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The Relationships Between Advocacy Competency, Adult Attachment Styles, Climate And Comfort In Training, And Social Empathy.

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THE RELATIONSHIPS BETWEEN ADVOCACY COMPETENCY, ADULT ATTACHMENT STYLES, CLIMATE AND COMFORT IN TRAINING, AND SOCIAL EMPATHY.

A Dissertation
presented in partial fulfillment of the requirements
for the degree of Doctor of Philosophy
in the Department of Leadership and Counselor Education
at the University of Mississippi

by

Tyler Andrew Rogers

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ABSTRACT

The primary purpose of this quantitative study was to determine the relationship between adult attachment styles, climate and comfort in training, social empathy and advocacy competency in counselor trainees. Advocacy competency has become a critical aspect of counseling, yet few studies exist that determine the predictive influence of concepts such as adult attachment, climate and comfort of training, and social empathy. The following study surveyed graduate students in counseling to determine the influence of adult attachment, climate and comfort of training, and social empathy on advocacy competency beyond the stage in counselor program. A Pearson r and hierarchical regression model were used to analyze the data. Results revealed significant relationships between adult attachment, climate and comfort in training, social empathy, and advocacy competency.
DEDICATION

First, I would like to dedicate this work to God for giving me life as well as the ability and opportunity to participate in this program. I would also like to dedicate this work to my wife, Mary Margaret, who has stood beside me through the past several years and read numerous drafts of this paper. And finally, I would like to dedicate this to my parents and the other adults that advocated on my behalf for a better life and opportunity.
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CHAPTER 1
INTRODUCTION

Social justice and advocacy have become an institution within the field of counseling. According to Chang, Crethar, and Ratts (2010), counseling experienced a “seismic shift” as the leaders in the field of counseling promoted a counseling advocacy competency in six specific areas. These areas included client and student empowerment, community collaboration, public information, client and student advocacy, systems advocacy, and social and political advocacy. In addition to the push for these competencies, the American Counseling Association (ACA) developed the division of Counselors for Social Justice, which includes a publication devoted to the promotion of social justice issues in counseling (Chang et al., 2010). Furthermore, the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) put forth new competencies, including ones specifically for advocacy, in the 2009 standards for both the masters and doctoral counseling programs (CACREP; 2009). Social justice counseling appears to be the “fifth transformation” of the counseling, following the fourth transformation of multiculturalism in counseling (Chang et al., 2010).

The growing emphasis on systemic advocacy in counseling stems from the idea that clients’ problems may result from systemic oppression and subsequently, may be beyond their scope of power and influence. Therefore, to promote client wellness and develop an appropriate demeanor as a counselor, it is necessary and more helpful to view clients and their problems within a context, and then to help change occur in both the client and their context. Advocacy is a two-part process that involves helping clients overcome contextual barriers and advocating for
the removal of systemic oppression that causes mental illness and strife. The ACA and other mental health fields support training counselors as advocates that are competent in empowering clients to remove the contextual obstacles in their lives as well as actively influencing macro-level, systemic change (Chang et al., 2010).

Many researchers in the counseling field have studied various aspects of a social justice counseling framework. These aspects include research perspectives, instructional methods, publication topics, supervision models, pedagogy, and technique (Brubaker, Puig, Reese, & Young, 2010; Creswell, 2009; Dollarhide, Smith, & Lemberger, 2007; Glosoff & Durham 2010; Miller & Sendrowitz, 2011; Parikh, Post, & Flowers, 2011). However, there were various models and definitions of social justice in counseling through which each of these aspects were studied. These models included the advocacy model put forth by ACA, as well as the non-linear developmental model, and the social cognitive model (Miller et al., 2009; Moeschberger, Ordóñez, Shankar, & Raney, 2006; Rubel & Ratts, 2011; Segal, 2011). Within these models and aspects of practice, researchers have studied numerous facets of counselor personality and training program to find a significant relationship between each aspect and the propensity of a counselor or other mental health practitioner to work, research, and instruct from a social justice framework (Beer, Spanierman, Greene, & Todd, 2012; Miller & Sendrowitz, 2011; Parikh et al., 2011).

Variables previously examined for a significant relationship to social justice counseling practice include factors such as religious or spiritual beliefs, self-efficacy, perceived outcomes, personal moral imperative, and the culture of a training program. A study by Parikh et al. (2011) utilizing the ACA advocacy model of social justice counseling revealed that self-perceived social advocacy behaviors were negatively correlated with belief in a just world in the school counselor
population. Miller and Sendrowitz (2011) found a significant relationship with the concepts of personal moral imperative and program training environment to social justice interest and commitment; two components of the social cognitive model. Another study by Beer et al. (2012), also using the concept of social justice commitment and a hierarchical regression, linked factors such as spirituality, confronting discrimination, and multicultural competency to social justice commitment.

While there have been a few studies for these various models, there have yet to be any utilizing the component of social empathy as a variable (Segal, 2011). The social empathy model is different from other advocacy models because its components focus on primal affective and empathic responses to social injustice, rather than measures of knowledge or behavior. Specifically, the social empathy model focuses on experiencing empathy to its fullest extent by garnering knowledge about historical and socioeconomic contexts of the client, particularly the inequalities and disparities of that context, and embracing macro self-other awareness and perspective taking (Segal, 2011; Segal, Wagaman, & Gerdes, 2012). Additionally, the model of social empathy supports the use of raising critical consciousness and increasing self-awareness to train mental health practitioners; two ideas found consistently throughout the literature as necessary for instructing a social justice framework (Gerdes, Segal, Jackson, & Mullins, 2011; Goodman et al., 2004; Rubel & Ratts 2011; Singh et al., 2010).

Social empathy contains eight total subscales assessed by an instrument known as the Social Empathy Index (SEI), which measures a combination of three higher order variables of interpersonal empathy, contextual understanding, and macro self-other awareness and perspective taking. The components of contextual understanding and macro self-other awareness and perspective taking are action-oriented subscales of the SEI that assess the movement of
empathy from an interpersonal realm into a contextual realm. These two components parallel or appear closely related to the definition advocacy described by CACREP and ACA (Chang et al., 2010; Miller & Sendrowitz, 2011). The CACREP (2009) standards define advocacy partly as a disposition in which one must “oppose or work to change policies and procedures, systemic barriers, long-standing traditions, and preconceived notions that stifle human development” (p. 59). This would require one to display a high level of the social empathy component of contextual understanding of systemic barriers, which is defined as comprehending the historical impact of systemic socio-economic and political obstacles in culture (Segal et al., 2012).

The social empathy components of macro self-other awareness and perspective-taking as well as collective orientation could also significantly influence or relate to CACREP’s understanding of advocacy. Macro self-other awareness and perspective-taking, or being able to imagine life through the point of view of those who have experienced such obstacles, seems necessary to effectively, as CACREP (2009) requires, “take action on behalf of clients or the counseling profession to support appropriate policies and standards for the profession” (p. 59). Additionally, collective orientation, or moving individual empathy outwards to work for collaboration and cooperation with others, particularly those with different perspectives appears needed to “promote individual human worth, dignity, and potential” (p.59), as CACREP (2009) calls for (Segal et al., 2012).

While the social empathy model contains many essential elements of a larger picture of advocacy, it does not contain a measure of the culture of a counseling training program. This is an important aspect to consider, as social empathy relies very heavily upon context, hence, a training program may better guide students to competency in advocacy by being empathetic to the students and their context. One measure of a counselor in training’s perception of the culture
of a training program is the climate and comfort subscale of the Multicultural Environmental Index-Revised (MEI-R) (Pope-Davis, Liu, Nevitt, & Toporek, 2000). This scale measures the degree that individuals feel safe, comfortable, and valued within their training program and has been found to be significantly related to multicultural competence and attitudes towards diversity (Dickson, 2008; Dickson & Jepsen, 2007). Therefore, one’s social empathy may be heavily influenced by their experience of existing in a comfortable training environment, as one’s ability to gain insight into contextual inequalities of clients would likely be determined by their experience of having others’, in this case counselor educators, display empathy and sensitivity to the contextual obstacles in their own life (Segal, 2011).

The five other components of the social empathy model, in addition to those already discussed, are composed from the Empathy Assessment Index (EAI), a measure of interpersonal empathy. These five components are sequentially measured as a process that occurs within a person’s brain (Lietz et al., 2011). The first subscales, or neurobiological events, in the empathy sequence are affective response, or “mirroring” the emotional state of another and affective mentalizing, or composing a mental image of another’s experience. The subscale of self-other awareness, or the ability to differentiate another’s experience from one’s own, and the subscale of perspective taking, or the ability to think about and enter into another person’s perspective follow these measures. Emotion regulation, the fifth measure, describes one’s ability to experience another’s feelings without becoming overwhelmed by that experience (Segal et al., 2012).

The concept of adult attachment styles, or a working, internal model of self and self and other, contains and influences many of the same components of empathy (Bowlby, 1969; Bartholomew & Horowitz, 1991; Goleman, 2006; Siegel & Hartzell, 2003). Research has shown
that adult attachment style not only influences the level and pattern of displayed empathy, but that the formation of attachment in infancy affects one’s capacity to be empathic (Mikulincer, & Shaver, 2008). Specifically, the formation of infant attachment occurs through connecting with a caregiver as an infant takes emotional cues from the caregiver. These cues guide the infant on how to manage frustration when the connection is disturbed as well as influence the neurobiological development that determines emotional regulation. However, the manner in which a caregiver responds to an infant’s expressed frustration may vary from being calm and available, to absent and unavailable, or inconsistently responsive with tones of disapproval and contempt. These responses help form attachment styles in children that continue into adulthood and vary on a spectrum of anxiety to avoidance. This process also forms the building blocks for empathy, or being able to feel and understand what others are feeling and experiencing (Goleman, 2006).

Highly avoidant or anxious adult attachment styles tend to result in an individual who is typically rigid and inflexible in thinking and conversing, particularly under duress. This individual may not seek out close relationship with others, nor easily disclose intimate life details (Goleman, 2006; Mikulincer & Shaver, 2004; Siegel, 1999). The lack of flexibility in thinking and understanding could negatively affect a counselor’s or counselor educator’s ability to competently instruct or practice advocacy as well as navigate complex social issues through collaborative relationships. This would be partly due to low ability to exhibit deep empathy for fear of becoming overwhelmed by the feelings of others (Siegel & Hartzell, 2003; Goleman, 2006).

Trusty, Ng, and Watts (2005) further exemplified the effect attachment avoidance and anxiety have on empathy as they found a significant relationship between emotional empathy
and adult attachment in counselor trainees. Through structural equation modeling, the research team found that counselor trainees who displayed low avoidance and high anxiety showed higher emotional empathy than those who were higher on avoidance and lower on anxiety. Other research indicated that there is a significant relationship between adult attachment styles of counselors and counseling concepts such as counselor intervention type, countertransference, session exploration, and the working alliance (Mohr, Gelso, & Hill, 2005; Romano, Janzen, & Fitzpatrick 2009; Romano, Fitzpatrick, & Janzen, 2008). These studies illustrated how adult attachment styles influence counselor empathy and other important counseling relationship concepts. Therefore, studying the relationship of adult attachment and social empathy may lead to an increased, additive understanding of advocacy in the field of counseling.

While the incorporation of advocacy in counseling has been beneficial for the field, there are issues with the current framework put forth by CACREP and ACA that may prevent the advancement of advocacy. These issues include the lack of a clear and collaborative definition of advocacy, philosophical confounds, and complications with the role of a counselor. Singh et al. (2010) found trainees in counseling psychology defined social justice advocacy in various ways, such as “the promotion of social equality,” “the minimization of current social inequalities,” or “recognition of the context of society” (p. 777). This variation highlights the lack of a clear definition to guide research, which is the first of many issues with defining social justice and advocacy for the helping professions. Problems with definitions occurred in a publication on the importance of social justice counseling by Chang et al. (2010) which defined advocacy as “the act of arguing on behalf of an individual, group, idea, or issue to achieve social justice” (p.?) when explaining the counselor’s role as an advocate. This particular definition illustrates the
possibility of instruction or practice of advocacy occurring as a forceful act of the counselor or counselor educator by the use of the word “arguing” (CACREP, 2009; Raskin, 2010).

A philosophical problem emerged for those defining advocacy using definitions with terminology such as “fair” and “equitable”, which can each be relative in interpretation, creating disagreement over what constitutes oppression and what is truly an equal opportunity (Funge, 2010). For an educator to take a particular stance on any issue of oppression and insist that others do so as well may be culturally insensitive, as well as oppressive to those who may have a different perspective on social justice. Raskin (2010) reported an experience that illuminates this particular issue in which a student defended the ideas of capitalism and individualism in a discussion about social justice in a counseling program. The student had his position deemed “unprofessional” and “socially regressive” by faculty, who thereby silenced his voice and used power to oppress views that they may have disagreed with rather than seeking to garner understanding of that student’s perspective.

Counselors and counselor educators, by encouraging social empathy, could further promote the welfare of all persons and lead to more effective identification, collaboration, and cooperation of oppressed populations and stakeholders, preventing further oppression (Miller & Sendrowitz, 2011). A study measuring the predictive influence of adult attachment styles, climate and comfort of training program, social empathy, and advocacy competency in counselor trainees will help researchers understand the influence of adult attachment, climate and comfort in training, and social empathy on advocacy competency beyond stage in graduate training. Such as study will also display how the climate and comfort of a training program may influence social empathy and competency in advocacy. Finding the link between adult attachment styles, social empathy, climate and comfort of training, and advocacy competency will allow counselors
and counselor educators to instruct and practice in a manner that does not oppress different views of counselors or clients by introducing the concept of social empathy. Supporting this collaborative and collective disposition for counselors and counselor educators in advocacy will inspire societal change, just as counselors have used it for decades to promote individual change.

**Statement of the Problem**

While there have been some studies to determine significant relationships between counselor personality and training program to social justice counseling and advocacy competency, there have yet to be any that incorporate adult attachment styles and social empathy. There are, at this time, no studies examining the relationship of adult attachment style to social empathy, nor a study investigating the relationship of social empathy to climate and comfort of training. Additionally, there are no studies that examine the relationships and differences between adult attachment styles, climate and comfort of training, social empathy and advocacy competency in the population of counselor trainees.

**Purpose of the Study**

The primary purpose of this quantitative study was to determine the relationship between adult attachment styles, climate and comfort in training, social empathy and advocacy competency in counselor trainees.

**Significance of the Study**

This study was significant to the counselor education field and other mental health areas in many ways. First, this study added to the existing literature that found significantly related factors of the personality and program training environment, particularly adult attachment and climate and comfort of training, to social justice advocacy. Those factors previously found to have a significant relationship with social justice counseling are spirituality, personal moral
imperative, and program training (Beer et al., 2012; Miller & Sendrowitz, 2011; Parikh et al., 2011). Second, this study provided additional information about the predictive influence of adult attachment, climate and comfort of training, and social empathy on advocacy competency. Third, the results could shape future research and provided greater understanding about effective instructional methods and strategies for social justice advocacy, particularly on the influence of the training environment and social empathy perspective (Chang et al., 2010; Pope-Davis et al., 2000). Finally, the results of this study increased our understanding of the relationships between adult attachment, climate and comfort in training, social empathy and social justice advocacy, which will aide in training more competent counselors.

Research Questions

The two preliminary research questions that guided the two aforementioned purposes of the study were described as the following:

1. Are there any significant relationships between the adult attachment of the ASQ, the climate and comfort subscale of the MEI-R, the social empathy scales of the SEI, and the advocacy competency scales of the ACSA?

2. Does counselor trainee adult attachment style, perception of the comfort and climate of training, and social empathy influence advocacy competency?

Limitations

This study was limited to counselor trainees currently on the COUNSGRADS or CESNET listserv. This study may have only attracted participants that had a personal interest in social justice counseling, thereby skewing the results. This study contained instruments, the Social Empathy Index (SEI) and the Advocacy Competency Self-Assessment (ACSA), which each have limited reliability and validity data at this time. Also, there is a lack of empirical
research currently supporting the social empathy model of Segal (2011), though one intention of this study was to provide further empirical support for this model when discussing social justice advocacy counseling.

**Delimitations**

The study included counselor trainees from various graduate masters level counseling training programs. The participants varied in experience and training in the respective field of counseling, and represented a diverse population of race, ethnicity, gender, and age. The data collection process began by providing participants a questionnaire to gather demographic information as well as the instruments that measured adult attachment style, climate and comfort of training, social empathy, and advocacy competency. Participants were provided with an initial informed consent. Those that did not complete the measures upon the first request received two follow up emails encouraging their participation.

**Definitions**

**Adult Attachment Style:** an adult person’s abstract image or model of self and of self and other categorized dichotomously as either positive or negative (Bartholomew & Horowitz, 1991).

**Advocacy:** action taken on behalf of clients or the counseling profession to support appropriate policies and standards for the profession; promote individual human worth, dignity, and potential; and oppose or work to change policies and procedures, systemic barriers, long-standing traditions, and preconceived notions that stifle human development (CACREP, 2009).

**Advocacy Competency:** the ability, understanding, and knowledge to carry out advocacy ethically and effectively (Toporek, Lewis, & Crethar, 2009).
Climate and Comfort: the degree to which trainees feel safe, comfortable, and valued within the program (Pope-Davis et al., 2000).

