roysircar, &

T. Israel (Eds.), *Handbook for social justice in counseling psychology:

Leadership, vision, and action* (pp. 37–43). Thousand Oaks, CA: Sage.

Toporek, R. L., & Vaughn, S. R. (2010). Social justice in the training of professional

psychologists: Moving forward. *Training and Education in Professional

Psychology*, 4, 177-182. doi:10.1037/a0019874

Toporek, R. L., & Williams, R. A. (2006). Ethics and professional issues related to the

practice of social justice in counseling psychology. In R. Toporek, L. Gerstein, N.

Fouad, G. Roysircar, & T. Israel (Eds.). *Handbook for social justice in counseling*

psychology: Leadership, vision, and action (pp. 17–34). 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. doi:10.1177/0011000014545090

Vera, E. M., & Speight, S. L. (2003). Multicultural competence, social justice, and

counseling psychology: Expanding our roles. *The Counseling Psychologist, 31,*

253–272. doi: 10.1177/0011000002250634

Vera, E. M., & Speight, S. L. (2007). Advocacy, outreach, and prevention: Integrating

social action roles in professional training. In E. Aldarondo (Ed.), *Advancing*

social justice through clinical practice (pp. 373–416). Mahwah, NJ: Erlbaum.

Vontress, C. E., & Jackson, M. L. (2004). Reactions to the Multicultural Counseling

Competencies Debate. *Journal of Mental Health Counseling, 26*(1), 74–80.

Watts, R. J. (2004). Integrating social justice and psychology. *The Counseling*

Psychologist, 32, 855–865. doi: 10.1177/0011000004269274

Watts, R. J., Williams, N. C., & Jagers, R. J. (2003). Sociopolitical development.

*American Journal of Community Psychology, 31,*185–194.

doi:10.1023/A:1023091024140

Weinrach, S. G., & Thomas, K. R. (2002). A critical analysis of the multicultural

counseling competencies: Implications for the practice of mental health

counseling. *Journal of Mental Health Counseling, 24*(1), 20–35.

Weinrach, S. G. & Thomas, K. R. (2004). The AMCD Multicultural Counseling
Competencies: A critically flawed initiative. *Journal of Mental Health
Counseling, 26*(1), 81–93.

Weintraub, S.R., & Goodman, L.A. (2010). Working with and for: Student advocates'
experience of relationship-centered advocacy with low-income women. *American
Journal of Orthopsychiatry, 80*(1), 46–60.
doi: 10.1111/j.1939-0025.2010.01006.x

Wilkinson, S. (1997). Feminist psychology. In D. Fox & I. Prilleltensky (Eds.), *Critical
psychology: An introduction* (pp. 247–264). Thousand Oaks, CA: Sage.

Worell, J., & Remer, P. (2003). *Feminist perspectives in therapy: Empowering diverse
women* (2nd ed.). Hoboken, NJ: Wiley.

Appendices

Table 1
Participant Demographics

Pseudonym	Age	Gender	Sexual Orientation	Racial and Ethnic Background	Religion	Clinical Setting
Grace	35	Female	Heterosexual	South Asian	Hindu	Community Mental Health Center
Amanda	42	Female	Lesbian/ Bi/ Queer	White	Spiritual	Community Mental Health Center
Brooke	46	Female	Heterosexual	White	No Affiliation	College Counseling Center
Julia	37	Female	Heterosexual	White	Jewish	Veteran Affairs Hospital
Hope	34	Female	Heterosexual	S. Asian American	Muslim	Private Practice
Mia	35	Female	Heterosexual	White	Unitarian Universalist	College Counseling Center
Angel	34	Female	Bisexual	Asian American	Hindu	Advocacy Organization
Miguel	40	Male	Heterosexual	Latino/ Puerto Rican	Christian	Behavioral Health Program
Ben	48	Male	Heterosexual	Black	No Affiliation	Private Practice
Melinda	36	Female	Gay	White	Buddhist	Private Practice
Danielle	34	Female	Heterosexual	African American	Christian	College Counseling Center

Appendix A: Demographic Questionnaire

1. Name: _____

2. Age: _____

3. Gender: _____

4. Sexual orientation: _____

5. Racial and ethnic background: _____

6. Language(s): _____

7. Country of origin: _____

8. Religion: _____

9. Contact Information:

Cell phone number: _____

Additional phone number: _____

Address: _____

Preferred e-mail address: _____

Additional Contact Information: If I cannot connect with you via the information provided above, please provide me with the name, address, and e-mail address of someone who can contact you to review the material that I may want to include in publications and presentations.

