THE RELATIONSHIP AMONG PERSONALITY, PROFESSIONAL IDENTITY, SELF-EFFICACY AND PROFESSIONAL COUNSELOR ADVOCACY ACTIONS

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Melanie Kautzman-East

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THE RELATIONSHIP AMONG PERSONALITY, PROFESSIONAL IDENTITY, SELF-EFFICACY AND PROFESSIONAL COUNSELOR ADVOCACY ACTIONS

Melanie Kautzman-East

Dissertation

Approved:  
Advisor  
Dr. Robert C. Schwartz

Accepted:  
School Director  
Dr. Karin B. Jordan

Committee Member  
Dr. Varunee Faii Sangganjanavanich

Dean of the College  
Dr. David Gordon

Committee Member  
Dr. Kristin L. Koskey

Dean of the Graduate School  
Dr. Chand Midha

Committee Member  
Dr. Delila Owens

Date

Committee Member  
Dr. Sean X. Cai
ABSTRACT

Through advocacy over approximately three decades the counseling profession has achieved professional rights and benefits of other mental health providers (e.g., licensure nationwide, third party reimbursement). However, professional counselors continue to encounter barriers that hinder providing services to those in need of mental health services. There is a consensus among counselors that continued profession-focused advocacy actions are important to the profession, yet there is no comprehensive model of advocacy and little is known about the characteristics of successful advocates. This empirical study controlled for relevant demographic variables while examining the predictive relationship of personality traits, self-efficacy, and professional identity on advocacy actions among licensed professional counselors ($N = 207$). Advocacy actions were studied using an ecological approach, including micro-level, meso-level, and macro-level advocacy actions. Findings of three hierarchical multiple regression analyses indicated that the overall model of personality traits, self-efficacy, and professional identity predicted advocacy actions in all levels of advocacy actions. When controlling for other independent variables in the model, micro-level advocacy actions were predicted by the personality trait Intellect and the demographic variable years of experience. Meso-level advocacy actions were predicted by the personality trait Extraversion and professional identity variable knowledge of the profession. Macro-level advocacy actions were predicted only by the professional identity variable knowledge of the profession. These findings indicated that the variables studied here made unique and
significant contributions to advocacy actions in licensed professional counselors.

Implications for counselor education, counseling supervision, and future research are discussed.
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CHAPTER I
INTRODUCTION

There are more than 120,000 licensed professional counselors in the United States (American Counseling Association [ACA], 2011). These counselors are employed in community mental health centers, private practices, and colleges and universities across the country and provide needed mental health and substance abuse care to millions of Americans. Despite the presence of licensed professional counselors providing mental health services in the U.S., there remains a great need for services. For example in 2009, less than four in ten adults with mental illness received mental health services (ACA, 2011).

It has been only recently that the profession of counseling has been recognized at a national level as a legitimate mental health service provider. In 2009, California was the final state to sign a bill into law that required licensure for professional counselors. This national recognition of the counseling profession was the culmination of over 33 years of advocacy work, as Virginia was the first state to license professional counselors in 1976. The implications of this event highlights the national recognition that the counseling profession had finally achieved as well as putting into place protections for consumers and broadening the reach of mental health services (Shallcross, 2009). It also confirms that advocacy actions play a critical role in advancing the profession of counseling.
The counseling profession continues its endeavor to provide services to those in need; however, several barriers, such as opposition from other mental health providers (Cruikshanks & Burns, 2011) and lack of licensure portability (Kaplan, 2012) continue to prevent counselors from gaining employment and reimbursement. These barriers serve to limit the provision of mental health services in areas where there are shortages (i.e., in rural communities), as well as restrict patient choice (Barstow & Holt, 2010). Despite the advances in licensure, the obstacles that licensed counselors continue to face speaks to the need for focused advocacy efforts on behalf of the profession.

The profession of counseling is in need of counselors who engage in professional advocacy actions (Eriksen, 1997, Myers & Sweeney, 2004; Myers, Sweeney, & White, 2002). Despite current advocacy efforts, the following are examples hampered by inconsistent or non-assertive advocacy methods: (1) counselors being prevented from obtaining employment for which they are qualified; (2) counselors losing their right to treat and diagnose mental and emotional disorders; (3) counselors historically being excluded from specific institutions (e.g., Veterans Administration Medical Centers [VAMC]); and (4) counselors continuing to struggle for private insurance reimbursement (ACA, 2010, 2014a, 2014b; Institute of Medicine [IOM], 2010). Professional advocacy actions are necessary if the counseling profession wants to secure its place among other mental health disciplines (i.e., psychology and social work). Furthermore, there appears to be a dearth of research on advocacy on behalf of the profession, despite mandates from leaders in the profession (Myers & Sweeney, 2004; Myers et al., 2002).

As a profession, counseling demonstrates a strong history of advocacy (Sweeney, 2001; Solmonson, 2010). Developments in credentialing/licensure, accreditation, and
ethical standards highlight some of the advancements that have occurred to date within the counseling profession (Gale & Austin, 2003). This advocacy role that counselors play is an essential element of professional identity. Professional identity has been defined as a unique belief system that separates one mental health profession from another (Nurkri & Remley, 2009). When counselors engage in advocacy activities, they become personally connected to the values, beliefs and standards of the counseling profession (Solmonson, 2010), which is an important factor in legitimizing and advancing the profession.

The counseling profession shares commonalities with other mental health disciplines but in order for counselors to collaborate effectively with others, they must recognize the faucets of their profession and scope of practice (Mascari & Webber, 2013). Current literature suggests the following constructs as integral to the counseling profession’s philosophy: prevention, wellness, empowerment, and advocacy (Gladding & Newsome, 2004; Lafleur, 2007; Myers, 1992; Remley & Herlihy, 2013). The philosophical foundation of counseling is grounded in advocacy for individual clients, groups, and communities, as well as the counseling profession itself (Lafleur, 2007; Myers, 1992; Myers et al., 2002; Remley & Herlihy, 2013). According to Myers et al. (2002), adopting the advocacy construct as a vital part of their professional identity is essential for the counseling profession to survive in a competitive marketplace.

The origin of the counseling profession highlights the effectiveness of coordinated advocacy efforts; however, currently there appears to be a lack of concerted advocacy actions aimed at increasing parity for counselors to use their specialized training within the mental health marketplace (Myers, 1995; Myers & Sweeney, 2004; Remley, 1995;
Sweeney, 1995). Further, research has indicated counselors are reluctant to involve themselves in advocacy activities (Bloom, 1996; Sweeney, 1995; Eriksen, 1997), despite a majority of counselors indicating that it is “most important to the future of the counseling profession” (Myers & Sweeney, 2004, p. 469). Further, there is a lack of current research regarding whether this reluctance continues to be present in the counseling profession.

Myers and Sweeney (2004) suggested that engaging in professional advocacy actions was a way that counselors could advance the counseling profession however, it seemed that a comprehensive picture of advocacy is lacking, as much of the information pertaining to promoting professional advocacy actions seems conflicting or nonspecific to professional advocacy. Despite prior advocacy efforts working to advance the profession and the considerable literature point to its importance, establishing a unique counseling professional identity has been slow to develop since the 1970s when professional counseling first began to gain legitimacy through state licensure boards. The lack of a unified professional identity has affected professional consensus on which advocacy issues are most important and subsequently lending itself to the lack of concerted advocacy efforts on behalf of the profession (Flynn & Sangganjanananich, 2015; Myers & Sweeney, 2004).

**Advocacy Needs Within the Counseling Profession**

Although the roots of counseling in general can be traced to the late 1800s and early 1900s, it remains a developing profession among other mental health professions each having their own unique graduate degree standards, accreditation standards, licensure requirements, and ethical codes (e.g., social work, psychology, marriage and
family therapy; Aubrey, 1977; Pope, 2000). During the 1970s, counseling professionals began to gain national acceptance through the emergence of private-practice clinicians. Since this development, the profession of counseling has sought legitimacy through the development of unique training standards, ethical codes, certification and professional licensure recognized by state governments (Pope, 2000). As stated by Flynn and Sangganjanavanich (2015) these important steps in the advancement of the counseling profession were necessary but not sufficient in creating and maintaining its unique identity for purposes of professional clarity for the public, instilling a common and understood professional philosophy among practitioners, supervisors and educators, and advancement of nationwide professional employment and reimbursement parity. For example, professional counselors are often discouraged and sometimes prohibited from gaining employment in certain organizations such as hospitals, university counseling centers, and the VAMC.

Additionally, professional counselors who obtain a license in one state may not be eligible to utilize their training in another state due to differences in graduate-level coursework, clinical, and other training requirements. Professional counselors are often reimbursed at a lower rate per service than other mental health professionals, although they can perform the same clinical services. For example, the American Medical Association (AMA; 2005) identifies the reimbursement rate of professional counselors in Texas at 70% of that paid to a psychiatrist or psychologist for a similar service (as outlined in the Texas Administrative Code). Although professional advocacy actions have worked to significantly advance the profession of counseling over the course of more than 30 years, there appears to be a lack of consensus about which advocacy issues
are currently most important as well as a lack of concerted effort on behalf of all types of counseling professionals to take action (Myers & Sweeney, 2004).

Every profession must be proactive in a competitive marketplace, or they risk becoming non-existent (Sweeney, 2012). Since its inception over 30 years ago, the counseling profession has advanced in scope of practice, quality of training, reputation and third party reimbursement through professional advocacy actions (Sweeney, 2012). Although it is important to celebrate the counseling profession’s successes, it is equally important to be aware of current trends that continue to impact the counseling profession including but not limited to lack of funding for counseling research and program development, increasingly competitive marketing forces, professional discrimination among certain organizations, and changing demographics of the professional and general population (Kaplan & Gladding, 2011).

Acknowledgement of these trends coupled with other initiatives (Kaplan & Gladding, 2011) lead to the recognition that a longer and more sustained effort is needed to advance the counseling profession further. This recognition has culminated in the delineation of several strategic areas designed to unify and strengthen the counseling profession. These areas include strengthening identity, presenting ourselves as one profession, improving public perception/ and recognition, advocating for professional issues, creating licensure portability, expanding and promoting the research base of professional counseling, focusing on students and prospective students, and promoting client welfare and advocacy.

Advocacy on behalf of the counseling profession is weaved into many of these strategic areas, specifically in the issue of presenting ourselves as a unified profession,
licensure portability, and promoting client welfare and advocacy (Kaplan & Gladding, 2011). Reiner, Dobmeier, and Hernandez (2013) indicated that the development of a unified counseling profession served as the primary method of achieving professional goals, such as achieving equal recognition as a mental health discipline. In each of the strategic areas mentioned above, advocacy will serve as an integral mechanism in solidifying, unifying, and advance the profession of counseling. However, research has yet to ascertain what specific personal and professional factors contribute to advocacy actions such as those described above.

**Defining Advocacy on Behalf of the Profession**

Professional literature uses various definitions and terms to explain advocacy. Lee (1998) identified advocacy as a “process or act of arguing or pleading for a cause or proposal either of one’s own or on behalf of someone else” (p. xvi). Advocacy also has been described in the literature as an “action taken by a counseling professional to facilitate the removal of external and institutional barriers to client’s well-being” (Toporek, 1999, p. 6). Another definition specific to professional advocacy is described as a process that leads to create change by using personal and professional skills to promote, empower, support, and/or protect the growth and development of the counseling profession (White, 2009). Chang and Gnika (2010) define advocacy as the process or act of arguing or pleading on behalf of an individual, group, or cause in pursuit of influencing events. Each of these definitions broadly alludes to actions related to a cause; however, they appear limited in scope and allude to a focus on client welfare rather than broader advancement of the counseling profession.
Although advocacy activities on behalf of clients are paramount to the counseling profession, advocacy activities on behalf of the profession are just as important. Perhaps the broadest definition of advocacy found in the literature is from Stewart, Semivan, and Schwartz (2009) who defined advocacy as “change efforts aimed at supporting or promoting the growth and development of individual clients, groups, organizations, society, and/or the profession through goal-oriented actions” (p. 55). These authors explicitly include advocacy actions on behalf of the profession as well as client advocacy as part of their definition because of the equal importance of both professional advocacy and social justice advocacy in the mental health field. This definition highlights the notion that all advocacy actions originate from belief in the possibility of a just world. The social justice movement in the counseling profession is credited for recognizing the significance of advocacy as a paramount part of the professional role of a counselor (Toporek, Lewis & Crethar, 2009). This paradigm calls on counselors to use advocacy as an intervention to address those inequities impeding the development of their clients (Lewis, Ratts, Paladino, & Toporek, 2011). Applying this lens to the counseling profession can serve to remove barriers for both professionals and clients alike. Change efforts to promote the growth of the profession of counseling can also promote social justice efforts, as an outcome of professional advocacy. For example, counselors obtaining licensure portability or Medicare reimbursement would directly affect a potential environmental barriers that a client may face (i.e. limited access to mental health services providers; Solmonson, 2010).

Prior non-research literature positioned these two forms of advocacy, social justice and professional, as adversaries versus complimentary in the whole of the
counseling process, with social justice advocacy associated with altruism and advocacy on behalf of the counseling profession more self-serving in nature (Sweeney, 2012). Storlie and Wood (2014) indicated that leaders in the counseling profession can advocate for a ‘socially just world’ by addressing professional counseling issues including licensure, parity with other mental health providers, and equal access to services. This example of the link between social justice advocacy and advocacy on behalf of the counseling profession highlights the symbiotic relationship between these concepts, and how a better understanding of precursors to counseling advocacy actions can also help promote social justice more generally.

Advocacy on behalf of the profession may include issues such as improving the public perception of counselors, disseminating accurate information on services provided, legislative action to secure jobs, gaining equal access to employment, equality in compensation in comparison to other mental health providers, and developing a collective identity (Myers & Sweeney, 2004). As demonstrated above, these actions serve to compliment social justice advocacy, as the outcomes of advocacy actions can ultimately promote the growth of the counseling profession and increase consumer access to quality mental health services (Myers et al., 2002; Toporek, 1999).

The social justice advocacy model, defines advocacy actions along a continuum ranging from empowerment to social action (Toporek, 1999). Within this continuum, counselors use a range of activities to increase a clients’ sense of personal power and to modify a client’s environment to better suite their personal needs. This paradigm may be helpful in conceptualizing advocacy actions on behalf of the counseling profession as well. Toperek et al. (2009) identified public arena level of intervention, or macro-level
intervention, advocacy training and action as specific to advocacy on behalf of the counseling profession; however, there are advocacy actions on that fall outside of this category. Counselors use a range of actions when advocating for the counseling profession (e.g. training others in advocacy skills, contacting state licensing boards, contacting legislators, etc.; Myers et al., 2002). These actions can be categorized into similar levels of advocacy including the micro-level advocacy, meso-level advocacy, and macro-level advocacy. Identifying the many ways that individuals can engage in advocacy on behalf of the counseling profession may serve to empower counselors, who may not be comfortable or have the skills to engage in macro-level advocacy to engage in alternative advocacy actions, which also serves to advance the profession.

**Factors That Affect Advocacy Actions**

A qualitative study by Eriksen (1999) surveyed counseling profession leaders actively involved in advocacy. One finding of this study is that counselors consistently underestimate the relevance of their values, skills, personality, and resources to the advocacy process. This outcome highlights the lack of self-efficacy counselors experience when considering to engage in advocacy actions. Bandura (1977) defines self-efficacy as the degree to which individuals consider themselves capable of performing a particular activity. This lack of self-efficacy specific to advocacy activities may affect whether or not an individual chooses to engage in advocacy actions as well as their ability to persevere through disappointment (Larson & Daniels, 1998). Gaging counselor’s self-efficacy specific to advocacy on behalf of the counseling profession can serve to provide a better understanding which factors to target when developing counselor advocates.
Another result from Eriksen’s (1999) study includes the identification of professional identity as an essential element of advocacy efforts. Leaders who participated in this study indicated that counselors must have confidence in what they are promoting—namely the counseling profession in order to develop into an effective advocate. A clear professional identity can then be viewed as a prerequisite to successful advocacy actions. This is further echoed in a review of the advocacy literature by Myers et al. (2002) and in a quantitative study surveying leaders in the counseling profession (Myers & Sweeney, 2004).

Myers and Sweeney (2004) also recommend that as a way to recruit and train potential advocates for the counseling profession, personal characteristics of effective advocates need to be investigated. The factor of personality and personal characteristics are commonly present in the literature as factors that need to be further explored in the context of developing counselor advocates (Eriksen, 1997, Myers & Sweeney, 2004; White, 2009). Jang (2012) indicates that personality is an important determinants of behavior and motivation. Understanding the relationship between an individuals personality traits and those advocacy actions engaged in can inform the counseling profession’s goal to increase advocacy efforts by counselors (Eriksen, 1999).

Counselors must advocate on behalf of their profession if they hope to secure their place amongst other mental health professionals and mitigate the effects scarce budgetary resources. Advocacy on behalf of the counseling profession, although identified as important, has been largely ignored in the current literature. Understanding the personality traits, self-efficacy, and professional identity of those individuals who
advocate on behalf of the counseling profession may lead to a broader understanding of how to mobilize the profession toward unified goals.

**Statement of the Problem**

The profession of counseling is in need of counselors who engage in professional advocacy actions (Eriksen, 1997; Myers & Sweeney, 2004; Myers et al., 2002). This study explored personality traits, self-efficacy related to advocacy actions, and professional identity of licensed professional counselors who engage in advocacy actions as a way to better understand the counseling profession’s limited ability to sustain concerted advocacy efforts pertaining to broader professional-related goals. Although there is considerable practice-related and conceptual literature pointing to the need for professional advocacy efforts, little is known through empirical research about the personality traits of professional counselor advocates, the degree of professional identity among counselor advocates, or levels of self-efficacy of counselor advocates necessary to engage in advocacy efforts (Myers & Sweeney, 2004; Trusty & Brown, 2005). As outlined in Myers et al. (2002), there have been counselors who have engaged in advocacy actions throughout the history of the counseling profession; however, why and how they have accomplished these important tasks is by large unknown because empirical research is lacking regarding qualities of successful professional counselor advocates. By gaining a better personal and professional understanding of the counselors who choose to participate in advocacy activities, the profession may be better able to cultivate these qualities and mobilize as a unit for the betterment of professional counselors nationwide.
Current literature describes a general account of advocacy, but there are no universal language, and as described above no universal definition of advocacy. This broad, and at times conflicting, conceptualization of advocacy in the counseling profession has made it difficult to operationalize and understand advocacy actions (Trusty & Brown, 2005). Further, during the counseling profession’s struggle to gain a cohesive professional identity, misunderstanding or lack of knowledge about advocacy activities on behalf of the counseling profession has served as barriers to effective advocacy on behalf of the counseling profession (Myers & Sweeney, 2004).

The majority of articles written involve advocacy on behalf of clients (i.e., social justice advocacy) and even the ACA advocacy competencies (Lewis, Arnold, House, & Toperek, 2002) emphasize actions related to clients, at each systemic level of intervention. To date, there has been limited research on those characteristics of individuals who engage in advocacy on behalf of others, and much less literature has focused on characteristics of those who advocate on behalf of the counseling profession. One of the few studies undertaken was completed by Nilsson and Schmidt (2005), who examined variables hypothesized to contribute to social justice advocacy. Results indicated the desire to become involved and political interest as significant variables. These authors indicate limitations related to their student sample, and limited availability of instruments available to measure advocacy based on contemporary definitions of the construct. The instrument used in this study was developed in the 1960’s and does not include all possible advocacy activities recommended for counselors today (Nilsson & Schmidt, 2005). In addition, by focusing on only social justice advocacy, there are limits
to the generalizability of the study regarding advocacy on behalf of the counseling profession.

Some research indicates that the same qualities that comprise an effective counselor can translate into making an effective advocate (Eriksen, 1997; Trusty & Brown, 2005). Eriksen (1999) indicated that counselor-advocates require effective counseling skills as well as a clear professional identity. This qualitative research focused on leaders in the counseling field and included only leader’s reports of advocacy behaviors such as inclusiveness, relationship building, listening, and clarifying. However, personality characteristics of advocates or self-efficacy as related to advocacy were not explored.

Additionally, White (2009) indicated that although counseling skills and qualities are necessary for counselors to become advocates, these skills are not sufficient. Otherwise, it is hypothesized that more counselors would become advocates. This study, although investigating advocacy behaviors, did not focus on the characteristics of counselors who engage in professional advocacy actions per se. White (2009) discussed an unexplored discrepancy in the adjectives the respondents used on the demographic questionnaire and those used in the interview describing their development into advocates for the counseling profession, indicating that counselors may not be aware of personality characteristics that contribute to advocacy actions. Exploring counselor characteristics is important as it will help the profession more fully understand what will lead professional counselors to take advocacy actions. Additionally, this study was qualitative in nature and therefore, although it assesses the personal perspectives of counselors who attended advocacy related training, it is difficult to generalize the results to all professional
counselors. That is, results of the qualitative study helped to inform the profession about advocacy-related factors although using a different research design methodology related to a different purpose focused on case study themes rather than quantifiable and generalizable data.

These studies appear limited in scope and when taken together do not create a comprehensive picture of who professional advocates are. More importantly these prior studies do not lead to conclusions about what characteristics foster the development of actual professional advocacy actions. That is, “much of the profession’s knowledge regarding advocacy is propositional in nature” (Trusty & Brown, 2005, p. 265). It appears that many of the articles related to advocacy are conceptual in nature and do not empirically validate concepts related to advocacy (e.g., advocacy effectiveness, how counselors learn advocacy strategies). Results of the present study may assist counseling training programs and counseling organizations determine how to best identify and develop counselor advocates. Some of these results may foster an increase in understanding of the type and amount of specific advocacy activities in which licensed professional counselors most commonly engage. This knowledge may also help to identify specific areas of need regarding training and development. Further, these results may help counseling organizations meet their professional advocacy goals by gaining a better understanding of what constitutes an operational counselor advocate.

**Purpose of the Study**

The first purpose of this study was to investigate the predictive relationship between professional counselors’ personality traits, self-efficacy, professional identity and their profession-focused advocacy actions. The second purpose of this study was to
understand the motives that influence engagement, or lack their of, in advocacy actions by professional counselors. Little research attention has been paid to advocacy on behalf of the counseling profession. Research studies have largely been usurped by individual theoretical or instructive literature based on the opinions of authors with little empirical grounding. Results of this dearth of research on professional advocacy are acutely felt by counselors actively working in the mental health field through competing for jobs, reimbursement eligibility, and adequate pay (Myers et al., 2002). Professional advocacy action is one way to promote the evolution and advancement of the counseling profession. For example, Eriksen (1997) maintained that counselors perceive that their values, personality and skills are in direct opposition to what is needed to be a successful advocate, although she provides evidence regarding the need for these specific skills in both counseling and public relations work. Additionally, the amount of literature focusing on social justice advocacy seems to further contradict the notion that a counselor’s hesitancy may be linked to something other than their perceptions around personal values, individual personality, and respective public relations skills.

Thus, the available literature on professional advocacy does not provide a comprehensive picture of advocacy as much of the information regarding the wants and needs of counselors related to advocacy participation seems conflicting or absent (Myers & Sweeney, 2004). Additionally, there has not been an identification of a best-practice advocacy model, nor have characteristics of successful advocates been determined empirically (Myers & Sweeney, 2004). There continues to be many gaps in the literature, despite a consensus that increased profession-focused advocacy action is important to the broader counseling profession. Integral to exploring the construct of advocacy actions is
examining those factors that may contribute to an individual’s development into a professional advocate. These factors include the reciprocal relationship of a professional counselor identity, personality factors that may affect an individual’s motivation to engage in advocacy efforts on behalf of the counseling profession, and beliefs about one’s ability to actively engage in professional advocacy so a difference can be made profession-wide.

**Research Questions**

The following research questions were addressed in this study:

**Micro-level Advocacy**

1. Do personality traits, professional identity, and self-efficacy statistically significantly predict frequency of self-reported micro-level advocacy actions in licensed professional counselors?

**Meso-level Advocacy**

2. Do personality traits, professional identity, and self-efficacy statistically significantly predict frequency of self-reported meso-level advocacy actions in licensed professional counselors?

**Macro-level Advocacy**

3. Do personality traits, professional identity, and self-efficacy statistically significantly predict frequency of self-reported macro-level advocacy actions in licensed professional counselors?
Definition of Terms

In consideration of the many definitions of advocacy and related constructs found in the literature, it is necessary to operationally define specific terms. Therefore, the following working definitions were used within the context of this study.

1. Professional Advocacy. Change efforts aimed at supporting or promoting the growth and development of individual clients, groups, organizations, society, and/or the profession through goal-oriented actions (Stewart, Semivan & Schwartz, 2009).

2. Professional Identity. The ability to describe the process of the profession, which includes its philosophical foundation, services provided, and components of preparation programs, without reference to other mental health professions (Remley & Herlihy, 2013).

3. Self-Efficacy. A counselor’s beliefs or judgments about his or her capabilities to effectively counsel a client in the near future (Larson & Daniels, 1998).

4. Personality traits. The Five Factor Model of Personality which consists of these five factors: Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness. Assessed in this study by the IPIP Big 5 (Goldberg, 2001).

5. American Counseling Association (ACA). A not-for-profit, professional and educational organization that is dedicated to the growth and enhancement of the counseling profession (ACA, 2014c).

6. Council for Accreditation of Counseling & Related Educational Programs (CACREP). Accreditation body that endorses master’s and doctoral degree
programs in counseling and its specialties that are offered by colleges and universities in the United States and throughout the world (CACREP, 2014).

7. Chi Sigma Iota (CSI). An international honor society that values academic and professional excellence in counseling. CSI promotes a strong professional identity through members who contribute to the realization of a healthy society by fostering wellness and human dignity (CSI, 2015).

8. National Board for Certified Counselors (NBCC). An independent not-for-profit credentialing body for counselors incorporated to establish and monitor a national certification system, to identify those counselors who have voluntarily sought and obtained certification, and to maintain a register of those counselors (NBCC, 2014).

9. Licensed Professional Counselor (LPC). Master’s-degreed mental health service providers, trained to work with individuals, families, and groups in treating mental, behavioral, and emotional problems and disorders (ACA, 2011).

