

## **Addressing Social Justice Issues in Supervision: A Call for Client and Professional Advocacy**

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*Given the increased awareness of the need for counselors to be social change agents to best meet the needs of the clients they serve, the counseling profession has adopted competencies and standards to guide advocacy efforts. Supervision offers a forum for facilitating the development of these necessary skills for effective advocacy. This article presents a three-tier model to assist supervisors in preparing future counselor advocates. Framed within a social constructivist epistemology, the model facilitates the examination of social justice issues relative to client advocacy and professional advocacy in relation to self-awareness, client services, and community collaboration. Supplemental activities follow.*

*KEYWORDS* social constructivism, social justice, supervision, three-tier model of supervision

Social justice has been and will continue to remain fundamental to the future of counseling. As a result of certain economic and societal issues, the call for counselors to be social advocates has gained prominence in recent years. The relationship between oppression experiences and mental illness for disenfranchised groups (U.S. Department of Health and Human Services [USDHHS], 2001) has been cited as one reason for the increased need and interest in social advocacy work. Culture and social factors (e.g., prejudice, discrimination) contribute to mental illness. Members of racial and ethnic

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minority groups, women, gay, lesbian, bisexual, and transgender individuals, and individuals from lower socioeconomic status groups are exposed to discrimination, violence, and poverty at a greater rate than those individuals in the majority group. Specifically, racial discrepancies exist in access to health care (Ancis, 2004; USDHHS, 2001), disproportionate incidence and risk of rape and domestic violence for women (Hays, Green, Orr, & Flowers, 2007; White, Donat, & Bondurant, 2001), and limited access to mental health care due to socioeconomic and language factors across race, ethnicity, gender, and sexual orientation (Harper & Schneider, 2003; Travis & Compton, 2001; USDHHS, 2001). Thus, oppression experiences have serious psychological, interpersonal, and financial costs for minorities, including degree of social support, occupational status, socioeconomic status, and increased risk of maladaptive coping responses (Greene, 2005). These costs serve as catalysts for depression, suicide, substance abuse, violence, anxiety disorders, and chronic and acute stress, and may fuel medical complications such as hypertension, low birth weight, heart disease, and cancer (Ancis, 2004; Clark, Anderson, Clark, & Williams, 1999). The Surgeon General's report on Mental Health: Culture, Race, and Ethnicity concluded that persons from minority groups have less access to, and availability of mental health services, are less likely to receive needed mental health services, the treatment that members of minority groups receive is oftentimes poorer than treatment received by members of majority groups, and that members of minority groups are underrepresented in mental health research (USDHHS, 2001).

As awareness of the relationship between oppression and mental illness has expanded, social advocacy has become increasingly a part of counselors' roles and responsibilities. The social advocacy movement is now considered the "fifth force" in counseling (Ratts, D'Andrea, & Arredondo, 2004), as the counseling profession is transitioning from an intrapersonal focus toward a more systemic view of clients' concerns. Specifically, counselors are attending more to the role social problems and environmental factors, such as oppression experiences, play in clients' well-being (Kiselica & Robinson, 2001).

The development and subsequent application of the multicultural counseling competencies (Sue, Arredondo, & McDavis, 1992; <http://www.counseling.org/Publications/>) has shifted the scope of professional counseling practice toward social justice issues and prejudice prevention over the past decade (Kiselica, 1999; Lee & Walz, 1998; Lewis & Bradley, 2000; Vera & Speight, 2003). This shift speaks to the need to possess knowledge of various types of oppression. Specifically, "culturally skilled counselors possess knowledge and understanding about how oppression, racism, discrimination, and stereotyping affect them personally and in their work" (Sue et al., 1992, p. 482). Thus, social justice is a significant component of the multicultural counseling competencies (Arredondo & Perez, 2003). Moreover, the Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2003) provide practitioners with a model for addressing issues

of social justice at the micro and macro levels. The American Counseling Association's *Code of Ethics* (ACA, 2005), the American Psychological Association's *Guidelines on Multicultural Education* (APA, 2003), and the National Association of Social Workers *Code of Ethics* (NASW, 2008) all reference the importance of addressing social justice issues in mental health practice.

