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Abstract

Experts have highlighted advocacy as an essential component of human service practice. Several human service oriented organizations, like the National Organization for Human Services, have required helping professionals to incorporate advocacy into clinical practice. Despite this emphasis, some practitioners do not understand, endorse, or incorporate advocacy into their daily work. This paper defines advocacy for human service and related helping professions, explores one set of advocacy competencies applicable to this work, and discusses how advocacy enters the daily practice and leadership areas of human service practitioners.

The Importance of Advocacy and Advocacy Competencies in Human Service Professions

Advocacy is an important component of human service professions and is a key requirement of ethical codes and accreditation standards for human service and affiliated professions (Di Giovanni, 2009; Wark, 2008). For example, the American Counseling Association (ACA) convened a taskforce in 2002 with a mission to develop guidelines for counselors to operationalize advocacy within the field of professional counseling (Toporek, Lewis, & Crethar, 2009) and the National Organization for Human Services (NOHS) incorporated advocacy into their ethical standards in 1996 (Wark, 2008). The National Association of Social Workers (NASW) includes advocacy, a longstanding historical emphasis in social work education and practice, in its 2008 code of ethics (Shdaimah & McCoyd, 2012). Additionally, the Council for Standards in Human Service Education (2012) repeatedly lists advocacy as a component of national program standards and emphasizes advocacy in skill standards for the "community support human service practitioner" (Di Giovanni, 2009, p.106).

Taskforces, accreditation bodies, and ethical codes like these in human service professions led to the development of professional advocacy competencies (Lewis, Arnold, House, & Toporek, 2003). These advocacy competencies represent guiding frameworks of principles for helping professionals to engage in advocacy intervention. While academics have published, researched, and presented widely on these competencies over the past decade, many professionals still struggle to incorporate advocacy into the daily practice of their work, do not explore advocacy leadership on behalf of their clients, or fail to see advocacy as a component of their professional identity (West-Olatunji, 2010). This paper will explore the concept and importance of advocacy, examine one set of advocacy

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competencies relevant for helping professionals, and discuss how human service practitioners and educators can emphasize advocacy within their daily practice and leadership roles in the field.

Advocacy Importance and Definitions

What exactly does advocacy mean for the human service professional? Why is advocacy an important concept for human service professionals to embrace? These are two essential questions worth addressing prior to exploring advocacy competencies in more detail and the role advocacy has in the daily practice and leadership functions of helping professionals.

According to the Collins English Dictionary (n.d.), an advocate is "a person who upholds or defends a cause; supporter" and "a person who intercedes on behalf of another" (¶ 2). Advocacy, based on these definitions, implies engaging in defense, support, or intercession with or on behalf of another individual, group, or organization to accomplish a task(s). Further implied in these definitions is the idea that the advocacy task(s) the individual, group, or organization needs would not happen without the intervention of the advocate. Advocacy, therefore, is an active process of helping people accomplish something needed which they would have difficulty achieving without assistance (West-Olatunji, 2010).

Helping professions define advocacy in several ways. Advocacy links to the concept of social justice, which in turn links to multicultural competencies like those of Sue, Arredondo, and McDavis (1992). According to Smith, Reynolds, and Rovnak (2009), advocacy "promotes social justice as a fundamental principle…through the systemic elimination of social illness caused by various forms of oppression and social inequality" (p.483). Smith et al. state, "the major focus of advocacy tends to be on issues related to power, privilege, allocation of resources, and various forms of prejudicial discrimination and violence toward underrepresented individuals or groups" (p.483). Thus, advocacy intervention focuses on eliminating oppressive forces in clients' lives and working at a systems level towards achieving a more just and fair society for clients. Social advocacy intervention proposes that clients will be able to fully achieve their goals, free from barriers of oppression, if society exists on a level playing field and it is a practitioner's duty to work towards removing those barriers and advocate for a more just society.

Despite the longstanding history of advocacy in human services and parent fields like social work (Shdaimah & McCoyd, 2012), for some practitioners, including Smith et al. (2009), this push for social justice sounds overly political and may clash with individual values or belief systems held by the professionals or the communities in which they reside (Bradley, Werth, & Hastings, 2011). Yet human service organizations, like NOHS, NASW, and ACA, through the development of advocacy

competencies as well as multicultural competencies, have emphasized clearly and loudly the importance of infusing advocacy into human service professions. What fosters this push for advocacy as a primary function of human service practice?