**Overview of the Remainder of the Study**

Chapter 2 will include a review of the literature regarding research related to personality traits, professional identity, and self-efficacy as related to professional advocacy. This chapter will also discuss the relationship between these constructs. Chapter 3 will discuss the methodology of the study, including general research design, null and directional hypotheses, participants, instruments, and data analysis. Chapter 4 will provide the results of the statistical analyses preformed in this study, including descriptive and inferential statistics used to test the statistical hypotheses specified in Chapter 3. In closing, Chapter 5 will include a conclusion and a summary of the
statistical results as well as a discussion of the results related to the proposed relationship of variables outlined in the review of the literature. Limitations of the study and implications of results for professional counselors, counselor educators and counselors in training will be discussed.
CHAPTER II
REVIEW OF THE LITERATURE

The purpose of this chapter is to examine the related literature about advocacy on behalf of the counseling profession, as well as examining those factors that may contribute to counselors choosing to engage in profession-related advocacy actions. This chapter is organized into five sections that comprise a conceptual framework for exploring advocacy on behalf of the counseling profession. In the first section, the current position of the counseling profession is reviewed, and the roles of counselors are explored. A history of advocacy within the counseling profession is then summarized. The next section explores an ecological approach to counseling advocacy, followed by an examination of factors that influence advocacy on behalf of the counseling profession. The final section includes a methodological review and critique of advocacy research followed by an explanation for the need for this study.

Positioning the Profession

In the field of the helping professions, the profession of counseling is relatively new. Following World War II, the popularity of non-medical approaches to treatment of mental and emotional disorders increased. This growth, in part supported by the Community Mental Health Act of 1963, contributed to the number of master’s level mental health practitioners (Pistole, 2001). This act “established funding for the development of community-based mental health care programs” (Weikel & Palmo, 1998,
Because these trained professionals were not trained in the disciplines of social work, psychology, or psychiatry, they were left without a professional organization, credentials, and thus a professional identity (Pistole, 2001).

Reiner et al. (2013) point to the development of a unified counseling profession as the primary method of achieving professional goals, such as attaining equal recognition as a mental health discipline. In a recent study by De la Plaz (2011) respondents indicated that a lack of leadership in the counseling profession and a lack of collaboration within the profession on legislative initiatives were reported by those professional counselors who are involved in outreach activities (i.e., participating in legislative activities, participating on a board or committee, creating multi-media activities). This splintering within the counseling profession has resulted from differing licensure requirements across states as well as a diffuse professional identity (King & Stretch, 2013).

Researchers posit that the formation of a unique counselor identity begins with counselor educators (Calley & Hawley, 2008). Although 79% of leaders in the counseling field identify advocacy as ‘most important’ (Myers & Sweeney, 2004) and similarly 80% of American Counseling Association (ACA) respondents indicate that advocacy is “most important to the profession” (De la Paz, 2011), there seems to be some disconnect between this perception and the development of a coordinated advocacy effort geared to address the overarching concerns of the counseling profession. Additionally, research suggests that counseling students have a low level of participation in advocacy activities (Nilsson & Schmidt, 2005) which may further contribute to inefficiency in achieving professional counseling advocacy goals.
The overall goal of advocacy is to bring about change. Advocacy is an opportunity for those involved to transform “what is” into “what should be.” Applying this principle to the counseling profession would mean achieving parity with other mental health providers, attaining licensure portability, and reimbursement for counseling services through Medicare—just to name a few. Advocacy provides a platform for individuals to use their voice collectively, allowing counselors to transform ideals into pragmatic steps to facilitate the growth of our profession (Chibbaro, 2009). Current research points to a collective perception of differing levels of responsibility for positioning the counseling profession (Reiner et al., 2013). This positioning would allow counselors to achieve some longstanding professional goals as a single, united profession. These goals work both in the service of the consumers as well as counseling practitioners (D’Andrea & Daniels 2000; Myers & Sweeney, 2004; Myers et al., 2002; Patrick, 2007).

**Role of Counselor Educators**

The building of professional identity is recommended during graduate school (Gibson, Dollarhide & Moss, 2010). Counselor educators in part hold the responsibility of preparing future counselors (Reiner et al., 2013) and have the opportunity to highlight the importance of the synergetic relationship between professional advocacy and professional identity. The Council for Accreditation of Counseling and Related Educational Programs (CACREP), credentialing organization for graduate level counselor training programs, indicates that all core counselor education program faculty must identify with the counseling profession through professional service and advocacy (CACREP, 2009, p.5). Further, in an effort to promote unity and identity within the counseling profession, the CACREP 2009 standards indicate that core faculty in
counselor training programs hold a doctoral degree in counselor education and supervision as well as participating in counseling organizations (Reiner et al. 2013).

Greason and Cashwell (2009) point to developing a counselor-in-training’s self-efficacy as a significant factor in their development. Mastery experiences, where individuals have direct and personal experience with learning a skill, are considered to be the most influential means of developing efficacy. Counseling self-efficacy has been found to relate positively to counselor performance (Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulhouse, 1992). Counselor educators may need to offer students opportunities to engage in mastery experiences relating to advocacy skills as this may be critical in developing a sense of self-efficacy in this area. An example of a mastery experience, individuals having a personal experience with learning a skill, might be a course assignment requiring students to create an advocacy project related to the advocacy on behalf of the counseling profession. Reiner et al. (2013) indicated that the work of counselor educators in promoting professional identity can have an impact on counselors achieving their professional goals (i.e., license portability, reimbursement parity, etc.).

A recent example of efforts to promote professional identity in counselors includes CACREP’s designation of Advocacy Week 2015. This Advocacy Week is described as “time set aside for counseling program faculty, students, and graduates to make their voices heard through engaging in advocacy efforts in behalf of their counseling programs and profession (T. Kimbel, Director of Research and Information Services, personal communication, December 11, 2014).” CACREP is supporting faculty and student involvement in professional advocacy through the use of marketing materials,
educational materials (i.e., webinars provided by CSI, advocacy ideas, templates, other resources) and the provision of monetary incentives. These advocacy resources can serve as a support for faculty as they work to incorporate advocacy into counselor training programs and enhance student’s advocacy self-efficacy.

Also important in delineating roles of counselors in *positioning* the profession may be considering the commitments of the job responsibilities of doctoral versus master’s educated individuals. Doctoral faculty have scholarship responsibilities thus placing them in a role more attuned to theory contributions whereas master’s level practitioners are more practice oriented (Pistole & Roberts, 2002). Counselor educators are also responsible for disseminating knowledge of the profession, the progressing theoretical base, and the contextual changes affecting delivery of counseling services. This places doctoral-level counselors in the position to acculturate students to the values of the counseling profession, to train students with a strong professional identity (Reiner et al. (2013) as well as advocating for the common goals of the profession (Kaplan & Gladding, 2011).

**Role of Practitioners**

According to Reiner et al. (2013) professional counselors have been deemed responsible for more pragmatic concerns, such as Medicare reimbursement, whereas the ACA and other organizations are responsible for a broader definable professional identity. The authors suggest that professional identity as a counselor leads to advocacy actions (i.e., counselors working to gain professional goals such as reimbursement parity). In a recent study of counselor educators, professional counselors are believed to hold the most responsibility for resolving fragmentation in the profession. This seems to
support Pistole and Roberts (2002) assertion that due to the division of labor tension between those counselors focused on theory versus those counselors focused on practice, weighing different elements of professional identity differently based upon their professional roles. Although this manifestation seems to place doctoral and master’s level counselors at odds, it can also be seen as an opportunity to further define roles and as an opportunity for growth within the profession. If the profession of counseling truly values the scientist-practitioner model, then the profession can uses its diverse member roles to inform one another- and ultimately move the profession forward.

Those counselors actively working with clients seem to experience the most direct effects of the current lack of recognition and legitimacy. These professional challenges include exclusion from third party insurance panels, exclusion from Medicare reimbursement, and lack of portability of counselor licenses. The results of these obstacles include clients being prevented from counseling-specific services as well as inhibiting some counselors from receiving a viable income (Reiner et al., 2013).

Ethical codes endorsed by the ACA describe the ethical behaviors and responsibilities to which all counselors are to aspire (ACA Code of Ethics, 2014d). They are also designed to protect both the public and counselors (Pistole & Roberts, 2002). The construct of advocacy is acknowledged within this ethical code to the extent to which it affects client welfare (A.7.a; A.7.b). Although, in the context of the ethical code advocacy attends to social justice advocacy, professional advocacy is included in the glossary of terms. This inclusion indicates that while advocacy on behalf of the counseling profession is not overtly related to client welfare, it is considered a vehicle to
promote well-being (i.e. for individuals, groups, the profession) and to remove barriers that impede growth and development.

In a recent qualitative study by Bradley, Werth, Hastings and Pierce (2012), exploring the potential professional consequences of social justice advocacy in rural communities, findings clearly point to the fact that some practitioners are advocating on behalf of their clients. Although these counselors did engage in social justice advocacy, most of the advocacy activities were identified as micro-level activities. Additionally, the counselors who engaged more frequently in advocacy activities were employed in agency settings.

For the counseling practitioner or counseling supervisor, it is likely that they will find themselves in the position to advocate with supervisees or fellow professionals, who experience injustice while in practice (Brubaker & Goodman, 2012). Well-trained supervisors can serve to reinforce supervisee’s growth by offering opportunities for advocacy practice, resulting in more competent counselor advocates (Glosoff, Durham & Whittaker, 2012). The development of this competence will serve the welfare of both clients and the profession of counseling.

**Role of Organizations**

Two of the most notable organizations providing a ‘professional home’ to counselors are the American Mental Health Counselors Association (AMHCA) and the American Counseling Association (ACA; Smith & Robinson, 1995). Although these organizations began as separate entities, they did merge to form a larger professional identity and to move their agenda forward, thus creating a counseling “heavyweight contender on the national scene” (Ivey, 1989, p. 26). The early years reveal a tense
relationship between these associations, in part, due to conflicting professional agendas. The AMHCA agenda was one of pursuing professional credentialing, recognition, legislative activity, and third-party reimbursement (Smith & Robinson, 1995). The ACA’s agenda appeared to be more broadly focused, as this organization was responding to the legislative needs of its 15 divisions. Currently these associations are working collaboratively toward professional unity.

One method of increasing the efficacy of professional identity is through membership in organizations such as the ACA and its various divisions (Reiner et al., 2013). Membership and participation in these national organizations helps to coordinate efforts related to advocacy on behalf of the counseling profession. Prior to this new era of cooperation and collaboration, ACA divisions, at times the agendas of these associations have been at cross purposes (Smith & Robinson, 1995). These cross-purposes have hindered the development of the counseling profession (Beck, 1999) and may have contributed to the history of a lack of one unified professional voice.

Another complementary component to the development of a strong professional identity may be involvement in Chi Sigma Iota (CSI), which is an academic and professional honor society (Luke & Goodrich, 2010). In a study by Luke and Goodrich (2010), participants in their qualitative research identified their role in CSI leadership as a facilitative in their professional identity development. Further, these authors support the use of CSI as a pedagogical tool to further the education and experience of students in counselor training programs. Membership in CSI, ACA, and AMHCA can be viewed as a way to socialize students and practitioners into the profession of counseling (Myers et al., 2002) and to focus the advocacy efforts on behalf of the profession (Reiner et al.)
Each of these organizations provides resources and opportunities for counselors in training, professional counselors, and counseling educators to engage in activities that build advocacy and leadership skills and promote a unified professional voice. Yet, despite the availability of these resources, there continues to be a lack of unified advocacy actions on behalf of the counseling profession.

History of Professional Advocacy in Counseling

Although professional counseling’s roots can be traced to the late 1800s and early 1900s, it remains a developing profession among the other mental health professions (Aubrey, 1977; Pope, 2000). During the 1970’s, counseling professionals began to gain national acceptance through the emergence of private-practice practitioners. Since this development, the profession of counseling has sought legitimacy through the development of training standards, ethical codes, certification, and professional licensure recognized by a state government (Pope, 2000). These important steps in the advancement of the counseling profession were necessary but not sufficient in creating and maintaining its unique identity as there remains some professional overlap which contributes to a lack of professional parity (Flynn & Sangganjanananich, 2015). Counselors continue to be prohibited from gaining employment in many institutions (i.e. hospitals, university counseling centers, Veteran Administration Medical Centers). Counselors who obtain a license in one state may not be able to utilize their training in another state, and counselors are often denied reimbursement or are reimbursed at a lower rate than many other professions although they can perform the same functions (i.e. assessment, diagnosis and treatment). These outstanding issues broadly affecting the growth, legitimacy, and standardization of the counseling profession speak to the need for additional professional advocacy actions.
Establishing Professional Status

The creation of what is now known as the American Counseling Association (ACA) was a demonstration of the desire of counselors to have a larger professional voice. In 1952 at a joint conference, four independent counseling associations including The National Vocational Guidance Association (NVGA), the National Association of Guidance and Counselor Trainers (NAGCT), the Student Personnel Association for Teacher Education (SPATE), and the American College Personnel Association (APGA) joined together and established the American Personnel and Guidance Association (APGA). This association worked to grow the profession through chartering state branches, developing a unified vision and strategic plan for the organization, and fostering professionalism for counselors and protection for the public through the passage of counselor licensure statues (ACA, 2015b).

As a result of the Community Mental Health Centers Act of 1963 and the willingness of insurance companies to reimburse for counseling services, licensure became an important step to define the counseling profession (Goodyear, 2000). The first counselor licensure bill was passed in 1975 (Goodyear, 2000) and currently all states have counselor licensure statutes (American Association of State Counseling Boards [AASCB], 2015). This licensure allowed counselors access to jobs and helped to define counseling as a distinct profession. As early as the late 1960s and 1970s, the Association for Counselor Education and Supervision (ACES) created a number of standards in order to advocate for voluntary accreditation of counseling programs. ACES then approached the American Personnel and Guidance Association (a pre-cursor to the ACA) regarding cooperative accreditation efforts (CACREP, 2015). In 1981, the establishment of an
accreditation system, CACREP, which further accentuated the uniqueness of the counseling profession (Goodyear, 2000).

The evolution of the counseling profession continued throughout the 1980’s as certification of counselors on the national level occurred in compliment to the work of CACREP through the National Board for Certified Counselors (NBCC) in 1982. As a way to promote excellence in the counseling profession, an international academic and professional honors society was formed in 1985 (CSI, 2015). Subsequently, the American Association of State Counseling Boards was created in 1986 to encourage communication among state licensing boards representing the counseling profession (AASCB, 2015). These licensing boards and accreditation agency have a history as partners in an ongoing effort to ensure the qualifications of counselors and protecting the public they serve (Cashwell, Ritchie, Rapisarda & Bobby, nd). In addition to developing standards for counselors and quality assurance of counselor training programs, CACREP, as well as the NBCC and CSI, have fostered participation in advocacy activities to assist the counseling profession in achieving professional goals, such as state licensure and federal recognition of professional counselors (CACREP, 2015). As the profession of counseling continued to develop, a significant event occurred in 1992, when health care human resource statistics compiled by the Center for Mental Health Services and the National Institute of Health included counseling as a primary mental health profession (Gladding, 2013). This recognition placed counseling in the same category as other mental health professions.

Professional counselors have a long history of advocacy on behalf of clients (Sweeney, 1995), as well as advocacy on behalf of the profession, dating back to the
inception of the profession (Field & Baker, 2004). This foundation of social justice advocacy is rooted in the actions taken by Frank Parsons (Goodyear, 2000), Clifford Beers and Lawarence Bernstein, among others (Kiselica & Robinson 2001). The interest of these early leaders in the welfare of marginalized people in society reflects the profession’s current work to promote social justice. At the latter part of the 1990’s, the Counselors for Social Justice (CSJ) division was chartered (ACA, 2015a). Advocacy on behalf of the profession of counseling has been a more recent development, emerging in the late 20th century. Although this type of advocacy is a more recent development, it has had a significant effect on the advancement of mental health in the United States (Sweeney, 1995). These complimentary advocacy efforts, those on behalf of the profession and those related to social justice, work in service for achieving equity for both clients and the counseling profession.

**Types of Professional Counseling Advocacy**

In the counseling profession, the two forms of advocacy most notably described are social justice advocacy and professional advocacy (Myers & Sweeney, 2004). Prior literature has positioned these two forms of advocacy as adversaries in the whole of the counseling process, with social justice advocacy associated with altruism and advocacy on behalf of the counseling profession more self-serving in nature (Sweeney, 2012). Advocacy for the profession can place counselors’ in crucial roles (i.e. addressing a current shortage of mental health professionals by improving Medicare beneficiaries access to outpatient mental health care) where they can advocate with and for the clients they serve (Myers et al., 2002; Myers & Sweeney, 2004).
To date it seems that counselors can agree that advocacy is important, however concerted efforts on behalf of the profession (i.e. assisting with high priority federal policy issues identified by professional organizations) have been limited (Myers & Sweeney, 2004). The history of the counseling profession shows that advocacy actions have accomplished some goals- such as professional licensure in all 50 states; however, there continues to be more work to do with regard to advancing the profession (i.e. licensure portability). The American Counseling Association (ACA) endorses and advocates for professional counselors (Reiner et al. (2013). This organization works to further the counseling profession through asserting the distinguishing characteristics of the counseling profession in the mental health field. In 2002, the ACA created advocacy competencies as a standard to measure ethical and effective advocacy (Toporek, Lewis & Crethar, 2009). These competencies appear to address advocacy on behalf of clients and do not seem to include advocacy on behalf of the profession. Although this model does overtly include professional advocacy, the tenets indicate a continuum of action from empowerment to social action. Advocacy on behalf of the counseling profession does not seem to overtly fit in this model, possibly sending mixed messages about the importance of these actions.

Toperek et al. (2009) indicate that counselors have demonstrated success at the national level addressing issues that affect counseling as a profession. These authors point to counselor’s increased skills in navigating the political realm and identify the skills necessary for successful client-centered advocacy are translatable. Although this article asserts that the leadership of the ACA, and subsequently the work of the Task Force on Advocacy Competencies, was developed for both professional and social justice
issues—little had been written on the application of these competencies to advocacy on behalf of the profession. Advocacy on behalf of the counseling profession and social justice advocacy are coacting efforts toward the same goal, as the outcomes of advocacy actions can ultimately promote the growth of the counseling profession and increase consumer access to quality mental health services (Myers et al., 2002; Toporek, 1999). According to Toporek et al. (2009) the social justice movement in the counseling profession should be credited for recognizing the significance of advocacy as a paramount part of the professional role of a counselor.

Social Justice

Social justice advocacy is defined as advocacy in the direct service of clients and client groups. Though the longstanding goal of counseling has been to assist a client in adapting to his or her environment to promote mental wellbeing; social justice advocacy acknowledges that at times, changing a client’s environment can be instrumental in improving the welfare of clients (Toporek, 1999). The social justice paradigm asserts that counselors should receive and act on information about the macrosystems that affect their clients and students. With this information, counselors then work to engage in advocacy work defined in a continuum of advocacy ranging from empowerment to social action in an effort to improve a client’s environment (Toporek, 1999).

In an effort to assist counselors in developing their knowledge and skills related to social justice advocacy, professional advocacy competencies were developed (Toporek et al., 2009). Included in the scope of the advocacy competencies are: extent of client involvement and level of intervention—clarifying both client participation and counselor involvement in advocacy actions. These dimensions assist counselors in recognizing the
impact of ecological factors (i.e., social or political) on their client’s development. Identifying these ecological or systemic factors allow the counselor to view the client’s concerns from a broader paradigm. The overarching goals of social justice advocacy have been identified as: (1) increasing a client’s awareness of their personal power; and (2) facilitating environmental changes in response to client needs (Lewis, Lewis, Daniels & D’Andrea, 1998).

The literature states that the process of becoming an advocate often involves the process of being personally impacted by social injustice and then becoming empowered to work toward social change (Gerstein & Kilpatrick, 2005; McWhirter & McWhirter, 2006). Social justice is an overarching theme for what counselors do (Shallcross, 2010), indicating that counselors enter the profession due to their value of service to others. Lee (2007) defines counseling for social justice as more than a professional obligation; rather, involvement in social justice is about living a life committed to promoting equity and access to all individuals. These definitions indicate that advocacy is central to the role of a counselor (Toporek et al., 2009). Social justice advocacy is one type of advocacy counselors can use to promote equity. Another type of advocacy is actions specific to the counseling profession. Each of these advocacy types works in service to promoting equity, as advocacy on behalf of the profession works to address issues of access to well trained counselors, among other things. This study investigated advocacy on behalf of the counseling profession, rather than social justice advocacy, although this type of advocacy is congruent with and can further the aims of social justice advocacy.
Professional Advocacy

Regarding advocacy on behalf of clients as well as on behalf of the counseling profession, the professional himself or herself is vital (Myers et al., 2002). Although the model of social justice advocacy and related competencies (Lewis et al., 2002) were developed in response to the lack of guidelines and training available to assist counselors in advocating for social action (Toporek, 1999), there currently are no identified competencies of best practice models specific to advocacy on behalf of the counseling profession. In an effort to provide some direction on how counselors can simultaneously advocate for clients and the counseling profession, a novel training model was developed (Hof, Dinsmore, Barber, Shur, & Scofield, 2009).

This advocacy model developed by Hof et al. (2009) identifies a method for counselors to integrate social justice advocacy actions with those aimed at addressing those issues that impact the profession. The T.R.A.I.N.E.R. model is instructional in nature and is identified as a method of responding to advocacy needs through specialized training. Included in this model are competencies that provide direction on how to practice professional advocacy. These competencies include four categories of advocacy intervention: promoting professional identity, increasing the public image of counseling, developing inter-professional/intra-professional collaboration, and promoting legislative/policy initiatives.

Chang, Hays and Milliken (2009) recommend a three-tiered mode of promoting social justice advocacy in supervision, which also includes professional advocacy. One foundation of this model is that counselors can advocate more successfully for their clients if related mental health professions and legislators recognize the counseling
profession. Another underpinning of this model is the responsibility supervisors hold to equip counselors in training with the skills to advocate for their clients and the counseling profession. This three-tiered model views social justice issues, including client advocacy and advocacy on behalf of the counseling profession through the lens of self-awareness, client services, and community collaboration. The developers of this model highlight that this conceptualization fits with the three levels of the Advocacy Competencies (Lewis et al., 2002).

Specific to advocacy on behalf of the counseling profession, supervisee self-awareness, the first tier, is achieved through the development of a strong professional identity and pride in the profession may lead to advocacy actions. The development of a clear professional identity, leading to professional advocacy actions can have a direct effect on quality of client services, the second tier. Professional advocacy, through the third tier of community collaboration, is where the counselor in training learns the importance of advocating for their profession.

Advocacy on behalf of the counseling profession is a topic that is gain recognition as a primary vehicle to for the counseling profession to achieve its goals of legitimacy, parity, and continuing its ability to ensure client welfare. Social justice advocacy competencies and advocacy models such as the T.R.A.I.N.E.R. or the three-tiered model of promoting social advocacy in supervision examples highlight the importance of having concrete direction in how to incorporate advocacy actions into counseling practice. These models; however, are not the only contributing factors which affect a counselors decision to engage in advocacy. As a profession, counselors need a thorough understanding of those characteristics of advocates so that we are better able to match
advocacy activities with an individual’s advocacy style as a mechanism to increase advocacy actions on behalf of the counseling profession (Myers & Sweeney, 2004).

**Advocacy in Related Professions**

Advocacy in service of the profession is a critical component for all occupational fields looking to stay viable in an ever-changing marketplace (Barnett, 2004; Mosey, 2013; Jugessur & Iles, 2009). In related helping professions, advocacy has been included in multiple publications and is generally accepted as essential. Although each profession defines advocacy according to their unique helping paradigm, all helping professions view advocacy as a way to positively influence client welfare.

The profession of social work boasts a longstanding and enthusiastic response to the profession’s connection and identification with both client and professional advocacy. However, despite this link to advocacy, the social work profession is exposed to the same changing political and institutional changes that affect all helping professionals (Mosley, 2013). This changing landscape is causing a shift in the predominant social justice advocacy to advocacy that targets third-party companies (Squillace, 2010). Since public policy drives professional functioning (Heinowitz, Brown, Lengsam, Arcidiacono, Baker, Badaan, Zlatkin & Case, 2012), social workers engage in legislative advocacy, that is working to influence legislative decisions on behalf of clients are now being required to shift the target of their advocacy efforts to the executive branch (Squillace, 2010). This shift toward administrative advocacy includes negotiation with public administrators regarding issues, policies, regulations, and procedures pertaining to service delivery.

Some social workers have chosen public service as a way to affect public policy. There are social workers serving in a variety of legislative offices (i.e., local, state, national) as well as members of congress (Rome & Hoechsetter, 2010). Overall, social
workers have been found to be more politically active than the general population (Ritter, 2007). Studies on demographic characteristics of social workers and level of political participation have determined that National Association of Social Workers (NASW) members and macro practitioners, among other variables, tend to be more active (Ezell, 1993). This may indicate the importance of a professional organization to advocacy actions as well as the importance of the perception of an individual’s clinical focus (i.e. micro vs. macro). Currently, there is a call within the social work profession for professionals to expand their view of advocacy from predominantly micro level interventions to include more macro or systemic types of advocacy actions (Kilbane, Pryce & Hong, 2013).

The profession of psychology appears to have a different perspective on advocacy. According to Fox (2008) the definition of advocacy is “the use of political influence to advance the profession through such means as political giving, legislative lobbying, and other active participation in the political decision making process” (pg. 633). Heinowitz et al. (2012) delineate three sectors of advocacy: public policy advocacy, social justice advocacy, and professional advocacy. Professional advocacy is viewed as incorporating both public policy and social justice advocacy. Participation in professional advocacy, therefore, is framed as critical- “due to public policy driving professional functioning” (pg. 376). It seems that the psychology profession is looking to position itself into the broader public health profession, with one measure of advocacy as political giving. Fox (2008) references that the psychology ranks 10th among other health care providers (i.e. physicians, nurses, social workers, dentists, and audiologists). There is a call within the profession to increase advocacy efforts including psychologist’s
participation in political advocacy—specifically an increase in monetary giving by members as a way for the profession to achieve a competitive foothold in their efforts to secure the position of the psychology profession.

Similar to social work, the profession of psychology has made efforts to influence public policy from within the process. There are psychologist-legislators in state level positions, fellowship positions allowing psychologists to spend one year on Capitol Hill—leading to an increase in public service colleagues who choose to remain as part of executive branch agencies and policy-based organizations. This has led to psychology’s increased personal and institutional involvement in government and the ability to shape the nation’s domestic policy agenda (DeLeon, Loftis, Ball & Sullivan, 2006).