As counselors modify their roles and responsibilities to address social advocacy, so must supervisors working with counselors alter their attention in supervision to include a focus on social justice in supervision. Competencies of multicultural counseling and advocacy, as well as related ethical standards, are often taught in counseling programs. However, supervised practice is needed to enhance skills in their application to work with clients. Supervisors play a vital role in guiding supervisees' development toward the effective use of systemic approaches to counseling and social justice.

In this article, the authors propose integrating a social constructivist framework for addressing social justice issues in supervision and promoting social advocacy. For the purpose of this article, social justice refers to a belief in a just world and fair and equitable treatment (Lee, 2007). Social advocacy is the act of arguing on behalf of an individual, group, idea, or issue. Social advocacy as it relates to counseling refers to acting on behalf of one's client in order to assure fair and equitable treatment for one's client. Therefore, social justice counseling, based on a belief in a just world, takes into consideration the impact of oppression, privilege, and discrimination on the mental health of the individual with the goal of establishing equitable distribution of power and resources through social advocacy to ensure that all individuals have the resources and the tools for a "good life" (Lee, 2007; Ratts et al., 2004; Speight & Vera, 2004).

As a variation of constructivism, which asserts that individuals construct their own understanding of the world (see Kelly, 1955; Neimeyer & Mahoney, 1999), social constructivism stresses the importance of culture and context in understanding what occurs in society and constructing knowledge based on this understanding (Lyddon, 1999; McMahan, 1997; Vygotsky, 1978). According to constructivism, individuals construct their own view of the world by reflecting on their past experiences; individuals generate their own "rules" and use these rules to make sense of their experiences. Key social constructivist principles are outlined in this article, followed by a discussion of how supervisors can apply these principles to address social justice issues in supervision. The authors provide a model for addressing social justice issues on two fronts (i.e., client advocacy and professional advocacy) and at three tiers: self-awareness, individual practice, and community collaboration. The article concludes with several activities that supervisors can integrate into both individual and group supervision sessions. Although we believe this model is applicable to all types of supervisory relationships, for the purpose of this manuscript we will be focusing on supervisors working with counselors in training.

## KEY CONCEPTS OF SOCIAL CONSTRUCTIVISM

Social constructivism is a part of the postmodern and constructivist movement, and this movement is shifting how many counselors are conducting counseling, training, and supervision (Vinson & Griffin, 1999). According to the postmodern perspective, multiple realities exist that are “derived from interactions between the knower and the environment that are mediated by individual, social, cultural and temporal factors” (Rigazio-Digilio, 2001, p. 197). The three core assumptions of social constructivism include (1) individuals and families are self-organizing systems; our worldview is constructed through our participation in various contexts over time; (2) reality is a function of both personal and social constructions; therefore, reality is relative and changeable; and (3) development is seen as moving toward increasing interdependence, minimizing hierarchical structure, and organizational heterogeneity.

According to social constructivism, cognitive functions originate in, and must therefore be explained as, products of social interactions. Reality therefore is constructed through human interaction and is a reflection of socially constructed concepts. Thus, reality is flexible and changeable according to the social, cultural, historical context in which individuals interact with others (D’Andrea, 2000). Vygotsky (1978) suggests that language and culture are essential to human intellectual development and human perception of the world. Language and culture form the framework for how individuals experience, communicate, and understand reality, thus placing the context in which learning occurs as central to the learning itself. Because cognitive structures are socially constructed, individuals co-construct knowledge through interactions with each other and the environment.

Most applicable to supervision, social constructivists assert that learning can only occur in a collaborative process between the learner (i.e., supervisee) and the teacher (i.e., supervisor). Motivation is viewed as both extrinsic (i.e., reaction to external reinforcements) and intrinsic (i.e., individual drive). Because learning is a social phenomenon, individuals are motivated by the reinforcements they receive from external sources. These external factors include social influences as well. Learning also depends on the learner’s internal drive to understand and promote the learning process because knowledge is actively constructed by the learner (McMahon, 1997; Vygotsky, 1978).