Social Empathy: the ability to understand people by perceiving or experiencing their life situations and as a result gain insight into structural inequalities and disparities (Segal, 2011).

Social Justice Advocacy: the act of arguing on behalf of an individual, group, idea, or issue to achieve social justice (Chang et al., 2010).

Social Justice Commitment: an individual’s choice-oriented goals or intentions to engage in social justice activity in the future (Lent & Brown, 2006).

Social Justice Counseling: acting with and on behalf of one’s client or others in the client’s system to ensure fair and equitable treatment (Chang et al., 2010).
CHAPTER 2
REVIEW OF THE LITERATURE

The primary purpose of this study was to determine the relationship between adult attachment styles, climate and comfort of training, social empathy, and advocacy competency in counselor trainees. The following is a presentation of literature relevant to each of these concepts. The review of literature begins with a brief history of attachment theory, including the theory’s shift from describing the infant/mother relationship to patterns of relating in adults. Subsequently, the review covers key studies in adult attachment as it relates to stress responses, leadership, compassion, and empathy. Next is an overview of the concept of social empathy, followed by a perspective on advocacy and social justice in counseling, and the effect of training climate on advocacy commitment. The presentation closes with a review of studies related to advocacy competency and a proposal of controversial issues with the current definitions and models of advocacy and social justice counseling.

Attachment

John Bowlby (1969) identified and described the idea of attachment as the innate desire in infants to establish relationships with caregivers for two main purposes: protection and a sense of physical and emotional safety. Infants develop these protective relationships through particular behaviors, such as crying, which represent the infant’s perception of a threat. These behaviors evoke a response from a caregiver that will aide the infant in restoring a sense of protection and safety. According to Bowlby (1969), these patterns of relating that were formed in infancy between an infant and caregiver, now called an attachment style.
were dependent on two primary factors. These factors were the mother’s emotional attitude, specifically her tone and the frequency of her responsiveness to the infant in times of distress as well as the physical distance between a mother and infant. The responsiveness of mothers could vary in nature, from some being consistent and warm, which restored a sense of security, to others being rejecting and unavailable, or unpredictable and chaotic, which prolonged the feeling of insecurity. Attachment theorists found that these attachment styles determined an infant’s momentary experience of security as well as their ability to self-soothe, or regulate affect, throughout childhood (Bowlby, 1969, Mikulincer, & Shaver, 2008).

Bowlby (1973) posited in addition to forming an attachment style, the collected patterns of relating between a mother and infant created a mental representation in the infant. He explained this mental representation as an internal working model composed of a child’s beliefs, expectations, and emotions regarding themselves and others. These internal working models became the infant’s primary range of cognition and emotion for interpreting their life experiences and subsequent behavior. While the composition of this working model and the resulting behavior varied from individual to individual, attachment theorists found that the internal working model can be summarized into dimensions of belief. These two dimensional beliefs were what an infant believes about their worthiness to receive care and what they believed about their caregiver’s willingness or ability to care for them (Bowlby, 1973). These beliefs, shaped through the pervasive pattern of relating between the caregiver and the infant, formed the dichotomous dimensions of attachment known as secure and insecure.

Mary Ainsworth took the observations of Bowlby and furthered the development of distinct attachment styles in infants beyond secure and insecure. Ainsworth, Blehar, Waters, and Wall (1978) conducted an experiment known as the “Strange Situation Test”, which entailed
observing the repeated responses of mothers to their infants’ signs of distress and the resulting behavior of the infants after the mothers responded. The researchers identified three categories, or prototypes, of attachment style, which included secure, anxious/ambivalent, and avoidant.

Ainsworth et al. (1978) found that a secure attachment formed as a mother and child experienced a positive connection, creating “affective resonance.” This resonance developed an internal working model in the child, or a sense that they are worthy of a response from their caregiver and that their caregiver is capable of responding to them. This secure internal model of self and others also encouraged infants and children to confidently explore new environments in the presence of a caregiver, whom they perceive as a “secure base” (Ainsworth et al., 1978). More recent research has found that the attachment forming process and resulting attachment style leads to the development of the brain structures necessary to regulate affect and use complex cognitive functioning (Schore, 2003).

Through the “Strange Situation Test”, Ainsworth et al. (1978) found two prototypes for an insecure attachment. The avoidant attachment style formed when a mother displayed, more often than not, a combination of rejecting and unavailable responses to the child, which led the child to avoid contact with the mother. The anxious/ambivalent attachment developed when the mother showed unpredictable or chaotic responses, which led to an asynchronous relationship between the mother and child. Each insecure prototype represented an internal working model composed a sense that a child is unworthy of a response from a caregiver or doubting that a caregiver was willing or able to respond during distress.

Research showed that an insecure attachment stunts the development of foundational brain structures and systems that enable affect-regulation, such as the limbic system and the prefrontal cortex (Schore, 2003). Discovering the neurobiology underneath the dimensions of
secure and insecure infant/mother attachment relationship has furthered the idea that attachment styles remain stable from infancy through adulthood (Iacoboni, 2008; Mikulincer, & Shaver, 2008).

**Adult Attachment**

Bowlby (1969) and Ainsworth et al. (1978) proposed that one’s working model or self-concept, formed in childhood, remained stable into adulthood. Much like children, adults seek proximity to their secure base, or attachment figure, in instances that appear threatening or cause internal distress. However, in adulthood, these attachment figures can be romantic partners, close friends, teachers, advisors, or counselors. Additionally, similar to children, a feeling of security increased the amount of exploration in new environments and flexibility in thought, and led to positive social interactions that are absent of anxiety (Dozier, Cue, & Barnett, 1994; Mikulincer & Shaver, 2004; Pistole, 1999).

Hazan and Shaver (1987) used the results of the study by Ainsworth et al. (1978) to examine adult attachment styles in adult romantic relationships. The researchers created descriptions of common beliefs, behaviors, and emotions accompanying the three categories of attachment utilized in the “Strange Situation Test” (Ainsworth et al., 1978; Hazan & Shaver, 1987). Respondents were asked to select the description that appeared to align with their beliefs, behaviors, and emotions congruent with their experiences in romantic relationships. The results revealed that attachment styles in infancy not only reflected those in adulthood, but were measurable and conceptually close to the three categories based on Ainsworth’s study. Additionally, results showed that the three different attachment styles interacted predictably in romantic relationships and that attachment style was significantly related to one’s view of self, behavior in social relationships, and past experiences with caregivers (Hazan & Shaver, 1987).
Bartholomew and Horowitz (1991) were some of the first to support the findings of Hazan and Shaver (1987) as they established evidence of attachment stability across different environments and into adulthood. These researchers found a strong, positive relationship between adult attachment styles in one’s family and one’s peer group. The results of these two studies supported Bowlby’s theory that attachment patterns remained stable into adulthood and affected the internal working model (Bowlby, 1969). Bartholomew and Horowitz (1991) combined the common beliefs, expectations and emotions about oneself and others that form the internal working model and created two dimensions of adult attachment. These dimensions were believed to be the schemes that guide relational and stress coping behavior and created an adult “model of the self” and “model of the other”. These two models were categorized dichotomously as positive or negative and combined to examine the interactions between dimensions (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994).

By combining the dimensions of the “model of the self” and the “model of the other”, Bartholomew and Horowitz (1991) created four prototypes of adult attachment styles known as secure, fearful, preoccupied, and dismissive. This expanded the known categories of adult attachment prototypes identified by Hazan and Shaver (1987) from three to four. These four prototypes of adult attachment describe a person’s complex cognitive and behavioral strategy for maintaining proximity in close relationships. Subsequent research found that these styles are continuous prototypes because individuals can display behaviors of each prototype, though one prototype generally emerges as a dominant pattern of relating (Bartholomew & Horowitz, 1991; Feeney, Noller, & Hanrahan, 1994; Griffin & Bartholomew, 1994).

Each of the various prototypes suggested in the two dimensional, four-category model proposed by Bartholomew and Horowitz (1991) has a nuanced description. A secure attachment
describes positive internal working “model of the self” and “model of the other”, wherein one has internalized a positive sense of self-worth and subsequently expects others to see them positively. Specifically, this prototype describes a person that has a positive, high view of themselves as well as others, displays comfort with intimacy and autonomy, tends to see themselves as lovable and believe others are capable and willing to love them (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994). This positive “model of the self” can be associated with the degree of expressed confidence in the self and exploration of new environments (Feeney et al., 1994). A positive “model of the other” describes one’s expectation that others will be available and explains the degree to which one seeks out support from others in distressing times (Bartholomew & Horowitz, 1991).

An insecure attachment describes either a negative “model of the self” or “model of the other”, or a combination of both and are represented through one of three insecure prototypes, including fearful, preoccupied, or dismissive. Individuals with a primarily fearful attachment style tend to have a low, negative model of self, seeing themselves as unlovable and a negative model of others, doubting that others are willing to or capable of loving them. A preoccupied attachment style represents individuals that tend to have a low, negative view of self and a positive model of other, believing others capable but unwilling to love them because of their unlovable nature. Individuals that are primarily dismissive in their attachment style tend to have a high and positive, yet unrealistic view of themselves and see others negatively as deficient or incompetent, and therefore incapable of loving them (Bartholomew & Horowitz, 1991).

**Measurement of Adult Attachment**

Adult attachment as a concept has been heavily shaped by the constructs research uses to measure attachment. While the internal working models of attachment are difficult to observe,
the patterns of relating that these models influence can be measured through observation or self-report. Ainsworth et al. (1978) gathered data on patterns of relating between infants and caregivers through observation in the “Strange Situation Test.” The resulting model from the data identified three categories of childhood attachment, including anxiety, avoidance, and security. Though this data was collected from an infant population, it was foundational to research on attachment styles in adulthood, as it provided the framework utilized by Hazan and Shaver (1987) for describing and measuring adult attachment styles.

Hazan and Shaver (1987) conducted one of the first experiments on adult attachment styles. These researchers examined patterns of relating in adult romantic relationships by forming paragraph descriptions of each of attachment prototypes developed by Ainsworth et al. (1978). The results confirmed validity of a three-category model for adult attachment styles, however, subsequent research challenged the validity of this model. Bartholomew and Horowitz (1991) developed a four-category model by combining models of self and other, measured dichotomously as positive or negative. These researchers utilized various measures, including the measure of Hazan and Shaver (1987) as well as self and friend interviews to create the four prototypes of adult attachment. Results revealed continuous as well as categorical scores for the four prototypes while correlations within each category confirmed the validity of this proposed model of adult attachment (Bartholomew & Horowitz, 1991).

Feeney et al. (1994) took the insights gathered from the previous studies and created another self-report adult attachment measure called the Attachment Style Questionnaire (ASQ). The researchers created four constructs based on categorical descriptions of Hazan and Shaver (1987) and Bartholomew and Horowitz (1991) as well as a three and five factor solution based on these two models. The five-factor solution includes the five scales of the ASQ, which include
self-confidence, discomfort with closeness, need for approval, preoccupation with relationships, and relationships as secondary. The three-factor solution, based on the prototypes descriptions of Hazan and Shaver (1987), loads the five factors into three factors in the following manner: secure (self-confidence), avoidance (discomfort with closeness, relationships as secondary), and anxiety (need for approval, preoccupation with relationships). The ASQ, unlike many of its predecessors, provided clear, quantitative data on a self-report measure of adult attachment (Feeney et al., 1994).

While Feeney et al. (1994) were creating the ASQ, Griffin and Bartholomew (1994) were revisiting the four category model of attachment to determine if underlying two dimensions of the “model of the self” and “model of the other” were valid measures of adult attachment. These researchers hypothesized that the positive nature of the model of the self could be conceptualized as one’s internal sense of self-worth and subsequent expectation of others to treat them positively. Measurement of the “model of self” could be expressed by the degree of felt anxiety and dependence in close relationships. The “model of the other” was conceptualized as the level of positivity associated with one’s belief that others will be available and supportive to them and could be measured by the one’s predisposition to seek out or avoid intimate relationships (Griffin & Bartholomew, 1994). When the dimensions of avoidance and anxiety were overlaid with Bartholomew and Horowitz (1991) four attachment prototypes, the resulting concepts emerged: secure (low anxiety, low avoidance), fearful (high anxiety, high avoidance), preoccupied (high anxiety, low avoidance), and dismissive (low anxiety, high avoidance). The results of confirmatory factor analysis and a structural equation model validated the four prototypes and two underlying dimensions of adult attachment expressed as levels of anxiety (model of the self) and levels of avoidance (model of the other) (Griffin & Bartholomew, 1994).
Griffin and Bartholomew (1994) did not interpret the results of their study to mean that dimensions of anxiety and avoidance were better descriptors of patterns of relating. However, these researchers did indicate that they believed these two dimensions adequately represented one’s internal working models of self and other and are foundational to all measures of adult attachment. Griffin and Bartholomew (1994) indicated that four adult attachment prototypes increased the predictive power of adult attachment measures and therefore were not reducible to dimensions of anxiety and avoidance (Fraley & Waller, 1998). Following this study, researchers in the attachment field devoted several chapters of Attachment theory and close relationships (1998) to testing the validity of the two dimensional model of anxiety and avoidance as underlying all measures of adult attachment and the idea that dimensional models may better representations adult attachment styles.

In Attachment theory and close relationships, Fraley and Waller (1998) applied taxometric analysis to a sample of young adults tested on adult attachment on other variables such as relationship satisfaction. The resulting analysis showed that the dimensional model of attachment was a better measure of the concept of adult attachment than the prototype model. Specifically, data revealed that prototypes contributed to less than 1% of the variance in differences in relationship satisfaction, meaning that attachment prototypes did not contribute to significant differences among the sample. These researchers also found the prototype model difficult to justify because each prototype was constructed by combining measures of the “model of self” and “model of other”, which would mean that every prototype partially aligns with at least one other, yet the prototypes are seen as distinctively different. Additionally, Fraley and Waller (1998) expressed a belief that the dimensional model was more clinically helpful in
describing the underlying pieces of adult attachment and a more accurate representation of the behavior strategies in attachment styles versus others perceptions of one’s attachment style.

Brennan, Clark, and Shaver (1998) conducted a meta-analysis of current adult attachment measures to determine whether or not the most widely used self-report instruments had underlying dimensions of anxiety and avoidance. Data revealed that high scores in either of these two latent dimensions described the majority of attachment insecurity based on various categories of insecurity across many instruments (Brennan et al., 1998). Additionally, these authors suggested that preliminary analysis of adult attachment by Hazan and Shaver (1987) moved too hastily into describing attachment in categorical form. Ainsworth et al. (1978) used dimensional data analysis in the form of a discriminate analysis to create dimensions of secure, avoidant, and anxious/ambivalent, though Hazan and Shaver (1987) treated these labels as categories in the creation of their forced choice measure (Brennan et al., 1998).

Additional publications and research on the two dimensional nature of adult attachment furthered the understanding of how these two dimensions function. Some researchers expressed uncertainty or doubt on this model of adult attachment, while others modified the interpretation of how the two dimensions function (Bäckström & Holmes, 2007; Fraley & Shaver, 2000; Mikulincer & Shaver, 2004). Fraley and Shaver (2000) posited that this two dimensional model was a more accurate description of emotional and behavioral regulation strategies as opposed to internal working models. This interpretation involves several components, which include monitoring and appraising external events for attachment related goals. The individual differences that result as one interprets events, particularly threats, represents the dimension of attachment anxiety. Secondarily, the degree to which one seeks out help or attempts to handle a perceived threat on their own distinguishes one’s measure of avoidance. This conceptualization
allows for more congruence between infant and adult measures as well as not limiting the scope of adult attachment to one’s positive or negative beliefs about themselves and others (Fraley & Shaver, 2000).

**Adult Attachment and Affect Regulation**

The prior discussion of adult attachment and measures of the constructs within adult attachment uniquely shape the most recent research on the subject. Understanding the dimensional view of adult attachment is imperative as much of the recent research on adult attachment, particularly on the subject of affect regulation, is based upon this two dimensional model. Secure attachment in adulthood serves to increase pro-social behavior and improved interpersonal relationships, which subsequently reinforces attachment security and regulation of emotions. These secure types also tend to communicate openly and accurately amidst distress as well as seek out compromise and relational maintenance during these times, which also allows for successful emotion regulation upon the activation of the attachment system (Mikulincer, & Shaver, 2008). Understanding the effects of attachment insecurity, in terms of anxiety and avoidance, on affect regulation requires a more in depth overview of the attachment formation process and relevant research on attachment and regulation of emotional and behavioral responses.

As mentioned previously, infant attachment style forms through the primary caregiver’s pattern of responses to signs of distress in a child. This distress is experienced internally as anxiety in childhood and adulthood (Siegel, 1999). While most childhood attachment patterns are adaptive for drawing in caregiver support, or their secure base, those that are significantly insecure can confound one’s adult relationships (Dozier et al., 1994). In infancy and early childhood, anxiety or emotional distress begins when a child perceives abandonment or rejection,
as it signals the child and the caregiver of the need for caregiving. This interpretation of threat and the subsequent internal distress intended to provoke a response from the child, possibly expressed in crying or acting out, which will alert a caregiver to respond (Fraley & Shaver, 2000).

