

Counselor Community Engagement Model Narrative Proposal

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Counselor community engagement (CCE) is a collaborative process whereby counselors and community members identify, plan, and execute strategies that promote wellness and human dignity within the community (Brubaker & Goodman, 2012; Fulton & Shannonhouse, 2014). In recent years, the number of CSI chapters and members working with their communities to provide services has increased. To support these efforts and help chapter members increase intentionality in responding to community needs, CSI developed the 10 Key Considerations for Counselor Community Engagement (CCE). Building upon these considerations, a *CCE Model for CSI Chapters* was developed to guide chapters in their CCE activities. Below, the background and underscoring of the philosophical underpinnings of CCE is discussed, along with the five-stage CCE model. Examples and visual depictions of the *CCE Model for CSI Chapters* are further provided as a guide for CSI chapters. CCE resources, a reference list, along with an annotated recommended readings list are also offered.

Background

Professional Counselors build upon the developmental nature of human growth to promote a positive state of well-being for all people (Myers & Sweeney, 2008; Sweeney, 2012). In order to promote the well-being of all persons, counselors must advocate for interventions that prevent crisis situations that contribute to homelessness, drug addictions, spousal abuse, adolescent suicide, elder abuse, etc. (Chang, Barrio-Minton, Dixon, Myers, & Sweeney, 2012). CSI members, therefore, are encouraged to work with their communities, *advocating for* individuals and groups, and *partnering with* service providers who also approach helping from a preventative, holistic, developmental framework. CCE activities may include both counseling and counseling related activities, as related to CSI chapters' capabilities, scope of practice, and ability to ensure adequate supervision. Counselor community engagement (CCE) involves listening to and learning from individuals, families, groups, organizations, and communities about problem issues (CSI, n.d.) which requires members to have (a) unique set of skills, (b) servant leadership philosophy, and (c) engaged chapter leaders.

Professional Counselors have a unique set of skills that enables them to view problem issues from the perspective of community members and understand complex social inequities that often contribute to clients' life challenges (Burnet et al, 2004). When conducting CCE, CSI members are encouraged to understand the multiple sources and factors that reinforce the assaults on wellness and human dignity (Brubaker & Goodman, 2012). This increased awareness has been found to foster an increased sense of agency, or desire to take action (Chang et al., 2009). Thus, CSI members are not only positioned to develop

purposeful and well-designed CCE activities, they also approach helping from a genuine desire to advocate for the wellness and human dignity of all people. However, leadership is needed in order to provide such intentional services.

CCE requires chapter members to develop certain qualities indicative of *servant leaders*, such as (a) concern and respect for the needs, ideas, and feelings of others (Lewis, 2012), (b) foresight, stewardship, and a commitment to the growth of others (Crippin, 2005; Greenleaf, 2008), (c) awareness of the contemporary world and openness to cultural diversity (Lee, 2012a). When servant leadership is present, others' highest needs are being served and they become "healthier, wiser, freer, more autonomous" (Greenleaf, 2008, p. 6). Further, servant leadership involves attending to those who are least privileged in society (Greenleaf, 2008); therefore, CCE is an opportunity for chapter members to intentionally respond to individuals with the highest needs.

Chapter leaders are charged to not only learn needs within their community, but also determine the interests, passions, and credentials of chapter members. This enables chapter leaders to effectively communicate with agencies about services that are feasible, while also protecting the university and counselor education program by operating within one's scope of care and legal and ethical codes (ACA, 2014). After services have been provided, chapter leaders engage members in debriefing. This includes communication with community partners to evaluate the effectiveness of the CCE (i.e. whether needs were met), as well as engaging chapter members in a reflective process that enables them to gain awareness, learn, and grow from their service experience. Through debriefing, *critical lessons are often learned that position chapter leaders to make adjustments in services provided*, to more intentionally respond to community needs in subsequent CCEs.

Because the philosophical principals of intentionality, leadership, wellness, advocacy, and generativity are challenging to implement, the development of a CCE model for CSI chapters has been proposed. The goal of the model is to clarify the process for chapter leaders to intentionally partner with their local, national, and international neighbors. CCE applies to counselors at all levels (e.g. counselors-in-training, licensed professional counselors, clinical supervisors, and counselor educators), across CACREP specialty areas such as clinical mental health, school, student affairs, marriage and family therapy, rehabilitation, substance abuse, etc.