1. Name_____

2. Address_____

3. Phone number: _____

4. E-mail address: _____

Appendix B: Training and Clinical Work Information Questionnaire

A. <u>**Training History:**</u>

1. College major: _____

2. College minor: _____

3. Master's program (Please include the name of the university you attended):
_____

4. Doctoral program (Please include the name of the university you attended):
_____

5. Training model of the doctoral program (e.g., scientist practitioner):
_____

   Post-doctoral training site and job title (if applicable):
_____

6. Number of years in post-doctoral clinical experience: _____

7. Certification(s) and/ or license(s):

   _____

   _____

   _____

8. Primary theoretical orientation(s) in clinical work:
_____

9. Social justice-based clinical training experiences (Check any that apply):
   a. No experience;
   b. Integrated into practicum training;
   c. Clinical rotation in social justice work;
   d. Self-directed clinical work;
   e. Prevention training;
   f. Outreach training;
   g. Advocacy training;
   h. Involving in spiritual and/or religious organizations (e.g., church)
   i. Other (Please indicate): _____

10. If the previous statements do not accurately reflect your social justice-related training experiences, please describe your research and clinical experiences:

_____

_____

_____

_____

B. Clinical Work History:

   1. Current practice setting: _____

      a. Job title: _____

      b. Work responsibilities:

         _____

      c. Description of the client population:

         _____

      d. Dates: _____

   2. Previous practice setting: _____

      a. Job title: _____

      b. Work responsibilities:

         _____

      c. Description of the client population:

         _____

      d. Dates: _____

   3. Previous practice setting: _____

      a. Job title: _____

      b. Work responsibilities:

         _____

      c. Description of the client population:

         _____

     d.   Dates: _____

4. Previous practice setting: _____

     a.   Job title: _____

     b.   Work responsibilities:

          _____

     c.   Description of the client population:

          _____

     d.   Dates: _____

Appendix C: Interview Protocol

A) Developing Interest in A Social Justice Perspective

1. Please tell me about yourself (Provide clarification if needed: Personal and professional aspects of identities and background).

2. What is your own definition of social justice?

3. What does social justice advocacy mean to you?

B) Social Justice Advocacy Training

1. How did you become interested in your doctoral program? (i.e., What were the most important factors that led you to choose this program?)

2. In which ways was social justice perspective embedded into other courses in your program? Please elaborate.

3. What were some of your learning activities that involved social justice-related clinical experiences? (If the participants needs clarification: service learning, self-reflection journals, and involvement in community projects can be given as examples)

4. Is there any specific advocacy experience that had an important influence on your identity as a psychologist? Please elaborate.

    a. What made these experiences important or influential?

5. Please describe some of the social justice advocacy work that you have been involved as a counseling psychologist since you graduated?

C) Current Professional Experiences that Involve Advocacy

1. How does the social justice perspective you focused in your graduate training relate to or influence your current work as a psychologist?

2. Outside of psychotherapy, are you involved in any activities that have a social justice component? Please elaborate.

3. As you may already know, several counseling psychologists, namely Lewis, Arnold, House, and Toporek articulated a taxonomy of advocacy competencies, which has three levels: the client level, the community level, and the sociopolitical level. They divided these competencies into empowerment and advocacy domains, where empowerment indicates acting with the client and advocacy refers to acting on behalf of a client or a client community. To what extent have you been doing client, community, and sociopolitical (systemic) advocacy?

4. Please talk about a specific experience where you were able to advocate for your client(s) effectively.

    a. What made it possible to have a positive outcome in this case? (OR: What were the resources or supports you used during this process?)

    b. What made it easier to achieve your goal to advocate for your client(s)?

5. Please tell me about another experience where you tried to advocate for your client(s), but could not do it due to different reasons.

    a. What were the barriers you faced in this case?

    b. What were some of the ways you tried to overcome those barriers?

    c. What would make it easier for you to engage in advocacy in this specific example?