## SOCIAL CONSTRUCTIVISM, SOCIAL ADVOCACY, AND SUPERVISION

Social advocacy involves counselors “leaving their offices” and entering the clients’ social context to reduce social inequities with regard to race, gender,

and socioeconomic status, and disproportionate access to resources and opportunities based on these and other oppressed identities (Lee, 1998). In their call to action, Lee and Walz (1998) urge counselor education programs to assign a high priority to the preparation of counselors as agents of social change and point to field experiences as one such arena where counselors can explore why and how they can become agents of change. The contextual focus of social constructivism “encourages the consideration of social, cultural, psychological, economic and political circumstances” (Griffin, 1993, p. 4), and provides an appropriate framework for addressing social justice issues in supervision.

### Key Social Constructivist Supervision Principles

The general goal of supervision from a social constructivist framework is to facilitate supervisees’ self-constructions of new meanings in the context of a safe, caring, and at times intense relationship. One of the roles of the supervisor is to foster reflective thinking and perspective-taking in supervisees. Supervision becomes a learning experience where supervisor and supervisees co-construct various meanings about clients and their work with them. Therefore, supervision changes in each context. The process of supervision involves collaborating with the supervisees to reconceptualize problems and generate solutions informed by contextual factors. Diversity and multiple worldviews and perspectives are viewed as normative by supervisors and counselors using a social constructivism frame of reference. Thus, the supervisor asks the supervisee to consider the individual, social, and cultural contexts surrounding the clients’, the supervisors’ and supervisees’ concerns (Chang, Hays, & Stoltz, 2002).

While the supervisor continues to maintain the supervisory relationship, the supervisees’ own experience (i.e., construction of events) becomes the focus of the interaction. Knowledge, which is based on personal and professional experiences, is therefore co-constructed with the supervisees. The supervisor utilizes dialogue to elicit perspective, resources, and unique client and supervisees experiences. Questions are used to empower supervisees to have a voice. The social constructivist supervisor weaves together the strands of three narratives: the client issue, the supervisee, and the supervisor, while promoting an appreciation of the subjective nature of existence (Chang, Hays, & Stoltz, 2002).

Constructive techniques include noting exceptions (e.g., highlighting that sometimes unique alternatives, outcomes, and exceptions to the problem occur), externalizing the problem (e.g., viewing the problem as external to the individual), deconstructing (e.g., focusing on the process of exploring the origin of the issue and the belief system; reexamining assumptions taken for granted), scaling questions (e.g., measuring client’s perception of progress), reflective processing (observing oneself from an external

perspective), and hypothesis development (Berg & de Jong, 1996; Vinson & Griffin, 1999).

The supervisor can encourage the counselors in training to use constructivist techniques with their clients in order to understand the clients' perspective. For example, the supervisor can encourage the counselors in training to ask their clients the following: "describe a time when you are not depressed" (noting exceptions); "what does depression do for you?" (externalizing the problem); "on a scale of 1 through 10 with 10 being the most depressed you have ever been and 1 being not so depressed, how depressed are you today?" (scaling questions); "how would your best friend describe your depression? (reflective processing); and "how do you think depression is helpful and hurtful in your life?" (hypothesis development).

### Three-Tiered Model

We propose a three-tiered model of promoting social advocacy in supervision based on the belief that social justice is necessary for optimal psychosocial health (Lee & Walz, 1998) and that counselors can more effectively advocate for their clients if the counseling profession is recognized by other mental health professionals, legislators, and policymakers (Myers, Sweeney, & White, 2002). Supervisors have a responsibility to educate counselors in training so that the counselors in training will have the skills to be advocates for their clients and the counseling profession. In the three-tiered model, supervisors consider social justice issues relative to client advocacy and professional advocacy in relation to self-awareness, client services, and community collaboration. See Table 1. This model is consistent with the Advocacy Competencies (Lewis et al., 2003), which call for advocacy across three main levels: clients/student, school/community, and public arena.

