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The need for attention to cognitive development in the preparation and practice of mental health counselors as advocates for social justice.

Mary Whitfield-Williams
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**THE NEED FOR ATTENTION TO COGNITIVE DEVELOPMENT IN THE
PREPARATION AND PRACTICE OF MENTAL HEALTH COUNSELORS AS
ADVOCATES FOR SOCIAL JUSTICE**

A Dissertation

Presented to

The Faculty of the School of Education

The College of William and Mary

In Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

By

Mary Whitfield-Williams

July 2012

**THE NEED FOR ATTENTION TO COGNITIVE DEVELOPMENT IN THE
PREPARATION AND PRACTICE OF MENTAL HEALTH COUNSELORS AS
ADVOCATES FOR SOCIAL JUSTICE**

By

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DEDICATION

This project is dedicated to those who continue to persevere despite their circumstance:

“Equality of opportunity is not enough. Unless we create an environment where everyone is guaranteed some minimum capabilities through some guarantee of minimum income, education, and healthcare, we cannot say that we have fair competition. When some people have to run a 100 meter race with sandbags on their legs, the fact that no one is allowed to have a head start does not make the race fair. Equality of opportunity is absolutely necessary but not sufficient in building a genuinely fair and efficient society.”

— Ha-Joon Chang

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You mean the world to me; you've been there every step of the way since you came into this world. I admire your resiliency, understanding, and energy. I can never express how much I appreciate you being my sidekick, making me laugh, and being a phenomenal young lady. You are going to be a big sister in a few days and I already know your little sister will see why I think you are so awesome. Thank-you Maya.

Love,

Mommy

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**THE NEED FOR ATTENTION TO COGNITIVE DEVELOPMENT IN THE
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ABSTRACT

Under the administration of Dr. Loretta Bradley, counselors across the country were charged to realign themselves with the counseling fields' historic role of advocacy work in social justice. However, how practicing mental health counselors are trained and actually fulfill this role remains unexplored. Serving as a social justice advocate requires critical thinking skills (Brown, 2000) and the ability to maintain a multi-systemic perspective (Kiselica & Robinson, 2001).

However, there are no empirical studies illustrating how competent licensed mental health counselors feel about advocacy work and how they engage in the work of social justice advocacy. This is concerning given that social justice is considered vital to being an effective practitioner. The current research study explored the question of whether the cognitive developmental levels of licensed mental health counselors have a relationship to competency and engagement in social justice advocacy work. Accordingly, the Social Justice Advocacy Task Checklist (SJATC), developed by this researcher, the Washington University Sentence Completion Test (WUSCT), and the Advocacy Competency Self-Assessment Survey (ACSAS) was distributed to licensed mental health counselors. A link to the surveys was distributed electronically. A total of 86 surveys were completed and used in data collection.

Pearson *r* correlational testing was employed in the study. This analysis indicated advocacy competency and social justice engagement were found to have a significant

relationship in all of subgroups and domains of advocacy. Additionally, licensed mental health counselors were more likely to provide clinical interventions on the micro-level, and score at the lower and middle sub-groups on advocacy competence. Results from the post-hoc analysis added support to the existing body of research that has shown a significant relationship between cognitive development and age.

In conclusion, social justice advocacy efforts appear occur on micro-level interventions and less on macro- and meso- levels interventions. Recommendations are made for counselor education, social justice training, mental health training, and mental health counselor practice.

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**THE NEED FOR ATTENTION TO COGNITIVE DEVELOPMENT IN THE
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ADVOCATES FOR SOCIAL JUSTICE**

CHAPTER ONE: INTRODUCTION

This document will report on a research study that examined the possible relationships between ego development of licensed professional counselors in the mental health field across the country and their perceived competency and level of engagement in advocacy and social justice tasks. The first chapter will discuss the call to advocacy for all counselors to address issues of social justice affecting clients, the gaps in existing training approaches for licensed counselors in mental health to fulfill the role of advocate, and the need to accommodate learning preferences of counselors. Cognitive developmental theory, specifically the domain of ego development, will be introduced and suggested as a worthwhile theoretical framework for training mental health counselors as advocates for social justice. Chapter 2 will provide a review of literature related to the above topics, and Chapter 3 will describe the methodology of the study designed to explore the relationship between cognitive development, self-assessment of advocacy competency, and social justice tasks practiced by mental health counselors. In Chapter 4, results of the statistical analysis will be reported, and in the final chapter, implications of the results will be discussed in addition to suggestions for future research and conclusion.

Statement of the Problem

Dr. Loretta Bradley, former American Counseling Association President, created a platform focused on advocacy for social justice topics during her inauguration over two decades ago. In this charge given to the counseling field, Dr. Bradley urged the field to return to the historical role of advocating for social justice issues (Kiselica & Robinson, 2001). This revived sense of urgency mirrored a growing movement in the field toward a

broader consideration of the influence of external forces on the mental health and well being of the clients counselors serve (Lee-Wyatt, 2009). Dr. Bradley's charge put the field of counseling on the path returning to its origins of promoting social justice and fairness for all through advocacy (Kiselica & Robinson, 2001).

Since the call of advocacy was issued, it remains unclear how well mental health counselors are fulfilling their mandated role of social justice advocates while practicing in various settings (Kiselica & Robinson, 2001). Many of the trials that clients present with in counseling have systemic causes; therefore, counselors bear the responsibility to intervene at a societal level in order to address the problems that negatively impact healthy development (McWhirter & McWhirter, 2007). Mental health counselors must be taught knowledge and skills for advocacy and social action in order to effectively work on behalf of clients and oppressed communities. Jacobs (1994) noted a growing awareness that well-intentioned counselors servicing these clients are not adequately drawing the connection between oppression and mental health issues in which advocacy efforts are needed. These concerns were further supported by research conducted by Kircher (2007) who adding additional focus on advocacy training may be needed. Empirical research is lacking that demonstrates the effectiveness of training in social justice advocacy for counselors. Additionally, few studies have considered how workplaces and educational programs teach counselors to fulfill their roles as social justice advocates. Therefore, workplaces and continuing education settings may not include training that adequately addresses issues of social justice and advocacy. As a result, several authors have raised questions about the preparedness of counseling

professionals in carrying out the role of an advocate in their work (Constantine et al., 2002; Ratts, 2009; & Goodman et al., 2004).

Justification of the Study

Licensed mental health counselors are trained to apply and practice interventions at the community level to provide treatment for their clients. However, the training of mental health counselors has not been studied in terms of advocacy once the counselor begins practicing in the field. Instructors must understand a trainee's ability to comprehend the concepts of advocacy and social justice. This does not appear to have been taken into account currently when considering how to best prepare counselors for the role of advocate (Lee-Wyatt, 2009). A new framework may be needed that considers the relationship between counselors' cognitive complexity and how the counselor fulfills the mandated role of an advocate. It will be suggested that training for mental health counselors should consider individual learning preferences based on the cognitive complexity.

Advocacy

Definition

The process of advocacy is similar within a number of disciplines, including counseling, psychology, social work, sociology, law, religion, pediatrics, nursing and health care, and education, as well as in the public policy, social action, and social justice arenas (Baldwin, 2003; Barrett, Johnson, & Meyer, 1985; Brawley, 1997; Delk, 2002; Eriksen, 1997, 1999; Mc Mahon, 1993; Oberg, 2003; Reisch, 1990; Rudolf, 2003; Wright, 1992; Wright & Wright, 2000). As a process, advocacy is generally defined as deliberate behavior used by people and groups to influence others in making changes

(CARE International, 2001). The most straightforward definitions of advocacy include: “speaking up for people whose rights may be in jeopardy” (Vera & Speight, 2007, p. 376) and “to argue or plead for a cause” (Lee, 2007, p. xvi). An advocate, therefore, is an individual who pleads for a cause or argues for another individual’s cause or proposal. The idea of advocacy helps to frame the social action context of counseling. As advocates, counselors are called upon to use their skill and vigor to challenge systematic and societal barriers that inhibit career, academic, or personal-social development (Lee, 2001). When necessary, mental health counselors need to be willing to act on behalf of marginalized clients and to actively challenge long-standing traditions, preconceived notions, or regressive policies and procedures that may stifle human development. Through advocacy, clients become empowered so they can challenge systematic barriers and seize new educational, career, or personal-social opportunities (Lee, 1989). The literature describes the role of the counselor-advocate as using skills and energy to assist clients in challenging institutional and social barriers that inhibit academic, career, or personal-social development (Lee, 1998). The goal of the counselor advocate is to secure fairness, equity, and justice for groups that are disempowered, marginalized, exploited, and dominated by those in power (Speight & Vera, 2003). Advocacy activities could include assisting clients with making phone calls to secure services; writing letters to local, state, or national organizations; and locating funding sources for changes that would positively impact the lives of disenfranchised groups. The definition of advocacy in the counseling literature is integrally connected to issues of social justice with the emphasis on fighting inequity, disempowerment, and marginalization of disempowered groups (Wyatt-Lee, 2009).

The Need for Advocacy

Advocacy efforts benefit the portion of our population that is likely to be susceptible to disenfranchisement. Speight & Vera (2003) found that oppression negatively impacts clients receiving mental health services and stifles their development. According to the U.S. Surgeon General (2001), mental health clients are more likely to experience poverty and oppression. Jacobs (1994) noted a growing awareness that well-intentioned counselors serving mental health clients are not adequately drawing the connection between oppression and mental health issues. Generally, people with mental illness have the same aspirations as the rest of the population toward meaningful work, decent housing, friendships, health, financial security, and a high quality of life (Carling, 1995; Kasper, Steinwachs, & Skinner, 1992). Although this population is most in need of advocacy efforts, they are least able to afford them. The need for advocacy initiatives has become so widely accepted that it has become an expected function within the role of the mental health professional (Kiselica & Robinson, 2001; Lee & Walz, 1998; Osborne et al., 1998).

Advocacy is an increasingly integral role for mental health counselors, and the knowledge and implementation of advocacy competencies are critical for mental health counselors to acquire if they are to effectively carry out this function. The importance of advocacy echoes across other settings. Kircher (2007) conducted a study assessing the perceptions of school counselor educators regarding the degree of importance of including advocacy, knowledge, and skill competencies in master's degree school counseling programs and the relative readiness of their program graduates to apply the advocacy competencies. Stratified proportional sampling was used to survey 136

counselor educators teaching master's courses in school counseling. The Advocacy Competency Preparation in School Counseling Master's Degree survey was sent to each participant. Mean ratings for respondents indicated that counselor educators perceived inclusion of the advocacy in the master's programs as moderately to very important, and their graduates to be moderately ready to apply the advocacy competencies. Respondents also perceived that the advocacy skill competencies were taught moderately in their programs. Kircher concluded that advocacy, knowledge, and skill competencies are appropriate for inclusion in training programs, and that additional focus on advocacy competencies might be needed in training to ensure that all learners are trained effectively and are able to apply the competencies. Kircher's research further supported the need for adequate advocacy training for mental health counselors.

Social Justice

Definition of Social Justice

Environmental barriers that clients experience can be lessened, if not removed, by addressing social justice issues through the advocacy efforts of counselors (Lee, 2007). Social Justice is defined generally as acknowledging systematic societal inequities and oppression while acting responsibly to eliminate the systematic oppression in the forms of racism, sexism, heterosexism, classism, and other biases in clinical practice both on individual and distributive levels (Crethar, Torres, Rivera & Nash, 2008; Rawls, 1971). The goal of social justice is to ensure that every individual has an opportunity to access resources such as healthcare and employment and to achieve optimal mental health. Social justice speaks to the elimination of systematic and institutionalized oppression (Young, 1990), and to the full and equal participation of all groups in society (Bell,

1997). Ideally, a fair distribution of resources exists among society members (Speight & Vera, 2003) as well as the “promotion of the values of self-development for everyone” (p.111).

Social Justice Advocate

Once a counselor becomes action-oriented in promoting social justice, the counselor may transition into the role of social justice advocate (Lee-Wyatt, 2009). Social justice advocate is one of the essential roles of community counselors (Lewis, Lewis, Daniels, & D’Andrea, 1998; Kiselica & Robinson, 2001). Counselors who advocate competently are able to work across a variety of levels both with and on behalf of clients to solve environmental barriers to healthy development and growth, specifically among disenfranchised groups (American Counseling Association, 2003).

Social justice advocacy requires mental health counselors to expand their identity from micro-level (i.e., direct client service) practices to actual community work. The responsibility of doing community based work has historically been referred to case managers and social workers (Vera & Speight, 2007). Helping practices have resulted in a shift from a helper-responder framework to a more proactive-oriented framework rooted in social justice advocacy. This framework requires mental health counselors to intercede in the social system when they recognize institutional and cultural barriers that negatively impact client well-being. Moreover, the helper-responder framework uses social justice advocacy as a means to address inequitable social, political, and economic conditions that impede the academic, career, and social/personal development of individuals, families, and communities (Ratts, 2009). The focus of social justice advocacy is to address issues of equality for those who have been marginalized in

society. This stance parallels the American Counseling Association (ACA) Code of Ethics Section A.6.a. which states: "When appropriate, counselors advocate at the individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or the growth and development of clients." (ACA, 2005).

Historical Ties of Social Justice Advocacy to Counseling

Although counselors have been encouraged to maintain a neutral stance in their work (Canfield, 2008), the counseling profession has an established tradition of social action (Lee, 1998). Among mental health professionals there has been a longstanding tradition of social advocacy that can be traced to the early 1900s and the emergence of the Mental Hygiene Movement (Kiselica & Robinson, 2001).

In 1908, Clifford Beers captured the attention of the mental health field with the classic publication *A Mind That Found Itself: An Autobiography*, in which he accounted his horrific experiences as a mentally ill patient who was committed to psychiatric hospitals. Beers' experiences propelled him to become one of the most influential advocates for people with mental illness. The Beers Mental Hygiene Movement included world-renowned mental health professionals and was the forerunner of some of the most influential mental health advocacy groups that exist today, including the National Alliance for the Mentally Ill (Kiselica & Robinson, 2001). The Beers Mental Hygiene Movement gathered momentum and ultimately sparked the national conscience of the counseling profession to act on behalf of people with mental illness.

Social justice advocacy has also been shaped by the works of John Rawls' Theory of Justice which shed light on the unequal distribution of resources, social goods, and power in our society. Rawls asserted that there are two principles of justice that would

guarantee a fair and just society (1971). The first concerns the right all should have to basic liberties (equal distribution for all). The second offers that social and economic positions should be accessible to all. Later in Rawls' works, he went further by suggesting those possessing significant resources should sacrifice a portion of their resources, and those with few resources (social and economic) at their disposal should also have access to resources (1971). One of the assumptions of Rawls' theory is that all people should be free and equal. Rawls asserted that some people hide behind a veil of ignorance, meaning that they are unaware others are disadvantaged and make decisions in their own best interests (1971). By counseling professionals lifting this veil through expanding the scope of their work into the clients' communities and larger institutional systems, clients would be able to improve functioning with opportunities for increased access and opportunities.

McWhirter (1997) noted that social action is implicit in the work of Frank Parsons and Carl Rogers. Boston's Vocational Bureau, founded by Parson (1908), was dedicated to providing vocational guidance to out-of-school youth in immigrant neighborhoods. The model of vocational counseling Parson developed became the basis on which modern career counseling developed. Historically, Carl Rogers was a believer in principles of counseling extending outside of the counseling room. Rogers' Person-Centered Theory holds the belief that people should not be regarded differently from one another even though they may have differences in race, socio-economic status, or sexual orientation (Kiselica & Robinson, 2001). Beginning in the 1940's and thereafter, Carl Rogers contended that the principles of counseling and psychology should be utilized in addressing social issues of the world.

Each of these noted figures recognized the unique positions counselors hold and the ability to combat systems of oppression of individuals and families by empowerment (Constantine, et al. 2007). Mental health counselors' ongoing work with people gives counselors a unique awareness of recurring trends of social injustices. Mental health counselors are often among the first to become aware of specific difficulties in the environment that serve as barriers for clients such as discriminatory practices, inaccessibility to medical resources, or inadequate educational opportunities.

As the demographic composition of the United States has continued to diversify, the need for mental health counselors to become aware of trends and respond through social justice advocacy to issues of individual and systemic oppression has assumed greater importance. Consequently, the last decade has seen a resurgence of focus on social advocacy, so much so that it has been described as a fifth force within the counseling profession (Ratts, D'Andrea, & Arredondo, 2004). Nilsson & Schmidt (2005) have further asserted that counselors have a unique insight into the effects of oppression on individuals' health and wellbeing and, thus, a responsibility for working to alleviate oppression.

The Mandate to Counselors

Mental health counselors are positioned in unique, privileged roles to remove barriers on behalf of clients served. This responsibility not only requires their acknowledgment but also their action. McWhirter and McWhirter (2007) state that the counselor is required to act and has a mandate of advocacy. Constantine et al. (2007) similarly assert: "Counselors . . . are situated in an optimal position to help society's

inhabitants understand the undue effects of social injustices for the well-being of the larger society (Constantine, et al., 2007, p. 28)

At her inauguration as President of the American Counseling Association in 1990, Dr. Loretta Bradley called for the field of counseling to return to its historic roots and again take up the role of advocating for social justice (Kiselica & Robinson, 2001). During her time in office, Dr. Bradley selected the theme “Advocacy: A Voice for Our Clients and Communities” as the mission of her presidency. This emphasis reflected a growing movement in the field towards a broader consideration of the impact of external forces on the mental health and wellness of the individuals, families, and communities mental health counselors serve. Dr. Bradley’s charge put the field of counseling on the path to returning its origins in the efforts to promote social justice and democracy for all members of our society through advocacy (Kiselica & Robinson, 2001).

However, over twenty years later, it remains unclear how mental health counselors are prepared for this role of advocate for social justice. Since many of the challenges clients present in counseling have structural and systemic causes, counselors bear the responsibility to intervene at societal level in order to address the problems that negatively impact healthy development (McWhirter & McWhirter, 2007). Mental health counselors must acquire knowledge and skills for advocacy and social action in order to appropriately and effectively intercede for clients, families, and disempowered communities. Unfortunately, there are few research studies that clarify how training entities teach trainees to fulfill their roles as social justice advocates (Lee-Wyatt, 2009). Without clear evidence of how training is to be facilitated for counselors in the counselor education literature, education programs and workplaces have no clear guidance on how

to adequately train mental health counselors to address social injustices and advocate. As a result, mental health counselors may not be effectively trained to take on the historic role of social justice advocates as they continue their work in the profession.

Theoretical Rationale for the Study

Issues of social justice are complex, multifaceted, difficult to understand and address, and often go unresolved for years or generations (Lee, 1998). Indifference has been cited as a reason for social injustices; however, lack of understanding could also be the perpetrator (Lee-Wyatt, 2009). The ability to understand complex social problems varies from individual to individual, just as intellectual capacity varies in the general population (Lee-Wyatt, 2009). Along with the need to teach counselors skills and knowledge in advocacy, trainers must understand learners' abilities to comprehend these concepts. Standard, didactic models of teaching advocacy skills in counselor training programs are not enough to promote advocacy behavior after graduation (Pennymon, 2005). Pennymon examined events that either facilitated or hindered counselors' social justice learning and found a gap in training between the teaching of advocacy on a theoretical level and the reality of working as an advocate in an outside setting. Other research indicates that standard, didactic models of teaching advocacy skills in counselor training programs are not enough to promote long-term advocacy behaviors (Singh, Urbano, Haston, & McMahan, 2010). Given the current emphasis on standard, didactic methods of licensed mental health counselor training in social justice, it seems that the research to date may not have sufficiently been taken into account how to best prepare licensed mental health counselors for the role of advocate. Additionally, it appears that even the most skilled trainer or workplace in any setting may be unsuccessful if the

training tools and processes do not match the learners' level of development (Cormier, 1990). The current study was grounded on a premise that current didactic methods applied in current social justice advocacy training for mental health counselors may not be adequately considering their individual meaning-making with regard to the complex issue of social justice. Discovering the utility of a cognitive developmental theoretical framework in understanding how licensed mental health counselors learn and engage in complex social justice issues was the study's overriding goal.