6. Please describe your experiences as an advocate while working with professionals from other disciplines.

    a. Please tell me about the challenges and supports you experience.

    b. What have you learned about advocacy work in interdisciplinary teams? How

       is it similar to or different than doing advocacy with counseling

       psychologists?

7. What are some of your future goals in relation to engaging in advocacy roles?

8. What advice do you have for us about integrating social justice advocacy into our

    work as counseling psychologists?

Definition of social justice advocacy to be used if the participant asks for

clarifications: Toporek and Liu (2001) define social justice advocacy as "an action taken

by a counseling professional to facilitate the removal of external and institutional barriers

to clients' well-being" (p. 387). Advocacy involves actions that are aimed at changing the

processes by which public decisions are made, thus affecting the political, social, and

economic contexts that influence peoples' lives (Cohen, 2001). It extends from

empowerment to *social action*. While empowerment refers to counselor actions focusing

on the counseling context, which aim to help clients in acknowledging and addressing

sociopolitical barriers to their well-being, *social action* characterizes counselors' actions

that advocate for change in the public arena (Toporek, Lewis, & Crethar, 2009).

Appendix D: E-Mail Recruitment Text (Training Directors)

Dear Training Director:

My name is Saliha Kozan, and I am a doctoral candidate in the Counseling Psychology Program at Boston College. I am currently recruiting participants for my doctoral dissertation, which is a qualitative study on social justice advocacy experiences of licensed counseling psychologists. As your training program has a solid nationwide reputation in terms of training counseling psychologists as social justice agents, your alumni's participation will contribute to a better understanding about advocacy experiences of counseling psychologists in clinical practice. Based on the study findings, I hope to identify the current opportunities and challenges related to engaging in advocacy in different clinical settings and to develop recommendations for social justice practice and training in counseling psychology. Eligibility criteria for this study are as follows:

1. The participant must be a licensed counseling psychologist.

2. The participant must have their Ph.D. in Counseling Psychology from your institution prior to 2010.

3. The participant must have a part-time or a full-time clinical position.

There are no significant risks associated with this research, and participation is completely voluntary. To show my appreciation, I will give each participant a $25 Amazon.com gift card upon completion of the interview and questionnaires. Participation in the study will take approximately two-three hours of participants' time, including filling out the questionnaires (please see the attached), a phone/ online interview (which typically takes approximately 90 minutes), and a follow-up call to get participants' feedback on the accuracy of their own transcripts.

I am asking for your suggestions about possible participants who may meet the criteria that I have listed above. Additionally, would you please forward this e-mail and the attached Recruitment Letter to your alumni who may be eligible for this study? If you have any questions about this study, please e-mail me at kozan@bc.edu or my dissertation chair, Dr. David L. Blustein, at blusteid@bc.edu. If you have any additional questions about this research, please contact the Boston College Office for Research Protections at 617-552-4778 or irb@bc.edu.

Thank you for your time and help,

Saliha Kozan, M.A.
Doctoral Candidate, Teaching Fellow
Department of Counseling, Developmental, and Educational Psychology
Boston College
Chestnut Hill, MA 02467
E-mail: kozan@bc.edu

Appendix E: E-Mail Recruitment Text (Participants)

Greetings:

My name is Saliha Kozan, and I am a doctoral candidate in the Counseling Psychology Program at Boston College. I would like to request your participation for my doctoral dissertation, which is a qualitative study on social justice advocacy in counseling psychology. I am conducting my dissertation research to better understand the current opportunities and challenges that counseling psychologists experience when engaging advocacy in clinical practice. To participate, you must be a licensed psychologist with a clinical position (either part-time or full-time). In addition, you must have earned your degree from a social justice-oriented counseling psychology program (i.e., Ball State University, Boston College, George Mason University, Teachers College–Columbia University, University of Oregon, and University of Tennessee) prior to 2010.

Participation in this study is completely voluntary; however, if you complete the two questionnaires (demographic questionnaire and training and clinical work questionnaire), an in person or phone/ Skype interview, and a follow up e-mail conversation, I will give you a $25 Amazon.com gift card to show my appreciation. There is no other compensation available, but I will try to make the interviewing process as comfortable and positive as possible.