Counselor Community Engagement Model

Intentional Counselor Community Engagement has five specific stages. The process begins by (1) *assessing needs of both* the CSI chapter members and needs within one's community, in order to intentionally select a community partner. Chapter members then (2) *develop an action plan* in order to effectively (3) *provide an intentional service*, which is followed by an (4) *evaluation of the*

service effectiveness. Then, (5) new knowledge about community needs often emerges. This new knowledge can either provide insight into more intentional planning for a second community engagement with the same community partner, or the realization that this CCE is complete and the knowledge can be used for CCE with a different community partner or project. Because there is varied progression possible within each stage, chapter leaders are needed to help guide chapter members through the stages. After each of the five stages are discussed, visual representations are provided, along with references for supplemental readings and links to additional CCE documents.

Stage 1: Needs Assessments

A CCE partnership can commence in one of two ways. Chapter members may (1) be interested in developing a partnership with a specific service provider (e.g. counseling agency, K-12 school, college, hospital, etc.) or (2) a CSI member or chapter may be approached with a request to provide a needed service. Regardless of how a CCE relationship is initiated, comprehensive reviews of both the service provider's needs and the chapter members' interests, abilities, and limitations are necessary. To the extent that the needs and resources of both parties are compatible, both may proceed towards a formal partnership.

Chapter Needs Assessment. A best practice for chapters prior to entering a CCE partnership is to conduct a chapter needs assessment. This will often save time and other resources evaluating projects that are not a good fit for the chapter and its members. Chapter leaders begin with a clear accounting of chapter resources and limitations. Resources may include skills, credentials, experience, interests, connections, and other assets (e.g. time, money, physical items). Limitations may include the lack of needed resources, ethical/legal (i.e. scope of practice), and institutional limitations (i.e. liability on the university or department level). Chapter leaders have reported disseminating surveys to learn the interests and passions of chapter members, while others have had open discussions in chapter meetings. An inventory of chapter members' interests and capabilities enables chapter leaders to intentionally select a community partner that chapter members are often invested in and charged to work with.

As the chapter considers the resources available, leaders may find opportunities to partner with faculty members on CCE activities, which may be used as class projects, field placements, or extra credit for student participation. The more clinical the services provided, greater restrictions (including supervision) and planning are required. It is the responsibility of the chapter to consider the academic context in which they reside and to adhere to all training requirements of their counseling program. Further, it is critical that chapter leaders consider the CACREP specialty tracks in their Counselor Education program when engaging members in discussion about potential partnerships. While some members might be interested in a particular clinical site (e.g. CMHC, MFT, and Substance Abuse tracks), School Counselors/Student Affairs/Rehabilitation tracks may be

left out. Chapter leaders intentionally consider the varied passions and interests of chapter members in this stage.

Identifying a Community Partner. Identifying a community partner is an intentional process and is often more challenging than it sounds, but it may be a natural outgrowth of the chapter needs assessment. By understanding the resources available to a chapter through its members, faculty, program and university, chapter leaders may better identify organizations and community members who have needs that fit well with chapter abilities and desired outcomes. Chapter leaders begin with preliminary research on problem issues in the local community and/or dialogue with stakeholders. Counselor preparatory programs often have existing relationships with local schools, programs on campus, counseling agencies, and community organizations that have needs that may be appropriately supported by CSI member services.

Counselor education faculty may have research interest related to particular challenges in the community (e.g. bullying, poverty, homelessness, self-injury, suicide, substance abuse, acculturation of refugees, parenting involvement, disabilities, autism, post-secondary education for minorities, etc.) and support chapter members' efforts by providing information about needs or a potential contact. Chapters have reported utilizing the *Center for Leadership and Service Learning*, or *Center for Civic Engagement* on their university campus to gain specific knowledge about community needs and service providers. Chapter leaders have reported that meeting with representatives from these departments were particularly helpful. Chapter leaders are encouraged to connect and correspond with resources on campus, and also explore resources within their department and program faculty.

Determining Mutual Compatibility and Initial Roles. Once the resources and needs of both chapter members and the overall community are understood, the CCE community partner/site is approached to determine if there is compatibility between the prospective partners. Chapter leaders must listen to and learn from the community leaders (e.g. school/agency representatives) about the services that are already being provided, and what needs currently exist. When chapter leaders understand problem issues and needs, they can begin to dialogue (with chapter members) about what the chapter can feasibly provide.

