

Advocacy and Social Justice

*Leonard A. Jason, Christopher R. Beasley,
and Bronwyn A. Hunter*

Opening Exercise	263
Overview	263
Defining Advocacy and Social Justice	264
Conceptual and Historical Definition	264
Competency and Competency Development	268
Competencies	268
Core competencies	268
Disposition	268
Knowledge	270
Skills	273
Abilities	274
Training and Experiences to Develop Advocacy Competency	276
Training	276
Experience	277
Advocacy in Action: Real-World Uses of Advocacy	278
Case Study 1: Chronic Fatigue Syndrome	278
Case Study 2: Addiction Recovery Supports	280
Future Trends for Advocacy	282
Summary	283
Discussion Questions	284
Key Terms and Definitions	285
Resources	285
References	287

OPENING EXERCISE

You are at home reading a book when you hear a knock on your door. You open it to find several neighbors who appear upset. “The house down the street is going to be a sober house!” one of them angrily explains, “We don’t want a bunch of people who used drugs living on our street. Property values will go down and the neighborhood will be over-ridden with drugs and crime. Come help talk to city officials in order to support an ordinance that will not allow this recovery home to be located in our middle-class neighborhood or any others in town.” You have a brother who for years had a substance abuse problem and has just begun turning his life around with the help of self-help groups. You have also read about some of the benefits of recovery homes for people with substance use disorders and other types of community-based housing for people with severe mental illness and developmental disabilities. You believe it is important to support the integration of vulnerable people back into community settings and disagree with your neighbors that a sober house will increase drugs and crime in your neighborhood. You also believe that men and women in recovery deserve an opportunity to live in safe, residential homes in your community.

- Is this an issue you are interested in advocating for?
- Do you think you have the personal disposition to be a successful advocate on the issue?
- What knowledge, skills, and abilities do you think would be required to successfully advocate on this issue?
- How would you plan efforts to advocate for the establishment of recovery homes in your town?

OVERVIEW

Advocacy is important to community practice because it furthers the social justice goals of practitioners and their community partners (Maton, Humphreys, Jason, & Shinn, in press). First and foremost, advocates may promote community psychology values when efforts are directed toward changing systems that perpetuate social problems. Advocacy may also help practitioners and community members secure resources and reduce barriers for the populations they serve. These types of efforts may influence the social environment as they create dialogue between community practitioners, community organizations, and policymakers, which has the potential to frame how the issue is discussed. Nonprofit organizations and citizen action coalitions are often closest to the problem and can serve as a bridge between government officials and the people they serve. Furthermore, advocacy can be an important service to the community when practitioners act as a resource to policymakers by providing knowledge, guidance, and mobilization. Finally, advocacy may be an opportunity to develop knowledge, skills, and abilities for community psychologists as well as their partners in the community.

In this chapter we present a foundation for advocacy and social justice in community psychology practice. We first define advocacy and social justice and follow with descriptions of the skills and abilities necessary to this work. We then discuss training, education, and experiential opportunities that may lead to the incorporation of advocacy and social justice with community practice. Drawing from the first author's experiences, we end with two distinct case examples where advocacy strategies were used to promote social justice among underserved and marginalized populations.

DEFINING ADVOCACY AND SOCIAL JUSTICE

In a recent book by the first author, titled *Principles of Social Change* (Jason, 2013), five orienting principles were described that form the basis for much of the work reviewed in this chapter and will be amplified throughout in the sections below. Those five principles of social change are:

1. Develop a clear vision of second-order change (changing systems that create problems).
2. Focus interventions on those who perpetuate powerlessness, poverty, and other forms of oppression.
3. Work with citizens and organizations to create coalitions. Coalitions can successfully confront power abuses.
4. Remain persistent, patient, and willing to do what is necessary over the long haul. Maintain long-term commitment to change.
5. Continuously evaluate and refine strategies and tactics to find the most effective means of bringing about change.

Conceptual and Historical Definition

Social justice, generally defined, means equal treatment of and opportunities for all individuals, groups, and communities. Scholars consider the broad term, social justice, to encompass both distributive and procedural justice. Along these lines, **distributive justice** refers to fair access to tangible and material goods including housing, medical care, education, and employment (Vasquez, 2012) while **procedural justice** represents the fairness involved in power and decision-making processes that determine who benefits from those resources. Embedded within these definitions is an implicit motivation to take action to change social structures, policies, and practices that are unfair and limit access to goods and services (Goodman et al., 2004; Vasquez, 2012).

Social justice has been identified as a core value of community psychology (Kloos, Hill, Thomas, Elias, & Dalton, 2012; Prilleltensky & Gonick, 1996). Community psychologists frequently work to promote justice through prevention and intervention to support the health and well-being of historically disadvantaged groups (Fondacaro & Weinberg, 2002). Despite discourse toward the integration of research and practice to promote

social change (Fondacaro & Weinberg, 2002; Prilleltensky, 2001), social justice is often a controversial topic in psychology. This is because social justice is a value that requires psychologists to take a social and political stand on debated social issues, which may cross psychologists' boundary lines in certain settings (Bradley, Werth, Hastings & Pierce, 2012). For example, Bradley and colleagues (2012) found that psychologists in rural communities believed that advocacy for contentious issues could adversely impact their personal and professional lives. These psychologists reported that their advocacy activities had the potential to limit the community's willingness to use mental health services in geographic areas where services were scarce. In similar fashion, social justice has been criticized as a moral value that exists in contrast to traditional scientific objectivity (Fondacaro & Weinberg, 2002). Nonetheless, in recent years, the American Psychological Association (APA) has called for continued focus on promoting social justice across sub-disciplines of psychology (e.g., Mays, 2000; Vasquez, 2012). Furthermore, the American Counseling Association has created a set of guidelines for counseling psychologists who engage in advocacy activities related to social justice (Lewis, Arnold, House, & Toporek, 2003).

Social justice cannot be understood without a conceptual understanding of social and political systems and how these systems have historically created unequal power differences that impact resources and opportunities for individuals, groups, and communities (Jason, 2013). As such, an early step toward social justice practice is an awareness of **oppression**, or unequal treatment and access to resources because of individual or group identities. It is also critical to understand how oppression affects human development and well-being in addition to the limitations it imposes upon an oppressed group. Oppression exists due to differences assigned to both individual and group identities. Prilleltensky and Gonick (1996, pp. 129–130) defined oppression as a

state of asymmetric power relations characterized by domination, subordination, and resistance, where dominating persons or groups exercise their power by restricting access to material resources and by implanting in the subordinated persons or groups fear or self-deprecating views about themselves.

Therefore, oppression greatly impacts the well-being of individuals who belong to groups that have limited access to resources and power. Further, the dominant group often imposes restrictions to limit access to power and opportunities that could shift the power away from members of the dominant group (Nelson, Prilleltensky, & McGillivray, 2001).

Forms of oppression include racism, sexism, classism, heterosexism, and ageism, among others, where individuals who belong to the marginalized group experience limited resources and unequal power and decision making because of their group memberships or social and cultural identities (Crethar, Torres Rivera, & Nash, 2008). For example, African Americans have an extensive history of unequal treatment and oppression evidenced by slavery, segregation, and laws restricting the right to vote. This oppression is referred to as racism, because the unequal treatment and power distributions are based solely on race. Sexism identifies the unequal status between males and females; classism denotes unequal power among individuals who live in poverty and those who do not; heterosexism exemplifies the unequal power status between heterosexual individuals and those who identify as

lesbian, gay, bisexual, or transgender (LGBT); and ageism represents discrimination and unequal access to resources based on age. Individuals who identify with the group that has less power are limited in their social and political power and thus have limited opportunities when compared to their dominant counterparts. It should also be noted that group membership is not mutually exclusive. That is, individuals can be members of more than one group and thus experience multiple forms of oppression.

