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Pepperdine University

Graduate School of Education and Psychology

ADVOCACY EDUCATION FOR PSYCHOLOGY GRADUATE STUDENTS: A CURRICULUM FOR PROFESSIONAL ADVOCACY IN PSYCHOLOGY

A clinical dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Psychology

by

Tracey Wheeler

November, 2019

Robert deMayo, Ph.D. - Dissertation Chairperson

This clinical dissertation, written by

Tracey Wheeler

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

Doctoral Committee:

Robert deMayo, Ph.D., Chairperson

Lisa Osborn, Psy.D.

Carrie Castañeda-Sound, Ph.D.

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To my family, who's encouragement, support and understanding have made it all possible. Thank you for sticking with me on this winding road and loving me through it. Thank you to my parents for raising me to believe that I could follow my dreams and become a doctor, and to always be a strong woman. A special thank you to my sister for always knowing when I needed to be challenged and always having the words that I needed to hear to get me through my darkest days. I could not have gotten through this without you.

To all my friends and the strong women in my life who have been incredibly supportive. Your passion and wisdom inspire me every day, and you have facilitated my growth personally and professionally through your belief in me. Our circle of womben has given me a new and different kind of strength, for which I am forever grateful.

VITA

EDUCATION

Doctor of Psychology in Clinical Psychology **December 2019**
Pepperdine University (APA accredited)
Graduate School of Education and Psychology
Los Angeles, CA

Master of Arts in Psychology **December 2011**
Pepperdine University
Graduate School of Education and Psychology
Los Angeles, CA

Bachelor of Arts in Psychology (Cum Laude) **May 2007**
Columbia University
New York, NY

CLINICAL EXPERIENCE

Therapy Assistant
Red Dunn Ranch November 2018- August 2019
Houston, Texas
Supervisors: Dr. Beverly Walsh, Ph.D., Dr. Laurie Baldwin, Ph.D.

- Assist with Equine-Assisted Psychotherapy groups for adults and adolescents in substance abuse recovery programs
- Utilize an experiential therapy format and neurobiological-attachment based approach
- Lead experiential growth and learning workshops for adult women

Therapist in Residential Treatment
Harris County Juvenile Probation Department September 2017- August 2018
Houston, Texas
Supervisors: Dr. Danielle Madera, Ph.D., Dr. Nicole Dorsey, Ph.D

- Conduct psychological treatment in a county correctional setting for child and adolescent males involved in the juvenile justice system
- Provide individual, group and family psychotherapy services for post-adjudicated youth in both drug treatment units and mental health units
- Coordinate treatment services to target treatment needs while detained, as well as aftercare for reentry into the community
- Utilize an integrated developmental trauma lens to identify treatment needs and approaches for clinical presentations, such as mood symptoms, trauma, behavior difficulties and neuro-biological dysregulation
- Collaborate with other professionals and departments on a daily basis for intervention planning and implementation, case management, and coordination of psychotropic medication treatment

- Provide treatment information to the court system in the form of testimony or written summaries as needed for legal proceedings
- Provide supervision and training to practicum students related to psychological treatment in a forensic setting

Psychology Intern (APA Accredited)
Harris County Juvenile Probation Department August 2016- July 2017
Houston, TX
Supervisors: Dr. Nicole Dorsey, Ph.D., Dr. Connie Nelke, Ph.D., Dr. Uche Chibueze, Psy.D., Dr. Alex Tellez, Ph.D.

- Conduct psychological assessments in a forensic setting with children and adolescents involved in the juvenile justice system
- Perform evaluations of cognitive abilities, emotional and personality domains, psychodiagnostics, level of risk, and areas of need for rehabilitation
- Collaborate with other professionals in the juvenile justice system to coordinate rehabilitation services, provide recommendations to court proceedings, intervention planning during detainment and in the community, and reentry planning for successful transitions back to the community
- Provide psychotherapeutic services for pre-adjudicated detained youth, including evidence-based treatment approaches for trauma, mood symptoms, behavioral difficulties, and maladaptive interpersonal patterns
- Maintain clinical duties related to the human trafficking specialty court including assessing candidacy, writing clinical plans, case management, and coordination of wrap-around services from a trauma-focused lens
- Continue development of clinical skills and professional identity through participation in weekly didactics, scholarly journal hours, and forensic research team
- Provide supervision and training to practicum students related to psychological assessment in a forensic setting

Clinical Psychology Extern
Metropolitan State Hospital September 2015- July 2016
Norwalk, CA
Supervisors: Dr. Alisa Lite, PsyD., Dr. Dae Lee, PsyD.

- Conduct psychological assessments in a California State Hospital with adults involved in the criminal justice system, specifically mentally-disordered offenders, individuals found not guilty by reason of insanity and individuals found incompetent to stand trial
- Perform evaluations of cognitive abilities, psychodiagnostic and personality domains, both cognitive and psychiatric exaggerating of symptoms, as well as potential for restorability to competency to stand trial
- Write assessment reports and recommendations pertaining to competency rehabilitation, psychological treatment needs, and risk assessment
- Develop skills in scoring, interpreting and integrating the following assessment measures: WAIS-IV, WASI-II, RBANS, WRAT-4, Rey 15 item, Dot Counting, TOMM, MMPI-2, PAI, MCMI-II, M-FAST, SIRS-2, Rorschach
- Provide individual therapeutic services to adults residing in an inpatient state hospital facility

- Utilize an evidenced-based psychotherapeutic approach incorporating skill-based techniques to address criminal behavioral and substance abuse patterns, coping with psychotic symptoms, and increasing self-efficacy, with the goal of increasing ability for increased independence and safe incorporation into the community
- Attend treatment planning meetings and collaborate with unit treatment teams for individual assessments including psychologists, psychiatrists, social workers, nursing staff, and psychological technicians
- Attend weekly didactics focused on forensic assessment
- Manage scheduling and coordination of evaluations, as well as clinical documentation

Clinical Psychology Extern/therapist August 2014- August 2015
Ventura Youth Correctional Facility
Camarillo, CA
Supervisor: James Morrison, PhD.

- Provided individual therapeutic services to incarcerated males, ages 16-24, residing in a California State Juvenile Justice system
- Conduct, score, and interpret cognitive and personality assessments including: K-BIT 2, PAI, PSI, RBANS, SASSI, Connors 3, CAARS, MACI, TSI/TSCC, HTP
- Formulated accurate and appropriate diagnoses following DSM-5 guidelines
- Generated case formulations theoretically-based in cognitive behavioral framework, including background and etiology, presenting problem and targets of treatment, and response to interventions
- Targeted ongoing difficulties related to substance use, aggression, and academic problems
- Used empirically-supported interventions to address traumas, symptomology, and stressors contributing to criminal thinking patterns and antisocial behavior
- Provided rehabilitation services to facilitate wards' reentry into society and reduce recidivism
- Strengthened the decision-making skills as well as emotion regulation and coping skills
- Attended board hearings and meet with parole agents to monitor and assess youths' progress
- Collaborated with multidisciplinary team of professionals, including psychologists, teachers, social workers, psychiatrists, and parole officers
- Facilitated weekly psychotherapy groups for incarcerated youth on topics related to commitment offense, victims awareness, substance abuse, relapse prevention, stress reduction, anger management, crisis intervention, life skills, and criminal thinking
- Provided evidenced-based treatment psychoeducational and process groups, including CBT for substance abuse

Clinical Psychology Therapy Extern
Pepperdine West LA Community Counseling Center January 2014- June 2016
West Los Angeles, CA
Supervisors: Dity Brunn, PsyD., Carol Falender, PhD.

- Provide adult psychotherapy services to culturally and socioeconomically diverse clients in a community clinic setting

- Conducted individual therapy from a Psychodynamic, Humanistic and Cognitive-Behavioral orientation to promote the completion of treatment plan goals
- Manage scheduling, intake evaluations, and client case files including administration and scoring of outcome measures such as the Beck Depression Inventory, the PHQ-9 and the Outcome Questionnaire to assess therapeutic progress
- Conduct weekly crisis monitoring through use of the Columbia Suicide Severity Rating Scale (C-SSRS) measure

Clinical Neuropsychology Extern
LAC + USC Medical Center September 2013- August 2014
Los Angeles, CA
Supervisor: Nora Jimenez, PhD.

- Conducted neuropsychological assessments on adults ages 18-80, mainly underserved populations with limited access to healthcare
- Evaluated cognitive and neurological functioning of individuals suffering from epilepsy, memory loss, dimentia, and other cognitive difficulties
- Assessed cognitive functioning of epileptic surgical candidates pre and post surgery
- Utilized the following assessment tests: WAIS-IV, WASI-III, WMS-III, RAVLT, CVLT, Rey-O Complex Figure test, Rey 15-item test, Rey 15 word test, BVLMT, RBANS, Trailmaking Test, Stroop Test, Grooved Pegboard Test, Dot Counting Test, FAS/Animals Test, Boston Naming Test, BDI/BAI, GMI
- Also conducted emotional and psychological evaluations, utilizing the MMPI-II
- Independently scored data and wrote comprehensive neuropsychological assessment reports to be used in a medical setting

Clinical Psychologist Therapist Extern September 2012- December 2013
Children of the Night Program/Pepperdine Encino Community Counseling Center
Encino, CA
Supervisors: Anat Cohen, PhD., Anett Abrahamian, PsyD.

- Conducted psychotherapy services to adolescents who are victims of the human trafficking
- Formulated diagnosis and treatment for adolescents with severe and complex trauma history
- Addressed crisis situations and taking crisis phone calls on a regular basis
- Specialized in high-risk cases, addressing crisis situations on a regular basis, including crisis phone calls and coordinating ongoing crisis management with residential staff
- Utilized therapy dog as an adjunctive therapeutic tool in individual sessions to facilitate tolerance and processing of emotional states

Clinical Psychologist Therapist Extern September 2012- December 2013
Pepperdine Encino Community Counseling Center September 2011- March 2012
Encino, CA
Supervisors: Anat Cohen, PhD., Anett Abrahamian, PsyD.

- Provided child, adolescent, adult, and family therapy to culturally and socioeconomically diverse clients in a community clinic setting

- Provided child and adolescent psychotherapy in school-based settings, with varying socioeconomic backgrounds (Lanai Elementary School and Canoga High School)
- Conducted individual therapy from a Psychodynamic, Humanistic and Cognitive-Behavioral orientation to promote the completion of treatment plan goals
- Managed scheduling, intake evaluations, and client case files including administration and scoring of outcome measures such as the Beck Depression Inventory, the PHQ-9 and the Outcome Questionnaire to assess therapeutic progress; additionally, acts as on-call therapist to entire clinic

Clinical Extern/Therapist
Stand In Balance September 2012- August 2014
Thousand Oaks, CA
Supervisor: Vallerie Coleman, PhD., PsyD.

- Co-facilitated equine-assisted experiential groups focusing on self-exploration and discovery of interpersonal dynamics, action-oriented change in maladaptive patterns and somatic/embodied mindfulness for the following populations and areas of focus: adult and adolescent substance abuse recovery programs, increased self-esteem and empowerment, embodied mindfulness, and increased awareness and balance
- Co-lead an ongoing group for an adolescent residential treatment program incorporating a strengths-based approach into the experiential format
- Provided child, adolescent and adult individual therapy in an equine-assisted, experiential format used both as primary and adjunctive psychotherapy; dealing with presenting problems such as: mood disorders, trauma, and characterological issues
- Focused on an integrated therapeutic approach for children and adolescents age 11-15
- Assisted in running psychoeducation workshops and "open barns" exploring the foundation and unique benefits of equine-assisted learning and therapy
- Created, organized, and lead a 4-part workshop for developing clinicians focusing on increased therapeutic awareness, clinical confidence and utilization of strengths

OTHER CLINICAL EXPERIENCE

Clinical Extern
The Center for Well-being January 2011- May 2011
Los Angeles, CA
Supervisor: Stephanie Mihalas, PhD.

- Assisted clinically in therapy sessions for children with behavior and emotional disorders
- Helped with administrative tasks of private practice
- Worked on and presented school bullying interventions

Residential Counselor
Northeast Family Institute Hospital Diversion Program April 2009-June 2010
Winooski, VT
Supervisor: Amy Bielawski-Branch, MSW

- Worked with adolescents (11-18 years old) in psychiatric crisis in short-term residential facility using multiple theoretical approaches
- Maintained strict supervision for safety, along with a behaviorally structured schedule

- Created and ran therapeutic groups, including Cognitive-Behavioral tasks, unstructured group processing, and coping and relaxation strategies
- Performed one-on-one processing with clients of emotions, traumas, and issues; escalation intervention with extreme anger, sadness and anxiety, and self-injury; and facilitated family communication and reparation
- Also responsible for client intakes with their families during time of crisis and residential log notes of clients' progress

Residential Counselor
Lamoille County Mental Health Group Home March 2008- May 2009
Johnson, VT
Supervisor: Lynn McDermott

- Facilitated a therapeutic and supportive living environment for adults with severe and chronic mental illness in long-term residential care
- Mainly older adults with a form of Schizophrenia, one with Borderline Personality Disorder
- Provided behavioral structure combined with one-on-one support
- Recorded residential log notes

Program Director, Therapeutic Instructor
Rydervale Stables Therapeutic Horseback Riding Program March 2008- March 2009
Morrisville, VT

- All administrative and clinical aspects of therapeutic program for children/youth with mental and emotional disabilities
- Recreational instruction combined with social interaction and cognitive tasks for two young children with autism
- Recreational instruction combined with building self-esteem and physical comfort for two adolescent girls with emotional and behavior instability, one with a sexual trauma history
- Emphasized behavioral boundaries with all clients

Therapeutic Instructor
Pony Power of New Jersey May 2006- May 2007
Mahwah, NJ
Supervisor: Dana Spett, MSW

- Recreational horse-back riding instruction for children with mental, emotional, and physical disabilities
- Focus mainly Autism Spectrum Disorders, Oppositional-Defiant Disorder, and Traumatic Brain Injuries
- Improve emotional stability, cognitive ability, social skills, and physical strength
- Helped run summer day camp for children with developmental disorders

COMMITTEES AND ELECTED LEADERSHIP POSITIONS

Advocacy Chair July 2014- June 2015
California Psychological Association for Graduate Students (CPAGS)

- Responsible for all aspects of advocacy in clinical psychology, including dissemination of current information and providing opportunities for involvement of the CPAGS members
- Run the Advocacy Committee, including organization and delegation of tasks
- Officer of the CPAGS executive committee
- Serve on the California Psychological Association (CPA) Government Affairs Committee
- Plan and organize the CPAGS Student Leadership and Advocacy Conference
- Organize student attendance and participation in CPA Leadership and Advocacy Day at the capitol in Sacramento, as well as the annual CPA PAC fundraiser

COMMITTEES AND ELECTED LEADERSHIP POSITIONS (Cont.)

2014 CPAGS Student Leadership and Advocacy Conference Chair

- Organized all aspects of conference planning
- Selected theme of *"Collaboration in Advocacy for Psychology"* and planned schedule for conference
- Selected and recruited conference speakers, including prestigious psychologists working in political domains
- Coordinated location of conference, logistics and meal planning
- Recruited sponsorship of student attendance from CPA divisions and chapters
- Organized student registration and coordination of travel
- Day-of-event host and point person

Committee Member June 2012- July 2016
Los Angeles County Psychological Association (LACPA) Government Affairs Committee
Los Angeles, CA

- Contribute regularly in formulating and coordinating professional advocacy events that encourage involvement for local Los Angeles psychologists and psychology graduate students
- Write articles on topics of professional advocacy for publication of LACPA
- Authored presentation in use by Los Angeles County Psychological Association Government Affairs Committee at psychology graduate programs in the greater Los Angeles area, including California School for Professional Psychology (November 2012) and Pepperdine University Graduate School for Education and Psychology (Summer 2014)

Campus Representative and Advocacy Committee Member May 2013-June 2014
California Psychological Association for Graduate Students (CPAGS)

- Provide information and guidance to Pepperdine students regarding membership and upcoming events with CPAGS
- Helped coordinate, plan, and organize CPAGS Student Leadership & Advocacy Conference, as the on-site 'point person'
- Chair the Education sub-committee of the Advocacy Committee

PUBLICATIONS

deMayo, R. & **Wheeler, T.** (2014). *Teaching advocacy in graduate schools of psychology.* Los Angeles Psychologist, publication of the Los Angeles County Psychological Association.

Wheeler, T. (2013). *The importance of advocacy training in psychology graduate education.* Los Angeles Psychologist, publication of the Los Angeles County Psychological Association.

Wheeler, T. (2012). *The citizen psychologist.* Los Angeles Psychologist, publication of the Los Angeles County Psychological Association.

CONFERENCE PRESENTATIONS

Wheeler, T. & Baron, A. (August, 2014) *Creating Citizen Psychologists: The Rationale and Model for Advocacy Education of Psychology Graduate Students.* Annual American Psychological Association, Washington, D.C.

Barnow, Z., Liu, M. & **Wheeler, T.** (April, 2014) *Student Awareness, Membership, and Participation in CPAGS: What Are the Motives and Barriers?* Annual California Psychological Association, Monterey, California.

Bowdren, M. & **Wheeler, T.** (July, 2013) *The need for advocacy in professional psychology*. Annual American Psychological Association Convention, Honolulu, Hawaii.

PROFESSIONAL PRESENTATIONS/ COMMUNITY OUTREACH

Therapy Case Presentation: Utilizing Relational Techniques in the Juvenile Justice System for Narcissistic Personality traits June 2017

- Presented a therapy case to Forensic Friday collaborative conference of Forensic departments of Harris County Juvenile Probation Department and University of Houston

Advocacy Competency in Professional Psychology
Osborn, L. & **Wheeler, T.** June 2015

- Guest lecture to first year psychology doctoral students at Pepperdine University
- The basics of advocacy in professional psychology, increasing understanding for the need of advocacy, skills for advocacy
- Provide information and avenues for involvement in professional advocacy

What it takes to be a great LAN rep- LACPA's GAC
Wheeler, T. & Laramie, D. March 2015

- Speaker at *California Psychological Association Leadership and Advocacy Conference*
- Strategies for increasing collaboration between Local Advocacy Network Representatives and their respective local psychological associations
- Strategies for mentoring students to become involved in professional advocacy and leadership

Advocacy Competency in Professional Psychology
Wheeler, T. & Osborn, L. November 8, 2014

- Featured speaker and host of the *CPAGS Student Leadership & Advocacy Conference*
- The basics of advocacy in professional psychology, increasing understanding for the need of advocacy, skills for advocacy
- Gathered feedback data on presentation in preparation for formulation of material into academic lecture

Joining Together: The Collaborative Aspects of Advocacy and Leadership
Wheeler, T.
Pepperdine University November 16, 2013

- Featured speaker at the *CPAGS Student Leadership & Advocacy Conference*
- The importance of collaboration and teamwork in student leadership and advocacy work
- Utilizing work in the realms of professional leadership and advocacy to exemplify collaboration as an essential element of student leadership

PROFESSIONAL PRESENTATIONS/ COMMUNITY OUTREACH (Cont.)

Advocacy: Graduate Student Workshop
Wheeler, T., Bowdren, M., Peck, J. A., & Osborn, L. (2012). *Advocacy Competency in Professional Psychology*.

- Educating psychology graduate students in areas of advocacy competency for psychologists, specific avenues for involvement in advocacy, and advocacy skill sets of psychologists

Anti-bullying presentation for students
Lanai Elementary School January 17, 2012
Presented psychoeducational material regarding the definitions and effects of bullying to 4th and 6th grade students

Bullying and Aggression: workshop for TA's
Pressman Academy February 18, 2011

- Assisted in presenting psychoeducation regarding bullying and aggression
- Assisted in discussion of and training teacher's assistants with strategies for preventing and handling bullying and aggression

RESEARCH EXPERIENCE

Advocacy Education for Psychology Graduate Students: A Curriculum for Professional Advocacy in Psychology
Wheeler, T. & deMayo, R. (Dissertation chair)
Pepperdine University

- Developed and evaluated a graduate-level curriculum in professional advocacy to address education and training needs for psychology graduate students

Research Assistant
Dr. Stephanie Mihalas' Research Lab January 2011- May 2011
The Center for Well-being
Los Angeles, CA

- Researched school bullying interventions and pedagogy in graduate study settings
- Reviewed literature and assisted in coding qualitative material recording 4^{th}-6^{th} graders experiences regarding bullying

Research Assistant
Dr. Geraldine Downey's Research Lab August 2005- May 2006
Columbia University
New York, NY

- Conducted research on Rejection Sensitivity
- Conducted measures on participants
- Data entry and analysis
- Administrative and organization duties

TRAININGS AND CERTIFICATIONS

24-hour Attachment and Trauma Congress: The Neurobiology of Healing (October 2017)
16-hour Trauma Competency Conference: The Core Competencies and Treatment Strategies for Trauma, PTSD, Grief & Loss (May 2017)
4-hour Dynamics and Treatment of Juvenile Sex Offenders Training (May & June 2015)
24-hour Cognitive-Behavioral Therapy for Substance Abuse Training (December 2014)
24-hour Employee Training for California Juvenile Justice Department (August 2014)
10-hour Trauma-Focused Cognitive-Behavior Therapy Training
8-hour Normative Model/Approach (in a residential setting) training
8-hour Non-violent crisis intervention and prevention training
21-hour Equine Assisted Growth And Learning Association Mental Health Specialist training Part I
21-hour Equine Assisted Growth And Learning Association Mental Health Specialist training Part II

- Certified EAGALA Mental Health Specialist, (as of) February 2013

16-hour Professional Association for Therapeutic Horsemanship Registered Instructor training

- Certified PATH Registered Therapeutic Riding Instructor, since June 2007

20-hour Horses for Healing workshop

Certified Delta Society therapeutic dog pair (myself and my dog), since August 2010

PROFESSIONAL ASSOCIATIONS

Texas Psychological Association, member since 2017
American Psychological Association, member since 2006
    Divisions: American Psychology-Law Society, Psychologists in Public Service
California Psychological Association, member 2011-2016
    Divisions: Clinical Practice, Education and Training, Public Service, Diversity and Social Justice
Los Angeles County Psychological Association, member 2010-2016
American Psychoanalytic Association, member since 2012
Equine Assisted Growth and Learning Association, member since 2011
Professional Association of Therapeutic Horsemanship, member since 2006
Equine Facilitated Mental Health Association, member since 2006
Delta Society Pet Partners, member 2010

AWARDS & SCHOLARSHIPS

California Psychological Association Student Advocacy Award 2014-2015

Colleague's Grant 2013-2014
Pepperdine University Graduate School of Education and Psychology 2012-2013
2011-2012
2014-2015

General Studies Scholarship 2005-2006
Columbia University
Merit-based scholarship

ABSTRACT

The aim of this dissertation was to synthesize information from the empirical literature, psychology professional organizations and other relevant sources into a graduate-level curriculum for education in professional advocacy for psychology. Professional advocacy practices, such as public policy and legislative involvement, are necessary to protect and grow psychology's place in the healthcare system, funding for psychological research and access to services for the public. Remarkably low involvement by psychologists in advocacy is theorized to be due to a lack of training, awareness and professional values related to advocacy. This dissertation proposes that graduate school education is an optimal and effective way to address this training need, and, thus, the advocacy curriculum is designed for a semester-long course in a psychology doctoral program. The curriculum addresses knowledge gaps in understanding the public policy process as related to psychology, builds skills for professional advocacy and provides detailed structure and content to decrease potential implementation problems. Three psychologist experts in professional advocacy evaluated the curriculum, providing feedback regarding its content, design and utility. Preliminary evaluation of the curriculum found it to be a thorough and comprehensive foundation for understanding professional advocacy, which could be further enhanced with more specific examples, additional activities and engagement with professionals involved in advocacy. Future directions are discussed, including the importance of curriculum implementation and psychology doctoral education requirements in learning professional advocacy.

Chapter I: Introduction and Review of the Literature

Introduction

Compared to all other fields in the health profession, participation in professional advocacy by psychologists is remarkably low, to the detriment of practitioners, to those we serve, and to the strength of our profession as a whole. A contributing factor to this low level of participation is likely the lack of advocacy training in most current graduate programs in psychology, and such training might remedy this relatively low level of participation. By instilling in graduate students an understanding of advocacy as the driver of public policies - policies which determine the place of psychologists within the larger health care system, funding for psychological research, and access to services for the public - a professional identity that values advocacy can be cultivated.

Professional advocacy for psychology consists of involvement in the public policy process and taking on related roles. This engagement can take many different forms, including but not limited to: direct lobbying for specific policy outcomes; providing expertise and information to policy-makers; developing relationships with policy-makers and other stakeholders, and taking leadership roles in regulatory bodies. Currently, most positions in the three branches of government are held by individuals with law and business backgrounds, with limited expertise and knowledge in health care and scientific research (DeLeon & Kazdin, 2010).

The need for professional advocacy is well documented as it relates to public policy's impact on psychological practice and research. Organization, finance and delivery of psychological services are directed by public policy (Lyons et al., 2015). Psychological practices, training and research occur in a larger framework of policies, regulations, systems and

institutions. Given the impact of public policy on the practice of psychology, advocacy is, in fact, within psychology's scope of practice (Levant et al., 2001).

The viability of the field of psychology is dependent on advocacy, and, yet, there is a marked difficulty of engaging psychologists in professional advocacy. The foremost reason for low involvement by psychologists in professional advocacy is lack of training and exposure in policy-making practices. Additional barriers include the traditionally individual focus of psychological practice and professional identity of psychologists.

This raises the issue of how does the field of psychology generate a shift in mindset and motivation for engagement in professional advocacy of psychology. As psychologists progress into their careers from graduate school, evidence suggests that their professional identity strongly determines professionally-related activities throughout their career. Doctoral programs provide the foundation for development of professional identity for psychologists. Traditionally, these programs teach values related to individual health and wellbeing, as well as social justice, but largely do not include significant emphasis on the value of professional advocacy. Without the development of professional advocacy as a value within the professional identities of psychologists, understanding the importance of professional advocacy, let alone becoming an advocate is likely limited. It thus stands to reason, that generation of professional advocacy as a value in graduate school will greatly increase integration of professional advocacy into the professional identity of psychologists. As such, increased training in professional advocacy for psychologists during graduate school is the best way to increase involvement of psychologists long-term.

Genesis of present study. The present author's interest in the topic of professional advocacy was sparked by personal involvement in professional advocacy and associations for psychology. Through local and state professional organizations, I was able to experience involvement in public policy first-hand and take on leadership roles related to professional advocacy. One of the most of important of these experiences was attending several lobby days at the state capitol to lobby on behalf of psychologists for specific legislative bills. Through learning about specific bills, the rationale for a legislative position in relation to psychological practice, then speaking directly to legislators about said bills, the intricacies of the policy-making process were revealed. Attending conferences, events and presentations related to advocacy through professional organizations increased my awareness of the larger political processes, which impact the field of psychology.

An important aspect of these experiences was witnessing the amount of time, resources and strategies required to advocate for each legislative agenda item (i.e., amount of time a lobbyist spends on relationships with legislators). I have also seen the positive impact of educating the public regarding the aspects and benefits of psychological practice (another form of advocacy). From my personal perspective, it is difficult to grasp the sheer volume of resources and long-term planning required for policy-making and public education without exposure. A testament to this perspective is the many graduate students I witnessed shifting in their own perspectives and level of involvement due to one exposure of advocacy activities during my tenure in an advocacy leadership role (direct feedback was received from students).

While I was intrinsically motivated by my life-long interest in politics and public policy impact on the individual to become involved in professional advocacy, many psychologists and students may not have interest without additional training and exposure to advocacy. Through

facilitation of workshops and other avenues of providing information and training regarding professional advocacy, I have observed many students and professionals increase their knowledge and motivation to engage in professional advocacy. My personal experiences are anecdotal information, but they do speak to the transformative potential of just one experience related to professional advocacy.

While there is ample discourse on the necessity of training for professional advocacy, there are limited resources for structured implementation of said training. Therefore, the need for comprehensive advocacy training materials, which can be widely utilized, is increasingly important. As such, the purpose of this dissertation is to assemble the necessary information into a structured curriculum for graduate students in psychology. This includes review of existing literature and training materials, and integration of existing material into a new curriculum. The development of professional advocacy curriculum designed in a manner conducive to implementation into graduate coursework will further emphasize the value of professional advocacy alongside other core competencies in psychological practice.

Definition of Professional Advocacy

Importance of a clear definition. A clear definition of professional advocacy is vital to the exploration of the topic and a crucial element of a training model. It is often a misperceived or misunderstood term, which remains a "poorly defined concept within the field," with multiple definitions and aspects (Heinowitz et al., 2012, p. 372). A varied definition may complicate the understanding of professional advocacy for psychologists and psychology students. Without a clear consensus on a definition of professional advocacy, it is difficult to communicate what the concept consists of to potential advocates in the field. And without a clear understanding of professional advocacy as a concept, it follows that psychologists and students will have greater

difficulty understanding the need for the practice of professional advocacy. Thus, an unclear definition of professional advocacy can be seen as a potential barrier to involvement in professional advocacy, and a clearly defined concept of professional advocacy as a necessary element of advocacy training (Heinowitz, et al., 2012; Willis et al., 2014).

Evolving definitions of professional advocacy. One of the first definitions of advocacy as a professional activity in mental health is described by Milton Shore, as written by the 1970 Joint Commission on the Mental Health of Children:

> [Some people] require an advocate to represent them and their needs to the society in which they live- an advocate who will insist that programs and services based on sound knowledge be available to them as a public utility- [who will insist on] the promotion of national, state, and community responsibility and initiative in developing comprehensive and systemic programs of prevention and treatment, in increasing the accountability of those who administer relevant programs and in coordinating and organizing resources for supportive, effective, and coordinated programs. (Shore, 1998, p. 474)

In this definition and his ensuing commentary, Shore is focused on the role of a professional advocate as a "voice for the underserved and powerless" (1998, p. 474). While this differs from later understandings, the definition reflects a focus on expertise ("sound knowledge") and input on delivery of services and organizations.

Throughout the early 2000's several definitions were further developed. There are several broad definitions utilized to describe the concept of advocacy, which include professional advocacy as a component. In their 2004 survey study of professional counselors, Myers and Sweeney generally define advocacy as "the process or act of arguing or pleading for a cause, which includes activism as well as promotion of a profession" (p. 466). They go on to propose that professional advocacy is not at odds with client advocacy, but rather is necessary to ensure counselors are placed in positions where they can advocate effectively for the causes of their clients. Here, the authors address the perception that professional advocacy pertains to practices

of self-interest for professionals. Ronald Fox presents a clear and specific definition of professional advocacy as the following: “the use of political influence to advance the profession through such means as political giving, legislative lobbying, and other active participation in the political decision-making process” (2008, p. 633). This definition demonstrates a focus on policy related actions on behalf of the profession of psychology.

The American Psychological Association does appear to present a robust definition of professional advocacy specifically. In their mission statement they state to “advance the creation, communication and application of psychological knowledge to benefit society and improve people’s lives,” (APA, 2018a) as the guiding principle of the organization’s advocacy practices. Under the Psychologists as Policy Advocates section of the APA website, there is a statement that “psychologists can draw on their knowledge of policy, legislative strategies, leadership, and organizational dynamics to become active change agents” (APA, 2018b). The rest of the page is specific to supporting caregivers through advocacy, but there is no other section with an overview of public policy related advocacy, let alone professional advocacy. Even the APA Practice Organization, which oversees advocacy on behalf of professional practice of psychology, does not clearly define what professional advocacy is. The website homepage states the following:

> The Practice Organization in collaboration with state, provincial and territorial psychological associations pursue a wide range of activities to promote and support practicing psychologists, including: Creating tools and information to help manage and grow your practice; Advocating for your interests in Congress, state legislatures and the courts; Pursuing fair reimbursement for all psychological services; Fighting parity violations and other managed care abuses; Affirming the doctoral standard for entry into the profession; and, Protecting you from assaults to your scope of practice. (APAPC, , 2018a, Advocacy Section)

While elements of the practice of professional psychology are clearly outlined, the definition of professional advocacy as a concept appears to be more elusive.

Another broad definition of advocacy as the, "process of informing and assisting decision-makers," is provided by Lating, Barnett and Horowitz (2009, p. 106). The authors then go on to specify that this includes, "promotion of interests of clients, health care systems, public health and welfare issues, and professional psychology" (Lating, et al., 2009, p.106). In this definition professional advocacy is included under a larger umbrella definition of advocacy. When defining advocacy, Cohen, Lee and McIlwraith cite Lating's definition seen above, then go on to specify: "using knowledge pertinent to issues in response to legislation to promote fairer or better practice when it comes to psychological health and wellbeing" (2012, p. 373).

In 2012, Heinowitz and her co-authors outline advocacy in psychology as divided into three sectors: public policy, social justice and professional advocacy. They define professional advocacy as a "synthesis of public policy and social justice advocacy" (2012, p. 373). While vague and broad, this definition is helpful in understanding the concept of professional advocacy in relation to other types of advocacy. Lyons and co-authors use the term "public policy advocacy" and define it through the following: "promotes awareness of legislative issues such as funding to subsidize psychological training, research and new treatment centers… providing data and encouraging relevant legislation… two way communication, indirect communication, letters/calls, educating the public, and donating money" (2015, p. 409-410). Here, again, the definition is not a concept, but rather a list of its' elements.

Social justice versus professional advocacy. One of the most common misconceptions is the confusion of social justice advocacy with professional advocacy. On a colloquial level, the term advocacy is often associated with social justice implications. In combination with a focus on well-being in clinical psychology, it follows that advocacy by psychologists is often assumed to be on behalf of client welfare and populations served. The concept of advocating for the

'profession' of psychology does not seem to be immediately understood by the term. To distinguish professional advocacy from social justice advocacy, the latter must first be defined. Social justice advocacy focuses on addressing sociocultural contextual factors that may impact clinical symptoms and well-being through public policy and individual client advocacy (Mallinckrodt, Miles, & Levy, 2014). The following is an operationalized definition of social justice advocacy: the professional activities that facilitate a more equitable distribution of risks, advantages, opportunities and resources, together with full and equal participation by all members within a society (Mallinckrodt, et al., 2014). Further, social justice advocacy focuses on the relationship between oppression and mental illness, and has become an integral aspect of the counseling profession to maintain a more systemic view of clients' concerns and well being (Chang, Hays, & Milliken, 2009).

Advocacy versus lobbying. Another misconception is the perception of professional advocacy as a lobbying practice, entirely focused on "self-interest" public policy (Shore, 1998). To be clear, professional advocacy overlaps into the realms of both public policy and social justice (Willis et al., 2014). Cohen, et al. differentiate between lobbying and other forms of advocacy stating that, "lobbying activities are often reactive, whereas other advocacy efforts can be proactive to communicate importance of funding for research and access to psychological services" (2012, p. 152). Additionally, Myers and Sweeney propose that professional advocacy is not at odds with client advocacy, but rather is necessary to ensure counselors are *placed* in positions where they can advocate and provide services (2004). While this is essentially a discussion of professional advocacy practices, the differentiation between proactive and reactive forms of advocacy could be useful when defining professional advocacy as a concept.