Cognitive Developmental Theory

Cognitive development has become recognized in terms of the cognitive stages through which individuals pass as they attempt to make meaning of their experiences (Hayes, et al., 1997). While early research focused on how cognitive development impacts how individuals understand the world, later researchers made the important connection that behavior is directly related to an individual's level of cognitive development (Sprinthall, Peace & Kennington, 2001). Sprinthall, et al. (2001) described how at higher levels of cognitive development, individuals demonstrate greater effectiveness in problem solving, problem finding, interpersonal sensitivity, recognition of individual differences, valuing cultural diversity, decision making in accord with democratic principles of equity and fairness, cognitive strength to withstand unjust criticism, self knowledge, and awareness (Sprinthall et al., 2001). Cognitive developmental theory has done much to inform our understanding of the impact of development in counselors and their work and treatment with mental health clients.

There are several basic assumptions that underlie all cognitive developmental theories:

1. "Humans create meaning from experience- a cognitive process. Meaning is not given to us, but by us. These cognitive structures form into a stage of development.
2. Cognitive stages form a hierarchical and invariant sequence of meaning making from the less complex to increasingly greater levels of complexity of thinking.
3. Stage growth is determined by interaction between the person and the environment including cultural, ethnic, and racial background.
(Sprinthall et al., 2001).

Development in counselors occurs as they give up old ways of viewing counseling, clients, their role in the counseling process, and even the counseling process itself in favor of new, more sophisticated ways. For the counselor to grow, however, there must be a balance of support and challenge when the counselor experiences disequilibrium or discomfort as a result of the inadequate fit between their present meaning-making system and the experience itself. Counselors must be supported through the process of losing old ways of seeing their work and organizing their experiences, while still being challenged to see new ways in which these experiences can be understood (Reiman, 1995). Cognitive developmental stage theories encompass many different domains of human functioning such as the moral development domain (Kohlberg, 1971), the ego development domain (Loevinger, 1970), and intellectual development domain (Perry, 1999), that describe human thought processes around their respective functions and how those processes impact behavior. This study will specifically explore the domain of ego development.

Ego Development

Ego Development theory (Loevinger, 1970) offers a theoretical underpinning for creating a cognitive profile, specifically ego development, of licensed mental health counselors and exploring the relationship of cognitive development and social justice advocacy work. Ego development refers to the course of the individual’s character development, encompassing moral development, interpersonal relationship development, and cognitive development (Loevinger, 1970). The ego is seen as the “master personality trait” which organizes one’s personality (Loevinger, 1976), providing a framework for perceiving and interpreting the self, others, and the environment. The literature states individuals’ meaning-making processes impact their behavior with others and the environment (Borders & Fong, 1989).

Ego develops through a “sequence of increasingly mature stages of functioning across the domains of personal relationships, impulse control, moral development, and cognitive style,” in which each stage builds upon the previous stage (Hauser, Powers, and Noam, 1991, p.6). There are nine stages total which individuals can progress beginning with E2 (indicating the lowest level of ego development) through E9 (indicating the highest level of ego development). Table 1.1 below highlights the characteristics of each of the nine stages.

Table 1.1
Stages of Ego Development

Stage	Code	Impulse Control	Interpersonal Mode	Conscious Preoccupation
Some Characteristics of Ego Development				
Impulsive	E2	Impulsive	Egocentric, Dependent	Bodily feeling

Self-protective	E3	Opportunistic	Manipulative, Wary	"Trouble," control
Conformist	E4	Respect for rules	Cooperative, Loyal	Appearance, behavior
Self-Aware	E5	Exceptions allowable	Helpful, self-aware	Feelings, problems adjustment
Conscientious	E6	Self-evaluated standards, self-critical	Intensive, responsible	Motives, traits, achievements
Individualistic	E7	Tolerant	Mutual	Individuality, development, roles
Autonomous	E8	Coping with conflict	Interdependent	Self-fulfillment, psychological causation
Integrated	E9		Cherishing of individuality	Identity

It is important to note that the first stage cannot be measured, as it refers to a newborn's initial attempts to make meaning of the world and is included to cover the continuum of all developmental levels.

Ego development has been cited as a promising framework for counselor development, particularly due to the broad and inclusive nature of ego development (Borders, 1998). Particular characteristics of higher levels of ego development are also desirable counselor qualities such as flexibility, tolerance for ambiguity, appreciation of individual differences, and acceptance of conflict as a natural part of relationships (Borders, 1998). These same qualities would also benefit counselors in effectively fulfilling their role as an advocate. The function of ego development has been studied in terms of counselors and counseling trainees, but has not been studied in terms of licensed mental health counselors social justice advocacy engagement. Studies of counselor ego

development found that the stages progress from the person being totally at the mercy of the environment to being able to have some influence on and control over the environment (Swensen, 1980). This function would seem particularly appropriate in understanding how licensed mental health counselors' work with social justice issues that are often complex. It can be difficult for counselors to accurately understand their clients' needs without considering systematic influences. A counselor's understanding would be limited by his or her ability to recognize relevant client variables affecting the client's overall needs (Blocher, 1983). This process is complicated, and appears to require advanced cognitive complexity (Welfare, 2007). Counselor cognitive complexity has been linked with multiple aspects of counselor effectiveness including case conceptualization, treatment planning, and developing client rapport (e.g., Borders, 1989; Fong, Borders, Ethington, & Pitts, 1997; Holloway & Wolleat, 1980). However, the relationship between cognitive complexity, specifically ego development, and the effectiveness of counselors as social justice advocates has yet to be explored.

Purpose of the Study

The purpose of this study was to examine the relationship between ego development, advocacy competency, and social justice advocacy tasks among licensed mental health counselors. Measures of the participants' cognitive (ego) developmental levels, social justice advocacy competency, and social justice tasks were administered. It was hypothesized that there would be a positive relationship between counselors' respective levels of ego development and their abilities and engagement in social justice advocacy. It is suggested that tailoring the training of licensed mental health counselors

to their cognitive developmental levels could positively impact their skill development in advocacy competency and their levels of engagement in Social justice advocacy tasks.

Definition of Terms

Advocacy- Using skills and actions to help clients challenge institutional and social barriers that impede academic, career, or personal-social development in order to secure fairness, equity, and justice for groups that are disempowered, marginalized, exploited, and dominated by those in power (Lee & Walz, 1998).

Cognitive Developmental Theory: A theory based on the early work of John Dewey and Jean Piaget that postulates humans develop in a predictable, hierarchal sequence from less complex to more complex ways of viewing and thinking about the world and problems in it (Dewey, 1938; Piaget, 1932).

Ego Development: a “holistic construct representing the fundamental structural unity of personality organization” (Manner & Durkin, 2002, p. 542), which “incorporates cognitive, moral, self, interpersonal, and character development” (Lambie & Sias, 2009).

Social Justice: Fundamental valuing of fairness and equity in resources, rights, and treatment for marginalized individuals and groups of people who do not share equal power in society because of their immigration, racial, ethnic, age, socioeconomic, religious heritage, physical ability, or sexual orientation status groups (Constantine, et al., 2007, p. 24).

Social Justice Advocacy: Social action conducted with or on behalf of a client, family, or community who are members of one or more non-dominant groups that has the goal of removing the systemic barriers to healthy development and productive living (Lee-Wyatt, 2009).

General Research Questions

This research project sought to answer the following research questions:

1. Is there a relationship between licensed mental health counselors' ego developmental levels and advocacy competency?
2. Is there a relationship between licensed mental health counselors' ego developmental levels and engagement in social justice tasks?
3. Is there a relationship between advocacy competency and engagement in social justice tasks?
4. Is there a relationship between the number of years since graduation from the counselors' graduate program and social justice advocacy engagement?
5. Is there a relationship between the number of years since graduation from the counselors' graduate program and advocacy competency?

Research Design, Sample Descriptions, and Data Gathering Procedures

This study employed a quantitative correlational survey design (Bordens & Abbott, 2008; Creswell, 2009). The sample in this study was comprised of licensed counselors in the mental health field across the United States solicited in Spring 2012. All participants completed the Washington University Sentence Completion Test (WUSCT), a measure ego development, the Advocacy Competency Self-Assessment Survey (ACSAS), a measure of advocacy competency, and the Social Justice Advocacy Task Checklist (SJATC), a measure of engagement in social justice tasks. Participants also provided demographic data including age, race, gender, the year of graduation from their graduate program, state of residence, and voting habits.

Data Analysis

Demographic data was examined using frequencies and descriptive statistics using SPSS 18.0. Each research hypothesis was tested using a Pearson r correlational analysis. A significance level of $p < .05$ was used to draw conclusions about the results of the statistical tests. When a significant correlation was detected, the researcher conducted post-hoc data analysis using Pearson- r to determine if more specific relationships existed among the subgroups.

Limitations of the Study

This study, though beneficial, had some limitations. Limitations exist with external validity in the form of response bias. Participants may have answered questions on the surveys in a socially desirable way causing their response to not accurately reflect their cognitive development, advocacy competency, or engagement in social justice tasks.

The scope of the study was limited to licensed mental health counselors residing in 19 states, in addition to Washington D.C. Therefore, all states were not represented and some states had more participation than other states. Specific data on state representation will be presented in chapter four. Another limitation concerned two instruments used in the study- the ACSAS and the SJATC. Both instruments are un-standardized measures recently developed that have no established reliability or validity statistics.

These measures were included despite their limitations because they appear to be the only measures of advocacy and social justice task engagement currently available. The ACSAS has been piloted in prior research (Ratts & Ford, 2007, Wyatt-Lee, 2009) and continues to undergo evaluation to establish validity and reliability (M. Ratts, personal communication, January 8, 2012). Currently, the ACSAS appears to be the

most updated instrument available that measures advocacy competency. Although the SJATC also lacks validity and reliability, each item in the SJATC tool was based upon existing literature and screened by each committee member for clarity. The SJATC was created in absence of any other existing instrument measuring engagement in social justice advocacy work and therefore included in this study as a prototype instrument to assess such engagement. A more thorough discussion of the study's limitations will be presented in chapter five.

Despite its limitations, this study provided a profile of the ego developmental levels of licensed mental health counselors and explored the relationship between ego development, advocacy, and social justice engagement. The study further enhanced our knowledge regarding advocacy competency and actual practice of licensed mental health counselors.

Summary

Chapter 1 has presented issues related to the dearth of knowledge that currently exists in the area of social justice advocacy training for mental health counselors despite mandates for social justice advocacy competency in the counseling field. The main topics related to the study were introduced and explored, including definitions of advocacy, social justice, social justice advocacy, and ego development. Cognitive developmental theory and the domain of Ego development were introduced as a guiding theoretical framework in the preparation of counselor for social justice advocacy work. The research design and research questions were presented in addition to assessed limitations to the study. Chapter 2 will present a comprehensive literature review of important terms as defined in this chapter.

CHAPTER TWO: LITERATURE REVIEW

Relevant literature on the main concepts of advocacy, social justice engagement, and cognitive (ego) development will be reviewed in this chapter. Initially, current approaches in training and the role of advocacy in the field of counseling will be discussed. Empirical research will be presented describing the training which mental health counselors have had access to regarding social justice advocacy. Next, the connection between advocacy and benefits of cognitive development will be explained. Finally, cognitive developmental theory, including the domain of ego development, will be described as a theoretical framework for the study. Relevant empirical research that supports the use of cognitive development theory will be examined.

Current Approaches to Training in Social Justice

Advocacy for Mental Health Counselors

Training for licensed mental health counselors is vital in satisfying their mandate of advocacy for social justice issues. However, a large portion of the literature speaks to philosophical rather than practical views on such training. Lacking is the empirical research demonstrating the effectiveness of training in social justice advocacy for mental health counselors. Few articles consider how workplaces and educational programs teach mental health counselors to fulfill their roles as social justice advocates.

Current approaches focus on the micro-level which promotes knowledge and awareness about oppressive systems to the individual client (Lee 1998). These oppressive systems act as barriers to healthy development, and tend to be the primary focus of most counselor education and pre-service training programs (Lee, 1998). Using individual interventions to address problems with systematic causes can serve to blame

clients for systematic problems and can reinforce an unjust status quo (Goodman, et al., 2004). Mental health counselors need to be trained in the knowledge and skills necessary to aim interventions where the problems reside, and counselor education and training entities have a key role in this preparation (Nilsson & Schmidt, 2005). Within the traditional counseling relationship in an office setting, counselors help clients to understand their life events, increase insight, and develop important life skills. However, in using micro level interventions, counselors are limited from thinking in system-focused, proactive methods (Vera & Speight, 2007).

The Stance of Regulatory Bodies & Professional Associations

The role of social justice advocate may not yet be mainstream in the counseling world, even though it has been incorporated into the American Counseling Association (ACA) *Code of Ethics* (2005) and statutes of regulatory bodies. The inclusion of social justice advocacy into counseling writing, associations, and regulations is an important step towards legitimizing this role. Advocacy is discussed in two important guiding documents for counselors, the ACA *Code of Ethics* and the 2009 Standards of the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). Counselors for Social Justice, a division of the American Counseling Association, was also formally established and recognized in 2002. As a professional network of members of the counseling community, this division seeks *equity and an end to oppression and injustice affecting clients, students, counselors, families, communities, schools, workplaces, governments, and other social and institutional systems (Counselors for Social Justice, 2008)*. *The establishment of this professional association gives strength and credibility to the social justice movement within the field of counseling.*

The ACA Advocacy Competencies

In 2003, the American Counseling Association adopted a document intended to guide the practice of counselors in social justice advocacy by identifying different levels and methods to advocate for clients; in turn, the document helped to clarify the concept of advocacy among counselors and counselor trainers. The *Advocacy Competencies* (Lewis, Arnold, House, & Toporek, 2003) describe six domains of advocacy activity (client empowerment, client advocacy, community collaboration, systems advocacy, public information, and social/political advocacy) along two intersecting continua (acting with the client, and acting on behalf of the client). A summary of the six domains and their intersecting continua is presented in Figure 2.1. According to these guidelines, advocacy can occur with a client or on behalf of a client on a micro, meso, or macro levels. Necessary skills, suggested activities, and outcomes are described for each of the six advocacy domains.

Figure 2.1

Advocacy Competency Domains

	Client/ Student	School/ Community	Public Arena
Acting With	Client/Student Empowerment	Community Collaboration	Public Information
Acting On Behalf of	Client/Student Advocacy	Systems Advocacy	Social/Political Advocacy

The Client Empowerment domain lies on the micro-level of acting with a client. It involves increasing clients' awareness of contextual factors (social, political, cultural, etc.) that have negative impacts on their lives. Counselors who act to empower their clients must be able to identify these contextual factors and their respective impacts, as well as to identify client strengths and abilities. Social justice advocates train clients in and help them carry out plans for their own self-advocacy and empowerment. Moving up from the micro-level of advocacy to the meso-level, counselors serve as allies to various disempowered groups in the competency domain referred to as Community Collaboration. As counselors become aware of recurring issues that create challenges to individuals and groups, they seek to connect with existing agencies already engaged in the struggle for positive societal change. Counselors inform appropriate agencies of specific problematic trends. Skills needed in this area include the ability to build collaborative relationships with and assist in connecting organizations, such as schools and non-profit organizations, which can work together to improve the lives of people served. At the macro-level of advocacy, counselors act with their clients in the Public Information domain. Using their knowledge about healthy human development and their skills in communication, counselors act to educate the public about systemic issues that negatively impact human dignity. The public information domain includes necessary skills such as those required for public dissemination of collected information in written and multi-media formats. Counselors work with clients and collaborate with other professionals in collecting data, planning information campaigns, and distributing information for the promotion of healthy development for all groups and individuals.

The Client Advocacy domain lies between acting on behalf of the client and the micro-level. Working in this competency area, counselors become aware of and act against environmental factors that impede healthy individual development. This requires knowledge of relevant services and systems, as well as the ability to build alliances with other professionals and groups that seek to defeat the barriers to development. Counselors act to acquire services needed for their clients or to remove obstacles to development.

Moving to the meso-level on behalf of the client is the Systems Advocate who has an awareness of an issue at a community level that is systemically impacting some groups negatively. The counselor collects data about the problem and presents it to stakeholders along with plan for change. A visionary plan is developed with collaborative partners to address the identified problems. The counselor working in this area understands and works to address resistance as well as assess the impact of advocacy on stakeholders, the system, and clients or groups. Working in the final domain, Social/Political Advocacy, counselors work on behalf of clients and groups at a macro-level. Counselors identify areas that must be addressed at this level and collaborate with others to develop a plan to engage the appropriate avenues for addressing the problems. This may include lobbying legislative bodies, collecting data, writing convincing rationales for change, and maintaining open dialogue with disempowered groups to ensure their needs are being accurately represented (Lewis, Arnold, House, & Toporek, 2003).

Nilsson and Schmidt (2005) conducted an initial exploration of social justice advocacy among counseling graduate students using a correlational research design. They examined several predictor variables and measured 134 participants on two

different tools assessing political interest, worldview, problem solving skills, and concern for others. Results showed that age, number of courses, political interest, concern for others, problem solving skills, and optimistic worldviews predicted desire to engage in social justice advocacy. These variables also predicted actual involvement in social justice activism. Students who were more interested in politics tended to have a greater desire to be involved in social justice work, whereas students with a desire to be involved and an interested in politics tended to be actually engaged in social justice work more. Men and GLBT population had greater desire to be involved in social justice work, but had no difference in actual engagement from women or heterosexual students. No differences in desired or actual engagement were found between religious groups, racial groups, or between political parties. Of all the variables, only political interest individually predicted desired social justice advocacy behavior. Political interest and desire to be engaged in advocacy work predicted actual involvement in this type of work.

This exploratory study illustrated that the two most important factors in social justice advocacy work are political interest and desire to be engaged in this work. Counselor training settings can use this information to discuss relevant political issues that might interest the counselor. Although this study's sample was limited to graduate students, the results have important application for the promotion of social justice advocacy and in all counselors' training, in that they call attention to political interests as an area that can be discussed during training to pique the counselors' interest in social justice advocacy work.

Other researchers have explored the formal educational environment that initially occurs with regard to social justice training. Ratts (2007) studied the current state of

training for social justice in counselor education programs accredited by CACREP. The researcher developed and distributed a survey to instructors of courses which met the CACREP standards for social and cultural diversity (CACREP, 2001). The survey included demographic questions as well as open-ended questions regarding social justice training in their programs. All 192 CACREP accredited programs were contacted and asked to participate in the study, with a response rate of 56%. Results illustrated how instructors prepare master's level counseling students for engagement with social justice issues and concepts. A large majority indicated that their programs infuse social justice principles into coursework and cover a variety of topics, including oppression based on non-dominant group membership and issues of power in the counseling relationship.

While the response rate was adequate, the results should be interpreted with some reservation when considering their relevance for evaluating the adequacy of social justice advocacy training. As the topic of social justice issues is sensitive, participants may have had a response bias in which they wanted to appear in a positive light. Another limitation is related to the population of this study; in particular, caution should be taken in making generalizations to non-CACREP accredited counselor preparation programs. The results of this study may only be generalized to CACREP-accredited counselor preparation programs, since only CACREP-accredited counselor preparation programs were included in this study (N=192). A third limitation inherent in the SJC Survey used in this study may have been a lack of a clear distinction between "multicultural counseling" and "social justice counseling," and, consequently, respondents may not have differentiated between these two constructs. In effect, respondents may view multiculturalism and social justice as one in the same.