Social justice is therefore a response to oppression that requires active work with individuals, groups, and communities to shift the distribution of power and increase access to tangible and material resources (Prilleltensky, 2001; Vasquez, 2012). With a broad understanding of the historical, social, and political underpinnings of social justice, advocacy takes center stage. Advocacy consists of an understanding of the socio-political environment; the individual, group, and community, as well as a passion to create and move toward social change. Advocacy encompasses community psychology values such as empowerment, citizen participation, health and wellness, and respect for diversity (Maton, Stropolis, & Wisniewski, 2013; Nelson et al., 2001; Prilleltensky, 2001). The goal of **advocacy** is to work with individuals, groups, and communities to change existing social structures, policies, and practice to promote social justice (Toporek, Lewis, & Crethar, 2009). Community psychology advocacy attempts to move beyond **first-order change**, which is defined as an effort to eliminate deficits and problems for individuals while neglecting to address the causes that contribute to those problems (Watzlawick, Weakland, & Fisch, 1974). **Second-order change**, which focuses on changing systems that create problems rather than addressing the problematic symptoms, moves beyond a reactive response and involves efforts to alter shared goals, roles, and power relationships (Seidman, 1988).

Glidewell (1984) discussed the history of advocacy and noted that advocacy emerged from the legal arena where clients were represented by attorneys who possessed expertise to change an aspect of the clients' life. Through this process, clients did not necessarily develop the skills and abilities that they needed to advocate for themselves (Glidewell, 1984). Community psychology facilitated an expansion of the advocate role by promoting equitable access to resources for disadvantaged groups and individuals (Rappaport, 1981). In this sense, advocacy consisted of spending time building long-term relationships with clients while supporting the clients' own strengths and building their capacity to create social change (Glidewell, 1984). Goals for this type of advocacy work include serving the interests of oppressed groups, sharing power with clients, and fostering collective action.

Following Glidewell's (1984) guidelines, advocacy can be differentiated between individualistic client-centered treatment strategies and large-scale political movements. Individualistic approaches to social justice include working with clients, one-on-one, to increase their access to tangible resources and empower them to make choices (Burnes & Singh, 2010; Lewis et al., 2003). In this context, advocacy could include helping clients not only to obtain funds to pursue educational and vocational opportunities but also to bring about social justice for themselves and others.

Individuals operate within social systems, and community psychologists are most often interested in the context of the individual and how this context shapes well-being and life

experience. Often, larger political, social, and systems change is achieved through collaboration with groups to make changes in policies, procedures, or existing social structures (Toporek et al., 2009). Therefore, a collectivist approach to social justice could include partnering with community groups and collaborating with group members. Characteristics that promote social justice include shared power and decision making, advocacy, empowerment, and respect for diversity (Nelson et al., 2001).

Bradley and colleagues (2012) provided useful tips for assessing willingness to engage in advocacy work. Building your capacity to act as an advocate requires an in-depth awareness of your values and traits and how they influence you and your ability to collaborate with groups to promote social change. As such, it is also important to clearly identify your desire to assume an advocacy role with an awareness of how the role may impact your personal and professional roles (Bradley et al., 2012). Advocacy work is a time commitment; thus, be realistic about your willingness to devote time to the issue at hand. Jason (2013) has argued that advocacy often begins with a strong, passionate personal interest in a topic, as this type of passion can help sustain the advocacy through the often needed long time commitments to a cause.

Lewis and colleagues (2003) identified seven core competencies that promote and impact on social change in a large, public, policy-driven arena. These include: (1) identifying issues that require political intervention and action; (2) finding appropriate methods to address these issues; (3) seeking out and collaborating with others who have similar advocacy goals; (4) supporting alliances and organizations that promote change; (5) collaborating with allies to provide evidence and prepare data reports to support the need for change; (6) collaborating with allies to lobby legislators and other policymakers; and (7) maintaining an open line of communication with individuals, groups, and organizations to ensure what you are advocating is consistent with goals for social action. These guidelines highlight several competencies and strategies that can be useful for engaging in advocacy in the policy arena.

In summary, prior to engaging in political advocacy to achieve social change it is imperative to develop an understanding of the social, historical, cultural, and political context of oppression. It is also essential to identify ways in which oppression impacts members of disadvantaged groups and how you would like to intervene as an advocate. Advocacy consists of integrating core community psychology values, such as empowerment, social justice, citizen participation, and respect for diversity to promote social change. Advocacy can occur in an individual relationship and/or collectively with a group or community and requires broad skills and abilities. When dealing with unequal distributions of power, it is often critical to work collaboratively with community groups and organizations that have the resources to bring about structural second-order change. Having a long-term time perspective is often needed to bring about these types of changes, and using feedback and evaluation can aid in fine-tuning efforts over time. These skills and abilities include effective relationship building, communication, and persuasion. It is also essential to be aware of, listen to, and follow your instincts as you attempt to navigate complex social systems to advocate for change (Jason, 2013). As shown in Table 10.1, there are 12 key components of successful advocacy (Cohen, Lee, & McIlwraith, 2012). These competencies will be discussed in the following sections.

Table 10.1 Twelve Key Components of Successful Advocacy (Cohen et al., 2012)

- Find out what the Society for Community Research and Action (SCRA) and other associations are doing about the issue
- Coordinate with local, regional, and national associations for additional resources and support
- Identify yourself as a professional in interactions with others
- Learn something about those whom you are asking such as where they stand on issues
- Understand policies and procedures of the setting the other person is in
- Give background information about yourself before meetings with stakeholders
- Consider what is important to the other person to develop understanding and a sense of reciprocity
- Be clear and succinct in written and verbal communications
- Accompany a request with an offer
- Find ways to agree to some requests even when doing so may seem challenging
- Follow up with requests and follow through with promises
- Mentor others about advocacy

COMPETENCY AND COMPETENCY DEVELOPMENT

Competencies

Core competencies. The field of community research and action has developed a set of core competencies for practice in this area. These include (1) collaboration and coalition development; (2) community development; (3) community organizing and community advocacy; (4) public policy analysis, development, and advocacy; and (5) community education, information dissemination, and building community awareness (Dalton & Wolfe, 2012). Change agents collaborate with communities to learn about issues important to the communities and to assist them in organizing coalitions. Advocates also help develop cohesive communities to take on powerful political forces that may stand in the way of change. With cohesive communities and coalitions needed for action, community practitioners analyze existing policy around the issue and help others develop a plan to implement alternatives. Finally, advocates educate communities about existing policies to build awareness about action strategies to build capacity for change initiatives. In the following section, we will expand on these competencies and introduce additional proficiencies community practitioners may want to consider.

Disposition. Advocacy requires a desire for social justice, and the personal disposition, knowledge, skills, and abilities necessary to carry out a policy agenda (Trusty, 2005). Paulo Freire (1970) indicated that change begins by helping people identify issues for which they have strong feelings and actively searching for solutions to those issues. First and foremost, advocates must be committed to eliminating social inequities and barriers to well-being. This requires both a capacity and an appreciation for suffering (Kiselica & Robinson, 2001), awareness that something is fundamentally wrong, and dedication to initiate the journey

to action. However, a commitment to social justice continues to be vital long after the beginnings of change are set into motion. Commitment sustains these efforts by providing much needed energy when challenges seem too daunting to overcome.

Advocacy efforts are sustained by self-confident idealism, which is manifested in a strong belief that the world not only *can* but also *will* be a better place in the future (Trusty, 2005). Advocates should have a vision of the future that is just and empowering. Oppression creates a pessimistic view of the future and weakens individual and collective confidence that change is possible to achieve. Therefore, it is the advocate's role to break free of the confines of this oppression, and convey this idealism and self-confidence to others.

Advocates must draw from a keen intuition and a strong ethical foundation to navigate challenges and dilemmas. The public policy landscape is littered with misleading information, paradoxes, and obstacles that inhibit change. It is sometimes impossible to understand all the complexities and nuances of a given issue, so advocates often rely on their intuition to guide them through uncertainties and help them make urgent decisions (Jason, 2013). There are sometimes opportunities for action that must be seized upon with urgency. During these times, it is important that advocates trust their instincts to help themselves and community organizations through the maze of conflicting information and efforts to derail social change by those upholding the status quo.

Similarly, urgent action and complexity may create conditions that demand advocates to be flexible and receptive. The setting and environment will provide clues to practical pathways for change, and advocates should be responsive to these signs and learn from the environments in which they are embedded. At times, the complexities of working with and in systems may require compromise to satisfy collaborators and other stakeholders. It may be necessary to give way on an issue in order to obtain a stakeholder's support on another issue. During these times, it is important to keep a broad strategy in mind so as not to get bogged down in individual battles that may have little impact on long-term goals.