Both the needs of the community partner(s) and the resources the chapter has to offer are to be considered when beginning CCE. It is also important to recognize that needs are likely to change over time and circumstance, therefore assessing needs becomes an ongoing process. This is a very important stage, and ideally, the chapter and community are able to find mutual interests and synergies by combining resources. However, it should be noted that dissolving an emerging partnership at this stage may be deemed a success if it prevents efforts that will be futile or contentious because of disparate needs or the lack of resources to be successful. Relatedly, it may be determined that additional organizations are

necessary to join the collaboration in order to ensure its success. In this process, it is also important to discuss the roles of each organization and who will lead the project. In many cases, a chapter will be supporting or extending existing activities that are led by a community group. In other cases, it will be appropriate for the chapter to lead or for leadership to be shared equally. As there are commonly gatekeepers in a community that serve to protect the interests of its members, chapters will be well served by understanding that counselor community engagement may take years to develop fully, and that each project may build upon the last as the chapter earns credibility through its trustworthiness and sustained interest.

Conducting the initial needs assessments is often the most challenging part of the CCE; however, chapter leaders must understand the chapter and chapter members' interests and capabilities being brought to the CCE relationship prior to engaging in CCE action planning and service. If chapter leaders put forth the effort up front, the results are often powerful and can result in sustainable, generative partnerships that contribute to the wellness and human dignity of community members and simultaneously provide developmental opportunities for chapter members. Following are some initial considerations for needs assessments:

Chapter Needs Assessment Considerations:

1. Number of chapter members, supervisors, and faculty interested in participating
 - a. Will there be sufficient chapter members to provide the needed service?
 - b. What is the available supervision for these chapter members?

2. Scope of training
 - a. Are the majority of chapter members counselors-in-training?
 - b. Does the chapter include members who are post-masters (e.g. pursuing educational specialist, certificate of advanced studies, doctoral degrees) or professional members who hold licensure and could provide professional counseling services?
 - c. Are there members who hold previous experience or credentials/specialization (e.g. previous job as academic advisor, behavioral health provider, animal assisted therapy, providing rehabilitation services or working with those with disabilities, illnesses, etc.) that may be relevant to the potential services needed?

3. Finances/resources
 - a. What materials are needed for CCE? For instance, might chapter members need to advertise, develop flyers/brochures, provide food, meeting space, resource list, psycho-educational information

sheets (e.g. trauma symptomatology for different age groups), translation of materials into different language, etc.?

- b. Are there specific resources available to support childcare so adults can participate in the CCE (e.g. child care, toys, games, intentional activity book, child-centered play, play therapy, etc.)?
- c. How will such materials be provided?
- d. How will funds be secured? (e.g. chapter funds, grants, fundraisers, etc.)

4. Time limitations

- a. How much time per week (or month) could be realistically committed by chapter members?
- b. Are there limitations at specific times of year (e.g. between terms or during the summer)?
- c. Is it possible to engage chapter members in different counseling tracks simultaneously? For instance, school counselors might engage children (as they have particular skills in working with children), so adults can benefit from clinical services?
- d. Do chapter members have the availability and/or commitment required to establish a long-term community partnership?

5. Institutional limitations

- a. What are the expectations/limitations of the university and department (e.g. insurance or other risk management expectations which may need to be reviewed/approved by legal counsel, review of safety protocol, training or required release forms for member participants, supervision, etc.)?
- b. Does the project need to be approved by faculty or the department head?
- c. What documentation is required by the department (contracts, site supervisor forms with contact information, log sheets, etc.)

Considerations When Identifying a Community Partner:

6. Assessing the broader community needs

- a. What identified problem issues exist in one's communities that may be appropriately addressed by counselors, counselors in training, or counseling researchers?
- b. Where are there service gaps that appear to be unmet?
- c. Where are there opportunities to enhance current services through CCE?

7. Utilizing existing relationships

- a. What organizations have chapter members, faculty, supervisors, etc. partnered with in the past?
- b. What divisions/departments on campus might chapter leaders consult with about community needs?

8. Identifying community partners who are more likely to have compatible needs
 - a. What types of service providers (in the community) approach helping from a preventative, holistic, developmental framework?
 - b. What organizations have a history of working with student organizations or academic partners?

