

Advocacy Paper

NAME

GCN 792: Counseling Internship II

Alliance Graduate School of Counseling

Mental Health Counseling

ADVOCACY PAPER

Mr. R initially enrolled in the Bowery Mission Life Transformation Program (LTP) in September, 2017. Mr. R checked himself in to the program due to alcohol abuse following the loss of his job and the subsequent loss of his family's home. When Mr. R initially enrolled in the LTP, he met with a social work intern on a weekly basis for counseling. When that intern completed her internship hours and could no longer meet with Mr. R, Mr. R relapsed following a stressful conversation with his wife. Mr. R blamed a lack of counseling support for his relapse since no one was available to meet with him on a weekly basis.

Mr. R subsequently completed a detoxification program and re-enrolled in the LTP in September, 2018. This author began meeting with Mr. R on a weekly basis at that time. At the time of this writing, this author is two weeks away from finishing his internship. This advocacy plan was carried out to ensure Mr. R continues to receive adequate support and care from a counselor and/or social worker following this author's departure, in an effort to avoid relapse.

In an effort to advocate for Mr. R, this author spoke with his supervisor to ascertain whether or not a Bowery Mission employee could be assigned to Mr. R for continued clinical care in the coming weeks and months; however, this author's supervisor was unable to guarantee immediate continued in-house clinical care. As such, this author suggested providing a referral to Mr. R, so that Mr. R can coordinate counseling services with an outside organization as required. This author's supervisor

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provided this author with the name and contact information of the Director at Full Circle Health, a clinical services provider located in the Bronx, NY, to set up a referral.

This author called Full Circle Health and ascertained they would accept Mr. R's insurance. Then, this author spoke with Mr. R to gauge his interest in outside counseling services. Mr. R was very interested – especially since the visits would be covered by insurance and he would not have to pay out of pocket – so this author scheduled an intake session over the phone between Mr. R and Full Circle Health.

Toporek, Lewis, and Crethar (2009) describe various advocacy competency domains in an effort to provide guidance to counselors. This author engaged the “client empowerment” domain (Toporek et al., 2009, p. 267) by encouraging Mr. R to ask for continued clinical care for himself, even after this author's internship concludes. Toporek (2000) defined advocacy as, “...an action taken by a counseling professional to facilitate the removal of external and institutional barriers to a client's well-being” (p. 6, as cited in Ratts, Toporek, & Lewis, 2010, p. 6). As a Bowery Mission client, Mr. R has a right to receive the clinical services required for his well-being. Mr. R should fight to receive the services he needs, whether this author is present to advocate for Mr. R or not.

This author also engaged the “client advocacy” domain (Toporek et al., 2009, p. 267) by asking his supervisor for continued coverage for Mr. R, as opposed to relying on Mr. R to ask for clinical care himself. Toporek et al. (2009) note that the client advocacy domain is, “...especially significant when individuals or vulnerable groups lack access to needed services” (p. 267). Mr. R did not readily have access to the services he needed, so this author advocated for change on Mr. R's behalf.

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This author engaged the “community collaboration” domain (Toporek et al., 2009, p. 267) by finding a mental health services provider in Mr. R’s neighborhood, so Mr. R would not have to travel far to continue clinical services. Toporek et al. (2009) note that advocacy-oriented counselors often choose to partner with existing organizations in their community to provide optimal care for clients. By partnering with Full Circle Health – a well-respected organization that has helped numerous Bowery Mission clients – this author established partnership with a community organization in an effort to enhance Mr. R’s clinical care.

Finally, this student engaged the “public information” domain (Toporek et al., 2009, p. 268) by sharing his findings with the rest of the staff, as well as several clients, at the Bowery Mission LTP. Toporek et al. (2009) note that it is the advocacy-oriented counselor’s duty to “awaken the general public” (p. 268) to issues affecting human dignity. Several LTP clients expressed concern to this author that their clinical care might not continue once this author’s internship came to an end. As such, it was important for this author to make both program staff and participants aware of viable options for continuing clinical care.

Ratts et al. (2010) argue that advocacy sometimes means stepping outside of, “...rigid and often unyielding boundaries” (p. 3). This author ascertained that it might take weeks, or even months, for Mr. R to be assigned to a new counselor. In that time, Mr. R might be vulnerable to relapse. As such, this author found it necessary to suggest an alternative that would provide immediate coverage. The final outcome is that Mr. R will

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continue to have access to the counseling services he needs, and will be optimally positioned to avoid relapse going forward.

References

- Ratts, M.J., Toporek, R.L., & Lewis, J.A. (2010). *ACA advocacy competencies: a social justice framework for counselors*. Alexandria, VA: American Counseling Association.
- Toporek, R.L., Lewis, J.A., & Crethar, H.C. (2009). Promoting systemic change through the ACA advocacy competencies. *Journal of Counseling and Development, 87*, 260-268.