The interview, which will last approximately 90 minutes, will be audio recorded. The questions will cover a broad range of topics centering upon your personal and professional stories in relation to social justice advocacy. I will also ask questions about your training and clinical experiences, educational background, and other aspects of your life history. You will be in total charge of what topics are included in the interview. If, at any time, there is a topic you do not wish to discuss, you will be able to say so, and I will stop the interview process. You can also simply ask me to skip a given section or a question. I believe this interview will be helpful to you in making connections between your clinical practice and your social justice advocacy commitment. In addition, the interview process can give you a voice to share your insights with other scholars who are committed to a social justice perspective.

I plan to use participants' responses to the questionnaires and interviews in my dissertation as well as future presentations and publications. When I am writing up my results, I will change your name for the dissertation and other presentations and publications, but the rest of your demographic information will be presented as you convey it to me. Moreover, I might present the audio recording in professional meetings such as conference presentations. As such, participation in this study will involve some degree of exposure to the public. While changing names can protect your identity to some extent, the use of direct quotes with various details of your life may compromise confidentiality.

This study has been approved by the Boston College Institutional Review Board, and is being overseen by Dr. David L. Blustein. If you are interested in participating or if you have any questions about this study, please contact me, Saliha Kozan, at kozan@bc.edu.

Thank you for your consideration to participate and contribution to social justice!

Sincerely,

Saliha Kozan, M.A.
Doctoral Candidate
Department of Counseling, Developmental, and Educational Psychology
Boston College
Chestnut Hill, MA 02467
E-mail: kozan@bc.edu

Appendix F: Interview Consent Form

BOSTON COLLEGE

SALIHA KOZAN, M.A.
Department of Counseling, Developmental, and
Educational Psychology
Chestnut Hill, MA 02467
E-Mail: kozan@bc.edu

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

A Qualitative Analysis of Counseling Psychologists' Engagement in Social Justice
Advocacy: Lessons from the Advocates in Practice

April 25, 2014

Dear Participant:

You are being asked to participate in a dissertation study on counseling psychologists'
engagement in social justice advocacy roles. Specifically, this study seeks to examine the
advocacy-related experiences of licensed counseling psychologists who were trained in
social justice-oriented doctoral programs prior to 2011. You have been identified as a
counseling psychologist who has valuable ideas and experiences about the nature of
social justice advocacy in today's clinical practice world. Participation in this study is
completely voluntary. The decision of whether or not to participate is completely up to
you.

Procedures:
I am interested in interviewing 12-15 counseling psychologists across the United States
and in a wide array of clinical settings. If you agree to participate, you will spend about
an hour participating in an interview with me either in person or on the phone or Skype.
Before the interviews, I will ask you to read and complete this consent form, a
demographic questionnaire, and a training and clinical work information questionnaire
and e-mail these documents to me. The interview will be audio-recorded and then
transcribed by graduate students at Boston College. The questions will cover a broad

range of topics focusing on your experiences of social justice advocacy as a counseling psychologist. After your interview is transcribed, I will send a follow-up e-mail to you in order to offer you an opportunity to check the accuracy of your interview transcript.

Benefits and Risks of Participation:
The primary contribution of participating in this study is that psychologists and other mental health professionals will gain a deeper understanding of the practical opportunities and challenges with regards to engaging in social justice advocacy work from you. I hope that sharing your insights and experiences will also be helpful to you in making connections between your clinical practice and your commitment to social justice.

There are no significant risks associated with this research, and participation is completely voluntary. However, at times, some of the sensitive issues regarding your experience of social justice advocacy may bring up feelings and concerns that may be difficult to talk about. You will be in total charge of what topics are included in the interview. If at any time, there is a topic you do not wish to discuss, you will be able to say so and I can stop the interview process. You can also simply ask me to skip a given section or a question.

Payments:
To show my appreciation for your participation in my study, I will give you a $25 Amazon.com gift card upon completion of the questionnaires and interview protocol.

Withdrawal from the study:
At any point in the study if you become uncomfortable or do not wish to continue for any reason, you may choose to stop participating in this interview. In addition, I may withdraw a participant when I believe that it is in the participant's best interests, when there is failure to comply with the project, or closure of the project.

Confidentiality and Anonymity:
The interviews and all other information collected will be kept anonymous. Although names might be used during the interview, when the interview is transcribed, no names will be recorded, but other identifying information such as gender, age, and ethnic background will be kept. I will ask you to choose a pseudonym to be used, and this pseudonym will replace your name in the interview transcripts. The consent form, interview recording, transcript, and questionnaires will be stored electronically on a secure server at Boston College. This information is strictly confidential.

