

# Consultation and advocacy essay sample



**ASSIGN  
BUSTER**

Advocacy is defined as a stress critical self-reflection on one's personal relationship to oppression within the socio-political context of the mainstream or dominant culture. Advocate counselors consider the role that their profession plays within the dominant culture, using direct action to facilitate social change (Moe, Perera-Diltz, & Sepulveda, 2010). Consultation typically involves action on behalf of a client through interaction with another professional consultee or someone else involved in the client's welfare (Moe, Perera-Diltz, & Sepulveda, 2010). Consultation is often used to conduct functional behavioral analysis, negotiating for resource access, and evaluating outcomes (Moe, Perera-Diltz, & Sepulveda, 2010). Both advocacy and consultation encourages counselors to act outside of the counselor/client interaction. The two may overlap by using basic counseling skills, problem-solving skills, by acting on behalf of the clients, and contextualizing client or student issues as a practice for both (Moe, Perera-Diltz, & Sepulveda, 2010).

Both advocacy and consultation can be looked at as being the same yet different. According to the article both consultation and advocacy encourages counselors to act outside of the client/counselor role. Both use basic counseling and problem solving skills and both act on behalf of the client. However, with advocacy you are taking action to promote change. This means the counselor going out into the community to promote change or speaking on behalf of the community/client. An advocate gets involved and does whatever it takes to make sure their client's needs are met and understood. A consultant meets with other professionals to see what needs to be done in order to assist the client or their family.

An advocate makes the client's voice heard by all and it gives the client a voice of their own. As I become a professional in mental health counseling, I see myself being more of an advocate. I would like to do more than just treat the client and discuss the client's options with another professional. I would rather be there for the client to speak for the client in order to see changes being made for the client and anyone else in the community going through the same thing. In most parts of the world mental health and mental disorders are not looked at the same way that physical health is. Only a small minority of people with mental disorders receives the most basic treatment and most become targets of stigma and discrimination (Advocacy for Mental Health, 2003). Barriers, Benefits, and Ethics

Barriers to mental health include but are not limited to the following: lack of mental health services; unaffordable cost of mental health care; lack of parity between mental health and physical health; poor quality of care in mental health hospitals; absence of alternative services run by consumers; paternalistic services; violations of human rights; lack of housing and employment; stigma; absences of programs for the promotion of mental health and the prevention of mental disorders in schools, workplace and neighborhoods; lack or insufficient implementation of mental health policies, plans, programs and legislation (Advocacy for Mental Health, 2003). A part of the issue is that not many people care about mental health advocacy and proposals are not receiving support from the general population at the national regional level. Advocacy has helped consumers make their voices heard and has allowed clients to show the real people behind the labels and diagnosis.

Advocacy helps children and adults build their self-esteem and confidence, contain feelings of well-being, enhance coping skills, the strengthening of social support networks, the improvement of family relationships, and helps parents make informed decisions regarding care for their children (Oliver & Dalrymple, 2008). It also helps allows young people to comprehend their situation more and to move forward with their lives (Oliver & Dalrymple, 2008). Clients are given someone to talk to and go to for help and advice on what to do. Clients and their families are able to reach out to or get in touch with other members on the community who are going through the same. Ultimately they are given a sense of security by helping them, and their families, know their rights and how to get resources and information (Wang, Mannan, Poston, Turnbull, & Summers, 2004). Ethical standards demand that counselors take on an advocacy role for the client. For example, if a counselor witnesses another professional exploiting or harming a client in some way, then the counselor has an ethical obligation to act on the client's behalf to confront the offending professional, and if necessary, to report the offending professional behavior to the ethical review boards of professional association and state licensing authorities. Advocacy counselors must also refrain from getting carried away during activist activities (Kiselica & Robinson, 2001). Case Study

Rebecca is a 16 year old female. She lives in a small suburban area and attends a Feildmont High School and lately Rebecca has been feeling like an outcast. Ever sense she's identified herself as being a lesbian Rebecca has been ridiculed and harassed. Rebecca is now showing signs of depression, her school work is declining, and she has recently begun cutting herself. As a

consultant, the counselor would talk to her parents and the school counselor to find out what the best course of action is for Rebecca. In speaking with her parents the counselor would be able to find out what Rebecca's behavior is like at home and how she spends her evenings. From the school counselor, Rebecca's mental health counselor can find out what Rebecca's school life is like, how she performs in class, and what her grades are like.

This will allow the counselor to conduct assessments and find ways for her to deal with her situation by creating an action plan. As an advocate the mental health counselor can go into the community and raise awareness. Students and their parents can attend meetings/seminars about bullying or even have bullying prevention classes. This will allow parents and students to learn about the stress and hardships that LGBT students go through. This will also allow Rebecca to have a voice and speak out in regards to her situation. This will allow people to see that regardless of her sexual orientation she is a person and she has feelings. Others will be able to see how damaging their words are and what type of harm this can cause. Hopefully a small change can be made within this community and its members can learn a little bit of compassion and understand that their actions can and will have consequences.

## References

Funk, M., Saraceno, B., Minoletti, A., & World Health Organization. (2003). *Advocacy for mental health: Mental Health Policy and Service Guidance Package*. Geneva: World Health Organization. Moe, J. L., Perera-Diltz, D., & Sepulveda, V. (2010). *Are Consultation and Social Justice*

Advocacy Similar?: Exploring the Perceptions of Professional Counselors and Counseling Students. *Journal for Social Action in Counseling and Psychology*, 2(2), 106-123. Oliver, C. M., & Dalrymple, J. (2008). *Developing advocacy for children and young people: Current issues in research, policy and practice*. London: Jessica Kingsley Publishers. Wang, M., Mannan, H., Poston, D., Turnbull, A. P., & Summers, J. A. (2004). Parents' Perceptions of Advocacy Activities and Their Impact on Family Quality of Life. *Research & Practice for Persons with Severe Disabilities*, 29(2), 144-155.