When the caregiver’s response to the child’s distress is inconsistent and ridden with anxiety, a child is more likely to develop a low threshold for perceiving threats. This low threshold leads to a pervasive sense of anxiety in adulthood and a higher measure of the adult attachment dimension of anxiety. Individuals with a high level of anxiety in adulthood have a decreased ability to regulate their affective responses amidst their own emotional distress and tend to express high levels of distress to evoke a supportive response from others (Goleman, 2006; Siegel, 1999). This decreased ability to regulate affect, particularly negative affect, may appear as depression or anxiety in adulthood, or various other psychological disturbances or disorders (Schore, 2003). These individuals tend to have a negative view of self and can vary in seeing others positively or negatively (Bartholomew & Horowitz, 1991).

The avoidance dimension of adult attachment forms in childhood through the same process of caregiver responses to child distress. A pattern of avoidance forms when a caregiver fails to respond to a child’s expression of distress or from the caregiver responding in an abusive manner. Neglect by the caregiver over time causes a child to become desensitized to their internal experience of distress and diminishes the child’s desire to receive caregiving amid distress. Ongoing abusive, negative, or harsh caregiver responses to a child’s signs of anguish decrease a child’s awareness of feeling distressed (Goleman, 2006). The decrease in feeling appropriately distressed in a child can lead to extreme anger, increased hostility, and pathological fearlessness in adulthood (Schore, 2003). Both neglect and abuse in childhood also form the low,
negative view of others. As a child, these individuals learned that others are unnecessary for survival and may even be a threat to survival, and subsequently carry that view into adulthood (Bartholomew & Horowitz, 1991). Additionally, research has shown that those measuring high in attachment avoidance display lower levels of empathy and tend to have more aggressive behavior, including bullying (Goleman, 2006; Trusty, Ng, & Watts, 2005).

Other studies revealed that the dimensional model of attachment avoidance and anxiety uniquely shapes one’s appraisal of threats and response to those threats. Kemp and Neimeyer (1999) found that individuals with higher levels of attachment anxiety tend to have more intrusive psychological symptoms and distress, misinterpret threats more often and take protective action in response to threat (Ein-Dor, Mikulincer, & Shaver, 2011). Davidovitz et al. (2007) found that high levels of attachment anxiety in leaders was positively associated with difficulty in task-oriented activity as well as self-serving motives to lead, which could be interpreted as a form of proximity seeking. Therefore, it is possible to see that individuals with pervasive adult attachment anxiety tend to be hyper-vigilant and aware, but are easily overwhelmed by their level awareness.

In contrast, individuals with higher levels of attachment avoidance tend to have different responses to threats and distress, as well as different leadership styles than individuals with high levels of anxiety. These individuals have more rapid fight or flight, survival-based, and action oriented responses to threats. These types of responses are self-preservation focused, as these individuals tend to distance themselves from others in stressful situations, which is consistent with infant avoidance behavior (Ein-Dor et al., 2011). Those in leadership with higher levels of avoidance have a negative association with pro-social motivations to lead and with long-term poorer socio-emotional function and mental health of their followers (Davidovitz et al., 2007). It
is possible to see that those with pervasive attachment avoidance tend to use action to lead, particularly in threatening situations, and are more overtly anti-social.

Findings related to adult attachment and compassion offer some insight into the findings of these previous studies on stress responses and leadership. In a study on the relationship between adult attachment, caregiving, and altruistic behavior, Mikulincer, Shaver, Gillath, and Nitzberg (2005) found significant anxiety or avoidance contested the expression of compassion and altruistic behavior. Conversely, those with attachment security, or low levels of avoidance and anxiety, were had an increase of compassionate caregiving in affect and behavior. Those with higher levels of anxiety or avoidance experienced greater personal distress when considering providing caregiving to others and appeared to be reacting to themselves rather than acting distressed as a means to receive caregiving from others, such as an infant crying.

Social Empathy

The previous research displays the relevance of adult attachment style to experiences of distress, responses to threats, leadership traits, and altruistic compassion. Moreover, each study revealed that attachment security led to a more accurate understanding of another’s perspective, a greater ability to regulate one’s emotions, and more altruistic compassion and leadership, as well as less psychological distress and fewer miscalculations of threats. One’s ability to accurately perceive, comprehend and experience another’s emotional state accurately may easily be defined as empathy (Decety & Jackson, 2004). Previous research indicates that attachment formation shapes individuals’ capacity to be empathetic while also modeling empathetic action. This process determines how one interprets the intent of others’ actions through mimicry (Gerdes et al., 2011; Goleman, 2006; Iacoboni, 2008; Segal, 1999).
Empathy is heavily shaped by the attachment system because children internalize their experience of their caregiver, whether that experience is positive or negative, anxious or absent. That internalization by the infant, if positive, will shape healthy relationships and strengthen connections in the brain that aide the development of the main components of empathy and attachment security throughout life. Empathy, from a social-cognitive perspective, has four main elements including affect response, conscious decision-making, and emotion regulation (Decety & Jackson, 2004; Goleman, 2006; Gerdes et al., 2011). This model of empathy could be beneficial to promoting social change when expanded to include a contextual component. Empathy is often seen as the source of altruistic motivation that leads to moral behavior, specifically as a driver of pro-social behavior (Batson & Moran, 1999; Decety & Moriguchi, 2007).

Segal (2011) proposes a model for advocacy and social justice that is based heavily on empathy with an additional contextual component. This model, known as the Social Empathy Model, is defined as “the ability to understand people by perceiving or experiencing their life situations and as a result gain insight into structural inequalities and disparities” (p. 266-267) (Segal, 2011; Segal et al., 2012). The model was developed within the social work field out of the desire to form effective policies for eliminating social and economic disparities in society. Social empathy has three primary, linear components, which include empathy, contextual understanding, and macro self-other awareness and perspective taking.

Empathy in the social empathy model is composed of four primary, linear components previously mentioned (Decety & Jackson, 2004). These components, explained in more detail, are the following: an affective, non-voluntary response, an awareness of the distinction between the self and others, the ability to take on the perspective of the other, and the ability to regulate
one’s emotion to avoid being overwhelmed with what another feels or by one’s own response to
that person (Iacoboni, 2008; Segal et al., 2012). However, as this model proposes, empathy alone
is not sufficient to promote societal change, hence Segal (2011) and colleagues sought to add a
contextual component to empathy to encourage cultural systemic change.

Contextual understanding is the ability to think about meaning and context, and in this
model refers to understanding of the systemic impact and historical background of barriers in the
lives of individual clients (Segal, 2011). The importance of context to the application of empathy
is very important. For example, one may react to a picture of someone crying with feelings of
sadness, however, if it is later revealed that the person is joyfully moved to tears, then one’s
feelings may change. Hence, empathy is important to understanding the obstacles in the lives of
others, though context may drastically shape how one perceives and reacts to those barriers.

Macro self-other awareness and perspective taking is defined as being able to imagine
life through the eyes of those who have experienced obstacles (Segal, 2011). This element of the
Social Empathy Model expounds upon the empathy component of self-other awareness by
categorizing a life situation instead of one individual emotional experience. Subsequently, when
one can imagine life through the eyes of another and the possible barriers or obstacles that person
faces, the more likely one is to take action to alleviate those oppressive elements (Segal, 2011).
In the social work field, this is done through increasing critical consciousness. Critical
consciousness is the reflective evaluation of one’s context, including ways that one might change
it (Steele, 2008).

The primary rationale of the Social Empathy Model is that the higher an individual
measures in social empathy, the more likely he or she will be to engage in social justice
advocacy (Segal, 2011). This approach differs from other models of advocacy because it is
specifically anchored in empathy and its relationship to social justice and advocacy. Other models of advocacy neglect to emphasize the importance of empathy in developing an advocacy competency. By starting with empathy composed of a baseline affective reaction, subsequent cognitive evaluations of injustice, and then action to change that injustice, the social empathy model may provide a new model for instruction and practice of advocacy in the helping professions (Goleman, 2006; Segal et al., 2012).

**Advocacy and Social Justice in Counseling**

Social justice is defined in this study as a view that a person deserves equal economic, social, and political rights and opportunities. The idea of social justice comes from various religious traditions as well as political groups. There are also many emerging frames of social justice, such as utilitarian, communitarian, egalitarian, and libertarian (Funge, 2010). The increasing amount of research dedicated to social justice and advocacy in the field of counseling is evidence of a strong and growing focus on the subject. There are numerous definitions and models of advocacy and social justice counseling from various mental health professions. The field of counseling, per the American Counseling Association (ACA), adopted the following definition of social justice counseling, found in a special publication on advocacy, which stated:

Social justice is both a goal and a process for counseling professionals who believe in a just world. A socially just world is one wherein all people receive equitable opportunities to access resources and participate in policy and law development that affects them…. Crethar, H. C., Rivera, E., & Nash, S. (2008). The goal of social justice is to ensure that every individual has an opportunity to resources such as health care, employment, and to achieve optimal mental health. The process of achieving social justice should be one that is participatory and one that considers the community in which clients live. This
perspective holds that client problems are largely rooted in oppressive environmental factors. (Chang et al., 2010, p. 84)

This is the clearest definition of social justice counseling put forth for counselors as it guides most of the current research in the field of counselor education.

Advocacy and social justice counseling transcends the field of counseling in education and practice. In terms of a counseling theory or pedagogy, social justice counseling defines the origin of client problems as systemic oppression. The treatment process includes interventions of advocacy against the oppressive forces and barriers in the client’s life (Brubaker et al., 2010; Chang et al., 2010; Lee & Rodgers, 2009). Brubaker et al. (2010) provided a model for instructing counseling theory from a social justice pedagogy that increases self-awareness to potential biases in counselor trainees, while also helping trainees identify their counseling theory and remove potential oppressive elements from their theory. The model, grounded in social justice by instruction and content is useful for the evaluation of counseling theories or instruction of social justice counseling and advocacy.

Glosoff and Durham (2010) proposed that social justice counseling and advocacy can be method of practice in supervision by the supervisors removing themselves from the “expert” position. The goal of supervision, from this perspective, is to help the counselor trainee see systemic oppression in the lives of their clients and evaluate their personal biases. Methods of this perspective comprise the inclusion of a genogram of the supervisee, reflective interventions, critique of assessment tools, or a structured measurement of social justice advocacy competency to increase self-awareness of personal biases. The authors propose interventions to conceptualize the case in supervision as an issue of systemic oppression and to intervene collaboratively with the client, which may expand the supervisee’s social justice frame.
Other counselor educators propose incorporating advocacy through instructional strategies, teaching philosophy, and research agendas (Creswell, 2009; Dollarhide et al., 2007; Goodman et al., 2004; Singh et al., 2010). This may include an instructional strategy in a theory class that is collaborative with students as to what interventions to utilize with a client while instructing in a counseling role-play exercise, rather than taking the “expert” position as to what is a correct intervention (Dollarhide et al., 2007). Finally, social justice can be a research philosophy in counseling and other educational research. Creswell (2009) describes an “advocacy and participatory worldview” as one approach to research, which are methods designed to be collaborative, promote systemic change, and capture the perspective of an oppressed population in the results.

**Climate of Advocacy Training**

When discussing advocacy and social justice counseling, it is important to determine what factors in the training environment and the instructional approach contribute to competency. The training environment of counselors are required to include content focused on multicultural and advocacy competency, however, this competency alone is not sufficient to produce competent counselor advocates that pursue pro-social helping behavior (Chang et al., 2010). Caldwell and Vera (2010) found, through a qualitative inquiry, that social justice commitment was strongly influenced by program training environment, including coursework and program philosophy. Other research supports the idea that inclusion of specific coursework dedicated to social justice and advocacy is important to developing competency in this area (Singh et al., 2010).

A group of previous studies show that a supportive and safe training environment increased counselor trainee multicultural competency, which is often referenced as a precursor
to advocacy competency (Chang et al., 2010; Dickson & Jepsen, 2007; Dickson, 2008). Initial evidence found that multicultural curriculum and supervision, the climate and comfort of the training program, multicultural research, and the transparency of a program about their multicultural climate appeared to conceptualize the essential aspects of a multicultural training environment (Pope-Davis et al., 2000). The important finding in one study was that a counselor trainee’s perception of the program environment as being supportive of multiculturalism was significant to predicting competency in multicultural knowledge, skills, and ability (Dickson & Jepsen, 2007). A subsequent study revealed that a program environment evoking a high cultural sensitivity was significant to predicting favorable attitudes towards racial diversity (Dickson, 2008).

Researchers in the field of counseling psychology conducted a few preliminary studies on a counselor trainee’s social justice interest and commitment in relation to training environment. A study by Miller and Sendrowitz (2011) indicated that the training environment indirectly increased trainees’ commitments to social justice. This indirect effect was established through the safety and support of the training environment as it increased the trainees’ self-efficacy beliefs about advocacy, which increased their commitment to social justice actions. Hence, trainees that experienced a feeling of support for social justice in their program were more optimistic about the outcomes of their advocacy actions.

A study by Beer et al. (2012) found similar results, showing that a supportive training environment does increase social justice commitment. The researchers utilized a mixed methods design to measure and evaluate various factors in both the person and the program that influenced a commitment to social justice. A hierarchical regression model was used to determine the predictive strength of the several variables on social justice commitment or
advocacy behavior. The results indicated that program training environment was the strongest predictor of social justice commitment, followed by activism orientation. The qualitative portion of the study by Beer et al. (2012) further explained the quantitative results through the emerging themes within the broad categories, including the role of training. Specifically, emerging themes about the role of training included curriculum specific to advocacy and a supportive training environment that facilitated a social justice were essential to increasing commitment (Beer et al. 2012).

The previously discussed studies highlight the importance of training environment on multicultural competence and social justice commitment. However, these studies focus more on the content in curriculum and less on the process and experience of feeling safe and supported. A model for instructing a social justice framework from Gerdes et al. (2011) proposes that increasing empathy is a viable vehicle for increasing students advocacy competency and commitment. The other models in which predictive factors of competency in social justice and advocacy were measured defined the construct of social justice advocacy as identifiable, overt behaviors (Beer et al. 2012; Miller & Sendrowitz, 2011; Parikh et al., 2011). Gerdes et al. 2011 suggested that rather than focusing on content, knowledge, and behaviors, educators in the helping professions can instruct from a participatory stance, using specific methods designed to increase empathy and discussion around what students are learning about individuals different from themselves. One such technique may be having students mimic the life of another person by writing a story or narrative in the first person from that person’s perspective. Another suggested technique would be engaging in a discussion with students about the central tenants of attachment theory, such as the beliefs, emotions, and behaviors that create the internal working
model, and how those basic tenants of attachment shape affective responses to and perceptions of acts of injustice (Gerdes et al. 2011).

**Advocacy Competency**

As previously mentioned, social justice transcends numerous areas of counselor education areas, including theory and practice, teaching, evaluation, case conceptualization, and supervision. The majority of research in the field of counseling and psychotherapy thus far in social justice counseling and advocacy focuses on competency, skill, and knowledge. Having discussed the primary instructional approaches and training environments conducive to advocacy competency, it is now essential to understand the advocacy competency factors in previous research. To gain a perspective on the emerging research, it is important to define and understand the advocacy models and the factors that contribute to competency in these models.

The ACA model for advocacy contains six areas of competency for counselors including client/student empowerment, client/student advocacy, community collaboration, systems advocacy, public information, and social/political advocacy (Ratts, Toporek, & Lewis; 2010). Chang et al. (2010) note that issues of privilege and oppression intertwine and may be causal in certain mental health issues for clients. Therefore, for counselors to see change as only necessary in the client is burdensome and unfair to the client because of the disregard for the context of that individual. This context may include several oppressive elements that are out of the control of the client, in which case advocating on their behalf may be necessary for counselors. Chang et al. (2010) define social advocacy as an essential part of a social justice counseling disposition in the following terminology:

Social advocacy is the act of arguing on behalf of an individual, group, idea, or issue to achieve social justice. Social advocacy, as it relates to counseling, refers to acting with
and on behalf of one’s client or others in the client’s system to ensure fair and equitable treatment (p. 84).

In terms of social justice, this definition and its emerging model measures and defines social justice as a behavior, hence the term advocacy.

Understanding the influence of training and instruction in counselor advocacy, as well as the models of social justice advocacy is necessary for increasing competency in social justice counseling. It is also important to discuss possible factors of the counselor trainee that influence competency in social justice. A counselor achieves advocacy and social justice competency by demonstrating advocacy for a particular oppressed group and/or client. According to Rubel and Ratts (2011), a counselor without multicultural competence cannot be clinically competent, but add that multicultural competency by itself limits counselors without the addition of competency in social justice and advocacy. CACREP developed competencies for advocacy in 2009 standards, but the result of this incorporation into programs has yet to be tested for long-term efficacy.