#### TIER 1: SELF-AWARENESS

Self-awareness includes an awareness of one's own cultural values and biases (MCC; Sue et al., 1992). Specifically related to social justice issues, Lee and Walz (1998) emphasize the importance of self-awareness in the development of counselors as agents of change: "counselors must begin with an analysis of their own values regarding social change and form their own personal philosophies and action strategies as regards to their role as agents of social change" (p. 309). The self-aware counselor advocate is able to identify one's life purpose, recognize and discuss the privileges that she or he personally receives in society by virtue of being a member of the privileged group either by race, social economic status, religion, sexual orientation, gender, or physical ability, understand the experience of oppression, develop multicultural competence, and make a personal commitment to social justice (Lee, 2007). Kiselica and Robinson (2001) present counselor

**TABLE 1** Three-tiered Model of Promoting Social Advocacy in Supervision

	Client advocacy	Professional advocacy
Supervisee Self-Awareness	<ul style="list-style-type: none"> <li>• Supervisees must be aware of their own biases in order to be sensitive to the cultural and social context of their clients.</li> <li>• Supervisees are more likely to engage in client advocacy if they have an understanding of what advocacy means to them and how that relates to their own value system.</li> </ul>	<ul style="list-style-type: none"> <li>• Development of a strong professional identity and professional pride can lead to professional advocacy.</li> </ul>
Client Issue	<ul style="list-style-type: none"> <li>• Supervisees are taught to understand the interrelatedness and interactions of the various social, political, and educational systems that may impact their clients.</li> <li>• In working with clients, supervisees consider advantages and disadvantages of holding membership in the various systems.</li> <li>• Supervisees can assist clients in gaining access to resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Development of a clear professional identity and working toward professional advocacy can have a direct impact on the quality of client services.</li> </ul>
Community Collaboration	<ul style="list-style-type: none"> <li>• Supervisees can educate the community about the relationship between oppression and mental health.</li> </ul>	<ul style="list-style-type: none"> <li>• Supervisees learn the importance of advocating for their profession.</li> </ul>

attributes that are required for social justice work. These include the capacity for commitment and appreciation for human suffering, assessment and research skills to address clients' sociopolitical environment, and communication skills to empower clients and persuade those with power to change the status quo. Additional attributes consist of having a multi-systemic perspective to client problems, knowledge of individual, group, and organizational interventions, and knowledge of media to implement social change.

By applying constructivist techniques, supervisors can facilitate discussion with their supervisees that will encourage the supervisees to increase their self-awareness and begin considering how their individual identity directly influences their clients. Supervisee self-awareness may result in the recognition of faulty ways of knowing and personal attributes in need of further development in order to be an effective advocate. Questions such as the following could facilitate development of a counselor's personal identity and an understanding of how one's identity influences the counselor-client relationship: Describe your cultural background. What lessons have you learned from your cultural background?

Development of a strong personal identity also can be related to development of professional pride and professional advocacy. Myers and colleagues (2002) suggest discussing the following questions related to development of counselor identity: "How does your identity as a counselor converge with and diverge from that of other mental health professions? Where is our niche and how can this niche be emphasized and marketed to various public sectors?" (p. 399). (See Appendix for additional activities that facilitate self-awareness.)

## TIER 2: CLIENT SERVICES

The purpose of social justice is to empower disenfranchised clients and create sociopolitical change to dismantle the current status quo (Kiselica & Robinson, 2001). One cannot work toward empowerment without a clear understanding of the client's worldview. A social constructivist approach to considering client issues gives the client worldview primacy (Griffin, 1993). This framework stresses that clients' cognitions, emotions, and behaviors are created in a complex system of interactions (Ivey & Rigazio-DiGilio, 1992). Operating from a social constructivist perspective, the counselor moves from placing the client in a predetermined category to a new model that considers the social factors and the developmental, emotional, and cognitive meaning-making system of the client as well as the interaction of these systems over time. In order to create this new model and to conceptualize the client, the counselor formulates questions that expose the conditions that promote social, political, and educational advantages and disadvantages (Griffin, 1993). Therefore, the task of the social constructivist supervisor is to facilitate the supervisee's understanding of the interrelatedness and interactions of the various social, political, and educational systems and to assist the supervisee in formulating questions that expose the advantages and disadvantages of holding membership in the various systems.

