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Identifying Perceived Personal Barriers to Public Policy Advocacy Within Psychology

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Public policy advocacy within the profession of psychology appears to be limited and in its infancy. Various hypothesized barriers to advocacy within the field are analyzed in this study. Findings indicate that those who advocate do so regardless of whether the issue is specific to the profession of psychology or specific to another field. Furthermore, several components, including disinterest, uncertainty, and unawareness, were identified as barriers to advocacy. However, all barriers were subsumed by a lack of awareness of public policy issues. By identifying barriers to advocacy in psychology, programs promoting advocacy could be fine-tuned to address the lack of knowledge, which inhibits students, professionals, and clinicians from engaging in the essential role of public policy advocacy.

Keywords: advocacy, public policy, professional involvement

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There is an urgent and growing need for professional and social justice advocacy within the psychological community (Ratts & Hutchins, 2009; Kiselica & Robinson, 2001; Ratts, D'Andrea, & Arredondo, 2004; Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006). Psychology, as a field as well as a profession, aims to reduce negative treatment outcomes and to enhance personal well-being through research and practice (Council of Specialties in Professional Psychology, 2009; American Psychological Association, 2010b). The viability of the profession and its capacity to provide fundamental and essential services are directly affected by legislation and regulations (Barnett, 2004). As a result, advocacy is integral to the roles of all psychologists, with the future and success of their profession and careers depending on their incorporation of advocacy into their professional identity (Burney et al., 2009). Despite the recognition and high appraisal of advocacy, little information is known about how, why, and to what degree individual professionals within the psychological arena participate in public policy advocacy.

The essential question is what does the advocacy role entail? That is the first concern that negatively influences advocacy rates—the vague, ill-defined, and at best multifaceted definition applied to this concept (Trusty & Brown, 2005). It is likely that the act of advocating is conceptualized in markedly distinct ways from one practitioner to the next and, in some cases, may even be inaccurate (Lating, Barnett, & Horowitz, 2009). Lating et al. (2009) describe advocacy as "a process of informing and assisting decision makers, [which] entails developing active 'citizen psychologists' who promote the interest of clients, health care sys-

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tems, public health and welfare issues, and professional psychology" (p. 201). Trusty and Brown (2005) offer a streamlined summary of the various descriptions of advocacy as "identifying unmet needs and taking actions to change the circumstances that contribute to the problem or inequity" (p. 259). Regardless of definition, advocacy remains a necessary component of the psychology profession (Burney et al., 2009; Fox, 2008).

Advocacy can be divided into three sectors: public policy, social justice, and professional advocacy (see Figure 1). Public policy advocacy is defined as the attempt to influence practice, policy and legislation through education, lobbying and communication with legislators and elected officials. Social justice advocacy, most broadly, involves championing for the basic human and civil rights of all people regardless of race, class, gender, or socioeconomic status. In the context of psychology, however, social justice advocacy can more aptly be understood as the recognition "that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists" (American Psychological Association *Code of Ethics*, 2010a). Lastly, professional advocacy is a synthesis of both public policy and social justice advocacy. Professional advocacy in the field of professional psychology demands that clinicians advocate not only for fair access to appropriate services but also for the important legislative changes necessary to enhance the quality of life of patients and at-risk populations.

The literature cites several important triumphs within the field (e.g., mental health parity) that can be attributed to the efforts of diligent advocates. Perhaps one of the greatest events was the combined advocacy effort of individual psychologists working with the National Association for the Advancement of Colored People (NAACP) in response to the *Brown v. Board of Education* Supreme Court case in 1954 (Benjamin & Crouse, 2002). Awareness of these accomplishments is important to understanding psychology's roots in public and social advocacy and to provide impetus for continuing advocacy efforts. However, it should be noted that a great deal more work is still necessary (DeLeon, Loftis, Ball, & Sullivan, 2006; Fox, 2008). Expanding and protecting markets, maintaining funding, providing education and training, and disseminating important information to the public are just a few current initiatives requiring ongoing advocacy (Fox, 2008). Fox (2008) advised, "addressing such an agenda will require efforts far beyond the scope and magnitude of all our past efforts put together" (p. 634).