There are a few studies on advocacy competency and social justice counseling that empirically evaluate factors in both educational programs in various fields of mental health and the students or former students of those programs for predictive factors of social justice counseling and advocacy competency. In terms of the advocacy competencies put forth by the ACA, Parikh et al. (2011) completed a study measuring the relationship between political ideology, religious ideology, socioeconomic status of origin, not current socioeconomic status, race, belief in a just world, and social justice advocacy attitudes in school counselors. Social justice advocacy attitudes represented behaviors consistent with the definition of social advocacy
put forth by Chang et al. (2010) in terms of acting on behalf of a student to remove barriers and ensure fair treatment.

The non-experimental design utilized a survey to measure factors of political and religious ideology, socioeconomic status, and race. The Social Justice Advocacy Scale (SJAS) was utilized to measure social justice advocacy attitudes, or behaviors. Belief in a just world was measured using the Global Belief in a Just World Scale (GBJWS). A partial regression revealed social justice advocacy attitudes significantly relate and positively correlate to liberal political ideologies and negatively to belief in a just world. In other words, the more participants believed that the world is a just place as it is, the less likely the participants would be to display a high social justice advocacy attitude (Parikh et al., 2011). Other publications within the ACA further outline this model as a process. In an article by Trusty and Brown (2005), the authors outlined a process specifically for school counselors, which involves the following steps of 1) developing advocacy dispositions, relationships and knowledge, 2) defining the advocacy problem, 3) developing and implementing an action plan, 4) evaluation of the action, and 5) celebrating the outcomes or regrouping to attempt another intervention.

Another researched model of social justice advocacy in terms of psychotherapy and counseling is the social-cognitive model (Miller et al., 2009). This model was derived from the social-cognitive career theory (SCCT) of Lent, Brown, & Hackett (1994) and studied primarily in counseling psychology. The model was adapted to research on social justice commitment in counseling by utilizing the five components of SCCT including social justice self-efficacy beliefs, outcome expectations, interests, commitment, social supports and barriers. The model was developed partly in response to the idea that the non-linear model and other
models were incomplete or lacking in support by empirical research, particularly in predicting social justice advocacy competency in helping professionals.

Social justice self-efficacy beliefs are an individual’s self-perceived ability to perform social justice related tasks intra-personally, interpersonally, communally, and institutionally. Outcome expectations refer to an individual’s perceptions about having a positive outcome to their social justice actions. The interest component in the model refers to a person’s pattern of likes, dislikes, and reactions regarding social justice action. The commitment component refers to the choice goals or activities that one plans in terms of social justice advocacy. And finally, the social supports and barriers describe contextual factors that will either further or inhibit advocacy action on the part of the counselor trainee (Beer et al., 2012; Lent, & Brown, 2006; Miller et al. 2009; Miller & Sendrowitz, 2011).

Miller and Sendrowitz (2011) researched social justice commitment and interest in the social cognitive model in a population of counseling psychology trainees. Specifically, the study sought to establish external validity of the social cognitive model components of the social justice interest and commitment while determining the effects of the variables of personal moral imperative and training environment on interest and commitment. Results found several significant effects; including that social justice self-efficacy had an indirect and direct effect on social justice interest. Social justice interest and social justice self-efficacy each had a direct effect on social justice commitment. Social justice training environment indirectly effected commitment via an increase in self-efficacy beliefs. Personal moral imperative directly and indirectly effected social justice commitment and outcome expectations. Other studies have found personal relevance to determine affective responses to perceived injustice (Ham, & van den Bos, 2008; Miller & Sendrowitz, 2011).
Beer et al. (2012) found similar results to the study by Miller and Sendrowitz (2011) measuring predictive variables of counseling psychology trainees’ social justice commitment. The researchers utilized a mixed methods design to measure and evaluate various factors in both the person and the program that influenced a commitment to social justice. The quantitative utilized a hierarchical regression model to determine the predictive strength of the various variables on confronting discrimination, which was determined to be the most accurate measure of social justice commitment or advocacy behavior. The results indicated that training environment was the strongest predictor of confronting discrimination, followed by perceptions of activism orientation and then spirituality (Beer et al., 2012).

The qualitative portion of the study by Beer et al. (2012) further explained the quantitative results through the emerging themes within the broad categories about the nature of social justice, motivation for activism, the role of training, and the integration of the personal and professional identity. Specifically, themes about the nature of social justice included necessarily political, voice and confrontation, and struggle. Themes within the category of motivation included spirit, contact, empowerment, and witnessing change. Emerging themes about the role of training included curriculum, a supportive training environment, and professional barriers to social justice. The personal and professional integration had no specific themes but revealed the inseparable nature of the person and the professional in counseling, specifically in regards to social justice (Beer et al. 2012). However, those participants selected to participate in the qualitative portion of the study were done so on the basis of their high scores for confronting discrimination, eliminating the opportunity to learn from those who appeared to be less likely to confront discrimination, which was one measure for social justice advocacy and counseling in this particular study.
Controversial Issues in Advocacy as Counseling

Though there is an emerging understanding of a social justice counseling pedagogy, there are numerous issues for advocacy and social justice in counseling, including a lack of clear and consistent definition, philosophical confounds, varying models of social justice in counseling, and issues of the role of a counselor. Therefore, it is essential to briefly describe some of the other challenges not addressed in the current research in order to advance the field of counseling and determine a path for future research.

In a qualitative study, Singh et al. (2010) asked doctoral trainees in counseling psychology to define social justice without any prompts or cues. Various definitions of social justice emerged, including “the promotion of social equality,” “the minimization of current social inequalities,” or “recognition of the context of society” (p.777). Based on this research, defining the purpose and definition of social justice counseling practice appears to vary between individuals, which complicates the process of determining instructional methods and describing competency factors for counselor trainees.

Funge (2010) discusses the emerging philosophical problem posed by previous definitions, specifically that “fairness” and “equitable” can each be relative in interpretation, depending on the context and previous experiences of each person. This can often create disagreement over defining oppression and exclude minority perspectives on issues. Therefore, to insist that all counseling move to a social justice pedagogy may be culturally insensitive and risk alienating or perhaps unwittingly oppressing those who have a different understanding of social justice. Raskin (2010) reports an experience in which a student defended the ideas of capitalism and individualism in a discussion about social justice in a counseling program; only to
have his position deemed “unprofessional” and “socially regressive” by faculty, thereby silencing his voice.

As Raskin (2010) points out, those in the counseling field may inappropriately assume an expertise in social justice, though they may not be anymore knowledgeable about social justice than individuals outside of the field. To assert that counselors are more adept than others on the issue of social inequality could be misleading and untrue. Advocacy and social justice counseling can also be erroneously seen as matter of convenience inside the field of counseling, meaning that simply because counseling is a social science, it is not necessarily appropriate to say participating in social advocacy is required for counselor to be deemed competent (Raskin, 2010).

Additionally, Funge (2010), a social work educator, found that the issue of convenience pushed the social work field away from instruction of social advocacy. He cited a social work educator who said the following:

I can’t even tell you what a socially just society would look like, but I can tell you what a functioning client could look like…I think making change on an individual level is a lot easier…So I can understand why social work programs focus on more tangible skills…[they are] much more [focused on] direct training than [they are] social justice oriented in some ways (p. 84).

Additionally, requiring advocacy may appear as an imposition of values or lead to redefining the purpose of counseling.

**Summary**

Previous studies indicate that adult attachment style is significantly related to the counseling relationship and the core competencies of a counselor, specifically that of emotional
empathy (Pistole, 1999; Trusty et al., 2005). Additionally, research in social cognitive neuroscience found a significant relationship between adult attachment and empathy, specifically the depth and type of empathy one displays. The components of empathy are constructed upon current social cognitive neuroscience. Empathy has also been shown to lead to altruistic, pro-social behavior (Decety & Jackson, 2004; Gerdes et al., 2011; Goleman, 2006; Iacoboni, 2008; Segal, 1999).

In the special journal put forth by the ACA’s *Journal of Counseling Development* in 2010, Chang et al. called social justice counseling advocacy an imperative for counselors. Many studies examined various factors in personality and training programs using various models of social justice advocacy to predict advocacy attitudes and behavior (Beer et al. 2012; Miller & Sendrowitz; 2011; Parikh et al., 2011). However, many these studies have limited views of social justice advocacy in that each definition and component put forth only evaluates the subject in terms of advocacy behavior. These studies also only evaluate factors in the person that vary in definition, may be value laden, or promote a subjective, perhaps oppressive view of social justice counseling and advocacy. Also, these factors may or may not be changeable or teachable in the confines of a counselor education program, such as personal moral imperative (Beer et al. 2012; Miller & Sendrowitz; 2011). Additionally, as Raskin (2010) and Funge (2010) point out, there are numerous issues with the current models and ideas of social justice advocacy, which also are inconsistent with suggested instructional strategies.

As counselors that are proponents of social justice, an evaluation of factors contributing to social justice counseling and advocacy in the social empathy model may be the best way forward. This is congruent with the actual perspective of social justice counseling and with the best practices for instructing social justice. Rubel and Ratts (2010) propose that a key in social
justice competency is to learn to view self, others, and the world in new ways, which correlates with the idea of a changing self-concept versus prescribed action behavioral action. The components of social empathy outlined by Segal (2011) also suggest that model of self and other is extremely important to engaging counselors in social justice, empathy, and advocacy.

An established manner of determining a view of self and other is adult attachment style, proposed by Bartholomew and Horowitz (1991). This model explains how early interactions in childhood shape a view self and other in adulthood and specifically how individuals assign meaning and value to relationships and strategies to regulate affect. Adult attachment offers insight into the ability to display empathy as it discretely describes whether a person tends to see themselves and others in a positive or negative manner, which determines a person’s ability empathize. Additionally, as feeling of safety or comfort allows one to reshape their views or think in a complex manner. For example, those with a negative view of others and a positive view of self may not experience the non-voluntary affective response that is the first step in creating social empathy described by Segal (2011). The primary purpose of this quantitative study is to determine the relationship between adult attachment styles, climate and comfort of training, social empathy, and advocacy competency in counselor trainees.
CHAPTER 3

METHODS AND PROCEDURES

As previously discussed, there is literature that reviews the perspectives and models of social justice advocacy as it relates to counseling. However, there is a lack of research that examines how adult attachment style, program training climate, and social empathy predict advocacy competency. Additionally, many of the current models of social justice and advocacy across the mental health field contain philosophical limitations and barriers. A study investigating the influence of adult attachment style, social empathy, and climate and comfort of training on advocacy competency is necessary to further promote advocacy in the counseling profession. The following chapter discusses the method and procedures of such a study, including the design, the participants, the instrumentation, research questions and hypotheses, and data analysis.

Design

This study was a collection of data that examines the relationships between three predictor variables and one criterion variable. This design was chosen due to the lack of research explaining the predictive influence of adult attachment, social empathy, and climate and comfort of training on advocacy competency in counselor trainees. Such a design allowed for the development of inferences about the greater population of counselor trainees in advocacy competency, which will guide future research regarding training and instruction on advocacy in counseling. Data collection was cross-sectional; meaning collected at once and administered by
web survey to efficiently gather a diverse sample. The study design may have weakened the results based upon forms of response and sample bias, but may still provide a base for future research regarding adult attachment style, social empathy, climate and comfort of training program, and advocacy competency.

**Participants**

The population for the study consisted of counselor trainees, which includes individuals who are currently working to complete a graduate degree in counseling. The sample for this study was selected utilizing single stage methods and purposive sampling, however, obtaining a truly random sample of this population would have required repeated ethical reviews to access a population only found within an institution of higher education. Stratification and sample size was obtained by utilizing multiple counselor training programs across the United States.

The instruments were distributed to the sample through two email lists for counseling graduate students known as COUNSGRADS and CESNET. COUNSGRADS and CESNET are unmediated listservs for counselor education graduate students to dialogue about counseling topics, different research ideas, and job openings in the counseling field. One may obtain access to COUNSGRADS or CESNET by completing the registration form on the COUNSGRADS or CESNET website. Students may enter their email and password, then confirming their membership. Access to COUNSGRADS or CESNET can be found on the ACA website or through an email invite by another member of either listserv. COUNSGRADS currently has a membership of approximately 1,400 counseling students and CESNET has a membership of approximately 2,400 counselors, counselors in training, and counselor educators. A sample size was obtained that can be generalized to a 95% confidence range in the population of graduate counseling students. G*Power analysis determined the sample size needed with a medium effect
size of 0.15 was 146 (Faul, Erdfelder, Buchner, & Lang, 2009). Participants were asked to confirm their status as a graduate counseling student before they were allowed to proceed. Those who did not confirm their stage and status as a graduate counseling student were denied any further participation.

**Instrumentation**

The data in this study was gathered utilizing four instruments. The instruments outlined below are designed to measure various behaviors and constructs. Permission to utilize the instruments for this study was obtained prior to the study if requested by the developer of the instrument.

**General Questionnaire.** A general questionnaire was utilized to gather demographic information about the current population. This questionnaire asked the participants to confirm that they are currently in a graduate counseling program as well as indicate their gender and their current stage in their program (pre practicum, currently in practicum, or post practicum). This instrument was a self-report form. Participants selected an answer provided for each question regarding the specific categorical data. An example of the instrument can be found in Appendix A.

**Attachment Style Questionnaire (ASQ).** The Attachment Style Questionnaire is a 40-item instrument designed by Feeney et al. (1994). This measure is a self-report questionnaire of adult attachment style. The items compose five scales including self-confidence (in relationships), discomfort with closeness, need for approval, preoccupation with relationships, and relationships as secondary (to achievement). Items were presented such as “It’s important to me that others like me” and a full version of the instrument can be found in Appendix B. The items are scored using a six-point Likert scale ranging from totally disagree (1) to totally agree.
(6). Additionally, items 20, 21, and 33 are reverse scored. Various studies determined the validity and reliability of the ASQ.

Brennan et al. (1998), in addition to original instrument study by Feeney et al. (1994), found construct validity with as many as 60 other attachment scales. In regard to reliability, Trusty et al. (2005) found internal consistency reliability coefficients in their sample of counselor trainees to be represented for the five subscales of the ASQ in the following manner, self-confidence = .67, discomfort with closeness = .85, need for approval = .78, preoccupation with relationships = .70, and relationships as secondary = .59. These scales may be condensed to represent two dimensions of adult attachment: anxiety and avoidance. Specifically, the discomfort with closeness (.90) and relationships as secondary (.62) correlate with an avoidance dimension while preoccupation with relationships (.86) and need for approval (.62) correlate with an anxiety dimension. The Cronbach’s alphas for the two dimensions of adult attachment on the ASQ are anxiety (.83) and avoidance (.85), respectively (Brennan et al., 1998).

According to Ravitz et al. (2010) in a 25-year review of adult attachment instruments, the ASQ was found to have adequate test-retest reliability and good convergent, discriminant, and predictive validity. This instrument is recommended for use when inquiring about close relationships, as opposed to romantic or caregiver relationships. Additionally, the ASQ is brief in format and does not require additional training for use (Ravitz et al., 2010). The nature of this study requires the use of an instrument that measures adult attachment styles in close relationships, not romantic or caregiver relationships, and a measure that is brief and in self-report form, all of which led to the use of the ASQ. The data gathered on these subscales will represent a continuous predictor variable of adult attachment style, expressed as orthogonal dimensions of anxiety and avoidance.
Multicultural Environmental Inventory—Climate and Comfort. The Multicultural Environmental Inventory was developed by Pope-Davis et al. (2000) to assess counselor trainees’ perceptions of the degree to which training programs address multicultural issues in supervision, curriculum, climate, and research. Though there are four scales of the instrument, only the climate and comfort scale was utilized in this study. This particular scale measures the degree to which counselor trainees feel safe, comfortable, and valued in their particular training program. Specifically, items on this scale ask respondents to rate their sense of comfort with the multicultural climate of a training program and their self-reported sense of safety with expressing their own multicultural views. There are 11 items measured on a five-point Likert scale ranging from Strongly Disagree (1) to Strongly Agree (5). An example of an item on the scale is “The faculty are making efforts to understand my point of view” (Pope-Davis, et al., 2000). The initial study by Pope-Davis et al. (2000) found an internal consistency reliability measured by Cronbach’s alpha to be 0.92 for this particular scale. Subsequent studies on the validity of this scale found the internal consistency to be 0.92 and 0.87, respectively (Beer et al., 2012; Toporek, Liu, & Pope-Davis, 2003). A full copy of the scale may be found in Appendix C.

Social Empathy Index (SEI). The Social Empathy Index is a 40-item instrument designed to measure social empathy. This instrument, developed by Segal et al. (2012) is a self-report measure and contains items measuring aspects of empathy and social empathy. These items form eight components including affective response, affective mentalizing, self-other awareness, perspective taking, emotion regulation, contextual understanding of systemic barriers, macro self-other awareness and perspective taking and collective orientation. In terms of construct validity, the first five components of the SEI correlate significantly with the Empathy Assessment Index (EAI), which measures a four-factor model of empathy. Lietz et al. (2011), in
a study on the EAI, reported that “the 17-item five factor self-report EAI is capable of generating reliable and sufficiently valid scores” (p. 119). The final three components are measures that assess one’s ability to expand their empathic responses to a contextual level and were found to have an insignificant level of correlation between constructs, which eliminates issues with multicollinearity. These items are measured on a six-point Likert scale ranging from never (1) to always (6) and appear in the following manner “I believe it is necessary to participate in community service” (Segal et al., 2012). For a full version of the instrument, see Appendix D. The results from this measure represented a continuous predictor variable.