Advocacy needs a presence in the human service professions due to the continued proliferation of oppression existing in the lives of clients (Astramovich & Harris, 2007). Over the past century U.S. society made great strides towards the elimination of oppressive forces and the creation of a more inclusive living environment for many citizens, yet significant inequalities still exist for minority members of society. Racism, sexism, ageism and many other oppressive forces working against clients' attempts to achieve success fill the daily lives of our minority clients. Minority clients "include people of color; women; gay, lesbian, bisexual, transgender, or questioning [people]; [clients] with disabilities; and [clients] from families living in poverty" among other groups not receiving the benefit of majority or dominant status in society (Astramovich & Harris, 2007, p.270). It is essential to the holistic health of clients that practitioners acknowledge minority status in clients, recognize the oppressive forces working against the successful achievement of their goals, and address these forces with appropriate action through intervention and systemic advocacy. Disregarding social advocacy ignores important aspects of minority client identity as well as significant barriers for clients to meet their needs, desires, and goals of treatment. In short, we do our clients a disservice by not embracing advocacy as a component of our daily practice and by not using our unique skill set as human service professionals to engage in systems advocacy at the community and larger public levels (Lopez-Baez & Paylo, 2009; Ratts & Hutchins, 2009).

Advocacy Competencies

According to Astramovich and Harris (2007), recent advocacy competencies "are founded upon a social justice philosophy that acknowledges the impact of social, political, economic, and cultural factors on human development" (p.269). One model of advocacy competencies calls upon human service professionals to engage in systems and empowerment advocacy at three levels; the client/student level, the school/community level, and the public arena level (Lewis et al., 2003). Under each of these levels are two foci unique to each level. For the client/student level of interaction, practitioners are encouraged to focus on client/student empowerment as well as client/student advocacy. Under the school/community level, practitioners are encouraged to engage in community collaboration and systems advocacy. Finally, under the public arena level practitioners are encouraged to engage in public information dissemination and social/political advocacy. In the Lewis et al. (2003) model there are 43 competencies detailed within these three larger levels,

several for each focus, in which practitioners are to become competent. Human service professionals can carry out each of these competencies on behalf of the client, in instances where clients are not able to complete the interventions themselves, or with the client, when a more collaborative approach is needed (Lewis, Ratts, Paladino, & Toporek, 2011). Practitioners must decide which approach works best for each situation when using advocacy intervention skills based on the type, amount, or degree of advocacy interventions utilized. This next section summarizes each advocacy competency in the Lewis et al. (2003) model within its level and area of focus.

Client/Student Level

There are 13 competencies listed at the client/student level of intervention exploring direct methods that practitioners should use to intervene in clients' lives. The client/student empowerment competencies within the client/student level are strengths-based, depend upon exploration of cultural and systemic factors affecting clients, require planning and action from the practitioner and client, and promote self-advocacy as an objective (Lewis et al., 2003, Client/Student Section). Astramovich and Harris (2007) define self-advocacy as helping clients develop skills to assertively achieve their personal needs, desires, and goals through positive communication skills, including knowing when to ask for support, and embracing individual responsibility and personal rights. Di Giovanni (2009) also lists self-advocacy as a desired skill for competent human service professionals to promote with clients (p.106).

Six additional competencies address client/student advocacy at the client/student level of intervention. Similar to the first seven, these advocacy competencies are strengths-focused and require practitioners to explore barriers to achieving goals, however, there is an emphasis on collaboration and coalition building (Lewis et al., 2003, Client/Student Section). Throughout these competencies, practitioners should develop action plans and put those plans into effect with input from the client. These competencies share features of case management and social work, which are tasks some affiliated human service professionals, with backgrounds in fields different from social work, may be uncomfortable utilizing while others will blend easily into their practice (Smith et al., 2009). For human service practitioners and educators especially with roots in the field of social work this type of advocacy may be natural and inherent in the historical roots of the field.