Despite these potential drawbacks, this study shows that some social justice concepts are being taught in a formal setting, which is encouraging considering the mandate for mental health counselors to become advocates. However, no research has been published to see how counselors eventually engage in social justice advocacy work once they have transitioned into clinical practice.

Advocacy Skills

The counseling field's recommitment to advocacy as evidenced by the mandate towards social justice has also led to questions about the type of counseling skills that are needed to successfully engage in out-of-office, community-based, interventions. Various authors have expressed concerns regarding the tendency of counselor preparation programs to overemphasize the development of individual-level counseling skills (Goodman, et al. 2004; Lewis & Lewis, 1971; Osborne et al. 1998). Such skills include among others, helping clients with stress management and developing personal coping mechanisms. Very minimal attention has been placed on assisting counselors in developing a wider scope in service delivery such as providing interventions at the meso-level (i.e., home, school, neighborhood, and community). Meso-level, counselors are allies to various disempowered groups. As counselors become aware of recurring issues that create challenges to individuals and groups, they seek to connect with existing agencies already engaged in the struggle for positive societal change.

Counselors have also not been adequately prepared to work for clients on the macro level using interventions that address social policies, laws, and legislations (Toporek, 2006). Skills for such interventions include lobbying, action research, meeting with policymakers and legislators, conducting rallies and protests, letter writing,

collaborating with teachers and community leaders, giving presentations on applicable topics, writing grants, and community program development (Kiselica, 2004; Moeschberger & Ordonez, 2003; Pope et al., 2004; Toporek, 2000). These are vital social justice advocacy skills that would equip counselors to adequately address systematic barriers; however, many counselors are unaccustomed to practicing such skills (Shullman, Celeste, & Strickland, 2006).

In an article discussing the history, ethical issues, skills, and counselor attributes associated with counseling advocacy, Kiselica & Robinson (2001) list those attributes they perceive as necessary for counselors to engage in when they do social justice advocacy work. These include the capacity for commitment and an appreciation of human suffering; nonverbal and verbal communication skills; the ability to maintain a multi-systemic perspective; individual, group, and organizational intervention skills; knowledge and use of media, technology, and the internet; and assessment and research skills. Other skills recommended in the literature for effective social justice advocacy include critical thinking, analysis, and problem solving skills that can be transformed into written and oral communications (Brown, 2000; Kahn, 1980; Kiselica & Robinson, 2001).

Developmental Considerations

The mandate for social justice advocacy in counseling charges counselors to be broadly aware of and act to defeat systems of oppression, but it is less clear how to train counselors to do this (Bradley, 1990). Further, the ability of counselors to be aware for systematic injustices and to act to remove existing barriers has not been taken into account in the literature. Formal education programs and workplaces have not appeared

to take into consideration the way counselors' cognitive developmental levels may impact their understanding of the complex social problems. Clear conceptualization of the developmental level of the learner may be needed in order to appropriately match educational interventions to teaching social justice advocacy (Lee-Wyatt, 2009).

With movement from the micro to macro levels of engagement with social justice concepts, the need for multifaceted thinking increases accordingly (Lee, 1998). Cognitive developmental theory appears to hold promise as a framework for understanding and, possibly, promoting counselor development from and movement from client advocate to social justice advocate.

Cognitive Developmental Theory

In the broadest descriptive terms, cognitive developmental theory can be defined as the theoretical view that humans develop in a predictable, hierarchal sequence from less complex to more complex ways of viewing and thinking about the world and problems in it. Developmental level and behavior are linked, in that reasoning and behavior are directly related to the level of complexity of psychological functioning (Foster & McAdams, 1998). Higher stages of development have been conceptualized as being more adaptable and adequate for dealing with the complexities of life. People functioning at lower stages of development tend to be more rigid, concrete, and self-serving; whereas people at higher stages tend to be more flexible and able to show more empathy and consideration of the good of others and society at large (Carlozzi, Gaa, & Liberman, 1983).

Although individuals may find themselves in positions where greater cognitive complexity is needed, development is not automatic and requires the correct conditions to

occur. When these conditions are present, individuals may develop in a sequential, unidirectional fashion, with each successive stage, being qualitatively different in the structures of meaning making and organizing information (Lee-Wyatt, 2009).

Functioning in each stage is seen as modal, in that an individuals' current stage represents his or her preferred way of functioning, and is, thus, the stage where that he/she resides primarily.

Cognitive development has been generally found to be universal across culture and gender (McAdams, 1988). There are a number of different domains of cognitive development described in the literature that describe different strands of the human experience. John Dewey (1938) and Jean Piaget (1932) were early leaders in the budding field of developmental theory who laid the groundwork for successive models. Lawrence Kohlberg (1971), Carol Gilligan (1987), and James Rest (1994) postulated theories of Moral Development, each with slightly different angles on the topic.

Kohlberg's theory of moral development explored how individuals make moral judgments. Kohlberg asserted that moral development occurred in a fixed stage sequence, in which stages are mutually exclusive, and development through stages is invariant and unidirectional. There are six stages of moral development, divided into three levels: Pre-conventional, Conventional, and Post-Conventional.

Kohlberg's Six Stages of Moral Development

Level 1. Pre-Conventional Reasoning- Individuals are egocentric and reasons out moral dilemmas based on their own needs and wants. Avoiding punishment and taking care of personal interests is of paramount importance. Two stages exist on this level:

Stage 1. At this stage the individual wishes to avoid punishment and obeys those

in authority out of fear. The viewpoint is one of egocentrism and the attainment, and physical needs are the predominate force in decision-making.

Stage 2. At this stage, one follows rules when it is in one's best interest.

However, a dawning of awareness emerges that others have needs as well. Fairness of deals and exchanges are important. An individual makes decisions based on personal gain.

Level 2. Conventional Level- At this level an individual focuses on doing what is right based on the laws and expectations of others. The obligations and rules of society dictate the manner in which a persons reasons out moral dilemmas.

Stage 3. At this stage, a person is concerned with belonging to the group and conforming to group norms. Conformity to the role expectations of one's social group are of primary importance. Relationships are valued more than in the previous stages.

Stage 4. Doing one's duty in society and following society's norms guide moral reasoning in this stage. An individual begins to consider the ramifications of their decisions on under society's laws. Self is considered in relation to the standards of the dominant societal group.

Level 3. The Post-Conventional Level- The individual at this level has articulated a set of values, norms, and principles that guide decision-making. Abstract qualities such as freedom and equality are recognized. Self is seen as both separate from and a part of the society or group.

Stage 5. Moral decisions are guided by the principles of what is best for the

community and in terms of moral being. The individual balances both individual and social concerns in making decisions, basing the outcome of those decisions on the greatest good that is served by the decision.

Stage 6. Decisions are based on the principles of justice, toleration, and autonomy. One's conscience guides one's decisions rather than the norms or laws of society. This stage has been difficult to empirically validate and may exist more in a theoretical sense than in reality. Kohlberg eventually discarded this stage due to lack of empirical evidence substantiating its existence (Rest, Narvaez, Bebeau, & Thoma, 1999).

Kohlberg subsequently was critiqued by one of his students, Carol Gilligan, who questioned Kohlberg's male-only research and claimed that women were not seen in the theory as being able to develop as highly as men. Gilligan studied women to illustrate their unique developmental trajectory, and shifted the focus from a male orientation to a female orientation. Gilligan's work centered on relationships and care which she felt were more descriptive of a female trajectory. Though Gilligan's work lacked empirical support regarding possible gender bias (Gilligan, 1987), her work expanded the original theory brought forth by Kohlberg by developing a model of moral development highlighting the qualities "ethics of care" (Gilligan, p.25), wherein morality is best understood in terms of the preservation of valuable human relations (1987). Progress from stage to stage is motivated by increasing demands for the understanding of human relationships. Gilligan identified three levels relating to the ethics of care: (a) Preconventional- one strives for individual survival, (b) Conventional- one believes good things come out of self sacrifice, and (c) Postconventional- one lives by a principle of nonviolence toward oneself and others. In an attempt to incorporate the ethic of care,

“Respect for persons” was later added by Gilligan to Stage 6 in the Kohlberg model in order to describe the relationships and care that Gilligan asserted were more characteristic of women.

James Rest (1979) also modified Kohlberg’s original theory. Rest asserted that limitations to the model required expansion from the construct of moral reasoning alone in order for it to more accurately reflect the construct of morality, which is now referred to as the Neo-Kohlbergian Model (Rest, et al., 1999). Thoma (1994) found that moral reasoning typically accounts for only 10-20% of variance in moral behavior. Rest et al. (1999) remedied this by creating a more comprehensive conceptualization of moral behavior, which included moral judgment, moral sensitivity, moral motivation, and moral character (Thoma, 1994). This framework is referred to as the Four Component Model. Moral Judgment is related to the process of determining what actions to take in response to a moral dilemma. Moral sensitivity refers to an awareness that moral problems exist between people and their ability to consider different responses. Bebeau (1994) has regarded moral sensitivity as an affective process that relates to the use of empathy skills. Moral motivation refers to prioritizing moral values and taking responsibility for outcomes of moral decision-making. Moral character refers to the ability to persevere in a moral task despite obstacles (Morton, Worthley, Testerman, & Mahoney, 2006). These components of morality are highly interactive rather than being linear and isolated from each other (Rest, et al., 1999).

Similar to Rest’s (1994) conceptual model of moral development, William Perry (1970) believed that developmental positions were not static and represented central tendency in viewpoint at the given moment. Perry worked with college students to

develop a theory of intellectual development which describes how individuals move from simple forms of thought where only dualities can be perceived (white-black, bad-good), to more complex thought structures where individuals embrace the personal commitments they have made in a world they understand to be relativistic. Perry's nine-stage scheme of intellectual development speaks to the way individuals view the nature of knowledge, authority, and an individuals' role in these (Evans, et al., 1998).

David Hunt (1974) proposed a four-stage model of conceptual development that described how one processes and integrates information from one's environment. In Hunt's conceptual level stage model, individuals at stage 0.0 are characterized by having low toleration for stress and ambiguity and they process information in a very concrete manner. Individuals at stage 1.0 are concerned with behaving according to the tenets of society and information is processed in very "black or white," good or bad, categories. Persons at stage 2.0 challenge absolutes and so show increased ability to give credence to nuances and contexts of a situation. They are more open to the views and opinions of others and are better able to tolerate stress, uncertainty, and ambiguity. Finally, persons at stage 3.0 process information in a highly abstract manner and evidence marked tolerance from ambiguity and stress. These individuals recognize the interdependence between self, other, and the environment.

Hunt also proposed a conceptual level matching model, in which a learner's stage of development and the learning environment must be appropriately matched in order for optimal learning to occur. (Hunt, 1975). People functioning at more concrete levels of psychological development profit from high structure learning environments, whereas those functioning at more abstract levels benefit from less structured environments

(Brendel, Kolbert, & Foster, 2002). A satisfying developmental match is one in which the person can cope effectively with environmental demands, using his or her currently available methods of problem solving and cognitive complexity (Brendel, Kolbert, & Foster, 2002). An environment that slightly exceeds an individual's current level of functioning compels the individual to adapt by acquiring new concepts and strategies and a broader perspective (Brendel, Kolbert, & Foster, 2002).

Jane Loevinger (1976) introduced Ego Development theory, postulated as the master developmental theory, in that it weaves together all of the different strands of human development. The development of the ego refers to "evolving meaning structures and better adaptations between the person and world" (Noam, 1998, p. 271). Ego development is described as the course of the individual's character development, interpersonal relationship development, and cognitive development (Loevinger & Wessler, 1970). Loevinger conceptualized ego development as the process of an individual's "striving to master, to integrate, to make sense of experiences" (Loevinger, 1976 in Snarey, 1998, p. 164). As the ego develops, it integrates components of personality and ways of perceiving self and others into a structural whole that is "inseparable for analysis by individual domain or function" (Snarey, 1998, p.164). Loevinger identified eight stages that build upon each other to reflect increasing cognitive complexity and integrated perspectives. The individual stages, from least to most mature, include: Impulsive, Self-Protective, Conformist, Self-Aware, Conscientious, Individualistic, Autonomous and Integrated (Hy & Loevinger, 1996). Placement of an individual among the eight stages is determined primarily by the degree of observed impulse control, resistance to manipulation, conformity, autonomy, and interdependence

of the individual. As noted previously, Gilligan suggested the Ego Development scheme is the master scheme encompassing all other domains. Sprinthall (1994) however, posited that no one domain on its own is an adequate framework to understand cognitive development.

History, Development, and Basic Tenets

The work of John Dewey, a philosopher and an educator working in early 20th century, provided the conceptual foundation for cognitive developmental theory (1938), William James (1904), the father of American psychology, wrote about John Dewey's ideas in the premier edition of *The Psychological Bulletin*. He reported that Dewey believed individuals continually reconstruct their perceptions of situations, and that this reconstruction "is the process of which all reality consists" (p.3). Dewey posited that as individuals continue to experience new things, old truths become obsolete and, thus, new truths must be found. From these views, cognitive developmental theory was born. Unique views of the world shape reality for each individual and, at times, these views become inadequate to meet the real-life challenges. Consequently, the reconstruction of perspectives must occur in order for an adequate understanding of the world to be maintained (1904).

Piagets' theory of development extends from the works of Dewey (1938). Piaget considered himself to be a genetic epistemologist, and was interested in describing and explaining the growth and development of intellectual structures and knowledge (Rest, 1994). He focused on understanding the development of cognitive functioning in children through the teenage years, and in doing so, developed many concepts that

contributed significantly to the basic assumptions underlying cognitive developmental approaches.

The basic assumptions of cognitive developmental theory are as follows

(McAdams, 1988):

1. Development is intrinsic in humanity. Humans are motivated to make meaning of their experiences and to gain competence and mastery over their environment.
 2. Cognitive development occurs in stages where each stage represents an individual's current style of making meaning.
 3. Stages of development are sequential, invariant, and hierarchical.
 4. Development is directional: stages cannot be skipped.
 5. Each stage is qualitatively different from every other stage, although lower patterns of meaning making are integrated into higher stages.
 6. An individual is never in just one stage. Current functioning represents the modal stage of development.
 7. Growth is not automatic and depends upon interaction between a person and environment.
 8. There is a consistent relationship between developmental stage and behavior.
 9. Physiological development is necessary for cognitive development.
 10. Stage growth is domain specific and cannot be generalized to other domains.
- Domains refer to different strands of the human experience (e.g. thinking, feeling, moral decisions and actions, interacting with others, making meaning of experiences, etc.).

11. Cognitive development is universal across culture and gender.

Higher stages of cognitive development are related with more adequate ways of engaging with the world and the ability to think in more complex ways (Sprinthall & Theis-Sprinthall, 1983), and individuals can increase their cognitive complexity through the developmental processes of assimilation and accommodation.

Assimilation and Accommodation

According to Piaget, schemata are cognitive or mental structures used by an individual to organize environmental information. Schemata are added when incoming information cannot be assimilated into the current schemata, a process referred to as accommodation (Rest, 1994). People seek to maintain a sense of balance or equilibrium between the processes of assimilation (i.e., comparing new information to existing schemata) and accommodation; this balance ensures “efficient interaction with the environment” (Rest, 1994, p.16). At times, when a balance cannot be maintained, individuals are said to be in a state of disequilibrium; that is, their understanding of the environment and the actual environment do not fit. When disequilibrium occurs, the processes of assimilation and accommodation are activated in order to reestablish equilibrium (1994).

Higher is Better

Regardless of the specific domain of cognitive developmental theory, it appears that higher stages of development represent more adequate ways of engaging with and understanding the world. Rest & Narvaez (1994) proposed that higher levels of development result in “better conceptual tools for making sense out of the world and deriving guides for making decisions” (p. 16). Individuals at higher stages of

development are capable of taking a wider range of information into account and can see a wider scope of issues, problems, consequences, and concerns. These higher capabilities equip individuals to more adequately and efficiently address and navigate the challenges of life. In his writings on the subject, Kohlberg (1971) suggested higher stages of development more adequately equip individuals for the challenges of life therefore, promoting that development is what education ought to be about.

Research conducted by Foster and McAdams (1998) further support the notion that higher levels of development better equip individuals for challenges that may present. Foster and McAdams enlisted a cognitive developmental model of counselor supervision to create a curriculum specific to the challenges facing supervisors in residential treatment settings for aggressive/assaultive youth. The researchers noted a significant body of research supporting higher levels of cognitive development to predict successful functioning in areas related to counseling and supervision, including greater empathic communication, more autonomy and interdependence, and more flexible counseling.

The agency involved in this program operated numerous community-based residential treatment homes, each serving an average of five to seven children ranging in ages from eight to 18 years. The group homes were located throughout North and South Carolina.

Thirty-five residential supervisors were requested to attend weekly training in one of three regional sites. The group was comprised of 19 women and 16 men, with 15 African American and 20 White participants. Participants at the three agency training sites received an in-service training curriculum implemented by the researchers, based on

Sprinthall and Mosher's DPE model (1978). The in-service training involved seven 6-hour sessions administered over a 14-week period, which included moral dilemma discussions, readings, journal assignments, and field-based practice.

At the outset of the 14-week training, the participants completed Rests' (1986) Defining Issues Test (DIT), an objective measure of cognitive development based on Kohlberg's theory of moral development. The results yielded positive gains among the participants in moral development. The participants' evaluations also indicated a renewed commitment to their role as childcare counselors and supervisors.

The absence of a comparison group does, however, limit the applicability of these findings to the group involved in the project; however, the study provides support for the benefits of promoting cognitive development in the training of professionals in a helping line of work. Without the benefits of an adequate cognitive framework for addressing the complexities of clinical mental health practice, counselors (and clients) are likely to experience negative and miseducative results (Foster & McAdams, 1998).

In other research, Recklitis and Noam (1999) examined the relationship among psychological development, coping strategies, and symptoms in a sample of 302 psychiatrically hospitalized adolescents. Participants completed the Adolescent Coping Orientation for Problem Strategies Questionnaire (A-COPE) (Patterson & McCubbin, 1986), which measured problem solving and coping strategies, the Washington University Sentence Completion Test (WUSCT) (Loevinger, 1998), which measured ego development, and the Achenback and Edlebrock Youth Self-Report (1987), which measured the participants' perceptions of social competence and behavioral problems.

A series of partial correlations correcting for age was performed to examine the relationship between ego development and coping behaviors. Results of these correlations showed that the positive coping behaviors of self-reliance, social support, and family problem solving were all positively associated with ego development, while the problematic coping behavior of avoidance was negatively associated with ego development. Finally the relationship between coping behaviors and psychiatric symptoms was examined using Pearson correlations. Results indicated that avoidance was positively associated with externalizing symptoms in boys and girls. Additionally, self-reliance and social support were negatively associated with externalizing behavior in girls, while there was no significant correlation with any of the symptoms for boys. The results from this study demonstrated that higher levels of development increase the likelihood of improved functioning in coping behaviors and strategies.

Despite these positive findings, the researcher noted a few limitations. First, they did not to employ a non-psychiatric comparison group; thus, the researchers were unable to see if there was a true difference between the studied group and other non-psychiatric patients, limiting the applicability of these findings to only the group involved in the project. The authors also relied heavily on self-reporting measures, which may have led to biased results if participants answered in a way to portray themselves in a good light or simply could not remember accurately. Third, the study used hospitalized psychiatric patients, limiting the generalizability of the sample to other groups. Aside from these limitations, the study provided valuable information on how higher levels of cognitive development are related to improved functioning and supported previous research.