Nursing also embraces the role of advocate within their profession. Advocacy in the nursing professions is concomitant with vulnerable clients—or those who are unable to make their concerns known to health care professionals (Jugessur & Iles, 2009). Further, the goals of advocacy within the profession of nursing has historically been focused on the errors made by health care professionals. More recently, nurses have been recognized as an important link between patients and their families. From this perspective, nurses advocate to enhance patients’ autonomy (Blackmore, 2001). This shift in acting in the best interest of their institution or doctor, to acting in the best interest of the patient, have been met with opposition. Critics of the advocacy role for nurses call into question whether nurses are in the “best” position to act as client advocates and perceive advocacy as an attempt to enhance their own professional standing (Jugessur & Iles, 2009). Despite critics and barriers, the nursing profession’s collective voice, through advocacy has fostered autonomy, promoted patient safety, and established direct reimbursement.
Due to the success of this profession in affecting public policy, there are those in the field of psychology who look to the nursing profession as an effective advocacy model (DeLeon et al., 2006).

Each of these professions, social work, psychology, and nursing, incorporates advocacy activities into their professional identity. Each profession has a their own specific Code of Ethics, and advocacy actions are included in the social work, nursing, and counseling profession’s code; however, was not identified in psychology’s code. No matter the advocacy goal, actions related to position their respective profession are recognized as essential to the growth and development of each of these helping professions.

An Ecological Approach to Advocacy on Behalf of the Profession

It is recognized as common practice that counselors need to be aware of the cultural backgrounds of clients to be effective in their helping role (Cook, 2012). Although this awareness is paramount, it is not adequate to provide effective counseling. Cook (2012) asserts that exploring the various components of a client’s ecological systems, counselors can be effectual in helping clients with diverse backgrounds. This ecological perspective is demonstrated by the ACA Advocacy Competencies (Lewis et al., 2002) as all levels of a client’s ecosystem are incorporated into this framework. Although this advocacy model addresses advocacy with and on behalf of clients, there is no mention of how this model may work in service to advocacy on behalf of the counseling profession, which is interweaved with client welfare (Myers & Sweeney, 2004). Additionally, though the literature on advocacy on behalf of the counseling profession does not specifically categorize these advocacy actions in the current
framework, using the overarching definitions of each of the systems included in the model allows for grouping of advocacy actions reported in current research.

Application of the ecological approach of social justice advocacy may be a helpful way for counselors to apply to advocacy on behalf of the counseling profession, as each counselor is positioned in a unique role (i.e. counselor educator, practitioner) to affect change. Further, each counselor brings his or her unique personality, training, and experiences that will shape their advocacy style. This style may affect which advocacy actions in which counselors choose to engage (Kiselica & Robinson, 2001).

**Microsystem Advocacy**

At the individual level of intervention, advocacy refers to actions that are focused on the individual, student/client, or a particular situation (Lewis et al., 2011). Empowerment is a key strategy in this form of advocacy. Additionally, counselors work collaboratively to develop strategies to address barriers that affect an individual client or student (Lewis et al., 2002). Fostering training in advocacy issues may be an example of a micro-system advocacy action (Myers et al., 2002). Other self-advocacy activities may include counselor wellness and self-care (Osterlund & Mack, 2011).

Engaging in microsystem advocacy on behalf of the counseling profession serves to identify the development, and potential barriers of advocacy skills. Factors important in this process include identifying strengths, resources, and skills as well as facilitating the development of confidence and ability to use these skills effectively (Toporek et al., 2009). Micro-level advocacy can therefore include training students, supervisees, and other counselors in advocacy skills as well as supporting others in their advocacy efforts.
Micro-level advocacy actions help to advance the counseling profession through training counselors in training and support of those colleagues who engage in advocacy actions.

**Mesosystem Advocacy**

At the system’s level, counselors work collaboratively to address some barrier facing a community (Lewis et al., 2011). This form of advocacy is also known as group level advocacy (Toporek et al., 2009). Respondents in a qualitative study (Eriksen, 1999) indicated that they engaged in mesosystem advocacy activities by speaking with insurance company representatives, employers, and professional association membership. Additionally, Myers et al. (2002) point to the use of studies documenting the outcome effectiveness of master’s level vs. doctoral-level mental health professionals as a way to engage in advocacy in the area of managed care.

Engaging in meso-level advocacy actions on behalf of the profession occurs when a counselor attempts to collaborate with others to address a problem. Examples of meso-level advocacy actions may include counselors collaborating with professional associations to provide education regarding what counselors do or evidence of the effectiveness of counselors. Other examples may include speaking to insurance companies or employers (i.e. hospitals or Veteran’s Association) regarding the counseling profession (Eriksen, 1997). This type of advocacy action can work to further the profession by educating the public at large about the effectiveness of counseling and the costs of lack of access to needed services (See The Effectiveness of and Need for Professional Counseling Services, 2011).
Macrosystem Advocacy

Working on a societal level, macrosystem advocacy refers to actions that are focused on collaboration to alert the public to a macro-level issue (i.e., high levels of micro-aggressions against a specific marginalized group) (Lewis et al., 2011). These problems must be addressed at a policy or legislative level. In a qualitative study by Erisken (1999), respondents indicated that they participated in macro-level advocacy activities by contacting legislatures and the public—“educating them about counselors, providing evidence of counselors’ effectiveness, and urging them to grant parity to counselors” (p. 33). Examples of specific macro-level advocacy actions included drafting legislation, planning legislative strategy, writing speeches and position papers, and submitting a public service announcement. Macro-level advocacy actions can further the profession by alerting the public to issues affecting counseling (Toporok et al., 2009).

According to the respondents in a qualitative study by Myers and Sweeney (2004) the current advocacy needs of the counseling profession are improving public perception of counselors (87%); publishing services provided by counselors (75%); and pursuing legislative action on behalf of jobs for professional counselors (69%). Each of these needs can be considered macro-level advocacy needs. This appears to align with the advocacy activities reported in the qualitative study by Eriksen (1999). Additionally, these respondents indicate the necessity to view professional problems contextually and remove environmental barriers (Lewis et al., 2011) that are preventing the counseling profession from achieving their goals.
Factors That Influence Advocacy on Behalf of the Profession

Advocacy has been described as a natural outgrowth of a professional counselor’s empathy and experience from their work with clients and students (Lewis et al., 2011). Integral to exploring the construct of advocacy are examining those factors that may contribute to an individual’s development or propensity towards becoming an advocate. These factors include the reciprocal relationship of a professional identity to professional advocacy, examining personality traits that may affect an individual’s motivation to engage in advocacy actions on behalf of the counseling profession as well as an individual’s self-efficacy specific to advocacy actions.

A study by Eriksen (1999) indicated that counselor’s underestimated their skills relate to the advocacy process. Additionally, respondents from this study indicated that endorsing a strong professional identity was a critical factor in the development of effective counselor advocates. The importance of professional identity and professional unity was reiterated in a study by Myers & Sweeney (2004). These authors further called for an exploration of personal characteristics (in the present study termed personality traits) of advocates. White (2009) also indicates that investigating these personal characteristics of advocates as an outcome of her qualitative study. Advocacy on behalf of the counseling profession has been, overlooked in the current literature, despite calls for further investigation from many in the profession. Understanding the personality traits, self-efficacy, and professional identity of those individuals who advocate on behalf of the counseling profession may be helpful in developing expanded and effective advocacy efforts by counselors.
Role of Professional Identity

“If we are to sustain the progress made with implementation of accreditation, licensure and credentialing, it will be necessary to ensure that professional counselors do not splinter by specialization into competitive groups and become adversaries for licensure, payment or clients. The next decade must be one of professional unity and a focus on license portability” (Locke as cited in Shallcross, 2012). Although there is not much literature with regards to advocacy on behalf of the counseling profession, there is a relatively large volume written on professional identity. Professional identity contributes to a counselor’s ability to remain motivated and recognize the significance of their efforts in service of the counseling profession (Solomon, 2007). Nugent and Jones (2009) define professional identity as the integration of professional training and personal attributes of an individual within a professional community. Advocacy on behalf of the profession has been identified an important component which facilitates the development of this professional distinctiveness (Myers & Sweeney, 2004). Thus, advocacy may serve as a type of protective factor to the identity of the counseling profession.

At present, the literature points to the lack of a clear, unitary professional identity for counselors (Kaplan & Gladding, 2011; Myers et al., 2002). According to Burkholder (2012) one overarching controversy that seems to overshadow professional identity for counselors is their philosophical focus on human development, prevention, and wellness which is in contrast to the entrenchment of the medical model within the whole of the helping profession. Gale and Austin (2003) allude to professors in graduate counseling training programs who may have identified with other mental health disciplines—thus providing mixed messages regarding professional identity. Additionally, those with
membership in multiple professional organizations or those holding multiple professional credentials may be receiving conflicting messages thus leading to a lack of professional advocacy in the service of the counseling profession.

This lack of a cohesive voice on behalf of the profession affects counselor’s progress in obtaining equality among the mental health professions, including exclusion from Medicare reimbursement and various third party insurance panels, and lack of license portability (Kaplan & Gladding, 2011; Calley & Hawley, 2008). Many in the counseling profession indicate that having a clear sense of one’s professional identity is critical to successful advocacy efforts (Eriksen, 1999; Calley & Hawley, 2008; Myers et al., 2002). Lack of a single counseling identity may be serving to stifle advocacy efforts as there seems to be low consensus on the “status of counseling identity” and its effects on “pursuing counseling objectives” (Reiner et al., 2013, p. 180).

In a recent study examining the development of professional identity of professional counselors, Gibson, Dollarhide, and Moss (2010) found that as counselors grew in experience, they also grew in confidence. Additionally, successes experienced by counselors affect a counselor’s identity. In other words, when counselors perceived that they were helpful, they became more confident and energized thus leading to persistence. These finding are consistent with similar research and indicate that a counselor’s self-efficacy grows from their counseling related experiences. Specific to advocacy actions, it can be extrapolated that a strong and unified professional identity can be both created through and fostered by successful advocacy experiences by professional counselors.
Another implication in this study relates specifically to the impact of supervision as it relates to professional identity. Positive, validating feedback was shown to be important to counselors across experience levels. This indicates that as counselors work toward the growth of their unique professional identity, having positive experiences and helpful supervision are instrumental in this developmental process (Gibson, Dollarhide & Moss, 2010). Counseling supervisors, as well as counselor educators, can play a critical role in providing access and support to advocacy activities, which lends to the growth of professional development in counselors. This influence can serve to affect the counseling profession’s ability to achieve its professional goals (Reiner et al. (2013).

**Role of Personality**

Research indicates that personality is one of the most essential determinants of human behavior (Jang, 2012). Personality traits among individuals remain stable over time and are not vulnerable to the influences of the environment. Thus, it can be assumed that advocacy activities are influenced by an individual’s personality traits. The Big Five personality traits are broad personality constructs expressed in specific behavioral traits (Judge & Bono, 2000). These traits may be helpful in understanding the behavior of counselors who engage in advocacy activities on behalf of the profession.

The Big Five personality model is comprised of five traits of personality including Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to Experience (Costa & McCrae, 1992). The Extraversion trait is defined as the tendency to be sociable, gregarious, talkative, assertive, adventurous, active, energetic, and ambitious. Individuals who score high on this attribute are strongly prone to experience strong positive emotions (Judge & Bono, 2000). The Agreeableness trait is the propensity to be
kind, gentle, cooperative, trustworthy, and warm. Achievement and dependability typically indicate this trait. The conscientious trait manifests as individuals who are hardworking, dependable, efficient, and achievement striving. This factor is associated with job performance. Neuroticism is the tendency to experience unpleasant emotions easily, such as anger, anxiety, depression, or vulnerability. This trait is often labeled by the negative end of the continuum of this trait definition although the Neuroticism trait is associated with life satisfaction. Individuals who score high on Openness to Experience are creative, flexible, curious, and unconventional. This trait is most closely related to intelligence (Judge & Bono, 2000; Costa & McCrae, 1992).

Jang (2012) studied the relationship between the Big Five personality traits and public service motivation. Results indicated that extroversion was found to be positively associated with policy making but negatively associated with self-sacrifice. Additionally, Agreeableness was positively associated with compassion; Conscientiousness was related to public interest, compassion, and self-sacrifice. Neuroticism was negatively associated with commitment to public interest and compassion but with attraction to policy making. Finally, Openness to Experience was positively correlated with all dimensions of public service motivation including attraction to policymaking, commitment to the public interest/civic duty, compassion, and self-sacrifice.

Based on these results, there may be several factors that contribute to what may motivate counselors to be advocates for their profession. Jang (2012) indicated that public servants with high levels of extroversion may be more likely to be motivated by empowerment whereas those who scored higher on Neuroticism may be motivated by
the opportunity to influence public affairs. These motivational differences among public servants indicate that what influences one individual may not hold true for another.

Values associated with the counseling profession include empathy or concern for others, collaboration and collectivism. These values coupled with the training counseling students receive, including effective problem-solving skills, have been indicated to be a good springboard for the development of social justice advocacy (Nilsson & Schmidt, 2005). In an exploratory study of variables associated with social justice advocacy among counseling students, researchers discovered that political interest was the only variable that predicted social justice advocacy. Additionally, when measuring those variables that contributed to ‘actual involvement’ in social justice advocacy, political interest and the desire to be involved were the factors needed to move students from awareness to action (Nilsson & Schmidt, 2005). Based on the result of this study, it can be gleaned that factors such as age, years of training, concern for the welfare of others, optimistic world view, and problem solving skills do not seem to translate into attitudes or behaviors associated to social justice advocacy.

The notion of political interest and a desire to be involved are echoed in Jang’s (2012) research of public servants. Jang states that employees in the public sector are characteristically motivated by a desire to make a difference and the ability to impact public affairs (i.e. attraction to policy making, commitment to public interest). Jang goes on to state that public sector employees are more likely to driven by intrinsic rewards versus money or job security. By examining the influences of counselors who advocate for social justice, concepts such as racial identity, experiences of oppression, and spirituality may impact a counselor’s propensity toward advocacy. These experiences,
which may provide the desire to make a difference and their ability to act politically on behalf of a marginalized group of people, may lead counselors to action. The above-mentioned experiences may fuel a public sector counselor’s desire to make a difference in the lives of others. This is a more systemic view of the development of counselors, recognizing that external factors (e.g., racism) can motivate individuals to action (e.g. contacting a local senator to support anti-racism legislation). Further, personality factors may shape the type of advocacy in which individuals may choose to participate. An example of this may be the Extraversion personality trait. As indicated by Jang (2012) extroversion was generally found to be positively linked with policy making. Similarly, in a study by Carroll, Rosson and Zhou (2005) extroversion was identified as a mediating factor predicting civic participation and social interaction. This may indicate that those counselors who score high on this trait could be more likely to engage in macro-level advocacy activities (e.g. addressing advocacy concerns at a policy or legislative level).

In an exploration of leadership factors which contribute to professional leadership in counseling by Meany-Walen, Carnes-Holt, Barrio Minton, Purswell, and Pronchenko-Jain (2013) respondents indicated that the desire to make a contribution, intrinsic motivation, and enjoys challenges were the top three factors. These factors appear to align with Jang’s (2012) research. In a study by Judge and Bono (2000), traits from the 5-factor model of personality were linked transformational leadership behavior. The authors describe traits that appear conceptually relevant to leadership behaviors. The behaviors indicated as being characteristic of effective leaders are behaviors also found in effective counselors (Black & Magnuson, 2005; Meany-Walen et al., 2013). As reported by McCrae and Costa (1991), individuals who score high on measures of Neuroticism
lack self-confidence. From a counseling perspective, this may indicate that individuals who score high on this personality scale may be lacking in self-efficacy. The Extraversion trait is strongly linked to social leadership (Costa & McCrae, 1988) and leader emergence (Watson & Clark, 1997). This trait may be linked with those counselors who emerge as leaders in the profession.

In a study by Luke and Goodrich (2010), the authors conducted a qualitative study using grounded theory methodology to explore the temporal development of professional identity of early-career counselors who had been Chi Sigma Iota (CSI) leaders. The participants in this study indicated that their CSI leadership facilitated their professional counselor identity development. Responds in this study further indicated that their personal characteristics (i.e. beliefs and values, etc.) were concomitant factors. This seems to indicate the link between the constructs of leadership, self-efficacy, and personality. Exploring the relationship among these variables may help to provide a comprehensive picture of those traits embodied in counselors who engage in advocacy activities.

Openness to Experience is the least studied Big Five trait (Judge & Bono, 2000). This trait connects to divergent thinking (McCrea, 1987) and personality-based measures of creativity. Individuals high in this trait have a strong need for change and are better able to understand and adapt to other’s perspectives (Costa & McCrea, 1988; McCrea, 1996). In the context of counseling professional advocacy activities, Eriksen (1997) suggests that counselors have similar skills to those individuals who engage in public relations work, indicating that they have the skills necessary to engage in “strategic
communication processes that build mutually beneficial relationships between
organizations and their publics” (Public Relations Society of America, 2015).

The trait of Agreeableness is linked to the motivational orientation of altruism
(McCrae & John, 1992). Altruism or concern for others’ interests and empathy for their
circumstances may seem a more intuitive pertaining to social justice advocacy (Sweeney,
2012). Although these values may be indicative of many, if not all, who enter the
counseling profession, according to Nilsson and Schmidt (2005), it does not translate to
advocacy actions.

The trait of Conscientiousness lends itself to components of achievement,
dependability, and self-discipline (Barrick & Mount, 1991). There is not much literature
related to this specific personality trait. Judge and Bono (2000) point to two studies with
either weak or negative correlations between variables. It appears that this personality
trait may be counter indicative of other traits present in counselors who engage in
advocacy actions.

De la Paz (2011) investigated perceived qualities of professional counselor
advocates and found that traits of life-long learner, self-confident, resilient/persistent, as
well as interest and passion were endorsed by respondents. These qualities are supported
by the earlier qualitative research of Patrick (2007) White and Semivan (2006), and
Eriksen (1999) respectively. Results from the quantitative study by De la Paz (2011)
confirm the relationship between a counselor’s qualities or personality and their
involvement in professional counselor activities (i.e. advocacy).
Role of Self-Efficacy

Self-efficacy has been defined as the degree to which an individual considers himself or herself capable of performing a particular activity (Bandura, 1977). Further, it is described as a constructive means through which people integrate and apply their unique cognitive, behavioral, and social skills to a task (Larson & Daniels, 1998). Self-efficacy, in part, determines people’s actions, their decisions to engage in specific activities, and to persist through failure (Bandura, 1986; Larson & Daniels, 1998). Transferring the concept of counseling self-efficacy, defined as “one’s beliefs or judgments about his or her capabilities to effectively counsel a client in the near future” (Larson & Daniels, 1998, p.180), advocacy self-efficacy can then be characterized as one’s beliefs or judgments about his or her capabilities to effectively advocate on behalf of the counseling profession in the near future. Investigating the concept of advocacy through a self-efficacy lens may prove helpful to understand how these constructs affect one another.

An extension of Bandura’s original concept of self-efficacy is the social construct of collective self-efficacy (Carroll et al., 2005). This concept extends to self-efficacy beliefs about shared capacities of the groups in which people participate (i.e., ACA, CSI). Bandura (1997) posits that beliefs of collective efficacy can predict their performance as a group. In a study by Carroll et al. (2005), four constructs that indicate people’s attitudes about and behaviors within their community are activism (i.e., having ideas to improve the community, working to bring about local change, working with others to solve community problems), informedness (i.e., keeping up with news, knowing what is going on inside and outside of the local community), belonging (feeling a part of the
community), and association (participants tendency to join organizations or groups, number of groups to which a person belongs). The fragmentation that the counseling profession has experienced may be a contributing factor to its inability to create a concentrated advocacy effort.

Counseling self-efficacy has been studied in relation to other counselor characteristics such as theoretical orientation and counselor age, among other demographic variables, many of which generating no significant relationships. Larson et al. (1992) found a positive relationship, although minimal, between counselor self-efficacy and counselor personality. As counseling self-efficacy scores, measured by the Counseling Self-Estimate Inventory (COSE) increased; so did personality scores, as measured by the Myers-Briggs Type Indicator (MBTI). The authors reported that high MBTI scores indicated preferences in the I (introversion), N (intuition), F (feeling), and P (perception) directions. This appears to indicate that there are specific personality traits of counselors that can positively impact self-efficacy with regard to counseling. This finding may generalize to self-efficacy of advocacy actions by counselors.

According to Greason and Cashwell (2009), many authors assert that promoting self-efficacy in counselors is an important factor in professional development. It can then be hypothesized that promoting self-efficacy specific to advocacy may also be an essential factor in counselor development. Increasing self-efficacy is suggested to occur through mastery experiences, vicarious learning, verbal persuasion, and changes in emotional arousal (Bandura, 1986; Larson & Daniels, 1998). Bandura (1989) asserts that successful performance of a behavior requires knowledge and skills, in addition to the beliefs that one has the ability to perform the behaviors required to produce outcomes.
Supervisors commonly agree that counselor self-efficacy is an important antecedent of competent practice (Kozina, Grabovari, Stefano & Drapeau, 2010). In a study conducted by Myers and Sweeney (2004), lack of training in advocacy (i.e. mastery experiences), lack of advocacy leadership (i.e. vicarious learning), and not having a training packet in advocacy (i.e. verbal persuasion) may be indicators that the sources which promote self-efficacy are not being provided to counselors.

A recent study by Vecchione and Caprara (2009), examined the contribution of personality and self-efficacy beliefs as determinants of political participation (i.e. distributing leaflets, working for a political party, donating money to a political organization). Results of cross sectional and longitudinal data indicated that Openness to Experience and Extraversion accounted for significant variance in political self-efficacy beliefs, which then affected political participation. The authors indicate that these two personality traits reflect the degree to which individuals actively and enthusiastically engage in life’s activities. Personality traits however are not enough to predict participation as an individual success is dependent upon their belief that they can produce the desired results. Similar to Greason and Cashwell (2009), this study points to interventions aimed at promoting mastery experiences as critical to enhancing confidence in their abilities to contribute in political activities.

To attain self-efficacy, the individual must have expectations that their behaviors will lead to a particular outcome (Bandura, 1989). According to Myers and Sweeney (2004) regarding the perceptions of counseling leaders regarding activities and needs involved in advocacy for the profession, respondents indicated that obstacles to advocacy include counselor apathy, low prioritization of advocacy, and little interest in advocacy.
These responses suggest that counselors may not believe that their advocacy actions will lead to a particular outcome (i.e. license portability, etc.). Additionally, participants indicated ‘lack of collaboration’ was another obstacle to advocacy. This may indicate that there is little collective self-efficacy amid the counseling profession.

Advocacy actions should be a prominent feature of a professional counselor’s activities, allowing them to engage and represent those with whom they work, as well as, give voice to their own professional concerns. These actions serve to promote economic and social justice and serve to strengthen the profession as a whole. Gaining a comprehensive view of what factors are present in those who engage in these advocacy actions by exploring personality traits, professional identity, and self-efficacy, in “understanding the dynamics of advocacy in a more specific manner” (Field & Baker, 2004, p. 63).

**Methodological Review and Critique of Advocacy Research**

In reviewing the current literature related to advocacy on behalf of the counseling profession, the vast majority of those found were conceptual in nature. Only 12 articles were identified as having advocacy as a research topic: four of these articles were conceptual in nature, three articles utilized qualitative methodology- including two dissertations, and four studies used quantitative methodology- including one dissertation. Below is an examination and critique of related research studies.

Myers et al. (2002) conceptual article described advocacy on behalf of the profession of counseling as a “professional imperative” (p. 401). Central issues related to professional advocacy are outlined and recommendations are made in response to these concerns. Similarly, Trusty and Brown (2005) sought to delineate school counseling
advocacy competencies as well as define the skills, attitudes, and knowledge needed to effectively engage in an advocacy process. They too describe advocacy as “a necessary role” for professional school counselors (p.264). Another conceptual article identified five methods for promoting professional counseling identity includes advocacy as an important action step in this process (Calley & Hawley, 2008). Contained in this five-step strategy is the act of harnessing legislative strength as an important step to promote counseling as a distinct profession, increasing counseling’s public visibility. The authors explored how legislation is related to professional identity and can help to move the counseling profession forward. In each of these articles, advocacy was highlighted as essential to the continued growth and development of the counseling profession.

Smith, Ng, Brinson and Mityagin (2008) presented a content analysis reviewing counseling literature over a 17-year period (1989-2005). The author examined the presence of social advocacy, among other factors in the Counselor Education & Supervision journal. Results of this analysis indicated an increasing trend in social justice advocacy in the literature; however, this literature was predominantly non-research based. Although this content analysis reviewed advocacy related to social justice, the theme of advocacy’s increased presence in the professional literature speaks to acceptance of these actions as part of a counselor’s role.

One of the first studies related to advocacy on behalf of the counseling profession was conducted due to the absence of research on the topic (Eriksen, 1997). The purpose of this study was to provide an initial understanding of counselor advocacy. This study was qualitative in nature and utilized an ethnographic method. Purposive sampling was used in this study and one member from the American Counseling Association (ACA)
and one from the American Mental Health Counselors Association (AMHCA) were selected to recommend other participants who were identified as both knowledgeable and experienced in advocacy on behalf of the counseling profession. A total of 28 participants were included in this study, meeting the criteria of having served in leadership positions; however these participants have typically participated in public policy and legislation committees, which may have skewed the advocacy activities in which these respondents participated. Limitations of this study included the sample of leaders in the profession, identified only by service in leadership positions. It would be difficult to generalize the results of this study to the general population of counselors due to the sample used. Other limitations included the researcher’s lack of specific trustworthiness measures utilized in this study. There was no mention of member checking, triangulation, or the researcher’s assumptions/subjectivity related to this study. This may indicate that these results lack validity. Additionally, this research was conducted almost 20 years ago possibly indicating the results do not hold true for counselors today.

Field and Baker (2004) conducted a qualitative study explored counseling advocacy within a school setting. There were nine participants in this study; three participants were female, six identified as European American and three as African American. The purpose of this research was to explore the definition and use of advocacy behaviors among school counselors in a high school setting. The researchers found that although school counselors did engage in advocacy actions on behalf of individual students, they did seem to engage in advocacy focused on changing those
systems affecting students. Additionally, these counselors reported typically advocating on behalf of students after longstanding problems versus engaging in proactive advocacy.

Researchers conducted focus group interviews, which may have influenced findings due to the small sample size and potential anxiety of participants being required to respond in a group setting. Of the nine participants, the five, which were a part of the first focus group, were all from the same high school. The remaining four participants, in the second focus group, reportedly worked in the same county. Due to the qualitative design of this research and the majority of participants working in the same school, these results are difficult to generalize to school counselors or to the larger counseling profession. Data analysis in this study did not include member checking, nor did it include any other artifacts other than the focus-group transcriptions, which may have impacted the trustworthiness of the study. Additionally this study explored advocacy actions on behalf of students, case advocacy, versus examining advocacy actions of school counselors on behalf of the counseling profession.