School/Community Level

The second level of this advocacy competency model explores school/community interventions looking at the two focus areas of community collaboration and systems advocacy. Toporek, Lewis, and

Crethar (2009) state the community intervention "domain represents actions in which the [practitioner] and client community collaborate to address a problem and devise an advocacy plan" (p. 263). The community collaboration competencies include directives for practitioners such as identifying environmental factors hindering client/student development, developing alliances with groups toward change, identifying and communicating group strengths, resources, and goals to bring about systemic change, and identifying and employing human service skills and assessing the effectiveness of these professional interactions within the community (Lewis et al., 2003, Community Collaboration Section).

These competencies call on professionals to employ diplomatic skills in addition to the previously discussed skills of collaboration, seeking alliance with clients and organizations, and focusing on strengths within individuals and groups. In addition, this competency area asks practitioners to use assessment skills unique to human service professions as tools for advocacy, which enhances the rationale that human service professionals make excellent advocates (Toporek et al., 2009).

Systems advocacy comprises the second focus of the school/community level of this advocacy competency model. Engaging in systems advocacy requires practitioners to explore systems-level interventions, as the name implies, often independent of the clients/groups needing advocacy (Toporek et al., 2009). This could be akin to serving as a board representative or entering testimony in a court or legislative case where the professional does the intervention on behalf of the effected parties rather than with them. The competencies call for professionals to offer and interpret data showing a need for change, collaborate with all stakeholders to create a vision for change, analyze sources of political power and social influence in the system, and develop specific plans to implement and deal with resistance to change, amongst other interventions (Lewis et al., 2003, Systems Advocacy Section).

Public Arena Level

Finally, the Lewis et al. (2003) advocacy competencies model addresses the public arena as a level requiring advocacy intervention. Under this level, public information and social/political advocacy are focuses. The public information focus speaks to the need for advocacy interventions to advertise and disseminate information for the public good, such as pointing out the plight of underserved populations to the media in an attempt to increase public awareness and provide support or services for this population (Toporek et al., 2009). This competency level asks practitioners to recognize oppression's impact on client wellness, identify factors in the environment infringing on that wellness, create and disseminate materials to clients and the community through various multi-media formats, collaborate

with other professionals, and assess the influence of these public outreach efforts (Lewis et al., 2003, Public Information Section).

The second area of focus under the public arena level of advocacy concerns social/political advocacy. This domain states practitioners must work to influence public policy by identifying problems best resolved through social/political action, seeking out allies and tools appropriate to solve these problems, provide support to already existing alliances addressing social/political issues, use data analysis, and direct lobbying efforts to influence policy makers and legislators (Lewis et al., 2003, Social/Political Advocacy Section). Keeping communication open with clients/communities to ensure the action efforts match the goals of advocacy recipients is also an essential component of this level according to the advocacy competencies. At the public arena level of advocacy, practitioners move beyond daily practice and into leadership roles to address inequality for clients and groups. Professionals should work with and advocate for equal rights, status, benefits, and access for members of minority populations following these competencies. This paper next discusses the emphasis on infusing advocacy into daily practice and moving it beyond office-based work into leadership, much as the Lewis et al. (2003) model emphasized at the public arena level.

Advocacy as a Daily Practice

How do human service practitioners utilize advocacy in their daily clinical practice? Toporek et al. (2009) claim that advocacy has historically been a component of the daily practice of helping professionals and the roots of the profession in social work, counseling, education, and related fields. Indeed, advocacy is an important practice and educational principle in the social work field going back to the movement's origins in the early 1900s (Shdaimah & McCoyd, 2012) and elements of advocacy can be found throughout the historical roots of related professions. Despite this rich history of advocacy education and practice, this notion may seem strange to some practitioners who do not consider advocacy to be a component of their daily work. Yet when this topic is reframed slightly they should be able to see the daily work they do with and on behalf of clients as falling squarely into the definitions of advocacy detailed at the beginning of this paper.

As a function of your daily work with a client, have you ever spent hours calling to find an available bed at an inpatient substance abuse facility? Have you ever written detailed case notes and reports to present to insurance companies and other funding sources to extend needed client services? Have you ever attended an Individual Education Plan (IEP) meeting outside of your normal work time to negotiate with parents for improved educational services for a young client? Have you ever sat before a judge requesting leniency and understanding for a juvenile offender

showing promise in community-based treatment? If you answered affirmatively to any of these questions, or engaged in related activities, then you have engaged in advocacy in your daily helping work. Nearly all activities that move beyond the direct provision of services to clients come under advocacy principles and competencies at some level.