Advocates often have a sense of autonomy that is balanced with a value for collaborative action. Early in an advocacy effort, it may feel like a lonely journey if few others express the same passion for change that you possess. During this time, it may be especially important to have a sense of autonomy and determination to continue. Having a deep-seated interest in the cause is often critical to sustaining the long-term commitment that may be needed for social change. There may be other times in the change process when collaborators no longer seem as motivated or supportive of the cause. In these situations, advocates must follow their intuition and have faith that change can occur in order to forge ahead. However, this autonomy must be balanced with a value for collaborative action.

Finally, advocates must be patient and perseverant during sometimes lengthy policymaking efforts. For example, in the third section of this chapter, the first author discusses his experiences in developing a collaborative team of scholars and patients who obtained funding to document the prevalence of chronic fatigue syndrome (CFS). In this example, he delineates the patience and perseverance required to gain the community-based data to ultimately challenge inappropriate myths about and portrayals of patients with CFS. Change often requires persistent pressure on those unwilling to change the status quo. Therefore, advocates should develop the endurance to achieve small wins to sustain their confidence and maintain commitment from others. This is particularly important in today's increasingly stressful

environment, where advocates and collaborators often have fewer resources to accomplish their goals. An exemplar in the change arena is Nelson Mandela, whose social change efforts took place over decades while he was incarcerated, and required strong networks of community activists to challenge oppressive apartheid in South Africa.

Knowledge. Advocacy can occur at various levels of government, administration, and social systems that could include legislative bodies, government agencies, organizations, and communities (DeLeon, Loftis, Ball, & Sullivan, 2006). Roles for community psychologists and practitioners in this process may include assessing issues and their political landscapes, teaching others about advocacy, organizing community groups, and modeling the character and actions needed to be successful (Cohen et al., 2012). For example, community advocates can assess the size of the problem, determine effective interventions, and open the door to opportunities for other practitioners and organizations (Cohen et al., 2012). Success in this role would require a comprehensive knowledge of resources, government processes, conflict resolution, advocacy models, and systems change principles (Trusty, 2005).

Importantly, community practitioners must have knowledge of the power system they are attempting to reform. The power system includes principal power holders and administrative bodies as well as public policy rules and procedures (Mooney & Van Dyke-Brown, 2003; Moore, 2011; Trusty, 2005). Knowledge of these systems encompasses their history, operational structure, and reason for existence (Mooney & Van Dyke-Brown, 2003). Knowledge may also include the rulemaking process of related entities, how and where rules are recorded, committees overseeing the rules, and public commenting processes for potential new rules (Mooney & Van Dyke-Brown, 2003). It is also important to understand legislative processes such as the pathways from the introduction of legislative bills to implementation of new laws (Mooney & Van Dyke-Brown, 2003). For example, committees often make policy recommendations, but the amount of power committees wield varies. Therefore, lower-level committees may sometimes be used by those in power to appease dissatisfied groups by making inconsequential decisions. Thus, understanding the legislative process and power of related committees can inform advocates about the appropriate course of action and significance of decisions.

Advocates should understand these processes and the structural and functional aspects of political systems, in addition to the key stakeholders who manage them, in order to identify power allocations and analyze strategies and tactics for redistribution. Redistribution is particularly important when enacting large-scale **second-order change**—a focus on changing systems that create problems rather than solely attributing problematic symptoms to an individual. Those who can negotiate power are sometimes expected stakeholders such as politicians but, at other times, these power brokers may have unexpected and unassuming roles. Unassuming stakeholders may have acquired respect and commitment through lengthy tenure in institutions. Thus, understanding the norms and values of communities and systems allows advocates to better understand formal and informal sources of power and the dynamics associated with power distributions.

In addition to understanding the political process, advocates should understand how to campaign for change. The status quo is often upheld by powerful entities that benefit from

existing policy. Taking on these figures is no slight task, but passionate commitment combined with sustained systematic action can and will lead to policy change. Advocacy models and methods can act as a guide for such sustained action. For example, after developing a strong disposition for advocacy and discovering an issue they feel strongly about and have resources to tackle, advocates can build the knowledge and relationships necessary to develop an action plan (Trusty, 2005). This plan is then enacted through collaboration to change policy and is followed by a celebration, or by regrouping when plans do not produce desired change. However, the process does not end with success or obstacles. Advocates should also evaluate successes and challenges in the change process to strengthen future endeavors. Furthermore, it is important to remain vigilant to ensure change is sustained over time and not undermined by shifting social trends. Lastly, this learning can be institutionalized in organizations and communities as well as passed along through mentoring so others can carry action forward.

It is also useful to know tactics and strategies specific to lobbying (Mooney & Van Dyke-Brown, 2003). Advocacy requires knowledge of how to have one's views recognized by key stakeholders (Cohen et al., 2012). For example, advocates lobbying for a policy may be able to get access to politicians through personal connections or supportive advocates who are constituents. They may also be able to get access by campaigning for politicians during elections or helping evaluate and implement policies. Such service might include providing background information for potential legislation, analysis of bills, and providing fact sheets for representatives to use when learning about policies and communicating with others. If these efforts are not sufficient, advocates may be able to get access by bringing public attention to an issue and/or mobilizing broad community support. Public awareness efforts may range from letters to editors to television debates and community forums. Advocates can more effectively create awareness if they know how to use media, the Internet, and other technology (Kiselica & Robinson, 2001) as well as how to engage with popular and social media in terms of current political priorities, using bipartisan terms (DeLeon et al., 2006). Researchers who strive to influence policy may benefit from knowledge of how to synthesize and communicate complex policy issues to a lay audience (DeLeon et al., 2006). Although policy decisions are often not based on research (DeLeon et al., 2006), findings are valuable when they are consistent with politicians' prior conclusions and can support change efforts when paired with other power holders who have similar views (Jason, 1991).

Specific techniques for lobbying include letters, emails, calls, and visits to politicians, as well as testimony at legislative hearings and ongoing relationships with representatives. Additional techniques for local lobbying include attendance at city council meetings and petitions to get issues onto the ballot. It is important to know the process and strategy for each of these communication tactics as well as how interpersonal factors can strengthen or weaken change efforts. The Ten Commandments of Lobbying (see Table 10.2) suggest these and other tips for successful lobbying.

Community advocates must also understand principles of systems change (Kiselica & Robinson, 2001; Moore, 2011; Trusty, 2005). **Systems change** is a fundamental shift in how systems functions (www.ccitoolsforfeds.org/systems_change.asp). For advocacy, this includes a change in the distribution of power structures and decision making. It can

Table 10.2 Ten Commandments of Lobbying (Mooney & Van Dyke-Brown, 2003, p. 41)

1. Never lie or mislead about facts, importance, position strengths, or anything else
2. Look for friends in unusual places
3. Never cut off anybody from permanent contact
4. Don't grab credit
5. Make your word your bond
6. Don't lobby opponents publicly committed to their position
7. Always notice and thank everyone who has helped you
8. Don't gossip
9. Do your homework
10. Be there

include changing parts of a system or the sequence of actions within a system. For example, advocates could promote shared decision making between politicians and constituents to give community members greater input on policy. Systems change may also include a shift in interactions between parts of the system. In this context, advocates could campaign for greater community member access to representatives. Further, systems change could alter society by shifting underlying policy choices. As such, advocates could campaign for new health-care delivery options (Shinn, 2007). Lastly, systems change could include different feedback channels. For example, advocates could change processes through which citizens give feedback to legislative bodies. By further understanding these principles, advocates can work for second-order change that remedies the fundamental structures that either lead to problems or create barriers to citizen participation in solutions.

Successful advocates tend to be resourceful and seek allies for a policy agenda (Trusty, 2005). To do so, community practitioners often need to know potential allies on the issue (e.g., supportive regional, state, and national organizations) and how to form collaborations with these allies. This process also requires knowledge of community organizing principles discussed in Chapter 8 of this book, such as how to build community networks of people and organizations and develop consensus among varied groups. This collaborative work can be informed by knowledge about individual, group, and organizational processes and interventions (Kiselica & Robinson, 2001). For example, knowledge of consultation processes can be important when providing services for stakeholders in key areas of an issue (DeLeon et al., 2006).