Advocacy Competencies Self-Assessment (ACSA). The Advocacy Competencies Self-Assessment is a 30-item scale designed to measure competency and effectiveness as a social change agent, particularly for counselors. The ACSA was developed by Ratts and Ford (2010) and contains three levels of advocacy competency measured on dimensions ranging from micro to macro and acting with to acting on behalf. These dimensions create six scales, which are client/student empowerment, client/student advocacy, community collaboration, systems advocacy, public information, and social/political advocacy (Ratts, Toporek, & Lewis, 2010). These items are phrased in a manner such as “I am skilled at helping clients/students gain access to needed resources.” This measure scores answers on a five-point Likert scale that contains three choices for participants, represented as almost always (4), sometimes (2), and almost never (0). The development of this instrument included a series of pilot studies in counselor training programs and an extensive review by authors of the ACA Advocacy Competencies (Ratts et al., 2010). Personal communication with the developer of the instrument indicates that current reliability and validity studies are underway. Authors gave permission to use the instrument without the statistical analyses of psychometric principles in this study (M. Ratts, personal
communication, October 31st, 2012). A full version of this instrument can be found in Appendix E.

**Procedure**

Approval was sought from the primary researcher’s dissertation committee, followed by approval of the Institutional Review Board. After obtaining approval from the Institutional Review Board, the instrumentation outlined above was sent out on the COUNSGRADS and CESNET listservs. Instruments were presented via Qualtrics, which is an online survey program designed to distribute research by use of the Internet. The participants, as previously defined, were individuals in a graduate counseling program. Participants were offered the opportunity to receive one of five, twenty-dollar gift cards to a nationwide retail store for their participation. Participants will be asked to read an informed consent (Appendix F) before continuing in the study as well as a brief explanation of the purpose of the study. Once a participant consented to the study and confirmed their status as a graduate counseling student, he or she was entered in a drawing for a gift card and allowed to proceed with the study. Participants were made aware that they may opt out of the study at any point while completing the assessment.

After participants gave consent, each was given the opportunity to record their answers for each of the instruments outlined in the previous section, including the general questionnaire, the Attachment Style Questionnaire (ASQ), climate and comfort scale of the MEI-R, the Social Empathy Index (SEI), and the Advocacy Competency Self-Assessment (ACSA). The combination of instruments represented 121 total items for participants to answer. The scores were recorded and the various subscale scores were collected and analyzed. Data collection proceeded for approximately three to four weeks until a significant sample of participants had recorded data for analysis. In that period of time, three follow up notices were sent through
COUNSGRADS and CESNET to potential participants requesting their participation in the study.

**Research Questions and Hypotheses**

As mentioned in Chapters 1 and 2, there is a lack of research exploring traits in the person of the counselor and training program that lead to an increased propensity to be competent in social justice advocacy. Additionally, competing models of advocacy define social justice and advocacy as it relates to counseling in various manners. Each study within these models of advocacy measured various constructs of counselor personality and training program, yet none included adult attachment style, climate and comfort of training, and social empathy as predictors of advocacy competency. To date, there are no studies that show significant prediction of competency in social justice advocacy, whether it is a measure of empathy, behavior, attitude, competency, or interest, based on adult attachment, climate and comfort of training, and social empathy. Additionally, very few studies have sought to connect these models to any existing, established concept of personality and behavior. Research questions and hypotheses of this study attempted to identify the relationship between adult attachment style, climate and comfort of training, social empathy, and advocacy competency. Specifically, determining the theoretical regression model that contributes to variance across advocacy competency informed the current understanding of the influence of adult attachment style, climate and comfort of training, and social empathy on the various components of social justice advocacy in counseling.
**Research questions.** The research questions prior to the beginning of the study are described as the following:

1. Are there any significant relationships between the adult attachment of the ASQ, the climate and comfort subscale of the MEI-R, the social empathy scales of the SEI and the advocacy competency scales of the ACSA?

2. Does counselor trainee adult attachment style, perception of the comfort and climate of training, and social empathy influence advocacy competency?

**Research hypotheses.** The following section details the specific research hypotheses by which the research questions were measured and studied. A more thorough outline of the statistical analysis follows this section.

**Ho1:** There are no significant relationships between the adult attachment scales of the ASQ, the climate and comfort subscale of the MEI-R, the social empathy scales of the SEI, and the advocacy competency scales of the ACSA.

**Ha1:** There are significant relationships between the adult attachment scales of the ASQ, the climate and comfort subscale of the MEI-R, the social empathy scales of the SEI, and the advocacy competency scales of the ACSA.

**Ho2:** There is no sufficient evidence of significant prediction in advocacy competency by the adult attachment scales of the ASQ, the climate and comfort subscale of the MEI-R, and the social empathy scales of the SEI, beyond stage in graduate training.

**Ha2:** There is sufficient evidence of significant prediction in advocacy competency by the adult attachment scales of the ASQ, the climate and comfort subscale of the MEI-R, and the social empathy scales of the SEI, beyond stage in graduate training.
Data Analysis

Pearson Product-Moment Correlation Coefficient (Pearson r). For hypothesis 1, a Pearson r was utilized to determine any significant relationship between the adult attachment styles, social empathy, climate and comfort of training, and advocacy competency. A Pearson r is commonly used to determine the nature of the relationship between variables, as well as the strength of that relationship (Hinkle, Wiersma, & Jurs, 2003). The purpose of the Pearson r is not to determine how one variable predicts another, or in other words, to determine causation. In this study, the Pearson r was utilized to determine whether any scales on the ASQ, SEI, comfort and climate scale, and ACSA had significant bivariate correlations.

Hierarchical Multiple Regression (HMR). For hypothesis 2, a hierarchical multiple regression was used. A multiple regression equation is commonly used to measure the degree to which a series of predictor variables explain a criterion variable. The series of predictor variables may be highly correlated with the outcome variable, however, there should not be a high correlation between any predictor variables. There should be a limited number of predictor variables, as too many predictor variables will increase the likelihood of significant correlations between each predictor variable, known as multicollinearity (Hinkle et al., 2003). There are many forms of a multiple regression, including simultaneous, stepwise, and hierarchical. A hierarchical regression is different from other forms of regression as it is not used for exploring the predictive strength of variables, nor is it appropriate for determining the strongest predictors amongst a series of predictor variables. A hierarchical regression equation includes all components of each predictor variable, regardless of the component’s strength of contribution to the variance in the outcome variable, and must provide a theory for the order in which each predictor variable is entered into the regression equation (Petrocelli, 2003).
Hierarchical analysis within a multiple regression determines the change in the model of prediction, or the amount each predictor variable, in this case adult attachment, climate and comfort in training, and social empathy, contributes to variance in the criterion variable, defined as advocacy competency for this study, as each predictor is added to the regression equation. (Petrocelli, 2003). In this particular study, a series of three hierarchical multiple regressions were utilized to determine the change in the model of prediction for one control variable, represented as stage in graduate training, three predictor variables, represented as adult attachment, climate and comfort of training, and social empathy, and one criterion variable, advocacy competency. Advocacy competency was measured on three domains of client/student, school/community, and public arena, hence the need for three separate regression equations (Ratts, Toporek, & Lewis, 2010).

The theory tested in this study justifying a hierarchical form, outlined in Figure 1, is that adult attachment styles, climate and comfort in training, and social empathy will contribute the largest amount of variance in advocacy competency in counselor trainees beyond their stage in graduate training. Specifically, that adult attachment, measured by the ASQ, shapes counselor trainees beliefs, thoughts, and emotions towards themselves and clients as well as their experience of safety and comfort in expressing their personal cultural views within in their training environment, measured by the climate and comfort scale of the MEI-R (Ainsworth et al., 1978; Chang et al., 2010; Bartholomew & Horowitz, 1991; Beer et al. 2012; Bowlby, 1969; Dickson & Jepsen, 2007; Dickson, 2008; Dozier et al., 1994; Hazan & Shaver, 1987; Mikulincer et al., 2005; Mikulincer & Shaver, 2004; Mikulincer & Shaver, 2008; Miller & Sendrowitz, 2011; Pistole, 1999; Pope-Davis et al., 2000). Subsequently, the counselor trainee’s experience of safety influences their ability to understand and consider a multicultural perspective that
includes the impact of systemic oppression, measured by the SEI (Gerdes et al., 2011; Segal, 2011; Segal et al., 2012). The counselor trainees’ ability to consider and understand various cultural perspectives then influences their competency to take action promoting socially just society, which is defined as advocacy and measured by the ACSA (CACREP, 2009; Chang et al., 2010; Ratts, Toporek, & Lewis, 2010; Segal, 2011; Segal et al., 2012).

**Figure 1**

In each regression equation, one’s current stage in graduate training was entered as a control variable in Step 1. This was because of the assumption that progression through a graduate counseling training program would be the greatest contributor to competency. However, for a hierarchical regression, the researcher is interested in the change in prediction beyond the control variable entered first. Therefore, adult attachment styles will be entered as
Step 2 and described orthogonally as anxiety and avoidance and measured by the ASQ (Brennan et al., 1994). This measure was entered first as the development of adult attachment precedes the contact with a counselor training program and the development of social empathy within a training environment. Adult attachment is stable across a lifespan and shapes beliefs and attitudes about self and others, and the subsequent process of interpreting and reshaping ways of thinking. This may lead to adult attachment having the greatest predictive influence on advocacy competency (Ainsworth et al., 1978; Bartholomew & Horowitz, 1991; Bowlby, 1969; Dozier et al., 1994; Hazan & Shaver, 1987; Mikulincer et al., 2005; Mikulincer & Shaver, 2004; Mikulincer & Shaver, 2008; Pistole, 1999). Climate and comfort of training program was entered as Step 3 as one’s experience in their training program occurs, in linear terms, after the previously entered measure of adult attachment. Additionally, adult attachment is thought to influence one’s internal sense of safety and comfort, which will influence their experience of comfort and safety in graduate training (Bartholomew & Horowitz, 1991; Beer et al. 2012; Bowlby, 1969; Dickson & Jepsen, 2007; Dickson, 2008; Dozier et al., 1994; Mikulincer et al. 2005; Mikulincer & Shaver, 2004; Mikulincer & Shaver, 2008; Miller & Sendrowitz, 2011; Pope-Davis et al. 2000). Social empathy, measured in eight subscales, was entered as Step 4 into the regression equation. The justification for entering social empathy third is that while empathy develops from adult attachment styles, social empathy is influenced by factors related to adult attachment and developed experientially through training (Batson & Moran, 1999; Decety & Jackson, 2004; Decety & Moriguchi, 2007; Goleman, 2006; Gerdes et al., 2011; Segal, 2011; Segal et al., 2012).

The procedures, instruments, and statistical analysis outlined in this section were selected in order to study preliminary ideas about the relationships between adult attachment styles, social
empathy, and climate and comfort of training in counselor trainees and the various constructs of social justice advocacy. The following chapter expounds upon the results of these analyses.
CHAPTER 4

RESULTS

This study was designed to determine the relationship between adult attachment styles, climate and comfort in training, social empathy and advocacy competency in counselor trainees. Counselors in training in this study were given the Attachment Style Questionnaire (ASQ), the Multicultural Environmental Inventory-Revised Climate and Comfort Scale, the Social Empathy Index (SEI), and the Advocacy Competency Self-Assessment (ACSA). Participants were asked to identify their gender, either male or female, and their current status in their training as pre-practicum, currently in practicum, or post-practicum. A Pearson product moment-correlation and a hierarchical regression were utilized as the primary data analysis procedures. Scores on the ASQ, MEI-R Climate and Comfort Scale, and the SEI served as predictor variables and the ACSA represented the criterion variable in the regression equation. The outcomes of the two research hypotheses are presented below.

Data Examination and Management

The participants in this study were counselors in training from various graduate programs. Participants were recruited for the study by direct email and listserv, including COUNSGRADS and CESNET-L. The eligibility of each participant was determined by their status as current master’s level graduate students in counseling. There were a total of 175 responses to the survey. Of these 175 responses, 18 were eliminated due to the participant being ineligible for the study or incomplete information. The 157 remaining responses represented the
necessary size determined by G*Power (Faul et al., 2009). The responses from the participants were recorded by Qualtrics and then placed into a Microsoft Excel Spreadsheet to eliminate invalid responses and compile composite scores. The composite scores for each response were then entered into the Statistical Package for the Social Sciences (SPSS) for analysis.

Assumptions and Related Statistical Analysis

The two primary analyses for this study were a Pearson product-moment correlation coefficient (Pearson r) and a hierarchical regression equation. Below are explanations of these analyses and any necessary related statistical assumptions about those analyses.

The Pearson r is commonly used to determine the nature of the relationship between two variables and the strength of that relationship by computing a correlational coefficient that is between 1.00 and -1.00. A Pearson r assumes a linear relationship between variables measured as interval or continuous and that the sample has sufficient heterogeneity on the variables measured (Hinkle, Wiersma, & Jurs, 2003). In this study, the correlational coefficient produced by the Pearson r was utilized to examine the relationship between all of the predictor variables, specifically adult attachment, climate and comfort of training, and social empathy, as well as each predictor variable’s relationship to the outcome criterion variable, advocacy competency. The Pearson r was implemented to measure the nature of the relationships between variables and to ensure that none of the predictor variables measured concepts that were identical or nearly identical in order to control for multicollinearity.

A hierarchical regression was conducted for the second statistical analysis in this study. As previously mentioned, there are several types of multiple regressions including stepwise, simultaneous, and hierarchical. The purpose of a hierarchical regression is to determine the significance of the change in the coefficient of determination ($R^2$) that each predictor variable
contributes over and above previously entered predictor variables. A hierarchical regression requires a theoretical basis for the order in which predictor variables are entered into the regression equation. While this theory does not have to be empirically supported, it does need to be reasonable and observable, and must not violate causal priority. For example, if one wanted to examine the degree to which college GPA and MCAT scores predicted doctor malpractice claims over and above SAT scores, it would not be appropriate to enter college GPA or MCAT scores prior to SAT scores, since these would occur after taking the SAT. Though the order of these two exams and college are not necessarily an empirically supported theory, each has a predetermined occurrence within life, and therefore, it is reasonable to conclude that SAT score may have some effect on college GPA, or college GPA on MCAT scores. Modifying the order in which these different predictor variables were entered into the regression equation would violate causal priority, as SAT score could be causal to college GPA, and not the reverse. In this particular study, the theory tested, was that adult attachment styles, climate and comfort in training, and social empathy would contribute the largest amount of variance in advocacy competency in counselor trainees beyond their stage in graduate training (Petrocelli, 2003).

A hierarchical regression is advantageous to a stepwise or simultaneous regression because it allows for the researcher to control for factors that may be institutional (such as programming choices) or externally defined (such as age or stage in life) in order to determine the significance of the relationships between variables on an individual basis. By using purposeful theory and loading of variables into the regression equation, hierarchical modeling helps prevent a type 1 error, or incorrectly rejecting the null hypothesis, a false positive (Petrocelli, 2003).
Statistically, that control is exerted by measuring the significance of the change in the coefficient of determination, or $R^2$, denoted as $\Delta R^2$, as new predictor variables are added to the regression equation. $R$ represents the correlation between the projected value and the actual value of the criterion variable, which allows for one to see the strength of the relationship. $R$ squared is an estimate of the amount of the variance in the criterion variable that can be attributed to a predictor variable (Brace, Kemp, & Snelgar, 2006; Hinkle et al., 2003).

When using a hierarchical regression, a significant $\Delta R^2$ from entering one predictor variable to another would indicate that the most recently added predictor variable has an effect on the criterion variable over and above the effect of the previously entered predictor variable. The significance measure for the $\Delta R^2$ is the measure of the $\Delta F$, the change in F, not the overall F. The F test is a measure of probability that all coefficients of determination are zero, meaning that each predictor contributes nothing to the measure of variance in the outcome variable. Therefore, in a hierarchical regression, the significance of the $\Delta F$ from each step is more important than the significance of the overall F for each step. A significant $\Delta F$ have a p value of $p < 0.10$, a less strict parameter than a significant F, which may be indicated as $p < 0.01$ or $p < 0.05$ (Hinkle et al., 2003; Schafer, 1991). The focus of the hierarchical regression is not on the Beta or $\beta$ coefficient, which measures the strength of the relationship between a predictor variable and criterion variable. A hierarchical regression is not concerned with the overall R and every predictor variable is kept in the equation regardless of the $\beta$ coefficient or R-value associated with each step (Petrocelli, 2003).