Certain helping settings have higher levels of advocacy built into them, for example, practitioners providing care in school settings, like youth workers, case managers, and school counselors, engage in many advocacy activities reflecting the three primary levels of the advocacy competencies detailed above (Parikh, Post, & Flowers, 2011). These practitioners provide resources for needy children, provide public information sessions on various topics, attend school board meetings to ask for funding for needed services, help students acquire tutoring, and act as mandated reporters in cases of child endangerment. All of these activities move beyond providing direct services and into advocacy intervention. However, any practitioner who has made a mandated report of child abuse is also engaging in advocacy, not just those in school settings (Barrett, Lester, & Durham, 2011). Practitioners in other settings, like correctional, residential, substance abuse, and home-based settings, also regularly see their daily work cross into advocacy competency terrain, perhaps without realizing it.

There are several other ways that practitioners can incorporate advocacy competencies into their daily practice. Connected to social justice principles and multicultural competency models (Sue et al., 1992), practitioners can embrace their own multicultural identity and explore their knowledge and awareness of diverse service populations (Sheely-Moore & Kooyman, 2011). Having a richer understanding of cultural diversity and the experiences of minority populations will enable professionals to recognize ways to infuse advocacy into their work and permit broader collaboration with allies beyond direct service settings. Practitioners can openly discuss cultural differences and social barriers to achieving client success and make plans to address them when providing direct services, as well.

Supervision in field placement and clinical settings presents another way for practitioners and educators to place advocacy and social justice into daily practice (Neukrug & Milliken, 2008). Glosoff and Durham (2011) suggest several strategies for supervisors to emphasize advocacy and social justice. These strategies include using some of the many structured instruments and genograms for exploring cultural identity with supervisees, exploring supervisees' experiences and beliefs about power and privilege, having guided conversations about social justice matters and advocacy interventions in supervision sessions, and examining intake and treatment documents and procedures for cultural bias or barriers. Using this advocacy

and social justice emphasis in supervision will help supervisees develop advocacy-oriented strategies for their clients in daily practice.

One more method for infusing advocacy into daily practice is for practitioners to review and incorporate professional ethical codes, such as the Counselors for Social Justice (CSJ) Code of Ethics (2011). CSJ is an official division of the ACA whose primary focus is on promoting social justice and advocacy in the counseling profession. This division has developed an extensive code of ethics, complimentary to the official ACA Code of Ethics, which aligns with the advocacy competencies detailed in this paper and is compatible with the human service profession. Human service professionals can familiarize themselves with the CSJ Code of Ethics , and the NOHS Ethical Standards for Human Service Professionals or other helping organizations like the NASW, and incorporate them into the advocacy interventions they utilize on behalf of clients and groups.

Advocacy in Leadership

While there is room for advocacy in leadership throughout the Lewis et al. (2003) advocacy competencies, the last two focus areas of public information dissemination and social/political advocacy require professionals to engage specifically in leadership activities. The public information focus area asks practitioners to create and distribute relevant materials and to act as spokespeople to media and community outlets. Furthermore, the social/political advocacy focus area directs practitioners to lobby public policy and legislative decision makers. These advocacy activities move human service professionals and educators out of the office and classroom settings they typically occupy and into public zones that some may view as activist territory (Smith et al., 2009). Bradley, Werth, and Hastings (2011) encourage direct care workers to consider the context and setting of their professional practice, for instance rural settings with conservative values, and to take serious and cautious consideration of the influence leadership advocacy functions can have on communities. These authors do not discourage professionals from engaging in political, social, public information, or systems advocacy but they ask advocates to address ethical leadership activities in these areas with consideration for the values, beliefs, and public perception in mind. They state practitioners in rural areas have significantly more power than those in urban or suburban settings due to the low number of professionals and the often elevated status of practitioners in these communities. With this in mind, Bradley et al. (2011) recommend human service leaders comply closely with ethical codes and acknowledge the inherent power and status differentials at play before engaging in advocacy intervention.