Community advocates should also understand how to share their knowledge with stakeholders closest to the issue. In addition, advocates should be aware of barriers to self-advocacy and ways to address these barriers. For example, past research on advocacy among women living with HIV/AIDS demonstrated that barriers to participation in the

decision-making process included feelings of submissiveness, a lack of acceptance by decision makers because of these women's marginalized status, and input not being taken into consideration or being implemented (Bell, 2005). These women felt they were excluded from the decision-making community dominated by men who addressed only male issues. Their advocacy efforts were also hindered because of the burden of their life circumstances compounded by a lack of knowledge and skills specific to advocacy. However, these barriers could be reduced by expanding outreach and creating self-help groups to decrease isolation and hopelessness as well as efforts to increase self-esteem, self-efficacy, networking skills, and knowledge of advocacy methods (Bell, 2005).

Skills. While advocacy knowledge may be acquired fairly quickly, skills take more time to develop. The first skills involved in a change effort are problem assessment (Trusty, 2005), information gathering, and analysis (Moore, 2011). Advocates should develop competency in assessing social trends and observing patterns that may be problematic or unjust. Although an issue may, at first glance, appear to be a considerable problem, information gathering will validate this observation and provide substantive evidence that will help convince others of the problem. During this process, advocates should use analytical skills to evaluate evidence and determine patterns from observations.

Some information may not be readily available, so it may be advantageous for advocates to develop assessment and research skills to produce the type of information necessary to support the change effort. Applicable research may range from documenting of prevalence and related factors (as will be illustrated in the case example discussed below on CFS) to assess intervention effectiveness. Research may also be used to understand the underlying meaning of problems and the appropriateness of current tools used to assess them.

Problems do not exist independent of their socio-cultural context, so advocates should have the ability to identify cultural factors related to both the problem and potential strategies for redress. For example, Gandhi, one of history's most successful change agents, familiarized himself with cultural, class, political, and religious institutions in order to develop a detailed analysis of the social infrastructure (Toit, 1996). Using this assessment, he was able to tailor his interventions to the needs of the people. He welcomed the views of different religious and political factions and worked toward meeting the needs of each group.

Once a problem has been identified and the supporting assessment has taken place, executive skills come to the forefront. Executive skills include problem solving, organization (Trusty, 2005), and management (Moore, 2011). Advocates often shift from information gathering to planning and implementation. During the planning phase, advocates need experience and skill in devising various strategies to solve problems. This skill includes creating scenarios of obstacles and barriers and tailoring solutions to each scenario. Given the complex nature of problems and various scenarios of action, advocates could draw from strong organizational skills used to organize ideas, materials, and people. During an ongoing change initiative, advocates may also utilize management skills to implement and alter strategies as well as to coordinate efforts of groups and organizations.

Throughout the change effort, advocates should demonstrate excellent communication skills (Moore, 2011; Trusty, 2005) for listening to and interacting with both collaborators and key stakeholders who are in positions of power. These include both verbal and nonverbal

communication skills (Kiselica & Robinson, 2001). During communications with those in power, advocates should concisely express an authoritative position (Cohen et al., 2012) and make it clear that they will not be defeated. Advocates should also time their communication appropriately to take advantage of social and political trends as well as stages of relationship development with collaborators and power holders.

As mentioned previously in this chapter, advocacy campaigns are often fraught with setbacks. Family and other interpersonal relationships could become strained when time is devoted to change efforts, particularly if urgent action is needed to seize opportunities. Similarly, advocates' psychological well-being may become strained. Therefore, it is also essential for advocates to engage in self-care to maintain their psychological and social well-being (Trusty, 2005).

Advocates also need to be able to come up with solutions that are both imaginative and out-of-the-box thinking. Often, when dealing with power structures that want to maintain the status quo, efforts to confront power brokers in imaginative and unexpected ways can prove effective, as evidenced by Saul Alinsky (1969) in many of his social organizing campaigns for social justice.

Abilities. Advocates need knowledge and skills as well as an ability to perform in the moment. This ability is a combination of both innate characteristics and the refinement of skills over time. Abilities related to advocacy center on strategy, communication, and collaboration. At its core, social change is a strategic process that begins with a critical examination of conventional thinking to identify problems and power abuses. Successful advocates select targets for change that are appropriate for the available resources and timing in the maturation of social movements. As mentioned before, large-scale second-order change is exceedingly complex, and advocacy could take a number of directions. Successful advocates have an ability to know where to start in working with coalitions in the face of complexity and seemingly insurmountable challenges. Similarly, advocates and community organizations often set realistic goals (DeLeon et al., 2006) and take small manageable steps such as learning about issues in the immediate environment. Advocacy often requires working on intermediate challenges while keeping a long-term structural goal in mind. Advocates must be able to persevere through challenges to sustain their vision of second-order change. During these sustained efforts, advocates will likely have numerous opportunities but should focus on those most critical to the change effort.

Advocates also need to be able to understand and communicate with a wide array of stakeholders. However, aspiring advocates sometimes overlook the importance of being able to communicate with those who oppose their change efforts. At times, mutually agreeable solutions can be achieved through dialogue and compromise. This dialogue requires an understanding not only of the issue at hand but also of the people and organizations involved. Below the surface, these entities are swayed by underlying values, biases, and assumptions. Advocates must be able to recognize and respect these to negotiate (DeLeon et al., 2006). Doing so helps advocates not only form strategy but also speak the language of the opposition when presenting problems and solutions.

Those in power may sometimes be open to dialogue and compromise, but they are often less amenable to compromise on important policy implications unless challenged

by coalitions that hold leverage. Such efforts benefit immensely from sustained collaborative action that provides additional resources and opportunities to empower communities. Therefore, community advocates often have an ability to organize and work collaboratively to make structural change. They are able to successfully mobilize community support to restructure power. Whereas elected officials sometimes impose first-order interventions through top-down strategies, community advocates have the potential to lead grassroots efforts to enact second-order social change. A classic example of such change was Reverend Martin Luther King Jr.'s use of bottom-up coalition building to fight for civil rights in the 1950s and 1960s.

To create conditions for grassroots action, advocates could foster trust and openness to build cohesive communities focused on social change (Lorion & Iscoe, 1996). Collaborations often begin with people from diverse backgrounds, so advocates may learn to understand multiple perspectives and guide stakeholders through a process of compromise and consensus to build long-term relationships (DeLeon et al., 2006). This requires an understanding of others as well as an ability to demonstrate empathy, warmth, concreteness, and understanding (Ponzo, 1974). It also requires an ability to reflect on people's strengths and weaknesses in order to devise ways of enabling them to do either less or

Photo 10.1 A grassroots effort to advocate for social peace.



Source: © Ragesoss/Wikimedia Commons/CC-BY-SA-3.0.

more (Lorion & Iscoe, 1996). These communities may develop through a series of socio-political stages ranging from acritical to adaptive/pre-critical, and finally liberation (Watts & Abdul-Adil, 1994). During the process, change agents must be able to help people, organizations, and coalitions move through these stages.

The process of advocacy and social change can sometimes appear chaotic and unfocused, and those in the status quo might lack an appreciation of this process. Community psychologists can be clear with their values so that they do not usurp the power of those advocating for community change. One of the case studies presented below involved the Oxford House network of recovery homes. The first author was approached by an official from the Substance Abuse Mental Health Services Administration who wanted to considerably expand the Oxford House program, using data from our studies. However, he concluded that the Oxford House organization was disorganized, lacked sufficient infrastructure, and had poor leadership. Such problems, he thought, would inhibit expansion to thousands of homes across the United States. He proposed that the first author take over the process of training and monitoring recruiters for the expansion. But if a researcher took over this vital function of the Oxford House organization, it would betray the fundamental relationship that the first author had with the democratically run Oxford House organization. Help from the federal government should never involve eliminating the authority or leadership of a successful grassroots organization, as this official wanted to do.