Need for clear definition. The above review of existing definitions indicates there are minimal levels of consistency with, not only the specific definition of professional advocacy, but also a larger definition of advocacy within the field of psychology. Outlining a clear concept of both professional advocacy, as well as how it relates to other forms of advocacy is a necessary element of a training curriculum in professional advocacy. For the purposes of this review, several of the above definitions will be utilized. Ronald Fox's definition appears to be the most clear and specific for professional advocacy, and Heinowitz and co-authors' outline of the advocacy as three overlapping concepts is similarly useful for a clear understanding of professional advocacy within the larger domain of advocacy in psychology.

History of Professional Advocacy

History of organized involvement in public policy. Prior to structured professional advocacy practices, many psychologists maintained a tradition of involvement in certain public policy and social justice issues. One of the most notable examples is psychologists working with the NAACP to promote equal education in the Brown versus Board of Education Supreme Court Case (Heinowitz et al., 2012). This speaks to, not only the involvement of psychologists in fighting oppression, but also the general value of psychological practice as supporting well-being and access to services beyond those in the psychological realm.

In their exploration of the history of the American Psychological Association's advocacy efforts, Garrison, DeLeon and Smedley refer to a 1956 resolution by APA Council of Representatives as the initial catalyst for involvement in the public policy process. In this resolution, the need to take positions on public policy in relation to psychological science and professional goals is indicated, but it is also explicit not to "attempt to influence the formulation of public policy" (Garrison, DeLeon, & Smedley, 2017, p. 738). The authors cite the APA ad hoc

committee report "An Approach to Public Affairs: Report of the Ad Hoc Committee on Public Affairs" or the "Tyler report" as the next major evolvement of APA's public policy engagement in 1969 (Garrison, et al., 2017, p. 738). This document delineated a decision-making process for determination of the type and level of advocacy engagement, resulting in a continuum of eleven possible actions. These activities were established through four criteria: importance of the problem area; amount of research-based information available; extent of value agreement on the issue among APA members; and probability that the action will be effective (Garrison, et al., 2017).

According to the same authors, during the 1960's, the APA Board of Directors carefully considered the bylaw "to advance psychology as a science and as a means of promoting human welfare" when considering policy (2017, p.739). Despite some policy work by appointed representatives of APA serving on task forces, most was conducted by practitioner groups outside of APA who were pushing APA to become more involved in a national advocacy initiative (Wright, 1992). One such group, known as the "Dirty Dozen," founded a national advocacy organization in 1971 through the APA Division of State Psychological Association Affairs, which was named the Council for the Psychological Professions and Sciences (CAPPS) (Fox, 2008; Wright, 1992). It should be noted that CAPPS was an independent, separately incorporated organization, under which, the initial momentum for legislative lobbying for psychological practice was built. As one of the founders and most active executive committee members, Rogers Wright emphasizes great resistance from APA to actively lobby at this time and instead preferred a course to "wait until invited by congress to present our views" (Wright, 1992, p. 445). After a meeting with CAPPS, an APA special committee recommended the formation of APA's own advocacy organization, which was established in 1974 as the

Association for the Advancement of Psychology (AAP) (Fox, 2008; Wright, 1992). Eventually CAPPS was merged into AAP, but, according to Wright, was hindered by multiple factors in becoming an efficacious advocacy organization, such as shifts in governance and bitterness from the academics' loss of APA political dominance (1992).

The APA Office of National Policy Studies was eventually created (later named Office of Legislative Affairs then Office of Legislative and Public Affairs) in 1977 (Garrison, et al., 2017; Wright, 1992). In Wright's opinion, there was ongoing division between types of psychologists, with NPS viewed as primarily concerned with science and academia, and AAP perceived as disproportionately committed to public interest and health care. NPS maintained several policy components, which were eventually absorbed by the new structures of the separate directorates created in 1987 and 1990 (Science, Practice, Public Interest, and Education). Around the same time APA began partnering more with state and provincial psychological associations to advance advocacy activities and infrastructure. Through the 1980's this partnership developed into creation of the State Leadership Conference (now known as the Practice Leadership Conference), a yearly conference to provide sessions, workshops, and events related to federal advocacy. Additionally, advocacy at the state level has been particularly important for defining psychology and its scope of practice (Garrison, et al., 2017; Wright, 1992). The relationship between APA and SPTA is particularly important for guidance on these types of legislative advocacy, which occur mainly at the state level (Garrison, et al., 2017).

It is also important to note, that, during the 1980's, the majority of APA's membership became practicing psychologists (versus scientists and academics). Ongoing internal conflicts lead to some scientists forming another organization, the American Psychological Society (APS) (Wright, 1992). To this day, APS stands as a separate organization:

> Dedicated to advancing scientific psychology across disciplinary and geographic borders… supporting psychological scientists in these pursuits, which we do by sharing cutting-edge research across all areas of the field through our journals and conventions; promoting the integration of scientific perspectives within psychological science and with related disciplines; fostering global connections among our members; engaging the public with our research to promote broader understanding and awareness of psychological science; and advocating for increased support for psychological science in the public policy arena. (APS, 2018, About Section)

Many psychologists feel that the existence of both APA and APS leads to a lack of unity among psychology, which is a contributing factor to the field's difficulty in advocating for itself (Cohen, et al., 2012; DeLeon & Kazdin, 2010; Lilienfeld, 2012; Willis et al., 2014).

Another example of APA's early involvement in public policy is the establishment of the congressional/executive fellowship program, where fellows work on a legislative team, congressional committee or a federal executive agency. The first psychology fellow was sponsored by the American Association for the Advancement of Science in 1974, then jointly funded with APA. The program has grown to sponsor as many as six fellows per year, with a total of 129 psychologists having participated in the APA Congressional and Executive Branch Science Fellowship program in the last 43 years. This program is noteworthy in providing unique opportunities for psychologists to advise and contribute to policy-making (Garrison, et al., 2017).

During the 1990's, a new resolution was stated by APA's Council of Representatives, officially acknowledging the Central Office staff's role in facilitating public policy activities, such as arranging meetings and coordination of participation by psychologists. Soon after, in 2001, the APA Practice Organization was formed as a separate tax exempt non-profit organization, for the purpose of direct involvement in political activities, such political giving, fundraising, and grassroots efforts. A few years later, a subset of the organization was formed to promote education in psychology, the Education Advocacy Trust (Garrison, et al., 2017). Another important aspect of the APA organization is how advocacy efforts can often be disparate

and occurring differently in the numerous divisions. Since most individuals tend to become involved at the division level, this may contribute to fractured advocacy efforts.

During 2018, APA made the decision to restructure itself, and the division APA Practice Organization and other advocacy arms of the association. In order to better financially support lobbying efforts by APA, the APAPO will be eliminated and the APA Institute of Psychology created as the new lobbying division of APA. The APAIP will be the branch with 501 (c)6 status, allowing it to lobby, and will now include advocacy for all the directorates (Education, Practice, Public Interest and Science). The APA will continue to be a 501 (c)3 group, which cannot lobby under IRS rules. Under the new restructuring, APA members will automatically be members of both APA and APAIP, and will pay one membership fee to be divvied up between the organizations, facilitating adequate financial support of advocacy efforts on behalf of psychologists (Grey, 2018). Most recently, APA indicated that the name of the new lobbying division would be American Psychological Association Services, Inc. (APASI), not APAIP. As of September 2018, all new membership dues in 2019 will be divided between APA and APASI (APA, 2018c).

Significant policy impact. There are several areas of significant impact on legislation and public policy for psychology, including science, practice, education, and public interest.

Practice. Early advocacy efforts regarding recognition of and reimbursement for psychological services included many advocacy successes: the requirement of insurance companies to reimburse for psychologists if they reimburse other providers for mental health care; convincing a major carrier for federal employees' comprehensive health plan to cover psychological services; a class-action lawsuit forcing the U.S. Civil Services Commission to recognize psychologists as independent and reimbursable providers in their contracts; pressuring

the Civilian Health and Medical Plan for the Uniformed Services (CHAMPUS) to reimburse psychologists for both outpatient and inpatient services; passage of the 1975 Vocational Rehabilitation Act, placing mental health on a par with physical health and granting parity to psychologists for reimbursement; the establishment of psychology's first full-fledged doctoral program explicitly devoted to training practitioners; and the modification of Social Security administrative law to allow psychologists to qualify as medical examiners (Fox, 2008).

There is an ongoing effort for recognition of psychologists as independent practitioners, with success in areas of independent licensure, and reimbursement by private and federal health care plans. An area of ongoing challenge is the effort to be recognized in physician definitions for Medicare, which already recognizes all other doctoral level practitioners. Thus far, efforts in this area have been thwarted multiple times over many years by last minute vetoes and changes to legislation. This, unfortunately, results in unnecessary oversight by physicians for psychologists in many settings. Mental Health Parity policy (equality with physical health coverage) was initially passed in 1996, in a limited capacity and more fully implemented in 2008, with enormous advocacy efforts in multiple domains. This can be marked as a significant step towards equal standards in mental health care coverage as compared to medical coverage. Psychologists advocated on a federal level for several years with legislators and policy-makers to achieve this landmark policy. Soon after, efforts shifted to implementation and enforcement, such as elimination of insurer's discriminatory policies (Garrison, et al., 2017).

Following years of issues with limited access to treatments, low provider reimbursement and rising healthcare costs through "managed care" systems, a new healthcare system was greatly needed (Fox, 2008). Under the Obama administration, the Patient Protection and Affordable Care Act provided greater access to primary care for individuals. While increased

coverage of mental health services was included under this policy, psychologists were not included in the designated primary care providers. The access to healthcare services through primary care under this policy speaks to the importance for psychology to integrate into primary care (DeLeon & Kazdin, 2010). The Obama administration also implemented the Comparative Clinical Effectiveness Research organization (CCER). The CCER evaluates relative effectiveness of various healthcare services and treatment options, as well as encourage the development and use of clinical registries, clinical data networks, etc. (DeLeon & Kazdin, 2010).

Several authors note the importance of advocating for prescriptive privileges for psychologists (Fox, 2008; Willis et al., 2014). It should be noted that this particular advocacy effort is somewhat controversial among psychologists, and that discussion of it by this writer does not represent an endorsement of this particular policy effort. According to Willis and his co-authors, the premise of prescriptive authority for psychologists is to improve availability of comprehensive, quality mental health care and official legislative efforts began in the early 1980's. APA Council of Representatives voted to endorse prescriptive authority for appropriately trained psychologists, as representing APA policy, beginning in 1995. There were several successes in this domain, including the establishment of a Department of Defense pilot training program for prescribing psychologists, which produced ten prescribing psychologists between 1991-1997, as well as prescription authority being achieved for psychologists in New Mexico (2002) and Louisiana (2004). Indiana and Guam enacted, but did not implement, relevant prescriptive statutes. Data from the above states demonstrates that psychologists have filled positions left vacant by psychiatrists, and anecdotal data suggests increased comprehensive care by these psychologists due to a wide range of behavioral and psychosocial interventions being utilized with the psychopharmacological treatment. The authors also point out that several other

types of health professionals who are not MDs (optometrists, nurse practitioners), practice pharmacological interventions successfully. There are several state psychological associations with ongoing initiatives for prescriptive authority, such as Florida and Hawaii (DeLeon et al., 2014). In addition to New Mexico and Louisiana, three other states have recently passed prescriptive authority for psychologists, Illinois in 2014, Iowa in 2016 and Idaho in 2017 (APAPC, 2018a).

Science. According to Garrison, et al. (2017), APA's Science Government Relations Office serves the purpose of increasing federal funding for psychological research and strengthening the infrastructure that supports this research. The key infrastructure agencies for research at a federal level are the National Institute of Health (NIH) and the National Science Foundation (NSF), with a large majority of federal grants for social science research going through these agencies. As far back as the 1980's funding to these agencies has been protected through the advocacy actions of APA and its members, such as legislative action alerts, providing compelling arguments and grassroots advocacy to counter those proposed budget cuts. A large legislative achievement was the establishment of the NIH Office of Behavioral and Social Sciences Research (OBSSR) in 1993, which APA played a major role in coordinating a coalition of scientific organizations to make the case to Congress and encouraging the NIH director to prioritize the office's establishment. The OBSSR has been integral to heightening behavioral and social science research and increasing contributions of such research to understanding and treatment of disease. The NSF Social, Behavioral and Economic Sciences Directorate is another key channel for funding of psychological research (Garrison, et al., 2017).

In regards to funding for psychological research, there is a long history and continued threats of funding cuts based on federal budget concerns, as well as a lack of understanding of

the value of such research by some members of Congress. The agencies and offices outlined above are constantly at risk of losing important funding through federal budget cuts. In 2008, the original bill that funds research and education at NSF related to the United States remaining competitive with other nations, did not include funding for the social sciences, but advocacy lead by a psychologist representative expanded the final bill to include social science research. Another example is the House Science, Space and Technology's Research Subcommittee twice attempting to slash funding at NSF for the Social, Behavioral and Economic Sciences Directorate in 2014 and 2015. Both times, the APA government relations office countered with focused advocacy efforts, including connecting psychological scientists to contact key House offices and assisting with speech writing to be delivered on the House floor, resulting in funding for psychological research remaining intact (Garrison, et al., 2017).

Funding for specific research grants are also targeted due to subject matter of the research, such as research grants related to sexual behavior at the NIH in 2003. Focused lobbying efforts and ongoing education of Congress in the form of briefings and other initiatives, have helped to counter these attacks on research often due to political affiliation (Lilienfeld, 2012).

Education. Education advocacy efforts within psychology focus on both federal support for psychology education and training, as well as the application of psychology to education at all stages. The creation of the Graduate Psychology Education Program within the Bureau of Health Professions of the U.S. Department of Health and Human Services as the first federal program dedicated to the education and training of psychologists (Fox, 2008). The APA's Graduate Psychology Education (GPE) program was developed in 2001 in order to expand federal support for psychology doctoral, internship, and postdoctoral residency programs. Since the initial funding through House Appropriations in 2002, the GPE program has resulted in

Health Resources and Services Administration (HRSA) grants to 91 programs, hundreds of stipend supports for students in practica and internship (215 in 2015 academic year), building diversity of psychological workforce and medically-related training sites, as well as education of other future health professionals regarding the value of psychologists to an integrated care team. In addition to the GPE program's success in promoting effective integration of psychological expertise into health care, APA continues to campaign at a grassroots levels to ensure psychology's significant role in HRSA's public health programs (Garrison, et al., 2017).

APA's other major achievement in regards to education advocacy is the elevation of behavioral health care on college campuses. Based on research demonstrating increases of significant mental health concerns among college students, APA government relations staff and introduced the Campus Care and Counseling Act in 2003 to support a campus counseling grant program. Advocacy efforts during the Education Leadership Conference, specifically Capitol Hill visits, resulted in sponsorship and ultimately passage of the bill combined with a youth suicide prevention bill. Continued grassroots advocacy efforts have maintained and expanded funding for psychology department training centers, mental health centers, psychological services centers, and counseling centers, as well as widening the range of services for student health problems (Garrison, et al., 2017).

Public interest. Garrison, et al. describe the APA's Public Interest Government Relations Office with the purpose to advance human rights, social justice, and health equity based on sound psychological research (2017), such as the health of diverse populations and the relationship between social policy and psychological research. The authors point out that APA has significantly contributed to federal policy regarding health disparities and minority health, particularly through advocacy efforts to include behavioral and social science research in the

Minority Health and Health Disparities Research and Education Act of 2000. Another key legislative issue for public interest advocacy is that of marriage equality. According to the authors, APA's adoption of four separate Council resolutions related to marriage equality for same-sex couples dating back to 1995, opposition of DOMA, and continual raising of awareness about the psychological research on same-sex marriage, help to facilitate judicial action and advocacy in changing attitudes regarding same-sex marriage, which ultimately lead to the pivotal decision by the US Supreme Court in 2015 awarding same-sex marriage rights nation-wide (Garrison, et al., 2017).

Comparison to other health professions. Political giving is an excellent way to gauge advocacy involvement by psychology professionals in comparison to other health professionals. Historically, average contribution by psychologists has been quite low in comparison to the other professionals. Specifically, for 2005-2006, psychology ranked 12th among 15 health care provider groups in contributions and 10th in average contribution per member per year (Pfeiffer, 2007). More recent numbers demonstrate the Psychology PAC (Political Action Committee) to rank 35th among 99 health professional PACs during the 115th congress of 2017-2018 with $86,722 (APA Education Advocacy Trust, 2018). The APA Practice Organization conducted an online survey to gather more information about psychologists' political giving and PAC involvement. Despite a large majority of psychologists endorsing involvement in some form of political advocacy, only 36% reported ever having contributed to a PAC. These same survey participants noted lack of awareness regarding the role of the Psychology PAC and that "contributing to a PAC is not a financial priority for me" as the primary reason to be unlikely to contribute in future (APAPC, 2018b, Figure 4). Given the low level of political giving by

psychology professionals compared to other health professionals, this survey may lend insight to these discrepancies.

Current policy. Garrison, et al. mention several issues regarding future public policy and current issues, including: the increasing disparities between party politics, which may cause elected officials to "cherry pick" evidence to support their views; recent events of shootings by and of police, and the impact of implicit bias research; emerging areas of science, such as neuroscience, human factors and robotics, and the increasing impact of technology on measuring effectiveness of healthcare services and engagement in policymaking; and growing the psychological workforce to be congruent with national needs, such as interdisciplinary training programs (2017). DeLeon, Kenkel, Gray, and Sammons outline five current major public policy issues for the field of psychology, including: mental health legislation in general, prescriptive authority, provision of psychological services in community health centers, expansion of the available treatments for Autism Spectrum Disorders, and re-casting psychology as a primary health-care delivery profession (2014).

The American Psychological Association lists its current advocacy initiatives in six categories: health initiatives, education and training, research, social justice, violence prevention, and practice of psychology. Health initiatives include health disparities, military and veterans, physical and mental health, and substance use disorders. Health disparity efforts at APA include funding research to help prevent and eliminate health disparities, such as maintaining the Prevention and Public Health Fund, sustained investments in National Institutes of Health Research (i.e., HIV research), inclusion of groups by groups affected by health disparities in Federal data collection standards, and prevention efforts at the Centers for Disease Control and Prevention (including its Division of Adolescent and School Health). The emerging issues for

advocacy include, eliminating disparities in mental health status and mental health care in racial and ethnic minority communities, combined HIV prevention and treatment with mental health, substance abuse, and behavior change treatments, and addressing HIV criminalizing public policies. For military and veteran health initiatives include Department of Defense budget recommendations for mental health concerns, maintaining DoD research for psychological and behavioral science research, addressing TRICARE funding, adequate funding for Veterans Affairs research and mental health care programs, and upgrading VA research facilities. Current focus of advocacy issues for physical and mental health include access to affordable health care, children's health, LGBTQ health, and older adults' health. Within the realm of substance abuse disorders, APA advocates for federal policies that take into account the science of addiction and advocate for funding of research to better understand its antecedents and treatment (APA, 2018d).

APA's initiatives within education and training include pre-k through 12, higher education and workforce development. The key legislative issues for pre-k through 12 are the Every Student Succeeds Act and the Individuals with Disabilities Education Act. Within the realm of higher education, APA's current focus is on Graduate Assistance in Areas of National Need Program, Higher Education Act Reauthorization, campus mental health, and student debt. Workforce development efforts at APA currently focus on several federal programs: Graduate Psychology Education Program, National Health Service Corps, Behavioral Health Workforce and Education Training Program, and the APA Minority Fellowship Program. APA Research initiatives include federal funding for psychological research through federal research agencies, ending sequestration in congress that threatens funding cuts to research, and supporting non-partisan agency operations. APA continually focuses on promoting and defending research

through these specific efforts: supporting human-subjects research, supporting use of non-human animals in research, standing up for peer review (grant funding), non-partisan agency operations, inclusion of psychological scientific perspective in proposed legislation, placing psychologists on federal planning and advisory boards, and showcasing psychological science for members of congress and their staff (APA, 2018d).

Social justice and human rights initiatives center around civil rights, immigration, criminal justice and socioeconomic status. Within civil rights, APA's efforts focus on women's issues, children and families, sexual orientation and gender diversity, religion, race and ethnicity, and people with disabilities. APA has two current emerging issues: urging the administration and congress to reinstate protections for "dreamers" (the Deferred Action for Childhood Arrivals Program); and legislation addressing the use of restraints on incarcerated women during pregnancy, labor and recovery. In the context of immigration, APA opposes policies that make deportation easier and separate families. APA supports legislation such as the DREAM act (Development, Relief, and Education for Alien Minors Act), policies for humane detention conditions, as well as funding for research related to the impact of prejudice and discrimination, and the traumas connected to immigration. Regarding the criminal justice system, APA makes the following policy recommendations: growing federal support for state and local efforts that are tailored to specific needs in the criminal justice system; improvement of federal courts and prisons, such as increasing resources for behavioral health programming and reducing the use of restrictive housing; behavioral health workforce development and training opportunities in correctional settings; and, supporting juvenile justice prevention and diversion programs, especially for at-risk youth with behavioral health needs. In order to counteract the impact of poverty on well-being, APA promotes public policies that can mitigate the effects of scarcity and

poverty, such as, data and research to meet the needs of low-income people, increasing minimum wage (Raise the Wage Act), nutritional assistance programs, legislation to improve access to affordable child care, services for homeless families, and paid family and medical leave (APA, 2018d).

Violence prevention initiatives include those related to gun violence, interpersonal violence, and suicide. APA makes the following recommendations regarding gun violence: improve and expand school-based violence prevention efforts, such as evidenced-based protocols and utilization of threat assessment strategies; enhancing access to mental health and substance abuse services through Medicaid and integrated health care; support research and evidenced-based public policies on violence, such as funding for the National Violent Death Reporting System; and making communities safer by policies that reduce access to firearms to certain individuals and instituting public health campaigns for individuals in distress. Regarding interpersonal violence, APA advocates in the following areas: youth violence, domestic and sexual violence (i.e., funding for Violence Against Women Act), community violence, and international violence prevention related to human trafficking and mass atrocities. Suicide related policy efforts include, increasing access to care for individuals with depression, suicide and other mental health concerns, funding for evidence-based treatment in a variety of settings and innovative community-based programs (Parachute), support of research into suicide, especially aimed at reducing the prevalence of suicide by firearms, and prevention programs for early intervention resources (APA, 2018d).

Lastly, and most importantly for this study, there are several categories of initiatives related to the practice of psychology through the APA Practice Organization (APAPO), including health care reform, medical reimbursement, mental health parity, and prescriptive

authority. Health care reform is a legislative priority for APAPO, working with policymakers towards reform that integrates psychological services into primary care, prevention and benefits packages. Recent advocacy efforts helped shape and pass legislation, such as the SUPPORT for Patients and Communities Act, which facilitates greater ease in utilization of telehealth care by psychologists and promotes non-opioid pain management. Medicare reimbursement for psychologists (and psychologists-in-training), psychologist eligibility for providing services to Medicare beneficiaries, and Medicare coverage for psychological services are ongoing advocacy efforts by the APAPO with Congress and the Centers for Medicare and Medicaid Services (CMS). Examples of ongoing efforts are those related to constantly changing Medicare fee schedule and reimbursement code changes, preventing reimbursement cuts to psychologists through TRICARE programs, as well as efforts to get psychology training program reimbursements for hospitals through CMS. For mental health parity (Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equality Act passed in 2008), APAPO continues to meet with key federal regulators pressing for action and enforcement on the organization's eight outstanding parity complaints. As mentioned previously, there are continued advocacy efforts at the state level (supported by APAPO) for prescriptive authority for qualified psychologists, with the hope of increasing comprehensive mental health care. APA has created model legislation for prescriptive authority and has outlined minimum standards of program quality for psychopharmacology education and training (APAPC, 2018a).

Rationale for Professional Advocacy in Psychology

Viability of the profession. One of the primary reasons for professional advocacy of psychology is the future viability and growth of the profession. It's likely that the survival of the profession, and the possibility of becoming a more major player in the health care industry, will

heavily rely on more comprehensive advocacy efforts by psychologists (Fox, 2008; Garrison, et al., 2017; Gronholt, 2009; DeLeon & Kazdin, 2010; Lating, et al., 2010; Lyons et al., 2015). Psychology needs to be at the tables where decisions are made, which will affect the profession, and more involved in organization administration in order to have direct representation (Cohen, et al., 2012; Hill, 2013; Levant et al., 2001). Associated with the viability of the profession are several areas of importance, such as scope of practice, licensure laws of psychologists and other mental health professionals, and the ability to provide services. Protecting the scope of practice for psychologists includes the following: ensure that psychologists are able engage in certain clinical practices; maintain acknowledgement of specialties (neuropsychology, health, forensic, etc.); and hold back any encroachment by other mental health professionals into domains of practice that psychologists are specifically and extensively trained for, such as types of assessment and specialized psychotherapy (Fox, 2008; Levant et al., 2001; Rozensky; 2013).

Consideration of mental health issues within a broader ecological context (Shore 1998), means examining psychology's services and practice within the larger healthcare system, community and society (Martin, 2011). The ability for psychologists to provide services is directly impacted by legislative and regulatory decisions (DeLeon et al., 2014). Funding and recognition from society's health policy leaders is necessary to continue important service programs, so it essentially becomes a public policy decision (DeLeon & Kazdin, 2010). Therefore, advocacy is critical in the availability of psychological services, since public policy is the guiding mechanism for organization, finance and delivery of services (Lyons et al., 2015). Similarly, licensure laws and regulatory boards for psychologists greatly impact the ability of psychologists to provide services and maintain their scope of practice (Lating, et al., 2010). It is important to ensure that licensure requirements are congruent with education and training of

psychologists. Additionally, involvement with policy-making regarding the licensure laws of other mental health fields is necessary to safeguard psychology's domains of practice.

The advancement and application of psychological knowledge. One of the primary advocacy objectives of the Canadian Psychological Association is 'To promote the advancement, development, dissemination and application of psychological knowledge' (Cohen, et al., 2012). According to the authors, dissemination and application includes both *knowledge transfer*, exchanging information among science and healthcare communities, and, *knowledge translation*, which is the interpretation of knowledge and its implications for the public and decision-makers. They further note that psychologists need to improve and increase knowledge translation, such as communication with decision-makers and potential funders. (Cohen, et al., 2012). Several experts agree that communication with and education of policy-makers and other relevant parties is a primary goal of advocacy, such as explanation of the unique benefits and skills provided by psychologists, and explaining rationale for any proposed legislative/policy changes (Lyons et al., 2015; Martin, 2011; Rozensky, 2013; Willis et al., 2014). Additionally, clarification of psychology's scientific side and the unanticipated benefits of basic psychological research should be communicated to policy-makers in order to emphasize psychologists' role as a scientifically-based health care field (Ferguson, 2015;Lilienfeld, 2012). Only through communication and education, can psychological knowledge and expertise be utilized in a useful manner and understood by policy-makers.

Improving the public image of psychologists and psychological practice, along with increased public awareness, is considered to be a key reason for advocacy efforts (Cohen, et al., 2012; Myers & Sweeney, 2004; Rozensky, 2013). Not only to disseminate important information to the public regarding psychological health (Cohen, et al., 2012; Fox, 2008), but also to

articulate clearly to the public what psychology is, what services psychologists can provide, the reliability of services, and the applicability of services to range of human problems (Levant et al., 2001; Rozensky, 2013). Given that psychologists have a historic difficulty in defining and describing their knowledge base and professional activities in understandable terms to outsiders (Levant et al., 2001), advocacy efforts can facilitate increased understanding of psychological practice and knowledge for the public (Lilienfeld, 2012).

It is similarly imperative that psychologists define who they are as professionals, particularly in relation to other health professionals, as there is often identity confusion for policy-makers and the general public (Lilienfeld, 2012; Rozensky, 2014; Rozensky, 2013). This role diffusion with different therapeutic professionals leads to misperceptions of psychology and devaluation of psychology as a scientific field with evidence-based practices (Lilienfeld, 2012). To be a respected and primary health profession, psychology needs to find a way to define itself in a unified manner, and distinguish its practitioners from other allied professionals for the public (Hill, 2013; Lilienfeld, 2012; Rozensky, 2014). Several authors specify increased emphasis on the scientific side of psychology and taking a stand against practices poorly or not supported by scientific evidence as an avenue to distinguishing our role for the public and policy-makers (Ferguson, 2015; Lilienfeld, 2012; Willis et al., 2014).

Along the same vein, another important domain of advocacy is the utilization of psychological research for policy-making, and promoting a data-driven orientation to defining social problems (Willis et al., 2014). Within legislative settings, research data are often used to support decisions made based on other factors, rather than be the driving force of the decision (Willis et al., 2014). Psychology has an empirical foundation that is directly relevant to the solution of some of the most difficult problems that face society, so it is imperative for

psychological research findings to inform public policy (DeLeon et al., 2014; Fox, 2008; Levant et al., 2001). Thus, data need to be provided, explained or framed in a matter cognizant of political exigencies, with encouragement of relevant legislation (DeLeon & Kazdin, 2010; Lyons et al., 2015; Martin, 2011). Only through increased advocacy efforts such as communication with policy-makers, dissemination of psychological knowledge and direct involvement in the legislative process will this be possible (Garrison, et al., 2017).

Support and development of research, education and training. As described above in the History section, there is an ongoing, significant need to ensure funding for psychological research, education and training. Funding for psychological research as an important reason for advocacy, in order to further develop the psychological knowledge base, protect academic/research psychological jobs and continue to contribute to the well-being of society (Cohen, et al., 2012; Fox, 2008; Willis et al., 2014). Additionally, the structures that support research need to be protected from potential budget cuts on a regular basis (Garrison, et al., 2017). Lilienfeld (2012) summarizes several studies demonstrating misperceptions of psychology as being a predominantly helping field (versus scientific). He emphasizes the need for psychology to do a better job educating lay-persons of the benefits of psychological research, including clarification of the differences between basic and applied research, as well as increasing efforts for psychological science in the media; all as avenues to maintaining funding and communicating psychology's unique contributions (Lilienfeld, 2012). Funding programs for psychological education and training, such as doctoral level internships, is also crucial to the future generations of psychologists (Cohen, et al., 2012; Garrison, et al., 2017). Advocacy is necessary to guarantee these programs continue to exist and grow (Fox, 2008; Martin, 2011).

Ongoing support and development of specialty training and research in psychology is also vital to the overall growth of the field and potential contribution to society. Advocacy of psychology specialties is necessary for the following reasons: ensure that training programs and research in specialties, continue to be funded, and; to educate policy-makers, the public, and other health professionals as to the areas of expertise that specialty-trained psychologists have (Howe, et al., 2010). In a survey of counselors regarding professional advocacy practices, the authors found that almost one third of respondents included advocacy for specialties in their organization's efforts (Myers & Sweeney, 2004). The authors, Myers and Sweeney, additionally comment that advocacy of specialties may undermine overall advocacy efforts. However, other authors note that, historically, advocacy of specialties in psychology has likely contributed positively to a greater understanding of the doctoral-level expertise and research skills that psychologists possess due to more comprehensive training (Rozensky, 2014; Willis et al., 2014). Further, increasing the number of board certified psychologists in various specialties enables psychology to present itself as similar to other health professions, namely medical doctors, in expertise levels (Rozensky, 2014).

Psychological practice. The clinical practice of psychologists within the health care system is an important realm of advocacy; to increase awareness of psychology's value, as well as gain appropriate recognition and reimbursement as health care providers. These motives lend to the goal of establishing psychology as a primary health care profession within a system progressing towards integrated care (DeLeon et al., 2014; Fox, 2008; Rozensky, 2014). It is therefore imperative for psychologists to expand awareness of mental health needs, and how psychologists can contribute to assessment, treatment, and administrative operations related to these mental health needs (Lyons et al., 2015). Further, it is critical for practitioners to

effectively make the case that their training in psychology can bring added value to our nation's health care system and cut overall health-care costs (Rozensky, 2014); that we can *cost-effectively* address the important psychosocial-economical-cultural gradient of "quality" health care (Willis et al., 2014). In terms of advocacy efforts, this means influencing payment policies of the federal government and private healthcare payers for integration of psychological services in the broader health care system (Levant et al., 2001), as well as facilitating recognition of psychologists as primary care providers (Garrison, et al., 2017). As of 2014, Medicaid programs in 16 states do not recognize private sector psychologists as providers (Willis et al., 2014), demonstrating the ongoing need to advocate for the practice of psychology.

The positions and authority of psychologists within organizations and institutions is also a key aspect of advocacy for psychological practice and the viability of the field (Hill, 2013; Rozensky, 2013). In order to improve autonomy of practice and training within organizations, psychologists must be in positions of authority, rather than decisions related to psychological practice and training being made by non-psychologists (Rozensky, 2014). Without these roles, psychologists are in danger of losing scope of practice, research funding, and training programs. Hill additionally notes the importance of organizational advocacy activities in establishing psychological expertise and unique contribution, influence on treatment, and professional role in organizations and institutions (2013).

Health and wellness of the general public. As mentioned above, an improved relationship with the public is an important area of advocacy. Speaking to a core value of the psychology field, there is a professional responsibility to advocate for those less fortunate, to contribute to the health and wellness of the general public, and safeguard access to needed services (Cohen, et al., 2012; Kirsh 2015; Willis et al., 2014). Cohen, et al. further point out that

advocacy is required to ensure that access to psychological services is not limited to wealthy clients with adequate health insurance (2012). There are several areas of public wellbeing that psychological practice could potentially contribute to, such as the management of acute and chronic illness, the management of serious mental illness since de-institutionalization, crime and violence prevention, and welfare (Fox, 2008; Levant et al., 2001). Linden Farrer and co-authors also point out that advocacy by health professionals is necessary to address health inequities, specifically to raise awareness and understanding of the social determinants of health (Farrer, Marinetti, Cavaco, & Costongs, 2015). Without advocacy in policy-making, health care administration and organizational administration, psychology's potential input to public health and wellness is limited.

Perceived Need for Professional Advocacy and Advocacy Training

Perceived need for advocacy. The perceived need for professional advocacy by psychologists is variable, despite the above outline rationale and areas of need. There is much anecdotal commentary that the perceived need is low for various reasons, and limited data-based literature regarding the perceived need for professional advocacy.