When considering the use of a regression equation, there are several assumptions to cover. The first assumption is a linear relationship between the predictor and criterion variables, which was covered by the use of a Pearson r. In addition to assumptions within the Pearson r, a
regression assumes that the criterion variables are in an interval or ratio form, as nominal criterion data would not fit this statistical test. Second, a regression equation assumes an independent, consistent, normal distribution of the dependent variable. This assumption is commonly measured by the standard error of estimate and represents a standardized measure of the difference between the predicted score on the criterion variable and the actual score on the criterion variable. Without the assumption that the criterion variable was normally distributed, constant, and independent, it would not be possible to determine if differences in the criterion scores could actually be attributed to the predictor variable or some other factor. A fourth assumption of a regression is that there is a low degree of multicollinearity. In regression equations, significant correlations between predictor variables diminish the effect of those predictor variables on the criterion variable because including strongly related predictors would, in essence, be considered as measuring the same concept more than once. Therefore, a Pearson r done prior to the regression equation between criterion variables will display any relationships that are highly significant and subsequently would diminish the effect of the results. A highly significant correlation of greater than 0.5 would indicate that the two or more criterion variables were measuring a nearly identical concept (Brace et al., 2006; Hinkle et al., 2003; Petrocelli, 2003)

**General Information and Descriptive Statistics**

Demographic information for this study was gathered by use of a general questionnaire. In this study, of the 157 respondents that were analyzed, 17.8% identified as male (N=28) and 82.2% identified as female (N=129). In regards to the respondent’s current stage in their program, 47.1% reported that they were pre-Practicum (N=74), 28.7% indicated that they were currently in Practicum (N=45), and 24.2% expressed that were post-Practicum (N=38). The
mean for stage in training was 1.77 (SD= .815). Detailed information is given in Table 1 and Table 2.

Table 1

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percent</th>
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<tr>
<td>Male</td>
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<tr>
<td>Female</td>
<td>129</td>
<td>82.2</td>
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<td>Total</td>
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<td>100.0</td>
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Table 2

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<tr>
<th>Stage in Training</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Practicum</td>
<td>74</td>
<td>47.1</td>
</tr>
<tr>
<td>Currently in Practicum</td>
<td>45</td>
<td>28.7</td>
</tr>
<tr>
<td>Post-Practicum</td>
<td>38</td>
<td>24.2</td>
</tr>
<tr>
<td>Total</td>
<td>157</td>
<td>100.0</td>
</tr>
</tbody>
</table>

In this study, there were three criterion variables determined by three levels of advocacy intervention, which include the client/student level, the community/school level, and the public arena. Client/student level interventions pertain to an individual and are focused on that individual or advocating on behalf of that individual. Community/school level interventions pertain to a client’s community system and are focused on amending one client’s community system or an entire system affecting multiple clients. Public arena level interventions pertain to actions that address societal issues on a large scale and focus on the client and counselor working together to increase public awareness through media and political outlets (Toporek et al., 2009).

The three levels of the criterion variable, assessed by the ACSA, were scored on a scale of 0 to 40. The mean score for the client/student level of intervention was 22.90, SD=5.84. For
the community/school level, the mean score was 23.48, SD=8.98, and for the public arena level, the mean score was 19.05, SD=8.25. The ACSA can be used as a scale measuring total advocacy competency on scale of 0 to 120, mean and standard deviation was also computed as 65.42, SD=21.07. This was of interest because the cut score prescribed by the authors of the ACSA for advocacy competence is 70 or greater on a scale of 120 (Ratts et al., 2010). Details are given below in Table 3.

Table 3

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<thead>
<tr>
<th>Mean Advocacy Competency Scores and Standard Deviations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
</tr>
<tr>
<td>Client/student</td>
</tr>
<tr>
<td>Community/school</td>
</tr>
<tr>
<td>Public arena</td>
</tr>
<tr>
<td>Total Advocacy</td>
</tr>
</tbody>
</table>

N= 157

Data Analysis

For the purpose of this study, two primary hypotheses were developed for examination. The results of the data analysis related to each hypothesis are presented in the following section.

**Hypothesis One.** The first research hypothesis in the study was that there would be significant relationships between the adult attachment scales of the ASQ, the climate and comfort subscale of the MEI-R, the social empathy scales of the SEI, and the advocacy competency scales of the ACSA. A Pearson product-moment correlation was utilized to determine if there were relationships between the scales of the ASQ, MEI-R climate and comfort subscale, the scales of the SEI, and the scales of the ACSA.
The Pearson r revealed multiple significant relationships between the predictor variables measured by the subscales of the ASQ, the climate and comfort of training subscale of the MEI-R, and subscales of the SEI and the criterion variable, measured by the ACSA. The significance of the correlations between predictor variables and criterion variable were measured at the .01 and .05 level. Results revealed a significant, positive relationship between the criterion variable of client/student advocacy and stage in training, climate and comfort in training subscale, and macro-perspective taking subscale of the SEI. The community/school level had a significant positive relationship with the climate and comfort subscale, the interpersonal empathy and macro-perspective taking subscales of the SEI, and a significant negative relationship with the anxiety subscale of the ASQ. The public arena level displayed a significant, positive relationship with the interpersonal empathy, contextual understanding, and macro-perspective taking subscales of the SEI. The results of the Pearson r indicated that there are several meaningful relationships between the predictor variables and the criterion variable. Complete results are presented in Table 4.
**Table 4**

**Pearson r Correlations between Stage in Training, subscales of the ASQ, the Climate and Comfort Subscale, subscales of the SEI, and subscales of the ACSA.**

<table>
<thead>
<tr>
<th></th>
<th>Client/student advocacy</th>
<th>Community/school advocacy</th>
<th>Public arena advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidance</td>
<td>-.071</td>
<td>-.091</td>
<td>-.067</td>
</tr>
<tr>
<td>Anxiety</td>
<td>-.094</td>
<td>-.157*</td>
<td>-.174</td>
</tr>
<tr>
<td>Climate and Comfort</td>
<td>.225**</td>
<td>.193*</td>
<td>.147</td>
</tr>
<tr>
<td>Interpersonal Empathy</td>
<td>.139</td>
<td>.258**</td>
<td>.257**</td>
</tr>
<tr>
<td>Contextual Understanding</td>
<td>.035</td>
<td>.102</td>
<td>.217**</td>
</tr>
<tr>
<td>Macro Perspective Taking</td>
<td>.319**</td>
<td>.397**</td>
<td>.418**</td>
</tr>
</tbody>
</table>

**p < .01
*p < .05
N= 157

**Hypothesis Two.** The second hypothesis in the study predicted that there would be sufficient evidence of significant prediction in advocacy competency by the adult attachment scales of the ASQ, the climate and comfort subscale of the MEI-R, and the social empathy scales of the SEI, beyond stage in graduate training. To test this hypothesis, the criterion variable of advocacy competency was divided into three distinct areas of client/student, community/school, and public arena. The results of each subsequent hierarchical regression utilized to test this hypothesis are outlined in Tables 4-6.

As previously mentioned, a low degree of multicollinearity is an assumption of any regression equation. In order to test for multicollinearity, an additional Pearson r was conducted
between the predictor variables. Numerous significant relationships were found between the predictor variables, therefore, action was taken to control for such relationships and maintain the significance of any expected results. The scale of avoidance was removed from the regression equation due to the unexpected significant, positive relationship above the 0.5 level with the anxiety dimension of adult attachment. Other significant correlations between subscales of the same instrument were allowed due to the assumption that these subscales were designed to measure a similar concept and are expected to have some degree of a significant relationship (Segal, 2012). Results of the bivariate correlations for the predictor variables are presented in Table 5.

Table 5

**Pearson r Correlations between Stage in Training, subscales of the ASQ, the Climate and Comfort Subscale, and subscales of the SEI.**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stage in Training</td>
<td>-</td>
<td>-.139</td>
<td>.138</td>
<td>-.033</td>
<td>-.060</td>
<td>.071</td>
<td></td>
</tr>
<tr>
<td>2. Avoidance</td>
<td>-</td>
<td>.597**</td>
<td>-.324**</td>
<td>-.326**</td>
<td>-.050</td>
<td>-.246**</td>
<td></td>
</tr>
<tr>
<td>3. Anxiety</td>
<td>-</td>
<td>-.285**</td>
<td>-.239</td>
<td>-.055</td>
<td>-.206**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Climate and Comfort</td>
<td>-</td>
<td>.347**</td>
<td>.179*</td>
<td>.376**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Interpersonal Empathy</td>
<td>-</td>
<td>.285**</td>
<td>.529**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Contextual Understanding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.503**</td>
<td></td>
</tr>
<tr>
<td>7. Macro Perspective Taking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
</tbody>
</table>

** p < .01
* p < .05
N= 157
The first regression model measured the criterion variable client/student level, which contains items related to interventions pertaining to an individual and are focused on that individual or advocating on behalf on that individual (Toporek et al., 2009). Results displayed that stage in training $F(1, 155) = 7.992, p < .01; R^2=0.049$, climate and comfort in training $R^2$ change = 0.034, $F(1, 154)$ change = 5.751, $p < .05; R^2= 0.088$, and social empathy $R^2$ change = 0.079, $F(3, 150)$ change = 4.724, $p < .01; R^2= 0.167$ each had a significant contribution to the variance in the client/student level of advocacy. In particular, social empathy and climate and comfort in training contributed to the variance in client/student level above and beyond that of stage in training. The predictor variable of adult attachment anxiety did not contribute significantly to the variance in the regression equation. The results of this regression are presented in full in Table 6. Note, the Step 1 $\Delta R^2$ and the $\Delta F$ in the following table represent initial values of $R^2$ and $F$, not actual changes in those values.

Table 6

<table>
<thead>
<tr>
<th>Predictor Variables</th>
<th>$R^2$</th>
<th>$\Delta R^2$</th>
<th>df</th>
<th>$\Delta F$</th>
<th>$p(\Delta F)$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criterion Variable: Client/student; $R^2=0.167,$</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 1: Stage in Training</td>
<td>.049</td>
<td>.049</td>
<td>1, 155</td>
<td>7.992</td>
<td>.005**</td>
</tr>
<tr>
<td>Step 2: Adult Attachment</td>
<td>.054</td>
<td>.005</td>
<td>1, 154</td>
<td>.748</td>
<td>.388</td>
</tr>
<tr>
<td>- Anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 3: MEI-R CC</td>
<td>.088</td>
<td>.034</td>
<td>1, 153</td>
<td>5.751</td>
<td>.018*</td>
</tr>
<tr>
<td>- Climate and Comfort of Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 4: Social Empathy Index</td>
<td>.167</td>
<td>.079</td>
<td>3, 150</td>
<td>4.724</td>
<td>.004**</td>
</tr>
<tr>
<td>- Interpersonal Empathy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Contextual Understanding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Macro Perspective Taking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**$p < .01$  
*p < .05  
N= 157**

For the second regression equation, the community/school level was measured as the criterion variable in hierarchical form. Community/school level interventions are focused on
changing one client’s community system or an entire system effecting multiple clients (Toporek et al., 2009). The results of the test revealed social empathy $R^2$ change $= 0.129$, $F (3, 150)$ change $= 7.857, p < .01$; $R^2 = 0.178$ had a significant contribution to the variance in community/school level of intervention above and beyond that of stage in training. The predictor variables of adult attachment anxiety and climate and comfort in training did not contribute significantly to the variance in the regression equation. The results of this regression are presented in Table 7. Note, the Step 1 $\Delta R^2$ and the $\Delta F$ in the following table represent initial values of $R^2$ and $F$, not actual changes in those values.

Table 7

<table>
<thead>
<tr>
<th>Predictor Variables</th>
<th>R^2</th>
<th>$\Delta R^2$</th>
<th>df</th>
<th>$\Delta F$</th>
<th>p($\Delta F$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion Variable: Community/school; $R^2$=.178</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Block 1: Stage in Training</td>
<td>.004</td>
<td>.004</td>
<td>1,155</td>
<td>.638</td>
<td>.426</td>
</tr>
<tr>
<td>Block 2: Adult Attachment</td>
<td>.027</td>
<td>.023</td>
<td>1,154</td>
<td>3.574</td>
<td>.061</td>
</tr>
<tr>
<td>- Anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Block 3: MEI-R CC</td>
<td>.049</td>
<td>.023</td>
<td>1,153</td>
<td>3.654</td>
<td>.058</td>
</tr>
<tr>
<td>- Climate and Comfort of Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Block 4: Social Empathy Index</td>
<td>.178</td>
<td>.129</td>
<td>3,150</td>
<td>7.857</td>
<td>.000**</td>
</tr>
<tr>
<td>- Interpersonal Empathy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Contextual Understanding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Macro Perspective Taking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**$p < .01$  
* $p < .05$  
N= 157

In the third regression model, the criterion variable the public arena level was measured in hierarchical form. The public arena level of advocacy focuses on the client and counselor working together to increase public awareness through media and political outlets (Toporek et al., 2009). The hierarchical regression results indicated that attachment anxiety $R^2$ change $= 0.028$, $F (1, 154)$ change $= 4.516, p < .05$; $R^2 = 0.032$ and social empathy $R^2$ change $= 0.145$, $F (3, 150)$ change $= 8.898, p < .01$; $R^2 = 0.186$ each had a significant contribution to the variance in
public arena advocacy above and beyond that of stage of training. The predictor variables of climate and comfort in training did not contribute significantly to the variance in the regression equation. The results of this regression are presented in Table 8. Note, the Step 1 \( \Delta R^2 \) and the \( \Delta F \) in the following table represent initial values of \( R^2 \) and \( F \), not actual changes in those values.

Table 8

<table>
<thead>
<tr>
<th>Predictor Variables</th>
<th>( R^2 )</th>
<th>( \Delta R^2 )</th>
<th>df</th>
<th>( \Delta F )</th>
<th>( p(\Delta F) )</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criterion Variable: Public Arena; ( R^2 = .186 )</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Block 1: Stage in Training</td>
<td>.003</td>
<td>.003</td>
<td>1, 155</td>
<td>.501</td>
<td>.480</td>
</tr>
<tr>
<td>Block 2: Adult Attachment</td>
<td>.032</td>
<td>.028</td>
<td>1, 154</td>
<td>4.516</td>
<td>.035*</td>
</tr>
<tr>
<td>- Anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Block 3: MEI-R CC</td>
<td>.041</td>
<td>.010</td>
<td>1, 153</td>
<td>1.528</td>
<td>.218</td>
</tr>
<tr>
<td>- Climate and Comfort of Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Block 4: Social Empathy Index</td>
<td>.186</td>
<td>.145</td>
<td>3, 150</td>
<td>8.898</td>
<td>.000**</td>
</tr>
<tr>
<td>- Interpersonal Empathy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Contextual Understanding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Macro Perspective Taking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**\( p < .01 \)**

*\( p < .05 \)

N= 157

**Summary**

The results of the data analysis indicated significant relationships between adult attachment, climate and comfort in training, and social empathy and advocacy competency. Further analysis revealed that social empathy contributes a significant amount of variance to advocacy competency in the client/student level, the community/school level, and the public arena level. The following chapter discusses the implications of the results, the association between the hypotheses and the data, limitations, and suggestions for future research.
CHAPTER 5

DISCUSSION

The understanding of factors in graduate counselor training programs and personal development and growth that predict advocacy competency remain complex. It is thought that concepts such as adult attachment, climate and comfort in training, and social empathy would have a significant impact on advocacy competency, as each of these concepts develop prior to or within counselor graduate training and are significantly bound to either human relationships or multicultural competency. This study was formed to determine the contribution of adult attachment styles, climate and comfort in training, and social empathy to the variance in advocacy competency in counselor trainees beyond their stage in graduate training. In particular, the method of analysis within this study was chosen to test a theory that when controlling for stage in training, adult attachment would contribute significantly to the variance in advocacy competency beyond the climate and comfort of training. Subsequently, climate and comfort in training would contribute significantly to the variance in advocacy competency beyond social empathy, and social empathy would have a significant contribution to the variance in advocacy competency beyond stage in training.

The theory explained above was based upon the rationale that adult attachment style shapes counselor trainees beliefs, thoughts, and emotions towards themselves, their clients and their experience of safety and comfort in expressing their personal cultural views within their training environment influences their ability to comprehend a multicultural perspective of systemic oppression, which then influences their competency to advocate for a socially just
society (Ainsworth et al. 1978; CACREP, 2009; Chang et al., 2010; Bartholomew & Horowitz, 1991; Beer et al. 2012; Bowlby, 1969; Dickson & Jepsen, 2007; Dickson, 2008; Dozier et al., 1994; Gerdes et al., 2011; Hazan & Shaver, 1987; Mikulincer et al. 2005; Mikulincer & Shaver, 2004; Mikulincer & Shaver, 2008; Miller & Sendrowitz, 2011; Pistole, 1999; Pope-Davis et al., 2000; Ratts, Toporek, & Lewis, 2010; Segal, 2011; Segal et al., 2012). The results of the study indicated that adult attachment styles, climate and comfort in training, and social empathy each contributed significantly to some of the variance in advocacy competency.

Summary of Results and Related Hypotheses

The primary investigation in this study was the significance of the contribution of adult attachment, climate and comfort in training, and social empathy to advocacy competency, above and beyond stage in graduate training. A Pearson product-moment correlation and a hierarchical regression were the primary data analysis methods for examining the significance of the relationship between advocacy competency and adult attachment, climate and comfort in training, and social empathy.