Training and Experiences to Develop Advocacy Competency

Training. The aforementioned knowledge, skills, and abilities can be developed through both training and experience. Training can take place through traditional workshops and classes as well as extracurricular opportunities. Although stand-alone advocacy workshops are hosted by universities and community organizations, they also take place during local, regional, national, and international conferences for action-related organizations. These workshops provide an opportunity to learn about the process and strategy of advocacy as well as an opportunity to practice basic skills. For example, the Biennial Conference of the Society for Community Research and Action (SCRA) frequently hosts such workshops. Materials from these sessions can be found on the policy page of SCRA's website (<http://www.scra27.org/what-we-do/policy>). Workshops such as these also take place online through webinars and other online formats.

Another way to learn about the process and strategy of advocacy as well as systems of change is through formal coursework. For example, advocacy courses often provide opportunities to learn about government systems and the process of policy development. Advocates can also develop skills and techniques in these courses. As an example, Jason et al. (2002) taught a graduate class where individual students selected a social change advocate, investigated what they had accomplished, and then presented to the class lessons that were learned from these community activists. However, advocacy courses alone may not provide the knowledge and skills needed for collaboration and community development. These can be learned through consultation courses that emphasize collaborative relationships and capacity building or community organizing courses that focus on coalition building. However, none of these courses provide the knowledge and skills needed to pass

advocacy along to community members. The capacity for such training can be strengthened through courses in empowerment and instruction. Although coursework has traditionally been inaccessible to many because of time, geographic, and financial barriers, recent trends in online learning may provide opportunities for advocates to participate in online courses at their own pace for minimal or no cost. Courses using models such as the Massive Open Online Course framework are likely to provide new resources for advocates. Other opportunities could be provided by podcasts offered for free through iTunes and other application programs.

Advocacy knowledge and skills can be further developed through independent learning. We have included several advocacy-related websites at the end of this chapter so advocates can find additional information on relevant knowledge and skills. We have also included suggested books for aspiring advocates to learn from. However, websites and books provide only a cursory knowledge of the advocacy process, as they portray this process in a linear and concrete manner. The nuances and complexities of advocacy and strategies for navigating them are best learned from advocates who are experienced. People such as these can be found online through social networks as well as in person at conferences. By building these networks, aspiring advocates can not only learn the process of advocacy but also build the resources necessary for action and obtain support for sustained and sometimes stressful efforts.

Experience. Training through workshops, coursework, and extracurricular learning and mentoring will provide advocates with a basic foundation from which to act; however, experience is necessary to refine skills. Advocacy competencies can be developed through graduate training as well as practitioner experiences. During graduate training, students can become involved in administrative responsibilities and graduate student associations to gain practice in defending needs, activities, and requests (Cohen et al., 2012) as well as develop proficiency in communicating with diverse groups of stakeholders and forming strategy and coalitions. Students can also gain advocacy experience through coursework by drafting policy briefs and other reports for evaluation and fieldwork courses.

Practitioners can gain advocacy experience by joining others' advocacy efforts or enacting change on a smaller scale. The process can begin with local issues and progress to state and federal issues as practitioners gain advocacy experience. What better time than now to begin to change the world? Aspiring change efforts can start immediately by writing, calling, and lobbying local, state, and federal representatives to promote social change. They can assess issues and develop policy briefs as well. These policy briefs may carry even more weight when supported by international organizations such as SCRA, which now has a rapid response process for expediting advocacy efforts. The first author helped to write one such policy brief on Recovery Residences. Any SCRA member can submit a rapid response brief to the policy committee, who will decide within days whether to elevate the brief to the executive committee level, which will similarly decide whether SCRA will support the brief (see www.scra27.org/policy/documents/rapid-response-position-statements/rapidresponsecalltomembershiptocontactlegislaturesandpublicforumsreg). Briefs can be used to inform legislative action or court cases, so aspiring change agents could also draft court briefs to advocate for justice-related action.

Community practitioners can also gain immediate advocacy experience in the field by consulting for action-oriented organizations. After developing the knowledge and skills necessary for social change efforts, practitioners can begin to organize communities into action and train community members to both practice advocacy and spread these skills to other members.

ADVOCACY IN ACTION: REAL-WORLD USES OF ADVOCACY

We now present two case examples that show how advocacy has been used by community researchers. The first involves a controversial illness known as chronic fatigue syndrome (CFS). The second case study deals with alcohol and substance abuse, which affects approximately 22 million (9%) Americans.

Case Study 1: Chronic Fatigue Syndrome

Many health-care professionals continue to doubt the scientific validity of this diagnosis. The social construction of this disorder as a “yuppie flu” illness contributed to the negative attitudes that health-care providers have toward those with this syndrome (Richman & Jason, 2001). This has had serious negative impacts on patients with this illness. For example, Green, Romei, and Natelson (1999) found that 95% of individuals seeking medical treatment for CFS reported feelings of estrangement, and 70% believed that others uniformly attributed their CFS symptoms to psychological causes. Twemlow, Bradshaw, Coyne, and Lerma (1997) found that 66% of individuals with CFS believed that they were made worse by their doctors’ care. In addition, studies by the CDC in the 1990s suggested that only about 20,000 people had this illness. If medical personnel believed that CFS was a relatively rare disorder primarily caused by psychiatric symptoms, then physicians might minimize or misinterpret the physical complaints of patients with CFS. This could underlie the mistrust and lack of communication that has been reported between patients and medical personnel.

The studies on CFS prevalence estimates carried out by scientists at the CDC used case ascertainment methods where physicians identified patients who presented with unexplained fatigue-related symptoms. Those patients were then referred for a medical examination to determine whether they met criteria for CFS (Reyes et al., 1997). Many low-income individuals did not have access to medical settings and thus may not have been included in the prevalence studies. Moreover, because many physicians doubted the existence of CFS, they might not have even made referrals to CFS prevalence research studies.

From these studies, it was clear that such social trends were unjust and marginalized a subsection of the population. A group of investigators in Chicago, including an epidemiologist, a biostatistician, a physician, a psychiatrist, a survey researcher, and a community psychologist (the first author) and his students decided to tackle this problem by writing and submitting a National Institutes of Health (NIH) grant to challenge the low CFS prevalence rates by conducting the first community-based study based on a random community sample. The NIH reviews were very critical, and they said that since the CDC prevalence

studies had found so few people with CFS in a random sample of 30,000 individuals, the investigators would not find any patients with this illness. Thus, the research team had to be skilled in devising new strategies to validate the information gathered from their problem assessment. Notably, more evidence was needed to convince others of the problems that this illness was actually causing in society. In an effort to refute this criticism, in 1993, with financial support from the largest CFS patient self-help organization, the first author and a collaborative team conducted a small prevalence study that consisted of interviewing a random community-based sample of approximately 1,000 adults (Jason et al., 1995). Those individuals who self-reported having CFS or many of the symptoms of CFS were examined by a physician and interviewed by a psychiatrist in order to determine whether they met case criteria for CFS. The research team's diagnosis rate was considerably higher than the rate originally reported by the CDC.

With these pilot data, the research team approached the program officials at NIH with intent to resubmit a larger CFS prevalence grant. Yet, the investigators were informed that NIH was not very interested in a CFS epidemiology study. Despite this setback, the research team was not deterred and continued to resubmit grants until they were successful in securing NIH funding. In the grant-funded study conducted from 1995 to 1998, a large community random sample was screened for CFS symptomatology, and then those with CFS symptoms were medically and psychiatrically examined. With such a large study, the investigators had to be skilled in organizing and implementing their planned strategies. Using their research and analytical skills, approximately 42% of the sample was determined to have CFS, with rates being higher among Latino and African American respondents compared to White respondents (Jason et al., 1999). The results of this epidemiological study suggested that this illness may affect approximately 800,000 people in the United States. Women, Latinos, middle-aged individuals, and persons of middle to lower socioeconomic status were found to be at higher risk for CFS. The findings directly contradicted the perception that middle to upper-class Caucasian women were most at risk for this illness. Moreover, about 90% of people who were identified as having CFS in this sample had not been previously diagnosed by a physician prior to participation in the study. The largest self-help organization widely publicized these other findings indicating that ethnic minorities had higher CFS rates than European Americans, and that CFS rates were not greater among those with higher incomes. This study was used by advocates to counter the notion that CFS was a rare "yuppie flu."