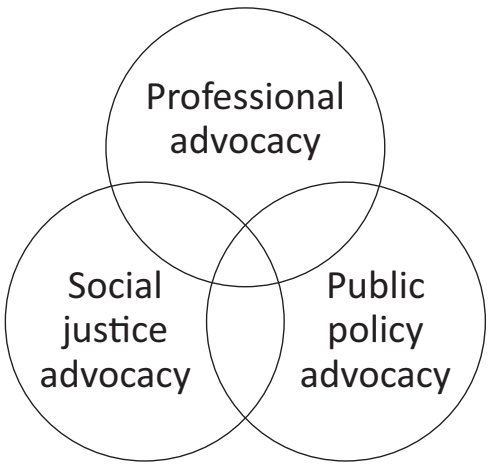

Figure 1. Three facets of advocacy roles for professional psychologists. Social justice advocacy entails those efforts that are aimed at facilitating the fair, beneficent, and just treatment of all individuals. Public policy advocacy addresses the more legislative and governmental efforts. Lastly, professional advocacy encompasses both social and public policy advocacy.

Despite the acknowledgment of advocacy as an essential responsibility for psychologists, many individuals remain uninformed and uninvolved. With regard to financial support, psychologists rank among the lowest contributors when compared with other medical professions (Pfeiffer, 2007). Furthermore, psychologists have maintained poor political representation at the national level (DeLeon et al., 2006). Of utmost concern resulting from this lack of involvement is the forfeiture of opportunities to provide input on critical issues. This, in turn, would affect the overall future of the profession as well as the future careers of individual psychologists and the well-being of clients.

Previous research has identified a number of potential barriers to public policy advocacy, which reinforces the immediate need for further research, not only to identify obstacles, but also to pave pathways of enhanced efforts. Myers and Sweeney (2004) initially introduced an exploration of obstacles to professional advocacy via a survey of 71 professionals in the counseling community in local, regional, or national leadership positions. Fifty-eight percent of respondents cited inadequate resources as their primary obstacle to advocacy. Additionally, 51% indicated there was opposition by other providers, 51% noted a lack of collaboration, and 42% suggested a lack of training was responsible for insufficient advocacy efforts. While these findings highlight important structural and fiscal challenges, it is prudent to examine the personal barriers, which may further hinder psychologists' participation in advocacy.

Individual experiences and personality traits may impede psychologists' participation in advocacy in significant ways. Previous literature highlights the impact of awareness (Gronholt, 2009) and professional agendas (Lating et al., 2009) on psychologists' participation in advocacy endeavors. More specifically, Gronholt (2009) revealed that despite active participation in academia, students and faculty cited an absence of interest in advocacy and inadequate awareness of advocacy issues and opportunities as the most significant factors inhibiting participation. These findings suggest that a lack of training or education is a considerable and consistent obstacle in advocacy participation.

When assessing the impact of awareness and training upon psychologists' underrepresentation in the advocate role, it is necessary to evaluate the perceived personal sacrifices associated with some advocacy efforts. According to Chang, Hays, and Milliken (2009) there are numerous perceived personal costs. For example, they cite burnout, job loss, and harassment from other professionals who may have the belief that client difficulties are not systemically related. Additionally, psychologists are likely to contextualize their chosen advocacy issues as either inappropriate or incongruent with their professional agenda (Chang et al., 2009; Lating et al., 2009). Similarly Benjamin and Course (2002) suggest "psychologists' aversions to political or social pronouncements have a long history in American psychology, grounded in part in the belief that science and application are separate activities and in

the long-standing prejudices held against applied work" (p. 46). In other words, some psychologists experience difficulty aligning their professional identities and values with larger, sociopolitical issues and may fear professional ramifications.

In addition to these perceived challenges, advocacy literature must articulate the personal attributes that influence effective involvement in public policy advocacy. Interestingly, an identified barrier to psychologists' participation in advocacy relates to the nature of the person drawn to the profession. Psychologists are likely to focus their attention on the interpersonal issues that affect clients rather than considering the larger, systemic issues contributing to pathology (Chang et al., 2009; Lating et al., 2009). In fact, it may be that psychologists view advocacy on an individual-level rather than global-level. For example, fostering development of self-advocacy skills and encouraging clients to be resourceful may be a primary focus rather than becoming an advocate for the clients or the field (Waldmann & Blackwell, 2010). Perhaps this tendency precludes psychologists from identifying or promoting the need for social change.