Individual leaders and organizations in professional settings can also utilize some of the same daily practice strategies to incorporate advocacy into their leadership functions as they do in their direct service work. For

instance, human service educators can emphasize the inclusion of multicultural competencies and social justice throughout coursework (Sheely-Moore & Kooyman, 2011). Using these tools to encourage students to explore cultural identity, power differentials, personal bias, and to examine strategies to promote holistic health for minority populations at individual, group, and systemic intervention levels educators can foster the development of advocacy across an educational plan of study as opposed to standalone courses in diversity. Viewing leadership advocacy in this way permits advocacy to permeate students' entire education and permits advocacy to become a primary function of program decision-making.

Human service educators, many of whom have incorporated advocacy into their classrooms and textbooks for decades, are perhaps in the best role to incorporate advocacy into leadership, as they are involved in teaching, administration, community outreach, research, publication, and organizational management, all areas where advocacy can influence leadership functions. However, Lewis et al. (2010) explored how all human service practitioners can develop a leadership advocacy practice when engaging in these roles and functions. These authors conducted a successful conference workshop, itself a leadership advocacy activity, with the aim to develop "clearer views of the fusion among scholarship, social justice [work], advocacy, and leadership" (Lewis et al, 2010, p. 14). Their interactive workshop concluded that participants should infuse advocacy into daily and leadership practices by starting first with the clients' needs, collaborate and form alliances in the community and wider public sphere to address those needs, advocate for the rights of all marginalized populations, and lobby business leaders for more understanding concerning the economic impact of corporate decisions. Additionally, they concluded that leaders can ensure that social justice and advocacy are present and emphasized in all organizations, committees, or groups they are members of and that educators can ensure these areas are primary components of all education programs.

There are other ways that educators can use their role as leaders to emphasize advocacy in the classroom as indeed educators have done since the earliest days of the human service field and related fields in social work, counseling, and education, etc. Incorporating diverse theoretical, philosophical, and spiritual viewpoints into advocacy development can help students form their own identity as advocates. Kleppner, Lambert, Nunez, and Williams (2011) describe a Buddhist-based model for advocacy, called the Advocacy-Serving model. These authors reinterpret Buddhist spiritual ideas through advocacy competencies to create a unique model and approach to advocacy. In a similar interpretive vein, Brady-Amoon (2011) explains how humanism, feminism, and multiculturalism represent interrelated philosophies with an emphasis on social justice advocacy. Brady-Amoon details a potentially effective clinical and advocacy

conceptual model with deep roots in the theoretical origins of direct service work and calls on educators and leaders to research, publicize, and incorporate "an integrated humanistic approach" into organizational leadership and training of future students (p. 143). While these developmental models of advocacy may not be for everyone, the creation, research, and publication of such models is an act of leadership advocacy and there is room for more diverse conceptual models of advocacy in human service fields.

Conclusion

Detailed in this paper are many approaches to incorporating advocacy into the daily practice and leadership roles of human service professionals and educators, but these ideas represent only a small portion of the diverse methodologies for embracing and practicing advocacy. Advocacy is an essential component of all helping professions due to the significant inequalities and barriers minority member clients and groups experience as they strive towards the achievement of their goals. The historical view of advocacy demonstrates its strong presence in practice and education in human services, social work, counseling, and other parent fields dating to these movements' earliest origins (Shdaimah & McCoyd, 2012). Taking a holistic view of health, a key interpretive basis of many helping professions, requires practitioners to develop advocacy skills throughout their work, whether engaging in resource acquisition for clients, exploring cultural diversity in sessions, creating alliances with community leaders to achieve systemic change, or using the power of the ballot to equalize discriminatory practices. All clients deserve equal access to quality services and the resources necessary to live a successful life. According to the advocacy competencies model of Lewis et al. (2003), working towards this goal, and the related activities described in this paper, is an advocacy act every human service professional and educator should embrace

References

Astramovich, R. L., & Harris, K.R. (2007). Promoting self-advocacy among minority students in school counseling. *Journal of Counseling and Development*, *85*, 269-276. doi:10.1002/j.1556-6678.2007.tb00474.x

Barrett, K.M, Lester, S. V., & Durham, J. C. (2011). Child maltreatment and the advocacy role of professional school counselors. *Journal for Social Action in Counseling and Psychology*, *3*, 85-102.