The audio-file on the tape-recorder will be transferred to the server immediately after the interview. Only the researchers involved in this study will have access to electronic files and the files will be erased from the server five years after the results of the study are published. If we conduct an in-person interview and use a hardcopy of the informed consent form, this form will be kept in a completely secure storage space at Boston College. Similarly, the hardcopy of the consent form will be destroyed by shredding five years after the results of the study are published.

I plan to use the participants' responses to the questionnaires and interviews in my dissertation as well as future presentations and publications. When I am writing up my results, I will use your pseudonym for the dissertation and other presentations and publications, but the rest of your demographic information will be presented as you convey it to me. Moreover, I might present the audio recording of the interview in professional meetings such as conference presentations. As such, participation in this study will involve some degree of exposure to the public. While changing names can protect your identity to some extent, the use of direct quotes with various details of your life may compromise confidentiality.

Confidentiality may be breached in circumstances where there is reason to believe that you are a danger to yourself or someone else or a child is in danger or being abused. Mainly just the researchers will have access to information; however, please note that a few other key people may also have access. These might include government agencies. Also, the Institutional Review Board at Boston College and internal Boston College auditors may review the research records.

Questions:
The researcher conducting the present study is Saliha Kozan (PI), and Dr. David L. Blustein, a faculty member in the Counseling Psychology program at Boston College, oversees this study. If you have any questions now or at any time during the study, please contact Saliha Kozan, at (508) 250-7717 or kozan@bc.edu. You may also contact Dr. Blustein at blusteid@bc.edu.

If you have any questions about your rights as a participant in this research study, please contact the director of the Boston College Office for Research Protections, Dr. Stephen Erickson, at 617-552-4778 or irb@bc.edu.

Title: **A Qualitative Analysis of Counseling Psychologists' Engagement in Social Justice Advocacy: Lessons from the Advocates in Practice**

I have read and understand this informed consent document. I understand the purpose of this study and what I will be asked to do. I have been given the opportunity to ask questions and they have been answered satisfactorily. I understand that I may stop participation in this study at any time and can refuse to answer any question(s).

I understand that researchers will work to keep information they receive confidential. I understand that although my name will not be kept on the data collected, direct quotes from my interview will be included in a dissertation study and related publications and presentations without any changes to protect my identity. I understand that I will be audiotaped and know that I will receive a copy of the transcribed document. I understand that I should keep a copy of this informed consent document for my personal reference.

Please indicate below whether you want to participate.

I agree to participate in this study, and to allow the researcher to use my responses in scholarly publications.

YES _____   **NO** _____

Study Participant (Print Name): _____

Date: _____

Participant Signature: _____

Appendix G: Sample Coding

1. **Theme I: Personal and Professional History**

   a. **Domain I:** Development of social justice orientation and advocacy perspective in counseling psychology including pursuing a degree from a social justice-oriented graduate program (i.e., How did participants become involved/ development of SJ orientation? What was about their stories that led them to choose a more advocacy-oriented work?)
      i. **Role models**: Family (Brooke, Grace), teachers (Brooke); faculty/ advanced graduate students (Hope, Angel, Mia, Amanda, Melinda, Julia, Ben); inspirational psychologists (Miguel and Ben), supervisors (Danielle)

Some of the Relevant Interview Quotes:

▪ **Brooke:** My parents have always been really focused on educating and empowering people to have lived their lives the way they need to and so both of their professions were helping people become as healthy as possible. And so it really started in my family. But over time I mean I did have a number of significant experiences that my first grade teacher was the same person. He identified as American Indian, and in the classroom he would talk about his heritage and show movies like "I Will Fight No More Forever," about the government really trying to get eliminate the Indians. Immediately, I was like "That is wrong! That should not happen! Why don't we challenge that?"