Development of a clear professional identity and working toward professional advocacy can have a direct impact on the quality of client services. According to Eriksen (1997), the lack of a clear, concise, unified definition of professional counseling has had a negative impact on advocacy efforts. Tunick and Tseng (1981) reported that counselors who are credentialed in their discipline are more professional and perceive their work to be more important to society compared to counselors who do not seek credentialing, and Hendrickson (1983) reports that a counselor's sense of professional competence increases with licensure, thus indicating a strong relationship between professional pride and credentialing. "A firm foundation of professional pride is essential for effective advocacy and for job satisfaction . . ." (Myers et al., 2002, p. 397). (See Appendix for additional activities related to client services.)

## TIER 3: COMMUNITY COLLABORATION

Kiselica and Robinson (2001) speak to social advocacy as a method of influencing change on various levels: individual, group/organizational, and institutional. Community collaboration is an important aspect of working toward social change at the group/organizational and institutional levels. Counselors, because of their ongoing work with individuals from diverse backgrounds, may be the first to become aware of difficulties within their agency, external organizations, and the community. As part of the supervision process, supervisors can begin facilitating discussion that encourages supervisees to look beyond their direct clinical work with their clients to discuss how working within the agency and the larger community is a part of client advocacy and professional advocacy.

Counselors can work toward client advocacy by being the voice of the disenfranchised and oppressed groups. Dinsmore, Chapman, and McCollum (2000, as cited in Kiselica & Robinson, 2001), suggest the following organizational interventions:

- challenge institutions to provide clients with easier access to critical information that may impact their well-being;
- serve as a mediator when a client and an institution reach an impasse;
- negotiate with external agencies and institutions to provide better services for their clients;
- participate in lobbying efforts related to social justice issues; and
- inform funding agencies of inadequate or damaging practices.

In addition, counselors can develop programs for different organizations and the community related to multicultural and social justice issues, educating the community about the relationship between oppression and mental health issues. Interns may not be developmentally prepared or feel competent to engage in some of these organizational interventions or the community presentations; however, supervisors can encourage these activities through modeling and assist supervisees in developing professional goals for future advocacy efforts. (See Appendix for additional activities to facilitate community collaboration.)

Community collaboration also can impact professional advocacy. Internship by its nature is a community collaborative endeavor. Interns fulfill their internship requirements in diverse community agencies and organizations where various mental health professionals work in collaboration. Supervisors can ensure that these internship sites have a clear understanding of the counseling profession and a positive experience with the counseling intern by conducting regular site visits and maintaining regular communication. Supervisors can also promote the profession of counseling by sharing their expertise through volunteering to conduct workshops and provide

consultation for the internship sites. In addition, they can support supervisees in their efforts to clarify their roles, advocate for themselves and their clients, and promote the field of counseling in an appropriate but effective manner.

## CONCLUSION

Social advocacy comes at high intrapersonal and interpersonal costs for counselors. Specifically, counselors are susceptible to burnout, job loss, and harassment from other professionals who may view client issues from more of an intrapersonal as opposed to systemic perspective. Social justice work also requires courage and persistence (Lewis, Lewis, Daniels, & D'Andrea, 1998). In addition, a potential barrier to social justice work is the incongruence between traditional ethical standards (e.g., counselor-client boundaries) and the requirements and roles of social advocacy. Although some costs are involved with social justice work, so are many rewards, including personal satisfaction and growth from empowering others and learning from their experiences (Kiselica & Robinson, 2001).