Considerations When Determining Compatibility:

9. Evaluating mutual needs
 - a. Which needs are most critical to both organizations?
 - b. To what degree have both organizations worked with other organizations and bring experience in doing so.
 - c. What strengths and limitations does each bring to the relationship in order to meet this need?
 - d. Do both organizations share common values? (e.g. diversity, wellness, etc.)
 - e. Are there other activities of either organization that are not compatible with one another?
 - f. Is there a need to bring in additional people or organizations to enhance the partnership?
 - g. Is this a need that should be addressed by professional counselors or would another group better serve these interests?
 - h. What is the role of professional counselors in addressing similar problems in other communities?

Stage 2: Action Planning

Once a verbal agreement has been established between the partners following the needs assessment, it is important to formalize the agreement. Drafting a formal letter of agreement between the chapter/university and the community partner articulating the details of this relationship is an important step for defining the roles of all involved. This is an opportunity to present the nature and scope of the services and counselor-training opportunity to a community agency, and helping chapter members understand how to engage in the community within the boundaries of their current training and competence. Defining the expectations of the community partner (e.g. provide advertising, space, etc.) and CSI members (e.g. psycho-education, support to K-12 students, workshops/advocacy within college context, working with or advocating for those with disabilities, program self-improvement based on outcome-oriented data, providing direct clinical services, etc.) enables chapter leaders to establish boundaries and intentions early. Counselor education departments will benefit from clear expectations for faculty supervisors as well. There may be opportunities for the CCE activity to grow into an academically supervised counseling field service (e.g. practicum or internship) experience. In such cases, the formal documents required by the counselor education program need to be included.

A letter of agreement is particularly useful over time, as leadership in both the chapter and community partner change from year to year. Often chapter leaders include a statement in the letter that allows for the relationship and services to be adjusted in the future and clearly state the dates in which the agreement will be in effect. Chapter members, the community partner, chapter faculty advisor, department chair, and university representatives (if applicable) sign the document, committing to work together and support the partnership. Resigning on an annual basis is a good idea.

Chapter leaders must then plan (with chapter members) how they will implement the agreed upon services. Often this requires multiple meetings to prepare. Chapters have reported (a) drafting an initial script explaining to the community members what counselors do, who they are, and the services they can offer, (b) creating handouts of trauma symptomatology at various ages (to have available if needed) for trauma-impacted communities, (c) making display boards with translations of symptoms in native language of refugee participants, (d) making power-point presentations on stages of acculturation, (e) drafting resource lists, (f) structuring activities for community members to identify strengths in each other, etc. Regardless of what CCE specific needs your CCE may have, you may consider the following:

1. Community partner
 - a. What is the mission, vision, and goals of your community provider?
 - b. Who is the identified population?
 - c. What services are currently being provided?
 - d. What services might be lacking and/or what is being requested? What struggles might the community partner have in responding to needs of community members?
 - e. What is the identified need or needs (e.g. food, clothing, educational programming, program development, research to support the services already being provided, stress/anger management, language training, services to children/parents, psycho-education, post-secondary education and academic affairs, resume writing, working with or advocating for those with disabilities, prevention services, clinical services, etc.)?
 - f. What resources are currently available (e.g. campus communications may be able to provide support to promote efforts or may provide guidance regarding use of logos, institutional name, etc.)?
2. Personnel and Resources
 - a. Who will participate?
 - i. Identify number and roles of participants from chapter and school/college/agency/hospital/or other community partner.
 - ii. If applicable, Identify details about population to be served – how many, what ages, what needs, limitations (space limits)
 - b. Training needs?

- i. Will chapter and/or community members need qualifications to participate?
 - ii. Will training be needed, how, when and where) will training be provided?
 - iii. Are there safety measures that need to be considered/conveyed?
 - c. Oversight and supervision?
 - i. Identify who is responsible for each aspect of oversight and/or supervision necessary. In some cases there may be parallel needs (supervision provided by/for chapter members as well as supervision provided by/for community partner)
 - d. What resources are currently available (e.g. campus communications may be able to provide support to promote efforts or may provide guidance regarding use of logos, institutional name, etc.)?
- 3. Materials
 - a. What materials are needed to provide the service? For instance, do you need an initial script describing counselors' roles and services, power point presentation for psycho-education purposes, handouts (e.g. symptomatology for certain disabilities, information regarding bullying, harassment, hazing, best parenting practices, etc.), resource list (e.g. what resources are there in the community to address the identified needs in addition to your chapter), display boards, activities, group work, strengths-based exercises, etc.)?
 - b. Who will prepare/buy/collect the necessary materials?
 - c. If they are to be bought, with what funds?
 - d. Where will materials be stored?
 - e. What will happen with material remaining after service (if applicable)?
 - f. How might the materials become a part of the Chapter's official documents for members to utilize in the future (e.g. blackboard site, chapter website, your membership site with CSI International, etc.)?
- 4. Letter of agreement
 - a. How might (or must) you involve the Chapter Faculty Advisor (CFA) in establishing a community partnership?
 - b. What are your expectations of the community partner?
 - c. What expectations does the community partner have of the CSI Chapter?
 - d. Consult CFA/Department and ask for support in drafting an official letter of agreement between the CSI Chapter/Counselor Ed. Dept. and the community partner?
- 5. Logistics/housekeeping
 - a. Is there training and/or supervision needed for chapter members prior to CCE?
 - b. Are chapter members aware of arrival time, place, duration of time spent conducting CCE, etc.?