In summary, it seems from current developmental research that the benefits of increased cognitive complexity demonstrated in numerous contexts may well apply also to the context of mental health counseling. Counselors who possess higher levels of cognitive complexity may be better equipped to take multiple perspectives in addressing complex human interactions to more effectively deal with ambiguity, to be more flexible, and to have problem solve- competencies will render them more effective in providing social justice advocacy as part of their professional counseling role.

Deliberate Psychological Education

From the beginning of cognitive developmental theory, it was recognized that development is not automatic, and growth requires certain elements to be present in the environment and the individual. Mosher and Sprinthall (1970) suggested that development must be stimulated by appropriate conditions for growth, including significant new role-taking experiences, support, challenge, and guided reflection over an extended time period. Collectively, the purposeful application of these conditions in a learning environment is known as “Deliberate Psychological Education” (DPE)(Mosher & Sprinthall, 1970). As noted above, the primary components of implementing a DPE include providing learners with the opportunity to engage in qualitatively significant new role-taking experiences, promoting careful and continuous guided reflection, striking a balance between real world experiences and discussion/reflection, ensuring careful balance between support and challenge that optimizes growth, and maintaining the conditions for an adequate period of time of 6 to 12 months. Research supports the use of DPE programs to promote development.

Faubert et al. (1996) instituted a DPE model to promote cognitive complexity among rural, African-American youth. The sample was drawn from 9th and 10th graders in public high school in central North Carolina. The majority of the families were low Socio Economic Status. Four experimental groups were created with 4 comparison groups. Ideally, the researchers sought to have 20 students in each group but there were less than 20 in some groups, as they included only those students who completed both the pre and post-test measurements (Faubert et al.). The program essentially involved the 10 graders serving as mentors for the 9th graders and their working with these 9th graders throughout the semester in designing a science project. The semester was five months in duration and included weekly group meetings with two graduate assistants to process the new role-taking experience (Faubert et al.). The purpose of the experimental intervention was to use the tutoring/mentoring process as a significant role-taking experience through which cognitive complexity would be promoted.

The eight groups were pretested and post-tested on two measurements: the Washington University Sentence Completion Test (WUSCT) (Loevinger, 1998) which measures ego development and the PIAGET (Ulungaki, no date) which measures concrete abstract thinking. The WUSCT is a widely used test with good reliability and validity. The PIAGET has not been validated, and this study was an attempt to establish construct validity for the instrument. Analysis of Co-Variance was used to analyze the data. Gender, school, grade, and experimental/control group were the independent variables, while the pre-test WUSCT and PIAGET scores were used as the covariates and compared to the gain scores on the measurements. This study represented a quasi-

experimental, non-equivalent control group design study, in that the participants were not randomly assigned to groups.

The experimental groups showed significantly greater cognitive growth than the comparison groups. Additionally, there were statistically significant interactional effects between gender and group with a main effect greatest among males in the experimental group. A limitation of the study was the fact that there may not have been adequate representation present in each group with some groups having 11 students, and other groups having 20 students. An additional limitation may have been that one of the schools was considered 100% rural, while the other school included was 50% rural; thus, the schools may not have been equivalent in terms of their student populations. A final limitation involved the use of the PIAGET which lacks empirical validity and reliability evidence. Despite these limitations, the significant findings of the study offer support for how the use of DPE may be beneficial in the promotion of cognitive development. The results also supported the utility of employing a DPE model among a broadened scope of subject populations.

Morgan, Morgan, Foster, & Kolbert (2000) showed that higher developmental levels were promoted among law enforcement trainees through use of a DPE. In the study, the domains of moral and conceptual development were used to create and implement an educational program for police officer trainees and college students studying criminal justice. Participants came from a population of law enforcement officer trainees at a criminal justice academy in southeast Virginia and a population of college students at a junior college in southeast Virginia. The sample consisted of 33 police trainees and 31 students enrolled in a criminal justice course at a junior college. The

Deliberate Psychological Education model provided the framework for this educational program designed to promote development of moral reasoning and conceptual complexity among the participants.

This study was an experimental design in which the experimental and control groups were selected with random pre-selection processes. Sixteen police trainees and 16 college students were enrolled in the criminal justice course during the fall semester when it was taught using the Deliberate Psychological Education Model. Seventeen police trainees and 15 college students served as the comparison group enrolled in the criminal justice course during the spring semester following the intervention. The course for the comparison group was taught using a more traditional teaching model involving lectures with minimal student discussion. The Defining Issues Test (DIT; Rest, 1979) designed to assess moral development and the Paragraph Completion Method (PCM; Hunt, Butler, Noy, & Rosser, 1977) designed to assess conceptual level, were administered to the police trainees and students in both the intervention and the comparison groups on two occasions, once at the beginning of the semester and once at the end of the semester.

T-test results revealed no significant pre-test differences between the combined intervention and comparison groups. There was a significant difference, however, on the post-test DIT P score between the police officers in the intervention group and the police officers in the comparison group, suggesting that promoting cognitive development was effective in increasing principled reasoning. There was no significant difference in PCM scores between law enforcement officers in the comparison and intervention groups. A separate analysis of the two sub-groups in the experimental section (police officers and

and students) indicated that there were no significant pre-test differences across the two groups on any of the measures. On the DIT post-test, the students in the experimental group scored slightly higher on in moral development, but not significantly. The results, however, revealed there was significant pre- to post-test change in moral development on the PCM (P and N scores) for either students or law enforcement officer trainees.

This study illustrated, once again, how cognitive development could be increased through purposeful DPE training. Sprinthall (1978) stated that when individuals do not have opportunities for continued support and challenge, their growth may stagnate at levels below their potential. This result is promising, particularly given that it typically takes a period of months or years to significantly change conceptual level (Hunt et al., 1978), and in this study the time frame was only 10 weeks. However, since cognitive development tends to occur slowly in adults, a longer intervention period may have allowed gains to be sustained over time and higher scores to emerge.

In this study the results were limited in generalizability to larger populations given that all participants were located in Virginia. The researchers also noted that group cohesiveness may have been hampered during the small group discussions, because participants engaged in different professional roles were 'mixed' together. Additionally, this study did not employ multiple instructors, and the degree to which the findings were the result of instructor versus intervention effectiveness could not be compared. Despite, these limitations, this study did highlight the benefits of incorporating the cognitive developmental framework in the training of professionals who serve as helpers in society.

Ego Development

Loevinger's (1976) model of ego development is based on a combination of

earlier models of development. As described previously, developmental theories embrace the concept that individuals' progress through a series of qualitatively unique and distinct stages that are hierarchically arranged in terms of complexity levels (Chagnon & Russell, 1995). Movement through the developmental stages is facilitated when the individual encounters an appropriate level of stimulus that encourages modification of existing cognitive schema and an integration, or accommodation of new information (Blocher, 1981). While Piaget's (1955) theory of development focused on the cognitive realm, and Kohlberg's (1981) theory described moral development, Loevinger's ego development theory is more holistic, encompassing the realms of cognition, self and interpersonal perception, character development, and moral reasoning (Manners & Durkin, 2000).

Mosher (1979) described Loevinger's theory and her discussion of the ego and its development as having "a quality of elusiveness, abstraction, and complexity" (p. 103). This complexity may be due to the holistic focus of the construct. Loevinger's theory is concerned with human personality in general, and can be seen as a theory of evolving ways of knowing and meaning-making. Within this theory, the ego is conceptualized as the keystone to personality, or the master trait (Manners & Durkin, 2000), with its primary purpose being to synthesize experience and provide a structure through which humans perceive and make meaning of their experiences. Loevinger (1976) asserted that people have ideas, perceptions, opinions, and rules, as well as an organized approach to viewing themselves, others, and their interactions with their environment. This structure of meaning becomes the core defining process and set of characteristics of the individual. Developmentally, the ego evolves and develops through experience and interaction with

other people in a logical, predictable manner, which Loevinger organizes in a series of ego levels.

Loevinger (1976) described the ego as consisting of four interwoven domains- character development, cognitive style, interpersonal style, and conscious preoccupations. Character development incorporates the development of moral reasoning and impulse control. Cognitive style encompasses the development of cognitive complexity and functioning. The domain of interpersonal style contains the attitudes and behaviors that comprise interpersonal relationships, the way in which these relationships are perceived, as well as the types of relationships that are preferred. Finally, conscious preoccupations describe the focus of an individual's thoughts and behaviors (Manners & Durkin, 2000).

The results of empirical research have driven Loevinger's (1976) construction of ego development theory. In the 1960's Loevinger, along with colleagues, set out to study the personality patterns of women and mothers by developing objective test items and analyzing the items for homogenous clusters which would indicate personality patterns (Loevinger, 1998). This test, the Family Problems Scale (FPS) (Loevinger, Sweet, Ossorio, & LaPerriere, 1962), was determined by Loevinger and her colleagues to measure a variable of central importance in personality (ego development). Based on the results of research with this instrument, the Washington University Sentence Completion Test (WUSCT; Hy & Loevinger, 1996), a semi-projective test of sentence stems, was devised to measure this variable of ego development. After a long period of experimentation, the test was comprised of 36 sentence stems. This number of items is typical of other sentence completion tests and produces an adequate repertoire of responses without boring or tiring the participant (Loevinger, 1998).

Fundamental to Loevinger's (1976) theory are the ego levels, which are hierarchical and sequential and represent a progression toward greater self and interpersonal awareness, cognitive and conceptual complexity, flexibility, personal autonomy, comfort with ambiguity, and personal responsibility (Lambie, 2007; Manners & Durkin, 2000). The stages represent a movement toward increasing complexity and sophistication in the manner in which experiences are organized and interpreted.

Whereas Loevinger's original theory described only five stages, the number was expanded by the conversion of transitional sub-stages into stages and the addition of two higher level stages. Thus, the most current version of the theory contains nine levels, which range from Impulsive (E2) to Transcendent (E10) (Noam, Young, & Jilnina, 2006), although the most recent version of the WUSCT (Hy & Loevinger, 1996) describes only stages E2 through E9. This is due to the fact that the updated content reflects current social attitudes, which have changed on some topics since the publication of the original 1970 manual. Loevinger described these levels in a manner that applies to a wide range of ages and emphasizes what individuals of each stage have in common, regardless of their age. Each level in the theory has a name which describes the characteristics that are at a maximum at that particular stage, although Loevinger (1976) cautioned that it is the total pattern of characteristics that truly defines a level. In Chapter One, Table 1.1 notes the levels and their most salient characteristics.

Several theorists and researchers have argued that higher levels of ego development allow for greater counselor effectiveness and for greater ability to cope with the complexities inherent in counseling relationships (Borders, Fong, & Niemyer, 1986; Holloway & Wampold, 1986). Other published research has shown that counselors

scoring at higher levels of ego development “negotiate complex situations and perform counselor-related tasks with empathy, flexibility, tolerance for ambiguity, boundary setting, personal and interpersonal awareness, interpersonal integrity, and self-care more effectively than individuals at lower levels of ego development,” (Lambie et al, in 2009).

Counselors have been studied repeatedly in terms of Ego Development, with some interesting findings. Beginning with Carlozzi, Gaa, and Liberman (1983), relationships between counselor’s level of Ego Development and counseling related behaviors were examined. This study focused on empathy (an attribute needed in social justice work) as it was related to levels of ego development. The participants in this study were 51 students serving as dormitory advisors in a single large university. The levels of ego development were not representative of the distribution expected to be found in the population; that is, the sample fell only into two groups, those below I-3/4 (Conformist level) and those at and above I-3/4, and, thus, differences among the participants across the full range of ego development could not be assessed.. Significantly higher empathy scores were reported among participants with higher levels of ego development, than those with lower levels of ego development (Carlozzi, Gaa, and Liberman, 1983).

Although this study provided important confirmation of the relationship between ego development and empathy, it was not without limitations. The scope of the study was limited to a small group at one university; therefore, caution should be used in generalizing to other university college students who also served as dormitory advisors. Additionally, the study was conducted in the southwest, limiting generalizability to other regions of the country. Despite these limitations, the positive findings lend support to the

notion that higher levels of ego development are related to counselor attributes such as empathy—attributes that may be needed in order for counselors to effectively engage in the work of advocacy.

Zinn's (1995) study of 64 counseling students examined the relationship between ego development and counselor effectiveness. The participants were administered the WUSCT (Loevinger, 1985) to measure their levels of ego development, as well as the Counselor Evaluation Rating Scale (CERS; Myrick & Kelly, 1971) and the Counselor Rating Form (CRF; Corrigan & Schmidt, 1983). The Counselor Evaluation Rating Scale is an instrument completed by counseling supervisors to assess three dimensions of counselor behavior: understanding of counselor rationale, counseling with clients, and exploration of self and counseling relationships. The Counselor Rating Form is an instrument completed by clients, to assess counselor effectiveness. The data analysis revealed no significant relationship between ego development levels and counselor effectiveness, possibly because of the small sample size and limited variance in ego development scores (91% of the practicum students scored at the Self-aware stage of ego functioning). However, this study provided important descriptive information with regard to the ego development levels that are typical of counselors receiving training. Specifically it revealed that the subjects' who displayed personality characteristics corresponding to higher levels of ego development, were seen as effective counselors by both clients and instructors.

Counselor Cognitive Development

Counselor cognitive developmental models are based on many of the same principles of general cognitive developmental theory. Development is seen as an

evolution in thought pattern toward greater complexity and integration of multiple sources of information. Progress is sequential and hierarchical (Borders & Brown, 2005). Early in the stages of counselor development, counselors usually display black and white thinking patterns along with somewhat simplistic understandings of client issues while in training (Lee-Wyatt, 2009). The counselor would want to know the rules about the one right way to conduct counseling. Anxiety is often high at this stage, as beginning counselors doubt their skills and do not have an accurate view of their strengths and weaknesses (Stoltenberg, McNeill, & Crethar, 1994). Counselors at mid-levels of development are more flexible and differentiated in their approaches with clients. They have begun to develop more realistic perspectives of clinical strengths and weaknesses, although they often cycle between confidence and doubt when engaging with unfamiliar client issues. In the upper stages of counselor development, client conceptualizations are comprehensive and are client specific (Lee-Wyatt, 2009). Counselors are comfortable with the ambiguity and paradoxes often present in clinical work and are more sophisticated in relational skills (Borders & Brown, 2005).

In a study of ego functioning and counselor development, Borders (1984) explored the cognitive developmental domain of ego as it relates to counselor development and supervision education. The study investigated the theoretical construct of ego development's capacity to discriminate between counseling students at differing ego levels based on their perception of their clients, behavior with their clients, and counseling effectiveness. The level of ego functioning of 63 counseling students was measured using the WUSCT. Their perceptions of their clients were assessed using Repertory Grid Technique (RGT), the Vanderbilt Psychotherapy Process Scale (VPPS),

and the Counselor Evaluation Rating Scale (CERS). The RGT is based on the theory of personal constructs, which is used to explore the way one makes sense of some particular event, context, or set of objects in the world- in this case, clients. The CERS is used to evaluate a supervisee's behavior during both counseling and supervision sessions. The scale is composed of 27 items viewed as important for counselor trainee evaluation, with items referring to counseling theory, approaches, techniques, and counseling students' attitudes toward personal growth and professional development. Multiple regression analysis was used to compute the relationship between variables, while a 3 x 4 Chi-square test analyzed ego developmental level scores to the content categories. The results revealed slightly less than significant positive relationships between counseling students' in-session behavior and the supervisors' overall effectiveness ratings with levels of ego functioning. Additional significant, correlational findings indicated that counseling students at higher ego levels employed fewer physical descriptors and more interactional style descriptors. The researcher concluded that ego developmental levels tend to have a positive relationship to the effectiveness of counseling students' perceptions of and behaviors with their clients.

Because 71% of counseling students scored at an E6 (Conscientious level) initially, a lack of variability of ego levels may have contributed to the non-significant results. Additionally, this study employed 32 individual supervisors rated the counseling trainees, who likely had differing supervision styles that could have influenced the findings. Generalizability is further limited in this study, as it was conducted at only one training program, limiting the degree to which results can be considered valid for other regions in the country or other counselor training settings. Nonetheless, the study does

offer support for higher levels of ego development being related to more functional counseling qualities.

In a qualitative study of counselor cognitive complexity, McAuliffe and Lovell (2006) explored differences in the counseling performance of students who scored low and high on the Learning Environment Preferences (LEP) (Moore, 1989), a measure of cognitive complexity. McAuliffe and Lovell assessed the cognitive complexity of students in a first semester counseling skills class. They selected the 12 students who scored the highest and lowest on the measure. Through qualitative review of their transcribed counseling sessions, the authors described five themes in the participants' counseling behaviors. First, participants with low levels of cognitive complexity, referred to as "dualistic" thinkers on this measure, combined their own points of view with those of the clients. As dualistic thinkers, they view the world in terms of polar opposites (i.e., right/wrong and good/bad). Contrastingly, participants with high levels of cognitive development, called "relativistic" thinkers on this measure, were able to communicate true empathy. Relativistic thinkers view the truth as relative and knowledge as being constructed and not absolute. A second theme of superficiality versus discernment emerged. The authors noted that participants with low cognitive complexity focused on concrete aspects of the client's story, while participants at higher levels of cognitive complexity were able to identify themes and patterns. A third theme was evident in the difference in reflectiveness among participants. Low complexity participants acted habitually and used general statements and questions, while high complexity participants showed the ability to think about their own work and how they chose their statements. McAuliffe and Lovell also noticed a theme around the subject's

tolerance of ambiguity. Low complexity participants were more likely to target one explanation for the client's issue, while complex thinkers recognized uncertainty and complexity of the issue. A final theme emerged around the use of evidence. Low complexity thinkers often rejected a solution, while highly complex thinkers considered the evidence and used interventions that were based in that evidence.

The authors cited the small sample ($n=12$) as a limitation, acknowledging that the results of the study cannot be generalized beyond the 12 trainees who participated. Another limitation of this study is that not all trainees' behaviors in the interviews fit exactly into the dualistic and relativistic themes. For example, sometimes dualists did make effective reflective responses, albeit mostly concrete and obvious ones. Additionally, many of the advanced themes were based only on a few field notes. For example, in the six interviews of the dualists, there were only five initial field notes out of a total of approximately 150 that represented advanced themes, and two out of six of the dualistic trainees actually accounted for all five of those field notes.

Despite these limitations, the importance of cognitive complexity on counselor performance is clear. Participants with higher levels of cognitive complexity were able to remain decentered, empathic, and inquisitive in the session. Participants at lower levels of complexity did not show accurate empathy, excluded causes and solutions, and used vague, irrelevant questions. The authors concluded from these qualitative results that an emphasis on facilitating cognitive development is crucial for counselor education.

As shown above, research suggests that higher developmental levels appear to better equip counselors with more adequate ways of viewing the world and the complex problems within it. It stands to reason, then, that the training of licensed mental health

counselors should consider trainee developmental levels in the design and delivery of curricula focused on the complex issues of social justice advocacy.

Summary

This chapter has provided a review of social justice advocacy literature and the competencies needed in advocacy work. Further, the concepts of cognitive developmental theory and the specific domain of ego development have been discussed. Empirical research that supports the use of Cognitive Development was offered. Support was established for the hypothesis that workplaces and other counselor training settings, in their role to train licensed mental health counselors as social justice advocates, should consider the ego developmental level in supporting advocacy competency and social justice engagement. The following chapter will provide the research hypotheses, methodology, and data analysis for the current study that sought to validate these hypotheses.