A qualitative case study dissertation by White (2009) explored participants lived experiences in becoming an advocate for the counseling profession. Of the eight participants who were interviewed, the majority of them were female, Caucasian and held leadership positions in a counseling organization. The themes influencing advocacy development that emerged in this exploratory study included education, mentorship, professional aspects (i.e. professional identity), and personal aspects (i.e. personal characteristics). However, a limitation of the study was that the majority of those interviewed were students and were rather new in assuming their role as advocates. Additionally, a majority of the respondents knew the researcher apart from their
involvement in the study. This may have influenced the respondents to produce desirable responses to the interview questions.

A more recent dissertation on social justice advocacy in counseling psychology identified essential factors in developing an ‘advocacy stance’ (Wiede, 2011). Factors important in developing this stance have been identified as training, temperamental disposition, and mentorship. This study also used a qualitative method, phenomenology, and included 20 participants. Due to the study’s qualitative nature, the findings are difficult to generalize. This study also used a snowball method of recruiting participants, thus possibly skewing the respondents as there may be similarities among those referring others, either by interest in advocacy or other factors. This recruitment process may have led to a homogenous sample.

One of the most cited studies on advocacy on behalf of the counseling profession, Myers and Sweeney’s (2004) study can be considered a seminal work. Myers and Sweeney (2004) interviewed 71 leaders in the counseling profession. A survey was created based on current literature and then reviewed by those considered as counseling profession leaders. Comments by these identified leaders led to those questions included on the final survey instrument. Researchers mailed surveys to ACA leaders (i.e., state branch presidents, ACA past presidents, executive directors, and board chairs of CACREP) and a 39% response rate was achieved. The purpose of this research was to develop a foundation for future advocacy plans. Results indicated that although leaders in the counseling profession believe advocacy to be important and successfully engage in advocacy actions, primarily focused on laws, regulations, and concerns of counselors, there is more advocacy work that needs to be done. Additionally, there is a lack of
coordinated advocacy efforts, which seems to serve as a barrier for counseling organizations to achieve their goals. Limitations of this study included the sample of leaders in the counseling profession, as these individuals may not represent the entirety of the practicing licensed counselors. Additionally, this survey was descriptive in nature and its purpose was to define leader’s perceptions of advocacy activities and advocacy needs. The authors developed the instrument used in this study and no reliability or validity data was included in the write up. This survey was also disseminated prior to 2004, and the results may not reflect the current landscape of the counseling profession.

Another unique exploratory study on advocacy examined variables identified as contributors to social justice activities (Nilsson & Schmidt, 2005). A total of 134 counseling psychology graduate students participated in this study and results indicated that number of courses taken, political interest, problem-solving style, worldview orientation, and social interest contribute to a best-fit model predicting desire to engage in social justice advocacy. Interestingly, political interest and the desire to be involved in social justice advocacy predicted social justice actions. The instrument utilized in this study to assess social justice advocacy was the Activity Scale (ACT; Kerpelman, 1969). The ACT has been found to discriminate between political activists and non-activists; however, this instrument was developed in the 1960’s and may operationalize social justice advocacy differently that counselors do today. Additionally, the sample used for this study was graduate students at one university, not highly engaged in social justice advocacy, making results difficult to generalize. Further, due to the small sample size, the results yielded were relatively low in power and reportedly the sample was unequal (i.e. low number of students of color or students who identify as LGBT).
This study also indicated that participants’ level of activism was relatively low, in comparison with earlier generations. As mentioned above, this could indicate that a more contemporary scale measuring social justice advocacy is needed. Another explanation may be that, generally speaking, social and political activism have decreased. In a related study on social justice advocacy in a rural setting, participants identified potential consequences to engaging in advocacy (i.e. strained relationships with other professionals, conflicts between practitioner and client values). These consequences may play a role in a counselor’s decision whether to engage in advocacy activities (Bradley et al., 2012). Understanding those characteristics of counselors who engage in advocacy activities may lead to a better understanding of factors contributing to a counselor’s decision.

A quantitative study by Wester and Lewis (2005) examined differences as well as quantity of advocacy-related service among CSI members versus non-CSI member’s in the counseling profession. The sample in this national study was derived from ACES membership, resulting in 232 participants. Outcomes of this study included the report that CSI members engaged in more research, and service (i.e. publications, presentations, organizational positions) than non-CSI members. However, a limitation of this study was the narrow definition of advocacy activities, as seen above. In addition, the authors did not include advocacy actions such as lobbying or providing psychoeducation related to the role of counselors, among others. Additionally, a low response rate may limit the ability generalize the results of this study.

The purpose of another recent dissertation was to identify perceptions of professional counselor advocacy by counselors of differing backgrounds (De la Paz,
The researcher developed the Professional Counselor Advocacy Inventory (PCAI) for the purpose of this study. The researcher located ‘qualities’ of professional counselors but throughout the study, also refers to these qualities as ‘values’ found in current literature. This was one of a few quantative studies investigating counselor advocacy. However, the instrument used in this study was developed by the researcher and may have lacked validity and reliability. The researcher did not pilot test the research design or instruments, and used only expert panels to ensure content validity. Because this was the first study to use this particular instrument, it is hard to know whether the results will generalize to the professional counseling population as a whole. Other limitations included the sample, which included only counselors who were members of the ACA.

**Summary of Advocacy Research Literature and Need for the Study**

There are several common threads to the studies on advocacy outlined above. First, each of these studies highlights the importance of advocacy within the profession of counseling. The topic of advocacy, whether focused on social justice or on behalf of the counseling profession, has increased in presence in the literature and has generally been accepted as a key role for professional counselors. Several of the studies indicated the potential impact of a counselor’s personality on advocacy (De la Paz, 2011; Eriksen, 1997; Field & Baker, 2004; Myers & Sweeney, 2004; & White, 2009); however, personality is not consistently defined or studied among these studies.

Next, although these studies are important first steps in understanding professional advocacy actions, the results of these studies are difficult to apply to the profession as a whole. Some studies sampled only researcher-identified leaders in the
profession (Eriksen, 1999; Myers & Sweeney, 2004). Others sampled only students who have had limited opportunities for professional advocacy (Nilsson & Schmidt, 2005; White, 2009). Those that used a qualitative research design (De la Paz, 2011; Wiede, 2011; White, 2009) may not generalize to the broader professional counselor population. Therefore, when taken as a whole the research in this area completed thus far does not represent a broad and empirically validated picture of factors predicting professional advocacy actions.

Because a common theme of scholarly investigations of advocacy include aspects of personality, skills, and professional identity it seems important to explore these traits empirically among counselors. This research can add to the literature by understanding those characteristics that are important precursors to counselor advocacy actions. These results may also foster an increase in understanding the type and amount of specific advocacy activities in which licensed professional counselors most commonly engage. This knowledge may help to identify specific areas of need regarding training and development and how counselors in their varying roles (i.e., counselor educators, practitioners) can help develop a new generation of counselor advocates.

Individuals have worked hard to establish counseling as a distinct, professional discipline. It has been a battle for the counseling profession to become licensed, seek third party reimbursement, and to provide the services for which they are trained (Cruikshanks & Burns, 2011). Advocacy has served to establish the legitimate position of professional counselors within the mental health field. In order for professional counselors to continue to gain recognition from other mental health professionals in addition to legislators and policy makers, they must become more effective advocates and
actually engage in advocacy actions (Myers et al., 2002). The political and economic landscapes within which professional counselors practice are ever-changing (Eriksen, 1999). Due to the dynamic nature of this political and business environment, it is paramount for professional counselors to continue to advocate for their interests, in addition to those of their clients. In order to advance the counseling profession through advocacy actions additional empirical research is warranted.
CHAPTER III

METHODOLOGY

The first purpose of this study was to investigate the predictive relationship between professional counselors’ personality traits, self-efficacy, professional identity and their profession-focused advocacy actions. The second purpose of this study was to understand the motives that influence engagement, or lack thereof, in advocacy actions by professional counselors. This chapter provides an overview of the research questions, a description of the independent and dependent variables, and an overview of the research design for the study.

Research Questions

The following research questions were addressed in this study:

Micro-level Advocacy

1. Do specific personality traits, professional identity, and self-efficacy, when controlling for demographic factors, statistically significantly predict frequency of self-reported micro-level advocacy actions in licensed professional counselors?

Meso-level Advocacy

2. Do specific personality traits, professional identity, and self-efficacy, when controlling for demographic factors, statistically significantly predict frequency of self-reported meso-level advocacy actions in licensed professional counselors?
Macro-level Advocacy

3. Do specific personality traits, professional identity, and self-efficacy, when controlling for demographic factors, statistically significantly predict frequency of self-reported macro-level advocacy actions in licensed professional counselors?

Null and Directional Hypotheses

This study focuses on three research questions designed to examine the relationship between the variables including personality, self-efficacy, professional identity, and advocacy actions. The following working hypotheses were identified.

Micro-Level Advocacy

Null hypotheses 1: Frequency of micro-level advocacy actions (as measured by the Counselor Advocacy Action Questionnaire) during the prior 12 months is not statistically significantly predicted by counselors’ specific personality traits (as measured by the International Personality Item Pool- Big Five), strength of professional counselor identity (as measured by the Professional Identity Scale in Counseling), or degree of advocacy-related self-efficacy (as measured by the New General Self-Efficacy Scale), when controlling for demographic factors.

Directional hypotheses:

1a: When controlling for demographic factors, a greater number of micro-level advocacy actions during the prior 12 months will be most strongly predicted by higher scores on the Agreeableness personality trait. Higher scores on the Conscientiousness, openness to experience, Extraversion, and Neuroticism personality traits may positively correlate with greater micro-level advocacy actions during the prior 12 months but to a lesser extent, respectively.
1b: When controlling for demographic factors, a greater number of micro-level advocacy actions during the prior 12 months will be predicted by a higher score on each of the professional identity subscales.

1c: When controlling for demographic factors, a greater number of micro-level advocacy actions during the prior 12 months will be predicted by a higher score on the self-efficacy scale.

Research on personality has indicated that Agreeableness will positively correlate with micro-level advocacy activities. One of the primary motivators of those individuals who demonstrate the Agreeableness personality trait is altruism, the concern for others interests and empathy for their condition (McCrae & John, 1992). Individuals who endorse the Agreeableness trait may be more likely to engage in micro-level advocacy activities due to the more personal (i.e., meeting with supervisees vs. educating legislators) nature of the tasks. The other personality traits, including Conscientiousness, openness to experience, Extraversion, and Neuroticism may be related to micro-level advocacy actions, but this association may be weak as literature demonstrates these traits may be more associated with meso and macro level advocacy actions.

Professional identity has been indicated as a foundation to participation in advocacy actions (Eriksen, 1997; Myers et al., 2002). Therefore, it is hypothesized that the higher an individual’s scores are in professional identity, the more advocacy actions they will have engaged in over the past 12 months. Due to the majority of graduate training programs focusing on micro-skill interventions, it may be more likely for counselors to engage in micro-level advocacy activities as they may have received more training and exposure to these types of advocacy actions, potentially leading to an
increase in self-efficacy. Although there is no research found to date pointing to the effect of self-efficacy on advocacy actions, based on a plethora of self-efficacy-related research in other fields it can be hypothesized that the more an individual holds the belief that they are capable of performing a task, the stronger an individual’s motivation to complete that task (Bandura, 1986), thus resulting in more advocacy actions.

**Meso-Level Advocacy**

Null hypotheses 2: Frequency of meso-level advocacy actions (as measured by the Counselor Advocacy Action Questionnaire) during the prior 12 months is not statistically significantly predicted by counselors’ specific personality traits (as measured by the International Personality Item Pool- Big Five), strength of professional counselor identity (as measured by the Professional Identity Scale in Counseling), or degree of advocacy-related self-efficacy (as measured by the New General Self-Efficacy Scale), when controlling for demographic factors.

Directional hypotheses 2:

2a: When controlling for demographic factors, a greater number of meso-level advocacy actions during the prior 12 months will be most strongly predicted by higher scores on the Conscientiousness personality trait. Higher scores on the Agreeableness, openness to experience, Extraversion, and Neuroticism personality traits may positively correlate with greater micro-level advocacy actions during the prior 12 months but to a lesser extent, respectively.

2b: When controlling for demographic factors, a greater number of meso-level advocacy actions during the prior 12 months will be statistically significantly predicted by a higher score on each of the professional identity subscales.
2c: When controlling for demographic factors, a greater number of meso-level advocacy actions during the prior 12 months will be statistically significantly predicted by a higher score on the self-efficacy scale.

The personality trait of Conscientiousness lends itself to individuals feeling a sense of duty to others, self-sacrifice and compassion (Jang, 2012). Those individuals who endorse the Conscientiousness trait are more likely to plan, organize, and prioritizing tasks. An individual’s inclination toward goal directed behavior may make it more likely that they could persist in meso-level advocacy activities (John, Naumann, & Soto, 2008).

The other personality traits, including Agreeableness, openness to experience, Extraversion, and Neuroticism may be related to micro-level advocacy actions, but this association may be weak as literature demonstrates these traits may be more associated with micro and macro level advocacy actions. As noted above, both professional identity and self-efficacy are identified as hypothesized strength-based qualities linked with increased advocacy actions in the literature (Eriksen, 1997; Greason & Cashwell, 2009; Calley & Hawley, 2008; Myers et al., 2002).

**Macro-Level Advocacy**

Null hypotheses 3: Frequency of macro-level advocacy actions (as measured by the Counselor Advocacy Action Questionnaire) during the prior 12 months is not statistically significantly predicted by counselors’ specific personality traits (as measured by the International Personality Item Pool- Big Five), strength of professional counselor identity (as measured by the Professional Identity Scale in Counseling), or degree of advocacy-related self-efficacy (as measured by the New General Self-Efficacy Scale), when controlling for demographic factors.
Directional hypotheses 3:

3a: When controlling for demographic factors, a greater number of macro-level advocacy actions during the prior 12 months will be most strongly predicted by higher scores on the Extraversion and Openness to Experience personality traits. Higher scores on the Agreeableness, Conscientiousness, and Neuroticism personality traits may positively correlate with greater micro-level advocacy actions during the prior 12 months but to a lesser extent, respectively.

3b: When controlling for demographic factors, a greater number of macro-level advocacy actions during the prior 12 months will be statistically significantly predicted by a higher score on each of the professional identity subscales.

3c: When controlling for demographic factors, a greater number of macro-level advocacy actions during the prior 12 months will be statistically significantly predicted by a higher score on the self-efficacy scale.

Jang (2012) found that Extraversion is positively associated with policymaking, a macro-level advocacy activity. Extraversion is also strongly related to social leadership or social dominance, which can be linked to the types of activities present in macro-level advocacy (Costa & McCrea, 1988). Additionally, Openness to Experience has been tied to any aspect of leadership as well as creativity. Open individuals have a strong need for change, which may further indicate that these individuals are more likely to engage in macro-level advocacy activities (Judge & Bono, 2000). The other personality traits including, Conscientiousness, and Agreeableness may be related to macro-level advocacy actions, but this association may be weak as literature demonstrates these traits may be more associated with micro and meso level advocacy actions. Although there is some
research that points to a potential link between Neuroticism and macro-level advocacy activities (Jang, 2012), the majority of literature associates this personality trait to emotional instability, which may not lend itself to macro-level advocacy actions (John et al., 2008). Solomon (2007) states that professional identity helps counselors persist through difficult tasks. Advocacy is identified as an important, but challenging task for counselors especially advocacy that requires a long-term commitment to change (i.e., license portability) (Myers & Sweeney, 2004). Self-efficacy can also lead to perseverance on difficult tasks (Larson & Daniels, 1998), such as macro-level advocacy actions. As noted above, both professional identity and self-efficacy are identified as hypothesized strength-based qualities linked with increased advocacy actions in the literature (Eriksen, 1997; Greason & Cashwell, 2009; Calley & Hawley, 2008; Myers et al., 2002).

**Description of Independent and Dependent Variables**

Three dependent variables were in this study. The dependent variables included total number of self-reported micro-level, meso-level, and macro-level advocacy actions each quantified separately over the prior 12-month period using the Counselor Advocacy Action Questionnaire (CAAQ). Not a psychological construct per se, the CAAQ measured professional counselor advocacy actions using three separate quantitative, continuous self-report scales. These three types of advocacy actions have been identified as examples of advocacy in the counseling advocacy literature, thus the reason for their inclusion as dependent variables (Eriksen, 1999; Myers et al., 2002; Osterlund & Mack, 2011). Additionally, the American Counseling Association Advocacy Competencies related to social justice advocacy endorses the use of a similar ecological approach to
advocacy (Lewis et al., 2002). A total of nine independent variables were used in this study, grouped into three separate constructs: personality typologies, professional counselor identity, and advocacy-related self-efficacy. Personality typologies included five separate independent variables, with each of the big five personality factors serving as a separately quantified independent variable: (1) Extraversion, (2) Agreeableness, (3) Conscientiousness, (4) Neuroticism, and (5) Openness to Experience. These five independent variables were measured using the International Personality Item Pool- Big Five via five different construct-related subscales.

Three independent variables in this study examined professional counselor identity as measured by the Professional Identity Scale in Counseling (PISC). Although the PISC included a total of six subscales comprising a broader array of professional counselor identity variables, only three of these subscales was included in this study: (1) Knowledge of the counseling profession, (2) Philosophy of the counseling profession, and (3) Attitude related to one’s perspective of the counseling profession. These subscales were included in order to maintain the parsimonious nature of the study and because they are the most pertinent theoretically and practically to counselor advocacy actions. One independent variable included advocacy-related self-efficacy as measured by New General Self-Efficacy Scale (NGSE). The NGSE measured one overall construct related to advocacy self-efficacy.

**Research Design and Data Analyses**

This study employed a non-experimental correlational research design, as it attempted to determine the extent of the predictive relationship between personality, professional identity, self-efficacy, and advocacy actions (i.e., microlevel, mesolevel,
macrolevel actions). No variables were manipulated in this study, as its purpose is to recognize trends and patterns in the existing data. This design allowed for observation of two or more variables at a given point in time, which is useful in describing a relationship between two or more variables (Breakwell, Hammond, & Fife-Schaw, 1995).

First, descriptive statistics were examined for all research and demographic variables including means and standard deviations regarding the three dependent variables, the nine independent variables, and participants’ demographic characteristics including age, sex, race, highest counseling degree received, CACREP accreditation of their training institution, years of experience as a licensed professional counselor, and one qualitative question asking participants to identify why they either choose or choose not to engage in advocacy actions on behalf of the counseling profession. After descriptive statistics were reported, the null hypotheses were tested through inferential statistics.

Three hierarchical linear multiple regression analyses were conducted to test the effect of the independent variables on the three dependent variables. Mertler and Vannatta (2010) suggested that multiple regression analyses are the most suitable method for investigating the null hypotheses as they test the existence of predictable relationships among a set of variables. In other words, the multiple regression analyses examined the statistical significance of relationships among groups of independent variables to determine if there was prediction of scores on the dependent variable. Hierarchical multiple regression analyses are commonly used in studies which are more exploratory in nature and can be used to understand or explain the nature of a phenomenon for the purpose of developing a theory (Aron, Aron & Coups, 2008). Since there are relatively few empirical studies examining the variables included in this study, and none found to
date that examined the same variables collectively, the exploratory nature of a multiple regression analysis was an appropriate statistical method to employ.

In this study, the independent variables in three blocks so that the combined and unique contribution of each independent variable can be tested (Mertler & Vannatta, 2010). First, testing was conducted for any covariates (i.e., demographic variables) to be included in the model, prior to conducting the main analyses. If any of the covariates are statistically significantly related to the dependent variables they were then entered first into the model to control for their effect.

Next, block one of the regression analysis included all of the personality sub-scale scores. Block two included the three professional identity sub-scale scores. Block three included the self-efficacy scale score. The groups of independent variables (i.e., five personality variables, three professional identity variables, and one self-efficacy variable) were entered separately as it was hypothesized that different models would be present supporting each dependent variable as this study is investigating the strongest predictors of each dependent variable. An alpha level of $p<.05$ was used to determine the statistical significance of each data analysis.

Assumptions for multiple regression statistical analyses were then be checked through examining outliers by testing for multicollinearity and by examining the Mahalanobis Distance (MAH). According to the multicollinearity criteria, variance inflation factors (VIF) should be less than 2.5 (Allison, 1999; Everitt, 1996; Miles & Shelvin, 2001). Bivariate correlations were also conducted among the independent variables and between the independent variables and dependent variables. Multivariate normality of the data was examined using the Kolmogorov-Smirnov test since $N \geq 50$. 


Linearity, multivariate normality, and homoscedasticity of the variance of the residuals were also examined to further determine whether the data meet the assumptions of multiple regression (Mertler & Vannatta, 2010).

The demographics questionnaire in this study included one qualitative question. This question asked the participants to identify the reason(s) why they chose to engage (or why they did not engage) in advocacy actions on behalf of the counseling profession. These responses were independently coded and analyzed using a focused coding approach. A focused coding procedure allows coders to build and clarify concepts. This approach instructs the coders to identify “the most frequent of significant initial codes” (p. 264) and then build categories around them (Saldaña, 2013).

The first step of coding the qualitative data in this study occurred independently by each researcher. A list of responses was used, which included no identifying information of participants. Each research examined the responses for recurring words, phrases, and themes were coded and commonalities and contradictions within and among the responses were noted. Once completed, the researchers compared their coding structure and merged their independent coding into agreed upon themes. The researchers then reviewed the qualitative data independently again to ensure that the responses fit within the new coding themes. Themes were identified out of the 176 participants who identified reasons they do and do not engage in profession focused advocacy actions. A total of 32 of the participants listed up more than one reason for their engagement, or lack there of, in advocacy actions. Intercoder agreement was 80%, including codes where there was full intercoder agreement (n=95) and codes with partial (i.e. at lease one code matched) intercoder agreement (n=47). These themes lead to interpretation of the data.
After the data has been analyzed, we compared the results with the literature to determine the degree to which the findings confirmed prior research. The number of participants who responded to the qualitative question embedded in the demographic questionnaire was 177, yielding an overall response rate of 86%.

**Participants and Sampling Method**

The sampling method in this study was purposeful and was a convenience sample of licensed professional counselors. This sampling method was used to ease volunteering and ease the access to participants. The advantage of this type of sampling was availability of participants and the quickness way which data could be gathered. Participants included in this study included only those who held a current professional counselor license versus solely another mental health profession license type (i.e., LISW, Psychologist). This delimitation helped to determine the role and frequency of counseling-related advocacy actions specifically. Further, participants who held active counseling licenses have completed the entirety of their graduate coursework, and are currently (or have received) counseling related supervision which may lead to a greater self-efficacy related to advocacy actions. Unlicensed master’s-level or doctoral-level counselors-in-training were excluded from participation, as they have not yet completed the preparation necessary to engage in professional counseling. They may have also lacked some key training or opportunities related to professional advocacy, and therefore may not have developed the self-efficacy needed to engage in advocacy actions. Participants were not delimited according to type of professional work roles they reported as their primary job duties (e.g., counselor educator, practitioner, or counseling supervisor).
Data collection showed that participants for this study included licensed professional counselors sampled from across the United States, at any level of licensure, as long as a current active professional counseling license has been issued by a state government (e.g., LPC, LPCC, LMHC). Because this study was specifically tailored to better understand professional counselors’ advocacy actions, in order to be included in this study, participants must have self-identified their primary professional identity as a counselor as opposed to another profession (e.g., social worker, psychologist). These individuals were deemed most likely to endorse a strong professional counselor identity and a motivation to advocate for the profession of counseling, whereas including other helping professions (i.e., social work) may not serve the primary purpose of the study. Because this study was comprised of a diverse professional sample, it was anticipated that there would be a wide variety of demographic characteristics (i.e., age, years of professional experience, ethnicity) represented in the data. A total of 324 licensed professional counselors participated in at least part of the data collection for this study. Of these, a final sample of 207 participants were included in data analyses (see Chapter Four for participant inclusion details related to preliminary data screening).

**Final Sample Descriptive Characteristics**

Licensed professional counselors who completed this study included a convenience sample of voluntary participants. The sample population in this study was delimited to persons whose primary professional identity was that of a licensed professional counselor. Below is an overview of the demographic characteristics of the sample included in this study \((N = 207)\). In terms of age \((n=193\) reported), participants had a mean self-report of 42.07 years \((SD= 12.49)\). Regarding years of experience
(n=189 reported), participants had a mean of 7.04 years (SD= 7.47) and a median of 4 years. The vast majority of the participants in this sample identified as White/Euro-American women. Most participants indicated that the highest degree earned was a Master’s degree and that their primary professional role was that of a counseling practitioner. Approximately 50% of participants indicated that they have five or less years of experience. See Table 1 for a description of other sample population demographic characteristics included in this study.

Table 1

Frequency Distributions for Demographic Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>170</td>
<td>82.1</td>
</tr>
<tr>
<td>Male</td>
<td>36</td>
<td>17.4</td>
</tr>
<tr>
<td>Race/ethnic group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White/Euro-American</td>
<td>179</td>
<td>86.5</td>
</tr>
<tr>
<td>Black/African American</td>
<td>11</td>
<td>5.3</td>
</tr>
<tr>
<td>Hispanic/Latin American</td>
<td>6</td>
<td>2.9</td>
</tr>
<tr>
<td>Asian/Asian American</td>
<td>3</td>
<td>1.4</td>
</tr>
<tr>
<td>Two or more races</td>
<td>6</td>
<td>2.9</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Highest Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master’s degree</td>
<td>174</td>
<td>81.4</td>
</tr>
<tr>
<td>Doctoral degree</td>
<td>32</td>
<td>15.5</td>
</tr>
<tr>
<td>Did not respond</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td>Primary Role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling practitioner</td>
<td>157</td>
<td>75.8</td>
</tr>
<tr>
<td>Counselor educator</td>
<td>31</td>
<td>15</td>
</tr>
<tr>
<td>Counseling supervisor/administrator</td>
<td>18</td>
<td>8.7</td>
</tr>
</tbody>
</table>

Note. 1 Percentages are based on the participants who reported the information for each demographic variable.
Power analyses were conducted to reduce the likelihood that a null hypothesis would not be rejected when it is in fact false (Cohen, 1992). A power analysis revealed that a power of at least .80 would be achieved with a minimum of 114 participants when conducting a multiple regression analysis with nine independent variables (i.e., five personality variables, three professional identity variables, one self-efficacy variable), an alpha level = .05, and anticipating a medium effect size of .15 (Faul, Erdfelder, Buchner & Lang, 2009). The minimum number of 114 participants required was exceeded in this study.