In 2012, Heinowitz and her fellow authors published a survey study examining the discrepancy between understanding advocacy and low levels of involvement. The study surveyed 85 graduate students in psychology regarding the perceived barriers to advocacy, as well as potential differences between those who advocate specifically on behalf of psychological issues versus those who may advocate in related domains. Within the results, the survey found that variance of involvement was, in part, impacted by disinterest (28%), which was comprised of five predictor variables including 'not believing there is a need for advocacy.' This component of

disinterest is consistent with previous research that advocacy may not be a priority among many psychologists due to a general lack of interest (Heinowitz et al., 2012).

The survey study conducted by Lyons and co-authors in 2015 found a positive correlation between public policy advocacy training and number of hours in advocacy participation by psychology graduate trainees. A majority of the sample (n=79) supported the statement that advocacy is an important aspect of the profession, demonstrating that the perceived need for advocacy was present in a majority of psychology trainees (Lyons et al., 2015). These studies on psychology graduate students suggest that varied involvement in advocacy and the perceived need for advocacy may be interrelated with advocacy training experience.

There are several theories as to why the perceived need for advocacy is variable and inconsistent among psychological professionals and students. DeLeon and Kazdin note that many psychologists decline to engage or acknowledge the need, because they may not see the relevance of the bigger picture to their personal and professional lives (2010). Lating, et al. comment that psychology has a historic draw of individuals interested in interpersonal issues in nuanced ways, as opposed to the larger socioeconomic and sociopolitical factors informing practice (2010). Several authors discuss and document that, despite the need, many psychologists remain uninformed of either public policy impact on the field or unaware of opportunities for participating (Gronholt, 2009; Heinowitz et al., 2012; Lating, et al., 2010). The cultural divides between academic and practice branches of psychology, and their relative issues, may contribute to the discipline being less involved than other professions in terms of advocacy, policy and legislation (Lating, et al., 2010). There is also a distinct lack of interest or indifference with regard to public policy and political activities, which may factor into perceived need and participation in advocacy (Gronholt, 2009; Heinowitz et al, 2012; Lating, et al., 2010).

Several studies speak to the differences between older, more experienced practitioners and psychology graduate students in their levels of perceived need for advocacy. In her dissertation study, Gronholt examined the differences between and barriers to faculty and graduate student participation in legislative advocacy. Overall, the study found a higher level of participation in advocacy activities among faculty members and older practitioners, suggesting that the perceived need for professional advocacy may be brought into awareness through experience in the field, as well as involvement in professional organizations (Gronholt, 2009). In a national survey, Myers and Sweeney evaluated advocacy perceptions of the leaders in the professional counseling field. The results demonstrated that 96% of the respondents considered advocacy to be a moderately or highly needed professional activity, and found that the perception of the highest current advocacy needs are the public image of counseling and counselors over advocacy for greater consideration of professional counselors for available jobs. The results of this study are of a related field, professional counseling, and may be skewed, as the focus on leaders in the field as participants likely increased the perceived need for advocacy as a professional activity (Myers & Sweeney, 2004).

There may be variability of the perceived need for advocacy depending on the aspect or domain of advocacy. Levant and co-authors note that psychologists traditionally view their role as instruments of change on an individual level rather than community involvement, leaving it up to psychology organizations on the state and federal levels to engage in advocacy practices (2001). Heinowitz and co-authors similarly comment in the discussion of their study, that psychologists may more readily advocate for individuals than for larger platforms (2012). Their results also demonstrated that psychologists who tend to advocate tend do so regardless of whether the issue lies within or outside of their specific field, indicating that specialty or personal

relevance may not factor into variable perceived need for advocacy. On the other hand, Myers and Sweeney found that almost one third of their respondents included advocacy for specialties in their organization's efforts. As noted above, the same respondents identified public image of their field highest advocacy need over advocacy for greater consideration of professional counselors for available jobs (Myers & Sweeney, 2004). Furthermore, it is noteworthy that these respondents did not view paid staff and consultants as a needed aspect for advocacy on behalf of counselors' interests (more than half), but did endorse the view that more funding is needed to support advocacy efforts. These seemingly contradictory results may suggest that low awareness of what advocacy consists of can impact perception of advocacy needs.

Perceived need for training in professional advocacy. The need for training in advocacy is most often perceived and stated by professionals whom are already involved in public policy, such as many of the authors cited in this literature review. Lack of knowledge and competency to discuss legislative issues are outlined below as significant obstacles to advocacy participation in survey studies (Gronholt, 2009; Heinowitz, 2012), which indicates a possible perceived need for training, but is not directly addressed by these studies. In a survey study of medical doctors who participated in a public health advocacy training for a specific issue (childhood obesity prevention), the participants articulated the need for training in advocacy following completion of the training. This suggests an increase in the recognition for needed training in advocacy through increased awareness and comfort with advocacy practices (McPherson, Mirkin, Heatherly, & Homer, 2012). Many of the authors who are involved in professional organizations responsible for advocacy emphasize their observations of advocacy training needs (DeLeon et al., 2014; Fox, 2008; Garrison, et al., 2017). From the literature it can be, to some extent, surmised that the perception of the need for training is subsumed in the

identification of obstacles that training would diffuse, but is only directly recognized by those whom already understand the advocacy needs and impact of public policy.

Rationale for Advocacy Training in Graduate School

Lack of advocacy education and training in psychology graduate programs is prevalent in the literature as a primary concern for participation in advocacy (Garrison, et al., 2017; Lating, et al., 2010; Lee et al., 2012; Rozensky, 2014). Training and education for psychology graduate students and professionals can address the underlying factors for participation and perceived need of advocacy. For decades it has been proposed that psychologists need to be trained to take an active role in communities, legislatures, and courts to bring about the changes needed based on psychological knowledge (Shore, 1998; Roysicar, 2009). Exposure to public policy, and learning about the legislative process and culture, are key to developing skills and engaging psychologists in the public policy process (DeLeon et al., 2014; Rozensky, 2014). The results of Gronholt's dissertation study that older practitioners are more likely to be involved in professional organizations and advocacy activities than graduate students suggest that increasing awareness at the graduate level may facilitate increased involvement (2009). Despite this training need, very few psychology training programs significantly address the public policy process or incorporate advocacy training into their curriculum. DeLeon and his colleagues further note that, "As a maturing health-care profession, psychology's training programs have an institutional responsibility to educate our next generation regarding the public policy and public health context in which they will someday practice" (2014, p. 35).

Awareness versus engagement. As noted in the previous section, there is a documented awareness of the need for advocacy on behalf of the profession. However, this awareness is not congruent with actual engagement and involvement in advocacy by psychologists. In a

preliminary study on advocacy training, Lyons and colleagues note that the majority of their sample supported the statement that advocacy is an important aspect of the profession, but that there appeared to be a disconnect between recognition of the need for advocacy and the implementation of training programs to increase involvement (2015). Without early training for psychologists, the obstacles identified below will continue to prevent psychologists from engaging in public policy advocacy on a larger scale.

Obstacles to professional advocacy. There are several identified obstacles to public policy engagement in the literature, including lack of education and training, inadequate resources and lack of financial support, lack of time, lack of awareness of public policy systems and issues, disinterest in advocacy, uncertainty of ability to contribute, lack of collaboration, personality and individual relationship focus of the profession, academia focus in traditional training models and limited involvement by psychologists in academia, and resistance to public policy makers. Psychologists involved in the public policy process often cite lack of education and training time in advocacy as an obstacle to participation (Lating, et al., 2010; Garrison, et al., 2017). There is evidence to suggest this is a significant obstacle, including the survey study by Myers and Sweeney, which found that most of the practitioners felt they needed more training. Additionally, the study by Lyons et al., found that hours spent involved in advocacy activities increased as a direct function of advocacy training hours (2015).

In 2012, Heinowitz and co-authors published a survey study examining the discrepancy between understanding advocacy and low levels of involvement. They initially found that those with less advocacy time feel as though not being aware of current public policy issues was a relative inhibitor. When the researchers conducted a stepwise linear regression with nine predictor variables the overall model significantly predicts public policy advocacy. Out of the

nine variables the only significant barrier present, after considering overlap of variance, was ‘awareness of public policy issues.’ The authors then extracted 3 components from the 10 barriers: disinterest (28%), uncertainty (21%) and unawareness (11%), which accounted for 60% of the total variance for lack of advocacy. The results further revealed that several barriers were independently correlated with psychologists’ participation in advocacy; however, a substantial overlap of variance was also indicated. Much of the predictive influence of the assessed barriers to advocacy were actually subsumed under the barrier of feeling unaware of public policy issues for which to advocate, which suggests that lack of awareness of advocacy issues strongly inhibits involvement in psychology advocacy. The authors note that these are crucial findings because they illustrate that lack of motivation or unwillingness to advocate is not the primary responsibility for preventing advocacy, but rather it is a deficiency in understanding or simply being aware of the relevant issues (Heinowitz, 2012). DeLeon and Kazdin note that superficial or brief involvement can often lead to disappointment and possible disengagement from advocacy efforts (2010), but the results of the Heinowitz study suggest that negative past experiences do not deter people from advocating in the future (2012).

In her dissertation study, Gronholt found that ‘no time’ was the highest reported variable acting as a barrier to advocacy participation, but when correlated to actual activity level three barriers were the best predictor of low advocacy activity: ‘no awareness of advocacy issues,’ ‘no interest in advocacy,’ and ‘no awareness of advocacy opportunities.’ When faculty and students were compared, ‘no competence to discuss legislative issues’ also emerged as a predictor variable for both. She further notes that these results contradict a previous study by DeLeon, which suggests the greatest barrier to psychologists’ involvement in advocacy is the lack of understanding about the legislative process and its impact on the profession of psychology

(2009). Levant et al. make the observation that psychologists tend to underestimate the breadth of their own skills and competencies (2001), and the Gronholt study supports this conclusion that feeling incompetent regarding public policy is an obstacle to advocacy participation (2009).

Myers and Sweeney found that some counselors identified lack of collaboration among health professionals as an obstacle to advocacy participation in their survey study (2004). This may be related to the personality that the psychology profession attracts, with a focus on the individual relationship in the profession (Cohen, et al., 2012; Lating, et al., 2010). Several authors further theorize that the academia focus in traditional training models and limited involvement by psychologists in academia is a major factor in the lack of collaboration among psychologists for advocacy (Cohen, et al., 2012; Heinowitz et al., 2012) Overall, health care practitioners need education on the process of legislation and the players involved, so they are not at a disadvantage with little exposure to policy and the political process during formal education (Rozensky, 2013; Willis et al., 2014). Thus, students must learn the importance of advocacy and be personally involved in ongoing advocacy efforts (Fox, 2008).

Overcoming obstacles. Given the number of barriers outlined above, the most optimal way to overcome these barriers and increase involvement is to develop advocacy training in psychology graduate programs (Hill, 2013). Increasing advocacy curriculum in graduate programs would potentially increase student participation in advocacy efforts, as it is possible that lack of interest may result from the students' lack of awareness of what advocacy entails (Gronholt, 2009). Further, faculty role modeling and encouragement of student involvement may increase student awareness of opportunities (Lee et al., 2012).

The Heinowitz study demonstrates that areas previously assumed to be relevant barriers to advocacy (unawareness of opportunities, lack of time) appear less important. Therefore,

interventions and training should be focused on improvement with regard to current, relevant public policy concerns (2012). A study by Nilsson and Schmidt examined variables that were hypothesized to contribute to social justice advocacy among graduate students (problem solving skills, worldview, social concern, and political interest). The authors found that the desire to become involved in social justice advocacy and political interest predicted actual engagement in social justice advocacy, and, that, political interest accounted for a large portion of the desire to become involved in social justice advocacy. These results may indicate the importance of political interest in motivation for advocacy engagement (Nilsson & Schmidt, 2005). Developing an understanding of the personal and professional impact of potential policies is a key motivator for increasing involvement (Willis et al., 2014).

The efficacy of advocacy training is demonstrated in a study done by Lyons et al. examining the relationship of time spent in advocacy training to public policy advocacy involvement. The authors found that time spent in training significantly predicted time spent in advocacy involvement, and that the involvement hours increased as a function of the training hours (Lyons, et al., 2015). Another pilot study of advocacy-related elective coursework in a medical school demonstrated increased self-confidence for medical students in their abilities to advocate in clinical settings, influence public policy, write an opinion editorial, give a TV/radio interview, influence legislation, and be a community leader through completion of the elective course combining didactic and experiential learning activities (Lee et al., 2012). The piloted medical school course described by Lee and co-authors also resulted in improved attitudes regarding the importance of provider participation in the health care reform process and the importance of interprofessional collaboration. The survey of participants (primary care physicians) in the *Be Our Voice* training for public health advocacy strategies found the training

to be effective at building comfort with and motivation for engaging in public health advocacy (McPherson et al., 2012). These studies demonstrate the potential impact of training to circumvent the competency barrier and other obstacles to participation in public policy advocacy for psychologists and graduate students.

Development of professional identity and values. Identify formation during graduate school is central to becoming a psychology professional, requiring students to negotiate new identities and reconceptualize themselves both as people and as professionals (Hall & Burns, 2009; Sweitzer, 2009). The dominant model in professional psychology training programs focuses on facilitating change through direct services to individuals, versus systemic involvement (Cohen, et al., 2012; Fox, 2008; Hill, 2013; Levant et al., 2001). It follows that the professional identity of most psychologists as developed in graduate school does not include that of advocate on a systemic level; and graduate training must prepare students to intervene at both individual and systemic levels to effectively serve clients and engage in interprofessional health care (Mallinkrodt, et al., 2014; Rozensky, 2013). It is also likely that some psychologists decline to engage in advocacy efforts because they do not see the relevance of the bigger picture to their personal and professional lives (DeLeon & Kazdin, 2010; Roysicar, 2009). Thus, targeting professional identity and values early during graduate school is needed to shift to new roles as part of psychology's core identity (Levant et al., 2001; Chang, et al., 2009). It is necessary to now broaden professional identity beyond its traditional isolated silo orientation, and educational institutions must show the way, possibly through integration of advocacy and policy issues into coursework (DeLeon & Kazdin, 2010). "This involves working with educators, clinical supervisors, and others to integrate a focus on advocacy involvement as part of the professional identity of those entering the profession" (Fox, 2008, p. 636).

By creating a culture of advocacy involvement in the profession through training and exposure during graduate school, *values* of advocacy can be integrated into professional identity (Fox, 2008; Kirsh, 2015; Chang, et al., 2009; Rozensky, 2013). Once advocacy is a valued asset of the field, the lack of preparation and awareness can be addressed through graduate training programs and continuing education courses as avenues for increased engagement (Heinowitz et al., 2012). They state that, "increased valuation of advocacy combined with the necessary tools and avenues to pursue it, will ignite motivation for psychologists to take their roles as advocates seriously" (Heinowitz et al., 2012, p. 376). Lating, et al. note that psychologists may have an altruistic sense that guild issues are inappropriate agendas for advocacy (2010). Levant and co-authors theorize that emphasis on ethics and clear scope of practice causes a conservative approach in transferring skills to new areas, as well as a critical or passive approach to making recommendations for public policy decisions. On the other hand, Mallinkrodt, Miles and Levy point out that advocacy is directly related to the value of well-being for psychologists, since these types of skills are necessary to address contextual factors and systems of oppression that have a negative impact on health (2014). These comments illuminate potentially contradictory values psychologists must contend with. Considering these different perspectives, it is important to develop an open forum for discussion of values related public policy advocacy within training programs.

Topics of Advocacy Training

The following section will outline topics and areas that warrant inclusion in advocacy education, based on observed training needs in the literature. Education for advocacy must be multifaceted in order to create strong knowledge base of the political system and current issues, as well as engender feelings of efficacy for psychologists in advocacy participation.

Learning definition and basics of advocacy in psychology. As delineated in previous sections, it is considered problematic that there is no clear definition and universal understanding of advocacy in psychology. Advocacy education must start with definitions related to advocacy and a specific understanding of professional advocacy. Per the initial section on advocacy definitions, the three part model as described by several authors, which breaks advocacy down into social justice, public policy, and professional advocacy, lends itself to explaining how professional advocacy fits and overlaps with other areas of advocacy (Heinowitz et al., 2012). Additionally, the definition of professional advocacy by Ronald Fox (2008) is helpful in further clarifying what the practice of professional advocacy means. The basics of advocacy should also include a short overview of the purpose of advocacy as being both in the interests of professional viability and ability for individuals to receive needed services (Cohen, et al., 2012; Hill, 2013; Penman, 2011). Another helpful model to introduce under this topic is the breakdown of the interplay between clinical practice, research and policy as they relate to health care (King, 2004).

It is important to address the relationship between advocacy and lobbying during advocacy training, as lobbying often has negative connotations associated with it, particularly for psychologists who may want to remain politically neutral. The clarification should be made of lobbying as legislation-related activity, often reactive in nature, and as only one aspect of advocacy efforts among many (Cohen, et al., 2012). Lobbying efforts in advocacy generally have the goal to promote fairer or better practice when it comes to psychological health and well-being, but are also necessary to protect scope of practice for the profession. These points are important to make, so that students understand lobbying as a necessary aspect of advocacy for several reasons, but not the focus of advocacy per se.

Basics of the political process and public policy. Developing knowledge of legislative and political processes will assist psychology graduate students in understanding policy-making procedures and areas of government for involvement as a psychologist (Burney et al., 2009; Garrison, et al., 2017; Penman, 2011). Learning about legislative procedures and public policy formats will also address the feelings of incompetence that graduate students and psychologists note as a barrier to advocacy participation (Gronholt, 2009; Heinowitz et al., 2012; Lyons et al., 2015). This area of advocacy education should include an introduction to the basic structures of government (three branches), the breakdown of these structures at local, state and federal levels, and requirements for decision-making and passing of laws. It also important to review the extensive network of administration and organizations that falls under the executive branch of government, which are directly involved in the practices of psychology.

During this section of training, the possible roles of psychologists should be reviewed and discussed (Garrison, et al., 2017; Levant et al., 2001; Penman, 2011). In addition to the basic avenues for citizen involvement in policy-making, it would be beneficial to outline specific types of jobs that are advocacy related in public policy or may impact policy outcome and implementation. Here, programs and opportunities for psychologists' direct involvement in public policy can be discussed, such as legislative fellowships, becoming an elected official, and administrative positions.

Impact of policy on psychology practitioners. This section of advocacy education should provide historical perspective for psychology students regarding the context of past policy decisions and current practice. It is important for developing psychologists to understand the impact of past legislation on individual practice and research, and the history of long-term, ongoing advocacy issues (Garrison, et al., 2017; DeLeon et al., 2014). It is also imperative for

students to comprehend the magnitude of advocacy that has occurred to maintain status quo in the practice of psychology, as these legislative battles often go relatively unnoticed in the larger psychological community (Howe, et al., 2010; Rozensky, 2014). Given the results of the surveys related to advocacy training and education, it will be key to utilize specific examples of the most relevant areas of policy, such as healthcare economics and Medicare/Medicaid history, continually changing billing codes for services psychologists provide, and licensure laws as related to scope of practice (Levant et al,. 2001; Howe, et al., 2010; Willis et al., 2014). In addition to policy, it will be important for students to understand the relationship of legislation (e.g. Affordable Care Act) and the evolving structures in the health care system. Specifically, such organization structures as the Accountable Care Organization (ACO) and the Patient Centered Medical (or Health Care) Home (PCMH) are likely becoming the future of institutionally-based interprofessional health care practice settings and professional psychology's place in these settings needs to be understood by psychologists-in-training (Rozensky, 2014). Lastly, curriculum must address the difficulty that psychologists have in defining their identity, as this has greatly impacted perception of the field historically. Curriculum should facilitate discussion and clarification of psychologists' role and self-definition as a scientifically based health profession (Lilienfeld, 2012; Rozensky, 2013).

Current advocacy and public policy issues. Per the previous section on obstacles to advocacy involvement, the most salient barrier identified in the studies was unawareness of *current* issues (Heinowitz et al., 2012). It thus follows that current issues and policy concerns should be treated as its own topic area for advocacy education, and should be comprehensive in nature. This area of advocacy training should cover current issues related to all domains of advocacy for psychology, including, but not limited to, issues of professional practice, health and

well-being, social justice, education and training, research, and violence prevention. The importance of remaining up to date on with ongoing health care reform issues should be stressed to students as related to their scope of practice and reimbursement potential (Rozensky, 2014). Details regarding policy concerns and advocacy initiatives should be reviewed for all areas of current issues. For further information on current advocacy issues, please refer to Current Issues subsection of the History section. When discussing current issues with students, it will also be important to highlight reasons that advocacy supports research and academia, in addition to practice, so developing psychologists understand that public policy and other structures dictate the ability to engage in all forms of psychology (Cohen, et al., 2012; Garrison, et al., 2017; Willis et al., 2014).

Identification of advocacy-related strengths. A topic area key to facilitating increased confidence for psychologists in their abilities to advocate is the identification of advocacy-related strengths that psychologists have based on their education, training and experience (Lyons et al., 2015). Cheryl King outlines several key strengths that enable psychologists to health policy development, including, knowledge of human behavior, a scientific orientation, clinical services knowledge and experience, strength in written expression, and a multidisciplinary/collaborative orientation (2004). Additionally, verbal communication strategies, relationship-building, and developed problem-solving skills are key strengths that psychologists have for advocacy (Lating, et al., 2010; Levant et al., 2001). These types of skills that psychology students are already developing, which can be linked more discernably to actions that are part of advocacy participation in a training curriculum, thus highlighting their direct translation to advocacy actions (Lyons et al., 2015). This prepares students to consciously utilize skills in an integrated manner for advocacy as they enter the profession as psychologists. It also increases students'

confidence and feelings of competency in their ability to participate in advocacy, thus increasing the likelihood for advocacy involvement as a psychologist.

Strategies for successful advocacy. In order to provide guidance in advocacy engagement, advocacy education needs to include strategies for successful advocacy. A key strategy area named in the literature is effective communication with decision-makers and other key stakeholders in the public policy process (Cohen, et al., 2012; DeLeon et al., 2014; Willis et al., 2014). Curriculum should address and review specific communication strategies, which increase the likely receptivity to points of view, and provide an opportunity to practice these strategies. For example, demonstrating financial benefits of psychological services to decision-makers, with the purpose of increasing motivation to support psychological practice (Cohen, et al., 2012; Rozensky, 2014). Another key strategy is partnerships with other health organizations and stakeholders, and students should gain understanding of the strategic importance of alliances for lobbying purposes, as well as review potential partners for psychologists (DeLeon et al., 2014; Fox, 2008; Penman, 2011). Approaches to choosing issues for advocating are very important to learn, specifically, understanding the larger context of those issues and other factors that may be at play for decision-makers outside of the direct impact on psychological practice (Cohen, et al., 2012; DeLeon & Kazdin, 2010). Interprofessionalism strategies should also be covered in the advocacy curriculum, including communication skills and sharing of clinical information with other health professionals (Rozensky, 2014). These interprofessional strategies build relationships with other professionals, clarify psychology's expertise and facilitate better health care for the patients. Rozensky also points out that interprofessionalism and team based competencies are key concepts in the Affordable Care Act, and training programs must incorporate development of these competencies (2014).

Prevalent in the literature is the emphasis on facilitating knowledge of the potential contribution to society and the unique areas of expertise of psychologists, which will increase the likelihood that psychologists' perspectives will be taken into account by decision-makers (Cohen, et al., 2012; Howe, et al., 2010; Willis et al., 2014). It will be important for students to learn the significance of this strategy and specific ways of translating knowledge to non-health professionals and the general public (Cohen, et al., 2012). Similarly, DeLeon and Kazdin point out the importance of expertise in technologies for dissemination of information and services (2010). Additionally, students should be informed of advocacy practices and engagement within organizations, such as taking on leadership positions, building relationships with administrators, and increased communication of what psychology offers to the organization (Hill, 2013). Lastly, Patrick DeLeon's Five Key Mediators to successful advocacy should be included in advocacy training material, given his extensive history of involvement with public policy advocacy. The key mediators are: patience, persistence, establishment of effective partnerships, emphasizing personal relationships in the policy process, and adoption of long-term perspective/vision (DeLeon et al., 2014; Willis et al., 2014; DeLeon & Kazdin, 2010). These mediators should be reviewed in-depth for students to incorporate into advocacy strategies.

Avenues of engagement in advocacy. The final portion of advocacy education should be focused on specific avenues and ways that students and psychologists can become involved. As mentioned throughout, building relationships with elected officials and decision-makers is key to influencing policy decisions, such as through regular visits to legislative offices (DeLeon et al., 2014; Penman, 2011). Other relationships and collaboration, such as those among psychological colleagues, should also be taught as a part of advocacy. Another vital aspect of advocacy engagement is involvement in professional associations at the federal, state and local levels for

several reasons, such as backing lobbying activities and staying abreast of current issues for advocacy. It should be highlighted that there are several ways to be involved in professional organizations beyond basic membership, such as monetary support of PACs, conferences and lobby events, attending the State Leadership Conference, and legislative committees within organizations (Willis et al., 2014; Gronholt, 2009). Resources to stay informed of current issues should be provided to students, as this is imperative to relevant advocacy action, and should include access to action-alerts.

Burney and his colleagues emphasize the importance of the mentoring relationship for advocacy involvement, highlighting several programs throughout the nation as examples of teaching graduate students advocacy engagement (2009). Gronholt's dissertation study also highlights the importance of role modeling by faculty members to students in advocacy capacities (2009). Hall and Burns argue that mentoring relationships between faculty members and doctoral students are key to professional development, and, most importantly, that a focus on identity formation results in more successful enactment of a professional identity (2009). These relational practices of learning would, ideally, be incorporated into an advocacy education program, and students should be made aware of possible opportunities, such as the APA congressional fellowship program. The literature also describes the significant impact psychologists' can have in different roles, such as public policy advisory boards, staff of hospitals and community health centers, and communities' chamber of commerce (DeLeon et al., 2014; Hill, 2013; Levant et al., 2001). Lastly, the possibilities of becoming a decision-maker themselves, such as a legislator or administrator in the executive branch, should be explored at length in advocacy training (Garrison, et al., 2017; Sullivan, Ybarra, McNamara, & Bulataq, 1995). This part of the education should include not only a comprehensive list of different types

of positions, but also provide a forum for discussion of any fears and other emotions that may be triggered by the possibility of a different type of role.

Implementation of Advocacy Training and Education

The case has been made for psychology advocacy education, but the question of how to implement advocacy training and curriculum remains. The following section outlines different possible avenues for training, specific suggestions for graduate school implementation, and barriers for implementation that need to be addressed.

Avenues for training. The literature engagement suggests a diverse range of possibilities for addressing advocacy training. Several authors identify continuing education courses, seminars and workshops, as well as online learning and self-study activities, to provide psychologists with the knowledge necessary to engage in advocacy activities (Levant et al., 2001; Lyons et al., 2015; Radius, Galer-Unti & Tappe, 2009). Providing workshops at conferences, and trainings sponsored by state and national psychological associations, are also a significant way to dispense advocacy-related information (Cohen, et al., 2012; DeLeon et al., 2014; Radius, et al., 2009). More specifically, APA's State Leadership Conference is described as one of the best ways to engage both psychologists and graduate students through several compact days of training and engagement with legislative offices (Burney et al., 2009; Willis et al., 2014). Mentoring through state psychological associations and student membership on legislative committees of state organizations are another form of training. These opportunities enable students to not only learn advocacy strategies, but also engage fellow students in their respective graduate programs (Burney et al., 2009; Fox, 2008; Gronholt, 2009). DeLeon and his co-authors identify the APA Congressional Fellowship Program as one of the most successful ways for psychologists to learn about the public policy process (DeLeon et al., 2014). However,

the small size of the program means that it is not suited for widespread training of graduate students. It should also be noted that a tailored approach to advocacy education, with focus on issues of meaning to different professionals, may attract a greater amount of people to advocacy activities (Heinowitz et al., 2012).

Graduate school implementation. Regardless of the training avenues identified above, it is *most* important to implement training into psychology graduate school programs, specifically into curriculum (Finke, 2011). The specific obstacles to advocacy involvement, increasing awareness as early as possible regarding advocacy and public policy development, and the need to create a cultural shift of psychology values, all point to graduate school as the optimal arena for implementation of advocacy education (Fox, 2008; Garrison, et al., 2017; Penman, 2011). Mallinckrodt, et al. point out that inadequacy of two education domains (research and practice), and the necessity of adding advocacy as a third domain for contemporary graduate training demands (2014). According to APA's *Guidelines and Principles for Accreditation of Programs in Professional Psychology*, current doctoral program curriculum requirements include: biological aspects of behavior; cognitive and affective aspects of behavior; social aspects of behavior; history and systems of psychology; psychological measurement; research methodologies; techniques of data analysis; individual differences in behavior; human development; dysfunctional behavior or psychopathology; professional standards and ethics; theories and methods of assessment and diagnosis; effective intervention; consultation and supervision; evaluating efficacy of interventions; and issues of cultural and individual diversity that are relevant to all of the above (APA, 2006). While these topics include many aspects of psychological knowledge, research and practice, any mention of advocacy is conspicuously missing, meaning that there are no current requirements for teaching advocacy of psychology.

There are several different methods for implementation into psychology graduate programs, such as throughout clinical training and supervision, and integration of public policy issues into existing coursework (Chang, et al., 2009; Heinowitz et al., 2012; Mallinckrodt, et al., 2014). In addition to advocacy related training in predoctoral internships, clinical supervision and practicum, adding new coursework is necessary to teach advocacy in a comprehensive manner (Lyons et al., 2015; Mallinckrodt, et al., 2014). Specific coursework in public policy advocacy is the most direct and efficient manner to aid students in developing advocacy skills, while increasing comfort, enhancing familiarity, and expanding knowledge of current issues (Heinowitz et al., 2012; Mallinckrodt, et al., 2014). Additionally, faculty role modeling of advocacy involvement is an integral aspect of engaging graduate students in the public policy process (Burney et al., 2009; Finke, 2011; Fox, 2008; Gronholt, 2009; Sweitzer, 2009).

Implementation barriers. The primary obstacle to implementation of advocacy education in psychology graduate programs is the lack of competent faculty to teach it. In Gronholt's survey of faculty versus student advocacy involvement, the two best predictors of low advocacy activity for faculty were "no awareness of advocacy opportunities," and "no competence to discuss legislative issues" (2009).

Similarly, health education faculty reported limited professional preparation and development experiences in advocacy in a survey conducted regarding advocacy in community health education (Radius, et al., 2009). The same study also found that, despite the belief that advocacy is important or very important for health education practitioners, the extent and type of faculty involvement in advocacy varied greatly. Specifically, they were much more likely to participate at local or state level versus federal. Most notable, approximately only half of the faculty survey felt at all competent to teach students about advocacy and only a fourth

acknowledged the existence of adequate instructional materials for teaching advocacy to students (Radius, et al., 2009). This highlights the need for preparation and instructional materials in facilitation of faculty teaching advocacy, as well as the necessity of collaboration among professional organizations and those actively involved in advocacy with university faculty to assist with implementation of advocacy education. University faculty needs forums at state and local conferences, and within professional journals, to discourse best practices in advocacy-related curriculum, instruction and assessment (Radius, et al., 2009).

Another factor impeding implementation into graduate school curriculums is the complicated logistics of adding coursework into core curricula and finding space in already extensive coursework for psychology graduate students. The SPA model was successfully implemented by University of Tennessee (discussed in greater depth below), but the authors note a difficult process of program modification and faculty adjustments, as well as students reporting feeling overwhelmed with the added tasks associated with social justice advocacy (Mallinkrodt, et al., 2014). These factors must be addressed during the curriculum design and implementation process.

Review of Existing Advocacy Education Models

Scientist-practitioner-advocate model. Beginning in 2007, the University of Tennessee adopted a new tripartite model for its counseling psychology doctoral program to include social justice advocacy as an equal element with the scientist and practitioner elements. In 2009, this model became the first of its kind to be accredited by the American Psychological Association, when it was up for re-accreditation. Mallinckrodt, et al. describe the scientist-practitioner-advocate (SPA) model in a 2014 article, identifying advocacy as a necessary domain in contemporary graduate training. The authors state that problems of clients and sources of distress

occur within sociocultural contexts and hierarchies of privilege and oppression. Thus, requiring greater understanding of these contextual factors and skills to address these systems of oppression that lead to psychological symptoms. The SPA model overlaps and links the three elements (research, practice and advocacy), and provides training in advocacy practices both within and outside of treatment settings (Mallinkrodt, et al., 2014).

The model is based on four key competency domains in practice (knowledge, skills, attitudes and values), and developed social justice advocacy competencies within three realms: client/student empowerment, school/community and public arena. These areas are each split into acting with or acting on behalf of, and include specific competencies in each of the domains. In the knowledge domain they incorporated some elements into courses, and additional content from disciplines outside psychology was identified as critical, such as multicultural education, political science, history, rhetoric, sociological theory and social work. Self-examination and awareness were also included in the knowledge domain. In the skills domain, there are components in each of the six cells of the Toporek model, such as community organization, knowledge of lobbying and fundraising, or skills of persuasion for one-on-one interaction advocacy, and a new cluster added related to skills of intergroup dialogue. For each training goal identified, a course development matrix was constructed with three columns: (a) domain learning objective, (b) how the objective will be achieved, and (c) how mastery will be assessed. For some learning objectives, an already existing course was identified in the second column, so it just needed to be included in that course and assessed. The model includes requirements of organizational psychology or a course in college teaching to develop skills for intervening at a systems level, as well as a “capstone elective” that must be taken outside the program such as in

sociology, law, political science, economics, anthropology, ethnic/racial studies, cultural studies or women's studies (Mallinkrodt, et al., 2014).

The authors provide an overview of the Specialized Curriculum, which includes Didactic Practicum, Social Justice Colloquium, and Social Justice Practicum. The didactic practicum is the element mentioned earlier of intergroup dialogue, and was designed to build upon students' knowledge of group theory and skill in group facilitation, as well as knowledge, skills, and awareness of multicultural and social justice issues. Doctoral students eventually facilitate an 8-week intergroup dialogue of undergraduate students. The Social Justice Colloquium (SJC) is intended to introduce students to a range of social justice issues in the community, and to the human services agencies and community organizers who are attempting to address these issues. The course brings students together with potential Social Justice Practicum (SJP) sites and placement supervisors. The SJP is a two semester, didactic practicum sequence, where the primary goal is integrating science, practitioner and advocate elements of the training model. One half day per week at their sites, students focus on activities that foster change at an institutional or systemic level. Mastery is assessed through a series of assignments: personal theory of social justice and orientation toward advocacy paper, social consciousness raising presentation to a lay audience, letter/op-ed to local newspaper, client empowerment project, paper on social change strategies and political tactics. Then the core assignment is a three step project, including, a needs assessment, program/intervention development and program evaluation (Mallinkrodt, et al., 2014). What is noteworthy about this model are the many experiential elements to learning advocacy.