CHAPTER 3: DESIGN AND METHODOLOGY

The purpose of this study was to explore how cognitive developmental levels impact both social justice advocacy tasks and advocacy competency levels among licensed mental health counselors. This chapter will describe in detail the research design and methodology for the study. Other topics to be discussed include: (a) the method, (b) the population and sample, (c) the instrumentation, (d) the instrument scoring procedure (e) the specific research hypotheses, (f) the data analysis, and (g) ethical considerations.

Research Design and Rationale

This study employed a quantitative correlational survey design (Bordens & Abbott, 2008; Creswell, 2009). A quantitative design was preferred over a qualitative design in this study for three primary reasons. First, unlike a qualitative design, a quantitative design uses numeric values and statistical analyses to objectively qualify relationships among variables, to identify patterns, and to make predictions (Bordens & Abbott, 2008). Quantitative design was most conducive to this study as the WUSCT, ACSAS, and SJATC measurements each have numerical values assigned for the total score. Second, a non-experimental correlational design allows for the determination of relationships without being able to manipulate the independent variable. The variables in this study were necessarily examined as they presented in their natural state without manipulation. Third, a survey design allows a large amount of data to be collected in a short amount of time and in a uniform manner (Champion, 2006). The three variables of ego development, advocacy competency, and social justice action were each measured with established instruments, and through the use of a survey format, the three instruments could be combined into a single electronic document that streamlined and

facilitated the collection of a substantial amount of data. A final rationale for this quantitative study lies in the fact that that a quantitative exploration of advocacy attitudes and activities among licensed mental health counselors has not before been conducted. As such, the exploratory nature of the study has the unique potential to extend current empirical understanding of the topic.

Method

The data collection process consisted of creating an internet-based survey through the William & Mary Qualtrics system with the purpose of examining the relationship between cognitive (ego) development, advocacy competency, and engagement in social justice advocacy tasks. An informed consent document was provided at the beginning of the survey, and participants were required to provide prior consent in order to continue the survey. The online survey also included a demographic questionnaire and three measurement instruments: the Washington University Sentence Completion Test (WUSCT), the Advocacy Competency Self-Assessment Survey (ACSAS), and the Social Justice Advocacy Task Checklist (SJATC). A hyperlink embedded in the invitation led the participant to the online consent form, demographic information form, and measurement instruments. Approximately one week after sending the initial invitation to participate, a reminder email was sent to participants asking them participate in the study. At the conclusion of the survey, participants were invited to provide an email address to enter a lottery for a \$50 Visa gift card.

The research was conducted in accordance with the American Counseling Association *Code of Ethics* (2005) guidelines on the ethical treatment of research participants. As previously noted, all participants reviewed and approved the consent

form which informed them of their right not to participate in the study. In addition, all responses were assigned a unique number to ensure anonymity and all were maintained in a confidential manner, with access being granted only to the researcher and members of the scoring team.

Population and Sample

The target population for this study was licensed counselors in the mental health field in the United States. The sample included practitioners in the mental health field who were solicited from community mental health agencies during Spring 2012.

Permission to contact and invite counselors to participate in the study was obtained from agencies in Texas, North Carolina, Virginia and Maryland; states where the researcher was able to access mental health agencies in these states through existing professional relationships. At agreeing agencies, the researcher forwarded the invitation to participate in the study and link to online survey. Participants from around the country were also invited to participate in the study through their membership in state branches of the American Mental Health Counselors Association (AMHCA). Another group of participants were sent invitations through the Counselor Educators and Supervisors Network (CESNET) listserv. A third group of participants were identified primarily from online professional directories of state licensed counselor organizations and sent individual electronic invitations to participate.

Instrumentation

As noted above, five instruments were used to collect necessary information for completing this study: (a) an informed consent form, (b) a general demographic questionnaire form, (c) the Washington University Sentence Completion Test, (d) the

Advocacy Competency Self-Assessment Survey, and (e) the Social Justice Tasks Checklist.

Informed Consent Form

The informed consent form (Appendix A) summarized the study's procedures, explained the activity that was requested of the participants, and how the results of the study would be used. The consent form also informed the participants of their right to withdraw from the study at anytime. Assurance of confidentiality was stressed in this document and participants were informed of the steps the researcher has taken to protect their confidentiality.

General Demographic Questionnaire Form

The general demographic questionnaire was the second portion of the online survey (Appendix B). The form was intended to gather information about participants' gender, race, age, location, professional memberships and the number of years since graduation from their master's program. Additionally, participants were asked how frequently they voted in public elections. Research by Nilsson and Schmidt (2005) found that desired and actual participation in the political process was a significant predictor of engagement in social justice advocacy. The demographic data was collected for subsequent analysis of its potential relationship to other constructs examined in the study.

Washington University Sentence Completion Test

The Washington University Sentence Completion Test (WUSCT) is a semi-projective test that consists of sentence stems designed to prompt a response from the participant reflecting his or her level of ego development (See Appendix E). Based on the works of Jane Loevinger, ego development is often referred to as a master personality

trait, because the construct of ego conceptualizes how people relate to one another and the world. Consisting of 18 sentence stems, examples of these statements include, “When people are helpless...,” “A girl has a right to...,” and “A man’s job...” (Loevinger, 1998). Respondents are directed to complete each sentence stem as they feel appropriate. Numerical scores on the WUSCT correspond to stages E3 to E8 of Loevinger’s Ego Developmental Scheme, with lower scores reflecting lower stages of ego development and higher scores reflecting higher stages. Versions of the WUSCT are available that are specific to male and female participants with sentence stems varying accordingly. Both long (36 stems) and short (18 stems) forms are also available, with the short form being used in this study because it is less time consuming for the participants to complete. The WUSCT is scored by comparing individual responses to responses in the scoring manual, *Measuring Ego Development* (Hy & Loevinger, 1996).

The WUSCT has been described as one of the “most extensively validated” projective psychological assessment tools (Garb, Wood, Lilienfeld, & Nezworski, 2002, p. 461). Loevinger (1993) cited research in four areas that supports the sequentiality of stages and suggests construct validity: (a) increased E- levels with age over time, (b) significant correlations between ego level on successive testing in longitudinal studies, (c) modest upward changes in E-level following long term interventions, and (d) findings suggesting that people understand ego levels lower than their own but not much higher than their own.

Gilmore and Durkin (2001) also reviewed the validity of the WUSCT and the theory of Ego Development, finding strong support for both the instrument’s external validity and the soundness the theory. Further research on the WUSCT has indicated a

significant positive correlation between the length of the response and the score assigned to the response (Gilmore and Durkin, 2001).

The construct validity the WUSCT has also been determined through studies of correlations with: (a) interview estimates of ego level, (b) objective tests, (c) projective tests, (d) tests of other developmental stage theories, and (e) behavioral measures (Loevinger, 1998a). Data shows that ego level can be estimated from interviews at a correlation level of approximately .6 with the WUSCT (Lucas, 1971). Significant correlations between the WUSCT and other developmental stage tests of personality are well documented, including a correlation of .4 or .6 to Kohlberg's Moral Judgment Inventory (Lambert, 1972; Sullivan, McCullough, & Stager, 1970) and a correlation of approximately .8 to the Thematic Apperception Test (TAT) scored for ego development (Sutton & Swenson, 1983).

Internal consistency of the WUSCT was tested using participants in a laboratory setting in the original validation studies and showed an alpha coefficient for the 36-item test version of .91 (Loevinger & Wessler, 1970). Redmore and Waldman (1975) validated these results in a repeat study split by sex. The results showed a coefficient alpha of .88 and .92 for expert and self-trained raters.

The WUSCT has strong evidence of psychometric stability, in that high levels of inter-rater reliability and test-retest reliability have been demonstrated (King et al., 2000). Trained raters have reported inter-rater reliabilities of .94 (e.g., $n = 229$, Novy, 1993). Internal consistency reliability, measured using coefficient alpha, has been reported as .84, .81, and .90 respectively for the first half, second half, and full-length 36-item forms (Loevinger, 1998).

Advocacy Competency Self-Assessment Survey (ACSAS)

The Advocacy Competency Self-Assessment Survey was developed by Ratts and Ford in 2008 (Appendix C). The survey was developed as a tool for reflection and dialogue regarding competence along the six domains of the ACA Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2003). The six domains as described in the ACA Advocacy Competencies are: (a) Client Empowerment, (b) Client Advocacy, (c) Community Collaboration, (d) Social/Political Advocacy, (e) Public Information, and (f) Systems Advocacy. Each of six domains can be scored separately serving as a domain subgroup on the ACSAS.

The first domain subgroup, Client Empowerment, is an orientation in counseling involving not only systems change interventions but also the implementation of empowerment strategies in direct counseling. Counselors help their clients understand their own lives in context, and this understanding helps lay the groundwork for effective self-advocacy (Ratts & Ford, 2008). The second domain subgroup, Client Advocacy, is concerned with counselors' awareness of external factors that act as barriers to an individual's development and response with advocacy (Ratts & Ford, 2008). Community Collaboration, the third domain subgroup, focuses on counselors' ongoing work with people allowing them to develop a unique awareness of trends among the population they serve, such as discriminatory practices from a local business or low-quality education from a neighboring school. Since counselors are often among the first to become aware of specific difficulties in the communities in which they work, the counselor can respond to such difficulties by alerting existing organizations that are already working on the change or may have an interest in creating change (Ratts & Ford, 2008). The fourth

domain subgroup, Systems Advocacy, focuses on counselors' ability to view themselves as change agents, to understand systematic change principles, and to make change a reality (Ratts & Ford, 2008). The Public Information domain subgroup explores counselors' skill sets in awakening the public to macro systemic issues regarding human dignity. The last domain subgroup, Social/Political Advocacy, highlights counselors' ability to influence public policy in a large, public arena (Ratts & Ford, 2008). The ACSAS consists of 30-items in which respondents rate statements about advocacy on a scale of Almost Always (0 points), Sometimes (2 points), and Almost Never (4 points). The Total Score ranges from 0-120, indicating the level competency of participants and identifying areas they can continue to develop in order to strengthen their competency. Examples of these items include, "I am comfortable with negotiating for relevant services on behalf of clients/students," "I am skilled at helping clients/students gain access to needed resources," and "I am able to collaborate with allies in using data to promote social change" (Ratts and Ford, 2008). Although the Advocacy Competency Self-Assessment Survey has been piloted and reviewed by its two authors, no validity and reliability statistics have currently been established for the measure (M. Ratts, personal communication, January 8, 2012). Despite this, the ACSAS is the only instrument to date developed specifically to measure the advocacy competency of counselors, and the absence of normative data is identified as a potential limitation of this study.

Social Justice Advocacy Task Checklist

The Social Justice Advocacy Task Checklist (SJATC) was developed by the researcher to determine the various micro, macro, and meso-level social justice advocacy tasks counselors may engage in during their day-to-day practice (Appendix D). The

Social Justice Task Checklist is a 47-item instrument that allows participants to indicate social justice advocacy tasks that they have engaged in. Each task listed has been identified in the professional literature as being an activity in support of the micro, macro, or meso domains of social justice advocacy as described in Chapter 1. Points are earned for each task, and the points earned for carrying out each task are combined into a total score for the three domains ranging from 0-47. Validity and reliability statistics have yet been established for this tool, thus presenting a limitation of the current study and an area potentially warranting future research.

Scoring Procedures

WUSCT Scoring

Participant's completed sentence stems were each assigned an E-score by the researcher or experienced scoring assistants trained in using the most current approach to scoring the WUSCT. Each scorer assigned an E-score to each stem on the 18-item WUSCT and totaled the numeric value of all 18 stems. All 86 surveys were divided among the scoring team, with 31% of WUSCT's being scored by the researcher and the remaining 69% of WUSCT's scored by the scoring assistants. An expert rater served as a consultant and supervisor to the researcher and scoring assistants. The raters established inter-rater reliability prior to scoring participants responses. Initially scorers each reviewed an example survey, scored the survey individually. They next compared their rating scores with others on the scoring team, and then adjusted their rating processes until all rating scores for similar items were the congruent.

ACSAS Scoring

As noted above, the participants' ratings of the items in the ACSAS range from 0-120. Point values are assigned as: Almost Always (0 points), Sometimes (2 points), and Almost Never (4 points). Participants' scores on the ACSAS were summed by the researcher and assigned a total quantitative value. This value determines if the participant is placed at the lower (0-69), middle (70-99), or highest (100-120) level of advocacy competency. Included in the ACSAS survey form (Appendix C) is a scoring guide and a description of how to interpret the scores.

SJATC Scoring

As reported previously, the Social Justice Advocacy Task Checklist was developed by the researcher to determine the degree that micro, macro, and meso-level social justice advocacy task were engaged in during day-to-day practice among the participants. Total Scores were determined by the Qualtrics system ranging from 0-47 indicating the degree of involvement of the participant in micro, macro, and meso-level social justice advocacy tasks. Higher scores indicate a higher degree of involvement at each level.

Research Hypotheses

The research hypotheses for this study were as follows:

1. Participants' ego developmental levels as indicated by their scores on the WUSCT will be positively correlated with their advocacy competency as indicated by their scores on the Advocacy Competency Self-Assessment Survey.
2. Participants' ego developmental levels as indicated by their scores on the WUSCT will be positively correlated with social justice advocacy

engagement as indicated by scores on the Social Justice Advocacy Task Checklist.

6. Participants' advocacy competency as indicated by scores on the Advocacy Competency Self-Assessment Survey will be positively correlated with social justice advocacy engagement as indicated by their scores on the Social Justice Advocacy Tasks Checklist.
7. Participants' social justice advocacy engagement as indicated by their scores on the Social Justice Advocacy Tasks Checklist will be negatively correlated with the number of years since the participants' graduation from the Master's counseling program.
8. Participants' advocacy competency as indicated by scores on the Advocacy Competency Self-Assessment Survey will be negatively correlated with the number of years since the participants' graduation from the Master's counseling program.

Data Analysis

Demographic data collected (i.e. age, gender, race, participation in public elections, membership in Counselors for Social Justice, and year of Masters graduation) was examined and reported using SPSS 18.0 descriptive statistics and frequencies. Pearson-*r* correlation analyses were conducted between E-scores assigned to WUSCT's, the ACSAS Total Score, ACSAS domain subgroup scores, the SJATC Total scores, and years since participants' graduation in order to examine their degree of congruence with the research hypotheses. Pearson-*r* correlational analysis determined if relationships existed between WUSCT E-scores and demographic variables such as age, gender, years

since graduation, and participation in the voting process. If statistical significance was found, the researcher also conducted post-hoc statistical analyses using Pearson-*r* correlation analyses with SPSS 18.0 in order to determine if a significant relationship existed between the subgroups on the ACSAS, the SJATC and ego development.

Ethical Considerations

The following safeguards ensured that ethical standards were upheld in this research process:

1. Permission and approval to conduct the study (including contacting mental health agencies) were obtained from the researcher's dissertation committee and Institutional Review Board (IRB) of The College of William and Mary.
2. No names were recorded on the instruments. The researcher was the only person with access to the list that connected responses to computer IP addresses of the participants.
3. Participants were informed that the purpose of the study was to explore the relationship between cognitive developmental levels (ego development) of licensed mental health counselors and their social justice advocacy competency and involvement.
4. Participants were assured that any response on any instrument would be anonymous in the final presentation of the results, that no one other than the researcher and the raters would ever see the actual completed instruments, and that their responses could not in anyway affect their employment.
5. Data gathered was identified by a unique code assigned to each participant

to ensure confidentiality.

6. Participants were offered the opportunity to receive the results of the study.
7. The voluntary nature of the study was included in the informed consent form. Participants retained the right to refuse participation.
8. Study results only reported group mean data, and individual scores were not disclosed.

Summary

The focus of the study is on whether cognitive developmental levels (Ego development) of licensed mental health counselors is related to their competency and frequency of social justice advocacy participation and action. In this chapter, the research design and methodologies used in this investigation were presented. Sampling, statistical, and procedural processes were discussed, and examination of the methodologies, ethical considerations also were offered. The next chapter will report the statistical results and post-hoc analyses.

CHAPTER 4: RESULTS

This chapter describes and summarizes the research analyses and findings among the sample. Five hypotheses were presented in Chapter 3 regarding the relationship between cognitive development, advocacy competency, and social justice tasks that are engaged in among licensed mental health counselors. This chapter presents the results of the study. The chapter includes: (a) a review of the sampling procedures, (b) the demographic data reported for the sample and (c) the results of the correlational tests between the dependent variables.

Participants

Demographics

Demographic data was collected using a Demographic Questionnaire that was completed by participants at the beginning of the survey. All participants completed information pertaining to their gender, race, age, state of residence, as well as whether or not they voted in public elections, the years since they graduated from their graduate program, and membership status with Counselors for Social Justice.

Gender. Demographics for gender are presented in Table 4.1. As can be seen in the table, all participants reported their gender, and substantially more females than males completed the surveys.

Table 4.1

Participants' gender

Gender	Frequency	Percentage
Male	16	18.6%
Female	70	81.4%

Total 86 100%

Race. All participants reported their race, with significantly more participants identifying as Caucasian, White (70.9%). The smallest racial representation was among Latino, Hispanic, Mexican American and Other. Demographics for race are presented in Table 4.2.

Table 4.2

Participants' race

Race	Frequency	Percentage
Asian, Asian-American	2	2.3%
Black, African-American	15	17.4%
Latino, Hispanic, Mexican American	4	4.7%
White, Caucasian	61	70.9%
Other	4	4.7%
Total	86	100%

Age. All of the participants were over the age of 24 with the youngest age range being 24-30 and oldest age range being 66-70. The mean age range of participants was 41-45 years-old. Table 4.3 illustrates the demographics for age.

Table 4.3

Participants' age

Age Range	Frequency	Percentage
24-30	5	5.8%
31-35	22	25.6%

36-40	13	15.1%
41-45	10	11.6%
46-50	7	8.1%
51-55	4	4.7%
56-60	15	17.4%
60-65	7	8.1%
66-70	3	3.5%
Total	86	100%

State of residence. Demographics for the participants' state residency are presented in Table 4.4. As can be seen in the table, all participants reported their residency, with substantially more residing in North Carolina compared to other states. Nineteen states in addition to Washington D.C. were represented in the study.

Table 4.4

Participants' state of residence

State of Residence	Frequency	Percentage
AL	1	1.2%
FL	5	5.8%
GA	4	4.7%
IL	2	2.3%
IN	1	1.2%
IA	1	1.2%
MA	2	2.3%
MI	2	2.3%
MS	10	11.6%
NJ	2	2.3%

NY	1	1.2%
NC	17	19.8%
PA	4	4.7%
RI	6	7.0%
TN	5	5.8%
TX	10	11.6%
UT	2	2.3%
VA	8	9.3%
WA	2	2.3%
DC	1	1.2%

Participation in public elections. A majority of the sample, 55.8% (N = 48) indicated that they always voted in public political elections. The demographics for participation in public elections are presented in Table 4.5.