**Procedures**

Institutional Review Board (IRB) approval from The University of Akron was obtained prior to data collection. After IRB approval was granted the researcher created an online survey which included information related to informed consent, the demographic questionnaire, and instruments being used in this study. Once completed, the researcher then sent a research participant request over several counseling-related listservs. Within the American Counseling Association, there are 20 chartered divisions organized around specific interests and practice areas (ACA, 2015a). Of these 20 divisions, the following listservs were utilized to send an electronic request for research participants: American College Counseling Association (ACCA); American Rehabilitation Counseling Association (ARCA); Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC); and the Association for Specialists in Group Work (ASGW). These divisions were chosen to be included in this study as they have a listserv listed via their website.
The American Counseling Association also includes 56 chartered branches in the United States, Europe, and Latin America. For the purposes of this study, only those branches in the U.S. were included in a request for research participants. For the purposes of this study, a total of 13 state branches were included as they have an identified listserv via websites for their members. The state counseling organization branches that were surveyed include: Alabama, Alaska, Connecticut, Georgia, Maine, Maryland, North Carolina, North Dakota, Ohio, Oregon, South Carolina, Texas, and Wyoming. The state divisions listed above are also representative of each of the five ACES regions indicating that this will be a diverse sample. Other counseling related listservs that were included in research participant requests are Counselor Education and Supervision NETwork (CESNET), The American Educational Research Association (AERA), division E: Counseling and Human Development and the American Association of State Counseling Boards (AASCB). All of these listservs are designed to disseminate information to counselors and counselor educators.

Included in the electronic participant request was an explanation of the study, the approximate amount of time required to complete the survey, the incentive for participation as well as the link to the actual on-line survey. Once the initial electronic request for participants was sent over the above-mentioned listservs, a reminder request (including the same information as outlined above) was sent approximately one week later. Only potential participants who are licensed to practice professional counseling in their respective state and those who identify primarily as a professional counselor were included in this study. Participants were asked whether they identify as a professional counselor as the first question. This question provided for an additional screening
method to verify that participants met the inclusion criterion to be included in this study. Participants were provided with this information in the informed consent document as well as in the demographic questionnaire. If participants identified that their primary professional identity is not as a professional counselor, they were not able to answer any additional questions and were thanked for their participation.

All participants who use the link provided in the research request, via a listserv, were provided with informed consent including the name, institutional affiliation, and contact information of the principal investigator (see Appendix F). This form also included the potential benefits of this study for the counseling profession as well as details regarding confidentiality parameters of participant’s responses. To help preserve anonymity of participant survey responses, written informed consent were not requested. The outlined informed consent script described all aspects of the research design and request participation through voluntary acceptance using the statement “I acknowledge that I have read the information provided above and have no further questions regarding the research study at this time. I voluntarily agree to participate in this study.” As a means to increase the response rate, a nominal incentive was offered (i.e., one $50.00 Amazon gift card) to one random participant for their completion of the survey. As a way to maintain confidentiality of participants, a separate page was added to the end of the survey asking participants to place their e-mail address in the optional field, if they would like to be entered into a random drawing for the prize.

Following the informed consent for research participants, those completing this study were asked to complete a demographics form (Appendix A), complete instruments measuring the constructs of personality (Appendix B), professional identity (Appendix
C), self-efficacy (Appendix D), and the frequency of their advocacy actions over the prior 12 months (Appendix E). The approximate time needed to complete these inventories, including informed consent, was estimated be 20 minutes. As indicated above, at the end of this survey the participants were asked if they would like their e-mail address included in the random drawing for the research incentive.

The request for research participants were sent over the listservs multiple times in an effort to secure the number of participants needed, as previously indicated. These requests were sent every week, until an adequate sample was achieved. The survey itself was created using Qualtrics, an online survey software platform and the data collected was exported into the Statistical Package for the Social Sciences (SPSS), version 22 for analysis. No identifying information was requested to protect the confidentiality of research participants, unless they entered their e-mail to be entered into the raffle.

**Instruments**

Independent variables in this study include personality, self-efficacy, professional identity, and advocacy actions. The following instruments were used to measure variables included in this study.

**International Personality Item Pool- Big Five (IPIP-B5)**

The International Personality Item Pool- Big Five (IPIP-B5) (see Appendix B) is a public-domain measure of personality and can be accessed online at http://ipip.ori.org/. Researchers have made this instrument available for public use, as they believed the investigation of personality assessment had been progressing slowly since the initial development of these inventories, nearly 80 years prior (Goldberg, 1999). The 50-item IPIP-B5 represents the domain constructs of the Five Factor Model, as delineated by
Costa and McCrea (1992). This personality inventory was developed using only adjectives, which showed a consistent pattern with the Big Five personality model (García, Aluja, & García, 2004). For the purposes of this research study, the entire scale comprised of 50 bipolar adjectives (10 for each personality dimension) was be used, as it has been demonstrated to be reliable and valid, in addition to reducing respondent answering time considerably.

The IPIP-B5 questionnaire prompts participants to describe themselves as they are now, not as they wish to be in the future. The IPIP-B5 requires a response on a 5-point Likert-type scale ranging from (1) very inaccurate to (5) very accurate. A scoring protocol is provided for each of the personality markers and an IPIP consultant is available to assist with any scoring questions. The research participants were asked to answer the items based on how they see themselves, in relation to others they know of the same sex and age.

Results from a preliminary study showed satisfactory concurrent validity of the Big Five markers when compared with the NEO Personality Inventory (NEO-PI; Costa & McCrea, 1985) averaging .60. Correlations have also been obtained with other instruments including Hogan’s Personality Inventory (HPI; Hogan 1986) averaging .53, the NEO- Revised Personality Inventory (NEO-PI-R; McCrea & Costa, 1997), and the Zuckerman-Kuhlman Personality Questionnaire, Form III- Revised (ZKPQ-III-R; Zuckerman, Kuhlman, Joireman, Teta, & Kraft, 1993), among others (García, Aluja, & García, 2004). Alpha internal reliability coefficients obtained in the original IPIP sample were .81, .72, .78, .85, and .79 for Surgency (i.e., Extraversion), Agreeableness, Conscientiousness, Emotional Stability (i.e., Neuroticism ), and Intellect (i.e., Openness)
to Experience) respectively (Goldberg, 1992). No norming information is available as the instrument’s author indicates that researchers should be cautious of simulated norms (Goldberg, 1992).

Goldberg (2001) reported that each of the five factors of the IPIP are measured by 10 or 20 items, depending on the length of the assessment (i.e., 50 or 100 questions) with a mean internal consistencies of .84 and .90 respectively. This indicates that the factor structure of these measures are measuring what they purport to measure. A more recent study of the IPIP measure designed to examine the internal consistency and concurrent validation of this instrument, Gow, Whiteman, Pattie, and Deary (2005) indicated that the factor structures conform to those reported by Goldberg (2001). The coefficient alpha in this study for the overall personality trait variable was .852. The coefficient alpha for the Extraversion, Agreeableness, Conscientiousness, Emotional Stability, and Intellect subscales were .871, .650, .839, .876, and .742 respectively.

**Professional Identity Scale in Counseling (PISC)**

The Professional Identity Scale in Counseling (PISC) (see Appendix C) measures the professional identity of counseling professionals. This instrument was created to identify the underlying constructs of professional identity by focusing on key areas consistent with a stronger versus weaker affiliation with the profession based on prior theory and practice literature. Factor analysis revealed a six-factor model accounting for a total of 42.54% of dataset (N=371) variance. The six factors or subscales include: (1) engagement behaviors, (2) knowledge of the profession, (3) professional roles and expertise, (4) attitude, (5) philosophy of the profession, and (6) professional values.
The PISC consists of 54 items each measured using a six point Likert-type scale ranging from (1) not at all in agreement to (6) totally in agreement. The initial pool of 62 items were developed from the existing literature and reviewed by a panel of 12 expert reviewers. The final version of this instrument included 54 of the original 62 items as several of the initial items did not load on any factor or did not exceed the cross loading criteria (Woo, 2013).

For the purposes of this study, only three of the six subscales were used to measure professional identity, including knowledge of the profession, attitude, and philosophy of the profession. The engagement behaviors subscale was not included in this study, as there is language in multiple questions including advocacy (i.e., I advocate for my profession by participating in activities associated with legislation, law, and policy on counseling on behalf of the profession). Since the Counselor Advocacy Action Questionnaire measured advocacy actions, it may confound the results to include this subscale as an independent variable. Similarly, the subscale of professional roles and expertise includes questions related to both advocacy (i.e., I believe a counseling professional should value the importance of advocacy for the profession that the person belongs to) and self-efficacy (i.e., I am confident that there will be positive outcomes of my work and services) and may be too closely related to other instruments which are included in this study. Finally, the professional values subscale was not be included in this study due to the low internal reliability coefficient (.44).

Each PISC subscale (engagement behaviors, knowledge of the profession, professional roles and expertise, attitude, philosophy of the profession) with the exception of professional values (.44), demonstrated high internal consistency reliabilities
of .88, .88, .80, .82, and .72 respectively. When compared with similar inventories measuring professional identity, including the Professional Identity and Values Scale, positive correlations were found among the subscales of each instrument. This instrument therefore appears to demonstrate convergent validity. Additionally, when social desirability of responses was measured (using the Marlow-Crowne 20), results confirmed discriminant validity indicating that participants were not responding in a socially desirable manner (Woo, 2013). The coefficient alpha in this study for the overall professional identity variable was .77. The coefficient alpha for the knowledge of the profession, philosophy of the profession, and attitude subscales were .80, .42, and .66 respectively.

New General Self-Efficacy Scale (NGSE)

The New General Self-Efficacy Scale (NGSE) (see Appendix D) is an eight-item scale measured by a five-item Likert-type scale ranging from (1) strongly disagree to (5) strongly agree. One total score on the NGSE was be used in the present study. This self-efficacy scale is designed to measure an individual’s tendency to view themselves as capable of meeting task demands (Chen, Gully, & Eden, 2001). Higher scores on this scale indicate higher levels of general self-efficacy. Although this inventory is intended to measure an individual’s self-beliefs in a broad array of contexts, the inventory included in this study is modified to request that participants view their self-efficacy related to specific professional counseling advocacy tasks. Bandura (2006) indicates that scales of perceived self-efficacy need to be tailored to the particular domain of functioning related to the object of interest. In the case of this study, the object of interest is advocacy of behalf of the counseling profession. The phrase professional advocacy was added to each
question as a means to tailor the scale for the purpose of this study without adding
questions to the measure.

The NGSE is a unidimensional scale, which consistently demonstrates content
validity and predictive validity (Chen et al., 2001). This self-efficacy scale has also been
shown to be a valid measure of general self-efficacy. The test-retest reliability
coefficients for this scale are acceptable at .65, .66, and .62. A study comparing three
self-efficacy measures using item response theory, the NGSE outperformed the other
measures in terms of item discrimination, item information, and efficiency of test
functions (Scherbaum, Cohen-Charash, & Kern, 2006). This scale is also stated to work
best with individuals with average to below average self-efficacy. It is hypothesized that
low self-efficacy may be a factor in an individual’s decision not to engage in advocacy
actions on behalf of the counseling profession. The coefficient alpha in this study for the
self-efficacy measure was .93.

Counselor Advocacy Action Questionnaire (CAAQ)

The Counselor Advocacy Action Questionnaire (CAAQ) (see Appendix E) gathers specific information related to the types of advocacy actions participants have
engaged in over the previous year. The types of advocacy activities are divided into three
groups including: (1) Micro-level advocacy actions (i.e., trained students, supervisees, or
other counselors in advocacy skills); (2) Meso-level advocacy actions (i.e., spoke with
employers or supervisors to educate them about counselors or providing evidence of
counselors’ effectiveness); and (3) Macro-level advocacy activities (i.e., contacted
legislators to educate them about counselors or provided evidence of counselors’
effectiveness).
Because there are no existing instruments assessing professional advocacy, the CAAQ was created by this researcher for the specific purpose of exploring the relationship between the independent (personality, professional identity, self-efficacy) and dependent variables (advocacy actions) of this study. The questionnaire consists of a total of 15 questions pertaining to specific advocacy actions in addition to three questions related to the participants’ perception of their advocacy actions. The overarching model of the CAAQ was adapted from the ecological framework of the ACA Advocacy Competencies (Lewis et al., 2002). The model of the CAAQ was designed to align with the *level of intervention* (or action) as outlined by Lewis et al. (2011). This framework includes the microlevel, mesolevel, and macrolevel domains of advocacy. The questions listed in the microlevel of advocacy actions were derived from Myers et al. (2002) and Osterlund and Mack (2011). The questions listed in the mesolevel of advocacy actions were crafted from Eriksen (1997) and Myers et al. (2002). The questions listed in the macrolevel of advocacy actions were created from Eriksen (1997) and Myers and Sweeney (2004).

As a way to demonstrate face and content validity, the CAAQ was piloted with an expert in the counseling profession, who is similar to those who would be participating in this study (professional counselor), and an expert in survey research. These experts reviewed the questionnaire to assess quality of content, wording, and if they believe anything to be missing from the measure. Feedback from these experts was incorporated into the questionnaire until there is consensus on a final version. This final version was included in the study to measure the dependent variables.
Demographic Questionnaire

A demographic questionnaire was created by this researcher (see Appendix A) to gather participant information including age, gender, race, highest counseling degree received, CACREP accreditation of their training institution, years of experience as a licensed professional counselor, and why the counselor choose or choose not to engage in advocacy actions on behalf of the counseling profession. These variables were tested to determine their relationship, if any, to the dependent variables and were included as covariates in the model as necessary.

Summary of Methodology

The first purpose of this study was to investigate the predictive relationship between professional counselors’ personality traits, self-efficacy, professional identity and their profession-focused advocacy actions. The second purpose of this study was to understand the motives that influence engagement, or lack their of, in advocacy actions by professional counselors. Participants included a sample of licensed professional counselors and licensed professional clinical counselors. Research participants completed the International Personality Item Pool- Big Five (IPIP-B5), the Professional Identity Scale in Counseling (PISC), the New General Self-Efficacy Scale (NGSE), the Counselor Advocacy Action Questionnaire (CAAQ), and a demographic questionnaire. Demographic information included age, sex, race, highest counseling degree received, discipline of highest degree received, CACREP accreditation of their training institution, years of experience as a licensed professional counselor, leadership experience, mentoring experience, and advocacy training received. Hierarchical multiple regression analyses were conducted to examine the predictive nature of personality, professional
identity, self-efficacy, and frequency of advocacy actions among licensed professional counselors. If significant relationships were found, the independent variable(s) having the strongest effect on the dependent variable was identified.
CHAPTER IV

RESULTS

The first purpose of this study was to investigate the predictive relationship between professional counselors’ personality traits, self-efficacy, professional identity and their profession-focused advocacy actions. The second purpose of this study was to understand the motives that influence engagement, or lack their of, in advocacy actions by professional counselors. Included in this Chapter are complete statistical results found in this study. First, descriptive statistics are provided for the sample. Next, the results of the three hierarchical multiple regression analyses conducted to test the three null hypotheses are reported. Finally, a summary of results is provided.

Pre-Analysis Data Screening

Prior to data analyses, criteria for eliminating and retaining cases were created to test the data to be included in the final analyses. The inclusion criteria were: (a) participants indicated that their primary professional identity was a licensed professional counselor, (b) participants completed the demographic questionnaire, and (c) participants completed all four survey instruments (i.e., the IPIP-B5, PISC, NGSE, and CAAQ). After data screening 21 cases were eliminated because they chose a primary professional identity other than that of licensed professional counselor. An additional 96 cases were eliminated due to respondents withdrawing their participation prior to the completion of the demographic questionnaire or survey instruments (i.e., leaving one or more
instrument totally incomplete). In this dataset, more than five percent of the values specific to the independent variables were missing. Mertler and Vannatta (2010) recommend that the replacement method is utilized in this circumstance, if more than five percent but less than 15% of the variables included some missing values. In order to make maximum use of the data, group means were used for the cases with missing values, for study variables only. The group mean approach was preferred over the grand mean approach as each participant group had its own characteristics. This method for replacing the missing values is deemed appropriate when the missing data are few and random in nature (Mertler & Vannatta, 2010).

Specific to the CAAQ, the participants were asked to input a numerical value indicating the frequency by which they completed advocacy activities within the past 12 months. The participants responded with a variety of answers including single numbers, numerical ranges (i.e., 2-3 times), and with other means (i.e., some participants reported ‘yes’, marked an ‘x’, or reported ‘weekly’) indicating their participation in specific advocacy activities. The researcher transformed this data to create a uniform dataset. If the participant identified that they engaged in advocacy activities weekly, the numerical equivalent of 52 was place in the data cell. If they identified daily, the numerical equivalent of 251 was placed in the cell. If they identified monthly, the value of 12 was utilized. If the counselors responded with a numerical range, in order to remain conservative and not overestimate participant’s responses, the lower end of the range was used (i.e., 2-3 times, the number 2 was placed in the data cell). If the counselors indicated a numerical value greater than zero in some fields but left others blank, a zero was placed in blank cells.
Additionally, for those participants \( n = 10 \) who identified participation in advocacy activities with an “x” or a “yes,” the data were treated as missing. These data were not included in the multiple regression analysis. Finally, if the participants left all fields in this questionnaire blank, but included an e-mail address at the end of the survey to be eligible for the raffle, these data were treated as missing and they were not included in the final analyses. A total of 5 of the participants left all CAAQ fields blank and did not include an e-mail address (as a way to enter into a random gift card drawing). The final sample for this study included 207 participants.

**Testing of Assumptions**

Prior to data analysis, assumptions for multiple regression analyses were checked. All independent variables were within the acceptable range of a VIF < 2.5 (Allison, 1999; Everitt, 1996; Miles & Shelvin, 2001). In addition, bi-variate correlations between the independent variables were all weak to moderate (see Table 2).

**Table 2**

**Pearson Correlations Among Independent Variables**

<table>
<thead>
<tr>
<th></th>
<th>E</th>
<th>A</th>
<th>C</th>
<th>ES</th>
<th>I</th>
<th>K</th>
<th>P</th>
<th>At</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td>.268**</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>C</td>
<td>.031</td>
<td>.131</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>ES</td>
<td>.105</td>
<td>.186**</td>
<td>.295**</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>I</td>
<td>.090</td>
<td>.230**</td>
<td>.071</td>
<td>.058</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>K</td>
<td>-.052</td>
<td>.033</td>
<td>.159*</td>
<td>.215**</td>
<td>.255**</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>P</td>
<td>-.074</td>
<td>.084</td>
<td>.040</td>
<td>.148*</td>
<td>.233**</td>
<td>.371**</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>At</td>
<td>.076</td>
<td>.268**</td>
<td>.125</td>
<td>.214**</td>
<td>.115</td>
<td>.239**</td>
<td>.249**</td>
<td>-</td>
</tr>
<tr>
<td>SE</td>
<td>.165*</td>
<td>.136</td>
<td>.111</td>
<td>.211**</td>
<td>.209**</td>
<td>.350**</td>
<td>.166*</td>
<td>.355**</td>
</tr>
</tbody>
</table>

*Note.* \( *p < .05, \) **\( p < .01. \) A=Agreeableness, C=Conscientiousness, ES=Emotional Stability, I=Intellect, K=Knowledge of the profession, P=Philosophy of the profession, At=Attitude, SE=Self-efficacy.
Review of partial scatterplots of the independent variables and the dependent variables indicated linearity was a reasonable assumption for all variables. The assumption of normality was tested by examining the unstandardized residuals. The Q-Q plots and histograms suggested normality was met. Examination of casewise diagnostics, including Mahalanobis distance and Cooks distance suggested that there were a total of eight cases exerting undue influence on the model. These cases were excluded from the analyses.

A relatively random display of points in the scatterplots of residuals against predicted values provided evidence of independence. The Durbin-Watson statistic was computed to evaluate independence of errors and was 1.65 for micro-level advocacy actions, 1.90 for meso-level advocacy actions, and 2.09 for macro-level advocacy actions which is considered acceptable, suggesting both independence and homogeneity of variance (Mertler & Vannatta, 2010). Linearity, multivariate normality, and homoscedasticity of the variance of the residuals were therefore acceptable, meeting the assumptions of the multiple regression analyses for all variables included in this study.

Evaluation of linearity led to a logarithmic transformation of each of the dependent variables in this study. The data violated normality assumptions prior to the transformation, as seen in Table 3. According to Mertler and Vannatta (2010), for a normal distribution skewness and kurtosis values range between -1 and +1. As seen in Table 1, this assumption was violated by the dependent variables.
Table 3

Summary of Logarithmic Transformation for Dependent Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Skewness (SE) Before Transformation</th>
<th>Skewness (SE) After Transformation</th>
<th>Kurtosis (SE) Before Transformation</th>
<th>Kurtosis (SE) After Transformation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Micro-level</td>
<td>2.80 (.018)</td>
<td>-.189 (0.18)</td>
<td>8.65 (0.35)</td>
<td>-.504 (0.35)</td>
</tr>
<tr>
<td>Meso-level</td>
<td>4.49 (0.18)</td>
<td>.345 (.018)</td>
<td>31.74 (0.35)</td>
<td>-.869 (0.35)</td>
</tr>
<tr>
<td>Macro-level</td>
<td>7.29 (0.18)</td>
<td>.517 (0.18)</td>
<td>60.29 (0.35)</td>
<td>.047 (0.35)</td>
</tr>
</tbody>
</table>

Further, the Q-Q plots for each dependent variable supported this finding as the observed values deviate from the straight line (see Figure 1, Figure 2, and Figure 3). After a logarithmic transformation, the data was observed to be approximately normally distributed and the transformed data was utilized in the three regression analyses.

Figure 1. Normality plot for micro-level advocacy activities.
Descriptive Statistics for Study Variables

The instruments used in the present study included: (a) a measurement of the sample demographic characteristics; (b) the IPIP-B5, a measure of the Five Factor Model
of personality; (c) the three subscales (i.e., knowledge of the profession, philosophy of the profession, and attitude) of the PISC, a measure of professional identity in counseling professionals; (d) the NGSE, a measure of self-efficacy related to specific professional counseling advocacy tasks; and, (e) the CAAQ, designed to gather a frequency count of counselor’s advocacy activities over the past 12 months.

For the total sample ($N = 207$), means and standard deviations for the IPIP-B5, PICS subscales, and NGSE are described in Table 4. In terms of the IPIP-B5, norms are intentionally not provided by the publishers of the instrument. The publisher identifies using “canned norms” as misleading and suggests that researchers use local norms, which are self-developed (International Personality Item Pool, 2015). IPIP-B5 items are rated on a 5-point Likert-type scale ranging from 1 (very inaccurate) to 5 (very accurate). A higher score on each personality trait subscale equates to self-reported endorsement of the particular personality trait. Specific to the PISC, not much information is available on the norms of this instrument. PISC items are rated on a Likert-type scale ranging from 1 (not at all in agreement) to 6 (totally in agreement). A higher composite score on each subscale is associated with a higher level of professional identity.

The NGSE instrument scores are interpreted by calculating a total score and comparing this score with the following scoring range: 8-23 indicates low self-efficacy, 24-27 indicates below average self-efficacy, 27-31: Average self-efficacy, 32-34 indicates above average self-efficacy, and 35-40 indicate high self-efficacy. NGSE items are rated on a Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). The CAAQ was designed to gain a self-reported frequency count of professional counseling advocacy activities, which participants engaged in over the previous 12
months. As seen in Table 4, 187 participants responded to the CAAQ specific to micro-level advocacy actions. Out of these 187 participants, 19 (10.2%) indicated that they did not engage in micro-level advocacy actions in the past 12 months. Regarding to meso-level advocacy actions, a total of 191 participants responded to the CAAQ, specific to meso-level advocacy actions. Out of these 191 participants, 54 (28.3%) indicated that they did not engage in advocacy actions in the past 12 months. In looking at macro-level advocacy action, 190 participants responded to the CAAQ. Out of these 190 participants, 45 (23.7%) indicated that they did not engage in macro-level advocacy actions in the past 12 months. Out of those participants who indicated that they did engage in advocacy actions on behalf of the counseling profession, 41.7% \((n=77.9)\) indicated that they engaged in at least one micro-level advocacy action. A total of 77.5% \((n=148)\) participants indicated that they engaged in at least one meso-level advocacy action and 77.3% \((n=143)\) reported at least one macro-level advocacy action.

Table 4

Descriptive Statistics of Study Variables

<table>
<thead>
<tr>
<th>Instrument</th>
<th>(n)</th>
<th>(M(SE))</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPIP-B5 (Extraversion)</td>
<td>207</td>
<td>33.17 (0.49)</td>
<td>7.07</td>
<td>16-50</td>
</tr>
<tr>
<td>IPIP-B5 (Agreeableness)</td>
<td>207</td>
<td>44.51 (0.27)</td>
<td>3.86</td>
<td>34-50</td>
</tr>
<tr>
<td>IPIP-B5 (Conscientiousness)</td>
<td>207</td>
<td>38.92 (0.45)</td>
<td>6.46</td>
<td>22-50</td>
</tr>
<tr>
<td>IPIP-B5 (Emotional Stability)</td>
<td>207</td>
<td>34.97 (0.50)</td>
<td>7.26</td>
<td>11-49</td>
</tr>
<tr>
<td>IPIP-B5 (Intellect)</td>
<td>207</td>
<td>40.54 (0.32)</td>
<td>4.67</td>
<td>21-49</td>
</tr>
<tr>
<td>PISC (knowledge of the profession)</td>
<td>207</td>
<td>43.17 (0.34)</td>
<td>4.93</td>
<td>30-50</td>
</tr>
<tr>
<td>PISC (philosophy of the profession)</td>
<td>207</td>
<td>45.79 (0.25)</td>
<td>3.64</td>
<td>33.73-54</td>
</tr>
<tr>
<td>PISC (attitude)</td>
<td>207</td>
<td>52.59 (0.34)</td>
<td>4.83</td>
<td>32-61</td>
</tr>
</tbody>
</table>
Table 4
Descriptive Statistics of Study Variables (continued)

<table>
<thead>
<tr>
<th>Instrument</th>
<th>n</th>
<th>M(SE)</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGSE (self-efficacy)</td>
<td>207</td>
<td>30.33 (0.36)</td>
<td>5.23</td>
<td>16-40</td>
</tr>
<tr>
<td>CAAQ (micro-level advocacy)</td>
<td>187</td>
<td>1.08 (0.04)</td>
<td>0.58</td>
<td>0-2.31</td>
</tr>
<tr>
<td>CAAQ (meso-level advocacy)</td>
<td>191</td>
<td>0.61 (0.04)</td>
<td>0.50</td>
<td>0-2.05</td>
</tr>
<tr>
<td>CAAQ (macro-level advocacy)</td>
<td>190</td>
<td>0.67 (0.04)</td>
<td>0.53</td>
<td>0-2.43</td>
</tr>
</tbody>
</table>

Note. CAAQ measures advocacy activities in last 12 months.