The first hypothesis was that there would be sufficient evidence of significant relationships between the adult attachment scales of the ASQ, the climate and comfort subscale of the MEI-R, the social empathy scales of the SEI, and the advocacy competency scales of the ACSA. There was an expectation that higher levels of attachment anxiety or avoidance would be negatively correlated with higher levels of advocacy competency. This expectation was partially confirmed by the study as the relationships between all levels of intervention in advocacy competency had negative relationships with attachment anxiety and avoidance. Additionally, there was an expectation of moderate correlation between the subscales of the SEI and the ACSA because of the similarity between the concepts. This expectation was confirmed within the study.
When examining the results, it was found that adult attachment anxiety (need for approval, preoccupation with relationships) was negatively correlated with community/school level of advocacy per the ACSA. The negative correlation between adult attachment anxiety and community/school level may be explained by difficulty with task-oriented measures in leaders with high levels of attachment anxiety (Davidovitz et al., 2007). Specifically, advocacy within the school and community requires leadership and task-oriented action, which would explain a decrease in competency in this area for counselors in training that measured higher in attachment anxiety, which can also reduce altruistic behavior (Mikulincer et al., 2005).

The climate and comfort subscale of the MEI-R, which evaluates the degree to which counselors in training feel safe, comfortable, and valued within their training program, was positively correlated with advocacy competency on the client/student and community/school levels. Due to the interpersonal nature of the client/student and the community/school levels of advocacy, as well as climate and comfort in training, it could be determined that a significant, positive relationship may exist between these variables. This supports the findings proposed by Beer et al. (2012) that a supportive training environment increases social justice commitment. The interpersonal nature of these concepts may also explain the lack of a significant relationship between climate and comfort in training and public arena advocacy, which requires minimal interpersonal interaction and interventions not necessarily addressed in graduate training (Toporek et al., 2009).

Several significant relationships emerged between the subscales of the SEI and the three levels of advocacy competency. The interpersonal empathy subscale had a significant, positive relationship with the advocacy levels of community/school and public arena. This may be attributed to the notion that both of these levels of advocacy have an element of collaboration
with other individuals within the client system or society and that interpersonal empathy is a person’s ability to feel another’s feelings, perceptions, and understand the intent of other’s actions (Segal et al. 2012; Toporek et al., 2009). The contextual understanding subscale of the SEI had a significant, positive relationship with the public arena level. This supports what Segal (2011) suggested in developing the domain, which is a measure of understanding the systemic impact and historical background to barriers within a client’s life. The historical nature of this domain would coincide with the socio-political nature of public arena advocacy that is not included in the other levels of advocacy (Toporek et al., 2009).

And finally, the macro-perspective taking subscale of the SEI had a significant, positive relationship with all three levels of advocacy competency. Macro-perspective taking is a measure of one’s ability to imagine life in the circumstances of a client. The significant positive relationship between this domain and all three levels of advocacy competency supports Segal (2011) in the notion that one’s ability as a helper to adequately advocate for a client is highly related to one’s ability to conceptualize life within that client’s circumstances. In regards to the correlations between the predictor and criterion variables, there were several significant findings that do appear to support the first hypothesis as well as lending support the second hypothesis.

The second hypothesis for the study was that there would be sufficient evidence of significant prediction in advocacy competency by the adult attachment scales of the ASQ, the climate and comfort subscale of the MEI-R, and the social empathy scales of the SEI, beyond stage in graduate training. A hierarchical regression was performed on each level of advocacy competency, which included client/student advocacy, community/school advocacy, and public arena advocacy. Results of the statistical test revealed that of the three predictor variables in the study, attachment anxiety, climate and comfort in training, and social empathy appeared to
contribute a significant amount of variance on various levels of advocacy competency above and beyond stage in graduate training.

The results of the first of the three hierarchical regressions involved within the second hypothesis revealed that climate and comfort in training and social empathy contributed significantly to the variance in advocacy competency on the client/student level. Social empathy is the ability to understand people by perceiving or experiencing their life circumstances and garnering insight into systemic barriers and inequalities (Segal, 2011). The significant contribution to variance in advocacy competency by social empathy above and beyond stage in training on the level of client/student advocacy could be attributed to the interpersonal nature of client/student advocacy and the interpersonal empathy subscale of social empathy (Segal, 2011; Toporek et al. 2009). Climate and comfort in training also contributed significantly to the variance in the client/student level of competency, but not above and beyond social empathy as previously thought. The significant variance attributed by climate and comfort in training supports previous research that posited that a student’s perception of feeling safe and valued within training has a strong influence on advocacy competency (Beer et al., 2012; Miller & Sendrowitz, 2011). The lack of a significant contribution to the variance in client/student advocacy by adult attachment does not support previous findings that indicate that higher levels of attachment anxiety or avoidance decrease altruistic helping behavior and compassion (Mikulincer et al., 2005, Trusty et al., 2005).

Within the second regression equation, results revealed that social empathy contributed significantly to the variance in the community/school level of advocacy. This result may be best explained by the merging of interpersonal empathy and contextual understanding within the concept of social empathy, which allows social empathy to account for interpersonal feeling and
historical context (Segal, 2011). In a similar way, the domain of community/school measures actions focused on changing a single client’s community system or a community system that affects many of a counselor’s clients (Toporek et al., 2009). However, within the domain of community/school advocacy, there was not a significant contribution to the variance by adult attachment or client and comfort in training above and beyond stage in training or social empathy.

The third regression equation showed that adult attachment anxiety and social empathy contributed significantly to the variance in the public arena level of advocacy. This supports the notion that those with higher levels of attachment avoidance tend to have difficulty with task-oriented activity, which is a large part of the public arena level of advocacy, and become overwhelmed with their higher sensitivity to others (Davidovitz et al. 2007). This also supports the notion that higher levels of anxiety in attachment experience higher levels of personal distress when providing help to others, which would make sense in both increasing desire for public arena advocacy behavior but suppressing actions to coincide with that desire (Mikulincer et al., 2005). Social empathy also contributed significantly to the variance in the public arena level of advocacy. This could be explained by the interpersonal empathy domain of social empathy and the collaborative nature of public arena advocacy, or the macro-perspective taking element of social empathy and the increasing public awareness domain of public arena advocacy (Segal, 2011; Toporek et al. 2009).

In regards to the three regression equations within the study for hypothesis two, there were numerous significant contributions by the predictor variables to the variance in the criterion variable, which was advocacy competency, measured on three levels of client/student, community/school, and public arena. However, there were some expected findings that were not
supported by the data. The results did not indicate that adult attachment contributed significantly to the variance in the client/student or the community/school levels of advocacy. This could be due to the complex nature of adult attachment as a concept developed in infancy and reinforced throughout childhood and adolescence, particularly compared to later developing advocacy competency. Climate and comfort in training was not supported as a significant contributor to the variance in the community/school or public arena levels of advocacy, which may be because their ability or desire to act within these realms may not be dependent upon their training environment. For example, if voting or demonstrating is a form of public arena advocacy, a student may not be required or asked to participate in such activity as a practicum student, nor would the fact that he or she is a practicum student in counseling necessarily lead them to participate in such activities. These students may have participated in more non-personal forms of advocacy prior to becoming graduate students in counseling.

Implications of the Study

The results of the study suggest that the relationship between advocacy competency, adult attachment, climate and comfort in training, and social empathy is complex, yet exist in various, significant ways. Perhaps the most important aspect of the results was the degree to which social empathy contributed to the variance in advocacy competency. This implies that increasing social empathy within counselors in training may be a viable and useful route to consider when instructing advocacy competency. Also, the results imply that increasing social empathy is important to increasing advocacy competency and may be needed alongside instructing advocacy behavior within counseling, particularly since stage in graduate training was controlled within the study.
The results of the study also imply that climate of training does appear to influence competency in advocacy, particularly in the client/student level. This result indicates that counselor educators, in order to promote more client/student advocacy, can work to make their classroom training environments safe and valuable for all of the counselors in training (Beer et al., 2012; Miller & Sendrowitz, 2011). One other finding in the study implies that adult attachment does appear to contribute to advocacy competency, which shows that sense of self and sense of self and other influences how counselors behave in advocacy situations within the public arena level (Bartholomew & Horowitz, 1991).

**Limitations**

The results of this study should be read and interpreted within the limitations that were present in the study. First, there were limited psychometrics of the Social Empathy Index (SEI) and the Advocacy Competency Self Assessment (ACSA). Specifically, the ACSA has not been validated beyond face validity, which could have skewed the results. The Social Empathy Index does have some psychometric properties, but has yet to be utilized in empirical research beyond this study and those dedicated to the development of the instrument. While there were efforts to control for the lack of psychometric information on both assessments, there is minimal empirical research using these instruments at this time.

Second, the participants in the study came from counseling listservs, which may only represent a portion of counselors in graduate school, limiting the generalizability of the results. Third, the lack of professional experience by the counselor trainees have caused students to under assess or over assess their own advocacy competency, hence skewing the results.
Suggestions for Future Research

This study, conducted on counselors in graduate school training, yielded numerous encouraging results. Based on these results, there are several possibilities for future studies examining advocacy competency. The significance of social empathy to advocacy competency indicates that more studies are needed utilizing the SEI in regards to advocacy competency. Future research should focus on factors that contribute significantly to higher measures of social empathy, or on techniques for instruction that increase social empathy. Other possible directions include expounding upon the assessment of the counselor training environment, particularly for elements conducive to a socially empathetic climate. And finally, future research could focus more on the differences in social empathy and advocacy competency between groups of counselors based on factors such as experience and personality.

Conclusion

Adult attachment, climate and comfort in training, and social empathy all appear to have a significant contribution to a counselor in training’s advocacy competency. However, these three concepts have not been considered as being significant to advocacy competency in counselors in training as a theoretically linked set of variables. This study indicates that these variables are significantly related, in various ways, to a counselor in training’s advocacy competency and are worthwhile to understand and continue to explore. As advocacy continues to grow within the counseling field, further studies would expand the perspective on how to instruct and teach this important topic.
LIST OF REFERENCES
REFERENCES


career and academic interest, choice, and performance [Monograph]. *Journal of Vocational Behavior, 45,* 79–122.


LIST OF APPENDICES
APPENDIX A: General Questionnaire
Below you will find three questions regarding basic demographic information. Please answer these questions as accurately as possible before proceeding.

1. I am currently completing a graduate degree in counseling.
   - True
   - False

2. Please select your gender identification.
   - Male
   - Female

3. Please describe your current status in your Master’s program.
   - Pre Practicum
   - Currently in or entering Practicum
   - Post Practicum
APPENDIX B: Attachment Style Questionnaire
is also clear that the mental models of some individuals combine all of
the aspects of insecurity. Clearly, further work needs to be carried out on
the utility of the Attachment Style Questionnaire, but the work reported
here supports the value of more fundamental research into the attachment
construct.

Appendix 5.1. Attachment Style Questionnaire

Show how much you agree with each of the following items by rating them on this
scale: 1 = totally disagree; 2 = strongly disagree; 3 = slightly disagree; 4 = slightly agree;
5 = strongly agree; or 6 = totally agree.

Confidence

1. Overall, I am a worthwhile person.
2. I am easier to get to know than most people.
3. I feel confident that other people will be there for me when I
   needed them.

Confidence

4. I prefer to depend on myself rather than other people.
5. I prefer to keep to myself.
6. To ask for help is to admit that you’re a failure.

Discomfort

7. People’s worth should be judged by what they achieve.
8. Achieving things is more important than building relationship.

R as S

9. Doing your best is more important than getting on with others.

R as S

10. If you’ve got a job to do, you should do it no matter who gets
    hurt.

N for A

11. It’s important to me that others like me.

N for A

12. It’s important to me to avoid doing things that others won’t
    like.

N for A

13. I find it hard to make a decision unless I know what other
    people think.

R as S

14. My relationships with others are generally superficial.

R as A

15. Sometimes I think I am no good at all.

Discomfort

16. I find it hard to trust other people.

Discomfort

17. I find it difficult to depend on others.

Preeoccupation

18. I find that others are reluctant to get as close as I would like.

Confidence

19. I find it relatively easy to get close to other people.

Discomfort

20. I find it easy to trust others.

Discomfort

21. I feel comfortable depending on other people.

Preeoccupation

22. I worry that others won’t care about me as much as I care
    about them.

Discomfort

23. I worry about people getting too close.

N for A

24. I worry that I won’t measure up to other people.

Discomfort

25. I have mixed feelings about being close to others.

Discomfort

26. While I want to get close to others, I feel uneasy about it.

N for A

27. I wonder why people would want to be involved with me.

Preoccupation

28. It’s very important to me to have a close relationship.

Preoccupation

29. I worry a lot about my relationships.

Preoccupation

30. I wonder how I would cope without someone to love me.

Confidence

31. I feel confident about relating to others.

Preoccupation

32. I often feel left out or alone.

Confidence

33. I often worry that I do not really fit in with other people.

Discomfort

34. Other people are the only people I have, and I’m not sure
    I want to be with mine.

N for A

35. When I talk about my problems with others, I generally feel
    ashamed or foolish.

R as S

36. I am too busy with other activities to put much time into
    relationships.

Confidence

37. If something is bothering me, others are generally aware of
    and concerned.

Confidence

38. I am confident that other people will like and respect me.

Preoccupation

39. I get frustrated when others are not available when I need
    them.

Preoccupation

40. Other people often disappoint me.

Note: Items marked (R) need to be reverse-scored. R as S, Relationships as Secondary; N
    for A, Need for Approval; Discomfort, Discomfort with Closeness; Preoccupation, Preoccupation
    with Relationships.

NOTE

1. The matrix of factor loadings and other relevant information is available from
    us at the Department of Psychology, University of Queensland, Brisbane, Queensland
    4072, Australia.

REFERENCES


A test of a four-category model. Journal of Personality and Social Psychology, 61,
236-244.

York: Basic Books.

Basic Books.

Collins, N. L., & Read, S. J. (1989). Adult attachment, working models, and relation-
ship quality in dating couples. Journal of Personality and Social Psychology, 57,
644-663.
APPENDIX C: Climate and Comfort Scale
APPENDIX D
CLIMATE AND COMFORT SUB-SCALE OF MULTICULTURAL ENVIRONMENT INVENTORY

Directions: Please rate the degree to which you agree with each of the following statements as reflective of your counseling psychology program.

strongly disagree = 1
disagree = 2
undecided = 3
agree = 4
strongly agree = 5

1. There is a place I can go to feel safe and valued.
2. I generally feel supported.
3. I feel my comments are valued in classes.
4. The environment makes me feel comfortable and valued.
5. There are faculty with whom I feel comfortable discussing social and political issues and concerns.
6. There are various methods used to evaluate student performance and learning (e.g., written and oral assignments).
7. The faculty are making efforts to understand my point of view.
8. I feel comfortable discussing social and political issues and concerns in supervision.
9. I feel comfortable with the cultural environment in class.
10. There is a diversity of teaching strategies and procedures employed in the classroom (e.g., cooperative and individual achievement).
11. There is a demonstrated commitment of recruiting students and faculty from minority cultural groups (e.g., racial and ethnic minorities; lesbian, gay, bisexual, transgender community members; individuals with disabilities; religious minorities).
APPENDIX D: Social Empathy Index
SOCIAL EMPATHY INDEX 2.0

© E.A. Segal, M.A. Wagaman, K.E. Gerdes & C.A. Lietz
Arizona State University
(8-15-2012 - Version 2.0)

Please respond to the following questions by selecting the choice that most closely reflects your feelings or beliefs:

1) When I see someone receive a gift that makes them happy, I feel happy myself. [AR] 1 2 3 4 5 6

2) Emotional stability describes me well. [REG] 1 2 3 4 5 6

3) I am good at understanding other people’s emotions. [AM] 1 2 3 4 5 6

4) I can consider my point of view and another person’s point of view at the same time. [PT] 1 2 3 4 5 6

5) When I get angry, I need a lot of time to get over it. [REG] 1 2 3 4 5 6

6) I can imagine what the character is feeling in a good movie. [PT] 1 2 3 4 5 6

7) When I see someone being publicly embarrassed I cringe a little. [AR] 1 2 3 4 5 6

8) I can tell the difference between someone else’s feelings and my own. [SOA] 1 2 3 4 5 6

9) When I see a person experiencing a strong emotion I can accurately assess what that person is feeling. [AM] 1 2 3 4 5 6

10) Friends view me as a moody person. [REG] 1 2 3 4 5 6

11) When I see someone accidentally hit his or her thumb with a hammer, I feel a flash of pain myself. [AR] 1 2 3 4 5 6
Please respond to the following questions by selecting the choice that most closely reflects your feelings or beliefs:

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>Almost always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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</table>

12) When I see a person experiencing a strong emotion, I can describe what the person is feeling to someone else. [AM]

13) I can imagine what it’s like to be in someone else’s shoes. [PT]

14) I can tell the difference between my friend’s feelings and my own. [SOA]

15) I consider other people’s points of view in discussions. [PT]

16) When I am with someone who gets sad news, I feel sad for a moment too. [AR]

17) When I am upset or unhappy, I get over it quickly. [REG]

18) I can explain to others how I am feeling. [SOA]

19) I can agree to disagree with other people. [PT]

20) I can watch other people’s emotions without being overwhelmed by them. [REG]

21) I am aware of what other people think of me. [SOA]

22) Hearing laughter makes me smile. [AR]

23) I am aware of other people's emotions. [AM]

