

Engaging Students in Outreach as an Extension of Advocacy to Achieve Praxis

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## Abstract

The objective of this paper is to present procedures for extending advocacy to include outreach and the development of praxis for counseling students. By extending Freire's critical consciousness theory, the authors demonstrate how counselor training is enhanced by service learning outreach experiences guided by reflection and theory. The authors present recommendations for developing outreach and discuss future directions includes the development of research that investigates outcomes for students and follow-up community impact studies.

### *Engaging Students in Outreach as an Extension of Advocacy to Achieve Praxis*

It is well documented that service learning aids in student development by facilitating awareness and respect for individuals and communities outside of the mainstream (Barrow, 2008; Burnett, Hammel & Long, 2004; Goodman & West-Olatunji, in press; Hagan, 2004; Musucci & Renner, 2000). Recently, educators have incorporated advocacy and social justice in service learning. In counseling, scholars are employing an integrated approach in which individuals can be served in multiple settings and at multiple levels with an emphasis on prevention and advocacy (Lewis, Lewis, Daniels & D'Andrea, 2003).

It has been said that, “the discovery cannot be purely intellectual but must involve action; nor can it be limited to mere activism, but must include serious reflection: only then will it be praxis” (Freire, 2000, p. 65). Thus, education must shift from the classroom into the real world. However, in the duty of service, there is a danger that well-intentioned students can fall prey to activism rather than praxis. The purpose of this paper is to outline ways in which education is augmented beyond current advocacy efforts to include outreach experiences guided by self-discovery, critical reflection, and theory. Using critical consciousness theory (Freire), the authors provide recommendations for conducting outreach based on their experiences providing disaster response in the Gulf Coast following Hurricane Katrina.

### *Promoting Advocacy and Outreach*

Recent scholarship within the counseling field has recognized that advocacy is critical for addressing marginalization (Khamphakdy-Brown, Jones, Nilsson, Russell & Klevens, 2006; Savage, Harley & Nowak, 2005). In particular, school counseling has recognized the importance of advocacy within the school setting and with children (Bemak & Chung, 2005; Galassi &

Akos, 2004; Holcomb-McCoy, 2004; Trusty & Brown, 2005). As such, contemporary methods and counseling and counselor training must be used to advance this commitment to advocacy.

Including praxis in education allows students to become co-investigators and contributors to the learning process. Furthermore, praxis is a means for advancing liberation ideology, a crucial component in achieving multicultural competence and social justice (Ivey & Collins, 2003). As Freire (2000) proposed, education that engages students in practical application engenders a worldview that includes the sociocultural realities of people. Liberatory theory proposes that critical consciousness is developed through experience followed by reflection and action (Ivey & Collins). Ethnocentric monoculturalism, marginalization of people in the non-majority, and lack of cultural competence are reduced by liberation (D'Andrea, 2005). Advocacy that is executed without reflection fails to foster the development of critical consciousness. Service learning that is conducted with critical reflection and awareness can be a form of praxis.

#### *Counselor Education and Service Learning*

By combining outreach with advocacy, counselor educators can train students using service learning experiences. Service learning enables counseling students to develop clinical skills, including the ability to integrate theory and practice (Roysircar, Gard, Hubbell & Ortega, 2005; Arman & Scherer, 2002). Moreover, as a result of service learning experiences, students develop competencies with culturally diverse populations by engaging in reflection (Roysircar et al.). Service learning opportunities in which counseling students engage in advocacy and interact with diverse populations have been shown to increase multicultural counseling competence and reduce cultural bias (Barrow, 2008; Burnett et al., 2004; Goodman & West-Olatunji, in press; Hagan, 2004; Musucci & Renner, 2000). Finally, service learning leads to a personal

examination of bias and increased self-awareness, also essential to multicultural counseling competence (Arredondo et al., 1996).

Service learning allows for the engagement of students with a community. Collaboration between counselor and community is central to community empowerment (Pope-Davis, Breaux & Liu, 1997). Service learning enhances awareness and engagement with the community (Burnett et al., 2004), civic responsibility (Musucci & Renner, 2000), and social interest (Brigman & Molina, 1999). Counseling students participating in service learning experiences showed increased connection and closeness with the community (Roysircar et al., 2005). Finally, service learning allows community members to develop solutions for their own problems (Weah, Simmons & Hall, 2000), critical to community empowerment.