- c. What transportation considerations are there (e.g. parking, site accessible by public transportation, accessible for those with disabilities, etc.)? Should chapter members' carpool?
- d. What documentation is needed? Consider logistics such as checklists of materials, anticipated attendees, role assignments; and capturing information throughout the process, such as actual attendance, resources utilized (or lacking), etc. Who is responsible for this record keeping and how/where will it be maintained?

A collaborative and intentional planning process fosters mutual investment and clear expectations to support the most successful service.

Stage 3: Service and Advocacy

After chapters have worked with their community partner to identify needs, signed a letter of agreement, and prepared to provide intentional services, they are ready to engage in the service. Providing services is surprisingly the least time consuming of the CCE process. Chapter leaders may consider positioning themselves to respond to chapter members when engaging in CCE. Often entry-level chapter members have questions or need guidance during engagement. Steps can be taken for more senior students to be paired with entry-level students. This enables peer-mentorship opportunities and learning to happen in the moment, while simultaneously providing intentional services.

Examples of service and advocacy projects include, but are not limited to:

1. Services and partnerships with K-12 school community
2. Service to university community members through on-campus projects and advocacy initiatives
3. Service to local counseling agencies (e.g. substance abuse, clinical mental health, aging, couple and family, refugees) by providing psycho-education to clients, assisting with services/outreach already in place, providing direct clinical services, and/or training or supervision to staff.
4. Charitable donations/fundraising, psycho-education, and clinical services with those who struggle with physical, mental, and or emotional disabilities or illnesses.
5. Advocating for clients and/or the profession through programs on local, regional, national, and international levels
6. Response to man-made, natural, and regional or international disasters (this may be in conjunction with national organizations such as the Red Cross or United Way). In instances of disasters, CSI members are encouraged to consult [CSI's Disaster Response Resources](#).
7. Research to provide support for, or evidence of the effectiveness of, services currently in place.

Stage 4: Evaluation and Reflection

Effort should be made to evaluate the impact of CCE on those served, the chapter as a whole, and individual chapter members. Again, there are a variety of ways in which this can be accomplished; CCE evaluation is often done through a combination of debriefings and surveys.

Debriefing chapter members after a CCE enables them to reflect on the service, and identify “lessons learned” for future service projects as well as personal growth. Through the process of debriefing how the engagement was experienced by Chapter members it is also possible that new needs arise that were previously unknown by the chapter or the community provider. Chapter leaders have reported particularly meaningful discussions they have then had with community providers, and some providers have even changed or added services as a result.

Intentional evaluation and reflection can be planned in advance through (a) structured debriefing, (b) casual dialogue over lunch/dinner, (c) post-engagement survey, etc. Possible inquiry may include:

1. Broad, open ended questions
 - a. What was that like?
 - b. Was that what you expected?
 - c. What did you learn about yourself? What did you learn about those served? What did you learn about the profession? Servant leadership? Your counseling track/specialization?
 - d. Were additional needs present that were not previously identified?
 - e. What worked? What was helpful?
 - f. What was the most enjoyable aspect of your participation? What was least enjoyable?
2. Questions assessing chapter’s preparedness
 - a. Were clear instructions provided for meeting location/service location?
 - b. Was sufficient guidance/support available from chapter leaders?
 - c. Were there adequate materials available?
 - d. Was there something that you needed (i.e. training) that would have been helpful to provide prior?
 - e. Is there something you may like to share about your feelings of preparedness that we did not ask you?
3. Questions for learning/future planning
 - a. Will you participate in a CCE like this in the future?
 - b. What would you suggest to improve for the future?
 - c. How might we restructure the service to be more intentional?
 - d. What would you suggest be maintained for the future?
 - e. What might you do differently next time?