Table 4.5

Participants' participation in public elections

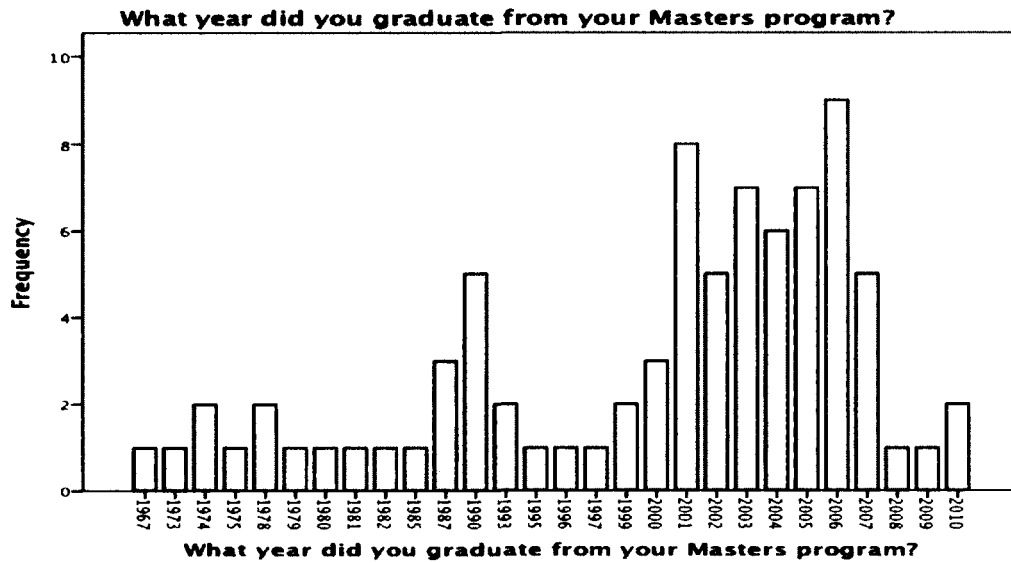
Participation	Frequency	Percentage
Rarely	2	2.3%
Sometimes	10	11.6%
Most of the time	26	30.2%
Always	48	55.8%
Total	86	100%

Year of graduation from graduate program. With the exception of five non-responding participants, the graduation years from their Masters' program ranged from

1967-2010, with an average graduation year of 1998 in the sample. The frequency for each year is presented below in Figure 4.1.

Figure 4.1

Year of graduation from Masters program



Membership in Counselors for Social Justice. A majority of the sample reported that they did not hold membership in the American Counseling Association division of Counselors for Social Justice at 83.7%. Demographics for CSJ membership are presented in Table 4.6.

Table 4.6

Membership in Counselors for Social Justice

Response	Frequency	Percentage
Yes	14	16.3%
No	72	83.7%
Total	86	100%

In terms of the counselors included in the study, their demographic information was typical of practicing counselors described in research. For example, the counselors in the current sample, 81.4% were female and 70.9% were Caucasian. Lambie (2002) found in a nation-wide survey of practicing counselors (N=218) that Caucasian women comprised more than 75% of the sample. Diambra (1997) also found in a nation-wide survey of 134 counselors that approximately 70% of the sample was comprised of Caucasian females. Borders and Usher (1992), in their survey of the practices and preferences of 357 National Certified Counselors, found similar demographic results (88% Caucasian and 66% female).

Measurement Results

Washington University Sentence Completion Test

As detailed in Chapter 3, the WUSCT uses the E-score to interpret the extent to which a person relates to others and the world. A team of trained raters scored the responses that ranged from E4-E8. Four participants (8.1%) scored at an ego level of E4 (Conformist). Twenty-two participants (25.6%) scored at an ego level of E5 (Self-Awareness). Many of the participants ($n=36$; 41.9%) scored at an ego level of E6 (Conscientious). Eighteen participants (20.9%) scored at an ego level of E7 (Individualistic). Three participants (3.5%) scored at an ego level of E8 (Autonomous). The mean E-score for the sample was an E5.86 ($SD= .960$). Distribution of the participants' ego level scores appeared slightly skewed to the left (skewness statistic = $-.041$), suggesting that the majority of values including the median lie to the right of the distribution and the sample is not exactly symmetrical.

Table 4.7 presents the frequencies of ego level scores in the study. The ego development of the counselors in this study was typical of other practicing counselors described in previous research. In a nationwide survey of 225 practicing counselors, the average counselor was found to operate at the E5 Self-Aware stage (Lambie, 2002). In another nationwide survey of 134 counselors, 72% of participants were also found to operate at the E5 Self-Aware stage (Diambra, 1997). In a study of 120 practicing counselors, Lawson (2002) reported a mean score of E6 (Conscientious) among participants. Therefore, compared to similar studies examining counselors' ego development, the current samples' mean score of E5.86 aligns with the mean scores of other counselors measured in similar studies reporting mean scores of E5's and E6's.

Table 4.7

Participants' WUSCT scores

Ego Level	Frequency	Percentage
E4	7	8.1%
E5	22	25.6%
E6	36	41.9%
E7	18	20.9%
E8	3	3.5%
Total	86	100%

Advocacy Competency Self-Assessment Survey (ACSAS)

As described in Chapter 3, the Total Score for the ACSAS is a summation of scores on the six advocacy competency domain subscales. Total Scores can be assigned to the lower, middle, and upper subgroups. Knowing where a counselor is lacking in a particular advocacy domain can help counselor trainers and agencies develop more

meaningful training activities. Scores of 69 and below (the lower subgroup) indicate that respondents may need further training in a particular advocacy domain (e.g. Political/Social Advocacy). Thirty-one percent of participants scored in the 0-69 range. Scores ranging from 70-99 (the middle subgroup) indicate that respondents have demonstrated competence within certain advocacy domains but may need to further develop competence in other advocacy areas. Forty-two percent of the sample scored in the 70-99 point range. Scores ranging from 100 to 120 (the upper subgroup) indicate a high level of competence in each of the six advocacy domains. Participants with scores in the 100-120 point range equaled 25.9%. The average score for the entire sample places this group at the middle subgroup of the ACSAS, which, according to Ratts & Ford (2007), means: “You’ve got some of the pieces in place. However, you need to do some work to develop your competence in specific advocacy areas in order to be an effective social change agent” (p. 4). Table 4.8 summarizes the frequencies in each point range for the sample.

Table 4.8

ACSAS Total Point Ranges

Point Range	Frequency	Percentage
69 and below	27	31.8%
70 – 99	36	42.3%
100 – 120	23	25.9%
Total	86	100%

Social Justice Advocacy Task Checklist

The Total score for the Social Justice Advocacy Task Checklist determines the number of micro, macro, and meso-level social justice advocacy tasks the counselor has

engaged in during their practice (earning one point for each task). As discussed in Chapter 3, 18 micro-level interventions, 11 macro-level interventions, and 17 meso-level interventions are included in the SJATC. In this sample, the counselors on the average practiced more heavily at the micro-level, engaging in 75% of the listed micro-level interventions (13.54 of 18). The counselors on the average reported engagement in >50% of activities listed at the macro and meso-level.

Table 4.9 summarizes the means, standard deviations, and sample sizes for all measures completed by study participants.

Table 4.9

Means, Standard Deviations, and Sample Size by Dependent Measures

Measure	Mean	Standard Deviation	N (Total in sample)
WUSCT	5.86	.960	86
ACSAS	79.76	22.96	86
SJATC	30.04	9.12	86

Analysis of the Research Hypotheses

Research Hypothesis 1

Participants' ego developmental levels as indicated by their scores on the WUSCT will be positively correlated with their advocacy competency as indicated by their scores on the Advocacy Competency Self-Assessment Survey.

Results. Correlations were conducted between the WUSCT E-score and the ACSAS Total score and domain subgroups to determine whether the scores on these measures were significantly correlated. Results indicated that there was no significant

correlation ($r = -.056$) between the E-score and the ACSAS Total score. Results also indicated that there was no significant correlation between the E-scores and each ACSAS domain subgroup: Client Empowerment, Community Collaboration, Public Information, Client Advocacy, Systems Advocacy, and Social/Political. For this sample, the two instruments did not indicate any relationship. Thus, this hypothesis was not supported by the statistical results as presented in Table 4.10 below.

Table 4.10

Correlations between ACSAS domain subgroups, ACSAS Total and WUSCT

		E-score
WUSCT E-score	Pearson Correlation	1
	Sig. (2-tailed)	
	N	86
ACSAS Total	Pearson Correlation	-.056
	Sig. (2-tailed)	.610
	N	86
Client Empowerment	Pearson Correlation	.056
	Sig. (2-tailed)	.607
	N	86
Community Collaboration	Pearson Correlation	-.038
	Sig. (2-tailed)	.731
	N	86
Public Information	Pearson Correlation	-.117
	Sig. (2-tailed)	.285
	N	86
Client Advocacy	Pearson Correlation	-.097
	Sig. (2-tailed)	.376
	N	86
Systems Advocacy	Pearson Correlation	-.031
	Sig. (2-tailed)	.779
	N	86
Social/Political Advocacy	Pearson Correlation	-.070
	Sig. (2-tailed)	.523
	N	

N	86
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Research Hypothesis 2

Participants’ ego developmental levels as indicated by their scores on the WUSCT will be positively correlated with social justice advocacy engagement as indicated by scores on the Social Justice Advocacy Task Checklist.

Results. Correlations were conducted between the WUSCT E-score and the SJATC Total score to determine whether the scores on these two measures were significantly correlated. Results indicated that there was no significant correlation ($r = .004$). For this sample, the two instruments did not indicate any relationship. Thus, this hypothesis was not supported by the statistical results as presented in Table 4.11.

Table 4.11

Correlation between WUSCT and SJATC

		Escore	SJATCtotal
E-score	Pearson Correlation	1	.004
	Sig. (2-tailed)		.969
	N	86	86
SJATC Total	Pearson Correlation	.004	1
	Sig. (2-tailed)	.969	
	N	86	86

Research Hypothesis 3

Participants’ advocacy competency as indicated by scores on the Advocacy Competency Self-Assessment Survey will be positively correlated with social justice

advocacy engagement as indicated by their scores on the Social Justice Advocacy Tasks Checklist.

Results. Correlations were conducted between the ACSAS, ACSAS domain subgroups, and the SJATC Total score to determine whether the scores on these measures were significantly correlated. Results indicated that there was a significant correlation between the ACSAS Total and SJATC Total ($r = .711$) at the 0.01 level. Results also indicated that there were significant correlations between the SJATC and all six ACSAS domain subgroups. For this sample, the SJATC instrument and the ACSAS did show a positively correlated relationship. Thus, this hypothesis was supported by the statistical results presented in Table 4.12 below.

Table 4.12

Correlation between ACSAS, ACSAS domain subgroups and SJATC

		SJATC Total
Client Empowerment	Pearson Correlation	.378**
	Sig. (2-tailed)	.000
	N	86
Community Collaboration	Pearson Correlation	.587**
	Sig. (2-tailed)	.000
	N	86
Public Information	Pearson Correlation	.611**
	Sig. (2-tailed)	.000
	N	86
Client Advocacy	Pearson Correlation	.519**
	Sig. (2-tailed)	.000
	N	86
System Advocacy	Pearson Correlation	.625**
	Sig. (2-tailed)	.000
	N	86
Social/Political	Pearson Correlation	.721**

Advocacy	Sig. (2-tailed)	.000
	N	86
ACSAS Total	Pearson Correlation	.711**
	Sig. (2-tailed)	.000
	N	85
SJATC Total	Pearson Correlation	1
	Sig. (2-tailed)	
	N	86

** . Correlation is significant at the 0.01 level (2-tailed).

Research Hypothesis 4

Participants’ social justice advocacy engagement as indicated by their scores on the Social Justice Advocacy Tasks Checklist will be negatively correlated with the number of years since the participants’ graduation from the Master’s counseling program.

Results. Correlations were conducted between the SJATC and the years since graduation from the Master’s program to determine whether these two variables were significantly correlated. Results indicated that there was a no significant correlation ($r = -.064$). For this sample, the two variables did not show a significant relationship. Thus, this hypothesis was not supported as evidenced by the statistical analysis presented in Table 4.13 below.

Table 4.13

Correlation between SJATC and years since graduation

	What year did you graduate from your Masters program?	SJATC Total
What year did you graduate	Pearson Correlation	1 -.064

from your Masters program?	Sig. (2-tailed)		.559
	N	86	86
SJATC Total	Pearson Correlation	-.064	1
	Sig. (2-tailed)	.559	
	N	86	86

Research Hypothesis 5

Participants' advocacy competency as indicated by scores on the Advocacy Competency Self-Assessment Survey will be negatively correlated with the number of years since the participants' graduation from the Master's counseling program.

Results. Correlations were conducted between the ACSAS and the years since graduation from the Master's program to determine whether these two variables were significantly correlated. Results indicated that there was no significant correlation ($r = -.033$). For this sample, the two variables did not have a relationship. Thus, this hypothesis was not supported as evidenced by the statistical analysis presented in Table 4.14 below.

Table 4.14

Correlation between ACSAS and years since graduation

		ACSAS Total	What year did you graduate from your Masters program?
ACSAS Total	Pearson Correlation	1	-.033
	Sig. (2-tailed)		.767
	N	86	85
What year did you graduate	Pearson Correlation	-.033	1

from your Masters program?	Sig. (2-tailed)	.767	
	N	85	85

Supplemental Post-hoc Analyses

Since significant findings for Hypothesis 3 was found, a supplemental analyses was conducted for the purpose of further informing and supporting the initial findings. The ACSAS domains and the SJATC Total scores were first analyzed using Pearson’s *r* correlation to determine if there was a relationship with the ACSAS domains and the SJATC Total scores. It was found that a significant relationship existed. However, the SJATC also is comprised of three advocacy levels: micro, macro, and meso. Therefore, a Pearson *r* was conducted to determine the relation between the ACSAS domains and the SJATC levels. Surprisingly, it was found that the ACSAS domains and the SJATC levels were all significantly correlated at the .01 level and .05 levels as presented in Table 4.15 below.

Table 4.15

Correlation between ACSAS domains and SJATC levels

		Micro	Meso	Macro
Client Empowerment	Pearson Correlation	.270*	.342**	.291**
	Sig. (2-tailed)	.012	.001	.007
	N	86	86	86
Community Collaboration	Pearson Correlation	.383**	.593**	.503**
	Sig. (2-tailed)	.000	.000	.000
	N	86	86	86
Public Information	Pearson Correlation	.449**	.584**	.515**
	Sig. (2-tailed)	.000	.000	.000
	N	86	86	86
Client Advocacy	Pearson Correlation	.387**	.436**	.453**
	Sig. (2-tailed)	.000	.000	.000
	N	86	86	86

System Advocacy	Pearson Correlation	.434**	.575**	.542**
	Sig. (2-tailed)	.000	.000	.000
	N	86	86	86
Social/Political Advocacy	Pearson Correlation	.480**	.722**	.693**
	Sig. (2-tailed)	.000	.000	.000
	N	86	86	86

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Given the lack of significant findings for Hypothesis 4 and Hypothesis 5, supplemental analyses were conducted for the purpose of further informing and supporting the research. The years since graduation from the Master’s program were first analyzed using Pearson’s *r* correlation to determine if there was a relationship with the ACSAS or SJATC. It was found that no significant relationship existed. However, previous research supports the notion that cognitive complexity is positively correlated with age. Therefore, a Pearson *r* was conducted to determine the relation between the WUSCT scores and the year of the respondents Masters graduation. As anticipated, it was found that the WUSCT scores and the year of graduation were significantly correlated ($r = -.347$) at the .01 level as presented in Table 4.16 below.

Table 4.16

Correlation between WUSCT and year of graduation

Correlations

		What year did you graduate from your Masters program?	Escore
What year did you graduate from your Masters program?	Pearson Correlation	1	-.347**
	Sig. (2-tailed)		.001

	N	81	81
Escore	Pearson Correlation	-.347**	1
	Sig. (2-tailed)	.001	
	N	81	86

** . Correlation is significant at the 0.01 level (2-tailed).

Summary

Chapter 4 presented the statistical analysis and findings of the research data, including descriptive statistics of the participants' demographics and correlational analyses. Five hypotheses were tested producing mixed results. Hypotheses 1, 2, 4, and 5 predicted significant correlations between independent variables. None of these hypotheses were supported by the analyses. Hypothesis 3 focused on whether a significant positive relationship existed between the ACSAS, ACSAS subgroups, and the SJATC. The measures for Hypothesis 3 were found to have a significant relationship, suggesting that the level of activity reported in the SJATC correlates with advocacy competency as measured by the ACSAS. The ACSAS domains and the SJATC levels were also found to be significantly correlated during post hoc analysis. Additionally, post hoc analysis found a significant relationship between ego development and years since graduation, a finding that was in keeping with previous studies. Chapter 5 will discuss the reported results in relation to the research questions and highlight their meaning.

CHAPTER 5: DISCUSSION

This study aimed to explore the impact of cognitive (ego) development on social justice advocacy and engagement in social justice tasks among licensed counselors in the mental health field. The participants completed the Washington University Sentence Completion Test (WUSCT) to measure ego development, the Advocacy Competency Self-Assessment Survey (ACSAS) to measure advocacy competency, and the Social Justice Advocacy Task Checklist (SJATC) to measure engagement in social justice action. It was suggested that due to the complexity of social justice issues, licensed mental health counselors would need a higher level of cognitive development in order to fully understand and fulfill the mandated role of social justice advocate. Although the statistical results of the hypotheses were mixed, the study produced some positive and interesting findings. In this chapter, results of the research hypotheses will be explored and discussed. The implications of the study and future research recommendations for future research will also be examined.

Discussion of Major Research Findings

Discussion of Hypothesis

Hypothesis 1

It was hypothesized that ego development, as measured by the WUSCT, would be positively correlated with advocacy competency, as measured by the ACSAS. The statistical results did not support this hypothesis; no significant relationship was found between participants' ego development as measured by the WUSCT and advocacy competency, as measured by the ACSAS. Based on the findings, this hypothesis may not be valid and may reflect the absence of a relationship between ego development and

advocacy competency. However, several additional explanations for the unexpected results must also be considered.

First, some participants did not answer all 30 items on the ACSAS. Two participants' (2.4%) ACSAS surveys had omitted responses for certain items. To compensate for this, the researcher replaced the omitted items with the group mean on those particular items prior to conducting the data analysis. Because of the small percentage of participants involved, it is anticipated that the missing items likely had minimal on the results.

Second, although no other tool exists to measure advocacy competency, instrumentation issues existed with the ACSAS. According to Ratts (2007), the ACSAS is an instrument designed to measure competencies along the six domains outlined by the ACA Advocacy Competencies (Lewis et al., 2003). Although the instrument had been piloted in other research groups, no results have been published to date regarding the reliability or validity of the ACSAS (M. Ratts, personal communications, January 8, 2012). However, this study does offer support in establishing reliability as the ACSAS standard deviation was 22.96 contributing to the variance among the sample. This is a positive direction in establishing the reliability of the measurement. To address this in the future, re-administering the ACSAS once it has been validated and deemed reliable may prove to be beneficial in detecting if a relationship exists between ego development and advocacy competency.

A third potential problem with the ACSAS instrument could be in its lack of operational definitions. Because education in advocacy concepts is lacking in counselor training (McWhirter & McWhirter, 2007), respondents may not have used the same

definitions for terms used in the ACSAS as were intended by the authors. For example, question 9 reads, "I develop alliances with groups working for social change." Several words in this question including 'alliances' and 'social change' were open to interpretation by the participant. Differences in interpretation by individual participants could have threatened the integrity of the measure. Clarifying the specific type of information the ACSAS creators were referring to (e.g., by providing an index of terms) may have made the participants' responses more accurate.

Response biases on the ACSAS could have been a fourth potential threat to its validity. To illustrate, question 24 reads, "I am comfortable with developing a plan of action to confront barriers that impact clients/students." Participants might have been tempted to answer this question as 'Almost Always' in an effort to indicate that they do all they can create plans of action of their clients, regardless of whether identifying external barriers is their standard practice. Participants could have also responded to other questions in socially desirable ways that did not reflect their actual level of competency in advocacy. Three questions have reverse scoring to detect careless responding, but there were no mechanisms built into the instrument to detect false or meaningless response patterns (Wyatt-Lee, 2009).