Contains 5 components: Affective Response [AR], Affective Mentalizing [AM], Self-Other Awareness [SOA], Perspective-Taking [PT], and Emotion Regulation [ER]. AR = 5 items, AM = 4 items, SOA = 4 items, PT = 5 items, and ER = 5 items

Reverse scoring indicated by R
Please respond to the following questions by selecting the choice that most closely reflects your feelings or beliefs:

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>Almost</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

24) I believe adults who are poor deserve social assistance. [CU] 1 2 3 4 5 6

25) I believe in free economic markets that are allowed to operate without government intervention. [CO] R 1 2 3 4 5 6

26) I confront discrimination when I see it. [MSP] 1 2 3 4 5 6

27) I think the government needs to be a part of leveling the playing field for people from different racial groups. [CO] 1 2 3 4 5 6

28) I believe it is necessary to participate in community service. [CO] 1 2 3 4 5 6

29) I believe that people who face discrimination have added stress that negatively impacts their lives. [CU] 1 2 3 4 5 6

30) I am comfortable helping a person of a different race or ethnicity than my own. [MSP] 1 2 3 4 5 6

31) I take action to help others even if it does not personally benefit me. [MSP] 1 2 3 4 5 6

32) I believe individual liberties are more important than group interests. [CO] R 1 2 3 4 5 6

33) I can best understand people who are different from me by learning from them directly. [MSP] 1 2 3 4 5 6

34) I believe government should protect the rights of minorities. [CU] 1 2 3 4 5 6

35) I believe that each of us should participate in political activities to benefit the broader community. [CO] 1 2 3 4 5 6
Please respond to the following questions by selecting the choice that most closely reflects your feelings or beliefs:

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>Almost always</th>
<th>Always</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

36) I believe people born into poverty have more barriers to achieving economic well-being than people who were not born into poverty. [CU] 1 2 3 4 5 6

37) I feel it is important to understand the political perspectives of people I don’t agree with. [MSP] 1 2 3 4 5 6

38) I think the government should stay out of providing goods and services. [CO] R 1 2 3 4 5 6

39) I think it is the right of all citizens to have their basic needs met. [CU] 1 2 3 4 5 6

40) I believe the role of government is to act as a referee, making decisions that promote the quality of life and well-being of the people. [CO] 1 2 3 4 5 6

(For questions 23-40, contains 3 components of Contextual Understanding of Systemic Barriers [CU], Macro Self-Other Awareness/Perspective Taking [MSP], and Collective Orientation [CO])

Reverse scoring indicated by R
APPENDIX E: Advocacy Competency Self-Assessment
Advocacy Competency Self-Assessment

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

<table>
<thead>
<tr>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

**Statements:**

1. It is difficult for me to identify clients’ strengths and resources.
   - Ratings: 0 2 4
2. I am comfortable with negotiating for relevant services on behalf of clients/students.
   - Ratings: 0 2 4
3. I alert community or school groups with concerns that I become aware of through my clients/students.
   - Ratings: 0 2 4
4. I use data to demonstrate urgency for systemic change.
   - Ratings: 0 2 4
5. I prepare written and multi-media materials that demonstrate how environmental barriers contribute to client/student development.
   - Ratings: 0 2 4
6. I distinguish when problems need to be resolved through social advocacy.
   - Ratings: 0 2 4
7. It is difficult for me to identify whether social, political, and economic conditions affect client/student development.
   - Ratings: 0 2 4
8. I am skilled at helping clients/students gain access to needed resources.
   - Ratings: 0 2 4
9. I develop alliances with groups working for social change.
   - Ratings: 0 2 4
10. I am able to analyze the sources of political power and social systems that influence client/student development.
    - Ratings: 0 2 4
11. I am able to communicate in ways that are ethical and appropriate when publicly taking on issues of oppression.
    - Ratings: 0 2 4
12. I seek out and join with potential allies to confront oppression.
    - Ratings: 0 2 4
13. I find it difficult to recognize when client/student concerns reflect responses to systemic oppression.
    - Ratings: 0 2 4
<table>
<thead>
<tr>
<th>Statements</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. I am able to identify barriers that impede the well-being of individuals and vulnerable groups.</td>
<td>0 2 4</td>
</tr>
<tr>
<td>15. I identify strengths and resources that community members bring to the process of systems change.</td>
<td>0 2 4</td>
</tr>
<tr>
<td>16. I am comfortable developing an action plan to make systems change.</td>
<td>0 2 4</td>
</tr>
<tr>
<td>17. I disseminate information about oppression to media outlets.</td>
<td>0 2 4</td>
</tr>
<tr>
<td>18. I support existing alliances and movements for social change.</td>
<td>0 2 4</td>
</tr>
<tr>
<td>19. I help clients/students identify external barriers that affect their development.</td>
<td>0 2 4</td>
</tr>
<tr>
<td>20. I am comfortable with developing a plan of action to confront barriers that impact clients/students.</td>
<td>0 2 4</td>
</tr>
<tr>
<td>21. I assess my effectiveness when interacting with community and school groups.</td>
<td>0 2 4</td>
</tr>
<tr>
<td>22. I am able to recognize and deal with resistance when involved with systems advocacy.</td>
<td>0 2 4</td>
</tr>
<tr>
<td>23. I am able to identify and collaborate with other professionals who are involved with disseminating public information.</td>
<td>0 2 4</td>
</tr>
<tr>
<td>24. I collaborate with allies in using data to promote social change.</td>
<td>0 2 4</td>
</tr>
<tr>
<td>25. I assist clients/students with developing self-advocacy skills.</td>
<td>0 2 4</td>
</tr>
<tr>
<td>26. I am able to identify allies who can help confront barriers that impact client/student development.</td>
<td>0 2 4</td>
</tr>
<tr>
<td>27. I am comfortable collaborating with groups of varying size and backgrounds to make systems change.</td>
<td>0 2 4</td>
</tr>
<tr>
<td>28. I assess the effectiveness of my advocacy efforts on systems and its constituents.</td>
<td>0 2 4</td>
</tr>
<tr>
<td>29. I assess the influence of my efforts to awaken the general public about oppressive barriers that impact clients/students.</td>
<td>0 2 4</td>
</tr>
<tr>
<td>30. I lobby legislators and policymakers to create social change.</td>
<td>0 2 4</td>
</tr>
</tbody>
</table>
Informed Consent

Title: The Relationship Between Advocacy Competency, Adult Attachment Styles, Climate and Comfort of Training, and Social Empathy.

Investigator
Tyler Rogers, M.A.
Department of Leadership and Counselor Education
106 Student Services Center
The University of Mississippi-DeSoto
(662) 393-9290 ext. 106

Advisor
Marilyn Snow, Ph.D.
Department of Leadership and Counselor Education
143 Guyton
The University of Mississippi
(662) 915-7816

This document is an informed consent, which is intended to give you general information about the purpose of the study before you. This informed consent represents is a legal document, so I ask that you please read it carefully before giving your consent by clicking “I Agree”. If you have any questions about this informed consent or would like a copy of it, please email the lead investigator at tarogers@go.olemiss.edu.

Nature of this Study
I understand that there may be benefits and risks associated with participation in this study. I understand that my participation in this study may enhance my personal awareness of my own thoughts, feelings, beliefs, and behaviors about myself, others and society. I understand that reviewing these questions may lead to unanticipated feelings that may be uncomfortable, which may have an unexpected impact on my relationships and me. I understand that my standing within my current training will not be affected by my participation.

Risks and Benefits
This process may enhance your personal awareness of your own thoughts, feelings, beliefs, and behaviors about myself, others and society. In addition to possible benefits, this study may also involve inherent risks. You may experience unanticipated feelings thinking about your own personal beliefs, other, or society. Your standing within your program of study will not be affected by your participation. We do not think that there are any other risks to participating in this study.

Cost and Payments
The surveys before you will take approximately 20-25 minutes to complete. There are no costs for participating in this study. In addition, all participants will have their email address entered into a random drawing for one of five $25 retail gift cards.

Confidentiality
I understand that the researchers maintain confidentiality in accordance with the ethical guidelines and legal requirements of their profession. Records are kept for the period required by ethical and legal guidelines. I understand that no records or information about me will be released from the University of Mississippi without my permission.
Right to Withdraw
You do not have to take part in this study. If you start the study and decide that you do not want to finish, you may close your browser to exit the survey, or you may inform the principal investigator by letter or by telephone at the Department of Leadership and Counselor Education, 143 Guyton Hall, The University of Mississippi, University MS 38677, or 915-7069. Whether or not you choose to participate or to withdraw will not affect your standing within your current graduate program, nor will it cause you to lose any benefits to which you are entitled.

IRB Approval
This study has been reviewed by The University of Mississippi’s Institutional Review Board (IRB), and can be found under____________. The IRB has determined that this study fulfills the human research subject protections obligations required by state and federal law and University policies. If you have any questions, concerns, or reports regarding your rights as a participant of research, please contact the IRB at (662) 915-7482.

Consent
I certify that I have read, understand, and agree to abide by the information outlined above regarding this study. I hereby give my consent to authorize the University of Mississippi to evaluate or assist as needed. I have had the opportunity to discuss any questions regarding the above information.

By clicking “I agree”, you are giving consent to participate in the following study.

I agree                  Do not consent
VITA

TYLER ANDREW ROGERS, M.A.
COUNSELOR/ EDHE COORDINATOR
DOCTORAL CANDIDATE
University of Mississippi-DeSoto
662-393-9290 (w) 662-832-2739 (c)
tarogers@go.olemiss.edu

EDUCATION

Doctorate of Philosophy in Counselor Education 2013
(CACREP Accredited)
University of Mississippi, University, Mississippi

Master of Arts in Marriage and Family Therapy and Counseling 2009
(COAMFTE Accredited)
Reformed Theological Seminary, Jackson, Mississippi

Bachelor of Arts in Psychology 2007
Minors: Business and Spanish
University of Mississippi, University, Mississippi

CERTIFICATIONS AND LICENSES

Certified Mental Health Therapist, State of Mississippi
Prepare/Enriched Certified

RESEARCH INTERESTS

Academic Counseling
Advocacy, Social Empathy, and Social Justice
Addictions
Adult Attachment
Counselor Development
Marriage and Family Counseling
Neurobiology in Counseling
Psychopharmacology in Counseling
Teaching Effectiveness and Assessment

**PROFESSIONAL EXPERIENCE**

**EDHE Coordinator**  
*University of Mississippi-DeSoto, Southaven, Mississippi*  
August 2012-May 2013  
Provided oversight of the EDHE 202 program for probationary students on campus. Scheduled and conducted initial intake interviews with students and provided ongoing counseling regarding academic, career, and mental health issues.

**Mental Health/Career Counselor**  
*University of Mississippi-DeSoto, Southaven, Mississippi*  
August 2010-May 2013  
Counseled college students on various issues, including depression and anxiety, career development, and reestablishing favorable academic standing. Guided students in appropriate classroom interactions and in utilizing study skills. Developed a marketing plan to make students aware of the various counseling services available on campus.

**Mental Health Therapist**  
*Communicare, Hernando, Mississippi*  
March 2010-August 2010  
Provided therapy for clients of various demographics with issues regarding addiction, mood disorders, anxiety and depression, Bipolar disorder, Schizophrenia, and personality disorders. Maintained a caseload of 100 clients, performed intake assessments, composed treatment plans and session notes, and developed an appointment schedule.

**Family Counselor**  
*Youth Villages, Memphis, Tennessee*  
September 2009-December 2009  
Worked with youth between the ages of 14-17 and their families in a strategic and structural family therapy model. Carried 4-5 cases meeting three times per week and handled documentation, including treatment plans, discharge plans, therapy notes, and assessments.

**Student Therapist Intern**  
*Center for Marriage and Family Therapy, Jackson, Mississippi*  
June 2008-July 2009  
Obtained over 500 clinical hours of face-to-face contact with individuals, children, couples, and families as well as 100 hours of supervision with AAMFT approved supervisors. Obtained competency in areas of admission to treatment, assessment, case management and treatment planning, therapeutic interventions, legal and ethical issues, and current research. Provided therapy to individuals, couples, and families for various issues including anxiety, depression, co-dependency, abuse, self-harm, marital and family conflict, couple communication, and addictions.
Intern  
Mississippi Children’s Home, Jackson, Mississippi  
March 2009-May 2009  
Observed groups of children ages 6-11 in an inpatient setting with various issues including trauma, abuse, ADHD, ODD, and OCD. Participated in discussions with staff therapist on progress of clients and possible interventions.

Intern  
Three Oaks Behavioral Health, LLC, Ridgeland, Mississippi  
December 2008- February 2009  
Observed groups of adults in an intensive outpatient setting with various issues including bi-polar disorder, co-dependency, and various addictions. Participated in treatment team meetings discussing client diagnosis, progress, medication monitoring, and goal achievement.

Graduate Co-Teaching Experience

Diagnostic Systems in Counseling (Online)  
COUN 674  
Summer 2012  
Created a web-based lecture for masters students on many of the DSM-IV TR diagnoses, including diagnostic criteria, differential diagnosis, co-occurring disorders, and recent psychopharmacological and therapeutic treatments.

Life Span Development (Online)  
COUN 601  
Summer 2012  
Guided students in two to three discussions per week on subjects regarding development across a lifespan, as well as grading article critiques provided by the students on studies relevant to the weekly lessons within the classroom.

Addictions  
COUN 610  
Summer 2012  
Provided half of the course lectures, specifically those pertaining to the various treatment modalities and assessment procedures in counseling for addictions and family considerations when counseling patients with addictions.

Family Counseling  
COUN 682  
Spring 2012  
Instructed students in half of the course lectures on systemic orientations, family counseling methods and theories, various case studies, and ethical issue specific to marriage and family. Also guided students in conducting family functioning assessments on clients and completing a personal family genogram.

Psychopharmacology  
COUN 595  
Winter 2012
Provided half of the course lectures on psychotropic medications, including the types, dosages, effects, and confounds for various psychotic disorders, anxiety disorders and trauma, addictions, and personality disorders.

Issues and Ethics in Counseling
COUN 672 Fall 2011
Provided one half of the course lectures on various ethical issues including counseling children and families, evaluation and assessment in counseling, supervision and consultation, and malpractice, boundaries, and competence in counseling. Also conducted assessments over the course of the semester for the students on their ethical competence.

Assessment in Counseling (Online)
COUN 621 Fall 2011
Assisted the instructor in weekly grading assessments and compiling grades for the students.

Counseling Skills
COUN 692 Summer 2011
Lead the students in the class through weekly skills groups to demonstrate their competency in learning necessary counselor skills. Also evaluated students in a midterm and final skills assessment video on skill competency and conducted one lecture on mindfulness techniques.

Referred Publications in Progress


Publications


Professional Presentations

30th Annual F.E. Woodall Spring Conference for Helping Professions, Delta State University, Cleveland, MS. “Adult Attachment Styles for Counselor Educators In Training.” April 7th, 2011.

Department of Leadership and Counselor Education, University of Mississippi, University, MS. “On-Site Practicum Supervisor Training Workshop.” September 16th, 2011.


**PROFESSIONAL SERVICE AND LEADERSHIP**

**Doctoral Program Evaluation Team**  
*University of Mississippi*  
Spring 2012

Assisted in leading cohort members to complete a through program evaluation of the current doctoral program in counselor education, as well as implementing new measurement procedures to align doctoral instruction with the 2009 Doctoral Learning Outcome Standards from the Committee for Accreditation of Counseling and Related Educational Programs (CACREP). This process included creating a manual to guide instructors on how to implement and score assessments, as well as communicate to CACREP and other external accrediting bodies the manner in which faculty evaluate the program internally. A handbook for potential applicants and current doctoral students was created to explain the doctoral counselor education program, including policies and the program evaluation system.

**Doctoral Practicum Supervisor**  
*University of Mississippi-Desoto*  
Fall 2011, Fall 2012

**Personal Growth Group Leader**  
*University of Mississippi-Desoto*  
Spring 2011

**National Memberships**

Pre-Clinical Fellow of the American Association for Marriage and Family Therapy (2009-Current)

Student Member of the American Counseling Association (2010-Current)

Student Member of the American Association for Marriage and Family Therapy (2008-2009)

2010-Current
Student Member of the International Association of Marriage and Family Counselors (2010-Current)
Student Member of the Counselors for Social Justice (2012-Current)

**State Memberships**
Associate Member of the Tennessee Association of Marriage and Family Therapy (2009-Current)
Student Member of the Mississippi Counseling Association (2011-Current)

**HONORS**

<table>
<thead>
<tr>
<th>Year</th>
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<tr>
<td>2012</td>
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</tr>
<tr>
<td>2012</td>
<td>Phi Kappa Phi Inductee, University of Mississippi</td>
</tr>
<tr>
<td>2007</td>
<td>Who’s Who Among America’s Colleges and Universities, University of Mississippi</td>
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<tr>
<td>2006</td>
<td>Chancellor’s Honor Roll, University of Mississippi</td>
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<td>2005/2006</td>
<td>Dean’s Honor Roll, University of Mississippi</td>
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<td>2003</td>
<td>Academic Excellence Scholarship, University of Mississippi</td>
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<tr>
<td>2003</td>
<td>Big Brothers/Big Sisters of America Mentor Scholarship</td>
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