The pilot programs described herein exemplify the contemporary use of integrated methods in counseling. The outreach programs demonstrate how students were involved in advocacy and outreach for post-disaster counseling. The impetus for the involvement of students in this work is motivated by Freire's (2000) assertion that learning must attend not only to theory, but also to action. Thus the outreach projects were designed to engage students in advocacy, social justice, and reflection, all leading to the development of praxis.

#### *Pilot Outreach Projects*

The authors set out to investigate how counselor education could use service learning to lead students to praxis. Our first pilot project occurred in March 2006 and included seven psychology students who provided counseling services at an upscale, family-owned hotel located in the central business district of New Orleans. Many of the hotel personnel had not left the city since the Hurricane Katrina disaster in 2005. While in New Orleans, the team stayed at a local church that housed disaster relief workers and residents of the city. Additionally, this team was

able to make connections with a volunteer service agency and participate in the rebuilding efforts of family and community facilities. Five months later, a response team returned to provide follow-up services at the hotel for employees who had been served in March.

In the second pilot project, occurring in August 2006, a team of seven counseling students worked at a charter school serving pre-kindergarten through 8<sup>th</sup>-grade students. The school population, predominantly African American, had been reduced by approximately 150 students since Hurricane Katrina (Davis, 2006). The school sustained damage due to flooding following Hurricane Katrina, forcing it to close. In February 2006, the school was able to re-open in a temporary location where instruction continued through the first several months of the 2006-2007 school year, while the original building was being restored.

Students were introduced to the school community by participating in a professional development workshop led by the Dean of the College of Education at the local university that managed the school. The students met key stakeholders at the school, including administrators and social service workers. The stakeholders gave the team an orientation that included the school's history and current conditions of the school community. The team also delivered school supply donations from their university and local community.

Next, the outreach team began rapport-building with the school staff and teachers by facilitating discussions about concerns for the upcoming school year as well as personal and professional post-Katrina conditions. The team also participated in the school's parent orientation meeting, attended by approximately 150 parents. Team members were able to provide resources and consultation for parents and teachers concerning children's responses to trauma and appropriate interventions.

For the remainder of their service learning experience, students continued to discuss the effect of the disaster and address trauma-related concerns. Participants aided school personnel in relaying personal stories, an important aspect of post-trauma recoveries in which individuals receive support and validation (Herman, 1997). Conversations also focused on the use of the community's resources and support systems. Team members reinforced resilient coping behaviors and facilitated the ongoing use of local and national resources.

#### *Five Recommendations for Effective Outreach to Achieve Praxis*

Based on the outreach described above, effective protocols for outreach to achieve praxis were identified through dialectic engagement of student, faculty, and community participants. The protocols were organized into five distinctive categories: planning, partnering, attending to group dynamics, preparing the site, and establishing procedures. Planning is a crucial element of preparing an outreach endeavor and includes activities that focus on organizational detail. Based on the experiences of the two cases presented, planning includes two necessary elements: (a) assessing community needs, and (b) planning to orient and train participants. As previously stated, central to the concept of outreach is a commitment to advocacy and critical consciousness that results from collaborative discourse and reflection. As such, developing partnerships involves the pooling of resources and information and collaboration with the community. From the initial embarkation on the trip to the return trip home, group dynamics played an important role in the learning and service delivery aspects of the initiative. Attending to group dynamics addresses peer learning and group cohesion. Preparing the site focuses on understanding the community and preparing to enter the site. Finally, procedures may be developed for clinical protocols and participant reflection.

#### *Recommendation One: Planning*

First, planning to provide an outreach service involves assessing the needs of the community (Lewis et al., 2003; West-Olatunji & Watson, 1999). The needs expressed by the community will dictate the services that the outreach team will offer. In the case of the second pilot endeavor, the needs assessment was conducted by the local faculty member through interviews with key informants at the charter school. The concerns voiced by community members included: (a) meeting the needs of potentially traumatized children in the upcoming school year, and (b) managing their personal, ongoing stress in post-Katrina New Orleans. Community needs assessments are particularly important when serving marginalized groups that may not benefit from traditional counseling modalities (Khamphakdy-Brown et al., 2006). In working with marginalized communities, the needs assessment can ensure that the outreach team provides services that are useful to the clientele and not services that are based on misunderstandings of the community.