The authors also explain that the change in training model required modifications to the admissions and selection procedures, including a new essay, information about the focus of the

program, and added credits to the program. They note that the shift may provide a competitive edge for internship with additional training, and that application to their program increased by 240%. Regarding faculty, the authors state that significant adjustments had to be made to coursework taught and faculty assignment of coursework, and note the challenge of faculty needing to role model social justice with their own actions. The university assessed student outcomes and conducted a qualitative survey in 2012, which found students to be generally very satisfied. The survey identified three challenges/problems: needing more integration in curriculum with opportunities for applied experiences earlier, a feeling of overwhelm with tasks and expectations of teaching, research, and clinical practice in addition to social justice advocacy, and advocacy not understood or valued universally by all psychology department faculty. The program outputs marked increase in theses and dissertations exploring social justice themes, and internship match rate stayed the same. The authors state that the SPA training model addresses the gaps in training for psychologists to meet the needs of clients in a society where the impact of culture and social context is magnified by technology, and disparities of income and opportunity have reached levels not seen since prior to the great depression. Therefore, an increased need for students and psychologists to be trained in this manner is concluded (Mallinkrodt, et al., 2014).

Graduate courses and assignments. An example of a coursework assignment pertaining to public policy advocacy is outlined by James Campbell, as utilized in his undergraduate and graduate courses in psychology. Students are assigned the task of choosing an issue related to course content and reviewing the relevant psychological research, followed by writing a two-page letter to the appropriate public official with empirically-based conclusions and suggestions regarding the issue. He notes that the exercise is meant to bridge the gap between receiving

information as students and developing skills for action based on the psychological knowledge acquired. They are additionally asked to take a position or stand on a particular issue, facilitating skill- building for professional roles and potential involvement in public policy decision-making (Campbell, 1996).

Rita Lee and her co-authors describe the Leadership Education Advocacy Development Scholarship program at the University of Colorado School of Medicine, which was established for healthcare providers to become leaders and health advocates. The elective course utilizes didactics and experiential learning activities to study topics of: Introduction to the US Health Care System, The Politics of Health Care Reform, Influencing Legislative Policy, Writing a Fact Sheet, Community Organizing, Coalition Building, Working with the Media, Writing for Effect, and Comparative Health Care Systems. The authors also note a focus on interprofessional collaboration with faculty from other professions, and bringing in local content experts to teach several sessions (Lee et al., 2012).

Mentorship training models. Burney and his co-authors describe several different mentorship training models in their 2009 article, including mentorship programs with state professional organizations and several opportunities through the American Psychological Association. They note that all the programs share a foundation of intentional learning and relationship development. The Massachusetts Psychological Association has a group of student leaders and a peer mentoring program. The student representatives identify student agenda needs, hold meetings to inform other students about trends in the field and other practice developments, and facilitate different types of support for doctoral students. MPA also increased interaction of students with senior psychologists to discuss a variety of professional topics and learn MPA leadership processes. Eventually MPA established a fellowship advocacy-training slot in 1990

for one doctoral student per year to be mentored in the advocacy process and leadership functions, such as attending meetings of the Legislative Advocacy Committee and Board of Directors, working on legislative bills and hearings, and sometimes testifying before legislative committees. The fellow additionally completed a project of his or her choosing in an area of advocacy, as well as attended the APA State Leadership Conference. Another training opportunity was created by the Sam Houston Psychological Association in Texas; a 2-year Professional Externship in Psychology to learn state association leadership and legislative advocacy. The extern attends all Local Area Association (LAS) meetings, and takes on two different roles (secretary, first year; president, second year), as well as attending annual state meetings. The extern is part of the LAS presentation team at conferences, and is expected to take initiative to motivate other students to attend meetings related to professional leadership and advocacy (Burney et al., 2009).

Burney and his co-authors also write about national mentoring experiences for psychology students and psychologists, primarily the APA State Leadership Conference (SLC) and the Federal Advocacy Coordinators (FAC) program (see History section for details). These activities and programs are ongoing tools for students and psychologists to build advocacy skills and relationships with policymakers, and as such should be included in possible opportunities in an advocacy curriculum (Burney et al., 2009).

Fellowship training. As described in the History section by Garrison, et al., the American Psychological Association established a Congressional and Executive Branch Fellowship program during the 1970's. While this program pertains to advocacy training after graduate school, it demonstrates experiential training as an avenue to advocacy involvement for psychologists. Congressional Fellows work on legislative team or congressional committee,

engaging in such activities as drafting legislation, assisting with congressional hearings and events, preparing briefs and speeches, and responding to constituents and the media. Executive Branch Science Fellows are placed at federal agencies, such as National Institutes of Health, National Science Foundation, the White House Office of Science and Technology Policy, the Department of Education, the State Department, the Department of Defense, and the Department of Justice. They engage in soliciting research applications and administering peer review panels, staffing intergovernmental scientific task forces and committees, producing scientific media materials, and working on agency budgets and programming. The authors note that within these diverse roles for the fellows, they have advised policymakers, negotiated on key national policy issues, and forged lasting professional and personal relationships. A majority of the fellows have remained involved in policy work and have encouraged others to become engaged in the public policy process (Garrison, et al., 2017). For the purposes of psychology advocacy curriculum in graduate school, this program supports the necessity of including experiential learning within the curriculum and providing avenues for connection to current policymaking systems.

Summary and Rationale for Proposed Project

Professional advocacy is necessary to protect the viability of the psychology field, clinical practice, research, and training. As discussed above, there is a general lack of engagement by psychologists in professional advocacy. Even psychologists that demonstrate general awareness of the need often do not engage in advocacy activities (Lyons et al., 2015). Earlier literature often theorized that the personality profile of persons drawn to the field of psychology was individualist in nature, rather than considering larger systemic issues. Recent literature, including several survey studies, delineates more specific reasons related to lack of

training and advocacy as a value for psychologists (Gronholt, 2009; Heinowitz et al., 2012; Lating, et al., 2010).

Lack of training is theorized to be the largest factor in professional advocacy engagement for both psychology graduate students and psychologists. The literature thus far demonstrates lack of awareness (particularly related to public policy) and disinterest for students as the most significant barriers to involvement in professional advocacy (Gronholt, 2009; Heinowitz et al., 2012). Exposure and training are the most important ways to overcome these barriers, whether for students or already established psychologists. With the additional factor of professional identity development during graduate school and generation of advocacy values, it can be concluded that the exposure and training must occur in graduate school to effectively impact professional identity and advocacy practices as a psychologist. An additional barrier of qualified professors for implementation of advocacy training should also be noted. In consideration of these factors, this study proposes to develop a detailed curriculum for a graduate level course on professional advocacy in psychology. The curriculum will address knowledge gaps in understanding the public policy process as related to psychology, build skills related to professional advocacy, and decrease potential implementation problems by providing detailed content.

Chapter II: Methodology

This dissertation study aims to address the need for graduate student advocacy education by developing curriculum for graduate level course. This chapter will describe the methodology that was used to develop curriculum and course design for a one-semester professional advocacy course for psychology graduate students.

The study utilized a program development methodology, with specific modifications for curriculum development according to educational models. The first phase of the study consisted of an extensive review of the literature, research, and other resources related to advocacy for psychology and training psychologists for advocacy. The second phase comprised the review and synthesis of data and information to develop the content of the curriculum and the design of the course. The third and final phase included recruitment of three individuals with expertise and experience in advocacy for psychology and involvement in the public policy process to review and evaluate the curriculum and course design.

This advocacy course included components of traditional lectures and discussion forums, writing assignments, experiential learning assignments, and resources for further engagement in the public policy process. The content consisted of topics related to basics of advocacy in psychology, basics of the political process and public policy, history of and impact of policy on psychology practitioners, current advocacy and public policy issues, identification of advocacy-related strengths, strategies for successful advocacy, and avenues of engagement in advocacy.

The overall aim of this advocacy curriculum was to provide experiential learning opportunities and increase knowledge of professional advocacy for graduate students in psychology. The curriculum sought to address the knowledge, skills, and attitudes to promote involvement in professional advocacy throughout the students' careers.

Development of Curriculum

Phase one: review of literature and existing resources. The content of this advocacy curriculum was largely based on an extensive review of literature. This literature was gathered from a variety of internet databases, such as Psych INFO, PsychARTICLES, EBSCOHOST databases, Worldcat, Wiley Online Library, Sage Publication Library, and other internet resources. Several books and dissertations were also utilized for review. Additionally, relevant information from professional advocacy organizations, such as the American Psychological Association and other state psychological associations, was considered, particularly pertaining to history of and current public policy advocacy issues, as well as identifying avenues for involvement in advocacy. The review of literature primarily focused on topics related to advocacy in psychology, professional advocacy, public policy for psychology, advocacy training and education needs, and perceptions of advocacy by psychologists. Specifically, keyword searches will include various combinations such as the following: *psychology advocacy, public policy psychology, advocacy training, advocacy education, advocacy rationale, advocacy definition, psychology advocacy needs, and advocacy graduate school.* An additional narrow search was conducted, addressing the obstacles and barriers to advocacy involvement by psychologists in order to provide a justification frame for the graduate school curriculum and identify specific methods for overcoming these barriers in the curriculum. This review of literature and other resources was essential in providing supporting evidence for a graduate-level advocacy curriculum and the content of the course.

Phase two: curriculum content and course design. Review of the literature and other resources culminated in the second phase of developing the advocacy curriculum, integrating and organizing the information into curriculum content and designing the graduate course. This

phase consisted of four parts: (1) ascertaining content and organizing the content into categories; (2) identifying experiential and mentorship elements for learning advocacy; (3) designing a 12-week, semester long graduate course including the identified content and learning elements; (4) recommendations for curriculum expansion beyond a one-semester course.

Part 1: curriculum content. The comprehensive review of the literature and other resources resulted in curriculum content necessary to educate graduate students in advocacy for psychology. Initial review of the literature indicated topic areas of: definition and basics of advocacy in psychology, basics of the political process and public policy, history of and impact of policy on psychology practitioners, current advocacy and public policy issues, identification of advocacy-related strengths, strategies for successful advocacy, and avenues of engagement in advocacy. It should be noted that the synthesis of information also included review of a previous advocacy training workshop for graduate students, *Advocacy Competency in Professional Psychology*, authored by this writer and one of the dissertation committee members, Lisa Osborn. The topic areas of curriculum content were then organized into categories for course lectures, assignments and reading materials.

Part 2: experiential and mentorship elements. Preliminary review of the literature indicated the importance of experiential learning and mentorship opportunities for learning advocacy in psychology (Burney et al., 2009; Hall & Burns, 2009). As such, it was considered an important aspect of curriculum development for this study. In accordance with the content topic areas determined in Part One, relevant experiential learning activities and mentorship opportunities were identified for inclusion in the curriculum. The experiential learning elements included activities such as, communication and/or personal interaction with a policy-maker to practice relationship building, taking action related to an identified current issue of personal

importance to the student, and a short mentorship relationship with a psychologist involved in professional leadership and/or public policy process.

Part 3: course design. The development of specific curriculum content categories and experiential learning elements culminated in the advocacy course design for a one-semester psychology graduate course. During this part of the curriculum development, competencies were identified for the course based desired objectives. Then, lecture topic content was divided over a 15-week, weekly lecture schedule, along with reading and research assignments (i.e., researching a current advocacy issue). Assignments and activities were created in direct connection with filling the learning objects Written assignments were developed to deepen the students' knowledge of advocacy in psychology, as well as enhance students' motivation for involvement in advocacy through individual issues of importance. The experiential assignments identified, such as communication with policymakers or letter writing, were implemented into the course design as building blocks on top of the initial knowledge development. Additionally, a short-term mentorship with a psychologist or faculty member involved in advocacy was assigned as a mini-practicum during the semester. A final project integrating the learning elements from the semester through actual engagement in advocacy was included in the course design, in conjunction with the mentoring aspect of the curriculum. In addition to review of literature and resources related to advocacy and advocacy training, literature and resources related to course design in higher education were utilized for guidance in the specific layout and structure of the advocacy course. Specifically, the book, *Higher Education by Design: Best Practices for Curricula Planning and Instruction*, as well as the American Psychological Association curriculum criteria for psychology doctoral programs were used.

Phase three: evaluation of curriculum. Following review of the literature and synthesis of the information gathered to develop the advocacy curriculum, approval from the dissertation chair was obtained to enter the third phase of the study. This final phase included an evaluation of the advocacy curriculum and course design by three experts in the domain of advocacy for psychology, in order to obtain feedback on the curriculum. The evaluation assessed the curriculum's content, course design, appropriateness for graduate level education, and potential effectiveness in advocacy training and engagement.

Inclusion criteria for evaluators. Given that the study aims to target doctoral-level education and professional advocacy for doctoral-level practice of psychology, participating experts were required to be doctoral-level practitioners, i.e. psychologists. The psychologists must have met the following criteria for participation as an evaluator: (1) be a licensed psychologist in the United States; (2) have a minimum of 5 years engaging in public policy advocacy for psychology and/or holding a leadership position in a psychology professional organization; (3) have engaged in mentoring or training psychology students or psychologists in advocacy for psychology.

Recruitment strategies and procedures. Inclusion criteria noted above guided the targeting and recruitment of potential expert evaluators for the one-semester advocacy course curriculum. Advocacy experts were targeted through a purposeful sampling of psychologists in leadership positions and/or known to participate regularly in the public policy process on behalf of psychologists, as well as psychologists who have published peer-reviewed literature regarding advocacy for psychology. Additionally, snowball sampling was utilized to identify and retain sufficient participants, by requesting further suggestions for participants from the initially targeted potential participants. The author sent an email to a total of five potential evaluators

from late July 2019- early September 2019 to describe the curriculum and the rationale for its development (see Appendix A). Four evaluators agreed to participate and were sent an informed consent via email, which incorporates an overview of the curriculum, its purpose, the author's affiliation, the associated risks and benefits of participating in the process, and privacy and confidentiality issues (see Appendix B). The evaluator also received a brief questionnaire to assess their eligibility according to the inclusion criteria (see Appendix C). Both forms were sent via the evaluator's preference of email (versus fax or U.S. Mail). Upon receipt of both electronically signed forms, the curriculum and an evaluation form (see Appendix D) were sent to the four evaluators via email. Each expert evaluator was initially given two weeks to review the curriculum prior to the assessment interview. Since the evaluations were not received within that time frame, the author contacted each evaluator via email to discuss the evaluation and any potential concerns or questions the evaluator may have regarding his/her assessment of the curriculum. After a period of approximately seven total weeks, the evaluation phase of the study was concluded with three of the evaluators completing the assessment survey of the advocacy curriculum. The fourth evaluator withdrew from the study, citing insufficient time to complete his review of the curriculum.

***Analysis of evaluation*.** Following receipt of the evaluations of the curriculum by advocacy experts, the author reviewed the responses and identified themes in the feedback regarding the curriculum content and design. From these themes, the author identified recommendations for modification of the curriculum. The author \ also identified potential limitations, strengths and areas for improvement in the curriculum. These recommendations will be described in detail in the discussion section. This information also served towards generating

recommendations for future study and research. Implications for a pilot implementation of the curriculum in a graduate school are discussed as well.

Chapter III: Results

This chapter will provide an overview of the results of steps taken to develop and evaluate the advocacy curriculum. First, a brief overview of the process to collect data to inform the content of the curriculum through review of the literature and other sources will be provided. Next, a detailed account of the curriculum, including content and structure, will be discussed. Finally, the feedback from evaluators will be reviewed and examined.

Brief Overview of Development of the Curriculum

The initial phase of developing the curriculum included an extensive review of the current literature related to professional advocacy for psychology, and training in professional advocacy, including specific information, topics and activities necessary to learn. Resources regarding learning style and types of learning experiences were reviewed, as well as official websites for public policy and government related content.

Literature review. The review of literature for curriculum content and design consisted of several areas of topic content, specific examples, detailed content, explicit strategies, implementation needs, and a review of existing advocacy education models. The literature review found that these topic areas are critically important: definition and basics of advocacy for psychology, basics of the political process and public policy, impact of policy on psychology practitioners, current advocacy and public policy issues, identification of advocacy-related strengths, strategies for successful advocacy, avenues of engagement in advocacy. During development of the curriculum, these topic areas were expanded to include more specific content areas deemed important in the literature, including the rationale for professional advocacy, health organizations and dealing with resistance to advocacy involvement. The literature review also

demonstrated that few models exist for teaching advocacy in graduate school. Thus, the design of the course was largely the responsibility of the primary investigator.

Integration of data, other information resources, and curriculum content. Several other types of sources were utilized in creating course content and design, and integrated together with the literature review. A graduate course design book, *Higher Education by Design: Best Practices for Curricula Planning and Instruction*, was utilized specifically to develop the learning objectives of the course. The websites of national and state professional organizations were reviewed for specific content related to current advocacy issues and steps for involvement, as well as integrated into lectures for students to familiarize themselves with. Detailed content related to government structures and descriptions of government organizations related to the practice of psychology was sourced from several different official United States government websites. Lastly, material from an advocacy training presentation co-authored by the principal investigator was extrapolated for the mini-lecture on overcoming resistance to involvement in advocacy.

Overview and Description of Curriculum

The professional advocacy curriculum is a semester-length course, with 15 weekly lectures, designed for implementation into a doctoral-level, psychology graduate program. The curriculum includes learning objectives, detailed content in the form of lecture outlines, suggested reading materials, assignments, and experiential elements for direct engagement in the advocacy process. Per the recommendations of the literature, the course specifically incorporates a mini-mentorship with psychologists involved in advocacy and professional leadership to facilitate lasting engagement in professional advocacy. The curriculum also includes detailed

instructions for implementation to facilitate integration into the psychology doctoral program by the faculty and program directors.

Implementation. The advocacy curriculum includes detailed implementation instructions for the program directors and course instructor (see Appendix F for full implementation instructions). These instructions lay out specific preparation elements, including the timing of the course with high impact activities in advocacy, and advanced collaboration with organized psychology and other faculty. The instructions provide guidance to prepare and structure the mini-mentorship program, and in there are separate specific implementation instructions for all parties in the mini-mentorship program (instructor, mentors, mentees). The implementation instructions further provide detailed information regarding logistical elements, such as timing of assignments, and use of the lectures/activities.

Learning objectives. Learning objectives were created to guide the content into relevant categories and purposes (Please see Appendix F for full list of learning objectives). The learning objectives consist of three domains: knowledge, skills and attitudes. The knowledge domain learning objectives consists of goals related to understanding of concepts, processes and issues, as well as specific goals related to perspective and awareness. The skills domain consists of goals for skill-building in areas relevant to professional advocacy, such as communication and leadership. The attitudes domain consists of desired shifts in attitude and perspective related to the importance of and practice of professional advocacy for psychology.

Lectures. There are 12 lecture outlines stemming from the aforementioned topic areas in the curriculum, to be dispersed throughout the 15-week course at the discretion of the instructor or as delineated in the curriculum outline (12 lectures, then 3 weeks of student final project presentations). It should also be noted that guest lectures are highly encouraged, in order to

increase exposure to psychologists involved in professional advocacy and leadership. The guest lectures can occur either in place of or in conjunction with an existing lecture. All lectures include instructor discussion questions and small group discussion questions. The 12 lectures are briefly outlined below (Please see Appendix F for full lecture outlines and activities).

Lecture 1- introduction to advocacy. This lecture includes an overview of the concept of advocacy, including differentiation and comparison of professional advocacy to other types of advocacy, as well as a thorough review of the definition of professional advocacy for psychology. This review culminates in a new proposed, comprehensive, original definition of professional advocacy for psychology utilizing several resources: Professional advocacy for psychology is any action on behalf of the profession as a whole, in order to advance the profession, and promote psychological expertise and contribution. These actions may take the form of political influence, lobbying and participation in the political decision-making process, education, communication with the public, stakeholders and other professionals, and leadership and administrative roles.

This lecture also includes a *visualization activity* to engender passion for advocacy.

Lecture 2- rationale for professional advocacy in psychology. This lecture provides reasons why advocacy is necessary for professional psychology, including viability of the profession and psychological practice, the advancement and application of psychological knowledge, support and development of research, education and training, as well as the health and wellness of the general public. Each section of the lecture includes specific ways and examples that advocacy practices contribute to the profession of psychology.

Lecture 3- political science for psychologists. This lecture provides an overview of the three branches of government, and the relevant information for public policy advocacy within

each branch. This includes important committees and regulatory bodies for psychological practices. The students are prompted to research their own senators and representatives during the lecture and then engage in a *role play activity* to discuss a piece of legislation from different perspectives.

Lecture 4- health organizations and medicare/medicaid. This lecture consists of detailed information regarding the health organizations that exist within the executive branch of government as regulatory bodies for psychological research, practice and training. The lecture also includes a review of Medicare and Medicaid systems, and why they are important to psychologists. Lastly, the lecture overviews general shifts in health care since the Affordable Care Act, such trends towards integrated care in a primary care setting.

Lecture 5- history of professional advocacy part 1. The first history lecture provides students with an overview of early involvement in advocacy by psychologists and psychological organizations through to current organizational set up, including the evolution of the American Psychological Association's professional advocacy arm of its organization. The lecture also includes a comparison of psychologists' political giving patterns to other health professions, in order to provide students with perspective on current levels of involvement by psychologists. This lecture concludes with an *experiential learning activity* where students learn to navigate the APA website and familiarize themselves with the website's Advocacy portal.

Lecture 6- history of advocacy part 2: significant policy impact. This lecture breaks down the public policy and legislative efforts by psychologists, which have impacted policy in the areas of practice, psychological science, education, and public interest. Each area discussed includes a review of specific actions related to policy shifts or retention, and specific legislative acts impacted by advocacy efforts. These sections also note ongoing areas of effort for

professional advocacy of psychology, such as prescriptive privileges, and encourage students to examine how personal values interact with political processes.

Lecture 7- current advocacy and public policy issues part 1. This lecture consists of a collaborative review of the national practice initiatives at APA, with students following along on the APA website as instructor overviews those initiatives. The initiatives includes those related to health care reform, medical reimbursement, mental health parity and prescriptive authority, as well as current state level initiatives related to legislation. This lecture requires the instructor to find the most up to date information on current issues and initiatives at national, state and local levels for students.

Lecture 8- current advocacy and public policy issues part 2. This lecture continues in the style of the previous lecture, with a collaborative review of other APA initiatives (other than practice). These include APA's health initiatives, education and training initiatives, research initiatives, social justice initiatives, and violence prevention initiatives. This lecture also requires the instructor to find the most up to date information on current issues and initiatives at national, state and local levels for students. The lecture includes a *Choosing an Issue Activity*, where students practice choosing a specific issue to advocate for, taking into account context and other factors in their decision-making process.

Lecture 9- advocacy-related strengths of psychologists. This lecture highlights strengths that psychology students and psychologists already have, which will be helpful in facilitating involvement in advocacy. This includes review of strengths related to perspective, expertise, communication, relationship-building, problem-solving, and collaboration. The lecture concludes with a *Building Relationships with Legislators* activity, where students practice making a connection with a legislator through role play.

Lecture 10- strategies for successful advocacy. This lecture outlines specific strategies for students to facilitate navigation of public policy realms. These strategies are organized under several categories, such as effective communication, partnerships with others, choosing issues for action, interprofessionalism, education of psychologists' expertise, and organizational advocacy practices. This lecture includes an activity, *Communicating Psychology's Identity and Contribution*, where students are challenged to work together in small groups and create a short, succinct description of who psychologists are and what their potential contribution is.

Lecture 11- avenues of engagement in advocacy. This lecture reviews the various ways that students can engage in advocacy practices, such as through professional organizations, relationships with elected officials and decision-makers, mentorship/fellowship, organizational and within institutions, public influence, leadership, government bodies, legislation and policy, and money/political giving. Specific goals, avenues and resources are highlighted for students in each area.

Lecture 12- dealing with overwhelm or resistance to political engagement. This optional lecture can be utilized anywhere in the curriculum and as deemed needed by the instructor. This lecture attempts to answer likely concerns or barriers that may keep students from feeling motivated to engage in advocacy, such as feelings of overwhelm, lack of time, and fear of politics.

Assignments. The curriculum includes a suggested reading list and two potential paper assignments geared towards the learning objectives of the course (see Appendix F for full reading list and assignment descriptions). The first paper is a historical review of policy implementation, with students choosing a significant public policy to the practice of psychology

to explore. The second paper is a review of a current issue, with students choosing a current issue with implications for psychology and examining the context and intricacies of the issue.

Mini-Mentorship. The advocacy mini-mentorship included in the curriculum is designed to provide a short, first-hand learning experience for students, to engage them in the process of professional advocacy for psychology. Students will work with a psychologist involved in advocacy or leadership over a 4 week period (minimum 12 hours total), both observing advocacy practices and engaging in a mentorship project. The mentorship project is action-based, meaning that students must actively engage in a project, such as speaking with stakeholders, meeting with a legislator, reviewing pending legislation, or organizing an event. The student will then write up reflections and present his/her project to the class. Each student's mentorship activities and project will look different, as the activities will vary based on the individual practices of the mentor. Please see Appendix F for a full description and instructions for the mentorship.

Evaluation of the Curriculum

Description of Evaluators. Three evaluators were initially recruited in August 2019 to assess the curriculum's design, content and relevance. Due to one of the participants not filling out the Eligibility form, a fourth evaluator was recruited in September 2019. All four evaluators met the eligibility criteria, which are as follows: (1) be a licensed psychologist in the United States; (2) have a minimum of 5 years engaging in public policy advocacy for psychology and/or holding a leadership position in a psychology professional organization; (3) have engaged in mentoring or training psychology students or psychologists in advocacy for psychology. One of the evaluators (referred to as Evaluator #1) is a male with a doctoral degree in psychology, licensed to practice in two states. This evaluator chose not to fill out the Eligibility Form, stating verbally to the principal investigator that, "[he] has over 50 years experience in advocacy."

Evaluator #1 is a known figure nationally as heavily involved in public policy advocacy, a former president of a national professional organization, and has published numerous articles and books about the process of public policy advocacy in psychology. The second evaluator (referred to as Evaluator #2) is a male with doctoral degree in counseling psychology, licensed to practice in 3 states. Evaluator #2 has engaged in legislative advocacy for several years, held leadership and advocacy related positions at both the local and state level, and is currently the president of a state psychological association. The third evaluator (referred to as Evaluator #3) is a female with a doctoral degree in clinical psychology, licensed to practice in 2 states. She participates in several different professional organizations, has served on a state professional organization government affairs committee, regularly engages in legislative advocacy, and teaches an advocacy course at her current university. The fourth evaluator met eligibility criteria, but withdrew from the study.

Summary of feedback. Evaluators rated six questions regarding the quality of the curriculum on a Likert-scale from 1 through 5, with 1 being the lowest (*Not Strong/Weak*) and 5 being the highest (*Very Strong*). The overall average rating of the curriculum by all three evaluators was 4.39. Evaluator #1 demonstrated an average rating of 4.33, evaluator #2 demonstrated an average rating of 4.67, and evaluator #3 demonstrated an average rating of 4.17 (see Figure 1).

Figure 2 presents the ratings for each of the evaluators on six Likert-scale items. Overall, the evaluators generally agreed on their ratings, with all ratings being a 4 or 5. All 3 evaluators agreed on the highest possible rating (5) for item six, “how well does the curriculum align with the purpose of training graduate students in advocacy for psychology and potentially increasing involvement in professional advocacy throughout their careers?”. On items one, “how strong is

the curriculum in providing historical context and background information regarding the importance of professional advocacy for psychology?", and three, "please rate the assignments and experiential activities for the curriculum," all three evaluators rated the curriculum at a 4. Evaluator #2 rated two items one point higher than the other evaluators, giving a rating of 5 on item two, "how well does the curriculum provide information regarding practices of advocacy and involvement in the public policy process?" and item 4, "how well does the curriculum provide students with practical skills for engaging in the public policy process?", while the other evaluators rated both those items at a 4. For item five, "how well organized and understandable is the advocacy curriculum?", evaluator #3 gave a rating (4) one point lower than the other two evaluators (5).

Figure 3 shows the average rating by the evaluators for each item. Item one, "how strong is the curriculum in providing historical context and background information regarding the importance of professional advocacy for psychology," had an average rating of 4 by the evaluators. For item two, "how well does the curriculum provide information regarding practices of advocacy and involvement in the public policy process," the evaluator average rating was 4.33. On item three, "please rate the assignments and experiential activities for the curriculum," the average rating was 4. The evaluator average was 4.33 for item four, "how well does the curriculum provide students with practical skills for engaging in the public policy process." The evaluator's average ratings were the highest on items 5, "how well organized and understandable is the advocacy curriculum," and 6, "how well does the curriculum align with the purpose of training graduate students in advocacy for psychology and potentially increasing involvement in professional advocacy throughout their careers," with averages of 4.67 and 5, respectively.

Overall, the evaluators gave ratings within the strong to very range for each item assessing the quality of the curriculum.

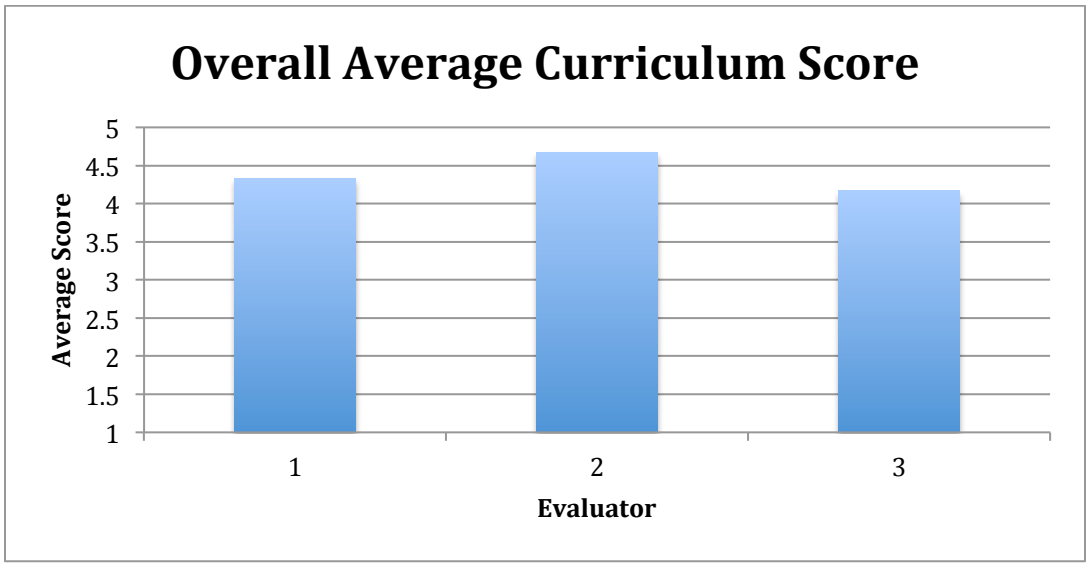

Figure 1. Overall average rating of the curriculum

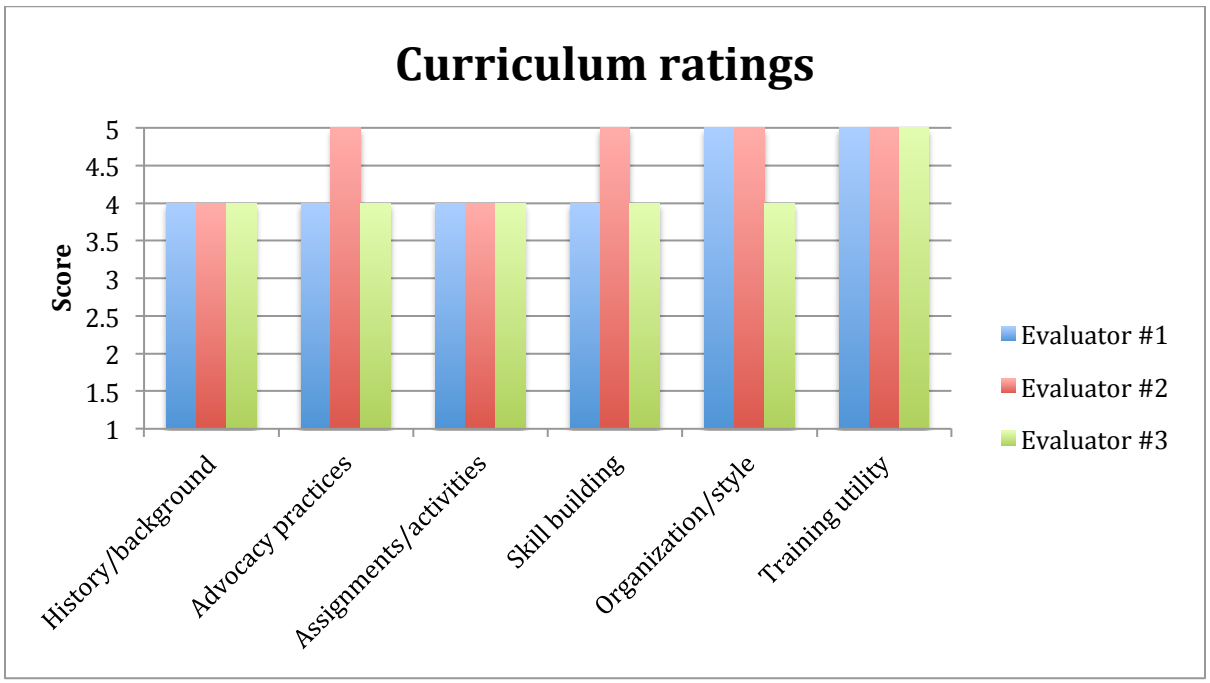

Figure 2. Evaluator ratings of each likert-scale item

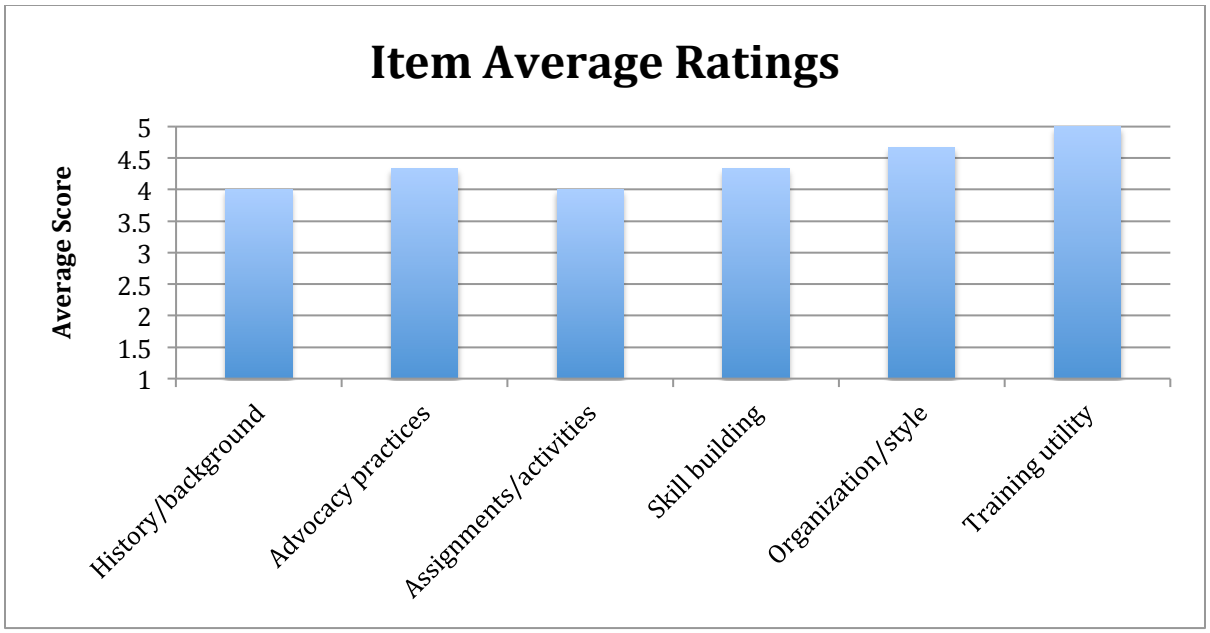

Figure 3. Average rating by evaluators for each item

The evaluators also provided written feedback regarding the quality of the curriculum and made recommendations for improvements. In relation to the history and background aspects of the curriculum, the evaluators noted " a thorough history," (evaluator #2) and "great that the curriculum provides a foundation to serve as context for the remainder of the course" (evaluator #3). Regarding the curriculum's advocacy practices and involvement sections, the feedback from evaluators was positive, but with needing more specific examples in several places. Evaluator #3 remarked that these lectures should "provide examples of serving as an advocate when approaching one's legislator." The evaluators' feedback concerning the curriculum's assignments and experiential activities was largely positive, such as Evaluator #2 noting that the activity in lecture 10 was a "beautiful exercise, everyone in graduate school should do this exercise," but with several comments to change or add activities such as, "visit or chat with past [psychological association] presidents," (Evaluator #1) and "attending advocacy or meeting with legislators in their field offices" (Evaluator #3).