▪ **Angel:** So during my time in my coursework in psychology I met graduates students who were in the program, psychologists as well as professors, and I became very close with one professor in particular who I took classes with. She invited me to be her teaching assistant and do research with her and introduced me to other graduate students and I became involved with their research. And you know, she was a mentor and a friend to me. So I think by relationship with her and other graduate students in the program, I found myself wanting to be like them. So I think that was sign that I liked counseling psychology. Then through discussions with her and students, I realized that the field of counseling psychology training would allow me to engage in work that was consistent with my social justice values as well as opening me up to and exposing myself to roles where I could apply those values and be involved in this work … I was very inspired by her [professor] and wanted to be like her so I think that I found that commonality in values with that professor. The value of social justice thinking along those lines and thinking about psychology and so I felt like I respected her as a person with the way that she was interpersonally with students, was with me. I loved the way she talked about phenomena. I loved the way she taught. I felt like she also was very encouraging of my own social justice interest as an undergraduate as well as a graduate student. So, she wasn't dismissive, she didn't have no response, she was encouraging and supportive, and I felt like she understood why those things were important to me … She was just my number one advocate.

And I also looked up to her so much. She lived her own life as a professor, as a teacher, as a mentor, as a mother, so I would do anything for her.

- **Ben:** I was interested in really using my training in counseling to go back and continue working as [medical profession], but doing more counseling related activities either with families or doing some more support work with peers. But in the process, I came across: there were two things that happened. I became interested in research and I started doing some work with [counseling psychology scholar], who at that time, was doing work around the impact of culture in intelligence testing essentially. So, she did a lot of work looking at culture and assessment. So, that was one interest, and then the other interest was from a book I came across. It was a book by [another counseling psychology scholar]. I forget the title now, I should know the title, but it was *[title]*, I think something like that […] It was in that book that I had my first exposure to racial identity theory. In reading the racial identity theory for me, it was as if someone was explaining my life experience so it really resonated with me in a very personal way. At the end of my months, I was thinking of what would be my next step, and at that point, I became more interested in the research piece of it. I decided I wanted to go and study at [doctoral program], primarily to work with [faculty member]. I did not know much about his work, other than that he had written this book and that really spoke to my personal experience around race … So there are a couple of names that come to mind, but the source of inspiration was more of what people were writing about, than actually what they were doing or what I saw them doing. So for example, there was Dr. Elizabeth Vera who I think is still in Chicago? But anyways, she has done a lot of work around thinking about multiculturalism from a social justice perspective, and subsequently she has done a lot of prevention work with a social justice emphasis. So I found her work, and still find her work, very inspiring partly because sometimes I think in psychology we do a much better job with multiculturalism than what we do with social justice. For me, social justice is more about institutions, social policies, and institutionally based practices, or social-based practices that limit opportunities or that oppress.

- **Melinda:** She [faculty mentor] really listened to her advisees and we were really a part of the team, so the team itself was very egalitarian. We weren't afraid to say, "Hey I totally disagree with you, this is what I think." I think that her ability to integrate that kind of approach was really, it was at all levels and so she modeled that in a lot of ways, she modeled that as a mentor, she modeled it as a professor, she modeled it as a researcher, and so I think that really, really helped me. And she also modeled being an outspoken voice within the program. That also was really important, to know that it wasn't just lip-service, that she was also willing to put herself on the line sometimes when there was tension or conflict within the program.

- **Amanda:** They [role models in the program] walked the walk. They did what they were saying, and they showed me that you could be a professional. In many ways, the people that I am thinking about were experts in navigating the way of systems. They prioritized students who they could tell were passionate about social justice. So, even though it was a social justice program, there was a way in which certain professors

marginalized certain students and other professors did not and made time for them. So, those were the professors that I was drawn to, and other students felt similarly. We were all drawn to the same professors. They were the ones who, like in town hall meetings or in interactions with other professors or administrators, would not be silent on issues that were important to minorities or marginalized people … There were a couple of situations within the program itself where maybe faculty were advocating on the behalf of others students or there were conversations about the direction of the counseling psych program, and what was impactful to me was the way that certain faculty members protected the students. And they protected the students with the concerns, or the marginalized students in a kind of confidential way.

Interviewer: Marginalized based on their identities?

Amanda: Yes, marginalized based on their race. And the way that faculty members were able to, or seemed to, camouflage the identities of these students they were very protective of was impressive. So that showed me that it's not just clinical work that confidentiality is important for, but that advocacy is in a lot of ways people of power, if they're in a position to help. Taking on really a role of protectiveness.

Interviewer: It sounds like you were touched by the way that they protected each student.

Amanda: Very much … I am touched. (Begins to cry)