Next, planning involves training and orienting participants to the outreach philosophy, objectives, and plan. Using liberation theory, it is important to orient participants to the concept of collaborative empowerment in which community members are active participants in community healing and rebuilding (Ivey & Collins, 2003). Within this framework, outreach participants are not merely offering charity, but are engaged in a reciprocal process of empowerment and growth with the community that they are serving (Weah et al., 2000). Finally, as a part of training and orientation, outreach participants should develop an understanding of the cultural context in which the participants will be working, thus enabling them to provide culturally competent counseling services (Goodman & West-Olatunji, 2008; Kalayjian, 1994). Failure to understand the context can result in outreach participants aggravating community members' stress and further marginalizing the community.

### *Recommendation Two: Partnering*

Outreach endeavors may benefit from partnering in two primary ways. First, the resources from multiple service providers can be combined, thus allowing for greater service delivery (Watson, Church, Darville & Darville, 1997). Collaboration with other service providers can augment the primary institution's knowledge base and expertise. Given the expansion of the counseling profession from the traditional scope of practice (Lewis et al., 2003), it is likely that further partnerships will be advantageous as resources can be combined to increase service delivery to marginalized communities. In both pilot outreach projects, the teams secured support from within their own communities. In the second pilot project, the team secured partnerships with several university divisions that provided resources including supplies, transportation, lodging support, and liability insurance. Furthermore, to ensure diversity in the provision of mental health services available to the service recipients, team members were solicited from different professional backgrounds.

Collaboration with the community being served is a second area of partnership to address in an outreach project. The community counseling approach of open organizational structure outlined by Lewis et al. (2003), details a system in which service consumers and service workers consult and collaborate during the project. Within this framework, the community works in partnership with the outreach providers to create solutions (Nelson & Neufeldt, 1998; Weah et al., 2000). Additionally, an important element of collaboration is the integration with the local stakeholders, also resulting in empowerment for the service recipients (Kalayjian, 1994). Both disaster relief outreach projects presented in this paper approached community members as partners in a collaborative process by inquiring about current needs and working alongside community members while onsite. Thus, the team members worked to support the school's

strengths and resilience, resulting in empowerment of the community instead of reliance on the outreach providers.

*Recommendation Three: Attending to Group Dynamics*

Attention given to group dynamics is an important aspect of outreach service provision. First, group dynamics are central to the learning process of counseling students engaged in outreach (Goodman & West-Olatunji, in press). Peer learning occurs through processing with other group members and receiving feedback from peers. Burnett et al. (2004) aver that students can develop cooperative learning skills of giving and receiving feedback to create a dynamic, reciprocal learning process. Furthermore, it is crucial that counseling students reflect on their interactions with culturally diverse clients in order to develop multicultural competence (Roysircar et al., 2005). As the development of cultural competence was a key objective of the outreach projects, reflection and group processing was a priority throughout deployment. Group processing allowed students to share their experiences, receive feedback from peers and supervisors, and develop greater understanding of the experience.

Second, it is important to consider the varying ways in which group dynamics impact group cohesion (Yalom, 2005). Research suggests that homogeneous groups have greater group cohesion than heterogeneous groups, meaning that they are more attracted and committed to their group (Lieberman, Wizlenburg, Golant & Di Minno, 2005). However, diversity within the group is an asset as it provides the groups members with multiple knowledge bases and varying lenses through which to understand a community. Thus, it is critical that group cohesion be a focus of heterogeneous groups so that the multiple perspectives are respected and supported.