Regarding the skill-building aspects of the curriculum, the evaluators generally noted the need for "practice" (Evaluator #1), "guest lectures could provide their experiences" (Evaluator #3), and a possible activity of surveying psychologists. Evaluator #2 also remarked, that "the mentorship idea is excellent and important." The organizational aspects of the curriculum were noted to be "very clear and well organized" (Evaluator #3), and a suggestion of improving the style of the curriculum by introducing each lecture with a case study was made by Evaluator #2. The feedback of the overall utility of the curriculum in meeting training needs very positive by the evaluators with statements such as "fabulous addition to every graduate school curriculum" (Evaluator #2) and "good steps" (Evaluator #1). Concerning potential implementation barriers and recommendations for the curriculum, the evaluators pointed out several likely issues, such as

too many hours of coursework required in programs and "not having mentors or understanding the process" (Evaluator #1). Several recommendations were made for overcoming implementation barriers, including, to "find an advocate champion at whatever programs you would like to start in" (Evaluator #2), and "marketing to students who may not know what they need to know about advocacy" (Evaluator #3).

Several specific strengths of the curriculum were noted in the feedback from evaluators. These include, the "thoroughness [of the curriculum], quantity of *topical* material covered, expanding students understanding of what it means to be a psychologist" (Evaluator #2), and that the curriculum is "grounded in literature" (Evaluator #3). When asked about weaknesses of the curriculum the evaluators stated: "bring in outside speakers" (Evaluator #1), "quantity of material to be covered" (Evaluator #2), and "consider writing op-eds or white papers as well as learning exercises" (Evaluator #3). The evaluators were lastly asked about further suggestions for improving the curriculum and additional comments. Evaluator #1 made remarks about bringing in former leaders/elected officials and to "broaden contacts with other disciplines." Evaluator #2 made suggestions for specific added activities (i.e., mock legislation session), presenting the curriculum at professional conferences, and noted several grammar edits to make. Evaluator #3 suggested visiting with legislators as field trip.

Several themes were identified in the feedback on the curriculum from the evaluators. They found the curriculum to be very thorough on topics and well organized, and its content to be an excellent foundation with the ability to expand students' understanding of the need for advocacy as a psychologist. The need for more specific examples and case studies throughout the curriculum was repeatedly noted by the evaluators, in order to enhance the content, provide context and have a stronger message to students. The evaluators also made clear the importance

of guest speakers and contact with former leaders for the learning process of advocacy. Lastly, the feedback consistently suggests adding more activity to the curriculum, such as legislative action, legislative office visits, and calling psychologists or officials. It should also be noted that, recurring in the feedback, Evaluator #1 was very focused on practice, interaction with legislators and other people involved in advocacy.

Table 1
Evaluators' Responses to Item One B

Question 1B.	Responses
Can you provide more specific feedback regarding the history and background aspects of the curriculum? What, if anything, do you think needs to be added?	"I like the "dirty dozen" story, as it reflects a major difficulty that psychologists have in terms of organizing for political influence; i.e., this is thought of as somehow being "dirty" or distasteful. I'm thinking that it would be good to start the section with a story (a case study, as is done in Harvard Business School classes) in order to bring students in and get them thinking. Through the story/case, all of the lecture outline elements can be brought into play. Lecture 6, 2b: this is new information that most people have no idea of. This is a great topic to introduce in this curriculum. This is very thorough history with many elements I was not aware of." (*Evaluator #2*)
	"It would be useful to interview key APA folk as well as chat with key nursing or optometry leaders" (*Evaluator #1*)
	"Great that the curriculum provides a foundation to serve as a context for the remainder of the course." (*Evaluator #3*)

Table 2
Evaluators' Responses to Item Two B

Question 2B.	Responses
Can you provide more specific feedback regarding the advocacy practices and involvement sections of the curriculum? What, if anything, do you think needs to be improved or added?	"Lecture 3 goes over the basics of government process, which most people do not know, so this is excellent and important. It would be nice to track an example bill through the houses, and committees, showing where and how bills can get killed." (*Evaluator #2*)
	"Go visit your own elected official at whatever level – FYI 50+% of elected officials are attorneys" (*Evaluator #1*)
	"Provide examples of serving as an advocate when approaching one's legislator." (*Evaluator #3*)

Table 3
Evaluators' Responses to Item Three B

Question 3B.	Responses
Can you provide more specific feedback regarding the assignments and/or experiential activities? Any recommended improvements or additions? Is there one that stands out as particular important for advocacy training?	"L1-Visualization: love the experiential exercise designed to motivate L3 - Legislative Action: more detail needs to be given for each role. If you write a short story that places the individual within a context, including family and work, this could provide motivation for their particular stance. L5: APA Website: this is great thinking which engages people into the APA website in a way they likely have not done before. L8: Choose an Issue: this would be a good place for the student to write a policy brief, which outlines in a one-page succinct form the: problem statement, solution options and the recommended solution. If you would like a sample, I can find one for you. L9: I would show a video with a brief sample and then require them to go to an event with a legislator and complete the assignment in real life. L10-Psychology's Identity: beautiful exercise. Everyone in graduate school should do this exercise." (*Evaluator #2*)
	"Visit and or chat with APA past presidents or state past presidents" (*Evaluator #1*)
	"Attending advocacy day or meeting with legislators in their field offices?" (*Evaluator #3*)

Table 4
Evaluators' Responses to Item Four B

Question 4B.	Responses
Do you have any additional feedback regarding skill-building aspects of the curriculum? Are there any recommended improvements or skill-sets you would add?	"I would recommend an activity where they survey/contact 25 psychologists and interview them about advocacy. This would do a couple of things: spread the word to other psychologists about advocacy (designed into their survey questions) but also gives the students a real-life flavor of how much out of touch most psychologists are with respect to advocacy. The mentorship idea is excellent and important." (*Evaluator #2*)
	"Practice" (*Evaluator #1*)
	"Not sure if there are more hands-on activities, but guest lecturers could also provide their experiences as well." (*Evaluator #3*)

Table 5
Evaluators' Responses to Item Five B

Question 5B.	Responses
Do you have any recommended changes to the organization and/or style of the advocacy curriculum?	"Because advocacy is so frequently misunderstood, I think that if you could introduce lectures through compelling case studies, it could "hook" students more. The first experiential exercise is good in this regard as it goes directly to the emotional aspect (if you no longer could do…)." (*Evaluator #2*)
	"Look at what other organizations such as federally qualified health centers do" (*Evaluator #1*)
	"Very clear and well organized." (*Evaluator #3)*

Table 6
Evaluators' Responses to Item Six B

Question 6B.	Responses
Can you provide any specific feedback regarding the curriculum's utility in training graduate students in advocacy of psychology?	"My best guess is that this would be a fabulous addition to every graduate school curriculum." (*Evaluator #2*)
	"Good steps" (*Evaluator #1*)
	"Would have been helpful to have such a course when I was a graduate student." (*Evaluator #3*)

Table 7
Evaluators' Responses to Item Seven

Question 7.	Responses
In your opinion, what are some of the potential barriers to implement this curriculum into psychology graduate programs? What are some recommendations you have for the implementation process?	"Programs will say they already have too many hours of coursework required in their programs. My recommendation is to find an advocate "champion" at whatever programs you would like to start it in, and enlist their help in getting it going" (*Evaluator #2*)
	"Not having mentors or understanding the process" (*Evaluator #1*)
	"Marketing to students who may not know what they need to know about advocacy, and how this impacts their professions." (*Evaluator #3*)

Table 8
Evaluators' Responses to Item Eight

Question 8.	Responses
What do you consider to be the strengths of the curriculum?	"Strengths include 1) thoroughness, 2) quantity of topical material to be covered, and 3) expanding students' understanding of what it means to be a psychologist. Being a psychologist is a lot more than just getting a graduate degree and getting licensed." (*Evaluator #2*)
	"Nice first steps" (*Evaluator #1*)
	"Grounded in literature." (*Evaluator #3*)

Table 9
Evaluators' Responses to Item Nine

Question 9.	Responses
What do you consider to be the weaknesses of the curriculum?	"Weaknesses: quantity of material to be covered." (*Evaluator #2)*
	"Bring in outside speakers" (*Evaluator #1)*
	"Consider writing op-eds or white papers as well as learning exercises." (*Evaluator #3)*

Table 10
Evaluators' Responses to Item Ten

Question 10.	Responses
Please provide any other suggestions for improving this psychology graduate course.	"1)I think the visual aids will be very important. They will help students in understanding what goes on in the state as well as the federal legislation. 2) it would be fun to have some kind of mock legislation session where a bill is run through 3) create a board game in which students have to try and get a bill through. Better yet, have one of the assignments be that the students have to create a board game of legislation. Give a prize at the CPA convention for the best board game (in order to give your curriculum more coverage) 4) Make presentations at APA or WPA on getting this curriculum into undergraduate studies programs. 5) This could be included in Psychology Leadership training." (*Evaluator #2)*

Table 10 (continued).

	"bring in former state or national leaders and former elected officials" (*Evaluator #1)*
	"Actually visiting with legislators as a field trip?" (*Evaluator #3)*

Table 11
Evaluators' Responses to Item Ten B

Question 10B.	Responses
Any additional comments:	"Some of your objectives sections don't start with the numeral 1. You have sometimes used the word "aide" but really meant "aid." This is stellar idea and stellar work. Great job. Can't wait to see it implemented." (*Evaluator #2*)
	"broaden contacts with other disciplines – governors' association and former APA Fellows" (*Evaluator #1*)
	"Thank you for sharing your curriculum. Hope you end up teaching such a course!" (*Evaluator #3*)

Updates to the Advocacy Curriculum

Based on the feedback from the evaluators, several edits deemed most necessary were immediately completed. The importance of guest lecturers and outside learning activities were emphasized by the evaluators as additions to the curriculum. However, the implementation instructions for the course already included notes on bringing in guest lecturers and scheduling the semester dates to include a high impact learning experience, such as an advocacy day. It was concluded that these elements needed to be more clearly highlighted as included in the curriculum. Therefore, the implementation instructions were modified with more explicit instructions to have at least two guest lectures and at least two outside learning activities related to advocacy. Minor grammar and formatting edits were also made, as errors were pointed out by Evaluator #2.

Chapter IV: Discussion

This dissertation study aimed to develop a graduate-level curriculum in professional advocacy for psychology students, in order to fill a training need for professional advocacy in psychology. This process included initial curriculum development based on the current literature and other relevant sources of information, as well as evaluation of the advocacy curriculum by three experts in professional advocacy for psychology. All three experts met the study criteria and provided feedback regarding the quality of the curriculum content and design, as well as recommendations for improvements to the curriculum.

Overall, the evaluators rated the curriculum highly in all the areas measured by the assessment, with an average score of 4.39 on a Likert-scale from 1 through 5, with 1 being the lowest and 5 being the highest. The evaluators found the curriculum to be very thorough on topics and well organized, and the content to be an excellent foundation for understanding professional advocacy for psychology. In general, the evaluators felt that more specific examples and case studies were needed throughout the curriculum, made clear the importance of guest speakers and contact with leaders, and suggested adding more activity to the curriculum, particularly legislative action.

Strengths of the Curriculum

The evaluators identified several specific strengths of the advocacy curriculum, including its thoroughness in the content, being grounded in literature, quantity of topics to be covered, and its ability to expand students understanding of what it means to be a psychologist. The evaluators gave high numerical ratings (4 or 5, with 5 being the highest) to the curriculum in all areas surveyed, including, history and background aspects of professional advocacy, providing information about advocacy practices, the assignments and experiential activities, advocacy skill

building features, the curriculum organization and style, and the general training utility of the curriculum.

Within the written feedback, there were several comments about the strength of the certain experiential activities included in the lectures, as well as feedback that specific topics in the lectures provided detailed information key for understanding the context and process of professional advocacy for psychology. The mini-mentorship part of the curriculum was also remarked to be an excellent idea. Importantly, it should be noted that in response to query about the general utility of the curriculum in training graduate students in advocacy, the evaluators were overwhelmingly positive with the following statements that the curriculum is, "…a fabulous addition to every graduate school curriculum" (evaluator #2) and "would have been helpful to have such a course when I was a graduate student" (evaluator #3).

A general strength of the curriculum appears to be its comprehensive nature in putting together information that was previously disparate and sometimes difficult to find. By providing extensive background and history, context is provided to students regarding the rationale for professional advocacy *in addition to* the information necessary for actual engagement in advocacy practices. Another strength is the curriculum's design for inclusion in graduate-level course work, providing a more structured method of training and capitalizing on the already-existing learning styles of psychology doctoral programs (combining practical experience with an extensive knowledge base and critical thinking).

Weaknesses of the Curriculum

Several areas of potential improvement in the curriculum were identified by the evaluators. They named several specific weaknesses, such as the large quantity of material covered in the lectures, and the need for outside speakers and additional writing exercises.

Throughout the assessment, the evaluators also continuously noted the need for more specific examples and case studies accompanying the lecture materials, contact/guest lectures with advocacy leaders, and more added activities (i.e., legislative office visits). Since the importance of guest speakers is included in the implementation instructions of the curriculum and activities are included in the mini-mentorship part of the course, the feedback may suggest that these aspects of the course need to be made more clear or prominent in the curriculum write-up. Additionally, the focus of feedback from Evaluator #1 on practice, interaction with legislators and other people involved in advocacy should be taken into consideration for the curriculum development, given the depth of his experience with professional advocacy.

There are several other areas of concern regarding the curriculum, particularly pertaining to the implementation process of the course into a graduate program. First, implementation of a course in a specialized subject such as professional advocacy requires a course instructor with prior knowledge and/or expertise. Since involvement by psychologists in advocacy is generally low, the odds of having a faculty member with advocacy experience may be limited. Thus, implementation may depend on individual doctoral programs' faculty make-up. Psychology doctoral programs may also vary greatly in space available in the doctoral course load. There are many existing curriculum requirements by the American Psychological Association for accredited doctoral programs, which makes it difficult to add or diversify the course load of psychology doctoral students with full schedules. Another concern for implementation of the curriculum is the amount of coordination required prior to the start of the course. In order to implement the most important aspects of the curriculum (the mini-mentorship, outside activities, guest speakers), the course instructor (and program administration) is required to build connections with local professional associations and recruit individuals to be mentors and/or

speakers for the course. This will likely require additional time and effort prior to the start of the course than is typical for a psychology graduate course. These concerns and potential obstacles to implementation of the curriculum into psychology graduate programs should be assessed carefully when mapping out next steps for the curriculum development.

Limitations of the Study

The impact and scope of this study was limited by several factors. Regarding the initial development of the content and design of the curriculum, it should be noted that the sources of information were limited to peer-reviewed literature, books and web-based resources. No input was gathered from experts in professional advocacy for psychology at this stage of development. Therefore, the content and design are limited to what is documented in the literature and may have potentially benefited from additional input from individuals with significant practical experience in public policy engagement. The study is also limited by the low number of participants for the evaluation stage of the curriculum development. With only three participants evaluating the advocacy curriculum, the feedback data does not provide any statistically significant information. The feedback data was also potentially limited by the demographic background of the evaluators. Detailed demographic information was not gathered, so it is only known that two of the evaluators are male and one is a female. Since other demographic variables are unknown, the range in perspective may have been limited. However, diversity in the advocacy work experiences of the evaluators likely contributed to a sufficient range in perspective. Lastly, while the curriculum evaluation demonstrates initial potential, the curriculum has not been piloted with psychology graduate students nor does it yet have any demonstrable evidence of its efficacy as a training tool and impetus for increased engagement in professional advocacy by psychologists.

Future Directions

The preliminary curriculum development and evaluation of the curriculum have provided key information and feedback for next steps with the advocacy curriculum. Evaluation results suggest that the following modifications to the next version of the Advocacy Curriculum would strengthen its usefulness:

1. Incorporate specific examples and case studies into the lecture content.
2. Add another writing exercise, which is specifically oriented to public policy work, such as a policy brief or white paper.
3. Incorporate the tracking of a bill when teaching the government legislative structures.
4. Required contact by students with past/present leaders in professional advocacy.

Of particular note, is the necessity of a course instructor to have significant experience with professional advocacy and leadership. Only an instructor with experience will have personal example stories and know where to find case studies and bills to add into the curriculum lectures. In future versions of the advocacy curriculum, it will also be essential to address the transition from graduate student to early career psychologist as an important time to continue engagement in advocacy and professional organizations, as this was not explicitly addressed in the initial version.

The necessity of advocacy training in graduate school is clear (Gronholt, 2009; Heinowitz et al., 2012; Hill, 2013; Rozensky, 2014), thus, the most important next step is a pilot implementation and study of the curriculum into a psychology graduate program. The pilot study should include measures to assess the impact and efficacy of the advocacy curriculum, as it is imperative to build an evidence base for required learning in professional advocacy for psychology. Given the necessity to integrate the role of advocate into professional psychological

identity (Hall & Burns, 2009; Levant et al., 2001), curriculum requirements by the American Psychological Association to include professional advocacy education for psychology doctoral students would be an ultimate goal of studying advocacy education.

Another long-term goal would be expansion of the curriculum beyond a one-semester graduate course to become an integral aspect of doctoral training in psychology. This expansion would potentially include breaking up the topic areas into several courses, so that the breadth of the material is more attainable. A key aspect to expanding education for professional advocacy is the incorporation of advocacy practicum training, which would mirror clinical training in its structure within settings where advocacy-related activity is the focus. As is similar with clinical work, this type of experiential training is integral to increased engagement in advocacy by psychologists. For example, a semester or year-long advocacy practicum might provide the student an opportunity to support and follow a particular bill through an entire legislative session.

Considering the lack of awareness around advocacy issues and practices, an important immediate goal is exposure of the curriculum and its purpose to psychology students, faculty and program administrators. Possible steps for this goal are to present the curriculum study at professional conferences, connect directly to program directors of psychology doctoral programs, find faculty members who are passionate about advocacy and can support curriculum implementation, market to students regarding the benefits of advocacy education and training. This exposure may also facilitate further study of the need, impact and efficacy of advocacy curriculum for professional psychologists.

Conclusion and Implications of Study

This dissertation demonstrates that a semester-long course for psychology graduate students could be an effective format for professional advocacy education and training and a model for increasing engagement in professional advocacy by psychologists. The practice of psychology within the healthcare system relies on public policy, and thus, on professional advocacy practices (DeLeon et al., 2014). Yet, psychologists' participation in professional advocacy is remarkably low compared to other health care professionals (American Psychological Association Education Advocacy Trust, 2018; Pfeiffer, 2007). The literature is clear that increased awareness and training are the keys to increasing involvement in advocacy by psychology students and psychologists (Lyons et al., 2015; Garrison, et al., 2017; Lating, et al., 2010; Willis et al., 2014). Graduate school is the ideal time and setting for this training, since students form their professional identities and values during this period (Hall & Burns, 2009). The advocacy curriculum developed in this study provides the time, structure, information and experiences needed for more in-depth learning. The study results confirm and illuminate the need for a graduate curriculum in professional advocacy for psychology. The evaluation feedback also demonstrated that this curriculum is capable of potentially meeting this need.

Development and implementation of curriculum in professional advocacy is imperative in order to address the lack of participation in advocacy by psychologists. Understanding the importance of professional advocacy needs to become an internalized value of psychologists. Engaging in advocacy and the public policy process needs to be an integral aspect of being a psychologist. This study is just the beginning of the process, as there is much to be learned regarding training in professional advocacy. Thus, efforts must continue to research the efficacy of this type of training in a graduate course format and implement it into psychology doctoral

programs. Further, the field of psychology has a responsibility to address the larger issue of integrating advocacy values into professional identity. Only when the value of professional advocacy is internalized by practicing psychologists will the field reach its full potential: utilizing skills to be of service to those in need and contributing expertise to the well-being of society. This can only be achieved through education in professional advocacy for psychology.

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APPENDIX A

Evaluator Recruitment Email Script

Dear (Potential Participant):

My name is Tracey Wheeler and I am a doctoral student of clinical psychology at Pepperdine University. I am contacting you to determine whether you would be willing to review a curriculum for a one-semester graduate student course that I am developing in professional advocacy for psychology. This curriculum is a core component of my dissertation research. I am conducting my dissertation research under the supervision of Dr. Robert deMayo, a professor at Pepperdine University. The overall purpose of this research project is to develop a curriculum for a one-semester graduate student course to increase their knowledge and understanding of professional advocacy for psychology, as well as increase the potential likelihood of future participation in professional advocacy efforts and/or the public policy arena as related to psychological practice.

At this point in the project, I am seeking three psychologists with expertise and at least five years experience in professional advocacy for psychology to review the curriculum and respond to a brief questionnaire regarding their perceptions of the curriculum for the course. I am also pursuing further suggestions for additional participants with expertise in professional advocacy for psychology to review the curriculum.

If you decide to participate in the study, I will email you a copy of my curriculum, the questionnaire and an informed consent form. Your input on this project will be strictly confidential and you are under no obligation to complete the study at any time. If this is something that you are interested in doing and/or you have suggestions for additional participants, please reply to this email. You may also respond to the evaluation questions within the body of the email, if that is more convenient.

Thank you sincerely for taking the time to read this email and consider my request. If you have any additional questions regarding my research project, feel free to contact me, Tracey Wheeler, M.A., or Robert deMayo, Ph.D. (Robert.demayo@pepperdine.edu).

Best regards,

Tracey Wheeler, M.A.
Tracey.wheeler@pepperdine.edu

APPENDIX B

Evaluator Consent Form

I authorize Tracey Wheeler, M.A. a doctoral student in clinical psychology at Pepperdine University, Graduate School of Education and Psychology, working under the supervision of Robert deMayo, Ph.D., to include me in the research project entitled, "Psychology Graduate Student Education Professional Advocacy". I understand that my participation in this study is strictly voluntary.

I have been asked to participate in this study that will include the development of curriculum for a one-semester graduate student course to teach students about professional advocacy for psychology. I have been asked to volunteer to participate in this study based upon my expertise and experience in professional advocacy. My participation in this study will consist of approximately 90 minutes of my time, in which I will review the written course curriculum and respond to a questionnaire evaluating its design, content, and potential effectiveness.

I understand that all information obtained in this study will be kept confidential in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Informed Consent Forms will be stored in a file separate from all other study materials, and all research materials will remain in a locked file cabinet for five years, at which times the data will be destroyed. I understand that any comments submitted may be published or presented to a professional audience, but that no personal identifying information will be released.

I understand that possible risks for participating in the study are minimal, but may include mild levels of boredom or fatigue during review of the curriculum and completion of the evaluation form. In consideration of such factors, I have also been advised to read the manual and complete the evaluation at a time that is most convenient to me, taking breaks as needed.

In addition, I understand that I have the right to not answer any particular question and may exit from the study at any time without penalty.

I understand that if I have any questions regarding the study procedures, I can contact Tracey Wheeler, M.A. or Robert deMayo, Ph.D., Dissertation Chairperson, at Pepperdine University, Graduate School of Education and Psychology, 6100 Center Drive, Los Angeles, CA 90045, 310-568-5600, to obtain answers to any of my questions.

_____
Printed Name

_____ _____
Signature Date

APPENDIX C

Evaluator Eligibility Form

1. What is the highest degree you have earned? ❑Ph.D. ❑ Psy.D.

2. What discipline is your degree in?

_____

3. What state are you licensed in?

_____

4. Do you have at least 5 years of experience with the public policy process as related to psychological practice?

❑Yes❑ No

5. Describe your participation in psychology professional associations, including any leadership positions you held.

_____
_____
_____
_____
_____

6. Describe your participation in advocacy activities and public policy.

_____
_____
_____
_____
_____

APPENDIX D

Assessment of Curriculum Survey

1. On a scale of 1-5, with 5 being the highest, how strong is the curriculum is providing historical context and background information regarding the importance of professional advocacy for psychology?

1	2	3	4	5
Not Strong/ Weak				Very Strong

1B. Can you provide more specific feedback regarding the history and background aspects of the curriculum? What, if anything, do you think needs to be added?

_____
_____
_____
_____
_____

2. On a scale of 1-5, with 5 being the highest, how well does the curriculum provide information regarding practices of advocacy and involvement in the public policy process?

1	2	3	4	5
Not Well				Very Well

2B. Can you provide more specific feedback regarding the advocacy practices and involvement sections of the curriculum? What, if anything, do you think needs to be improved or added?

_____
_____
_____
_____
_____

3. On a scale of 1-5, with 5 being the highest, please rate the assignments and experiential activities for the curriculum.

1	2	3	4	5
Poor				Excellent

3B. Can you provide more specific feedback regarding the assignments and/or experiential activities? Any recommended improvements or additions? Is there one that stands out as particular important for advocacy training?

_____
_____
_____
_____

_____
_____

4. On a scale of 1-5, with 5 being the highest, how well does the curriculum provide students with practical skills for engaging in the public policy process?

1	2	3	4	5
Not				Very
Well				Well

4B. Do you have any additional feedback regarding skill-building aspects of the curriculum? Are there any recommended improvements or skill-sets you would add?

_____
_____
_____
_____
_____

5. On a scale of 1-5, how well organized and understandable is the advocacy curriculum?

1	2	3	4	5
Not				Very
Well				Well

5B. Do you have any recommended changes to the organization and/or style of the advocacy curriculum?

_____
_____
_____
_____
_____

6. On a scale of 1-5, with 5 being the highest, how well does the curriculum align with the purpose of training graduate students in advocacy for psychology and potentially increasing involvement in professional advocacy throughout their careers?

1	2	3	4	5
Not				Very
Well				Well

6A. Can you provide any specific feedback regarding the curriculum's utility in training graduate students in advocacy of psychology?

_____
_____
_____

7. In your opinion, what are some of the potential barriers to implement this curriculum into psychology graduate programs? What are some recommendations you have for the implementation process?

8. What do you consider to be the strengths of the curriculum?

9. What do you consider to be the weaknesses of the curriculum?

10. Please provide any other suggestions for improving this psychology graduate course.

Any additional comments:

Thank you for your time!

APPENDIX E

IRB Approval Letter

PEPPERDINE

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: August 01, 2019
Protocol Investigator Name: Tracey Wheeler
Protocol #: 19-05-1059
Project Title: Advocacy Education for Psychology Graduate Students: A Curriculum for Professional Advocacy in Psychology School: Graduate School of Education and Psychology

Dear Wheeler:
Thank you for submitting your amended exempt application to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. Upon review, the IRB has determined that the above entitled project meets the requirements for exemption under the federal regulations 45 CFR 46.101 that govern the protections of human subjects.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Since your study falls under exemption, there is no requirement for continuing IRB review of your project. Please be aware that changes to your protocol may prevent the research from qualifying for exemption from 45 CFR 46.101 and require submission of a new IRB application or other materials to the IRB.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the ***Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual*** at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.

Sincerely,Judy Ho, IRB Chairperson

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives Mr. Brett Leach, Regulatory Affairs Specialist

APPENDIX F

Professional Advocacy Curriculum

Becoming Citizen Psychologists: A Professional Advocacy Curriculum for Psychology

by

Tracey C. Wheeler, M.A.
Doctoral Candidate in Clinical Psychology

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Introduction

Professional advocacy is necessary to protect the viability of the psychology field, including, clinical practice, research, and training. Yet, there is a general lack of engagement by psychologists in professional advocacy and it must be addressed. Training is theorized to be the largest factor in cultivating professional advocacy engagement for both psychology graduate students and psychologists. Because professional identity and values develop during graduate school, exposure and training must occur in graduate school to effectively impact professional identity and advocacy practices as a psychologist.

In consideration of these factors, this curriculum was developed for a graduate level course on professional advocacy in psychology. The curriculum aims to address knowledge gaps in understanding the public policy process as related to psychology, build skills related to professional advocacy, and decrease potential implementation problems by providing detailed content. This advocacy course is designed for implementation into a doctoral-level, psychology graduate program as a means for a more structured and comprehensive approach to training in professional advocacy for psychology. The curriculum includes learning objectives, detailed content in the form of lecture outlines, suggested reading materials, assignments, and experiential elements for direct engagement in advocacy process. Per the recommendations of the literature, the course specifically incorporates a mini-mentorship with psychologists involved in advocacy and professional leadership to facilitate lasting engagement in professional advocacy. Lastly, the curriculum also includes detailed instructions for implementation to facilitate integration into the psychology doctoral program by the faculty and program directors.

Advocacy Curriculum Outline

Lecture 1: Introduction to Advocacy and Defining Professional Advocacy for Psychology
Experiential Activity: visualization
Reading Assignment:
Cohen, K.R., Lee, C.M., & McIlwraith. (2012). The psychology of advocacy and the advocacy of psychology.

Lecture 2: Rationale for Professional Advocacy in Psychology
Assignment: Identify potential mini-mentorship from the list provided and make initial contact
Reading Assignment:
Fox, R.E. (2008). Advocacy: The key to survival and growth of professional psychology.
Penman, D. (2011). Advocacy as a competency for professional psychology.

Lecture 3: Basics of the Political Process and Public Policy
Experiential Activity: Role Play of Legislative Action
Assignment: Paper 1

Lecture 4: Health Organizations and Medicare
Reading Assignment:
Nordal, K.C. (2012). Healthcare Reform: Implications for independent practice.
Rozensky, R. H. (2014). Implications of the Affordable Care Act for education and training in professional psychology.

Lecture 5: History of Professional Advocacy Part 1, Organized involvement in public policy and comparison to other health professions
Experiential Activity: APA website and advocacy portal
Reading Assignment:
Greenburg Garrison, E., DeLeon, P.H. & Smedley, B.D. (2017). Psychology, public policy, and advocacy: Past, present, and future.
Wright, R.H. (1992). The American Psychological Association and the rise of advocacy.

Lecture 6: History of Professional Advocacy Part 2, Significant Policy Impact
Reading Assignment:
DeLeon, P.H. & Kazdin, A.E. (2010). Public policy: Extending psychology's contributions to national priorities.
Willis, D.J., DeLeon, P.H., Haldane, S., & Heldring, M.B. (2014). A policy article- Personal perspectives on the public policy process: Making a difference.

Lecture 7: Current Advocacy and Public Policy Issues- professional/practice of psychology
Experiential Activity: Explore APA advocacy for practice throughout lecture
Assignment: Continue exploration of online information for current advocacy issues

Lecture 8: Current Advocacy and Public Policy Issues- education, social justice initiatives etc., potential guest lecture

Experiential Activity: Choosing an Issue
Assignment: Paper 2

Lecture 9: Advocacy-related Strengths of Psychologists

Experiential Activity: Building Relationships with Legislators
Reading Assignment:

King, C.A. (2004). Psychologists in academic health settings: Key contributors to dynamic interplay among research, clinical practice, and policy domains.

Lecture 10: Strategies for Successful Advocacy

Experiential Activity: Communicating Psychology's Identity and Contribution
Reading Assignment:

DeLeon, P. H., Kenkel, M.B., Oliveira Gray, J.M., & Sammons, M.T. (2014). Chapter 3- Emerging policy issues for psychology: A key to the future of the profession.

Howe, L.L.S, Sweet, J.J., & Bauer, R.M. (2010). Advocacy 101: A step beyond complaining. How the individual practitioner can become involved and make a difference.

Lecture 11: Avenues of Engagement in Advocacy, guest lecture or multiple to discuss personal experiences and roles

Potential Guest Lecture:
Reading Assignment:

Hill, J.K. (2013). Partnering with a purpose: Psychologists as advocates in organizations.

Lilienfeld, S.O. (2012). Public Skepticism of psychology: Why many people perceive the study of human behavior as unscientific.