Bradley, J. M., Werth, J. R., & Hastings, S. L. (2012). Social justice advocacy in rural communities: Practical issues and implications. *Counseling Psychologist*, *40*, 363-384. doi:10.1177/0011000011415697

Brady-Amoon, P. (2011). Humanism, feminism, and multiculturalism: Essential elements of social justice in counseling, education, and advocacy. *Journal of Humanistic Counseling*, *50*, 135-148. doi:10.1002%2Fj.2161-1939.2011.tb00113.x

Collins English Dictionary. (n.d.). In *Collins English Dictionary - complete & unabridged 10th edition*. Retrieved from http://collinsdictionary.com/dictionary/english/advocate

Council for Standards in Human Service Education (2012). *Member handbook: Accreditation and self-study guide*. Retrieved from http://www.cshse.org/documents/MemberHandbookSelfStudyGuide.pdf

Counselors for Social Justice. (2011). The counselors for social justice (CSJ) code of ethics. *Journal for Social Action in Counseling and Psychology*, *3*, 1-21.

Di Giovanni, M. (2009). *Council for standards in human service education legacy: Past, present, and future*. Chicago, Il: Council for Standards in Human Service Education.

Glosoff, H. L., & Durham, J. C. (2010). Using supervision to prepare social justice counseling advocates. *Counselor Education and Supervision*, *50*, 116-129. doi:10.1002%2Fj.1556-6978.2010.tb00113.x

Lewis, J. A., Arnold, M. S., House, R., & Toporek, R. L. (2003). ACA advocacy competencies. Retrieved from http://www.counseling.org/knowledge-center/competencies

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

Lopez-Baez, S. I., & Paylo, M. J. (2009). Social justice advocacy: Community collaboration and systems advocacy. *Journal of Counseling & Development*, *87*, 276-283. doi:10.1002%2Fj.1556-6678.2009.tb00107.x

Neukrug, E., & Milliken, T.F. (2008). Activities to enhance the cultural competence of human services students. *Human Service Education, 28*, 17-28.

Parikh, S. B., Post, P., & Flowers, C. (2011). Relationship between a belief in a just world and social justice advocacy attitudes of school counselors. *Counseling and Values*, *56*, 57-72. doi:10.1002%2Fj.2161-007X.2011.tb01031.x

Ratts, M. J., & Hutchins, A. M. (2009). ACA advocacy competencies: Social justice advocacy at the client/student level. *Journal of Counseling and Development*, *87*, 269-275. doi:10.1002%2Fj.1556-6678.2009.tb00106.x

Shdaimah, C. S., & McCoyd, J. M. (2012). Social work sense and sensibility: A framework for teaching an integrated perspective. *Social Work Education*, *31*, 22-35. doi:10.1080/02615479.2010.541237

Sheely-Moore, A. I., & Kooyman, L. (2011). Infusing multicultural and social justice competencies within counseling practice: A guide for trainers. *Adultspan Journal*, *10*, 102-109. doi:10.1002%2Fj.2161-0029.2011.tb00129.x

Smith, S. D., Reynolds, C. A., & Rovnak, A. (2009). A critical analysis of the social advocacy movement in counseling. *Journal of Counseling and Development*, *87*, 483-491. doi:10.1002%2Fj.1556-6678.2009.tb00133.x

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies: A call to the profession. *Journal of Counseling and Development, 70,* 477–486. doi:http://dx.doi.org/10.1002%2Fj.1556-6676.1992.tb01642.x

Toporek, R. L., Lewis, J.A, & Crethar, H.C. (2009). Promoting systemic change through the ACA advocacy competencies. *Journal of Counseling and Development*, *87*, 260-268. doi:10.1002%2Fj.1556-6678.2009.tb00105.x

Wark, L. (2008). The advocacy project. *Human Service Education, 28*, 69-82.

Warren, J., Klepper, K. K., Lambert, S., Nunez, J., & Williams, S. (2011). Applying Buddhist practices to advocacy: The advocacy-serving model. *Journal of Creativity in Mental Health*, *6*, 132-148. doi:10.1080/15401383.2011.579876

West-Olatunji, C. (2010). If not now, when? Advocacy, social justice, and counselor education. *Counseling and Human Development*, *42*, 1-12.