It is easy to become overwhelmed when confronting complex problems or power holders, but by focusing on one small piece at a time, tangible change and success can be achieved. In addition, because of the wide attention that was given the community-based CFS prevalence research, the first author was appointed the chairperson of the Research Subcommittee of the Chronic Fatigue Syndrome Advisory Committee, which makes recommendations regarding CFS to the U.S. Secretary of Health and Human Resources. In this capacity, he was able to adeptly communicate the research findings to those in power and work on other policy-related issues such as the stigmatizing name given this illness.

In this case study, a collaboration of professionals and the major CFS self-help organization developed a clear vision of possible second-order objectives, as the group worked to decrease stigma associated with this illness. With that vision intact, the team realized that

the forces that had trivialized this illness were strong. Power structures such as the CDC had to be confronted in order to change inappropriate attributions of CFS. The advocacy approach used coalitions working together to take advantage of collecting and disseminating new findings. Obstacles to change were overcome by collaborations that provided critical pilot funding for the research efforts. The team also maintained a long-term commitment to change, as the entire effort took almost a decade of work. Finally, the investigators used feedback in the form of constant communication about research findings among important players and community partners and patient organizations. These principles, and especially the focus on power abuse, were all vital to this success.

Case Study 2: Addiction Recovery Supports

For many people with substance use disorders, treatment begins in a detoxification program to remove substances from the body. Typically, a time-limited therapeutic program will follow. However, these programs are becoming briefer as funding has decreased. For many addicted persons, detoxification does not lead to sustained recovery. Instead, these individuals repeatedly cycle through service delivery systems (Vaillant, 2003). The missing element for many patients is a supportive, cohesive setting following treatment for substance abuse. The Oxford House network represents one model for a recovery home organization as it provides affordable and safe housing for individuals recovering from substance use disorders (Jason, Olson, & Foli, 2008). This self-help organization has grown over the last two decades from 18 Oxford Houses to over 1,600. Residences are rented, single family homes with a gender-segregated capacity for 6 to 12 individuals. Over 10,000 people live in these recovery homes, making them the largest single self-help residential recovery program in the United States. Houses are self-supporting and democratically run with no staff presence. This was an example of how out of the box thinking may be able to solve some types of societal problems.

In 2001, the first author was watching CBS's *60 Minutes* and saw a man by the name of Paul Molloy talking about his unique creation. Intrigued, he contacted Paul, and out of that initial conversation grew a long-term collaborative partnership between a university-based research team and a grassroots, community-based organization. Before embarking on the project, Oxford House representatives and the research team spent a year getting to know each other by attending each other's team meetings. This type of information gathering was necessary in order to skillfully plan plausible steps for change efforts. Oxford House members helped the research team fashion and adapt interview questions. After collecting pilot data, several years were spent submitting and resubmitting proposals in hopes of receiving a federal grant to more intensely study the effectiveness of Oxford Houses. Similar to the difficulties with obtaining federal grant funding for the CFS prevalence research, this team had to persevere and not lose sight of their goals in these advocacy efforts despite multiple setbacks and rejections. Again, when problems arose, the research team had to find strategies to overcome obstacles.

The research team finally received federal funding for a study, for which 150 people who were finishing addiction treatment at alcohol and other drug use treatment facilities in Illinois were recruited. After careful organization and management for the

study, half were randomly assigned to live in an Oxford House, while the other half received standard, traditional aftercare services. Participants were interviewed every 6 months for 2 years; it was found that those assigned to a communal living Oxford House had less substance use, were less likely to commit a crime, and found better jobs than those in traditional aftercare (Jason, Olson, Ferrari, & LoSasso, 2006). Together, the productivity and incarceration benefits yielded an estimated \$613,000 in savings. These findings suggested that there are significant public policy benefits for these types of lower cost, non-medical, community-based care options for individuals with alcohol and other drug problems. Through the use of assessment and analytic skills, these data validated the advantages of Oxford Houses to addiction recovery efforts. As a result of this research, the Oxford House recovery model was placed in SAMSHA's National Registry of Evidence-Based Programs and Practices (www.nrepp.samhsa.gov/ViewIntervention.aspx?id=223)

In this work with the Oxford House organization, there were many opportunities to collaboratively influence both judicial decisions as well as state-level policies to support the expansion of the Oxford House organization. Given the continuing stigma toward those with addictions, some communities oppose sharing their neighborhood with group homes like Oxford House, and they use maximum occupancy laws in efforts to close these homes. Cities and towns pass laws that make it illegal for more than five or six unrelated people to live in a house—and deliberately target Oxford House, which usually needs seven to ten house members to make rent affordable. After the release of the NIH funded outcome study, the first author was called by a lawyer who asked if his team could help resolve a dispute involving a town trying to close down the local Oxford House by claiming that there could be no more than five unrelated individuals living in one home. The DePaul research team examined a national Oxford House data set, and assessed how the number of residents in an Oxford House affected residents' individual outcomes for recovery (Jason, Groh, et al., 2008). They found that larger house sizes of eight to ten residents corresponded with less criminal and aggressive behavior. These results were used in five court cases, which successfully argued against closing Oxford Houses that had more than five or six nonrelated residents. Again, the research team was able to effectively communicate their research findings to sway political and social trends. After providing material for several lawyers working on the zoning case in North Carolina, the first author received a letter from Paul Molloy, reading in part:

The dispute has been ongoing for six years! The town will pay attorney's fees, which are about \$105,000 and a fine to the Department of Justice. The key to their decision appears to be your research showing that larger houses had better outcomes than the smaller ones. Thanks. Once again reason and logic prevailed and more folks are able to benefit.

The DePaul research team also visited the Illinois Department of Alcohol and Substance Abuse to present some of the study's findings. The director subsequently restarted a \$100,000 loan program to provide Oxford Houses \$4,000 loans to open up recovery houses, and the State of Illinois hired an Oxford House alumnus to begin starting new houses. The advocacy engaged in by community coalitions such as Oxford House and

DePaul University can change power structures that perpetuate institutional ways of treating people. Bottom-up social change movements can create inexpensive, community-based, structured programs that allow people to be reintegrated into society.

Clearly, allowing vulnerable people suffering from addiction to be discharged from substance use treatment settings or jail into dangerous, nonsupportive, and often desperate living situations is not acceptable. There is a need to work for second-order change, and provide new settings for these most vulnerable citizens. Yet, it is only by working with community coalitions, such as Oxford House, that we can begin to change power structures that perpetuate first-order institutional ways of treating people. Bottom-up social change movements, such as Oxford Houses, have the capacity to create alternative programs that help people in recovery integrate back into safe and supportive communities with low-cost housing options. The DePaul research team committed over 20 years to this partnership with the Oxford House organization, and they have successfully documented that providing housing and job support is critical to helping people with substance use disorders regain the skills and foundation needed to lead productive lives.

Non-Research Advocacy. Central to our discussion of advocacy and social justice is the importance of research evidence to support the need for social change. Despite this focus, it is possible to advocate for change without the ability to create research to support a vision (Humphreys & Piot, 2012). We believe that research can be a fundamental part of the process, and community psychologists function best as scientist-practitioners with an empirical underpinning for advocacy efforts. We believe that the Oxford House researcher-organization collaboration is a good example of the benefits that both groups can gain. Clearly, community practitioners can be effective in advocacy even if they don't have research skills, as they can partner with those who have these skills. Each member of a coalition can bring different resources and experiences to the advocacy effort in order to influence social change.

FUTURE TRENDS FOR ADVOCACY

Advocacy has evolved from the legal arena through civic protest to a more systematic process of enacting change from within a policy-making framework and is continuing to adapt to social changes and communication technologies. As with much of our society, advocacy has become more specialized and professionalized over time. Advocates now often serve in managerial roles focused on single issues while collaborating with other people and organizations to achieve broader goals. These collaboration trends include an increasing global network of change agents and not-for-profit organizations. There has also been increasing emphasis on monitoring advocacy cost-efficiency and effectiveness over time. These trends of specialization, professionalization, collaboration, and evaluation are likely to continue into the future.

Advocacy has similarly adapted to advances in communication tools. While long-distance communication strategies were once limited to postal and telephone interactions, developments in Internet technology have created cost-efficient opportunities for mass

communication. Websites and email listservs served as tools to keep collaborators informed and motivated. In recent years, social networks were developed to help people stay connected and were quickly adopted by advocates to keep communities of change agents connected, informed, and motivated. More recently, social networks have begun to become more specialized with particular interests being targeted by the network and increasing interconnection between social media websites. These social networks have proven themselves to be valuable resources for recruiting new members for advocacy initiatives.