Non-representativeness may have also been a potential threat to the reliability in this study. Although efforts were made to invite licensed mental health counselors from each state to participate in the study, ultimately, only 19 states and Washington, D.C. were represented. Therefore, competency reported in social justice advocacy work for the limited sample may not necessarily represent the level of competence that exists among licensed mental health counselors in other states. By including counselors from

each state, the data may have yielded different results. To address this, subsequent studies similar to the current study could allow more time to collect data from other states, or the instruments could be mailed to counselors in those states to increase responses from states not represented.

In summary, the structural deficiencies described above could have resulted in scores on the ACSAS that were not a reflection of participants' actual perceptions of their advocacy competency and, thus, may have prevented the instrument from yielding the anticipated correlation between social justice advocacy competency and ego developmental levels. Additionally, licensed mental health counselors from states not represented in the study may differ in their level of engagement and competence in social justice advocacy work.

Lastly, the WUSCT was very limited in variance with this sample. At .960, the WUSCT's standard deviation is considered low and may not have detected a relationship with competence in social justice advocacy work though one may have existed contributing to a Type II error.

Hypothesis 2

Hypothesis 2 stated that ego development, as measured by the WUSCT, would be positively correlated with social justice advocacy engagement as indicated by scores on the Social Justice Advocacy Task Checklist (SJATC). The statistical results did not support this hypothesis; no significant relationship was found between participants' ego development as measured by the WUSCT and social justice advocacy engagement as indicated by scores on the SJATC.

Consequently, these measures may not have been valid, and the possibility that no relationship exists between ego development and social justice advocacy engagement must be a consideration. This conclusion is strengthened by the fact the WUSCT is deemed to be an extremely valid and reliable tool for measuring ego development (Garb, Wood, Lilienfeld, & Nezworski, 2002), and it detected no correlation with social justice engagement. However, some additional explanations for the unexpected findings are also possible.

Instrumentation issues with the SJATC may have impacted the lack of a statistically significant correlation between the two variables. The SJATC instrument was created based on existing literature, and relied on the three levels of advocacy as outlined by the ACA Advocacy Competencies (Lewis et al., 2003). Though no subsequent studies have resulted in establishing reliability or validity of the instrument, it must be considered that the data does support reliability for the SJATC. However, this study does offer support in establishing reliability as the SJATC standard deviation was 9.12 contributing to the variance among the sample. This is a positive direction in establishing the reliability of the measurement

Also, the WUSCT was very limited in variance with this sample. At .960, the WUSCT's standard deviation is considered low and may not have detected a relationship with engagement in social justice work though one may have existed contributing to a Type II error.

As discussed in Hypothesis one, licensed mental health counselors from every state were not included in this study. Therefore, reported behaviors of the licensed mental health counselors included in the study do not necessarily represent the behaviors

and level of engagement of the counselors in every state. By including counselors from each state, the data may have yielded different results. To address this, subsequent studies exploring the same relationship could allow more time to collect data from other states, or they could solicit counselor participation via mailed instruments in non-represented or under-represented states to increase participation.

Another conceivable explanation for the failure to detect a significant relationship between ego development levels and social justice engagement relates to the design problems with the current study. The sample size included 86 licensed mental health counselors, the minimal amount needed for power in the statistical analysis of the hypotheses. Further research that uses a larger sample size could possibly increase the potential for significant findings in favor of the hypothesis.

Hypothesis 3

The third Hypothesis predicted that participants' advocacy competency, as measured by the ACSAS, would be positively correlated with social justice advocacy engagement as indicated by scores on the Social Justice Advocacy Task Checklist (SJATC). The statistical results supported this hypothesis in finding a significant correlation between the ACSAS and the SJATC.

A Pearson-r was conducted in order to further explore the possible relationships between the subgroups and domains of both instruments. This analysis found that each subgroup of the ACSAS (Client Empowerment, Community Collaboration, Public Information, Client Advocacy, Systems Advocacy, and Social/Political Advocacy) and each level of advocacy on the SJATC (micro, macro, and meso levels) were all significantly correlated. It seems that those counselors who engage in advocacy on

different levels, tend to also engage in the different domains of advocacy as well. For example, a counselor who works on the macro level of advocacy tends to also work in Client Empowerment, Public Information, etc. This positive finding serves as a step in establishing a relationship between advocacy competency and social justice engagement. Though directionality was not determined, (i.e., the study was not able to establish whether competency leads to engagement or engagement leads to competency), a recommendation for future research in this area is discussed in later in this chapter.

These results offer promising indication that each domain of advocacy is being performed in across all three levels of advocacy according to the SJATC and ACSAS. This new information better prepares counselors for understanding interventions provided on each level of social justice advocacy (micro, macro, and meso) and increases the likelihood of their working within each domain of advocacy (Client Empowerment, Community Collaboration, Public Information, Client Advocacy, Systems Advocacy, and Social/Political Advocacy).

The findings with regard to Hypothesis 3 provide additional empirical support for *The Advocacy Competencies* (Lewis, Arnold, House, & Toporek, 2003) previously adopted by the American Counseling Association to guide counselors in social justice advocacy practice. When *The Advocacy Competencies* were released to the counseling field, no empirical data or research evidence was provided to support the existence of the identified domains and levels. This study lends such evidence by finding a significant relationship between the advocacy levels and the six domains provided in *The Advocacy Competencies*. The significant correlation also illustrates the importance of training

counselors on all three levels advocacy, thus increasing the likelihood of the counselors practicing those clinical interventions in each domain of advocacy.

Hypothesis 4

Hypothesis four states that participants' social justice advocacy engagement as indicated by their scores on the SJATC, would be negatively correlated with the number of years since the participants' graduation from the Master's counseling program. The statistical results did not support this hypothesis; no significant relationship was found between participants' social justice advocacy engagement as indicated by scores on the SJATC and the number of years since graduation.

The possibility exists that the hypothesized relationship between social justice engagement and years since graduation does not exist; however, that conclusion does not seem warranted without the careful consideration of alternative explanations for the unexpected findings.

One consideration was the accuracy of participants' responses. Specifically, some participants did not answer the question "What year did you graduate from your Masters program?" with a numerical value. Instead they responded by entering the name of the institution from which they graduated, and as a result, five participants (6%) had responses that could not be included in the statistical analysis. However, given the relatively small percentage of these incorrect responses, it was determined that they would have minimal impact on the outcome of the data analysis. Therefore the loss of the five responses is not considered to be a convincing explanation for the surprising finding.

A more plausible explanation for the absence of a significant correlation may relate to the same instrumentation issues with the SJATC that were discussed in the

analysis of Hypothesis 2 in this chapter. Structural issues with the SJATC may have made it difficult for participants to accurately respond to the questions. Additionally, SJATC has not established any validity or reliability statistics, contributing possibly to a Type II error. However, this study does offer support in establishing reliability as the SJATC standard deviation was 9.12 contributing to the variance among the sample. This is a positive direction in establishing the reliability of the measurement.

As discussed in the previous hypotheses, licensed mental health counselors from every state were not included in this study. Therefore, reported engagement of licensed mental health counselors may not necessarily have represented the level of engagement of the counselors in every state. As also stated earlier, inclusion of licensed mental health counselors from every state may have yielded different results.

In summary, the level of social justice advocacy engagement was not related to the amount of time since licensed mental health counselors had graduated from their Masters' program with this sample. Until this study is duplicated with more inclusivity and measured with more valid and reliable measurement tools, it will be difficult to be certain that no relationship exists between social justice advocacy engagement and the number of years since graduation.

Hypothesis 5

It was hypothesized participants' advocacy competency as indicated by scores on the ACSAS, would be negatively correlated with the number of years since the participants' graduation from the Master's counseling program. The statistical results did not support this hypothesis; no significant relationship was found between participants'

advocacy competency as indicted by scores on the ACSAS and the number of years since graduation.

Once again, the possibility must be considered that the proposed relationship between advocacy competency and years since graduation from the Master's program does not exist. However, other limitations that presented in this study may also explain the absence of the anticipated relationship.

Similar to Hypothesis four, the answers to the question "What year did you graduate from your Masters program?" were not all numerical, with five responses (6%) not able to be included in the analysis. However, as noted previously, it was determined that these exclusions would have little statistical effect on the direction of the findings.

The same instrumentation issues with the ACSAS that were discussed with the analysis of Hypothesis 1 in this chapter could also have impacted the lack of significant correlation between the ACSAS and the number of years since graduation. Structural problems with the instrument may have made it difficult for participants to accurately respond to all questions. In addition, the ACSAS has no established reliability and validity statistics, as such, the failure to find significance could have been the result of Type II error. However, this study does offer support in establishing reliability as the ACSAS standard deviation was 22.96 contributing to the variance among the sample. This is a positive direction in establishing the reliability of the measurement.

As discussed in Hypotheses One and Two, licensed mental health counselors from every state were not included in this study. Therefore, reported competencies of licensed mental health counselors included do not necessarily represent the competency of the counselors in every state. By including counselors from each state, the data may have

yielded different results. To address this, subsequent studies exploring the same relationship could contact individual mental health agencies to collect data to increase state representation, or mail hardcopy instruments to counselors in those states to increase responses from states not currently represented or under-represented.

In summary, advocacy competence was not impacted in this study by the amount of time since licensed mental health counselors had graduated from their Masters'. However, until other alternative explanations can be explored further, a determination that no relationship exists between advocacy competency and the number of years since graduation seems premature.

Supplemental Analyses

Correlational analysis was conducted on data derived from the WUSCT and the number of years since graduation from the Masters' program to ascertain whether a significant relationship exists. Previous research supports the notion that when age increases, ego development also increases (Cohn, 1991; Gilmore and Durkin 2001). Mirroring previous research, licensed mental health counselors in this study scored higher on the WUSCT as the years since their Masters' graduation increased. The results suggest that counselors' cognitive complexity, specifically in the domain of ego development, may increase the longer the timeframe since they have graduated from their Masters' program. If so, their ability to apply the desirable counseling attributes of those with higher levels of cognitive complexity such as more flexible counseling, reduction in prejudice, and interdependence (Rest & Narvaez, 1994; Stoppard & Miller, 1985; Peace, 1995) may be likely to develop as time elapses. This is a hopeful finding as it suggests that counselors are continuing to be challenged and supported toward higher levels of

development after their initial training (Cohn, 1991; Gilmore and Durkin 2001). It also supports the expectation that more seasoned, experienced counselors are more likely to demonstrate desirable counseling attributes versus younger, newer counseling professionals.

Implications

The findings of this study offer direct support for the proposed relationship between advocacy competency and actual social justice advocacy engagement. Licensed mental health counselors who report higher levels of advocacy competency tend to be more engaged in social justice advocacy work. Although limited in generalizability, the study provides information on how licensed mental health counselors engage in social justice advocacy work and on their sense of competency in that work. It begins to show how licensed mental health counselors engage in actual social justice advocacy work by illustrating which domains they tend to work in with clients. The study offers multiple implications for counselor education, social justice training, mental health training, and mental health counselor practice.

Implications for Counselor Education

This study has important implications for counselor education, as it begins the process of moving social justice concepts from theory to practice. Counselor education has historically prepared counselors through classroom and practical clinical experiences in the delivery of counseling interventions. To augment this training, the mandated role of advocate was recently included as a training foundation in the most recent 2009 CACREP standards. As discussed earlier in Chapter 2, Constantine et al. (2007) have

called for new approaches that can adequately prepare counselors for engaging with issues of social justice and for the role of advocacy.

Training students in advocacy competencies and engaging them in social justice advocacy activities both appear to be avenues by which counselor education settings can enhance counselor skills at working with issues of social justice. Based on results from this study, practicing counselors' social justice efforts tend to be more micro-level based, with less attention to macro and meso-level interventions. This is an important finding, given the argument that effective social justice advocacy requires micro-level, meso-level and macro-level interventions and strategies (Vera & Speight, 2003). It seems that greater emphasis may be needed in counselor education program curricula on meso- and macro-level intervention. For example, providing training and practice for counselors in building collaborative relationships with local grassroots organizations, or in identifying political powerbrokers who can address social injustices that present in the counseling setting are ways in which counselors can be more prepared to work on meso- and macro-levels of advocacy.

Implications for Mental Health Counselor Training

According to the results yielded from the study, the majority of the participants scored at the lower and middle subgroups on the ACSAS, indicating that further training is needed to develop advocacy competence in other areas. Workplaces and other providers of training to mental health counselors about issues of social justice may need to focus more on the roles of adviser, consultant, advocate, and change agent through client empowerment and advocacy. By training mental health counselors to be advocates and change agents, they are more prepared to work toward change in organizations or

institutions that knowingly or unknowingly may be contributing to the marginalization or disenfranchisement of individuals or groups of people in their communities (Constantine, Hage, Kindaichi, and Bryant, 2007).

Continuing social justice training would be imperative especially for those mental health counselors who may have graduated from their Masters' program without any social justice advocacy training and are actively engaged in mental health practice. According to the study results, the participants graduated on average in 1998. Advocacy training was not included in CACREP standards until 2001, suggesting that those students who graduated from CACREP programs prior to 2001 may not have received this training. Additionally, *The Advocacy Competencies* were not formally adopted by ACA until 2002, and in the *ACA Code of Ethics* until 2005. Thus, numerous mental health counselors who are currently in active practice may never have had opportunity to receive social justice advocacy training.

The majority of the participants in the study scored highest in providing micro level interventions with their clients on the SJATC, with lower scores on the macro and meso levels were reported. Training on how to provide clinical interventions on the meso- and macro-levels of advocacy appears to be warranted for mental health counselors. Providing more training experiences and information on systematic barriers at the community level or how to engage in social action at the macro level, could improve the potential for comprehensive case conceptualization. This also reduces the likelihood of misdiagnosing the cause of the presenting problem and/or treatment goals resulting in the delivery of ineffective or irrelevant services (Constantine, Hage, Kindaichi, and Bryant, 2007).

Results from the study also indicated that participants' cognitive developmental levels increased in the mental health field, indicating their work environment possibly contributed to cognitive development growth. The conditions of support and challenge, which must be present for cognitive growth to occur, may have been provided through supervision with administrators, peers, or interactions with mental health clients.

Some mental health counselors may find training in social justice roles to be a challenge by requiring them to work outside of their comfort zones. However, this type of training ultimately enhances the mental health counseling process by better preparing counselors to be a greater resource for the client by adequately fulfilling the role of advocate and change agent. This training can also assist counselors in viewing mental health issues from a multi-systemic perspective to provide more effective service delivery.

Implications for Social Justice Pedagogy

It is recommended that efforts be made to develop and operationalize social justice counseling competencies. A similar recommendation was also suggested in Ratts' (2007) study that explored social justice training among CACREP programs. The development of competencies is needed in an effort to make social justice action more practical in the counseling field. Developing social justice counseling competencies could mirror how the multicultural competencies were developed to determine whether counselors are multiculturally competent. Social justice counseling competencies would serve as a baseline to determine whether mental health counselors (and those who train mental health counselors) are effectively implementing social justice counseling strategies.

This study produced a profile of licensed mental health counselors' current work in social justice, indicating that they tend to operate at the micro-level more often than at the meso or macro-levels of social justice advocacy. It offered clear support for the argument in favor of establishing social justice counseling competencies. Established social justice counseling competencies would also help to standardize social justice training efforts, ideally ensuring that also counselors and counselors-in-training are prepared in such a way as to be able to implement social justice counseling strategies in addition to clinical interventions. Though not universally adapted, Constantine, Hage, Kindaichi, and Bryant (2007) offered nine suggested competencies for those who train counselors in social justice work:

1. Becoming knowledgeable about the various ways oppression and social inequities can be manifested at the individual, cultural, and societal levels, along with the ways such inequities might be experienced by various individuals, groups, organizations, and macrosystems.
2. Participating in ongoing critical reflection on issues of race, ethnicity, oppression, power, and privilege in your own life.
3. Maintaining an ongoing awareness of how your own positions of power or privilege might inadvertently replicate experiences of injustice and oppression in interacting with stakeholding groups (e.g., clients, community organizations, and research participants).
4. Questioning and challenging therapeutic or other intervention practices that appear inappropriate or exploitative and intervene preemptively, or as early as feasible, to promote the positive well-being of individuals or groups who might be

affected.

5. Possessing knowledge about indigenous models of health and healing and actively collaborate with such entities, when appropriate, in order to conceptualize and implement.

6. Cultivating an ongoing awareness of the various types of social injustices that occur within international contexts; such injustices frequently have global implications.

7. Conceptualizing, implementing, and evaluating comprehensive preventive and remedial mental health intervention programs that are aimed at addressing the needs of marginalized populations.

8. Collaborating with community organizations in democratic partnerships to promote trust, minimize perceived power differentials, and provide culturally relevant services to identified groups.

9. Developing system-wide intervention and advocacy skills to promote social change processes within institutional settings, neighborhoods, and communities. culturally relevant and holistic interventions.

Based on the results of this study that supported the existence of a positive relationship between domains and levels of *The Advocacy Competencies*, the adoption of social justice competencies such as those identified by Constantine et al. is recommended as a guiding framework for mental health counselors on how to engage in advocacy work to address social justice issues.

Implications for Mental Health Counselor Practice

Workplaces and trainers are encouraged to evaluate whether or not they are

adequately engaging in social justice advocacy work on all levels of advocacy. This is especially important for counselors who work in private practice, as they may have less interaction with others in the field to consult with regarding social justice advocacy. The data collected in this study is invaluable in guiding the implementation of social justice advocacy strategies and interventions. In particular, practicing mental health counselors may want to use the information provided from the mean scores of the SJATC and ACSAS collected from this study to inform their practice as social justice practitioners. This could guide them in developing interventions and strategies that facilitate community as well as individual client growth and development. Additionally private practitioners or supervisors/administrators in counseling agencies may want to use the ACSAS and SJATC to examine their own practices in order to provide a baseline measure of their level of engagement in advocacy or social justice work. For example, such an examination would require them to assess the degree to which social justice advocacy is infused in their practices' mission statements, intake processes, and service delivery. This study did not explore practices of the workplace, however application of the process and data from the study to a self-study in other organizations could help to make them more conducive to the engagement of social justice work and advocacy.

Limitations

Threats to Internal Validity

In addition to its potential assets, the current study also has potential internal validity limitations, some of which have been identified in previous discussion. A threat stemming from the WUSCT may be data scorer bias or subjectivity that may have arisen between the independent scorers when scoring narrative responses. To minimize this

threat, inter-rater reliability was established prior to the scoring of the WUSCT. All scorers were trained in using the most current approach to scoring the WUSCT, and scorers were also supervised by an expert rater.

Instrument decay was also a potential threat to the validity of the WUSCT, due to the fact that the tool's 18 items were manually scored. Scorers may have become less effective in scoring the instrument due to exhaustion. To attempt to control for this, scorers were encouraged to score the WUSCT's as they received them, so that only a few tests would be scored at a time versus attempting to score all tests at the same time.