Lecture 12: Dealing with Feelings of Overwhelm and Resistance to Advocacy Involvement

Activity: Trouble-shooting and discussion of Final Projects

Lecture 13: Presentations of Final Projects/Guest Lecture/High Impact Learning Experience

Lecture 14: Presentations of Final Projects/Guest Lecture/High Impact Learning Experience

Lecture 15: Presentations of Final Projects/Guest Lecture/High Impact Learning Experience

Advocacy Curriculum Implementation Instructions

Preparations

- Before teaching the course, begin preparations at least ***one month*** prior to start date. This will include preparations for the mini-mentorship, researching relevant current issues for the course and recruiting guest speakers. *Recruitment of mentors* is a primary goal of course preparations.
- **Important Semester Scheduling:** Program administration and instructor should set dates of the course strategically to include high impact learning experiences related to advocacy through the professional organizations, such as APA's Practice Leadership Conference and CPA's Leadership and Advocacy Day. These types of experiences tend to be scheduled in the Spring, so course dates should be set accordingly. Be sure to schedule the lectures around this date. Ideally, the high impact learning experience will occur towards the end of the semester as a culmination of the learning process.
- **Class Size:** This course is ideally taught to a class of 12-20 students. More students than the maximum of 20 is not recommended for several reasons: One, recruitment of mentors for a larger number of students will be difficult; two, the experiential elements are best done with a few small groups; and, three, a smaller number of students lends to an atmosphere of discussion for the course lectures.
- **Contact Professional Associations:** Collaboration with organized psychology should be a key aspect to this course. The instructor should reach out and work together with the local and state professional organizations (e.g. California Psychological Association, Los Angeles County Psychological Association), specifically the advocacy individuals and committees of those organizations. Coordinate with these organizations for individuals who can take on mentees, and to find out helpful activities for students to engage in during mentorship.
- **Faculty Collaboration:** Reach out and build connections with other professors in your program who may be willing to help teach this important content and mentor and/or role model for students. Advocacy is a team effort and modeling this will help teach those principals, as well as provide a richer experience for students

Course Elements

- **Guest Lectures**. Bringing in guest lectures is an important element to learning about advocacy. Plan to have at least two guest lectures throughout the semester. These guest lectures should be past or present leaders in professional advocacy, elected officials, or psychologists in public policy related positions.
- **Learning Activities.** At least two advocacy-related learning activities should be scheduled into the course. Ideally, this would include a state legislative advocacy day and visits to local legislative offices.
- All lectures may be utilized as power point presentations if desired. The lecture outlines do not include visual aids, but some sample visual aids and handouts have been included together towards the end of the curriculum. Adding visual aids is highly encouraged.
- There is a small group discussion question inserted into each lecture groups of approximately 3 students to discuss lecture content. These short small group discussions should be followed by a larger group discussion with the whole class reflecting on the

small group discussions. These small group discussion questions should be used at the instructor's discretion and time management of the lectures.

- Two possible paper assignments have been provided with curriculum. It is the professor's discretion as to choose one or both to assign, depending on time constraints and the program's credit requirements.

Mentorship Preparation and Administration

- Recruitment of mentors: Finding and committing potential mentors prior to the course is important to ensure the feasibility of the mini-mentorship. Some recommended methods of recruitment are: contact with professional organizations, faculty members, colleagues, professional listserves and social media networking with other professionals. The number of mentors depends on the number of students in the class. A minimum of ***1 mentor for every 4 students*** is recommended, as mentors may work with groups of students. It is further recommended to have a variety of mentorship opportunities available, with potential mentors engaged in different types of advocacy/leadership activity.
- Compile a list of potential mentors for students to work with prior to beginning course. Mentors may include fellow professors, psychologists in leadership positions within professional organizations, psychologists in leadership/administrative positions at multi-professional institutions, psychologists that work as consultants for the public policy process, or psychologists known to be consistently involved in professional advocacy or public policy. As stated above, mentors may work with multiple mentees or one-on-one. The ability to work with a group of students will likely depend on the mentor's role and activities. Please note the maximum number of students for each mentor on the list of mentors.
- Coordinate with mentors and professional associations to compile a list of possible mentorship projects for the students. See Mentorship project ideas list for guidance.
- Be sure to start the mentorship matching and scheduling process towards the beginning of the semester, so students have time for a 4-week mini-mentorship to finish at least *2 weeks prior* to the end of the semester. They will need time to write up and present their mentorship final projects.

Advocacy Curriculum Learning Objectives

Knowledge Domain:

1. Students will gain understanding of advocacy definitions and concepts, and compare professional advocacy to other forms of advocacy.
2. Students will understand legislative and public policy processes related to advocacy, identify the relevant government structures, and distinguish the specific avenues for practices of advocacy.
3. Students will develop a historical perspective of advocacy for psychology and federal, state and local policy related to psychological practices.
4. Students will identify how psychological practice occurs in larger healthcare structures, how legislation drives healthcare policy and structure, and understand the interplay between legislation, healthcare and psychological practice.
5. Students will understand and describe current public policies and social issues, which impact the practice of psychology and relate to psychological research and expertise.
6. Students will demonstrate self-awareness of strengths for advocacy involvement they have engendered as psychologists-in-training.
7. Students will delineate key contributions that psychologists can make to sociopolitical concerns and healthcare through research and psychological treatment.
8. Students will gain awareness of avenues for involvement and potential roles in professional advocacy for psychology, including professional leadership and roles within the policy-making process.

Skills Domain:

1. Students will demonstrate ability to access policy-related information, locate decision-makers and other stakeholders for advocacy-related activities.
2. Students will develop communication skills and relational strategies to utilize with decision-makers and other stakeholders, including written and verbal techniques, as well as formulation of succinct public statements related to policy positions and psychological input.
3. Students will appraise public policy through an integration of scientific perspective, long-term perspective, and larger sociopolitical context.
4. Students will develop problem-solving skills necessary to navigate potential setbacks related to public policy advocacy, including practices of patience and persistence.
5. Students will demonstrate methods of professional leadership in psychology necessary to organize peers, collaborate with leaders in other professions, and interact with government officials.

Attitudes Domain:

1. Students will appreciate the importance of a systemic perspective regarding psychological practice, and distinguish the systemic lens from the individual relational lens for psychology.
2. Students will comprehend professional advocacy as an integral aspect of psychological practice, which facilitates access to psychological services, support of psychological research, and development of psychological education and training.

3. Students will identify advocacy as the primary method to protect psychological practice, in order to utilize psychologists' expertise and skills, and make a contribution to healthcare and wellbeing of society.
4. Students will increase awareness of self-efficacy related advocacy participation, specifically an understanding that psychologists are well equipped to navigate public policy process and leadership positions.

Lecture Outlines

Lecture 1- Introduction to Advocacy

Learning Objectives:

1. Students will gain understanding of advocacy definitions and concepts, and compare professional advocacy to other forms of advocacy.
2. Students will appreciate the importance of a systemic perspective regarding psychological practice, and distinguish the systemic lens from the individual relational lens for psychology.
3. Students will comprehend professional advocacy as an integral aspect of psychological practice, which facilitates access to psychological services, support of psychological research, and development of psychological education and training.

Lecture Outline:

1. *Insert visualization activity before or after brainstorm*
2. Advocacy Brainstorm
    a. What does the word advocacy mean to you? What types of behavior do you associate with advocacy?
    b. What do you think advocacy means in the context of psychology and being a psychologist?
    c. How does advocacy potentially interplay with the values of psychological practice?
3. Introduction to concept of Advocacy
    a. Advocacy general definition from dictionary:
        i. The act or process of supporting a cause or proposal
        ii. Public support for or recommendation of a particular cause or policy.
        iii. The act of pleading for, supporting, or recommending; active espousal
    b. Advocacy in the context of psychology does not have a clear definition in the literature, particularly pertaining to Professional advocacy
        i. What do you think professional advocacy means specifically?
    c. Potential Small Group Discussion Question: What do you think the most important elements of professional advocacy for psychology?
    d. Important elements/aspects of professional advocacy
        i. *Action* on behalf of profession
        ii. Involvement in public policy process
        iii. Lobbying- go more in depth on this element of advocacy and explore views of students on lobbying
            1. Clarify that lobbying is not necessarily self-interest policy work, but is usually reactive to policy agendas and legislation that impact aspects of psychological practice and research
            2. Use example of Sunset board consolidation proposals that happen in many states, which would put psychologists under licensing boards made up of other professionals, not generally doctoral level
        iv. Service delivery (discuss cross over into social justice advocacy)

v. Education and communication with public
vi. Leadership and other types of roles, such as administrative
vii. *Promotion* of expertise and potential contribution

4. Comparison to other types of advocacy
    a. Social justice advocacy
        i. Focus on sociocontextual factors in wellbeing, such as the relationship between oppression and mental illness
        ii. The professional activities that facilitate a more equitable distribution of risks, advantages, opportunities and resources, together with full and equal participation by all members within a society (Mallinckrodt, Miles & Levy, 2014)
    b. Public Policy
        i. Focus primarily on legislation/policy
        ii. Lyons and co-authors use the term "public policy advocacy" and define it through the following: "promotes awareness of legislative issues such as funding to subsidize psychological training, research and new treatment centers… providing data and encouraging relevant legislation
5. Provide definition of professional advocacy
    a. Use 3 ring chart of types of advocacy as visual aid
    b. Many general/broader definitions of advocacy such as: "process of informing and assisting decision-makers," which includes, "promotion of interests of clients, health care systems, public health and welfare issues, and professional psychology" Lating, Barnett and Horowitz, 2009
    c. APA Practice Organization description of purpose: The Practice Organization in collaboration with state, provincial and territorial psychological associations pursue a wide range of activities to promote and support practicing psychologists, including: Creating tools and information to help manage and grow your practice; Advocating for your interests in Congress, state legislatures and the courts; Pursuing fair reimbursement for all psychological services; Fighting parity violations and other managed care abuses; Affirming the doctoral standard for entry into the profession; and, Protecting you from assaults to your scope of practice. (APA Practice website, 2018)
    d. Fox (2008) definition: "the use of political influence to *advance the profession* through such means as political giving, legislative lobbying, and other active participation in the political decision-making process."
        i. This definition focuses on the political decision-making process, but there are other types of arenas for action on behalf of the profession. How can we broaden this definition, but keep it specific to professional advocacy for psychology?
    e. Proposed original definition: Professional advocacy for psychology is any action on behalf of the profession as a whole, in order to advance the profession, and promote psychological expertise and contribution. These actions may take the form of political influence and participation in the political decision-making process, education, communication with the public, stakeholders, and other professionals, and leadership and administrative roles.

6. Brief review of advocacy related strengths for psychologists
    a. Are you feeling a little anxious about "being able" to do advocacy related activities? It may surprise you to learn that as psychologists-in-training you already have many strengths that lend to success in advocacy
    b. Perspective: "helicopter" or multifaceted viewpoints
    c. Expertise, such as knowledge of human behavior and cognition
    d. Communication skills- we work on this all the time!
    e. Relational skills- most of advocacy centers around relationships and that is what you are highly trained to do!
    f. Problem-solving skills
    g. Collaboration skills
7. **Conclusion of Lecture questions**
    a. **Is there anything regarding the concept of advocacy that needs clarification?**
    b. **Do you feel able to differentiate professional advocacy for psychology from other types of advocacy that psychologists may engage in?**

Lecture References

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Lecture 1 Visualization Activity

Close your eyes and take a few slow mindful breaths. Allow your body and breath to find a rhythm with ease. Find your mental chalkboard or inner sight. Thoughts pictures may come in that are unrelated, just notice them and allow them to pass.

1. Think about the moment or initial time period you realized you want to become a psychologist. Picture this moment and breath this feeling into your heart and body. Was it because of your own experience? Someone close to you? What or who was the catalyst for the journey you are currently on in graduate school? Now, imagine that someone in government decided that our education and training is too costly since we overlap with other established clinicians, and that we should be phased out of the health care system in favor of lesser-educated practitioners. Their idea is to streamline the healthcare system in order to make it easier to navigate for people. How does this make you feel? How would you respond to this person?

2. Picture the client/population/activity you most enjoy when conducting psychologically related practices. This might be a particular person, assessment measure, research phase; what is the practice activity that stimulates you the most? Makes you really feel like your making a contribution? Now imagine that your clients or subjects can't afford your services anymore. Just like that, a budget cut was made and that's it. A whole group of people no longer given services because the funds "were needed elsewhere". How does this make you feel? What do you want to do about it?

Lecture 2- Rationale for Professional Advocacy in Psychology

Learning Objectives:

1. Students will identify how psychological practice occurs in larger healthcare structures, how legislation drives healthcare policy and structure, and understand the interplay between legislation, healthcare and psychological practice.
2. Students will appreciate the importance of a systemic perspective regarding psychological practice, and distinguish the systemic lens from the individual relational lens for psychology.
3. Students will comprehend professional advocacy as an integral aspect of psychological practice, which facilitates access to psychological services, support of psychological research, and development of psychological education and training.
4. Students will identify advocacy as the primary method to protect psychological practice, in order to utilize psychologists' expertise and skills, and make a contribution to healthcare and wellbeing of society.

Lecture:

1. **Why is advocacy necessary for professional psychology?**
2. Viability of the Profession
    a. Survival of the profession requires being at the tables where decisions are made
    b. Becoming a more major player in the health care industry will rely on more comprehensive advocacy efforts
    c. More involvement in organization administration to have direct representation
    d. Scope of Practice
        i. Ensure psychologists are able to engage in certain clinical practices
        ii. Maintain acknowledgement of specialties
        iii. Hold back encroachment by other mental health professionals into domains of practice that psychologists are specifically and extensively trained for
            1. Protect the practice of psychological assessment as one of the only domains of practice that psychologists are licensed to conduct that other mental health professionals are not
    e. Licensure laws
        i. With regulatory boards greatly impact the ability of psychologists to provide services and maintain scope of practice
        ii. Important that laws are congruent with education and training of psychologists
        iii. Licensure laws of other mental health fields is necessary to safeguard psychology's domains of practice
    f. Ability to provide services
        i. Examining psychology's services and practice within larger healthcare system, community and society
        ii. Ability to provide services directly impacted by legislative and regulatory decisions

iii. Funding and recognition from society's health policy leaders is necessary to continue important service programs, so it essentially becomes a public policy decision
iv. Public policy is the guiding mechanism for organization, finance and delivery of services, making advocacy critical

3. The Advancement and Application of Psychological Knowledge
    a. Improved Communication/dissemination of knowledge
        i. Knowledge transfer (exchange within healthcare/science communities) vs. knowledge translation (interpretation/implication for public, etc.)
        ii. Translation and communication with policy-makers and relevant parties is a priority and needs to be improved
        iii. Clarification of psychology's scientific side and the unanticipated benefits of basic psychological research
    b. Improving Public Image
        i. Small Group Discussion Question: How do you think the public views psychology as a profession?
        ii. Of psychologists and psychological practice
        iii. Increased public awareness of important information regarding psychological health
        iv. Clearly articulate what psychology is, services, applicability of services in understandable terms
    c. Define who we are
        i. Particularly in relation to other health professionals
        ii. Define who we are as professionals to prevent further misperceptions and devaluation of psychology as a scientific field with evidence-based practices
        iii. Need to define psychology in a unified manner
    d. Application of psychological research
        i. For policy-making
        ii. Promotion of data-driven orientation to defining social problems (rather than research data being used to support decisions made based on other factors)
        iii. Utilize empirical foundation that is directly relevant to inform public policy
        iv. Data must be provided, explained or framed in a manner cognizant of political atmosphere
4. Support and Development of Research, Education and Training
    a. Ongoing need to ensure funding for research, education and training
    b. Need research funding to further develop psychological knowledge base, protect academic/research jobs and continue contributing to well-being
    c. Structures that support research need to be protected from potential budget cuts on a regular basis
    d. Misperception of psychology as a predominantly helping field, need to do a better job educating lay-persons of the benefits of psychological research
    e. Funding programs for psychological education and training, such as doctoral level internships, crucial to the future generation of psychologists

   f. Ongoing support and development of specialty training and research for the growth of the field and potential contribution of unique expertise
      i. Ensure continued funding of training programs and research in specialties
      ii. Educate policy-makers, the public and other health professionals about the areas of expertise that specialty-trained psychologists have
      iii. Increasing the number of board certified psychologists presents us as similar to other health professions, namely medical doctors
      iv. Contributes positively to understanding doctoral-level expertise and skill
5. Psychological Practice
   a. Increase awareness of psychology's value, gain appropriate recognition and reimbursement as health care providers
   b. Establishment of psychology as a primary health care profession within a system progressing toward integrated care
      i. This means influencing payment policies of both federal government and private healthcare payers
      ii. Need recognition of both institutional psychologists and private sector psychologists as providers
      iii. **Do you have any thoughts or reactions to framing psychology as a primary health profession?**
   c. Expand awareness of mental health needs and how psychologists can contribute (assessment, treatment, and administrative operations)
   d. Make case for training in psychology brings added value to health care system and cut overall health care costs-> cost-effectively address psychosocial-economical-cultural gradient of care
   e. Organization/institutional practice
      i. Need positions of authority, so decisions about practice and training are not make by non-psychologists
      ii. Establishing psychological expertise and unique contribution, influence on treatment, and professional role
   f. As noted above, protect psychology's scope of practice, particularly in domains such as psychological assessment
6. Health and Wellness of the General Public
   a. Improved relationship with the public
   b. Professional responsibility to advocate for those less fortunate, to contribute to health and wellness of general public, and safeguard access to needed services
   c. Need advocacy to ensure that access to psychological services not limited to those individuals with more privilege
   d. Need to address health inequities, specifically raise awareness/understanding of social determinants of health
   e. Potential areas of public wellbeing to contribute:
      i. Management of acute and chronic illness
      ii. Management of serious mental illness since de-institutionalization
      iii. Crime and violence prevention
      iv. Welfare
   f. Need advocacy in policy-making, health care administration and organizational administration for input on public health and wellness

7. **After reviewing these rationales for professional advocacy, do you feel any different than at the beginning of the lecture? In what way? Do these seem like legitimate arguments that advocacy is not only helpful, but also necessary?**

With additional time in this lecture, have students begin reviewing the Mini-mentorship options

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Lecture 3- Political Science for Psychologists

Learning Objectives:

1. Students will understand legislative and public policy processes related to advocacy, identify the relevant government structures, and distinguish the specific avenues for practices of advocacy.
2. Students will identify how psychological practice occurs in larger healthcare structures, how legislation drives healthcare policy and structure, and understand the interplay between legislation, healthcare and psychological practice.
3. Students will appreciate the importance of a systemic perspective regarding psychological practice, and distinguish the systemic lens from the individual relational lens for psychology.
4. Students will comprehend professional advocacy as an integral aspect of psychological practice, which facilitates access to psychological services, support of psychological research, and development of psychological education and training.

Lecture:

1. **Have you learned previously about the branches of government and their role in policy? What do you remember about the branches of government?**
2. Branches of Government Overview
    a. All three branches exist at federal, state and local levels
    b. Legislative
        i. Create laws, policies, and change existing laws
        ii. Senate- equal distribution of votes for states/districts
        iii. House of Representatives- population based number of representatives
        iv. Primarily made up of members from law, public service/politics, business backgrounds
    c. Executive
        i. Carries out and enforce laws, put policies into action through regulatory bodies
        ii. President, Vice-president, Cabinet, and federal agencies
        iii. Governors, mayors, etc.
    d. Judicial
        i. Evaluates and interprets laws
        ii. Supreme Court
        iii. Federal Court system
        iv. State and county court systems
    e. Checks and Balances
        i. The president can veto legislation created by Congress and nominates heads of federal agencies.
        ii. Congress confirms or rejects the president's nominees and can remove the president from office in exceptional circumstances.
        iii. The Justices of the Supreme Court, who can overturn unconstitutional laws, are nominated by the president and confirmed by the Senate.
3. Legislative Branch
    a. What does this branch look like at the local level?

b. Important Senate Committees/Subcommittees
    i. Appropriations
        1. Subcommittee on Departments of Labor, Health and Human Services, and Education, and Related Agencies
        2. Subcommittee on Military Construction and Veterans Affairs, and Related Agencies
    ii. Health, Education, Labor and Pensions
        1. Subcommittee on Children and Families
        2. Subcommittee on Employment and Workplace Safety
        3. Subcommittee on Primary Health and Retirement Security
    iii. Committee on Finance
        1. Subcommittee on Healthcare
    iv. Veteran's Affairs
c. Important House Committees/Subcommittees
    i. Ways and Means
        1. Subcommittee on Health
    ii. Energy and Commerce
        1. Subcommittee on Health
    iii. Appropriations
        1. Subcommittee on Labor, Health and Human Services, Education and Related Agencies
    iv. Budget
    v. Judiciary
        1. Subcommittee on Immigration and Citizenship
d. Do any of your senators/representatives sit on these committees? How can you find out?
e. Pluralist democracy
    i. Two primary political parties that most legislators, judges and officials are part of
    ii. Bipartisanship: when the two parties agree or cooperate instead of opposing one another
        1. This is usually necessary at least in part to get legislation passed
    iii. Small Group Discussion Question: How does a pluralist system impact health care and the practice of psychology?
f. Lobbying
    i. An attempt to influence government action through written or oral communication
    ii. Must include reference to a specific piece of legislation/policy and a specific view of that legislation
    iii. Direct (to legislator or government official) vs. Grassroots (promoting view with general public)
    iv. Lobbyist: acting on behalf of an organization for compensation, must register, and is subject to certain regulations at federal, state and local levels
    v. Why is lobbying important for professional advocacy?

   vi. **Is a meet and greet with a legislator lobbying?**
4. Judicial Branch
   a. Can uphold laws/reform
      i. E.g. ACA challenge on behalf of a number of states went to supreme court-> all provisions were upheld except state mandate to expand Medicaid
   b. Importance of judge appointees
   c. Other examples of judicial rulings that impact health?
5. Executive Branch
   a. White House/President
   b. Department of Health and Human Services
      i. One out of 15 executive departments, whose heads make up the president's cabinet
      ii. National Institute of Health (NIH)
      iii. Substance Abuse and Mental Health Services Association (SAMHSA)
   c. E.G.- Office of National Drug Control Policy
      i. White house appoints "drug czar"
      ii. Overseen by SAMSHA (Center for Substance Abuse Prevention)
      iii. Funding from congress
   d. Numerous sub-departments under the 15 executive departments
      i. https://www.usa.gov/sub-agencies
6. Important terms to know
   a. Political Action Committee or "PAC": a 527 organization that pools campaign contributions from members and donates those funds to campaigns for or against candidates, ballot initiatives, or legislation
      i. The state and national professional organizations have PACs to fund lobbying and legislative activities
7. Jobs and Opportunities for Psychologists in Government
   a. Judicial
      i. Expert testimony
      ii. Consultation
      iii. Specialty courts
   b. Legislative
      i. Running for elected office at state or federal level
      ii. Ted Strickland first psychologist to serve in congress, then governor of Ohio
      iii. Consultation
   c. Executive
      i. Administrative positions at healthcare agencies

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Government Activity- Role Play of Legislative Action

Many of the policies we, as psychologists, think are clearly beneficial to the health care system and the general public are often more complicated in the policy-making process. For this activity, split into groups of 4-5 students. Each student will take on the role of person involved policy-making. Find a piece of legislation (or provided by your professor) that has ramifications for the practice of psychology and take a point of view to argue based on your role in the scenario. Find a way to discuss the legislation as a group taking on these roles. What do you notice about the dynamics? What is it like to be invested in a certain perspective? What is it like to have to choose between different points of view?

Roles

Legislator: trying to save budget money, but also please constituents. Able to propose and back legislation if you think it's beneficial

Stakeholder: you are invested in the outcome because you stand to gain in some, usually financially

Lobbyist: for psychology's point of view, argument to benefit practice of psychology, research or population psychologists treat

(Lobbyist): against psychology's point of view, either for another profession, insurance company etc.

Executive: you have the power to veto so need to gather information about both sides

Lecture 4- Health Organizations and Medicare/Medicaid

Learning Objectives:

1. Students will identify how psychological practice occurs in larger healthcare structures, how legislation drives healthcare policy and structure, and understand the interplay between legislation, healthcare and psychological practice.
2. Students will appreciate the importance of a systemic perspective regarding psychological practice, and distinguish the systemic lens from the individual relational lens for psychology.

Lecture:

1. Department of Health and Human Services (one of 15 cabinet department agencies) is health administration arm under the executive branch
    a. Numerous sub-agencies under this department are important to practice of psychology (use attached visual aid as a handout)
    b. National Institutes of Health (NIH)
        i. The National Institutes of Health (NIH) is the primary Federal agency for conducting and supporting medical research.
        ii. Relevance to psychology: responsible for funding a large portion of psychological research
        iii. Several key institutes within NIH including: National Institute of Mental Health, National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, National Institute on Aging, National Institute on Minority Health and Health Disparities
        iv. NIMH is the leading federal agency supporting research of mental health disorders, both through funding and grants, as well as a large internal research program
    c. Substance Abuse and Mental Health Services Administration (SAMHSA)
        i. The Substance Abuse and Mental Health Services Administration works to improve substance abuse and mental health treatment services to those who are most in need of them
        ii. Relevance to psychology: program funding grants for treatment, resources and training for clinicians, hotlines and treatment location for individuals
    d. Health Resources and Services Administration (HRSA)
        i. The Health Resources and Services Administration improves access to health care for people who are uninsured, isolated, or medically vulnerable.
        ii. Relevance to psychology: includes several key areas such as maternal and child health, workforce health, primary care, rural health care, and American Indian health care
    e. Centers for Disease Control and Prevention (CDC)
        i. The Centers for Disease Control and Prevention (CDC) collaborates to create the expertise, information, and tools that people and communities need to protect their health through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

        ii. Relevance to psychology: diseases that impact mental health, workplace health, and environmental health
    f. Centers for Medicare and Medicaid Services (CMS)
        i. The Centers for Medicare and Medicaid Services (CMS) provides health coverage to more than 100 million people through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace. The CMS seeks to strengthen and modernize the Nation's health care system, to provide access to high quality care and improved health at lower costs.
        ii. See below for more details
2. Medicare and Medicaid
    a. What is the difference between Medicare and Medicaid?
        i. Medicare and Medicaid are two separate, government-run health insurance programs. They are operated and funded by different parts of the government and primarily serve different groups.
        ii. **Medicare** is a federal program that provides health coverage if you are 65+ or under 65 and have a disability, no matter your income.
        iii. **Medicaid** is a state and federal program that provides health coverage if you have a very low income.
        iv. People can be eligible for, and have, both Medicare and Medicaid (dually eligible). They will work together to provide health coverage and lower costs.
    b. Why is it important for psychologists to understand Medicare and Medicaid?
        i. These programs are quickly becoming one of the largest health insurance coverage in the US (Medicaid 19.4%, Medicare 16.7% of population in 2017)
        ii. Private insurance market tends to follow Medicare payment and reimbursement trends, so very important to advocate for a position in the system.
        iii. These programs are particularly important for assisting underserved and marginalized populations in access to care. Psychologists want to address health disparities and be able to provide treatment through these programs.
        iv. Medicaid programs in 16 states do not recognize private sector psychologists as providers right now. **How does this limit the ability of our system to provide expert psychological care?**
    c. Utilize resources from professional associations to learn more about practicing with Medicare (APA Guide to Medicare for Practicing Psychologists)
3. General shifts in health care since the Affordable Care Act
    a. Shift in focus of health care system to primary care
        i. Includes mental health care-> increased use of medications, screenings and brief interventions before referral to more specialized mental health care in attempt to keep overall health care costs down
    b. Trend towards integrated care of behavioral health into primary care
    c. Integrated health care settings:
        i. Accountable Care Organizations (ACO): a group of providers who are responsible for the healthcare of a defined population of patients, must

include at least one hospital, primary care physicians and specialty care providers

ii. Patient-centered Medical Home (PCMH): similar to ACO in that it is comprehensive, integrated team-based care; smaller scale and focused on patients with multiple chronic illnesses

iii. Can anyone name an example of one of these settings?

iv. Small Group Discussion Question: How could you see yourself integrating into a primary care setting? What would that look like with your skills and specialization?

d. Expectation that institutional-based practices are critical for more efficient, higher-quality and more cost-effective health care
   i. Which means that psychologists in independent practice will potentially have a harder time getting third-party payer reimbursement

e. Psychological services in shifting health care
   i. Chronic illnesses are the large majority of health care costs, meaning that health service psychologists in increasingly higher demand
   ii. Shifting payment models mean intervention shifts for psychologists
   iii. Shift towards shorter-term interventions, regardless of outcome research, means adjustment by psychological practice => **Is this something that you think psychologists can push back on? How would we advocate to do so?**

f. Key actions for practicing psychologists post-ACA (Rozensky):
   i. Learn how to utilize the language of interprofessional health care
   ii. Develop interprofessional and team-based competencies
   iii. Become board certified in the specialty area
   iv. Establish a business plan for your practice with the goal of establishing a relationship with the local ACO or PCMH
   v. Review the literature on how patient care services will be reimbursed in the future and develop a working knowledge of local changes to Medicare
   vi. Support efforts in psychology to assure all graduates seeking to practice in healthcare are from APA accredited graduate and internship programs

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Lecture 5- History of Professional Advocacy Part 1

Learning Objectives:

1. Students will develop a historical perspective of advocacy for psychology and federal, state and local policy related to psychological practices.
2. Students will demonstrate ability to access policy-related information, locate decision-makers and other stakeholders for advocacy-related activities.

Lecture Outline:

1. Early involvement by psychologists and psychological organizations
    a. No clear organization of psychologists until 1971
    b. Psychologists individually involved in certain public policy or social justice issues
    c. Early APA efforts
        i. 1956 APA Council of Representatives resolution
            1. indicates a need to take *positions* on public policy related to psychological science and professional goals
            2. also explicitly states "not to attempt to influence the *formulation* of public policy"
            3. **Discussion question- what is the difference between taking positions and influencing the formulation of public policy? What does this mean for psychological practice legislation?**
        ii. 1960's, when considering policy, APA Board of Directors often utilized the bylaw "to advance psychology as a science and as a means of promoting human welfare"
        iii. 1969 APA ad hoc committee report "An Approach to Public Affairs: Report of the Ad Hoc Committee on Public Affairs" also known as the "Tyler Report"
            1. outlined a decision-making process for determination of the type and level of advocacy engagement, resulting in a continuum of eleven possible action steps
            2. Utilized four criteria for activities: importance of the problem area, amount of research-based information available, extent of value agreement on the issue among APA members, and probability that the action will be effective
    d. A small amount of policy work by appointed representatives of APA serving on task forces, but most policy work was conducted by practitioner group outside of APA who were pushing APA to become more involved in a national advocacy initiative
        i. A famous group was known at the "Dirty Dozen" which included Theodore F. Blau (deceased), Nicholas A. Cummings, Raymond D. Fowler, Melvin A. Gravitz, Ernest Lawrence, Marvin Metsky, C. J. Rosencrans Jr. (deceased), S. Don Schultz (deceased), A. Eugene Shapiro, Max Siegel (deceased), Robert Weitz, Jack G. Wiggins, Rogers H. Wright, and Francis A. Young
        ii. These psychologists were known for doing the dirty work of politics to ensure recognition and funding for private practicing clinical

psychologists, during a time when academic psychologists were in charge of APA and not willing to promote clinical psychologists (beginning of division between scientific and clinical psychologists)

2. Initial advocacy organizations
    a. CAPPS- Council for the Psychological Professions and Sciences
        i. Founded in 1971 through the APA Division of State Psychological Association Affairs by members of the Dirty Dozen
        ii. Independent, separately incorporated organization
        iii. Initial momentum for legislative lobbying for psychological practice
        iv. Rogers Wright anecdotally speaks of large amount of resistance from APA to actively lobby at this time, preferring to "wait until invited by congress to present our views"
    b. AAP- Association for the Advancement of Psychology
        i. Disagreements over lobbying practices between APA and CAPPS lead to a meeting between CAPPS and an APA special committee
        ii. The special committee recommended formation of the APA's own advocacy organization
        iii. AAP was established in 1974
        iv. Eventually CAPPS was merged into AAP
        v. Never became an efficacious advocacy organization, potentially due to shifts in governance and bitterness related to academics' position at APA
    c. APA Office of National Policy Studies
        i. Created in 1977, later named the Office of Legislative Affairs, then Office of Legislative and Public Affairs
        ii. NPS viewed as largely concerned with science and academia, while AAP was viewed as more concerned with public interest and health care, another example of ongoing division and tension between types of psychologists
        iii. During the late 1980's the APA directorates were created and the policy components of NPS were absorbed by the separate directorates
    d. APS, the divide between science and practice
        i. During the 1980's, the majority of psychologists within APA shifted to practicing psychologists vs. scientists and academics
        ii. Some of the scientist psychologists separated and formed another organization, American Psychological Society
        iii. "dedicated to advancing scientific psychology…"
        iv. currently both APS and APA still exist, and this is considered by some to be a contributing factor to the lack of unity among psychology as a field
        v. Small Group Discussion Question: How do you view the divide between science/academia and practicing psychologists? Did this impact any choices you made for graduate program? What are some thoughts on remedying the divide?
    e. APA Congressional/Executive Fellowship Program
        i. Fellows work on legislative team, congressional committee or with a federal executive agency

ii. First psychology fellow was sponsored by the American Association for the Advancement of Science in 1974, then jointly funded with APA
iii. Program has grown to sponsor as many as six fellows per year, with a total of 129 psychologists having participated in the last 43 years

3. Recent and Current Advocacy Organization
    a. Advocacy by the APA through 2018
        i. Legislative and policy efforts were largely divided by the APA directorates, with the APA Practice Organization (directorate) spearheading most professional advocacy
        ii. Committee for the Advancement of Professional Practice
        iii. Education and Science Directorate Government Relations
        iv. APAGS Regional Advocacy Coordinators
        v. Division Public Policy Committees & Division 31
    b. Advocacy within APA
        i. Advocacy efforts can be quite fractured in the organization
        ii. Numerous divisions with advocacy initiatives, and the divisions tend to be where individuals focus their energy
        iii. Complicated relationships between the many divisions and directorates within APA and other professional organizations
            1. Politics involved within these relationships, such as specific alliances and loyalties, as well as unspoken expectations
            2. For example, tensions exist between APA and the state organizations. This is due to the ongoing debate regarding where APA puts its resources, whether they should be supporting its divisions versus supporting the state organizations
    c. Reorganization by APA
        i. A 2012 class action lawsuit by APA members resulted in a large $9 million settlement in 2015. The lawsuit alleged that APA made it seem like a requirement to pay APAPO dues in addition to regular membership dues
        ii. In 2018, APA made decision to restructure advocacy efforts in order to better financially support advocacy and lobbying
        iii. Eliminated APAPO
        iv. Created American Psychological Association Services, Inc. or APA Services, Inc. as a 501(c)6 which enables lobbying
        v. APASI will lobby and advocate on behalf of all directorates
        vi. A portion of general APA membership dues are automatically divided out for APASI, versus the previous optional additional membership of APAPO
        vii. Discussion Question: What are the pros and cons of this reorganization? Have you heard any opinions from psychologists?
4. State and Local Advocacy Organization
    a. Partnership with state/provincial psychological associations increased during the 1980's
    b. State Leadership Conference, now the Practice Leadership Conference

   c. [outline here the relevant state and local professional organizations and advocacy avenues within those organizations]
5. Comparison to Other Health Professions
   a. Political giving is one of the best ways to gauge advocacy involvement, and historically psychologists' average contribution is quite low compared to other health professionals
      i. For 2005-2006, psychology ranked 12th among 15 health care provider groups in contributions and 10th in average contribution per member per year
      ii. For 2017-218, the Psychology PAC (Political Action Committee) ranked 35th among 99 health professional PACs with $86,722
   b. APA Practice Organization survey 2018
      i. A large majority of psychologists endorsed involvement in some form of political advocacy, BUT only 36% reported ever having contributed to a PAC
      ii. Survey participants noted lack of awareness regarding the role of the Psychology PAC and that "contributing to a PAC is not a financial priority for me" as the primary reason to be unlikely to contribute in the future

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Lecture 5 Experiential Learning: APA Website Activity

- Find the website for American Psychological Association
- Identify the following
    - Number of leadership boards and committees:
    - Number of Directorates:
    - Number of Divisions:

- Pick a directorate or division. How many boards and committees exist? How do they govern themselves internally and in relation to APA?