In the future, social media are likely to continue as a tool for change efforts. The recent Arab Spring that saw the toppling of many dictators was very much influenced by the social media that helped mobilize youth to bring about change. However, advocacy collaborators will likely form specialized social networks that integrate with other social networks for recruitment of advocates and dissemination of information. Lastly, Internet communications are entering into a post-email era where communication channels are specific to the task at hand. For example, social media are often used for personal communication while email is increasingly relegated to commercial and business purposes. As part of this trend, organizations are adopting collaborative project management tools for organization and task-specific communications. While these have thus far been centered on business projects, advocacy-specific project tools are likely to develop in the future. As with recent business management tools, advocacy project tools are likely to be hosted online and to integrate both project and stakeholder relations tools.

Finally, the nature and targets of change have evolved over time. In response to global financial pressures in recent years, advocacy has increasingly emphasized cost-efficient remedies for social problems. For example, our society is still reliant on an 1800s model of expensive institutional remedies to deal with crime and our educational system. These systems will change over time. The targets of change have evolved from a focus on national problems to an emphasis on global issues. In the future, change efforts will continue to highlight global problems with emphases on overpopulation, water and food access, international mobility, economic and technological disparities, health care, and global warming.

SUMMARY

In summary, community practitioners advocate for policies to address unjust distributions of power, decision making, and resources. Second-order change efforts facilitate the liberation of oppressed groups. Advocacy is a process that begins with a self-assessment of core values and motivations that are likely to sustain long-term change initiatives and then learning more about the issue and its context. Working with coalitions provides the ability to confront powerful vested interests that support the status quo. The change process proceeds by working collaboratively with community groups and organizations in planning before cycling back to action-based evaluations of successes and challenges. It is important for community advocates and their community partners to understand the dispositions, knowledge, skills, and abilities not only for their own advocacy efforts but also to pass along the craft to future generations of change agents.

Table 10.3 Disposition, Knowledge, Skills, and Abilities for Advocacy

Disposition	Knowledge
Value for social justice and well-being Self-confidence Autonomy balanced with collaboration Urgency balanced with patience Perseverance Commitment Appreciation for human suffering Strategic sensibility and judgment	Resources Government processes Conflict resolution Advocacy models Systems change principles Models and methods of advocacy Individual and group interventions Media, Internet, and other communication technologies Political priorities and social trends Self-understanding
Skills	Abilities
Collaboration Problem assessment Organization Self-care and coping Communication Information gathering and analysis Management	Identifying problems Relating to others Working with diverse groups Working in complex environments Adopting languages of others Listening and building consensus Detecting biases Being flexible and adaptable

DISCUSSION QUESTIONS

1. What is social justice, and why is it important to community practitioners?
2. What is advocacy, and in what situations might it be useful for promoting social justice?
3. What knowledge, skills, and abilities are needed to engage in second-order change?
4. How does working collaboratively with community organizations help to deal with power abuses?
5. What helps advocates and community groups sustain efforts over long time periods?
6. How might you refine and fine-tune your advocacy efforts over time using research methods?

KEY TERMS AND DEFINITIONS

Advocacy: Working with or for a client (individual, group, community) to change existing social structures, policies, and practice to promote social justice.

Distributive justice: Equal access to tangible and material goods.

First-order change: Efforts to eliminate deficits and problems for individuals while neglecting to address the causes that contribute to those problems.

Oppression: Unequal treatment and access to resources because of individual or group identities.

Procedural justice: The fairness involved in power and decision-making processes that determine who benefits from these resources.

Social justice: Equal treatment of and opportunities for all individuals, groups, and communities.

Second-order change: A focus on changing systems that create problems rather than addressing the problematic symptoms.

Systems change: A fundamental change in how systems are structured and operate.

RESOURCES

Recommended Reading

1. Agendas, Alternatives, and Public Policies
2. Lobbying Illinois: How You Can Make a Difference in Public Policy
3. Teaching for Diversity and Social Justice

Recommended Websites

Society for Community Research and Action public policy website: <http://www.scra27.org/what-we-do/policy/>

Community toolbox guide to advocacy: http://ctb.ku.edu/en/tablecontents/chapter_1030.aspx

American Public Health Association advocacy tips: <http://www.apha.org/advocacy/tips/>

Stop Violence Against Women advocacy resources: http://www.stopvaw.org/the_advocacy_process

American Alliance of Museums advocacy educational materials: <http://www.aam-us.org/advocacy/resources/online-training>

Online tools for advocacy campaigns: <http://www.socialbrite.org/2012/02/23/the-best-tools-for-advocacy-campaigns/>

Federal legislators' search engine: <http://www.congress.org/congressorg/directory/congdir.tt>

Library of Congress archive of federal regulations: <http://thomas.loc.gov/home/thomas.php>

Project and stakeholder management tools:

- <http://civicrm.org>
- <http://freedcamp.com>
- <https://do.com>
- <http://asana.com>
- <http://www.apollohq.com>

Suggested Activities for Further Competency Development

- Indicate five issues you would be interested in advocating for
 - Complete the Advocacy Self-Assessment Tool for each issue
- For the issue you score highest on, develop a plan to advocate directly and indirectly around that issue using the principles for social change.
 - What persons, organizations, or institutions would be involved?
 - What resources are available?
 - What is a reasonable working time frame for enacting change?
 - What are anticipated barriers and how will you address them?
 - What advocacy knowledge, skills, and abilities do you need to further develop and implement your plan?
 - Where can you access resources for additional advocacy training?
 - Worksheets
 - For assessment of knowledge, skill, and abilities relating to advocacy on the issue and needs for further development

Advocacy Self-Assessment Tool

For each section below, rate your agreement to each question for your chosen issues with a score ranging from 1 to 5, with 1 = *I do not agree* and 5 = *I strongly agree*. Then, total your responses. For the issue you score highest on, develop a plan to advocate directly and indirectly around that issue using the principles for social change (refer to number 2 in Suggested Activities for Further Competency Development).

COMMITMENT

1. Are you strongly committed to working on this issue?
2. Are you willing to put in a great effort to achieve this goal?
3. Would you be willing to spend many years working on this issue?
4. Do you have a sense of obligation to continue working on this issue above all others?

CENTRALITY

1. Is what you have listed more important than any other issue you could work on?
2. Is this matter of great personal meaning to you?
3. Do you have passion and a burning desire to see this issue addressed?
4. Is this an issue that you devote a lot of time to thinking about?

RESOURCES

1. Are you a member of or do you work with any activist groups or community organizations that are dealing with the topic you have selected?
2. Are you aware of any friends, family members, or colleagues who are either working on this issue or interested in doing so?
3. Do you have access to resources that might be applied to working with this topic? Resources can be defined rather broadly as time, energy, funds, or materials.
4. Do you feel that you have the capabilities and confidence to engage in work with the issue that you have mentioned?