- f. What new knowledge might need to be communicated back to the community partner?

Following up with the community partner should also be a part of this stage. This may be accomplished through (a) an in person meeting with chapter leaders, (b) an in person meeting with all who engaged in the CCE, (c) a phone call, or (d) written communication. The intention is to learn whether or not, and how well expectations were met, as well as to consider whether and how the relationship may continue. Feedback received from the partner(s) is most helpful when also shared with the participants, to further the reflection and learning of all involved.

Broadly, chapter leaders must engage in evaluation efforts to determine if objectives were met –for community, chapter, and member participants. Chapter leaders are also encourage to take steps to document what worked and what might be improved upon, either for future CCE with the same partner or general feedback for planning a different CCE in the future.

Stage 5: New Knowledge and Application of Learning

Utilizing knowledge learned from evaluation/reflection stage enables chapter members to become more intentional and effective in responding to community needs. It may be that the community partner/service was a good fit and action planning for the next opportunity is informed by feedback OR it may be that for any number of reasons the service did not meet expectations (e.g. lack of fit could be a result of insufficient supervision, conflicting goals of site and chapter, community needs not aligned with available resources, changeover of leaders on either the chapter side or community partner side interfering with succession planning, etc.).

In some cases, individual chapter members may utilize their CCE experience as a springboard to seek out service to their community as an integral component of their future work as a counselor. Chapter leaders can utilize the learning gained from the intentional CCE process to inform future engagement opportunities, and/or provide a guide for future chapter leaders in support of a smooth transition of chapter leadership, to enhance preparation for future engagement as well as to maximize benefits for all involved.

This step drives the cyclical CCE process (see Figure 2), creating the potential to lead to generativity of future CCE projects. Seeking intentionally to learn from each experience supports responsible and respectful engagement.

Counselor Community Engagement Resources

Chapters are encouraged to visit the web – choose Chapters in the left toolbar, select “Committees” and you’ll find [Counselor Community Engagement](#). The CCE page will provide you the [Ten Key Considerations](#) document and the [CCE Guidelines](#)

References

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Recommended Readings

- Baggerly, J. (2006). Service learning with children affected by poverty: Facilitating multicultural competence in counseling education students. *Journal of Multicultural Counseling and Development, 34*(4), 244-255.
 “The author defines and presents a rationale for service learning, provides procedures for implementing service learning with children affected by poverty, and describes methods of facilitating multicultural counseling competence. Examples are provided from a graduate counseling class that conducted group play therapy with 11 African American children at a community center.”
- Boyd, E. M., & Fales, A. W. (1983). Reflective learning key to learning from experience. *Journal of Humanistic Psychology, 23*(2), 99-117.
 “Reflective learning is the process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self, and which results in a changed conceptual perspective.”
- Burnett, J. A., Hamel, D., & Long, L. L. (2004). Service learning in graduate counselor education: Developing multicultural counseling competency. *Journal of Multicultural Counseling and Development, 32*(3), 180-191.
 “Service learning integrates classroom instruction with community service to enhance learning. This article describes the service-learning model used in a multicultural counseling course. The feedback received indicated service learning enhanced multicultural counseling knowledge, increased examination of cultural bias, increased community feelings of support, and resulted in a powerful learning experience for participants.”

Burnett, J. A., Long, L. L., & Horne, H. L. (2005). Service learning for counselors: Integrating education, training, and the community. *The Journal of Humanistic Counseling, Education and Development*, 44(2), 158-167.

“Community service, although closely aligned with service learning, differs in a significant way. Community service is volunteer work that aims to contribute to the welfare of others and to provide benefit to an organization and/or a community. However, community service does not require a structured learning process or linkage to an academic curriculum, nor does it require a focus on mutuality and collaboration. Community service may have educational benefits (e.g., teaching students to be socially responsible); however, it does not allow for structured time to process what students experience during service activities or for use of skills acquired in the classroom in real-life situations (Burns, 1998).”

Tomlinson-Clarke, S. M., & Clarke, D. (2010). Culturally Focused Community-Centered Service Learning: An International Cultural Immersion Experience. *Journal of Multicultural Counseling and Development*, 38(3), 166-175.

“An immersion training model is described that incorporates culturally focused community-centered service in South Africa as an experiential learning approach. Recommendations for developing international cultural immersion training with a goal of developing cultural competencies are suggested.”