- Find the Advocacy Portal. Familiarize yourself with the areas of advocacy for APA, particularly the Practice domain

- Find the Federal Advocacy Network
    - Identify your federal elected officials:

    - Check current action alerts and identify one you would be willing to take action on:

- Which body guides APA advocacy efforts? How do they do that? And how was this body formed?

- Pick one committee within APA (general, directorate, division, advocacy) you think would be a good fit for your interests and skills. Explain why.

Lecture 6 - History of Advocacy Part 2: Significant Policy Impact

Learning Objectives:

1. Students will develop a historical perspective of advocacy for psychology and federal, state and local policy related to psychological practices.
2. Students will delineate key contributions that psychologists can make to sociopolitical concerns and healthcare through research and psychological treatment.
3. Students will appraise public policy through an integration of scientific perspective, long-term perspective, and larger sociopolitical context.
4. Students will comprehend professional advocacy as an integral aspect of psychological practice, which facilitates access to psychological services, support of psychological research, and development of psychological education and training.

Lecture Outline:

1. Several key areas of significant impact on legislation and public policy for psychology
    - **a. Discussion Questions:**
        - **i. Have psychologists always been able to bill third party payers for their services?**
        - **ii. Are there settings where psychologists cannot practice independently?**
        - **iii. Small Group Question: Do certain issues feel too "political" for you? How do personal values impact your view of psychological research? Meaning, if psychological research appears to back up a certain point of view on a social issue, can we come to terms with differences in our personal values?**
2. Practice
    - a. Examples of early efforts for recognition and reimbursement of psychological services
        - i. The requirement of insurance companies to reimburse for psychologists if they reimburse other providers for mental health care
        - ii. Convincing a major carrier for federal employees' comprehensive health plan to cover psychological services
        - iii. Class-action lawsuit forcing the US Civil Service Commission to recognize psychologists as independent and reimbursable providers in their contracts
        - iv. Pressuring CHAMPUS to reimburse psychologists for both outpatient and inpatient services
        - v. 1975 Vocational Rehabilitation Act- placing mental health on par with physical health and granting parity to psychologists for reimbursement
        - vi. establishment of psychology's first doctoral program explicitly devoted to training practitioners
        - vii. modification of Social Security administrative law to allow psychologists to qualify as medical examiners
    - **b. Discussion Question: Is this new information that services provided by psychologists were not always covered by insurance or part of health treatments? How does this information shift your perspective on being able to practice now?**

c. Ongoing efforts for recognition as independent practitioners
- **i.** Independent licensure- this is continually challenged in certain states
- **ii.** Reimbursement by private and federal health care plans
- **iii.** Recognition in physician definitions for Medicare, which already recognizes all other doctoral level practitioners
- **iv.** Efforts continually thwarted by last minute vetoes and changes in legislation-> results in oversight by physicians for psychologists in many settings
- **v.** **Discussion Question: Have you had any experiences with oversight by physicians? How do you feel about psychologists being "under" medical physicians?**

d. Mental Health Parity
- **i.** Parity= equality with physical health coverage
- **ii.** 1996- initially passed in a limited capacity
- **iii.** 2008- more comprehensive implementation
- **iv.** Required enormous advocacy efforts on a federal level for years with legislators and policy-makers
- **v.** Landmark policy and step towards equal standards in health coverage for mental health
- **vi.** Efforts have continued in areas of implementation and enforcement, such as elimination of insurer's discriminatory policies *(this is a good opportunity to discuss the difference between a policy and enforcement of that policy)*

e. PPACA- Patient Protective and Affordable Care Act
- **i.** Triggered by years of limited access to treatments, low provider reimbursement, and rising healthcare costs through "managed care" systems
- **ii.** ACA provided greater access to primary care for individuals
- **iii.** Increased coverage of mental health services included
- **iv.** Psychologists were NOT included in the designated primary care providers, despite lobbying for inclusion
- **v.** access to healthcare services through primary care is the focus of the policy-> thus important for psychology to integrate into primary care
- **vi.** **What does it mean to have primary care designation as a provider?**

f. CCER- Comparative Clinical Effectiveness Research Organization

g. Prescriptive Privileges
- **i.** Considered an important advocacy issue for some, but remains controversial among the psychological community and leadership
- **ii.** Premise: to improve availability of comprehensive, quality mental health care, other types of health professionals who are not MDs practice pharmacological interventions successfully (optometrists, nurse practitioners)
- **iii.** Legislative efforts began in the early 1980s
- **iv.** 1995- APA Council of Representatives voted to endorse prescriptive authority for appropriately trained psychologists
- **v.** Department of Defense pilot program 1991-1997

vi. First two states: New Mexico (2002) and Louisiana (2004)
  1. Data demonstrates psychologists have filled positions left vacant by psychologists
  2. Anecdotal data suggests comprehensive care increased due to utilization of a wide range of behavioral and psychosocial interventions in conjunction with psychopharmacological treatment
vii. Indiana and Guam enacted PP but did not implement
viii. More recent states: Illinois (2014), Iowa (2016), Idaho (2017)
ix. States with ongoing initiatives by state psychological associations: Florida and Hawaii

h. Discussion Question: What are potential pros and cons to prescriptive authority for psychologists? (This can also be a small group question)

3. Science
   a. APA's Science Government Relations Office purpose is to increase federal funding for psychological research and strengthen infrastructure that supports research
   b. National Institute of Health (NIH) and National Science Foundation (NSF):
      i. large majority of federal grants for social science
      ii. funding to these agencies has been protected through advocacy actions of APA and its members
      iii. NIH Office of Behavioral and Social Sciences Research (OBSSR) established in 1993-> legislative achievement of a coalition of scientific organizations which APA played a major role in coordinating
         1. Now a key channel for heightening research and increasing contributions to understanding and treatment of disease
      iv. NSF Social, Behavioral and Economic Sciences Directorate another key channel for funding psychological research
   c. Long history of continual threats to funding based on federal budget concerns and lack of understanding of the research value by some members of Congress=> thus, agencies are constantly at risk of losing important funding through federal budget cuts
      i. 2008- advocacy lead by a psychologist representative expanded a final bill to include social science research and education at NSF
      ii. House Science, Space and Technology's Research Subcommittee attempted to slash funding twice at NSF for social, behavioral and economic sciences directorate in 2014 and 2015-> APA government relations office countered with focused advocacy efforts such as contacting key house offices and assisting with speech writing for house floor
   d. Funding for specific research grants also targeted due to subject matter of the research (e.g. research grants related to sexual behavior at NIH in 2003)
      i. Focused lobby efforts and ongoing education of congress in the form of briefings and other initiatives help to counter these attacks on research (often due to political affiliation)
4. Education

a. Advocacy efforts focus:
    i. Federal support for psychology education and training
    ii. Application of psychology to education at all stages
b. Graduate Psychology Education program (GPE)
    i. developed in 2001 by APA, initial funding through House appropriations in 2002
    ii. expansion of federal support for psychology doctoral, internship, and postdoctoral residency programs
    iii. Health Resources and Services Administration (HRSA) grants to 91 programs, hundreds of stipend supports for students in practica and internship
    iv. Diversity of psychological workforce and medically-related training sites
    v. Education of other future health professionals regarding the value of psychologists to an integrated care team
    vi. Successful promotion of effective integration of psychological expertise into health care, continued grassroots advocacy for role at HRSA
c. Behavioral health care on college campuses
    i. 2003- Campus Care and Counseling Act introduced by APA to address increased mental health concerns among college students by supporting a campus counseling grant
        1. capitol hill visits during the Education leadership conference resulted in sponsorship and passage of bill in combination with a youth suicide prevention bill
    ii. grassroots efforts continue to maintain and expand funding for psychology department training centers, mental health centers, psychological services centers, counseling centers

5. Public Interest
    a. APA Public Interest Government Relations Office: purpose to advance human rights, social justice, and health equity based on sound psychological research
        i. E.g. health of diverse populations and relationship between social policy and psychological research
    b. Examples of public interest advocacy
        i. Minority Health and Health Disparities Research and Education Act of 2000-> APA advocacy efforts to include behavioral and social science research
        ii. Marriage equality: APA adopted four separate Council resolutions related to marriage equality as far back as 1995, opposition of DOMA, raising awareness about the psychological research on same-sex marriage, help to facilitate judicial action and advocacy in changing attitudes regarding same-sex marriage => ultimately SCOTUS decision in 2015 for same-sex marriage rights nation-wide

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Lecture 7- Current Advocacy and Public Policy Issues: Professional Practice of Psychology

Learning Objectives:

1. Students will understand and describe current public policies and social issues, which impact the practice of psychology and relate to psychological research and expertise.
2. Students will appraise public policy through an integration of scientific perspective, long-term perspective, and larger sociopolitical context.
3. Students will identify advocacy as the primary method to protect psychological practice, in order to utilize psychologists' expertise and skills, and make a contribution to healthcare and wellbeing of society.

Lecture and interactive activities:
**** Prior to lecture, go to APA News and Events page to find the most recent relevant news related to public policy to utilize for lecture. Checking the Federal Advocacy network to see updates on action alerts would be helpful material as well.***
**** Prior to lecture, also check your local and state professional organization government affairs to see current advocacy efforts they are focusing on***.

1. State level initiatives
    a. State legislation and policy determine the most important aspects of professional practice in psychology
        i. Licensure laws are regularly subject to review and renewal
            1. This includes how the board overseeing psychologists is structured and whether it is independent from other health professionals
            2. Example- recently Texas Sunset legislation combined psychology board with other mental health professionals
        ii. Scope of practice for psychologists is constantly in danger of being chipped away at or overlapped by other professionals
            1. Example- licensed psychological counselors (LPC) gaining ability to do psychological testing without supervision of psychologist
        iii. Other types of professional practice legislation, such as treatment and training requirements, ability to evaluate independent of medical doctors, etc are constantly in motion. Often it is a matter of noticing when psychologists are "lumped in" or included in legislation they shouldn't be
    b. Every state professional organization has a government affairs or legislative committee that oversees legislative advocacy on current bills
    c. Examples of bills being watched at state level: (subject to change for year/state) (below examples found on California Psychological Association website)
        i. **AB 1619 Mental health careers: funding. (Amended: 4/11/2019)** Would appropriate $20,000,000 from the General Fund to the Office of Statewide Health Planning and Development for the purpose of reducing the shortage of, and disparity in, mental health services across the state by performing one or more of specified actions, including the recruitment and support of students enrolled in a postsecondary educational institution, who are from both an

underrepresented group and a mental health professional shortage area, as defined, to pursue mental health careers.
5/16/2019-In committee: Held under submission.

ii. **AB 1544 Community Paramedicine or Triage to Alternate Destination Act. (Amended: 5/16/2019)** Would establish within the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act until January 1, 2030, the Community Paramedicine or Triage to Alternate Destination Act of 2019. The bill would authorize a local EMS agency to develop a community paramedicine or triage to alternate destination program, as defined, to provide specified community paramedicine services. The bill would require the authority to develop regulations to establish minimum standards for a program and would further require the Commission on Emergency Medical Services to review and approve those regulations.
5/30/2019-In Senate. Read first time. To Com. on RLS. for assignment.

d. Have students go to state legislative website for current bills
https://www.cpapsych.org/page/385

e. **Small Group Activity and Discussion: Find a bill specifically related to professional practice (not just mental health related) and provide a rationale for support/against the bill**

2. National practice initiatives at APA (***have students follow along on APA website***)
   a. Health care reform
      i. Integration of psychological services into primary care, prevention and benefits
      ii. Recent Example: the SUPPORT for Patients and Communities Act, which facilitates greater ease in utilization of telehealth care by psychologists and promotes non-opioid pain management (read full article for more details)
      iii. Have students skim through other recent examples on their own for about 10 minutes
      iv. Do any of the recent advocacy efforts for health care reform stand out to you? Why?
      v. Additional discussion question: why do you think it is so difficult to get psychology integrated into primary care?
   b. Medical reimbursement- an ongoing effort
      i. Medicare reimbursement for both psychologists and psychologists-in-training
      ii. Psychologist eligibility for providing services to Medicare beneficiaries
      iii. Medicare coverage for psychological services
      iv. Examples:
         1. staying on top of the constantly changing Medicare fee schedule and reimbursement code changes
         2. preventing reimbursement cuts to psychologists (TRICARE programs)
         3. efforts to get psychology training program reimbursements for hospitals through CMS

v. Have students skim through recent examples of Medicare related advocacy
vi. Have students click on the Guide to Medicare tab on the left side of the screen to see resources available to psychologists regarding the Medicare process
vii. **Does your current practicum site take Medicare? Do you know anything about the reimbursement for services at your site?**

c. Mental health parity (Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equality Act, 2008)
i. Continued meetings with key federal regulators pressing for action and enforcement on the organization's eight outstanding parity complaints
ii. Have students open up the APA Practice comments to the Parity Task Force and the related article on the website
iii. Why do think cuts in reimbursement and/or services are usually targeted at mental health? What is the rationale by insurance companies and/or policy-makers? Other thoughts related to Comments?

d. Prescriptive authority
i. Support of advocacy efforts at the state level with the hope of increasing comprehensive mental health care
ii. APA has created model legislation for PA and has outlined minimum standards of program quality for psychopharmacology education and training
iii. Is this an area that you would gain expertise in if your state gave the option? Why or why not are psychologists suited to prescriptive privileges?

e. Are there other issues related to professional practice you are aware of?
i. Licensure, sunset every 5 years in California
ii. [Any additions here]

f.

3. Local current initiatives (if time)
a. Identify local professional organization and if they have a government affairs committee or advocacy representative (some are too small)
b. Have students look up local professional organizations from their hometowns, if from somewhere else originally, in order to provide perspective on the different local organizations

Lecture References

American Psychological Association. (2019). *Advocacy section*. Retrieved from https://www.apa.org/advocacy/

California Psychological Association. (2019). *CPA Tracked Bills section*. Retrieved from http://ctweb.capitoltrack.com/public/publish.aspx?session=19&id=abff25b9-3db7-4f32-af89-1837fe57cfc0

Lecture 8- Current Advocacy and Public Policy Issues: Other APA initiatives

Learning Objectives:

1. Students will understand and describe current public policies and social issues, which impact the practice of psychology and relate to psychological research and expertise.
2. Students will appraise public policy through an integration of scientific perspective, long-term perspective, and larger sociopolitical context.
3. Students will identify advocacy as the primary method to protect psychological practice, in order to utilize psychologists' expertise and skills, and make a contribution to healthcare and wellbeing of society.

Lecture and interactive activities:

**Prior to lecture check Federal Advocacy network for any pending legislation issues that could be discussed*

**Have students follow along on APA website and explore together*

1. Health Initiatives
    a. Health disparities
        i. Funding research to help prevent and eliminate disparities, such as maintaining the Prevention and Public Health Fund, sustained investments in NIH research, as well as eliminating disparities in racial and ethnic minority communities
        ii. Inclusion of groups affected by health disparities in Federal data collection standards
        iii. Prevention efforts at the CDC
        iv. Combined HIV prevention and treatment with mental health treatment
    b. Military and Veterans
        i. Department of Defense budget recommendations for mental health concerns
        ii. Maintaining DoD research for psychological and behavioral science research
        iii. Addressing TRICARE funding
        iv. Adequate funding for Veterans Affairs research and mental health programs
        v. Upgrading VA research facilities
    c. Physical and mental health-> such as access to affordable health care, children's health, LGBTQ health, older adults' health
    d. Substance abuse disorders-> advocate for federal policies that take into account the science of addiction and advocate for funding of research to better understand it
    e. **How does this area of advocacy differ from practice? Where do they overlap?**
2. Education and Training Initiatives:
    a. Pre-K through 12
        i. Every Student Succeeds Act
        ii. Individuals with Disabilities Education Act
    b. Higher education

        i. Graduate Assistance in Areas of National Need Program
        ii. Higher Education Act reauthorization
        iii. Campus mental health
        iv. Student debt, loan forgiveness program
    c. Workforce development
        i. Graduate Psychology Education Program (recall from history lectures)
        ii. National Health Service Corps
        iii. Behavioral Health Workforce and Education Training Program
        iv. APA Minority Fellowship Program
3. Research
    a. Federal funding for psychological research through federal research agencies
    b. Ending sequestration in congress that threatens funding cuts to research
    c. Supporting non-partisan agency operations
    d. Promoting and defending research:
        i. Supporting human-subjects research
        ii. Supporting use of non-human animals in research
        iii. Standing up for peer review (grant funding)
        iv. Inclusion of psychological scientific perspective in proposed legislation
        v. Placing psychologists on federal planning and advisory boards
        vi. Showcasing psychological science for members of congress and their staff
    e. How can we promote data-driven policy? Is there an area of research that you think should connect to development of a certain type of policy?
4. Social Justice
    a. Civil Rights
        i. Focus on women's issues, children and families, sexual orientation and gender diversity, religion, race and ethnicity, and people with disabilities
        ii. Emerging issues: urging reinstatement of protections for "dreamers", and addressing the use of restraints on incarcerated women during pregnancy
    b. Immigration
        i. Opposition to policies that make deportation easier and separate families
        ii. Support legislation such as DREAM act
        iii. Policies for humane detention
        iv. Funding for research related to the impact of prejudice and discrimination, as well as trauma connected to immigration
    c. Criminal Justice recommendations
        i. Growing federal support for state and local efforts that are tailored to specific needs in the criminal justice system
        ii. Improvement of federal courts and prisons, such as increasing resources for behavioral health programming and reducing the use of restrictive housing
        iii. Behavioral health workforce development and training opportunities in correctional settings
        iv. Supporting juvenile justice prevention and diversion programs, especially for at-risk youth with behavioral health needs
    d. Socioeconomic Status

        i. Promotion of policies that can mitigate effects of scarcity and poverty, such as, data and research to meet the needs of low-income people, increasing minimum wage (Raise the Wage Act), nutritional assistance programs, legislation to improve access to affordable child care, services for homeless families, and paid family and medical leave

5. Violence Prevention
    a. Gun Violence Recommendations
        i. Improve and expand school-based violence prevention efforts, such as evidenced-based protocols and utilization of threat assessment strategies
        ii. Enhancing access to mental health and substance abuse services through Medicaid and integrated health care
        iii. Support research and evidence-based public policies on violence, such as funding for the National Violent Death Reporting System
        iv. Making communities safer by policies that reduce access to firearms to certain individuals and instituting public health campaigns for individuals in distress
    b. Interpersonal Violence
        i. APA advocates in the following areas: youth violence, domestic and sexual violence (i.e. funding for Violence Against Women Act), community violence, and international violence related to human trafficking and mass atrocities
    c. Suicide policy efforts
        i. Increasing access to care for individuals with depression, suicide and other mental health concerns
        ii. Funding for evidence-based treatment in a variety of settings and innovative community-based programs (Parachute)
        iii. Support of research into suicide, especially aimed at reducing the prevalence of suicide by firearms
        iv. Prevention programs for early intervention sources
6. Other potential areas of current policy concern
    a. Shootings of and by police, impact of implicit bias research
    b. Emerging areas of science, such as neuroscience, human factors and robotics,
    c. Increasing impact of technology on measuring effectiveness of healthcare services and engagement in policymaking
    d. Provision of psychology in community health centers
    e. Expansion of available treatments for Autism Spectrum Disorders based on growing prevalence
7. **Are there additional issues/policy areas that you think are missing from this list? How do these issues relate to partisan politics? How might that impact advocacy efforts by psychologists?**

Lecture References

American Psychological Association. (2019). *Advocacy section*. Retrieved from https://www.apa.org/advocacy/

Lecture 8- Choosing an Issue Activity

After reviewing the domains that APA is focused on its advocacy efforts, choose one issue that you wish to focus. This issue does not have to be one of the issues listed on the APA website, it may come from a specific area of interest for you. Listed below are things to keep in mind and questions to ask as you are considering an issue to pursue. Once you have narrowed it down, please provide brief answers to the questions.

- Understanding larger context of the issue
- Taking into account other factors for the decision-makers
- Focus on issues that are already a priority of government, those identified as needing a solution that psychology may have relevant input
- Be able to connect how the issue relates to psychology, such as health and wellbeing, social justice issue that may impact psychological health and treatment needed, etc.
- Choose issues that may foster alliances with other programs and organizations=> often results in joint proposals which get more attention from decision-makers
- Cohen, Lee and McIlwraith (2012) lay out three questions to help prioritize which services to advocate for:
  - What is the size of the problem? Data on population health and burden of illness are useful here
  - Is there an effective intervention? The problem may be both serious and widespread, but is there anything that really works to address it? Emphasis on science-based clinical services is important here
  - Is there a particular *psychological* contribution we can make that others couldn't? Does psychology have the only or the best intervention for this problem? What is the "value-added" contribution that could be specifically make by a psychologist, rather than just another pair of hands helping to address the problem in a generic way that could be done by many others?

Questions:

1. What is the rationale/reason for pursuing the issue?
2. What is the larger context of the issue?
3. What other factors may be at play for decision-makers?
4. Is there an organization or community we can partner with?
5. What sort of outcome would you aim for in the short-term and long-term?

Lecture 9: Advocacy-related Strengths of Psychologists

Learning Objectives:

1. Students will demonstrate self-awareness of strengths for advocacy involvement they have engendered as psychologists-in-training.
2. Students will develop communication skills and relational strategies to utilize with decision-makers and other stakeholders, including written and verbal techniques, as well as formulation of succinct public statements related to policy positions and psychological input.
3. Students will increase awareness of self-efficacy related advocacy participation, specifically an understanding that psychologists are well equipped to navigate public policy process and leadership positions.

Lecture Outline:

1. **Small Group Discussion Question: What skills and training do psychologists have that we can use to become effective advocates?**
2. Perspective
    a. Unique "helicopter" perspective
    b. Working in clinical, research, and educational realms allows us to see and analyze the issue from many points of view at once
    c. How does this skill translate to the public policy process and other areas of advocacy?
    d. Additionally, the interests of psychologists are largely the same as the interests of the public
3. Expertise
    a. Knowledge of human behavior and cognition
    b. Understanding of emotional and psychological processing
    c. A scientific orientation
    d. Interventions are rigorously science-based and demonstrably effective "good product to sell"
    e. Clinical services knowledge and experience
    f. As psychologists, we have knowledge of both research and practice and have the experience and ability to bridge that gap through our own actions and words
    g. Think of an example of how our knowledge in behavior, cognition and emotion can be utilized in advocacy
    h. How are psychologists' extensive clinical training potentially useful in advocacy? (e.g. understanding how personality traits can impact relational interactions)
4. Communication skills
    a. Oral communication
    b. Written communication
    c. Effective translation:
        i. Between disciplines
        ii. Between research and practice communities

   d. Work in different clinical settings such as non-profits, hospitals, schools, etc. give us the ability to effectively communicate between hierarchies within these institutions
5. Relational skills
   a. Rapport building
   b. Active listening
   c. Establishing trust
   d. Empathize with someone's else's perspective
   e. Identify areas of common ground
   f. Build consensus
   g. Why are these relational skills important for advocacy efforts?
6. Problem-solving skills
   a. Well-practiced in combining short and long term steps for achieving goals
   b. Ability to handle crises and/or high emotional states
   c. Ability to identify ways to find balance and compromise
   d. Clear thinking and neutrality
7. Collaboration
   a. Multidisciplinary training
   b. Participation in research team, clinical team, community agencies, etc.
   c. Exposure to diverse settings during training give us the flexibility of skills to adapt to different environments
   d. What other types of professionals, organizations or institutions do you think psychologists can collaborate with for advocacy related to psychological practices?

Lecture References

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Lecture 9 Activity: Building relationships with Legislators

Scenario: You are attending an event where a local legislator will be present and available for short meet and greets with attendees. You are excited because this particular legislator sits on a committee related to health care funding and policy at the state level. Your goal for this particular event is to introduce yourself and start building a relationship with him/her. Your goal is NOT to talk about a specific issue or promote a specific point of view, but rather, to start a connection that will build for future specific advocacy action.

Activity: pick a partner. Each of you takes a turn being the psychologist and the legislator, and role-play the scenario described above. [If there is time, ask for volunteers to practice being the psychologist, with professor as the legislator in front of the class. Then provide feedback and facilitate discussion of relational approaches]

Keys to keep in mind:

1. Always be cognizant of time! Legislators are busy people, sometimes attending numerous events in one evening. Do not try keep the conversation going at the expense of his/her time.
2. Make clear who you are and what your clinical/research specialties are
3. Find area(s) of common ground/ interests
4. Find out what is either currently important to the legislator or an ongoing area of passion related to policy
5. Communicate a desire to continue building a relationship that will benefit both of you with the legislator and his/her office

Lecture 10- Strategies for Successful Advocacy

Learning Objectives:

1. Students will develop communication skills and relational strategies to utilize with decision-makers and other stakeholders, including written and verbal techniques, as well as formulation of succinct public statements related to policy positions and psychological input.
2. Students will develop problem-solving skills necessary to navigate potential setbacks related to public policy advocacy, including practices of patience and persistence.
3. Students will identify advocacy as the primary method to protect psychological practice, in order to utilize psychologists' expertise and skills, and make a contribution to healthcare and wellbeing of society.
4. Students will demonstrate methods of professional leadership in psychology necessary to organize peers, collaborate with leaders in other professions, and interact with government officials.

Lecture Outline:

1. Important overall approaches
    a. Effective communication: individual, groups, meetings and events
    b. Strategic focus of action: issue choice, relationships and events
    c. Interprofessionalism and Collaboration: working well with others is key to building advocacy networks
    d. Flexibility and *ability to act quickly*: Many important actions in advocacy engagement take place last minute or within a short deadline
2. Effective communication
    a. decision-makers and other key stakeholders in the public policy process
    b. the general public and communities
    c. Regular and consistent contact
    d. Knowledge translation: interpreting psychological knowledge and its implications for those outside of health professions and the public
        i. How can we translate psychological terms and concepts into layman terms? Examples?
    e. Specific strategies for communication
        i. Always identify yourself as a Psychologist
        ii. Utilize succinct verbiage, keep it as short as possible and don't get too cerebral
        iii. Be careful about using an "emotional" message
        iv. Have evidence for your message (i.e. access to a psychological service will increase health and wellness), evidence of utility, etc. and state your case clearly
        v. Demonstrate financial benefits of psychological services-> this may increase motivation to support psychological practice if one references *reducing* the need for other costly services and support
            1. Reference loss of productivity in the workplace, possible inability to work at all, and how this may strain our healthcare and social systems

vi. When talking about findings of a study, also talk about implications of the findings for research, service provision, patient care, and/or public policy
vii. Understand his/her "buy in" what motivation may they have to be receptive to your point of view
viii. Understand what the "other" perspective may on whatever issue/policy you are discussing. Why might they be inclined to vote against your view? How can you speak to that?
ix. Be flexible in your message and adjust it to match the needs and interests of the decision-maker

3. Meeting Strategies (Cohen, Lee and McIlwraith, 2012):
    a. Find out something about him/her before you meet. Stand on similar issues? What issues currently on the agenda?
    b. Provide background information ahead of time to facilitate a more focused discussion
    c. Consider what is important to him/her. What do they stand for and how does that interface with your issue or legislation?
    d. Understand policy and procedure governing person's institution
    e. Provide an "offer" with your "ask"
        i. E.g., distressed constituents guide and training
    f. Find a way to say yes to a request and to offer help
    g. Follow up and follow through!
4. Partnerships with other health organizations/stakeholders
    a. Why are alliances important for lobbying purposes?
    b. Societal issues are complex and multifaceted- unlikely that solutions come from only one profession
    c. Focused resources, human and fiscal
    d. Potential partners for psychologists
        i. Other health professional groups
        ii. Community health centers
        iii. Hospitals/medical groups
        iv. Correctional facility professionals
        v. Social service organizations for underserved populations
5. Choosing issues for action
    a. Understanding larger context of the issue
    b. Taking into account other factors for the decision-makers
    c. Focus on issues that are already a priority of government, those identified as needing a solution that psychology may have relevant input
    d. Be able to connect how the issue relates to psychology, such as health and wellbeing, social justice issue that may impact psychological health and treatment needed, etc.
    e. Be aware of priority issues for professional psychologists
        i. Protecting the practice of psychological assessment administration is a key example of this. This is a practice that psychologists are one of the only professions licensed to conduct, thus protecting this as psychologist scope of practice versus other types of health professionals is important for the future viability of the field

f. Choose issues that may foster alliances with other programs and organizations=> often results in joint proposals which get more attention from decision-makers
g. Cohen, Lee and McIlwraith (2012) lay out three questions to help prioritize which services to advocate for:
    i. What is the size of the problem? Data on population health and burden of illness are useful here
    ii. Is there an effective intervention? The problem may be both serious and widespread, but is there anything that really works to address it? Emphasis on science-based clinical services is important here
    iii. Is there a particular *psychological* contribution we can make that others couldn't? Does psychology have the only or the best intervention for this problem? What is the "value-added" contribution that could be specifically make by a psychologist, rather than just another pair of hands helping to address the problem in a generic way that could be done by many others?
h. If you have a particular issue you are passionate about, bring your issue to your local, state or federal association and find out what resources are available to you
i. Always find out what your association and others are doing. Consult, Collaborate and Coordinate efforts

6. Interprofessionalism
    a. Knowledge transfer and translation
    b. Communication regarding clinical specialties to facilitate accurate referrals and collaboration
    c. Collaborating with other professionals in institutional settings
        i. What are some examples of how psychologists can demonstrate their utility in institutional settings such as hospitals and correctional facilities?
    d. Increase awareness of the contributions of other disciplines
7. Education of psychologists' expertise
    a. Need to communicate expertise and knowledge to:
        i. Policy-makers
        ii. The general public
        iii. Other medical and healthcare professionals
    b. Need decision-makers to be more likely to take psychologists' perspectives into account
    c. Facilitating knowledge of potential contribution to society
    d. Unique areas of expertise for psychologists
        i. Small Group Discussion Question: What are psychologists' unique areas of training, skills and knowledge?
    e. Publicize activities and accomplishments, including those of academic/research psychology
    f. Communication of specialty descriptions in layman terms
        i. This is particularly important in educating the public, who may not understand the differences between specialties such as neuropsychology with neurology and neuroscience
    g. Make extensive training clear for both the public and policy-makers

8. Organizational Advocacy practices/engagement (in part from Hill, 2013)
    a. Using your voice in administration meetings and on interdisciplinary teams and committees
        i. This may include supporting views that help improve services, not just promoting psychology
    b. Find ways for direct representation with senior management, sit on committees
    c. Taking time to ask questions and understand power structures within organization and possible stressors impacting practice of psychology
    d. Provide research information for key decisions/discussions and highlight unique contribution
    e. Fill in service gaps
    f. Provide timely and effective consultations- this raises psychology's value overall and facilitates inclusion of psychology in key sectors
    g. Coordinate a message with partners (other disciplines)
    h. Clearly say "this is what psychology offers" rather than allowing people to assume the skills are unique to the individual psychologist
    i. Insist on our own administrative department in organizational and academic settings to house psychologists, trainees and/or students, not be part of Psychiatry, Family Medicine, etc.
9. DeLeon's Five Key Mediators to Successful Advocacy
    a. Patience
        i. Legislation and significant policy change takes a long time
            1. Example- Mental Health Parity took over a decade
        ii. Commitment to long-term involvement, but advocacy should be thought of as a long-term commitment part of our professional identity
    b. Persistence
        i. Required to impact significant change for health-care delivery
        ii. Example- Prescriptive authority: started in the 1980's and continues currently
        iii. Need to find ways to counteract arguments against such changes
            1. Medical profession implying that psychologists aren't sufficiently trained and will harm patients-> understanding that these are typical reasoning employed by medical profession, scare tactics that have been debunked
        iv. May mean going state by state in a slow manner
        v. Stay connected to original rational for pursuing issue, which is often to benefit the health and well-being of the public
    c. Establishment of effective partnerships
        i. Partnerships with other professions are necessary to address most societal problems
        ii. Provide a stronger front for change in health care system
        iii. EG Community health centers
            1. Primary care providers were previously providing over 60% of care for mental health disorders leading to many deficiencies

2. CHC's have potential to provide comprehensive training and are established funded health centers in geographically isolated and medically underserved populations
3. Psychology could potentially play a huge role in treatment at institutions that exist in all 50 states

d. Emphasizing personal relationships in the policy process
   i. Forming relationships with:
      1. Legislators and their staff
      2. Directors and staff at federal and state agencies
      3. Professionals with related goals
      4. Individuals who are looking for solutions to pressing problems
   ii. Value:
      1. Learn about issues that are of concern to planners and recipients of health-care services
      2. Potentially broaden a legislator's understanding of the issue and its impact on people/constituents
      3. Join in proposing and working on solutions on a more informal basis-> early involvement helps ensure the consideration of factors important to psychology
      4. Gain credibility as a professional with information and expertise in areas of concern, as well as one interested in assisting with complex policy
      5. Can become known as reliable and informative advisors
   iii. Networks of relationships key to getting things done, particularly in major initiatives involving large scale shifts in policy or large budgets
   iv. EG development of center for ASD-> required relationships with many different types of people to utilize resources of a large university to open center, including advisory from parents/caretakers, university trustee with personal buy in, legislator, etc.

e. Adoption of long-term perspective/vision
   i. Must identify long term goals and plan for effective outcomes
   ii. Need to be as unified as possible in long term goals for the field
   iii. Potential goal: that psychology be recognized as a front-line, primary health profession. Not just better mental healthcare, but contributing to better general health care
   iv. EG Canadian focus on health of the people as related to productivity of nation and quality of life
   v. Importance of prevention approach and behavioral health as related general health concerns, causes of death highly related to lifestyle

Lecture References

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Lecture 10 Activity- Communicating Psychology's Identity and Contribution

One of most important aspects of professional advocacy is communicating who we are as psychologists. Policy-makers, the public, and even other health professionals often confuse us with psychiatrists, psychotherapists, counselors, etc. Some assume that we are glorified therapists, some think we only do research, and some think we just "analyze" people. Work in small groups of 3 to come up with a short blurb about who psychologists are and what our potential contribution is. In addition, find a way to succinctly outline several unique areas of expertise that psychologists have.
** Give groups about 20 minutes to come up with their blurbs, then have everyone share with the class. If there is time, as a class pick the best elements from each group to come up with combined blurb.*

Prompt Questions:

How can we define ourselves in a way that differentiates us from other health professionals?