REFERENCES

- Alinsky, S. (1969). *Reveille for radicals*. New York, NY: Vintage.
- Bell, E. (2005). Advocacy training by the international community of women living with HIV/AIDS. *Gender & Development, 13*(3), 70–79.
- Bradley, J. M., Werth, J. L., Jr., Hastings, S. L., & Pierce, T. W. (2012). A qualitative study of rural mental health practitioners regarding the potential professional consequences of social justice advocacy. *Professional Psychology: Research and Practice, 43*(4), 356–363.
- Burnes, T. R., & Singh, A. A. (2010). Integrating social justice training into the practicum experience for psychology trainees: Starting earlier. *Training and Education in Professional Psychology, 4*(3), 153–162.
- Cohen, K. R., Lee, C. M., & McIlwraith, R. (2012). The psychology of advocacy and the advocacy of psychology. *Counseling Psychology, 53*(3), 151–158.
- Crethar, H. C., Torres Rivera, E., & Nash, S. (2008). In search of common threads: Linking multicultural, feminist, and social justice counseling paradigms. *Journal of Counseling & Development, 86*, 269–278.
- Dalton, J., & Wolfe, S. (2012, August 15). Joint Column: Education connection and the community practitioner. Competencies for community psychology practice. Society for Community Research and Action. Draft. *The Community Psychologist, 45*, 7–4. Retrieved from <http://www.scra27.org/practice/documents/practcompetenciestcpdraftaug2012docx>

- DeLeon, P. H., Loftis, C. W., Ball, V., & Sullivan, M. J. (2006). Navigating politics, policy, and procedure: A firsthand perspective of advocacy on behalf of the profession. *Professional Psychology: Research and Practice, 37*(2), 146–153.
- Fondacaro, M. R., & Weinberg, D. (2002). Concepts of social justice in community psychology: Toward a social ecological epistemology. *American Journal of Community Psychology, 30*(4), 473–492.
- Freire, P. (1970). *Pedagogy of the oppressed*. New York, NY: Continuum.
- Glidewell, J. C. (1984). Training for the role of advocate. *American Journal of Community Psychology, 12*(2), 193–198.
- Goodman, L. A., Liang, B., Helms, J. E., Latta, R. E., Sparks, E., & Weintraub, S. R. (2004). Training counseling psychologists as social change agents: Feminist and multicultural principles in action. *The Counseling Psychologist, 32*, 793–837.
- Green, J., Romei, J., & Natelson, B. J. (1999). Stigma and chronic fatigue syndrome. *Journal of Chronic Fatigue Syndrome, 5*, 63–75.
- Humphreys, K., & Piot, P. (2012, February 27). Scientific evidence alone is not sufficient basis for health policy. *British Medical Journal, 344*, e1316.
- Jason, L. A. (1991). Participating in social change: A fundamental value for our discipline. *American Journal of Community Psychology, 19*, 1–16.
- Jason, L. A. (2013). *Principles of social change*. New York, NY: Oxford University Press.
- Jason, L. A., Groh, D. R., Durocher, M., Alvarez, J., Aase, D. M., & Ferrari, J. R. (2008). Counteracting “not in my backyard”: The positive effects of greater occupancy within mutual-help recovery homes. *Journal of Community Psychology, 36*, 947–958.
- Jason, L. A., Najar, N., Porter, N., & Reh, C. (2009). Evaluating the Centers for Disease Control’s empirical chronic fatigue syndrome case definition. *Journal of Disability Policy Studies, 20*, 93–100.
- Jason, L. A., Olson, B., Ferrari, J. R., & LoSasso, A. T. (2006). An evaluation of communal housing settings for substance abuse recovery. *American Journal of Public Health, 91*, 1727–1729.
- Jason, L. A., Olson, B. D., & Foli, K. (2008). *Rescued lives: The Oxford House approach to substance abuse*. New York, NY: Routledge.
- Jason, L. A., Pratt, T., Ware, C., Chimata, R., Bangi, A., & Johnson, D. (2002). Social activists: Lessons for community psychology. *International Journal of Group Tensions, 31*, 103–122.
- Jason, L. A., Richman, J. A., Rademaker, A. W., Jordan, K. M., Plioplys, A. V., Taylor, R., . . . Plioplys, S. (1999). A community-based study of chronic fatigue syndrome. *Archives of Internal Medicine, 159*, 2129–2137.
- Jason, L. A., Taylor, R. R., Wagner, L., Holden, J., Ferrari, J. R., Plioplys, A. V., . . . Papernik, M. (1995). Estimating rates of chronic fatigue syndrome from a community based sample: A pilot study. *American Journal of Community Psychology, 23*, 557–568.
- Kiselica, M. S., & Robinson, M. (2001). Bringing advocacy counseling to life: The history, values, and human dramas of social justice work in counseling. *Journal of Counseling and Development, 79*, 387–397.
- Kloos, B., Hill, J., Thomas, E., Elias, M. J., & Dalton, J. H. (2012). *Community psychology: Linking individuals and communities*. Belmont, CA: Wadsworth.
- Lewis, J., Arnold, M. S., House, R., & Toporek, R. L. (2003). *Advocacy competencies: American Counseling Association Task Force on Advocacy Competencies*. Retrieved from <http://www.counseling.org/Resources/>
- Lorion, R. P., & Iscoe, I. (1996). Reshaping our views of the field. In R. P. Lorion, I. Iscoe, P. DeLeon, & G. R. VandenBos (Eds.), *Psychology and public policy: Balancing public service and professional need*. Washington, DC: American Psychological Association.
- Maton, K. I., Humphreys, K., Jason, L. A., & Shinn, B. (in press). Advocacy and social policy. In C. Keys, M. Bond, & I. Serrano-Garcia (Eds.), *Handbook of community psychology*. Washington, DC: American Psychological Association.

- Maton, K. I., Strompolis, M., & Wisniewski, L. (2013). Building advocacy and policy capacity: A survey of SCRA members. *The Community Psychologist*, 46, 13–16. Retrieved from <http://scra27.org/policy/documents/marketplace/surveyofscramembershipcapacitybuildingreport>
- Mays, V. M. (2000). A social justice agenda. *American Psychologist*, 55(3), 326–327.
- Mooney, C. Z., & Van Dyke-Brown, B. (2003). *Lobbying Illinois: How you can make a difference in public policy*. Springfield: University of Illinois at Springfield.
- Moore, S. (2011). Can public-policy advocacy be taught? or learned? *The Philanthropist*, 23(4), 471–480.
- Nelson, G., Prilleltensky, I., & MacGillivray, H. (2001). Building value-based partnerships: Toward solidarity with oppressed groups. *American Journal of Community Psychology*, 29(5), 649–677.
- Ponzo, Z. (1974). A counselor and change: Reminiscences and resolutions. *Personnel and Guidance Journal*, 53, 27–32.
- Prilleltensky, I. (2001). Value-based praxis in community psychology: Moving toward social justice and social action. *American Journal of Community Psychology*, 29(5), 748–778.
- Prilleltensky, I., & Gonick, L. (1996). Politics change, oppression remains: On the psychology and politics of oppression. *Political Psychology*, 17, 127–147.
- Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology*, 9, 1–25.
- Reyes, M., Gary, H. E., Jr., Dobbins, J. G., Randall, B., Steele, L., Fukuda, K., . . . Reeves, W. C. (1997, February 21). Descriptive epidemiology of chronic fatigue syndrome: CDC surveillance in four cities. *Morbidity and Mortality Weekly Report Surveillance Summaries*, 46(No. SS2), 113.
- Richman, J. A., & Jason, L. A. (2001). Gender biases underlying the social construction of illness states: The case of chronic fatigue syndrome. *Current Sociology* 49, 15–29.
- Seidman, E. (1988). Back to the future, community psychology: Unfolding a theory of social intervention. *American Journal of Community Psychology*, 16, 3–24.
- Shinn, M. (2007). Waltzing with a monster: Bringing research to bear on public policy. *Journal of Social Issues*, 63, 215–231.
- Toit, B. M. D. (1996). The Mahatma Gandhi and South Africa. *Journal of Modern African Studies*, 34(4), 643–660.
- Toporek, R. L., Lewis, J. A., & Crethar, H. C. (2009). Promoting systemic change through ACA advocacy competencies. *Journal of Counseling and Development*, 87, 260–270.
- Trusty, J. (2005). Advocacy competencies for professional school counselors. *Professional School Counseling*, 8(3), 259–265.
- Twemlow, S. W., Bradshaw, S. L., Jr., Coyne, L., & Lerma, B. H. (1997). Patterns of utilization of medical care and perceptions of the relationship between doctor and patient with chronic illness including chronic fatigue syndrome. *Psychological Reports*, 80, 643–659.
- Vaillant, G. E. (2003). A 60-year follow-up of alcoholic men. *Addiction*, 98, 1043–1051.
- Vasquez, M. J. T. (2012). Psychology and social justice: Why we do what we do. *American Psychologist*, 67(5), 337–346.
- Watts, R. J., & Abdul-Adil, J. (1994). Psychological aspects of oppression and socio-political development: Building young warriors. In R. Newby & T. Manley (Eds.), *The poverty of inclusion, innovation, and interventions: The dilemma of the African American underclass*. New Brunswick, NJ: Rutgers University Press.
- Watzlawick, P., Weakland, J. H., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York, NY: W. W. Norton.