Despite the challenges and the cost of social advocacy work, given the connection between social injustice and mental health issues (USDHHS, 2001), we believe supervisors must integrate social advocacy into their work with counselors in training in order to train culturally competent counselors. In this article, we have provided a social constructivist framework for integrating social justice issues into supervision on two fronts: client advocacy and professional advocacy. We presented a three-tiered model that considers counselor self-awareness, client services, and community collaboration in the facilitation of client advocacy and professional advocacy. Applying constructivist techniques, discussion questions related to each tier in the model were offered to facilitate reflection and perspective. Additional activities to facilitate development in each tier are presented in the Appendix.

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## APPENDIX

## Activities to Facilitate Self-Awareness

1. The following questions can facilitate self-awareness: List the groups that you are a member of that are privileged? That are oppressed? How are they privileged and how are they oppressed? How does it feel to be working with a member of the \_\_\_ group? How does it feel to be supervised by a member of the \_\_\_ cultural group? How does your worldview impact your work with those from different cultural backgrounds?
2. The purpose of this activity is to better understand the connection between cultural identity and counseling. It is not designed for supervisees to self-disclose parts of them that feel uncomfortable.
  - a. Supervisees should bring in items that represent their cultural backgrounds. Culture can be conceptualized in the broadest sense to include race/ethnicity, gender, age, sexual orientation, socioeconomic status, religion, family of origin (as well as current family), geographical origin, etc. Ask them to bring objects that represent cultural identities that they are comfortable sharing in the group. Have them note ways in which their ideas about some of these have changed.
 

As an alternative to bringing in concrete items from home that directly represent them, have them use indirect representations (e.g., photos, magazine pictures, songs, poems, food). Encourage them to be creative.
  - b. Instructions for supervisees:
 

Mentally prepare to discuss the following:

    - (1) Describe your cultural identity via props.
    - (2) What is your definition of mental health? What is your culture's definition of mental health? How are they similar and different?
    - (3) How has your family background influenced the way you view counseling?
    - (4) When your family and/or friends discuss (or discussed) "other" people in the above cultural identities, how did they describe them?
    - (5) What does culturally different mean for you? How do you think clients that are culturally different from you will react to you as their counselor?
    - (6) What does culturally similar mean to you? How do you think clients that are culturally similar to you will react to you as their counselor?
    - (7) Tell us one way that your cultural identity influences your counseling style and relationships with clients.

3. The purpose of this activity is to encourage white supervisees to recognize their membership in the predominant white culture.
  - a. What does being white mean to you?
  - b. What values and traditions do you associate with your white heritage?
  - c. How might your racial heritage influence your work with clients from a different racial group from your own?
  - d. How might your racial heritage influence your work with me (supervisor)?
4. These questions are designed to facilitate discussions around membership in privileged and oppressed groups.
  - a. What is heterosexism? List ways by which clients may be exposed to it in counseling or in their worlds in general.
  - b. What is sexism? How does sexism influence you personally and professionally, within the counseling session and supervisory session?
  - c. How does classism or poverty in general influence client problems, client use of counseling?
  - d. How do classism or poverty influence your values in the counseling and supervisory session?
  - e. How does your age influence your counseling style, comfort with clients? What age group do you feel more comfortable working with?
  - f. How does your [supervisor] cultural identity affect your comfort level in supervision?
  - g. On a scale from 1 to 10, 1 being the least important and 10 being the most important, how important do you think these privilege issues are in counseling? In supervision?
5. The purpose of this activity is to have the supervisees assess their social justice awareness, knowledge, and skills by administering the Social Justice Advocacy Readiness Questionnaire (SJARQ) (Chen-Hayes, 2001). The SJARQ is a 188-item self-report inventory that assesses awareness, knowledge, and skills related to personal and institutional cultural values and beliefs (Part I), knowledge items of social justice advocacy that refer to specific persons, dates, and events (Part II), and skills questions for agency professionals (Part III). It was designed to “begin or continue dialogue attempting to ensure that all members of our community are a part of the process of change in our organizations to promote competence, human rights, social justice advocacy, and challenge multiple oppressions” (p. 195). Scoring for the SJARQ provides both qualitative and quantitative data designed for discussions about social justice, with answers available only for Part II. Answers to Part II are available online at [www.lehman.cuny.edu/education/facpages/sch.htm](http://www.lehman.cuny.edu/education/facpages/sch.htm).
6. The purpose of this activity is to have supervisees assess their awareness of privilege and oppression by administering the Privilege and Oppression Inventory (POI) (Hays, Chang, & Decker, 2007). The POI is a 39-item self-report Likert-type inventory that measures individuals’ awareness