#### *Recommendation Four: Preparing the Site*

Preparing the site is a fourth area of attention critical to an outreach endeavor. First, the site is prepared through the assessment of needs developed by Lewis et al. (2003) as noted above. Additionally, site preparation involves gathering information through various forms of collaborative ethnography, in which the outreach team engages in discursive dialogue with the community (Lassiter, 2004; Suzuki, Ahluwalia, Mattis & Quizon, 2005; West-Olatunji & Watson, 1999). The community is the best source of information about a community (Vera, Daly, Gonzales, Morgan & Thakral, 2006); thus outreach member should solicit information from the community in order to understand the services needed and develop rapport with the community. Outside perspectives, including the media, may perpetuate stereotypes and misunderstandings of the community that can limit the effectiveness of the outreach.

Once the site has been prepared through inquiry, the second step is preparing to enter the site. Outreach participants should enter the community as partners to ensure that service providers will work collaboratively with service recipients (Weah et al., 2000). It is advisable that the outreach participants enter into the site through contact with a trusted member of the community in order to confer trust and credibility (Vera et al., 2006). Without credibility and trust, effective service provision will be difficult if not impossible. In the case of both pilot programs, the service providers were from outside of the community and therefore they entered the community through a person already known and trusted by the community. This person facilitated the needs assessment that was used by the teams to develop their outreach service plan. This person also served as the initial liaison between the community and the service providers, introduced the service providers, established their purpose, and developed trust.

### *Recommendation Five: Establishing Procedures*

The final recommendation for developing outreach endeavors is to establish procedures. First, clinical procedures outline service delivery and clinical interventions. The framework for clinical practice stated by Lewis et al. (2003) asserts that the ideal agents for solving the social, economic, and psychological problems of a community are the community members themselves. This tenet is echoed by Vera et al. (2006) who suggested that clinical interventions are most effective when counselors serve as facilitators seeking to empower community members by using a method that the community finds helpful. This perspective was used to frame the service provision during both outreach projects.

Second, the inclusion of reflection in the process of the outreach is important to the implementation of clinical procedures (Roysircar et al., 2005). Increased self-awareness is central to the development of multicultural counseling competencies (Arredondo et al., 1996). Therefore, attending to self-awareness and providing opportunities for individual and group reflection were important elements of the pilot projects. During this time, counseling students were able to share experiences, ask questions, and reflect on the events of the day.

### *Discussion*

In order to develop an effective outreach experience, it takes more purposeful preparation than simply offering the experience to interested students and locating a social service agency within the desired community (Lewis et al., 2003; Vera et al., 2006). Careful attention needs to be given to the selection of students, location of a site, and determination of the training, clinical, and research objectives. These considerations are crucial in the development of outreach experiences that allow students to engage in praxis.

### *Selection of Students*

Although many students may have the desire to acquire cultural competence, not all students are developmentally prepared for an outreach endeavor. In the cases presented, participating students were at varying levels of identity and counseling development which influenced their ability to conceptualize client issues as well as to intervene in a culturally competent manner. Additionally, faculty levels of cultural and clinical competence influenced the outcome of an outreach experience. Individuals at formative levels of identity development often have difficulty becoming self-aware and reflective about their experiences (Sue & Sue, 2003), skills that are key in advancing cultural competence.

In Helms' White Racial Identity model, the sixth status of development is characterized by social action (Helms, 1995). Similarly, the final stage of Racial/Cultural Identity Development (R/CID) model outlined by Sue and Sue (2003) is characterized by supporting all oppressed people. In both developmental approaches, the final stage/status involves commitment to advocacy and outreach that some students may have difficulty demonstrating during an outreach experience.

Student commitment is another important aspect of an outreach endeavor. Organizers of outreach projects can develop application protocols that assess student commitment. In the case illustrations provided, a complex and extensive application process allowed the organizers to assess various aspects of a student's background, training experiences, course completion, and dispositions.

Engaging in outreach also involves personal vulnerability and awareness that Sue (2003) asserts are parts of the process of overcoming racism. Sue argues that this sometimes painful process is a necessary condition to change, leading to a personal awakening and a willingness to

confront racism. As Freire (2000) noted, some students may not be ready to move from passivity to the active engagement integral to outreach and advocacy.