Results

This section reviews the inferential statistical results as well as the findings in table format. The first phase of the data analysis procedure for inferential statistics involved generating a Pearson correlation coefficient matrix in order to determine the relationship among the variables for the statistical hypotheses. Hierarchical multiple regression analyses were conducted to determine which statistically significantly correlated independent variables predicted the dependent variables. The “enter” method was used as this research was exploratory. An alpha level of .05 was used as the criterion to determine the significance of statistical results.

Micro-Level Advocacy

Statistical hypothesis one stated that the frequency of micro-level advocacy actions (as measured by the Counselor Advocacy Action Questionnaire) during the prior 12 months is not statistically significantly predicted by counselors’ specific personality traits (as measured by the International Personality Item Pool- Big Five), strength of professional counselor identity (as measured by the Professional Identity Scale in
Counseling), or degree of advocacy-related self-efficacy (as measured by the New General Self-Efficacy Scale). To test this null hypothesis, a hierarchical multiple regression analysis was conducted, which revealed the null hypothesis was rejected.

Prior to data analysis, the correlation of the demographic variables with the dependent variable was tested to determine if it was necessary to control for each covariate in the model. Results of these bi-variate correlation analyses indicated that the demographic variables of age, gender, race/ethnicity, highest degree, and years of experience significantly correlated with micro-level advocacy actions (Table 5).

**Table 5**

Bi-Variate Correlations Between Demographic Variables and Micro-Level Advocacy Actions

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Gender</th>
<th>Race/ethnicity</th>
<th>Highest Degree</th>
<th>Years of Experience</th>
<th>Primary Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Micro-level advocacy</td>
<td>.136*</td>
<td>-.144*</td>
<td>-.137*</td>
<td>.242***</td>
<td>.321***</td>
<td>-.072</td>
</tr>
</tbody>
</table>

*Note. p < .05*, *p < .001***. Significant demographic variables were controlled for in the hierarchical regression analysis.

The hierarchical multiple regression model summary results are included in Table 6. The model summary indicated that the control variables entered in step one, when taken together, explained a significant amount of the variance in micro-level advocacy actions. Step two, consisting of personality variables, explained a significant additional percentage of variance in micro-level advocacy. Professional identity (step 3) and self-efficacy (step 4) did not explain a significant additional amount of variance in micro-level advocacy.
Table 6

Micro-Level Advocacy Regression Model Summary (N = 162)

<table>
<thead>
<tr>
<th>Step</th>
<th>$R$</th>
<th>$R^2$</th>
<th>$R^2_{adj}$</th>
<th>$\Delta R^2$</th>
<th>$F_{chg}$</th>
<th>$df_1$</th>
<th>$df_2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demographic Variables</td>
<td>.406</td>
<td>.165</td>
<td>.138</td>
<td>.165</td>
<td>6.14***</td>
<td>5</td>
<td>156</td>
</tr>
<tr>
<td>2. Personality</td>
<td>.480</td>
<td>.230</td>
<td>.179</td>
<td>.066</td>
<td>2.57*</td>
<td>5</td>
<td>151</td>
</tr>
<tr>
<td>3. Professional Identity</td>
<td>.503</td>
<td>.253</td>
<td>.188</td>
<td>.023</td>
<td>1.53</td>
<td>3</td>
<td>148</td>
</tr>
<tr>
<td>4. Self-Efficacy</td>
<td>.509</td>
<td>.260</td>
<td>.189</td>
<td>.006</td>
<td>1.24</td>
<td>1</td>
<td>147</td>
</tr>
</tbody>
</table>

Note. *$p < .05$, ***$p < .001$. Demographics (age, gender, race/ethnicity, highest degree, years’ experience); Personality (Extraversion, Agreeableness, Conscientiousness, Emotional Stability, Intellect); Professional Identity (knowledge of the profession, philosophy of the profession, attitude). The total sample included in this analysis was 162 participants, as the analysis included only those cases in which participants responded to all variables in the model.

The ANOVA results (Table 7) indicated that the overall model statistically significantly predicted the participants’ total scores on the CAAQ micro-level advocacy activities, $R^2 = .259$, $R^2_{adj} = .189$, $F_{(14,147)} = 3.68$, $p < .001$. The overall model accounted for 25.9% of the variance in total scores on the CAAQ micro-level advocacy activities. The overall model shows that when all of the independent variables were taken together, they statistically significantly positively predicted micro-level advocacy actions of counselors. This positive relationship indicated that the higher the scores on the independent variables, the higher the greater the number of micro-level advocacy activities in which counselor’s engaged.
Table 7

Summary of ANOVA Results for Micro-Level Advocacy Actions

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Regression</td>
<td>8.44</td>
<td>5</td>
<td>1.69</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>42.83</td>
<td>156</td>
<td>.28</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>52.27</td>
<td>161</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Regression</td>
<td>11.79</td>
<td>10</td>
<td>1.18</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>39.47</td>
<td>151</td>
<td>.26</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>51.27</td>
<td>161</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Regression</td>
<td>12.98</td>
<td>13</td>
<td>.99</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>38.28</td>
<td>148</td>
<td>.26</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>51.27</td>
<td>161</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Regression</td>
<td>13.30</td>
<td>14</td>
<td>.95</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>37.96</td>
<td>147</td>
<td>.26</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>51.27</td>
<td>161</td>
<td></td>
</tr>
</tbody>
</table>

Note. p < .001***.

As seen in the coefficients Table 8, the variables, years of experience, and intellect personality trait, statistically significantly predicted micro-level advocacy actions, when controlling for the other independent variables in the model. This positive relationship indicated that the greater the years of experience a licensed professional counselor has, the greater their micro-level advocacy activities. Years of experience was the strongest predictor of micro-level advocacy activities yielding a $\beta = .342$.

Additionally, licensed counselors who scored higher on the intellect personality trait ($\beta = .170$) reported greater micro-level advocacy activities in the last 12 months. The other independent variables entered in the model did not statistically significantly predict micro-level advocacy actions when accounting for the effects of the other independent variables in the model.
Table 8
Hierarchical Multiple Regression Coefficients (Micro-Level Advocacy)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>β</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>-.085</td>
<td>.343</td>
<td>3.81</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td>-.220</td>
<td>-.128</td>
<td>-1.72</td>
</tr>
<tr>
<td>Highest degree</td>
<td>.094</td>
<td>.054</td>
<td>.678</td>
</tr>
<tr>
<td>Years of experience</td>
<td>.031</td>
<td>.343</td>
<td>3.81***</td>
</tr>
<tr>
<td>Age</td>
<td>-.006</td>
<td>-.123</td>
<td>-1.30</td>
</tr>
<tr>
<td>Extraversion</td>
<td>.008</td>
<td>.101</td>
<td>1.30</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>-.012</td>
<td>-.078</td>
<td>-.881</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>.001</td>
<td>.013</td>
<td>.171</td>
</tr>
<tr>
<td>Emotional Stability</td>
<td>.009</td>
<td>.113</td>
<td>1.43</td>
</tr>
<tr>
<td>Intellect</td>
<td>.022</td>
<td>.170</td>
<td>2.12*</td>
</tr>
<tr>
<td>Knowledge of profession</td>
<td>.017</td>
<td>.149</td>
<td>1.80</td>
</tr>
<tr>
<td>Philosophy of profession</td>
<td>.001</td>
<td>.007</td>
<td>.090</td>
</tr>
<tr>
<td>Attitude</td>
<td>-.001</td>
<td>-.010</td>
<td>-.110</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>.010</td>
<td>.094</td>
<td>1.11</td>
</tr>
</tbody>
</table>

Note. *p < .05, ***p < .001.

Meso-Level Advocacy

Statistical hypothesis two stated that the frequency of meso-level advocacy actions (as measured by the Counselor Advocacy Action Questionnaire) during the prior 12 months is not statistically significantly predicted by counselors’ specific personality traits (as measured by the International Personality Item Pool- Big Five), strength of
professional counselor identity (as measured by the Professional Identity Scale in Counseling), or degree of advocacy-related self-efficacy (as measured by the New General Self-Efficacy Scale). To test this null hypothesis, a hierarchical multiple regression analysis was conducted, which revealed the null hypothesis was rejected. Prior to data analysis, the correlation of the demographic variables with the dependent variable was tested to determine if it was necessary to control for each covariate in the model. Results of these bi-variate correlation analyses indicated that the demographic variables of age, gender, highest degree, and years of experience correlated with the dependent variable, meso-level advocacy actions (Table 9).

Table 9
Bi-Variate Correlations Between Demographic Variables and Meso-Level Advocacy Actions

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
<th>Highest Degree</th>
<th>Years of Experience</th>
<th>Primary Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meso-level advocacy</td>
<td>.167*</td>
<td>-.139*</td>
<td>-.088</td>
<td>.167*</td>
<td>.220**</td>
<td>-.094</td>
</tr>
</tbody>
</table>

Note. $p < .05^*$, $p < .01^{**}$. Significant demographic variables were controlled for in the hierarchical regression analysis.

The hierarchical multiple regression model summary results are included in Table 10. The model summary indicated that the control variables entered in step one, including age, gender, highest degree, and years of experience- when taken together, explained a significant amount of the variance in meso-level advocacy actions. Step two, consisting of personality variables, explained a significant additional percentage of variance in meso-level advocacy. Professional identity, entered in step 3 also predicted a significant amount of variance. Self-efficacy (step 4) did not explain a significant additional amount of variance in meso-level advocacy.
Table 10

Meso-Level Advocacy Regression Model Summary (N = 165)

<table>
<thead>
<tr>
<th>Step</th>
<th>$R$</th>
<th>$R^2$</th>
<th>$R^2_{adj}$</th>
<th>$\Delta R^2$</th>
<th>$F_{chg}$</th>
<th>$df_1$</th>
<th>$df_2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demographic Variables</td>
<td>.270</td>
<td>.073</td>
<td>.050</td>
<td>.073</td>
<td>3.16*</td>
<td>4</td>
<td>160</td>
</tr>
<tr>
<td>2. Personality</td>
<td>.403</td>
<td>.162</td>
<td>.113</td>
<td>.089</td>
<td>3.29**</td>
<td>5</td>
<td>155</td>
</tr>
<tr>
<td>3. Professional Identity</td>
<td>.454</td>
<td>.206</td>
<td>.143</td>
<td>.044</td>
<td>2.78*</td>
<td>3</td>
<td>152</td>
</tr>
<tr>
<td>4. Self-Efficacy</td>
<td>.460</td>
<td>.212</td>
<td>.144</td>
<td>.006</td>
<td>1.17</td>
<td>1</td>
<td>151</td>
</tr>
</tbody>
</table>

Note. *$p<.05$, **$p<.01$. Demographics (age, gender, highest degree, years’ experience); Personality (Extraversion, Agreeableness, Conscientiousness, Emotional Stability, Intellect); Professional Identity (knowledge of the profession, philosophy of the profession, attitude). The total sample included in this analysis was 165 participants, as the analysis included only those cases in which participants responded to all variables in the model.

The ANOVA results (Table 11) showed that the overall model consisting of three predictor variables (i.e., personality, professional identity, self-efficacy) statistically significantly predicted the participants’ total scores on the CAAQ meso-level advocacy activities, $R^2 = .212$, $R^2_{adj} = .144$, $F_{(13,151)} = 3.12$, $p < .001$. The overall model accounted for 21.2% of the variance in total scores on the CAAQ meso-level advocacy activities. The overall model shows, when all of the independent variables were taken together, they statistically significantly positively predicted meso-level advocacy actions of licensed professional counselors. This positive relationship indicated that the higher the scores on the independent variables, the higher the advocacy scores for meso-level advocacy activities.
Table 11

Summary of ANOVA Results for Meso-Level Advocacy Actions

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Regression</td>
<td>2.82</td>
<td>4</td>
<td>.704</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>35.69</td>
<td>160</td>
<td>.223</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>38.51</td>
<td>164</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Regression</td>
<td>6.24</td>
<td>9</td>
<td>.693</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>32.27</td>
<td>155</td>
<td>.208</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>38.51</td>
<td>164</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Regression</td>
<td>7.92</td>
<td>12</td>
<td>.660</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>30.59</td>
<td>152</td>
<td>.201</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>38.51</td>
<td>164</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Regression</td>
<td>8.16</td>
<td>13</td>
<td>.627</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>30.35</td>
<td>151</td>
<td>.201</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>38.51</td>
<td>164</td>
<td></td>
</tr>
</tbody>
</table>

Note. *p < .05, **p < .001.

As seen in the coefficients Table 12, the variables that statistically significantly predicted meso-level advocacy actions, controlling for the other independent variables in the final model, were extraversion and knowledge of the profession. This positive relationship indicated that licensed counselors who scored higher on the extraversion personality trait (β = .154) reported greater meso-level advocacy activities in the last 12 months. Additionally, the greater the scores on the knowledge professional identity subscale (β = .183) by a licensed professional counselor, the higher number of meso-level advocacy activities reported. The other independent variables entered in the model did not statistically significantly predict meso-level advocacy actions when accounting for the effects of the other independent variables in the model.
Table 12
Hierarchical Multiple Regression Coefficients (Meso-Level Advocacy)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>β</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>-.097</td>
<td>-.075</td>
<td>-.971</td>
</tr>
<tr>
<td>Highest degree</td>
<td>-.016</td>
<td>-.011</td>
<td>-.132</td>
</tr>
<tr>
<td>Years experience</td>
<td>.013</td>
<td>.173</td>
<td>1.84</td>
</tr>
<tr>
<td>Age</td>
<td>.000</td>
<td>-.004</td>
<td>-.043</td>
</tr>
<tr>
<td>Extraversion</td>
<td>.011</td>
<td>.154</td>
<td>1.97*</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>-.006</td>
<td>-.044</td>
<td>-.494</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>.000</td>
<td>.004</td>
<td>.057</td>
</tr>
<tr>
<td>Emotional Stability</td>
<td>.010</td>
<td>.147</td>
<td>1.84</td>
</tr>
<tr>
<td>Intellect</td>
<td>.015</td>
<td>.137</td>
<td>1.66</td>
</tr>
<tr>
<td>Knowledge of profession</td>
<td>.018</td>
<td>.183</td>
<td>2.15*</td>
</tr>
<tr>
<td>Philosophy of profession</td>
<td>.007</td>
<td>.051</td>
<td>.625</td>
</tr>
<tr>
<td>Attitude</td>
<td>.002</td>
<td>.024</td>
<td>.261</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>.008</td>
<td>.092</td>
<td>1.08</td>
</tr>
</tbody>
</table>

Note. *p < .05.

Macro-Level Advocacy

Statistical hypothesis three stated that the frequency of macro-level advocacy actions (as measured by the Counselor Advocacy Action Questionnaire) during the prior 12 months is not statistically significantly predicted by counselors’ specific personality traits (as measured by the International Personality Item Pool- Big Five), strength of professional counselor identity (as measured by the Professional Identity Scale in Counseling), or degree of advocacy-related self-efficacy (as measured by the New General Self-Efficacy Scale). To test this hypothesis, a hierarchical multiple regression analysis was conducted, which revealed the null hypothesis was rejected. Prior to data analysis, the correlation of the demographic variables with the dependent variable was
tested to determine if it was necessary to control for each covariate in the model. Results of these bi-variate correlation analyses indicated that no demographic variables correlated with the dependent variable, macro-level advocacy actions Therefore, no covariates were controlled for in the hierarchical multiple regression analysis (Table 13).

Table 13

Bi-Variate Correlations Between Demographic Variables and Macro-Level Advocacy Actions

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
<th>Highest Degree</th>
<th>Years of Experience</th>
<th>Primary Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macro-level advocacy</td>
<td>.040</td>
<td>-.128</td>
<td>-.097</td>
<td>.049</td>
<td>.091</td>
<td>-.005</td>
</tr>
</tbody>
</table>

The hierarchical multiple regression model summary results are included in Table 14. The model summary indicated that the personality variables entered in step one explained a significant amount of variance. Step two, consisting of professional identity variables, explained a significant additional percentage of variance in micro-level advocacy. Self-efficacy (step three) did not explain a significant additional amount of variance in macro-level advocacy.

Table 14

Macro-Level Advocacy Regression Model Summary (N=165)

<table>
<thead>
<tr>
<th>Step</th>
<th>R</th>
<th>$R^2$</th>
<th>$R^2_{adj}$</th>
<th>$\Delta R^2$</th>
<th>$F_{chg}$</th>
<th>$df_1$</th>
<th>$df_2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personality</td>
<td>.255</td>
<td>.065</td>
<td>.040</td>
<td>.065</td>
<td>2.57*</td>
<td>5</td>
<td>184</td>
</tr>
<tr>
<td>2. Professional Identity</td>
<td>.372</td>
<td>.139</td>
<td>.101</td>
<td>.073</td>
<td>5.14**</td>
<td>3</td>
<td>181</td>
</tr>
<tr>
<td>3. Self-Efficacy</td>
<td>.381</td>
<td>.145</td>
<td>.102</td>
<td>.006</td>
<td>1.35</td>
<td>1</td>
<td>180</td>
</tr>
</tbody>
</table>

Note. *p < .05, **p < .01. Personality (Extraversion, Agreeableness, Conscientiousness, Emotional Stability, Intellect); Professional Identity (knowledge of the profession, philosophy of the profession, attitude). The total sample included in this analysis was 165 participants, as the analysis included only those cases in which participants responded to all variables in the model.
ANOVA results (Table 15) indicated that the overall model consisting of three predictor variables (i.e., personality, professional identity, self-efficacy) statistically significantly predicted the participants’ total scores on the CAAQ macro-level advocacy activities, $R^2 = .145$, $R^2_{adj} = .102$, $F_{(9,180)} = 3.39$, $p < .001$. The overall model accounted for 14.5% of the variance in total scores on the CAAQ macro-level advocacy activities. The overall model showed, when all independent variables are taken together, they statistically significantly positively predicted macro-level advocacy actions. This positive relationship suggested that the higher the scores on the independent variables, the higher the advocacy scores for macro-level advocacy activities. The total sample included in this analysis was 165 participants, as the analysis included only those cases in which participants had data on all variables included in the model.

Table 15

Summary of ANOVA Results for Macro-Level Advocacy Actions

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Regression</td>
<td>3.45</td>
<td>5</td>
<td>.690</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>49.39</td>
<td>184</td>
<td>.268</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>52.84</td>
<td>189</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Regression</td>
<td>7.33</td>
<td>8</td>
<td>.916</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>45.51</td>
<td>181</td>
<td>.251</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>52.84</td>
<td>189</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Regression</td>
<td>7.67</td>
<td>9</td>
<td>.852</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>45.17</td>
<td>180</td>
<td>.251</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>52.84</td>
<td>189</td>
<td></td>
</tr>
</tbody>
</table>

Note. $p < .05*$, $p < .001***$.

As seen in the coefficients Table 16, the variable that statistically significantly predicted macro-level advocacy actions, controlling for the other independent variables in the final model, was the professional identity variable, knowledge of the profession. This
positive relationship indicated that licensed counselors who scored higher on the knowledge professional identity subscale ($\beta = .258$) reported greater macro-level advocacy activities in the last 12 months. The other independent variables entered in the model did not statistically significantly predict macro-level advocacy actions when accounting for the effects of the other independent variables in the model.

Table 16

Hierarchical Multiple Regression Coefficients (Macro-Level Advocacy)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>$\beta$</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extraversion</td>
<td>.008</td>
<td>.102</td>
<td>1.41</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>-.002</td>
<td>-.016</td>
<td>-.213</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>-.006</td>
<td>-.068</td>
<td>-.930</td>
</tr>
<tr>
<td>Emotional Stability</td>
<td>.007</td>
<td>.095</td>
<td>1.28</td>
</tr>
<tr>
<td>Intellect</td>
<td>.011</td>
<td>.098</td>
<td>1.31</td>
</tr>
<tr>
<td>Knowledge of profession</td>
<td>.028</td>
<td>.258</td>
<td>3.22**</td>
</tr>
<tr>
<td>Philosophy of profession</td>
<td>.001</td>
<td>.004</td>
<td>.049</td>
</tr>
<tr>
<td>Attitude</td>
<td>.000</td>
<td>.002</td>
<td>.030</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>.009</td>
<td>.093</td>
<td>1.16</td>
</tr>
</tbody>
</table>

Note. **$p < .01$.**

Qualitative Findings Related to Advocacy Actions

Embedded in the demographic questionnaire was an open-ended question prompt requesting that participants identify the reason they engage in advocacy actions or conversely the reason they do not. Out of the 207 participants who completed this study, 177 (86%) wrote in a response. This section outlines the themes that emerged from the
data. These findings shed light on participant’s perceptions of their motivations to engage in advocacy actions or their motivations to not engage in advocacy actions on behalf of the counseling profession. The percentages of responses to this question prompt exceed 100% as 32 of the participants listed more than one reason as to why they do, or do not, engage in advocacy actions on behalf of the counseling profession.

**Qualitative Findings for the Question “Why Do You Engage in Advocacy on Behalf of the Counseling Profession?”**

The question “why do you engage in advocacy on behalf of the counseling profession” yielded several qualitative themes. Out of the 177 licensed professional counselors who responded to this question, participants indicated a total of 123 responses outlining why they do engage in advocacy actions, yielding a response rate of approximately 69%. A total of 14 (7%) of the responses that did not relate to the question were coded as “other” and then re-coded as “missing.” An example response re-coded as “missing” was, “I just graduated with my Master’s degree in December, I have not taken the licensure exam yet.” Additionally, 13.5% of participants did not write in any response (n=28). Four themes emerged across the responses as presented in Table 17.
Table 17
Reasons Identified as Contributing to Advocacy Activities on Behalf of the Counseling Profession (n=99)

<table>
<thead>
<tr>
<th>Reason</th>
<th>f</th>
<th>Exemplars</th>
</tr>
</thead>
</table>
| Professional Identity                       | 36 | • “I believe that the counseling profession is a unique discipline that is in need of advocacy, as it is still a rather "new" discipline, in relation to the other helping professions. I engage in advocacy actions on behalf of the counseling profession because I believe in its' importance, and because I identify strongly with being a professional counselor.”
|                                             |    | • “Because it is our responsibility as ethically-minded professionals.”                                                                 |
|                                             |    | • “I am actively involved in advocating for the counseling profession in the state I am licensed because I believe it is my professional responsibility.” |
| Advance Profession                          | 41 | • “I advocate because I want to have opportunities and I want others to be able to have them as well.”                                     |
|                                             |    | • “I engage in advocacy actions on behalf of the counseling profession because these strategies help move our profession forward. No profession has ever moved forward without engaging in actions that suite the clients and professional members.” |
|                                             |    | • “I do because I believe it is beneficial to propel the profession in order to promote personal and professional growth”                     |
| Recognize link between professional advocacy and client welfare | 35 | • “I participate in advocacy on behalf of the profession for justice within the mental health professions. I believe that there is a strong connection between advocating for the profession and advocating for clients.” |
|                                             |    | • “I do anything I can to advance the counseling profession as it affects counselors and clients.”                                         |
|                                             |    | • “I believe that professionals have an ethical duty to advocate on behalf of clients and to advocate for conditions, regulations and rules, and laws that enable counselors utilize best practices.” |
| Professional Pride                          | 11 | • “I believe the profession offers something significant to the field of mental health.”                                                 |
|                                             |    | • “I believe in the work that we do.”                                                                                                   |
|                                             |    | • “I do engage in some advocacy because I believe in my profession. I do not advocate as much as I would like due to lack of awareness of opportunity.” |
The themes specific to why counselors choose to engage in professional advocacy are professional identity, advancement of the counseling profession, recognized link between professional advocacy and client welfare, and professional pride are described by participants as themes that influence their advocacy actions on behalf of the counseling profession.

**Professional identity.** Participants whose responses were categorized in this theme indicated that they had a responsibility or a duty to the counseling profession to engage in advocacy actions. These participants responded that it was their desire to leave a legacy through increased recognition and distinction of the counseling profession. Participants in this category also indicated that they engaged in advocacy actions to “safeguard the work” they do.

**Advancement of the counseling profession.** Participants whose responses were placed in this theme reported that they wanted to increase those professional opportunities available to counselors and to affect policy that affect as a means to advance the profession. These responses indicated that participants used advocacy actions as a way to move the profession forward toward some overarching professional goals.

**Recognition of the link between advocacy on behalf of the counseling profession and client welfare.** Participants whose responses were coded in this theme identified that they believed their advocacy actions are directly related client welfare. Participants reported that enhanced services and increased access to services are reasons they engage in advocacy actions on behalf of the counseling profession.
**Professional pride.** Participants whose responses placed them in this theme identified a strong belief in the counseling profession and a passion for their work. In general, they shared their love of what they do. These participants indicated that their reason for advocacy lied in a strong connection to the counseling profession and indicated enjoying advocacy actions. These participants viewed their advocacy actions as ‘giving back’ to the counseling profession.