- of social justice issues regarding race, gender, sexual orientation, and religion.
7. Questions that facilitate supervisee construction of their counseling experience include the following: What was your intention during the session? What are you thinking and feeling during this part of the counseling session? How did you decide to make that intervention? What did you imagine the client's response would be? What was your client thinking/feeling at this time? What social and political issues influence this case? How do you understand the relationship between your client's situation and the social and political influences? How does your client make meaning of the social influences on her or his experience? In what ways did you empower your client? What hypotheses do you have regarding this case? What did you learn from this session? What impact did your cultural background have on this session? What impact did your client's cultural background have on this session? What impact did you and your client have on each other?
  8. Operating from a social constructivist viewpoint, a supervisor can formulate questions that encourage the supervisee to develop his or her professional identity and professional pride. Such questions might include the following: Describe your role as a professional counselor. What qualities make professional counseling unique? What role does advocacy play in counseling? What role did you play in assisting your client with his or her issue? How do your actions impact the profession of counseling?

### Activities that Influence Client Services

1. The purpose of this activity is to clarify for supervisees ways by which they can serve as advocates, demystifying the process of social action. This is a good activity to employ in group supervision, when supervisees bring up a client issue and they are not sure how to "help" the client overcome an issue.
  - a. What does advocacy mean to you?
  - b. Select one client issue. (You can provide some examples if this is a general discussion, such as coming out to one's family, substance abuse, poverty, domestic violence, HIV/AIDS.)
  - c. In what ways can you serve as an advocate for your client? Who needs to hear his or her story?
  - d. In the counseling session: How can you empower the client in the session? What techniques can you use? What resources can you provide? Do you have a similar story that you can use in the session?
  - e. In a group setting: What types of outreach and/or support groups may be helpful for this client? To deal with the issue in general?
  - f. In an organizational setting: How can you integrate advocacy for a particular issue within ACA or ACA divisions? How can you promote an issue?

- g. In an institutional setting: How can you promote this issue in your counseling agency? In a school? What are some methods of prevention that can serve as advocacy?
  - h. What are your fears about becoming an advocate?
  - i. What are some of the benefits of serving as an advocate for a client or issue in general?
2. The following activity is designed to facilitate case conceptualization and diagnosis.
- a. What are the salient demographics of this client?
  - b. How do you perceive that this client experiences the world in general? Where does the client have/lack power? How might this affect his or her problems or expression of problems?
  - c. Describe how you think your client experiences counseling with you.
  - d. Brainstorm, using your theoretical orientation as a guide, various etiologies of this client's problems.
  - e. How would you diagnose this client? Describe the specific behaviors that you used to make this conclusion.
  - f. How might stereotypes (based on this client's cultural identity and experiences with privilege and oppression) be related to your diagnosis?
  - g. What is the prevalence by gender and race for the diagnosis? Why do you think your diagnosis is more prevalent to these groups?
  - h. Generate hypotheses to how a diagnosis may be helpful or harmful for a client.
  - i. What is it like for you to conceptualize cases in this [supervisory] context?

### Activities to Facilitate Relationship with the Community

The following activities are designed to encourage supervisees to think beyond their individual clients and consider their role as agents of change in the larger community.

1. Encourage supervisees to develop a resource list that includes organizations and civic groups that are willing to work toward ensuring the psychological well-being of individuals and social justice.
2. Encourage supervisees to volunteer at various community agencies and to discover firsthand how they serve the public.

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