### *Selection of a Site*

When considering a site it is important to establish trust, select a particular approach for entry into a community, plan for a prolonged engagement, and evaluate ways to promote sustainability following the conclusion of the outreach experience. Coordinators of an outreach project may choose to connect with a community through a local or national social service agency, thus relying on that agency to describe the needs of the community. This assessment of the community's needs may be inaccurate and reflect a marginalized view of community members (Lewis et al., 2003; Vera et al., 2006). Therefore, it is beneficial to first locate a community representative and to discuss the results of any previously conducted needs assessment prior to confirming an identified site and service delivery agenda. Secondly, the organizers of a community outreach endeavor can consider the various techniques available for entering a community. The cultural values of the chosen community should be considered when selecting a technique.

After trust has been established, and the relationship has begun, it is important to consider what will happen at the conclusion of the outreach experience. Marginalized communities are familiar with temporary, episodic, and one-time engagements in their communities. Authentic praxis implies sustainability and prolonged engagement. Therefore, organizers of outreach experiences need to incorporate follow-up activities that are integrated into the outreach design and central to the needs of that community. In the cases presented, team members themselves returned to the sites and also engaged other resources to follow-up on the needs that were identified during the outreach endeavor.

### *Training, Clinical, and Research Objectives*

Concern for the training, clinical, and research objectives entails the development of substantial training experiences that allow for reflection and engagement that engender true praxis (Ivey & Collins, 2003). The coordinators of the initiative need to share the expected outcomes with community members prior to and during the outreach experience (Weah et al., 2000). This establishes an environment in which counseling students may develop critical consciousness. The various resources available on university campuses can support training experiences for students and faculty when embarking on outreach experiences. Given the research and clinical backgrounds of full-time faculty as well as clinical and adjunct faculty associated with the department, students can acquire significant knowledge and skill in areas related to trauma, multicultural counseling, group dynamics, and school counseling. Moreover, university services such as counseling centers, medical facilities, lab schools, and business or law faculty can enhance the pre-service training experiences for student participants. Some university services, particularly the service learning offices, can assist with organization, preparation, and evaluation.

Creating the outreach as a research endeavor fosters the concept of engaged scholarship and encourages advocacy among faculty. Collaborative engagement involves a reciprocal discussion and analysis of community needs (Lassiter, 2004). Therefore organizers of the outreach endeavors can partner with communities in the dissemination of the results of the outreach experience. Community members can post questions and provide recommendations for follow-up activities and provide feedback on their experiences with the outreach team. Prior to arrival of the outreach team, multiple communications between the outreach coordinators and community representatives help to shape a meaningful experience for all involved. Moreover,

frequent communication during the outreach experience can provide continuous quality improvement and quality assurance to maintain focused and appropriate service delivery.

By establishing the outreach endeavor as a research-embedded experience, faculty model advocacy coupled with outreach as a form of public scholarship and engagement for real-world solutions. However, this requires acknowledgment and support from upper level university administrators that faculty advancements can be tied to engaged productivity (Emihovich, 2005). When faculty engage students in praxis, a research collaborative is constructed in which learning occurs through discourse and critical reflection. By creating research clusters with other faculty and students, counselor educators can model critical consciousness for their students.

#### *Future Directions*

As faculty and practitioners begin to integrate outreach with advocacy, it is important that they document the outcomes of their outreach endeavors for student participants. Issues such as identifying effective methods for enhancing multicultural competence, training preparedness, group dynamics, and interdisciplinary collaboration skills have been identified as areas for investigation. Other areas may emerge as salient to clinical outreach following increased interest and involvement of counselor educators and supervisors. Such research exploration may inform the ways in which counseling programs are structured, how courses are taught, and where teaching and learning occur. Moreover, investigation into the optimum size of outreach teams, length of the outreach experience, and combination of multidisciplinary representatives would inform outreach practices. Additional research that explores the impact of outreach activities on the communities served would provide useful information for agencies, community organizers, and mental health practitioners. By partnering research with practice, outreach teams are ideally situated to engage in evidence-based practices in which they are responsive to the needs of

community members. Effective conventional as well as macro-systemic interventions can be evaluated to isolate and identify key components that are then replicated by locally-based partners. Moreover, results of research investigations can be disseminated to other communities that share similar issues.

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