**Qualitative Findings for the Question “Why Don’t You Engage in Advocacy on Behalf of the Counseling Profession?”**

The question “why don’t you engage in advocacy on behalf of the counseling profession” yielded several qualitative themes. Out of the 177 licensed professional counselors who responded to this question, participants indicated a total of 82 responses outlining why they do not engage in advocacy actions, yielding a response rate of approximately 46%. Four themes emerged across the responses as presented in Table 18.
Table 18

Reasons Identified as Barriers to Advocacy Activities on Behalf of the Counseling Profession (n=66)

<table>
<thead>
<tr>
<th>Reason</th>
<th>f</th>
<th>Exemplars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practical Barriers</td>
<td>46</td>
<td>• “Time Constraints.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “Lack of time and money. Where I live counselors are paid very little and the cost of living is very high. Low wages=longer work hours so both affect my ability to advocate in person.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “Not enough time to properly track the issues, inform myself about them and then act.”</td>
</tr>
<tr>
<td>Lack of Training</td>
<td>20</td>
<td>• “Lack of knowledge on how to act as an advocate on a national level.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “Lack of knowledge/experience.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “I do not yet feel I have enough experience in the profession to have a good understanding of how to advocate.”</td>
</tr>
<tr>
<td>Not a priority</td>
<td>6</td>
<td>• “Not interested at this time.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “Apathy.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “Not a political person, not interested.”</td>
</tr>
<tr>
<td>Lack of advocacy leadership</td>
<td>10</td>
<td>• “I don’t know where to go to engage in advocacy actions.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “I have not been approached on advocacy actions regarding the counseling profession.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “I am starting to learn more but since things vary so widely from state to state, it is often difficult to know where to begin.”</td>
</tr>
</tbody>
</table>

The themes specific to why counselors choose not to engage in professional advocacy including practical barriers, lack of training, not a priority, and lack of
advocacy leadership are described by participants as themes that influence their lack of advocacy actions on behalf of the counseling profession.

**Practical barriers.** Participants whose responses were categorized in this theme indicated that they had their lack of time and financial resources were practical barriers. These participants alluded to the fact that their workday didn’t allow for advocacy activities. Other participants identified ‘competing priorities’- both professional and personal.

**Lack of training.** Participants whose responses were placed in this theme reported that they need to learn more about advocating for the profession, although some indicated they find advocating for clients easy. Several participants pointed to a lack of knowledge in general- in addition to a lack of awareness as to where to find information related to advocacy actions and opportunities. Others indicated that since professional groups speak on their behalf- they to not need to engage in advocacy actions.

**Not a priority.** Participants whose responses were coded in this theme identified that they are just generally uninterested in advocacy or are just apathetic in general. Several indicated that they are not interested in politics and that advocacy is not their passion.

**Lack of advocacy leadership.** Participants whose responses placed them in this theme identified that they had never really been approached to engage in advocacy actions, have had negative experiences in advocacy work, or that their agency or supervisor might disapprove of them using time during their day to engage in advocacy actions. Additionally, some indicated a feeling of disconnection with current advocacy efforts.
Summary of Results

Regarding research hypothesis one, the overall model showed, when all independent variables are taken together, they statistically significantly positively predicted macro-level advocacy actions. The discrete variables of years of experience, and the personality trait Intellect, predicted the frequency of micro-level advocacy actions of licensed professional counselors. Specifically, the more someone endorsed traits such as having wide interests, being imaginative, or insightful, the more they engaged in micro-level advocacy activities. Also, the more years of experience a counselor has, the more they engaged in micro-level advocacy actions in the last 12 months.

Regarding research hypothesis two, the overall model showed, when all independent variables are taken together, they statistically significantly positively predicted meso-level advocacy actions. The discrete variables of the personality trait, Extraversion, and the professional identity subscale, knowledge, were shown to predict the frequency of micro-level advocacy actions of licensed professional counselors. Specifically, the more someone endorsed traits such as having the tendency to be sociable, assertive, energetic, and ambitious the more they engaged in meso-level advocacy activities. Additionally, the more knowledge of the counseling profession someone reported, the more they engaged in meso-level advocacy activities.

In terms of research hypothesis three, the overall model showed, when all independent variables are taken together, they statistically significantly positively predicted macro-level advocacy actions. Additionally, the discrete variable professional identity subscale knowledge was shown to predict the frequency of macro-level advocacy actions of licensed professional counselors. Specifically, the more knowledge of the
counseling profession someone reported, the more they engaged in macro-level advocacy activities.

The counselors who participated in this research also responded to a question prompt asking for the reason they engage, or choose not to engage, in advocacy actions on behalf of the profession. The analysis of the qualitative data resulted in the identification of four major themes central to why counselors reported they engage in advocacy actions on behalf of the profession and four major themes highlighting why counselors do not engage in advocacy actions on behalf of the profession. The general themes emerging from the participants’ responses seemed to be consistent with the previous literature on advocacy.
Included in this chapter are the discussion and interpretation of the findings of this research study, a comparison of the results of the current study to previous literature and research, limitations and recommendations for future research, implications of the findings, and a summary of the research findings.

**Descriptive Summary and Interpretation of Statistical Results**

The first purpose of this study was to investigate the predictive relationship between professional counselors’ personality traits, self-efficacy, professional identity and their profession-focused advocacy actions. The second purpose of this study was to understand the motives that influence engagement, or lack thereof, in advocacy actions by professional counselors. Participants in this study completed the International Personality Item Pool- Big Five (IPIP-B5; Goldberg, 1999) to assess personality variables associated with the Five Factor Model of Personality (Goldberg, 1992), the Professional Identity Scale in Counseling (PISC; Woo, 2013) to assess professional identity variables of counseling professionals, the New General Self-Efficacy Scale (NGSE; Chen et al., 2001) designed to measure an individual’s tendency to view themselves as capable of meeting professional advocacy task demands, the Counselor Advocacy Action Questionnaire (CAAQ) designed to gather information specific to advocacy actions.
participants have engaged in over the past 12 months, as well as a demographics questionnaire- the latter both developed by this researcher.

First, this study examined the relationship between personality, self-efficacy, professional identity, and micro-level advocacy actions. Results indicated that personality, self-efficacy, and professional identity, when taken together, predicted micro-level advocacy actions. The variables that were shown to significantly contribute to micro-level advocacy actions were years of experience and the personality trait, Intellect. Second, the relationship between personality, self-efficacy, professional identity, and meso-level advocacy actions was examined. Results showed that personality, self-efficacy, and professional identity, when taken together, predicted meso-level advocacy actions. The variables in the model that were shown to independently contribute to meso-level advocacy actions when controlling for other independent variables were the personality trait Extraversion, and professional identity subscale knowledge of the profession. Third, the relationship between personality, self-efficacy, professional identity, and macro-level advocacy actions was examined. Results showed that personality, self-efficacy, and professional identity, when taken together, predicted macro-level advocacy actions. The only variable in the model that was shown to independently contribute to macro-level advocacy actions when controlling for other independent variables was the professional identity subscale knowledge of the profession.

**Discussion of Results Compared to Related Research and Theory**

Results will be discussed as they have impacted each variable including micro-level advocacy actions, meso-level advocacy actions, and macro-level advocacy actions. These results will then be placed in the context of current research and counseling theory.
Micro-Level Advocacy Actions

The first null hypothesis in this study asserted that the frequency of micro-level advocacy actions during the prior 12 months is not statistically significantly predicted by counselors’ specific personality traits, strength of professional counselor identity, and degree of advocacy-related self-efficacy, when controlling for demographic factors. The null hypothesis was rejected as the outcome of the analysis indicated an overall significant prediction model containing all nine predictors, reached in four steps, with no variables removed. This overall model accounted for approximately 26% of the variance of micro-level advocacy actions.

Directional hypotheses included the hypothesis that Agreeableness would be a significant factor in predicting micro-level advocacy actions as this trait is identified as a dimension of interpersonal behavior, based on prior literature (Costa & McCrae, 1992; Judge & Bono, 2000). Although Agreeableness was significantly positively correlated with micro-level advocacy actions, the relationship was weak. This directional hypothesis was not supported by the results of this study. Micro-level advocacy actions engaged in by professional counselors over the previous 12 months was primarily predicted by the demographic variable years of experience, and one specific personality trait.

The personality trait that was found to be a significant predictor of micro-level advocacy actions was Intellect. This trait is also referred to as Openness to Experience. McCrae and Costa (1997) describe this trait to refer to a broader constellation of traits including imaginative, having a rich and complex emotional life, intellectual curiosity, behaviorally flexible, and nondogmatic in attitude and value. The positive relationship
indicated that licensed counselors who scored higher on the Intellect personality trait reported greater micro-level advocacy activities in the last 12 months.

In a study by Jang (2012) public servants’ commitment to public interest was positively related to Intellect. This personality trait was demonstrated to predict compassion and self-sacrifice in terms of the motivation of public employees. In a similar study, Judge and Bono (2000) found a correlation between the personality trait of Openness to Experience and leadership. Many of the same behaviors of leaders in this study (i.e. creativity, understanding and adapting to other’s perspectives) are indicative of the same skills present in effective counselors (Black & Magnuson, 2005; Meany-Walen et al., 2013).

The second and third directional hypotheses, stated that higher scores on the professional identity scale and self-efficacy scale would relate to greater the number of micro-level advocacy actions. Neither of these hypotheses were supported by this study. Two of the three professional identity sub-scales were significantly positively correlated with micro-level advocacy actions, though the relationship was weak. There were no individual contributions of specific professional identity variables or the self-efficacy variable. The combination of personality, self-efficacy, and professional identify made a significant contribution to understanding what factors contributed to micro-level advocacy actions in professional counselors. The results of this study indicated that micro-level advocacy actions can be predicted by the variables years of professional counseling experience and the personality trait Intellect, and that the overall combination of variables (i.e., personality, professional identity, self-efficacy) can predict a professional counselor’s participation in micro-level advocacy actions.
Meso-Level Advocacy Actions

The second null hypothesis in this study asserted that the frequency of meso-level advocacy actions during the prior 12 months is not statistically significantly predicted by counselors’ specific personality traits, strength of professional counselor identity, and degree of advocacy-related self-efficacy, when controlling for demographic factors. The null hypothesis was rejected as the outcome of the analysis indicated an overall significant prediction model containing all nine predictors, reached in four steps, with no variables removed. This overall model accounted for approximately 21% of the variance of meso-level advocacy actions.

Directional hypothesis one stated that Conscientiousness would be a significant factor in predicting micro-level advocacy actions. Based on prior literature, it was hypothesized that this trait is identified as a dimension of interpersonal behavior contributing to achievement, dependability, and self-discipline (Barrick & Mount, 1991; Costa & McCrae, 1992). This hypothesis was not supported by the present study. The personality trait that was found to be a significant predictor of meso-level advocacy actions was Extraversion. Costa and McCrae (1992) describe this trait to refer to a broader collection of qualities including sociability, activity, and the tendency to experience positive emotions. The positive relationship indicates that licensed counselors who scored higher on the Extraversion personality trait reported greater meso-level advocacy activities in the last 12 months.

Costa and McCrea (1988) indicate that Extroversion is strongly related to social leadership. Jang (2012) found that extraversion was positively related to attraction to policy making, when investigating the motives of public service employees. Individuals
with high levels of extraversion tend to be assertive and ambitious, they may be more interested in concrete rewards. Licensed professional counselors who engage in meso-level advocacy actions on behalf of the counseling profession may be more likely to take initiative and be socially engaging (Judge & Bono, 2000). Carroll et al. (2005) found that Extroversion was identified as a mediating factor predicting civic participation and social interaction. Meso-level advocacy actions, also known as group level advocacy, seem more appealing to counselors who have the Extraversion personality trait.

The second directional hypothesis stated that the greater the scores on the professional identity scale, the greater the number of meso-level advocacy actions. This hypothesis was supported by this study. All three professional identity variables were significantly positively correlated with meso-level advocacy actions. The only variable that was observed to independently predict meso-level advocacy actions was the professional identity subscale, knowledge of the profession. This variable measured the extent to which counselors self-assessed their knowledge of the origins and milestones of the counseling profession, are familiar with the overarching goals of the profession, are knowledgeable of ethical guidelines (including laws and regulations), are familiar with accreditation organizations and professional associations, are knowledgeable of professional literature, and can distinguish similarities and differences between counseling and other mental health professions (Woo, 2013).

Although there were no studies identified in the literature that specifically addressed the construct of professional identity as it related to advocacy actions in counselors, these results are supported by related literature which indicated that professional identity is a complex set of behaviors and a belief system that differentiates
one profession from another (Mascari & Webber, 2013). Moss et al. (2014) indicated that it is an individual uses their professional identity as a “frame of reference” (p.3) as they make counseling related decisions. Based on the results of this study and prior literature, it seems that when counselors know more about the profession of counseling, they engage in more professional advocacy actions.

The significance of the professional identity subscale, knowledge of the profession, is supported in the literature. Green, McCollum and Hays (2008) asserted “knowledge gives individuals the power to act responsibly and competently” (p. 22). These authors go on to say that there is a natural progression from knowledge to the cultivation of advocacy skills. Based on the results of this study, when counselors had a greater knowledge of the counseling profession they engaged in a greater number of advocacy actions. In a study by Reiner et al. (2013) respondents indicated that professional identity could advance the counseling profession in terms of achieving greater reimbursement for services, professional parity, and realizing the goal of licensure portability. The findings of the present study support the previous research linking professional identity to the counseling profession’s ability to reach its professional goals.

The third directional hypothesis stated that the greater the scores on the self-efficacy scale the greater the number of meso-level advocacy actions. This hypothesis was not supported by this study. The self-efficacy scale was also significantly positively correlated with meso-level advocacy actions, with a weak relationship. Although there were no individual contributions of the self-efficacy variable, the combination of personality, self-efficacy, and professional identify made a significant contribution to understanding what factors contribute to meso-level advocacy actions in professional
counselors. The results of this study indicated that meso-level advocacy actions can be predicted by the personality trait, Extraversion, and professional identity subscale, knowledge of the profession. The overall combination of variables (i.e., personality, professional identity, self-efficacy) also predict a professional counselor’s participation in meso-level advocacy actions.

**Macro-Level Advocacy Actions**

The third null hypothesis in this study asserted that the frequency of macro-level advocacy actions during the prior 12 months is not statistically significantly predicted by counselors’ specific personality traits, strength of professional counselor identity, and degree of advocacy-related self-efficacy. The null hypothesis was rejected as the outcome of the analysis indicated an overall significant prediction model containing all nine predictors, reached in three steps, with no variables removed. This overall model accounted for approximately 15% of the variance of micro-level advocacy actions.

The first directional hypothesis related to macro-level advocacy actions hypothesized that Extraversion and Openness to Experience/Intellect would be significant factors in predicting macro-level advocacy actions as these traits were positively associated with policy making, leadership, and a strong need for change (Costa & McCrae, 1988; Jang, 2012; Judge & Bono, 2000). This directional hypothesis was not supported in the present study. Emotional Stability was significantly positively correlated with macro-level advocacy actions but the relationship was weak. The personality variables, when taken together, significantly contributed to the amount of variance explained in the overall model; however, there was no one personality variable that significantly predicted macro-level advocacy actions.
The second hypothesis specified that greater the scores on the professional identity scale would relate to a greater number of macro-level advocacy actions. This hypothesis was supported by this study. The variable that was observed to significantly predict to macro-level advocacy actions was the professional identity subscale, knowledge of the profession. Two of the three professional identity sub-scales were significantly positively correlated with macro-level advocacy actions but with a weak relationship. This variable measured the extent to which counselors self-assessed their knowledge of the counseling profession including its unique history, professional goals and literature, and its distinctiveness when compared to other mental health professions (Woo, 2013). As noted by Eriksen (1999), counselors must have confidence in what they are promoting- in order to develop into an effective advocate. As seen by this study, when counselors had a greater knowledge of the counseling profession they engaged in a greater number of advocacy actions. In Erisken’s (1999) qualitative study, counselors indicated that they participated in macro-level advocacy activities by contacting legislatures and the public “educating them about counselors, providing evidence of counselors effectiveness, and urging them to grant parity to counselors” (p. 33). In order to engage in these activities, counselors must first be armed with knowledge of their profession.

The third directional hypothesis stated that the greater the scores on the self-efficacy scale the greater the number of macro-level advocacy actions. This hypothesis was not supported by this study. The self-efficacy scale was significantly positively correlated but with a weak relationship. Although there were no individual contributions of the self-efficacy variable, the combination of personality, self-efficacy, and
professional identity made a significant contribution to understanding what factors contributed to macro-level advocacy actions in professional counselors. The results of this study indicated that the professional identity subscale, knowledge of the profession, can predict macro-level advocacy actions. The overall combination of variables (i.e., personality, professional identity, self-efficacy) can predict a professional counselor’s participation in macro-level advocacy actions.

**Discussion of Qualitative Findings**

This study also asked participants to indicate why they either do or do not engage in advocacy actions on behalf of the counseling profession. The counselors were able to write in their own response to this question prompt. These responses indicative of engagement in advocacy actions, and conversely responses of those who did not engage, were categorized into the following themes.

**Counselors Who Engaged**

The following themes emerged based on responses of the counselors who reported engaging in advocacy actions on behalf of the counseling profession.

**Professional identity.** Professional identity has been defined as a unique belief system that separates one mental health profession from another (Nurkri & Remley, 2009). Professional identity had been identified as a contributing factor to a counselor’s ability to remain motivated and recognize the significance of their efforts in service of the counseling profession (Solomon, 2007). Many of the participants in this study indicated that they believed it was their professional responsibility to engage in advocacy actions on behalf of the counseling profession.
This sense of responsibility and duty can be compared with Myers et al. (2002) assertion that a lack of a unified definition of professional counseling has had a negative affect on advocacy efforts. Since this article was written, the ACA has endorsed a unified definition of counseling (Kaplan & Gladding, 2011) and several counseling related organizations have produced advocacy related information and materials (i.e. ACA, NBCC and CSI). CSI (1999) highlights counselor education as a common advocacy theme designed to help advance the counseling profession. The goal of this theme is to ensure that all counseling students graduate with a clear identity and a sense of pride as professional counselors. Participants in this study indicated that one reason they engaged in advocacy actions on behalf of the counseling profession was due to their strong professional identity.

**Advancement of the counseling profession.** Myers et al. (2002) refer to this theme as “public’s image and access to counseling and counselors” (p. 397). These authors point to a diminished likelihood of consumers ability to access services if they are lacking knowledge about and access to our profession. Counselors who participated in this study commented on the increased opportunities and policy that they wished to affect because of their advocacy efforts. This desire for increased recognition and advancement have been echoed by Eriksen (1997) and Sweeney (1995) as they highlights the areas in which counselors must compete for jobs and reimbursement for their services, indicating that counselors are often unable to access specific positions of earn reimbursement matching with their level of training.

CSI (1999) highlights marketplace recognition and intra-personal relations as a common advocacy theme designed to help advance the counseling profession. The goal
of intra-professional relations is to develop a unified and collaborative advocacy plan for the advancement of counselors. The goal of marketplace recognition is to ensure that counselors in all settings are suitably compensated for their services and are afforded the opportunity to provide those services within their competence. Participants in this study indicated that one reason they engaged in advocacy actions on behalf of the counseling profession was due to work towards their professional goals of moving the counseling profession forward.

**Recognized link between professional advocacy and client welfare.** Some counselors pointed to the direct connection between their professional advocacy actions and client welfare. This link between professional advocacy and client welfare is highlighted in CSI (1999) themes of *intra-professional relations* and *inter-professional relations*. Each of these themes supports the development of a plan to advance the welfare of clients served. According to Myers et al. (2002) this link results in better services and increased access to services by the public as well as increased employment opportunities for counselors. Participants in this study indicated that one reason they engaged in advocacy actions on behalf of the counseling profession was due to their desire to provide quality services to clients through the provision of access and quality services. These participants indicated a symbiotic relationship between client welfare and professional advocacy actions.

**Professional pride.** Counselors also indicated that their passion for the profession and their belief in the counseling profession prompted their advocacy actions. Myers et al. (2002) indicate that this professional pride is promoted when graduate training programs celebrate their unique identity and when students are educated about
their profession and the importance of advocacy. This pride in the profession includes the recognition that we have extensive knowledge and training specific to our profession. Participants in this study indicated that one reason they engaged in advocacy actions on behalf of the counseling profession was due to their belief in the counseling profession and what this profession can offer to the broader society.

**Counselors Who Do Not Engage**

The following themes emerged based on responses of the counselors who reported not engaging in advocacy actions on behalf of the counseling profession.

**Practical barriers.** Most counselors who reported not engaging in advocacy actions indicated that inadequate time, money, and other resources prevented them from engaging in professional advocacy actions. This theme is present in the research of Myers and Sweeney (2004) found that leaders in the field of counseling perceived that inadequate resources and not enough money, and not enough time to deal with advocacy were three obstacles to advocacy efforts.

**Lack of training.** Several counselors indicated that their lack of skills and knowledge kept them from engaging in professional advocacy actions. This theme is present in the research of Myers and Sweeney (2004), as counseling leaders indicated that lack of training in advocacy, lack of awareness of advocacy issues, and not having a training packet in advocacy were obstacles to advocacy efforts.

**Not a priority.** Counselors also indicated that a lack of interest and/or passion served as a barrier to them engaging in advocacy actions on behalf of the profession. This theme is present in the research of Myers and Sweeney (2004) as counseling leaders
identified little interest in advocacy and advocacy not being a priority as obstacles to advocacy efforts.

**Lack of advocacy leadership.** Finally, counselors stated that a lack of guidance, modeling, and organizational support was a barrier to engaging in advocacy actions. This theme is present in the research of Myers and Sweeney (2004) counseling leaders identified that lack of advocacy leadership and lack of collaboration as barriers to advocacy efforts by professional counselors.

**Overall Professional Advocacy Model**

Based upon the results of the current study, there are individual traits that can predict each level of advocacy action. Further, the interplay between personality variables, self-efficacy, and professional identity variables make a unique and significant contribution in predicting advocacy actions in professional counselors. The results of this study highlight the reciprocal relationship between the variables studied. The nature of this study was exploratory in nature and the results point to an overall model of advocacy-, which includes the variables of personality, self-efficacy, and professional identity.

Further, counselors indicated that professional identity, professional pride, advancement of the counseling profession, and the link between professional advocacy and client welfare were what fueled their advocacy actions. These themes highlight participant’s perceptions of what fuels their advocacy actions. Counselors who reported not engaging in advocacy actions identified practical barriers, lack of training, lack of leadership, and reported that advocacy on behalf of the profession was just not a priority. The qualitative responses of the counselors in this study support the quantitative findings.
indicating that the interplay of personality, self-efficacy, and professional identity can predict advocacy actions in licensed counselors, as these themes underscore the variables examined in this study.

Implications of the Findings

The following section describes the implications of the findings of the current study. Implications are presented for graduate training programs, counselor educators, supervisors, and counseling practitioners.

Implications for Training Programs and Organizations

Fostering the development of professionalism is one of the primary duties of graduate training programs (Spruill & Benshoff, 1996). Graduate counselor training programs recognize the importance of the eight core curricular areas in addition to the process of developing professionalism in graduate students. CACREP accredits graduate training programs in counseling allowing for training standards and a method for measuring educational knowledge (Adams, 2006). CACREP’s primary purpose is three fold (1) to provide guidelines that reflect the profession’s expectations, (2) to promote quality, and (3) to strengthen the profession’s credibility. One of the core values identified by CACREP is the support and advancement of the counseling profession in its pursuit of professional goals of state licensure, federal recognition of counselors, and more. CACREP encourages advocacy efforts by faculty, students, and graduates to “strengthen, unify, and expand the counseling profession” (Advocacy Week, 2016). This focused support of the counseling profession may lend itself to the need of counselors to support their advocacy efforts. From a programmatic standpoint, the identification of advocacy as an important role for counselors, in all settings (i.e. faculty, student,
counselor) may address some of the reasons counselors identified for not engaging in advocacy actions—such as lack of advocacy leadership and lack of training.

Professional associations can also play a role in supporting the profession and its unique identity—as can establish the foundation for advocacy success and increased recognition and visibility of the counseling profession (Myers et al., 2002). As a part of the CACREP influence, many graduate training programs are moving toward accreditation and hiring faculty whose primary identity is that of a counselor educator. Based on the advocacy model outlined in this study, professional identity and knowledge of the profession are important components of creating counselors who engage in advocacy actions on behalf of the profession. Continued movement by training programs and organizations to support this unique identity are necessary to move the profession forward.

**Implications for Counselor Education**

It is important for counselor educators to knowledgeable about advocacy on behalf of the counseling profession and to use their classroom and/or office to educate and support their students and supervisees. Advocacy can be encouraged through faculty/supervisor interactions in the forms of provision of knowledge, modeling, and/or process discussions. The work done by counselor educators can influence whether students will engage in their profession, join professional organizations, and take on the role of advocate on behalf of the counseling profession (Reiner et al. (2013).

Although counselor educators are important points of contact for students studying the counseling profession, not every student develops a deeper relationship with their professors, otherwise referred to a mentoring relationship. This indicates that more
practitioners will need to acknowledge the importance of mentoring and the role of advocacy in counselor development. Also important are the “informal processes” by which students are mentored (Cashwell & Minton, 2012, p. 176). These informal processes challenge educators to offer themselves, including their experiences and insight, to inspire and develop a culture of leadership and advocacy. This theme of mentoring is especially important for women, which comprised a large portion of the counseling profession, and ethnic monitories. Through these opportunities, students are able to engage in self-examination where they can explore their strengths and limitations. Students look to faculty and/or supervisors for guidance and support as they work to develop into an advocate for the counseling profession. Graduate programs will need to better prepare and support students and new professionals to view engagement in advocacy actions as a part of their counseling practice.

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) works to support graduate counseling training programs in their implementation of the highest standards of educational quality and to promote a unified counseling profession (CACREP, 2009). The requirements of accreditation are meant to ensure a strong professional counselor identity. As seen in the prior standards (CACREP, 2009), advocacy was highlighted as a way to support clients. In the most recent version of these standards (CACREP, 2016) as seen in Section II of the standards, the inclusion of professional advocacy is more overt. This standard requires programs to address “the role and process of the professional counselor advocating on behalf of the profession.” Research has indicated that the formation of this unique professional counselor identity begins with counselor educators (Calley & Hawley, 2008).
Green et al. (2008) indicated that counselor education programs would benefit from infusing an advocacy orientation throughout their curriculum in addition to developing a course specifically designed to place advocacy in counseling into action. For example, a qualitative study by Nelson and Jackson (2003) investigated the development of professional counselor identity in Hispanic student interns. These authors found that knowledge as a central theme, making this relevant for both counselor educators and counseling supervisors. This highlights the role of counselor educators in creating the foundation of professional identity, through knowledge, which can then lead to engagement in advocacy actions in beginning counselors.

The results of this study indicated that there is no one personality of an advocate. It is, in fact, the combination of personality, professional identity, and self-efficacy that together create an advocate who is willing to engage in advocacy actions on behalf of the counseling profession. It is important for counselor educators to provide knowledge, as well as mastery experiences related to advocacy, throughout their graduate training programs to promote both professional identity and self-efficacy in their students.