Social desirability could be another limitation in the study, as it is possible that some of the participants answered in a manner that they perceived as being desirable to the researcher. Participants may have demonstrated this desire to be perceived as more of an advocate or engaged social justice activities than they really were by attempting to rate themselves at higher levels than they actually are. According to Gall et al. (2005), survey research that deals with sensitive topics such as oppression may lead participants to withhold information in order to make their service rendered appear better than it really is. It is understandable that participants may not have wanted to appear as if they do not address social justice issues; however, it is difficult to ascertain whether responses based solely on social desirability occurred in the current study

Due to their nature as self-report instruments, the WUSCT, ACSAS, and SJATC are limited in validity due to their reliance on correct and honest subject responses. However, minimal negative impact as a result of participant misunderstanding was expected, since all questions on the Social Justice Advocacy Task Checklist were reviewed and approved for clarity by dissertation committee members. In addition, the

researcher made every effort to conform to general guidelines governing the creation of electronic surveys (Gall, Gall, and Borg, 2007) in combining the multiple instruments into the complete survey for this study.

Given that the Advocacy Competency Self-Assessment Questionnaire and the Social Justice Advocacy Task Checklist were recently developed, the reliability and validity have not been established and, thus, threaten the study's internal validity. However, as noted previously, the ACSAS was used despite this limitation because it is the only measure of advocacy competency developed for counselors, and it is currently being piloted by its creators to establish validity and reliability. Similarly, the SJATC was used in this study without reliability data due to the absence of any other available tool used to measure the engagement in actual social justice advocacy tasks of counselors. Validation of these instruments will serve to strengthen their use in future research.

Other potential threats were considered, but not deemed to be significant to the study's internal validity. Subject mortality refers to the loss of subjects due to non-availability or withdrawal from the study. A number of electronic surveys were started and not completed for unknown reasons by potential participants. Subsequently, the researcher did not include surveys with more than one item omitted. Further, accepted participants only took the survey a single time. Therefore, mortality was not a significant threat to the internal validity. Statistical regression refers to the tendency of an extreme score to move toward the mean score on subsequent testing. Since this study only sought present attitudes, regression was also not considered a threat to the internal validity. Finally, maturation refers to any changes that occur among the subjects during the course

of the study that is not part of the study. Since the study is not attempting to measure a change in participants' performance, and the participants only engage in the study for a single session, regression is not considered to be a threat.

Threats to External Validity

Threats to the study's' external validity refer to limitations on the extent to which the results can be generalized to the population of licensed mental health counselors. Each of the participants included in this study had to have internet access available to access the link for the research survey. Also each participant had to reside in a state that would permit the researcher to access the participants' email to solicit their participation for the study. Some state mental health associations did not permit the researcher to access the emails of their members; thus, sample representativeness is considered a potential threat to external validity, given that only 19 states and Washington D.C were represented, and among the states that were represented, some states reflected considerably more participant responses than others. It is possible that the states not represented and underrepresented could have produced responses that were different than those states that were represented. North Carolina represented nearly 20% of the total responses in the study, while Alabama, Indiana, Iowa, New York, and Washington D.C. each represented 1.2% of total responses in the study.

Additionally, this study only examined social justice advocacy and engagement among licensed mental health counselors. Therefore, the results cannot accurately be generalized to counselors in other specialties such as vocational, rehabilitation, or school counseling.

Other potential threats were considered regarding the study's external validity, but

not deemed to be significant. Specificity of variables is concerned with the extent the variables in study are adequately described and operationally defined. In this study, operational definitions were not provided by the researcher to the participants, thus, the specificity of variables threat was not considered to be a factor. Experimenter effect refers to the possibility that the experimenter may sometimes unintentionally influence the performance of participants in the study. Since the all materials were distributed electronically and on one occasion only, no participants interacted with the researcher prior to or during data collection; thus the threat of experimenter effect was effectively eliminated. Lastly, selection-treatment interference refers to the possibility that some characteristics of participants in the study interact with some aspect of the treatment (e.g. prior experiences). In this study no treatment was administered therefore, selection-treatment interference is not a considered a threat to the study.

Despite the limitations, this study provided a first step in developing a practical, field-based profile of licensed mental health counselors' social justice advocacy competency and engagement. Its findings are significant to the knowledge base in that they provide baseline information on how practicing licensed mental health counselors actually engage in social justice advocacy work and their competency in doing so.

Recommendations for Future Research

Aside from the limitations previously noted, this study was at least partially successful in beginning to address gaps in the existing body of literature related to the developmental profile of practicing mental health counselors and how these counselors fulfill the role of social justice advocate. More research is warranted to determine how best to train mental health counselors in enhancing their competency and skills in

assisting mental health clients with addressing institutional and systematic barriers that are impeding their mental health. Based on the findings of this research, multiple future research directions are warranted.

First, the validity and reliability of instruments used to measure advocacy competency and social justice engagement need to be established. Although the ACSAS has been piloted in other research studies, the establishment of normative data is especially important for this instrument, because it is based upon the advocacy domains adopted by the American Counseling Association. Similarly, the SJATC also lacks normative data and would benefit from such data in the absence of any other instrument measuring social justice engagement among counselors.

Second, this study was based solely on licensed mental health counselors in the United States. By expanding the scope of future research to examine other specialties, such as school counseling or vocational counseling, information could be derived regarding how they engage in the work of social justice advocacy. Along this vein, counselors at various stages of their careers (i.e. novice, intermediate, or more seasoned counselors) could be studied in terms of their social justice advocacy behaviors to determine if they also tend to operate primarily on the micro-level of advocacy. These lines of inquiry could be advantageous in understanding the current status of counselor social justice advocacy engagement and competency in order to determine how better to prepare and support counselors actively working in the counseling field. It could also inform workplaces providing social justice training on how to better promote social justice interventions on multiple levels.

Gaining access in the future to more representative number of participants representing all 50 states would provide a more comprehensive view of how counselors across the country engage in the work of social justice advocacy. Participants in the current study represented about 40% of states in the country; representation from all states could provide a more complete picture of advocacy behaviors among licensed mental health counselors in the United States.

An additional area of potential future research relates to the use of other developmental models besides ego development to determine if a relationship exists between cognitive development and social justice advocacy and competency. Whereas no significant relationship was found in the current study among ego development, advocacy competency, and social justice engagement; other developmental models such as moral development (Kohlberg, 1971), intellectual development (Perry, 1999), or conceptual development (Hunt, 1974) could be studied to determine if hypothesized correlations exist.

Exploring whether competence promotes advocacy or advocacy promotes competence is another area of potential research. This study established the relationship between these two constructs; however, the study did not establish directionality. It was determined that the two constructs tend to increase at the same time, yet further inquiry may shed more light on causality and on which concept should initially be promoted during social justice advocacy training in order to promote the other.

In future research, investigators may also consider developing a mixed-method design study, that would combine both qualitative and quantitative methodologies (Creswell, 2009). According to Gall et al. (2005), mixed-method design studies are

beneficial as they allow the researcher to use both surveys and interviews. Surveys help researchers collect descriptive data and interviews allow researchers to address questions that may have presented from the descriptors. A mixed method design would also allow researchers to interview participants in order to ascertain other ways in which they promote and advocate for social equality.

Conclusion

The charge to fulfill the role of an advocate to combat systemic injustices that stifle wellness and development among marginalized groups in society was issued over two decades ago (Kiselica & Robinson, 2001). Educational and workplace training entities are vital in providing initial and continued education in the counseling field if licensed mental health counselors are to be effective in social justice advocacy work. The current research study explored the question of whether the cognitive developmental levels of licensed mental health counselors have a relationship to competency and engagement in social justice advocacy work. Although the hypothesized relationship was not found, replication research that addresses limitations of the current study is recommended. Advocacy competency and social justice engagement were found to have a significant relationship in all of subgroups and domains of advocacy. The results added support to the existing body of research that has shown a significant relationship between cognitive development and age. Above all, this study has provided a baseline for future research that can further investigate the skills and support needed by counselors for advocacy training while practicing in the field. The belief is that through social justice advocacy engagement, the profession of counseling will be changed; it will be liberating for mental health clients as well as the counseling profession.

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Appendix A

Informed Consent

I am willing to participate in a study of cognitive development and social justice advocacy work among licensed mental health counselors. I understand that this study is being conducted by Mary Whitfield-Williams, a doctoral candidate in Counselor Education and Supervision at the College of William and Mary.

As a participant in this study, I am aware that I will be asked to complete the following research instruments: the demographic questionnaire; and the Washington University Sentence Completion Test, the Social Justice Advocacy Tasks Checklist, and the Advocacy Competency Self-Assessment. I am aware that my participation is voluntary and that I may withdraw from this study at any time without penalty. I am also aware that all information I submit on the research instruments will be kept confidential, and that my name will not be associated with any of the results reported this study. I understand that the research instruments that I complete will be identified by a unique code of my choosing rather than by my name. By participating in this study, I understand that there are no obvious risks to my physical or mental health. I also understand that a copy of the results of the study will be given to me upon request.

Contact Information

If I have any questions that arise in connection with my participation in this study, I understand that the investigator may be reached by contacting Mary Whitfield-Williams, (919) 491-3299, mmwhitfieldwil@email.wm.edu. I may also contact Dr. Charles McAdams, the Chair of Mrs. Whitfield-Williams Doctoral Committee at (757) 221-2338 or crmcad@wm.edu. Finally, I may report dissatisfaction with any aspect of the research

to Dr. Thomas Ward, Chair of the School of Education Internal Review Committee at (757) 221-2358 or tjward@wm.edu or Dr. Lee Kirkpatrick, Chair of the Protection of Human Subjects Committee at the College of William and Mary at (757) 221-3997 or lakirk@wm.edu.

By signing agree, I acknowledge that I fully understand the above statements, and do hereby consent to participate in this study.

Signature

Date

Appendix B

Demographic Information Questionnaire

Gender: _____Female _____Male

Which state do you reside in? _____

What professional license do you hold? _____

Race: _____ Asian, Asian American
 _____ African, Black, African American
 _____ Latino, Hispanic, Mexican American
 _____ Native American, American Indian
 _____ White, Caucasian, European American
 _____ Other, please specify

Age: _____ (in years)

Do you vote in public elections? ___ Yes, always ___ No, never ___ Sometimes

Are you member of the American Counseling Association division of Counselors for Social Justice? _____Yes _____No

Years since you graduated from your masters program? _____

Appendix C

Advocacy Competencies Self-Assessment (ACSA) Survey©

Directions: To assess your own competence and effectiveness as a social justice change agent, respond to the following statements as honestly and accurately as possible.

STATEMENTS	ALMOST ALWAYS	SOMETIMES	ALMOST NEVER
1. I tend to focus on problems within the client/student less so than their strengths and resources.			
2. I am comfortable with negotiating for relevant services on behalf of client/students.			
3. I alert community or school groups with concerns that I become aware of through my work with clients/students.			
4. I use data to demonstrate urgency for systemic change.			
5. I prepare written and multi-media materials that demonstrate how environmental barriers contribute to client/student development.			
6. I distinguish when problems need to be resolved through social advocacy.			
7. It is difficult for me to identify whether social, political and economic conditions affect client/student development.			
8. I am skilled at helping clients/students gain access to needed resources.			
9. I develop alliances with groups working for social change.			
10. I am able to analyze the sources of political power and social systems that influence client/student development.			
11. I am able to communicate in ways that are ethical and appropriate when			

taking on issues of oppression public.			
12. I seek out and join with potential allies to confront oppression.			
13. I find it difficult to recognize when client/student concerns reflect responses to systemic or internalized oppression.			
14. I am able to identify barriers that impede the well being of individuals and vulnerable groups.			
15. I identify strengths and resources that community members bring to the process of systems change.			
16. I am comfortable developing an action plan to make systems changes.			
17. I disseminate information about oppression to media outlets.			
18. I support existing alliances and movements for social change.			
19. I help clients/students identify external barriers that affect their development.			
20. I am comfortable with developing a plan of action to confront barriers that impact clients/students.			
21. I assess my effectiveness when interacting with community and school groups.			
22. I am able to recognize and deal with resistance when involved with systems advocacy.			
23. I am able to identify and collaborate with other professionals who are involved with disseminating public information.			
24. I collaborate with allies in using data to promote social change.			
25. I assist clients/students with developing self-advocacy skills.			
26. I am able to identify allies who can help confront barriers that impact client/student development.			
27. I am comfortable collaborating with groups of varying size and backgrounds to make systems change.			

<p>28. I assess the effectiveness of my advocacy efforts on systems and its constituents.</p>			
<p>29. I assess the influence of my efforts to awaken the general public about oppressive barriers that impact clients/students.</p>			
<p>30. I lobby legislators and policy makers to create social change.</p>			

Directions for scoring:

Score numbers 1, 7, and 13 first, and then record the score next to the corresponding number below:

Almost Never = 4 points
 Sometimes = 2 points
 Almost Always= 0 points

Then score the remaining items by recording the score next to the appropriate number.

Almost Always= 4 points
 Sometimes = 2 points
 Almost Never = 0 points

Total the number of points earned for each domain. Then, add the total scored earned for the 6 domains to find out your advocacy rating scale.

Client/Student Empowerment	Community Collaboration	Public Information
1. _____ 7. _____ 13. _____ 19. _____ 25. _____ Total: _____	3. _____ 9. _____ 15. _____ 21. _____ 27. _____ Total: _____	5. _____ 11. _____ 17. _____ 23. _____ 29. _____ Total: _____

Client/Student Advocacy	Systems Advocacy	Social/Political Advocacy
2. _____ 8. _____ 14. _____ 20. _____ 26. _____ Total: _____	4. _____ 10. _____ 16. _____ 22. _____ 28. _____ Total: _____	6. _____ 12. _____ 18. _____ 24. _____ 30. _____ Total: _____

Appendix D

Social Justice Advocacy Tasks Checklist

Directions: To assess your engagement in various social justice tasks in the counseling field, respond to the following statements as honestly and accurately as possible.

INTERVENTIONS	YES	NO
1. I have helped a client to recognize and overcome environmental barriers standing in the way of achieving his or her counseling goals		
2. I have written letters to local, state, national government representatives requesting increased services for a marginalized client or group in my community		
3. I have assumed a formal role in a political campaign to promote a particular social issue on a national or state level (e.g. living wage)		
4. I have helped a client gain access to information that was previously delivered unclearly to them		
5. I have participated in a sit-in for a client group i.e. LBGT, victims of violence		
6. I have addressed a client's experience with social alienation, stigmatization, or oppression as a primary counseling goal		
7. I have assumed a formal role in a professional organization working to promote change at a national level (e.g. Counselors for Social Justice, AGLBIC, National Urban League, Innocence Project)		
8. I have participated in a protest rally or parade in for a client group i.e. LBGT, victims of violence		
9. I have assisted a client in identifying experiences regarding discrimination		

<p>10. I have engaged in analyzing and providing suggestions regarding the operation of a system to combat a social problem (e.g. suggesting a system for homeless families to receive support from a local school)</p>		
<p>11. I have ran for a leadership role in the political arena</p>		
<p>12. I have assisted a client in changing underlying negative racial attitudes</p>		
<p>13. I have served on an advisory board or committee geared towards removing barriers for a disenfranchised client group</p>		
<p>14. I have met with officers of the law (e.g. lawyer, legal aid) to assist a client in understanding how to navigate the legal system</p>		
<p>15. I have held others working with your client accountable to uphold ethical practices</p>		
<p>16. I have served in a leadership role in an anti-poverty group</p>		
<p>17. I have served as a liaison between a client and other agency or professional who gives a service your client (case manager, landlord, etc.)</p>		
<p>18. I have served on a community school board</p>		
<p>19. I have engaged actively in community outreach (e.g. handing out literature to raise awareness on social issues)</p>		
<p>20. I have educated a client and/or guardian about the rules of an organization, their rights, and other choices they can explore (i.e. an educational system, legal system, housing authority)\</p>		
<p>21. I have worked with other mental health disciplines (e.g psychologist, social worker, psychiatrist) to improve the scope and quality of service for a specific group</p>		

22. I have provided monetary donations to groups involved in social justice initiatives		
23. I have worked to remove existing barriers for a client to gain access needed resources such as medicine, housing, welfare benefits		
24. I have worked with other agencies and institutions to provide better services given to your client (e.g. housing, medical, case management, educational, etc.)		
25. I have educated clients and/or their supports on public education initiatives		
26. I have helped a business or organization reevaluate policies, practices, and structures that perpetuate exclusion, cultural privilege, and discrimination		
27. I have worked with a client on skills such as communication, resource-seeking, or problem-solving to challenge systematic inequities		
28. I have engaged in volunteer work benefiting a social welfare agency; e.g. NOMI, HIV networks, homeless shelter		
29. I have refrained from buying or supporting services provided from businesses and organizations that perpetuate oppressive policies towards clients		
30. I have assisted in identifying legal recourses when your client has been discriminated against		
31. I have advocated on behalf of a client when aware their rights were being infringed upon		
32. I have questioned and challenged therapeutic or intervention practices that appear inappropriate or exploitative towards your client		
33. I have spoken to policy makers at governmental offices on a local, state or national level on behalf of a client regarding a social injustice		
34. I have educated members of the public on public health awareness strategies- e.g. AIDS, mental health		

<p>35. I have served as a group-facilitator or referred a client to a support group for disenfranchised individuals (i.e. single-parents, LGBT community)</p>		
<p>36. I have analyzed trends in the community or read professional articles to make more informed decisions in improving the condition of a disenfranchised client</p>		
<p>37. I have used the internet to communicate with or counsel a client experiencing transportation difficulties</p>		
<p>38. I have educated a disenfranchised group about changes in a law/policy that may impact them (e.g. immigrants, or the uninsured)</p>		
<p>39. I have assisted a client who has difficulty completing a form needed to access a resource (housing application, financial support application, etc.)</p>		
<p>40. I have participated in community building efforts such as Habitat for Humanity</p>		
<p>41. I have started a support group for a disenfranchised group (e.g. single parents or homeless individuals)</p>		
<p>42. I have accompanied a client to an interview or appeal within the legal system or service applied for such as disability benefits, etc.</p>		
<p>43. I have spoken on behalf of a client or policy change at a school board meeting</p>		
<p>44. I have directed complaints about inadequate services or oppressive policies to administrators of companies who provide service to your client</p>		
<p>45. I have educated a client about exercising rights against discrimination</p>		
<p>46. I have spoken on behalf of a disenfranchised minor with school personnel or in a school-based meeting</p>		
<p>47. I have used case examples as an intervention to help clients identify prejudice actions</p>		

Directions for scoring:

Score numbers 1, 4, and 6 first, and then record the score next to the corresponding number below:

YES = 1 point
 NO = 0 points

Then score the remaining items by recording the score next to the appropriate number.

YES = 1 point
 NO = 0 points

Total the number of points earned for each level. Then, add the total scored earned for the 3 levels to find out your Social Justice Task Checklist score.

Micro Level	Meso Level	Macro Level
1. _____	2. _____	3. _____
4. _____	5. _____	7. _____
6. _____	8. _____	11. _____
9. _____	10. _____	14. _____
12. _____	13. _____	19. _____
15. _____	16. _____	22. _____
17. _____	18. _____	26. _____
20. _____	21. _____	29. _____
23. _____	24. _____	34. _____
27. _____	25. _____	40. _____
30. _____	28. _____	44. _____
32. _____	31. _____	
35. _____	33. _____	Total: _____
37. _____	36. _____	
39. _____	38. _____	
42. _____	41. _____	
45. _____	43. _____	
47. _____	46. _____	
Total: _____	Total: _____	

Appendix E

Complete the following sentence stems.

1. When a child will not join in group activities...
2. Raising a family...
3. When I am criticized...
4. A man's job...
5. Being with other people...
6. The thing I like about myself is...
7. My mother and I...
8. What gets me into trouble is...

9. Education...
10. When people are helpless...
11. Women are lucky because...
12. A good father...
13. A girl has a right to...
14. When they talk about sex, I...
15. A wife should...
16. I feel sorry...
17. A man feels good when...

18. Rules are...