What do we bring to the table?

In what ways are we trained that lends to expertise?

What are some specialty areas for psychologists, which link to ongoing issues in society?

How can we directly contribute to more cost-effective healthcare system?

Lecture 11- Avenues of Engagement in Advocacy

**This lecture is ideally accompanied by a guest speaker in an advocacy-related or professional leadership role*

Learning Objectives:

1. Students will gain awareness of avenues for involvement and potential roles in professional advocacy for psychology, including professional leadership and roles within the policy-making process.
2. Students will demonstrate methods of professional leadership in psychology necessary to organize peers, collaborate with leaders in other professions, and interact with government officials.
3. Students will appreciate the importance of a systemic perspective regarding psychological practice, and distinguish the systemic lens from the individual relational lens for psychology.

Lecture:

1. Professional Organizations
    a. Federal, state and local level
    b. Involvement can just be membership, which will help maintain connection to psychological community, staying abreast of current issues for advocacy, and backing lobbying activities
    c. Beyond basic membership:
        i. Support of Political Action Committee (PAC)
        ii. Conferences and lobbying events
        iii. Legislative/government affairs committees
        iv. Attending Practice Leadership Conference (formerly State Leadership Conference)
    d. Notify your organization about current issues you come across they may impact our field
2. Relationships with elected officials and decision-makers
    a. Regular contact and visits to legislative offices
    b. Strategic relationships with colleagues/other professionals
3. Legislation/Policy Action
    a. Write letters or advocate for specific legislation with legislative offices
    b. Sign up for action alerts and grassroots networks, and respond to important issues. These action alerts usually have a letter already written for you to make it easy and efficient to add your voice.
    c. Remember that legislative action is often ***time-sensitive*** and requires immediate response/action
    d. Promotion of new technology for access to services, such as telehealth
    e. Pursuing psychology's place in primary care
4. Mentorship/Fellowship
    a. Seeking out professors or supervisors who are engaged in advocacy
    b. Many state/local organizations have mentorship programs for students
    c. APA Congressional Fellowship Program

5. Leadership
    a. Professional organization leadership positions and committees (not just directly advocacy related)
    b. Leadership positions within larger organizations, hospitals, correctional facilities, etc.
    c. Keep peers and colleagues informed and aware of issues
6. Organizational/Institutions (refer to Strategies lecture for detailed approaches)
    a. Making voice heard on interdisciplinary treatment teams
    b. Applying for leadership/supervisory positions
    c. Seeking placement on committees and boards that oversee operations, funding, etc.
    d. Provide information psychology's role and contribution in the specific setting
        i. Highlight unique contribution to team members and supervisor
        ii. Workshops regarding psychology's specific expertise in the setting (e.g. presentation for lawyers and judges regarding forensic testing)
    e. Advocate for new psychology positions by creating standard business plans to make the case (senior management, human resources)
    f. In Community Health Centers, provide flexible and broad treatment, including both general and specialty care
    g. Advocate and facilitate psychology training programs within institutions and community health centers
7. The Public
    a. Influence public discussion and policy through writing articles, opinion pieces, and letters for popular press
    b. Appear on radio, television, and podcasts
    c. Marketing ourselves and our skills
    d. Promote psychology's scientific accomplishments to help perception of psychology as a scientifically-based clinical practice
8. Government
    a. Legislative positions at local, state or federal level (only 3 psychologists in 115th congress!)
    b. Regulatory/Executive branch positions, such as national health organizations and administrative bodies that oversee healthcare and research
    c. Commissions that assist psychological practice and training, such as National Healthcare Workforce Commission
    d. Consultant positions for decision-makers (E.g. Dr. Le Ondra Clark Harvey, consultant for California State Senate)
    e. Provide information or workshop on psychology's role or specific information regarding the setting (e.g. workshop for attorneys and judges about psychological testing)
    f. Public hearings- make your voice heard on relevant issues to your practice
    g. Joining community chambers of commerce
    h. Service on public policy advisory boards
9. MONEY

    a. As noted in previous lectures, psychologists give way less financial support per capita than most other doctoral level health professions, which puts our field at a great disadvantage
    b. Membership dues to professional organizations assist with advocacy-related costs
    c. Donation to PACs is key! The PACs have more freedom to use funds directly for advocacy and lobbying purposes, such as compensation for legislative lobbyist and attendance to important events with policy-makers and stakeholders
    d. "If all special assessment payers gave just $45 per year, just 87 cents a week, psychology could raise $1.8 million per year, second in size only to medicine among all health care professions" (Fox, 2003 in Fox 2008)
    e. So…. PUT YOUR MONEY WHERE YOUR MOUTH IS!
10. Resources
    a. https://www.apa.org/advocacy/index
    b. https://www.cpapsych.org/page/46 [or insert state psychological association here]
    c. [insert local psychological association here]

Lecture References

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Lecture 12- Dealing with Overwhelm or Resistance to Politics

**This is an optional lecture, to be used if needed. Please utilize this module anywhere in the curriculum that you think it will best serve the students.*

For those feeling overwhelmed by the prospect of advocacy or involvement in politics:

1. How can we diffuse feelings of overwhelm or lack of motivation to get involved in public policy?
    a. Increasing awareness of issues (reference how therapy and increased insight can help feeling overwhelmed by issues)
    b. Understanding that the practice of mental health means working within laws and politics involved
    c. Thus, it is imperative to utilize the tools provided in this advocacy course to access information

2. Feeling like there are just too many issues or that your singular efforts won't make a difference is common
    a. Familiarize with legislative, judicial and regulatory processes where advocacy takes place (such as through this course)
    b. Focus on a few issues at a time
    c. Coordinate and join with others

3. Focus on a few issues of personal importance- when we feel a personal connection to something it is easier to maintain engagement over time

4. Feeling like you don't have enough time? Remember that a little bit goes a long way with enough people

5. Coping with initial discomfort outside of one's comfort zone
    a. Remember that learning new skills and engaging in new situations will always require a learning curve, much like learning how to facilitate psychotherapy
    b. Always ask questions and get guidance when needed

6. Advocacy does not have to mean direct involvement in politics, there are many other ways to get involved and support the field
    a. Leadership positions in professional organizations
    b. Educating other professionals and the public about psychologists
    c. Communicating and asserting psychology's contribution in institutional settings
    d. Finding ways to bridge the research and practice gap in our field

7. Get on professional listserves and social media groups. This can be a way to build connections with others involved and increase knowledge about the process without too much initial commitment

8. Financial skin in the game- it's not only okay, but highly encouraged to contribute financially. In fact, money is the "mother's milk of politics", and is often the only way to gain access to where our voices can be heard

Advocacy Curriculum Reading List

Cohen, K.R., Lee, C.M., & McIlwraith. (2012). The psychology of advocacy and the advocacy of psychology. *Canadian Psychology, 53, 3,* 151-158. doi: 10.1037/a0027823

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King, C.A. (2004). Psychologists in academic health settings: Key contributors to dynamic interplay among research, clinical practice, and policy domains. *Journal of Clinical Psychology in Medical Settings, 11, 2,* 83-90. doi:1068-9583/04/0600-0083/0

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Rozensky, R. H. (2014). Implications of the Affordable Care Act for education and training in professional psychology. *Training and Education in Professional Psychology, 8, 2,* 83-94. doi: 10.1037/tep0000021

Willis, D.J., DeLeon, P.H., Haldane, S., & Heldring, M.B. (2014). A policy article- Personal perspectives on the public policy process: Making a difference. *Professional Psychology: Research and Practice, 45, 2,* 143-151. doi: 10.1037/a0036234

Wright, R.H. (1992). The American Psychological Association and the rise of advocacy. *Professional Psychology: Research and Practice, 23, 6,* 443-447.

Paper Assignments

Assignment 1: Historical Review of Policy Implementation

- Choose a significant public policy that has impacted the practice of psychology to explore
- Review and discuss the policy with the following questions:
    - What factors lead to policy?
    - How was the policy created? Who authored it and/or sponsored?
    - Who played a part in getting the policy made/legislation passing? Which organizations, individuals?
    - What is the context of the policy-making? Was there pushback from any other parties? Why?
    - How did psychological practice shift after the policy came into being?
    - Does this policy still impact psychological practice currently? How?
- Please be sure to utilize review of the literature and other sources of information
- 7-10 pages, double-spaced

Assignment 2: Review of a Current Issue

- Choose a current issue with implications for the practice of psychology, health and wellbeing, psychological research, training or social justice to explore. This should be an issue with potential public policy movement. Please provide an in-depth examination of the context and intricacies of the issue by answering the following questions.
- Questions:
    - What are the basics of the issue? Who/What is involved? A particular population?
    - What is the context of the issue?
    - Why is this an important issue to address?
    - How can this issue be addressed through public policy and advocacy?
    - What other factors may be at play? Are there people/groups who would oppose change in this area?
    - What is the potential impact of a policy change? Who is most impacted? What other outcomes?
    - Are there any ramifications to addressing or not addressing the issue?
    - What would be the best outcome or change related to this issue?
- This is your opportunity to potentially pick an issue that you are particularly passionate about. But be sure to examine all perspectives on the issue and make a case for potential changes based on literature, research and other legitimate sources.
- 7-10 pages, double-spaced

Professional Advocacy Mentor Guidelines

**Please see the Curriculum Implementation Instructions for Mentorship implementation by the instructor. These are instructions to be given each mentor for the mini-mentorship*

- The advocacy mini-mentorship is designed to provide a short, first-hand learning experience for students, to engage them in the process of professional advocacy for psychology. Thank you so much for volunteering your time to contribute to this learning process. Exposure is key to increasing engagement by future psychologists in professional advocacy.
- The mentorship is meant to be an initial exposure to professional advocacy and/or leadership. It is not meant to be a comprehensive experience of all aspects of advocacy or in-depth training. Each student's experience with a mentor will be different and there are no specific activities required.
- Research demonstrates that exposure and experience with a professional role model is most important. Thus, a large majority of the mentorship can be comprised of shadowing and observation of the mentor (you) in your role as a professional advocate or leader. This may include attending meetings with you, listening in on phone calls, etc.
- If a mentor is working with multiple mentees, please consult with course instructor regarding any additional concerns or requirements
- Students are required to complete a mentorship project that is *action based*. This project can be related to your current work in advocacy or leadership, such as researching and writing up talking points. It can also be a separate assignment, such as recruiting other graduate students to be involved in professional association or helping to organize a meet and greet with a policy-maker. This project should be discussed during the first week of the mentorship and approved by the course instructor.
- Details
    - Length of mentorship- 4 weeks
    - Hours of mentorship- 12 hours minimum over the 4 weeks. There are no weekly hour requirements, so the hours can be broken down based on your schedule and activities you would like the student to attend with you or work completed.
    - Mentorship project- no hours requirement, to be completed within the 12 hours of mentorship.
    - Project must be action-oriented versus observation/shadowing
- Since the mentorship time and project may be unique for each student depending on your specific role in advocacy or leadership, please discuss some possible activities with the course instructor prior to the start of the mentorship
- If you have more than one student working with you for the mentorship, the students may work as a group on their mentorship project
- If any issues or concerns arise with the student, please contact the course instructor immediately
- If, for any reason, you feel the mentorship needs to be terminated, please contact the course instructor. This teaching relationship is voluntary and should never put your work at risk.
- Thanks again for your involvement!

Professional Advocacy Mini-Mentorship Student Guidelines

- As part of your learning experiences for this course, you will be participating in a short mentorship with a psychologist or faculty member involved in professional advocacy for psychology
- Multiple students may potentially work with the same mentor. The maximum number of students for each mentor will be noted in the list of potential mentors
- The mentorship will last 4 weeks of the semester. It is up to you and your mentor to decide on the exact dates, but remember that you should plan to finish with plenty of time to complete and write up your final project
- Mentorship required components:
    - A minimum of 3 hours spent per week with your mentor and/or completing tasks related to professional advocacy for the mentorship. This should result in a minimum of 12 participation hours for the mentorship. It will be up to you and your mentor to decide on schedule and breakdown of hours. If your work with the mentor requires a higher number of hours during one of the week, than the weekly hour requirement can be adjusted with approval from course professor.
    - Each student must complete a project as part of the mentorship (see suggestions sheet). The project must pertain to professional advocacy or leadership in some way. The course professor must approve each project by the end of the first week of the mentorship.
    - The final project requires both a write-up and presentation to the class (see final project assignment for details)
    - The mentor should complete a short completion and evaluation form at the end of the mentorship for the student
- Your course professor will provide you with a list of options for the mentorship
- As with any experience as a student, you will get out what you put into it. If there are certain activities or experiences you want, please communicate with your mentor. Ask lots of questions as you shadow and observe. If you have reservations about engaging in advocacy practices, this is also an opportunity to discuss these concerns with a real professional who is involved
- Professionalism: During the mentorship, please maintain a high level of professionalism, similar to that expected in clinical training settings. Dress according to business casual dress codes with a neat appearance, be reliable in your scheduling and tasks, and maintain respectful behavior and communication with mentors and their colleagues. The mentors are volunteering their time and expertise, so it is also important to engage with a positive attitude during the mentorship.

Mentorship Final Project Assignment

The final project should engage you in an advocacy-related activity (see the next page for suggestions and ideas). This activity or project will largely depend on your mentor's role in advocacy or leadership, as he/she will oversee your project. Ideally, the project will support his/her work in advocacy or leadership.

1. Discuss possible projects with your mentor during the first week of the mentorship
2. Submit your project to professor by the end of your first week for approval
3. Complete mentorship project during the allotted time in the course for the mentorship. There is no requirement of minimum hours associated with the project. Keep in mind that the project does not have to take up all or most of your time during your mentorship
4. The only requirement for the final project is that is be something immersive versus just observing or shadowing your mentor
5. After completion of your mentorship, prepare to reflect on your experience and present to the class
6. Final Project Presentation: Prepare a short presentation describing your experience for one of the final class meetings (date signups with your professor)
    a. Include a description of the activities you engaged in, the context of the activities, and your personal feelings/reactions to the experience
    b. 5-7 minutes plus questions
7. Final Project Paper: due last class
    a. Introduce the goal and context of your project (issue, etc.). Please include a brief review of the literature if you are discussing a specific issue.
    b. Describe the role of your actions in the advocacy effort
    c. Outline potential steps for further action in the advocacy effort
    d. 3-5 pages, double-spaced

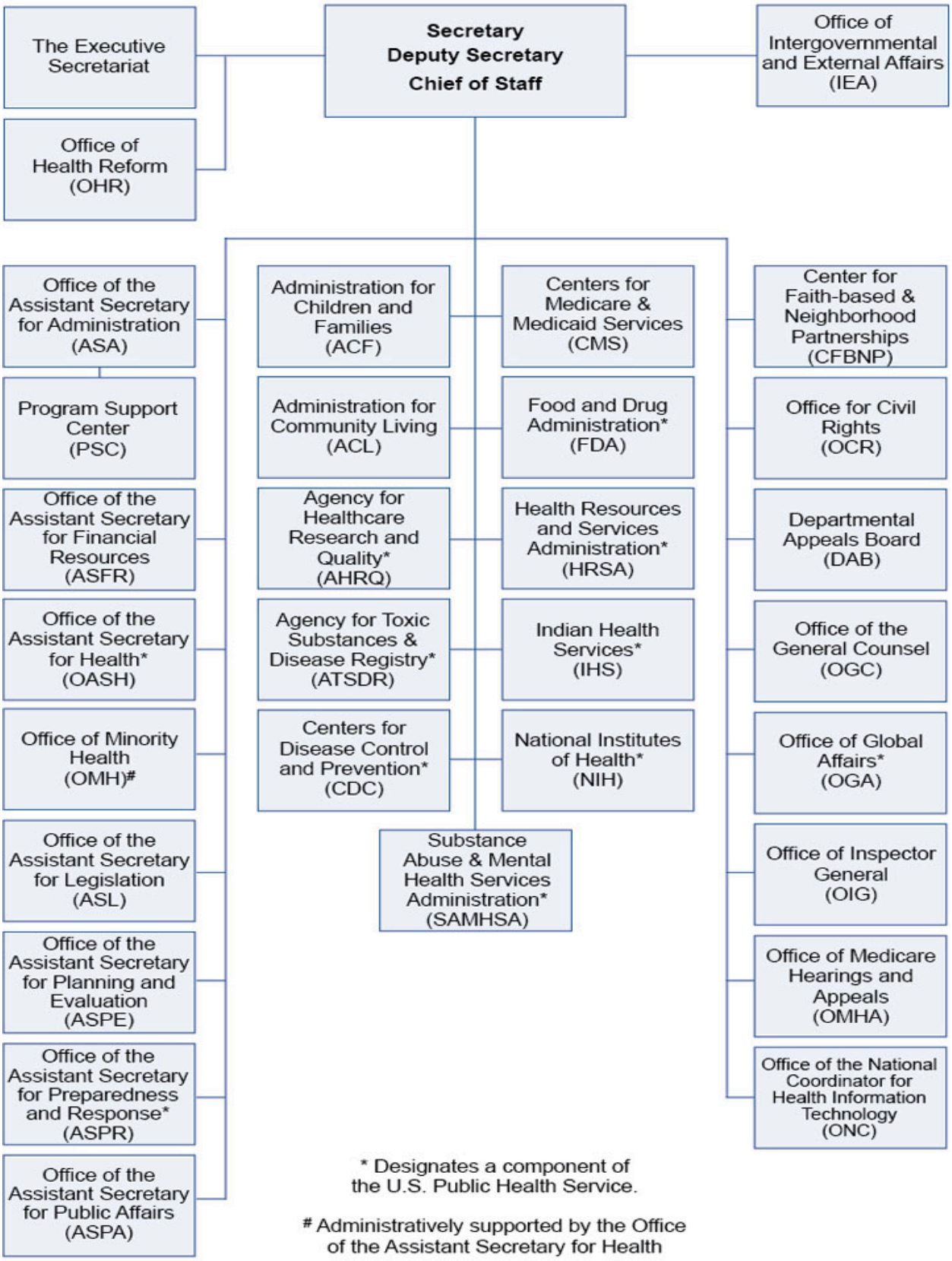
Mentorship Activity and Project Ideas

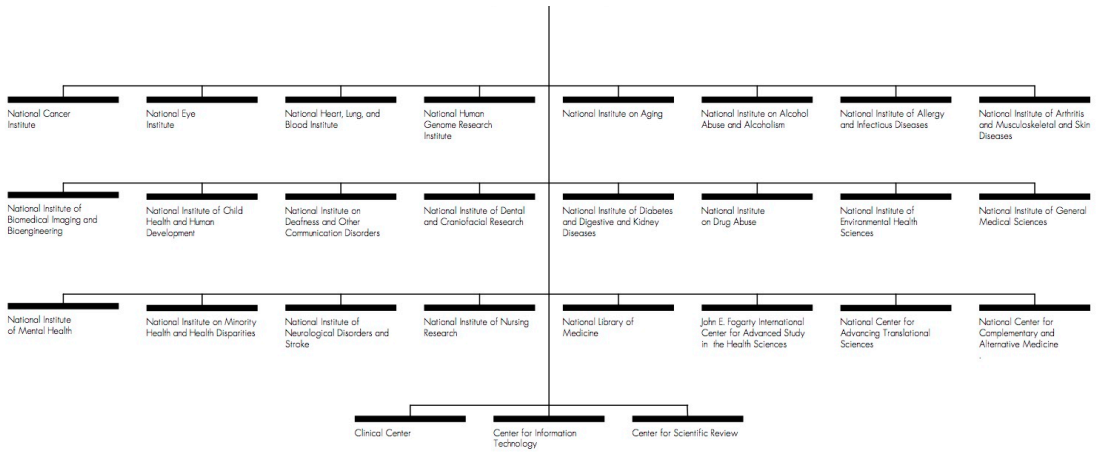
- Observing local or state professional association board meetings with mentor
- Attending political events with mentor
- Assist psychologist in contact with legislators regarding a current issue/ contacting legislative staff
- Review pending mental health legislation together with mentor
- Recruitment of other graduate students for involvement in professional organization
- Assist in organizing a meet/greet event
- Assist in organizing a political fundraiser event
- Research and write-up a current issue/legislative bill to education psychologists and students about
- Visit a legislative office to speak about a specific issue
- Assist in follow-up after an office visit
- Assist in follow-up after a legislative advocacy day
- Providing training to local district staff of how to deal with distressed constituents (California Psychological Association's Distressed Constituents Guide

Curriculum Visual Aids and Handouts

Division of Government Powers

	Executive	Legislative	Judicial
Federal	President	Congress	Federal Courts
State	Governor	State Assembly	State Courts
Local	Mayor	City Council	Municipal Courts

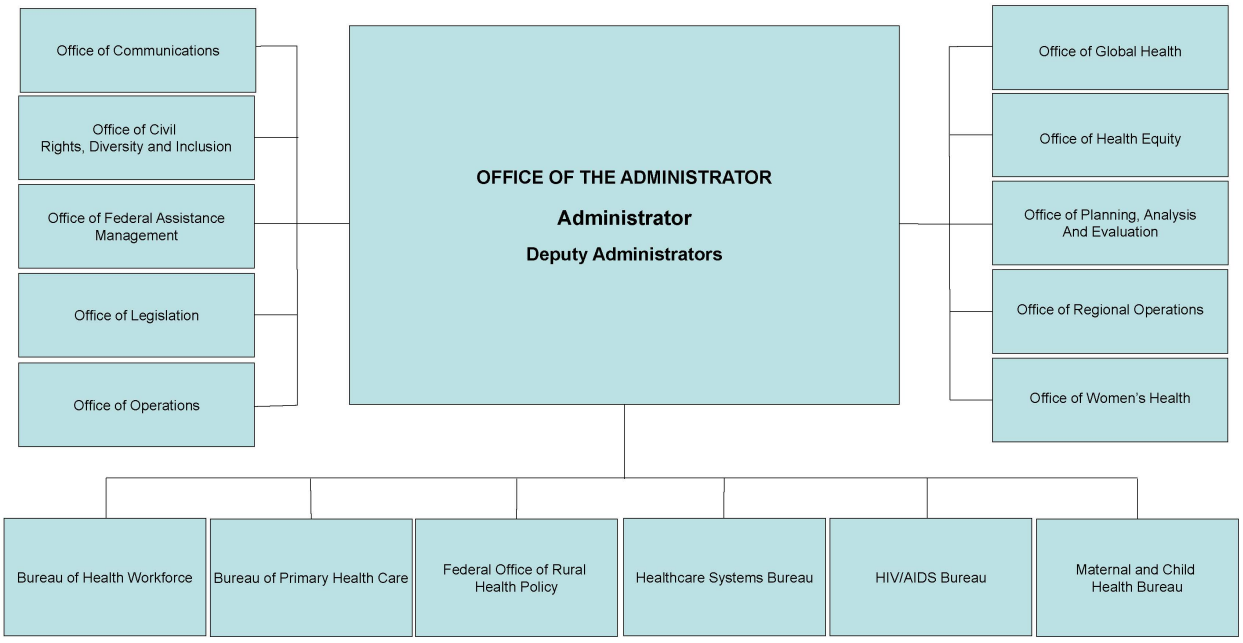

The Executive Secretariat
Office of Health Reform (OHR)
Secretary
Deputy Secretary
Chief of Staff
Office of Intergovernmental and External Affairs (IEA)
Office of the Assistant Secretary for Administration (ASA)
Program Support Center (PSC)
Office of the Assistant Secretary for Financial Resources (ASFR)
Office of the Assistant Secretary for Health* (OASH)
Office of Minority Health (OMH)#
Office of the Assistant Secretary for Legislation (ASL)
Office of the Assistant Secretary for Planning and Evaluation (ASPE)
Office of the Assistant Secretary for Preparedness and Response* (ASPR)
Office of the Assistant Secretary for Public Affairs (ASPA)
Administration for Children and Families (ACF)
Administration for Community Living (ACL)
Agency for Healthcare Research and Quality* (AHRQ)
Agency for Toxic Substances & Disease Registry* (ATSDR)
Centers for Disease Control and Prevention* (CDC)
Substance Abuse & Mental Health Services Administration* (SAMHSA)
Centers for Medicare & Medicaid Services (CMS)
Food and Drug Administration* (FDA)
Health Resources and Services Administration* (HRSA)
Indian Health Services* (IHS)
National Institutes of Health* (NIH)
Center for Faith-based & Neighborhood Partnerships (CFBNP)
Office for Civil Rights (OCR)
Departmental Appeals Board (DAB)
Office of the General Counsel (OGC)
Office of Global Affairs* (OGA)
Office of Inspector General (OIG)
Office of Medicare Hearings and Appeals (OMHA)
Office of the National Coordinator for Health Information Technology (ONC)
* Designates a component of the U.S. Public Health Service.
# Administratively supported by the Office of the Assistant Secretary for Health



NIH's mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce the burdens of illness and disability.
The goals of the agency are:

- Foster fundamental creative discoveries, innovative research strategies, and their applications as a basis for ultimately protecting and improving health;
- Develop, maintain, and renew scientific human and physical resources that will ensure the Nation's capability to prevent disease;
- Expand the knowledge base in medical and associated sciences in order to enhance the Nation's economic well-being and ensure a continued

Health Resources and Services Administration



The follow handouts are resources from the California Psychological Association Grassroots Toolkit:

THE ROLE OF THE LOCAL ADVOCACY NETWORK REPRESENTATIVE

Local Advocacy Network (LAN) Representatives are the connectors of California Psychological Association's (CPA) grassroots network. LAN Representatives are highly motivated volunteers that connect their chapter or division to the important legislative information provided by the LAN and CPA's advocacy staff. The amount of time and effort a representative dedicates to his or her position as LAN Representative is directly reflected in the number of responses and the degree of enthusiasm generated from the members of his or her chapter or division. The Representative has a vital role in the success of CPA's lobbying effort in Sacramento.

As a LAN Representative, your responsibilities include the following:

- **Respond** to requests for grassroots action in a timely fashion. Use of chapter, division, and LAN listservs are encouraged;
- **Provide** feedback on your grassroots efforts to the CPA advocacy staff, also in a timely fashion;
- **Provide** feedback to LAN Chair and CPA Staff about legislative ideas/changes in the law;
- **Set up** district meetings, meet and greets and fundraisers.
- **Maintain** a grassroots network of psychologists in each assigned legislative district;
- **Update** psychologists in your chapter or division on the status of current legislative initiatives;
- **Attend** CPA's Leadership and Advocacy Day in Sacramento each year and participate in annual LAN meetings;
- **Recognize** legislators from your area who support CPA-sponsored or supported legislation (honor with awards, article/picture in chapter or division newsletter, etc.); and
- **Honor** grassroots volunteers from your chapter or division who show initiative and leadership in state advocacy.

This model of responsibilities has been adapted from materials provided by the American Psychological Association.

MEET & GREET CHECKLIST

What to Do When Your Chapter Wants to Host a Meet & Greet with a Legislator

Beginning of the Year

- D Identify 1-2 legislators to invite to a Meet & Greet

Three Months To Go…

- D Identify legislator to invite for Meet & Greet
- D Recruit 1-2 co-chairs for the event
- D Identify venue for event (home of psychologist/local coffee shop works best)
- D Identify funding for food and beverage (wine and cheese/light appetizers, coffee and pastries, depending on time of event)
- D Invite and confirm legislator's attendance at event (suggested invite included)

Two Months To Go…

- D Design invite/flier for event (electronic and U.S. mail)
- D Call CPA and ask for labels for ALL psychologists in local area
- D Send out invites via email, Facebook Events, listservs, and/or U.S. mail

One Month To Go…

- D Ask CPA for phone script to call and invite local psychologists (sample script included)
- D Have co-chairs make personal calls asking people to attend

-OVER-

One Week To Go…

- D Call legislator's office with all details (directions to the event, special parking arrangements, time allotted to speak, cell phone of contact person, number of attendees, etc.)

- D Finish calls to invited psychologists

- D Create sign-in sheet for event

- D Purchase nametags/pens/food/beverages/plates/napkins, etc.

- D Designate psychologist to introduce legislator (1-2 minutes max)/Call CPA for any info/suggested introduction speech on legislator

Day of Event

- D Call legislator's office with any last-minute details

- D Have co-chairs arrive early and set up sign-in table, food table, and beverage table

After the Event

- D Write Thank You e-mail to psychologists who attended

- D Write Thank You letter to legislator and staff

DISTRICT MEETING

What to Do When your Chapter Wants to Attend a District Meeting

Beginning of the Year

Create a committee to look at all legislators in your area; assign 1-2 legislators to each committee member

Identify individuals who can attend meetings on Thursday afternoons or Fridays (this is when legislators are in their district offices)

One Month to Go…

Designate a Point Person to coordinate meeting

Send a meeting request to legislator's office (sample letter attached)

Send an email out to interested psychologists about attending the meeting

One Week To Go…

Call legislator's office to confirm meeting

Call CPA for any info on legislator/CPA positions on high priority bills

Day of Meeting

Point Person should make introductions, explain about CPA and the local chapter

After the Meeting

Write Thank You e-mail to psychologists who attended the meeting

Write Thank You letter to legislator and staff

6 Easy Steps to Meeting with Your Legislator

1. ***HOW TO FIND YOUR LEGISLATOR*** The first step is to research your legislative contacts. Learn who your legislators are by visiting **www.cpapsych.org** and look under Advocacy. You can also visit **findyourrep.legislature.ca.gov**. Type in your address and contact information for your State Assembly member and Senator will appear. Another great way to do this is to contact CPA and speak with Advocacy staff to make a priority list of legislators in your chapter's area.

2. ***HOW TO SCHEDULE AN APPOINTMENT*** The second step is to contact the legislator's district office. Please prepare a written letter and/or email to send to the legislator's office. Schedulers will not schedule appointments without a written request. Be persistent-follow-up with weekly phone calls and emails until you get a date scheduled. Once you have an appointment, recruit 1-2 psychologists or graduate students to attend. Strength in numbers. Always remember a legislator's schedule is subject to change; you might meet with a staff member instead. This person will likely be a useful contact-so do not feel slighted if you do not meet with the legislator. District appointments are usually made on Thursday afternoons or on Fridays when the legislators are in their home district. The meeting will typically last for 20-30 minutes.

3. ***HOW TO DEVELOP CONTENT FOR A MEETING*** The next step is developing an introduction to and 2-3 talking points for the meeting. Please consult with your Chapter President to establish the correct number of people in your chapter, areas in which you work (and live), and issues important to the region. Contacting CPA's Advocacy Department and asking for 2-3 issues on which you can speak during a meeting is the easiest way to accomplish the second part of your task. Please contact Amanda Levy at 916-286-7979, ext. 106 / alevy@cpapsych.org. It lets us know who you are meeting with and ensures that your message will be consistent with what professional staff is doing in Sacramento. The bills we want to raise and talking points will vary from legislator to legislator and by time of year. Many meetings might almost exclusively focus on the differences between a psychologist vs. a psychiatrist vs. a marriage and family therapist. CPA gives every legislator a CPA Handout at our Leadership and Advocacy conference, but it's a good idea to print 1-2 for your meeting. They can be found at www.cpapsych.org under Advocacy. District staff members aren't typically the policy experts, but they do connect with Capitol staff and let them know CPA was there.

4. ***HOW TO PUBLICIZE YOUR WORK*** Take pictures of you meeting with the legislator or with staff; post it your association website, place in your local newsletter, send copies to CPA's Director of Government Affairs (Amanda Levy alevy@cpapsych.org) and send copies to the legislator and their staff member. They may put your pictures on the legislator's website or Facebook page. After our Leadership and Advocacy Day, members of the Alameda County Psych Assn. and LACPA were on Facebook

5. ***HOW TO FOLLOW-UP*** Be sure to have a reason to follow up with the legislator. This is so that you can call them, or send them something. All of this goes to establishing a relationship, which is the main goal. You want to be able to call the office and have them know who you are.

6. ***HOW TO MAINTAIN RELATIONSHIPS*** Follow up with them. And schedule another event with them. You should set some specific goals of how many times you want to make contact with the legislator. Invite them to your Association gatherings-holiday parties, membership events, etc. They will see how organized you are, and know you are strong

Phone Script: Following up on a Scheduling Request with your Legislator's District Office

***Things to know before following up on a scheduling request – or will at least make the process easier:**

- the date the original scheduling request was made
- the requested meeting date
- the name of the scheduler/staff-member responsible for district meetings
- who you spoke with last time
- the date you last contacted the office

Hello, my name is Dr. (FIRST NAME) (LAST NAME) and I am calling with the (CHAPTER/DIVISION NAME) to follow up on our scheduling request with (TITLE) (LEGISLAT OR' S LAST NAME) for (REQUESTED DATE). I spoke with (SCHEDULER/STAFF-MEMBER NAME) on (DATE LAST CONTACTED OFFICE) and was told to check in with your office later. Are there any updates regarding our request?

If yes:

- Great, what time would the member/senator be available to meet with our group?
- And where will we be meeting at?
- Thank you. So, to confirm, our group will be meeting with you on (SCHEDULED DATE) at (SCHEDULED TIME) at (SCHEDULED LOCATION).
    - I will send you an e-mail the week before the meeting to make sure it is still on the calendar.

    Please let me know if you have any questions for our group beforehand. Thank you!

If no:

- Okay, when can I call back for that date?
- Great, thank you. I will follow up with your office in a week to see if there are any updates.

LEGISLATIVE FUNDRAISER CHECKLIST

What to Do When a Legislator Throws a Local Fundraiser

Two Months to Go…

- D Receive invitation to District Legislative Fundraiser
- D Decide on level of commitment that locals can contribute (Sponsor a table of Psychologists, 2-4 attendees?)
- D Recruit 1-2 Psychologists to help fundraise for the event
- D Call CPA and ask for PAC contribution for event (If CPA-PAC can match the funds, double the people can attend!)
- D Send out invite via individual email (listservs cannot be used to promote a fundraiser)

Six Weeks to Go…

- D Ask CPA for phone script to call and invite local psychologists (phone script attached)
- D Make personal calls asking people to attend

Three Weeks To Go…

- D Second round of calls to local psychologists
- D RSVP to event (if this has not already been done)
- D Call CPA for any info on legislator (might be helpful in conversation with the legislator)

Day of Event

- D Show up and have a great time-be sure to talk to the legislator being honored!
- D Pose for picture with honored legislator and any other elected officials present

After the Event

- D Thank you e-mail to psychologists who participated
- D Follow-up calls from psychologists who pledged to donate
- D Send all pictures to CPA-PAC staff.