These results also support the consensus issues for advancing the counseling profession, specific to the importance of strengthening our professional identity, focusing on students and promoting client welfare and advocacy. Efforts in support of identifying a core body of knowledge related to the counseling profession and the accreditation of counseling programs reflecting one identity (see Kaplan & Gladding, 2011) can work in support of providing students with the knowledge of the profession needed to encourage students to engage in advocacy actions. Further, the counseling profession’s promotion of mentoring relationships and endorsing student involvement in professional counseling
associations (Kaplan & Gladding, 2011) can work to support a strong professional identity and provide those mastery experiences needed for students to develop self-efficacy specific to advocacy tasks.

Advocacy on behalf of the profession is supported by professional organizations like the American Counseling Association (ACA), the National Board for Certified Counselors (NBCC), and Chi Sigma Iota (CSI). These organizations promote advocacy actions by providing information on ways counselors can support existing advocacy activities, how-to advocacy guides, publications related to professional advocacy, and funding support for advocacy-related research. Counselor educators can utilize these resources in a variety of ways to engage in advocacy actions themselves as well as to support students in their endeavors.

**Implications for Counseling Supervisors**

Counseling supervisors can assist their supervisees in developing advocacy skills by incorporating this topic in supervisory sessions. Additionally, if supervisors and agencies can find ways to support practitioner’s advocacy efforts (i.e., by incorporating advocacy into the culture of the organization) by removing barriers such as time and money (i.e., allow employees protected time to engage in advocacy actions, offer in-house advocacy related trainings) these actions can also serve to promote professional identity and self efficacy, which in turn can have a positive affect on advocacy actions.

Lewis, Cheek and Hendricks (2001) indicated that in order to supervisors to effectively support advocacy actions in their supervisees, they must first value advocacy themselves, as well as have the expertise to carry out advocacy activities. Further, these authors state that the implementation of change needs to be addressed and directed by the
supervisor- as a component of supervision. They apply a model of change to the advocacy process to help supervisors move supervisees into readiness for action. Supervisors can assist their supervisees in moving beyond the walls of their office and effect change on a broader scale through the continued provision of knowledge and by way of nurturing a counselor’s professional identity.

According to the ACA Code of Ethics (2014d), it is incumbent upon the supervisor to monitor supervisee performance and professional development specific to client welfare. The connection between advocacy on behalf of the counseling profession and client welfare has been demonstrated in terms of increased access to services. This shift encourages supervisors to educate and support their supervisees to work for social change.

Skovholt and Ronnestad (1995) indicated that professional identity is developmental in nature, taking place over the course of a counselor’s lifespan. Supervisors can support this process in supervision by incorporating advocacy as a consistent element of the supervision process. The inclusion of advocacy in supervision will further solidify the notion that advocacy actions are a key part of a counselor’s role. Since the supervisor is an experienced professional instructing a less experienced supervisee on how to become an effective counselor. The supervisory alliance further develops professional role identity in the supervisee and focuses on behaviors to be acquired by the supervisee. According to Bradley, Lewis, Hendricks and Crews (2008), an important role for the supervisor is that of teacher and model for the supervisee in the role of an advocate for both clients and the profession.
Counselors in training benefit from the ongoing monitoring and support of their supervisors and administrators. Moss et al. (2013) found that supervision positively affects counselors at all experience levels. Specific to advocacy on behalf of the counseling profession, supervisors and administrators can play an instrumental role in supporting practitioners in their advocacy actions. It is beneficial to highlight the notion that all advocacy efforts, professional advocacy and social justice advocacy alike, work to promote client welfare. Through active incorporation of advocacy knowledge and support of advocacy activities, perhaps through the use of an advocacy model, supervisors and administrators can continually work to build their professional identity and self-efficacy.

**Implications for Counseling Practice**

Although it is important for counselor educator and counseling supervisors to support the efforts of their students/supervisees, the ultimate responsibility of advocacy actions rests on each individual counselor. It seems that when armed with a strong professional identity and with both the knowledge of the counseling profession and awareness of the link between professional advocacy and social justice advocacy, counselors are inclined to act.

Recent changes in the ACA Code of Ethics (2014d) included advocacy as an ethical code applicable to all counselors. The code indicates that counselors advocate at all levels (individual, group, institutional, and societal) to address those things that inhibit the growth and development of clients (A.7.a.). The notion of advocacy for clients and advocacy for the counseling profession are frequently seen as competing or incompatible activities; however, Myers et al. (2002) assert that these activities are in fact necessary
partners in promoting client welfare. This perspective includes an establishment of a legitimate position for professional counselors among the mental health professions so that counselors can become effective advocates for clients and agents of social change (Chi Sigma Iota, 1999).

Toperek et al. (2009) define advocacy competence as “the ability, understanding, and knowledge to carry out advocacy ethically and effectively” (p. 262). This definition inspired the identification of guidelines to assist counselors in growing their knowledge and skills specific to implementing advocacy in their day-to-day work. This progression of social justice advocacy identified three levels of intervention: (1) individual, (2) community, and (3) public or societal. These advocacy competencies were to encompass guild issues as well as social justice advocacy; however, in many writings only social justice interventions seem to be applied to these levels of intervention. Since these advocacy competencies are designed to support advocacy actions in counselors, it is helpful to apply this ecological model not only to social justice advocacy but also to advocacy on behalf of the counseling profession.

Counselors need to expand their view of those actions they view as advocacy on behalf of the profession. One study participant indicated that the reason they do not engage in advocacy actions on behalf of the counseling profession is that they “don’t like politics.” By expanding the list of those actions that are considered advocacy actions on behalf of the counseling profession, more counselors may be inclined to identify additional actions in which they would be willing to engage.

In practice, counselors can begin to engage in micro-level advocacy activities by training others in advocacy skills, supporting others in their advocacy work and can also
serve to support others in wellness and self-care activities. Counselors can also support one another and keep their fellow counselors aware of issues, progress on issues, and action needs (Eriksen, 1997). Each of these examples highlights advocacy actions that are focused on individuals or a particular situation (Lewis et al., 2011). Counselors can also intervene at the meso-level of advocacy actions and collaborate with others to address a problem. This may include speaking to insurance companies or employers to provide education on the scope of service and effectiveness of counselors. Using grassroots means (i.e. persuading members of an organization of the general public to take action) can be effective for meso-level advocacy actions (Eriksen, 1997). At the macro-level, counselors can support their professional counseling state organization(s) to affect public policy and legislation specific to the counseling profession. This support could extend to the national issues as well. In a qualitative study by Eriksen, (1997) respondents identified that many who engaged in macro-level advocacy actions utilized relationship-building activities.

No matter the level of intervention, Eriksen (1997) indicates that counselors can “do what they do well” to highlight their value to the public. The results of this study indicate that the interplay of personality traits, professional identity, and self-efficacy can predict advocacy actions in counselors. There are advocacy actions available at each intervention level. These levels of advocacy interventions underscore the notion that advocacy actions are within reach of every counselor. Counselors can use this information to discover the ways in which they can most effectively advocate for the counseling profession.
**Recommendations Based on Qualitative Results**

The themes specific to why counselors chose to engage in advocacy actions on behalf of the profession indicate that a strong professional counseling identity, including a professional pride and a desire to advance the profession as a whole work in support of advocacy actions. Additionally, counselors reported recognizing the link between professional advocacy actions and client welfare, thus spurring advocacy actions. It is important for the counseling profession, as a whole, work to unify the profession (see Kaplan & Gladding, 2011). One way to continue to foster this unique professional identity is for counseling professionals to support their professional associations (both state and national).

The counselors in this study also indicated several themes as to why they do not engage in advocacy actions on behalf of the profession. An overwhelming majority of counselors indicated that practical barriers are the primary preventative factor. Part of this barrier may lie in counselor’s limited definition of what qualities as advocacy activities on behalf of the profession; prior literature highlights macro-level advocacy actions (Myers & Sweeney, 2004). Similar, participants indicated that advocacy is not a priority to them individually, that there seems to be a lack of advocacy leadership and that many lack leadership training. These themes may point the lack of importance placed on advocacy by agencies and institutions alike. Counseling practitioners can advocate for advocacy on behalf of the counseling profession by educating their supervisors and organizations as to the link between advocacy on behalf of the counseling profession and the clients they serve. Counselors can also seek out trainings
and professional development opportunities through participation in their state and national counseling associations.

**Limitations and Recommendations for Future Research**

There were several limitations of this study. First, the sample of participants of professional counselors was a convenience sample. Although invitations to counselors were sent to a nationally representative geographic sample of state counseling association listservs, it is unsure whether the final sample of counselors who participated in this study was nationally representative. Future research should include replications of this study should include demographic questions specific to the location of each participant, to ensure national geographic representation.

Generalizability of the findings included in this study must also be done with caution as the professional counselors in this sample were identified through professional counseling listservs, indicating that the participants were members of their respective counseling association. Therefore, counselors who are not members of a professional counseling association may not have been included in this sample. It is recommended that an alternative sampling method may provide a more accurate representation of all counselors in the United States.

A demographic limitation specific to sex was also present in this study. Participants in this study included 82% female and 17% male counselors. In the CACREP Annual Report (2014), students and faculty attending CACREP accredited programs identified predominantly as White females. Although the results are generally representative of the counseling profession, sample demographics may cause the results to be less generalizable to males. Additionally, another limitation present in this study
regarding the self-identified race of participants, 87% of participants identified as White and only 13% identified as Black, Hispanic, Asian, or two or more races. In the CACREP Annual Report (2014), students and faculty attending CACREP accredited programs identified primarily as White females. The report indicates that 61.1% of students and 75.1% of faculty identified as White. Approximately 19.4% of students and 12.3% of faculty identified as Black. There was no data available on other race/ethnicities. Additionally, 82.5 students and 60.4% of faculty identified as female. Further, 17.5% of students and 39.5% of faculty identified as male. Although this study has similar demographic representation as students and faculty in counselor training programs, this disparity may cause the results of this study to be less generalizable to non-White and male counselors.

There are also limitations specific to those instruments used in this study. The developers of the IPIP-B5 provide no norms for the instrument due to their assertion that most norms are misleading and should not be used as a comparison. This limitation may have caused an issue when attempting to compare current results to the norms of the instrument. Future researchers may want to utilize an instrument that is commercially produced; as such, instruments would include norms for their instrument in the manual. These norm scores would help to interpret results of future studies. Having norm scores would allow for evaluation of strength of participants scores and can add dimension as researchers could compare test scores with the general population (Whiston, 2008).

Specific to the CAAQ, this questionnaire was developed by this researcher and was not piloted with a large sample of counselors before its inclusion in this study. Additionally, the format used for this questionnaire allowed participants to place both
numbers and text in the fields, thus allowing participants to indicate that they did engage in advocacy actions (as indicated by a ‘yes’) but the frequency in which they engaged in these actions remained unknown. Additionally, there was no place for participants to report that the advocacy action was not relevant to them, other than by indicating a zero. This was an internal threat to validity via measure development.

The PISC is a relatively new instrument designed to measure professional identity in counselors. Although factor analysis demonstrated the subscales included in this study as an underlying structure of professional identity, the use of this instrument is limited and not much research is available to support the instruments reliability and validity.

Limitations regarding the procedures of this study were also present. Data was collected using a national on-line survey. Although this survey was accessible via computer, tablet, or mobile device, not all participants may have had access to technology-assisted devices. Thus, access to this survey may be a potential limitation. Other methods of data collection, including interviews and physical mailings, could be used to collect data (Heppner, Wampold, & Kivlighan, 2008). However, there are considerations when using these alternative methods of data collection including time, cost, and access.

The time it took participants to complete this on-line survey was also a potential limitation. A total of 324 licensed professional counselors initiated participation in this study; however a final sample of 207 cases were included in the final analyses. There were a large number of participants who did not complete the survey for unknown reasons. It is possible that the responses of those participants who chose not complete the survey were different from the respondents who did complete. Additionally, there was
no measure of social desirability included in this study. Participants in this study may have responded in a way that put forward a socially acceptable response to the questions included in this study, thus creating a potential bias in responses.

The first purpose of this study was to investigate the predictive relationship between professional counselors’ personality traits, self-efficacy, professional identity, and their profession-focused advocacy actions. The second purpose of this study was to understand the motives that influence engagement, or lack their of, in advocacy actions by professional counselors. The results of this study indicate that when taken together, personality traits, self-efficacy, and professional identity was significantly related to advocacy actions in professional counselors. These results were consistent with previous conceptual literature as well as with previous research. The current study advanced the understanding of those factors that are related to advocacy actions on behalf of the counseling profession.

There are a number of directions future research can take as a result of this study. The present exploratory study investigated the relationship between personality traits, self-efficacy, professional identity, and advocacy actions of professional counselors. Based upon a review of the literature, no previous studies had investigated these constructs and their effect on professional counselor’s advocacy actions. Additionally, research examining advocacy on behalf of the counseling profession is almost nonexistent. It is recommended that future research further explore the relationship and complexities of the variables studied. Given the significant findings involving personality, self-efficacy, and professional identity, additional studies should be conducted to further examine these factors. This study was exploratory in nature and
results outlined an advocacy model that included personality, self-efficacy, and professional identity. Future research should test this predictive model to assess validity and reliability. Additional research is needed to further advance the findings of the current study and to advance the understanding of professional advocacy so that the each counselor is working to support the counseling profession in positioning itself to attain its overarching professional vision.
REFERENCES


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Costa, P. T. Jr., & McCrae, R. R. (1992). *Revised NEO Personality Inventory (NEO-PI-R) and NEO Five-Factor Inventory (NEO-FFI) professional manual*. Odessa, FL: PAR.


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APPENDICES
APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

1. Please indicate your primary professional affiliation (select only one):
   • Professional Counseling (any subtype included)
   • Marriage and Family Therapy
   • Social Work
   • Pastoral Care
   • Clinical Psychology
   • Counseling Psychology

2. Age: ________

3. Gender:
   • Male
   • Female
   • Transgender

4. What racial/ethnic group do you most closely identify?
   • White/Euro-American
   • Black/African American
   • Hispanic/Latin American
   • Native American/Alaskan Native
   • Asian/Asian American
   • Native Hawaiian or other Pacific Islander
   • Two or more races
   • Other (please specify):

5. Please indicate the highest degree you have earned specifically related to the counseling profession:
   • Master’s degree
   • Doctoral degree

6. How many years of experience do you have as a licensed counselor: ______
7. Please indicate the type of professional work role that is your primary job duty:

- counselor educator
- counseling practitioner
- counseling supervisor/administrator

8. Please explain why you do or do not engage in advocacy actions on behalf of the counseling profession.
APPENDIX B

IPIP BIG FIVE FACTOR QUESTIONNAIRE

Please describe yourself as you generally are now, not as you wish to be in the future. Indicate now you honestly see yourself, in relation to other people you know of the same sex as you and roughly your same age. For each statement, please indicate how accurate it is as a descriptor of you.

<table>
<thead>
<tr>
<th>Very Inaccurate</th>
<th>Moderately Inaccurate</th>
<th>Neither Accurate nor Inaccurate</th>
<th>Moderately Accurate</th>
<th>Very Accurate</th>
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<tr>
<td>1</td>
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<td>4</td>
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</table>

1. Am the life of the party.
2. Feel little concern for others.
3. Am always prepared
4. Get stressed out easily
5. Have a rich vocabulary
6. Don’t talk a lot
7. Am interested in people
8. Leave my belongings around
9. Am relaxed most of the time
10. Have difficulty understanding abstract ideas
11. Feel comfortable around people
12. Insult people
13. Pay attention to details
14. Worry about things
15. Have a vivid imagination
16. Keep in the background
17. Sympathize with others’ feelings
18. Make a mess of things
19. Seldom feel blue
20. Am not interested in abstract ideas
21. Start conversations
22. Am not interested in other people’s problems
23. Get chores done right away
24. Am easily disturbed
25. Have excellent ideas
26. Have little to say
27. Have a soft heart
28. Often forget to put things back in their proper place

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<table>
<thead>
<tr>
<th>Very Inaccurate</th>
<th>Moderately Inaccurate</th>
<th>Neither Accurate nor Inaccurate</th>
<th>Moderately Accurate</th>
<th>Very Accurate</th>
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<td>1</td>
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<tr>
<td>Get upset easily</td>
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<td>Do not have a good imagination</td>
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<td>Talk to a lot of different people at parties</td>
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<td>Am not really interested in others</td>
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<td>Like order</td>
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<td>Change my mood alot</td>
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<td>Am quick to understand things</td>
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<td>Don’t like to draw attention to myself</td>
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<tr>
<td>Take time out for others</td>
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<td>Shirk my duties</td>
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<td>Have frequent mood swings</td>
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<td>Use difficult words</td>
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<td>Don’t mind being the center of attention</td>
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<td>Feel others’ emotions</td>
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<td>Follow a schedule</td>
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<td>Get irritated easily</td>
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<td>Spend time reflecting on things</td>
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<td>Am quiet around strangers</td>
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<td>Make people feel at ease</td>
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<td>Am exacting in my work</td>
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<tr>
<td>Often feel blue</td>
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<tr>
<td>Am full of ideas</td>
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APPENDIX C

PROFESSIONAL IDENTITY SCALE IN COUNSELING

Please indicate your agreement with each statement by marking the number that best fits with your thoughts.

<table>
<thead>
<tr>
<th>Subscale I: Knowledge of the Profession</th>
<th>1</th>
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<tr>
<td>1. I know the origins of the counseling profession</td>
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<td>2. I am knowledgeable of the important events and milestones (e.g., establishing ACA, state-level licensure) in counseling history.</td>
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<td>3. I know the existence of “20/20: A Vision for the Future of Counseling.” A representative process to identify where the counseling profession wants to be in the year 2020 and what it will take to get there.</td>
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<td>4. I am knowledgeable about ethical guidelines (e.g., codes of ethics/standards of practice) in counseling.</td>
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<td>5. I am familiar with accreditation organizations (e.g., CACREP: Council for Accreditation of Counseling &amp; Related Educational Programs) and their standards for professional preparation.</td>
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<td>6. I am familiar with certification organizations (e.g., NBCC: National Board for Certified Counselors) and their requirements for credentials.</td>
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<td>7. I am familiar with professional counseling associations (e.g., ACA: American Counseling Association) and their roles and accomplishments in the profession.</td>
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<td>8. I am knowledgeable of professional counseling journals (e.g., JCD: The Journal of Counseling &amp; Development, journal(s) relevant to my specialty area) and their contents’ foci and purposes in the profession.</td>
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<td>9. I am able to distinguish similarities and differences between my profession and other mental health professions (e.g., counseling psychology, social work, and psychiatry).</td>
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<td>10. I am familiar with laws (e.g., court cases, licensure) and regulations related to my profession.</td>
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Subscale II: Philosophy of the Profession

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<tbody>
<tr>
<td>1.</td>
<td>I am able to distinguish the counseling philosophy from the philosophy of other mental health professions (e.g., counseling psychology, social work, and psychiatry).</td>
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<td>2.</td>
<td>Most problems and concerns presented by clients are developmental in nature.</td>
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<td>3.</td>
<td>The preventive approach is emphasized in the counseling philosophy.</td>
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<td>4.</td>
<td>It is important to view clients holistically, focusing on integration of the mind, body, and spirit.</td>
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<td>5.</td>
<td>It is important to empower clients through an emphasis on personal strengths.</td>
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<td>6.</td>
<td>Advocacy for clients is emphasized in the counseling philosophy.</td>
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<tr>
<td>7.</td>
<td>Clients are able to make constructive and positive changes in their lives.</td>
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<td>8.</td>
<td>Interactions in counseling are based on the relationship between counselor and client.</td>
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<tr>
<td>9.</td>
<td>Research is an important part of the counseling profession.</td>
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<tr>
<td>*10.</td>
<td>Assessments and diagnosis are emphasized in the counseling philosophy.</td>
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<tr>
<td>11.</td>
<td>If not for insurance issues, it is not important to utilize a medical model when conceptualizing a client’s presenting issue.</td>
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</table>

Note. (*) indicates reverse worded item.

Subscale IV: Attitude

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>My profession has a well-established theoretical body of knowledge.</td>
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<td>2.</td>
<td>My profession provides unique and valuable services to society.</td>
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<td>3.</td>
<td>I value the advancement and the future of my profession.</td>
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<td>4.</td>
<td>I believe counseling is different from other mental health professions (e.g., counseling psychology, social work, and psychiatry).</td>
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<td>5.</td>
<td>It bothers me to meet people who do not recognize my profession.</td>
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<td>*6.</td>
<td>It does not bother me to meet counseling professionals who value psychology/social work over my profession.</td>
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<td>7.</td>
<td>I recommend my profession to those who are searching for a new career related to helping professions.</td>
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<tr>
<td>8.</td>
<td>I am comfortable having discussions about the role differences between counseling and other mental health professions (e.g., counseling psychology, social work, and psychiatry).</td>
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<td>9.</td>
<td>My personality and beliefs are well matched with the</td>
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<tr>
<td>characteristics and values of my profession.</td>
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<tr>
<td>10. I am satisfied with my work and professional roles.</td>
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<td>11. I have a solid work-life balance and feel congruent.</td>
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<td>12. As a counseling professional, I share my positive feelings (e.g., satisfaction) when working with people in other fields.</td>
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</table>

Note. (*) indicates reverse worded item.
APPENDIX D

NEW GENERAL SELF-EFFICACY SCALE

Please indicate to what extent each statement describes you. Use the Likert scale below to indicate your level of agreement.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</table>

1 2 3 4 5

1. I will be able to achieve most of the professional advocacy goals I have set for myself.
2. When facing difficult professional advocacy tasks, I am certain that I will accomplish them.
3. In general, I think I can obtain professional advocacy outcomes that are important to me.
4. I believe I can succeed at most any professional advocacy endeavor to which I set my mind.
5. I will be able to successfully overcome many professional advocacy challenges.
6. I am confident that I can perform effectively on many different professional advocacy tasks.
7. Compared to other people, I can do most professional advocacy tasks very well.
8. Even when things are tough, I can perform professional advocacy quite well.
APPENDIX E

COUNSELOR ADVOCACY ACTION QUESTIONNAIRE

Please consider the advocacy actions you have engaged in over the past 12 months. Use the following questionnaire to specify the number of advocacy actions in which you have engaged under each advocacy type.

<table>
<thead>
<tr>
<th>Counselor Advocacy Actions</th>
<th>Number of times you engaged in this activity during the prior 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocated for counselor wellness/ self-care activities among colleagues, supervisees, or other counselors</td>
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<tr>
<td>Trained students, supervisees, or other counselors in advocacy skills</td>
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<td>Helped colleagues, supervisees, or other counselors develop advocacy plans</td>
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<tr>
<td>Assisted colleagues, supervisees, or other counselors actually carry out advocacy plans</td>
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<tr>
<td>Incorporated advocacy topics in trainings, supervision, or workshops</td>
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<tr>
<td>Spoke with insurance company representatives to educate them about counselors or providing evidence of counselors’ effectiveness</td>
<td></td>
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<tr>
<td>Spoke with employers or supervisors to educate them about counselors or providing evidence of counselors’ effectiveness</td>
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<tr>
<td>Collaborated with professional associations or their members to provide education and/or evidence of counselors’ effectiveness (e.g., conference presentation on advocacy)</td>
<td></td>
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<tr>
<td>Contacted state licensing boards urging them to support license portability for counselors</td>
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<tr>
<td>Provided or interpreted data to show the effectiveness of counseling professionals</td>
<td></td>
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<tr>
<td>Educated the general public about counselors or provided evidence of counselors’ effectiveness</td>
<td></td>
</tr>
<tr>
<td>Contacted legislators to educate them about counselors or provided evidence of counselors’ effectiveness</td>
<td></td>
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<tr>
<td>Contacted legislators or other governmental representatives urging them to grant rights (e.g., parity, reimbursement, employment) to counselors</td>
<td></td>
</tr>
<tr>
<td>Drafted legislation or participated in a legislative strategy/group to advance the counseling profession (e.g., parity, reimbursement, employment)</td>
<td></td>
</tr>
<tr>
<td>Wrote a position paper, conducted research, or completed other scholarly work related to counselor advocacy</td>
<td></td>
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</tbody>
</table>
APPENDIX F

THE UNIVERSITY OF AKRON INFORMED CONSENT

Title of Study: The relationship among personality, professional identity, self-efficacy, and professional counselor advocacy actions.

My name is Melanie Kautzman-East and I am a doctoral student in the Department of Counselor Education and Supervision at the University of Akron. I am conducting a study for my dissertation and invite you to consider participating.

What is this study about? The purpose of this study is to examine the relationship between personality, professional identity, self-efficacy, and professional counselor advocacy actions. Specifically, this study will attempt to investigate the extent to which personality factors, professional identity, and self-efficacy are correlated with advocacy actions in licensed professional counselors.

Who can participate in this study? Only licensed professional counselors of different types will be included in this study. All research participants must identify ‘professional counselor’ as their primary professional identity (as opposed to another mental health profession).

What will your participation involve? You will be asked to respond to an online survey as a professional counselor. Questions included in this survey are related to your personality, professional identity, self-efficacy, and advocacy actions. This survey will
take approximately 20 minutes to complete and you will be asked to provide some
demographic information as well so we can generally describe who participated in the
study.

**What are the risks involved in participating?** There are no known physical, social,
legal, or economic consequences or risks related to the completion of this research study.

**What are the benefits involved in participating?** The benefits of this study are indirect
as results may increase the profession’s understanding of why certain individuals engage
in advocacy actions on behalf of the counseling profession. One direct benefit of this is
study includes receipt of a $50.00 gift card from Amazon by one chosen participant for
their completion of the online survey.

**Right to refuse of withdraw:** Your participation in this research study is strictly
voluntary and you may refuse to participate, or may discontinue participation, at any time
without penalty.

**Anonymous data collection:** No identifying information will be collected in this study,
unless participants provide their information for the drawing. Participants will have the
option to include their e-mail address at the end of the survey, if they would like to enter
in the drawing for the research incentive. However, anonymity will be preserved
throughout the research design.

**Confidentiality of Records:** The data will be entered into a secure password-protected
online survey software platform, secured in a password protected computer, and then
exported only using de-identified survey responses into the Statistical Package for the
Social Sciences (SPSS) for analysis. Data will not be released to third parties and will be destroyed upon completion of the entire study protocol.

Whom to contact with questions: If you have any questions about this study, you may contact Melanie Kautzman-East, Principle Investigator, at mak159@zips.uakron.edu or Robert C. Schwartz, Faculty Advisor, at rcs@uakron.edu or 330/-972-8155.

Informed Consent: I acknowledge that I have read the information provided above and have no further questions regarding the research study at this time. I voluntarily agree to participate in this study.