Despite the helpful studies previously conducted on advocacy, there are distinct limitations to the current state of advocacy research. The literature related directly to advocacy within psychology is underdeveloped. There is an immediate need for research assessing perceived barriers to participation in advocacy via the development of "rigorous assessment tools to evaluate practitioner awareness, knowledge, and skills related to advocacy counseling efforts" (Green, McCollum, & Hays, 2008, p. 26). This study not only moves forward the field of research assessing perceived barriers to psychologists' involvement in public policy, but it also suggests important implications for guiding enhancement of professional advocacy efforts and directing training programs.

Statement of Problem

Advocacy within the profession of psychology appears to be limited and in its infancy. Strikingly, research shows that other fields engage in high rates of advocacy. This study seeks to understand what the perceived barriers are to advocacy within the field of psychology. Further, it strives to elucidate whether there are differences between those who advocate specifically on behalf of psychological issues versus those who may advocate in other related domains.

Method

Participants were recruited via a mass email sent to the graduate psychology department of a private southeastern university. Those who decided to participate completed an anonymous online survey created with the purpose of understanding barriers to advocacy. The survey contained a total of 18 items that included demographic information, rates of advocacy involvement, and attitudes toward various types of advocacy efforts. Items followed a four-choice response scale measuring frequency of behavior (e.g., "I advocate for issues within my specific field of psychology": *very frequently, somewhat frequently, rarely, never*), and belief in personal effectiveness (e.g., "I do not believe my participation will generate much of an effect": *very relevant, somewhat relevant, somewhat irrelevant, very irrelevant*"). Items were chosen based off of the literature review, which identified several barriers to advocacy within the field of psychology. The portions of the survey that were used for the current analysis can be found in the online-only data supplement.

Participants ranged in age from 18 to 64 years, with most between the ages of 18 and 34. The majority of participants were students (63.5%), with the remaining sample consisting of alumni, staff, and faculty members. Of those who endorsed being a student affiliate, almost 60% were working toward a postgraduate degree (masters or doctorate).

Pearson correlations, a stepwise linear regression, and a principal components analysis were used to examine the data.

Results

Descriptives

Participants included 85 adults from the previously mentioned university. However, only 59 participants completed demographic information. The sample was predominantly composed of females (94.8%). Participants were asked to select their age via different ranges: 20.3% were between the ages of 18–24, 44% were between the ages of 25–34, 11.9% were between the ages of 35–44, 20.3% were between the ages of 45–54, and 3.4% were between the ages of 55–64. The percentages reported were rounded to the nearest tenth; as such, the valid percent equals 99.9%. The sample consisted predominately of students (91.5%) currently working toward a master's degree (38.6%) or a doctoral degree (38.6%) in psychology or a closely related field. The remainder of the sample consisted of university faculty (3.4%), alumni (3.4%), and clinical staff (1.7%). The self-described political orientations of participants varied among very liberal (20.7%), somewhat liberal (27.6%), moderate (37.9%), somewhat conservative (12.1%), and very conservative (1.7%).

Pearson Correlations

To investigate the influence of barriers to advocacy within psychology, several statistical analyses were conducted on responses to the online survey. Pearson correlations between self-reported relevance of potential barriers and advocacy in psychology are presented in Table 1. Results indicated that those who advocate more frequently tend to believe that the relevant barriers are having a poor past experience ($r = -.261$, $p = .048$) and not believing one has enough knowledge to discuss issues competently ($r = -.348$, $p = .007$). Meanwhile, feeling as though not being aware of current public policy issues was a relative inhibitor to advocacy was significantly correlated with less advocacy ($r = .404$, $p = .001$). Additionally, significant correlations were present between several potential barriers, indicating a considerable degree of consistency among items.

Stepwise Linear Regression

Although some barriers to advocacy were individually correlated with advocacy participation, the overlap of variance among items can make it difficult to determine which barriers are most important in predicting advocacy. Thus, a stepwise linear regression was used to determine which predictors (i.e.,

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Table 1
Pearson Correlation Matrix Among Barriers to Advocacy Efforts and Self-Reported Public Policy Advocacy

	1	2	3	4	5	6	7	8	9	10	11
1. No time	1										
2. Unaware of opportunities	−.205	1									
3. Lack of interest	.158	−.169	1								
4. Belief that there is no need for advocacy	.104	.077	.546**	1							
5. Belief that participation will be ineffective	.078	−.168	.393**	.371**	1						
6. Poor past experiences	.153	.039	.331*	.423**	.479**	1					
7. I do not want to give out my information	.274*	−.097	.365**	.286*	.313*	.343**	1				
8. Lack of knowledge to discuss issues	−.264*	.223	−.055	.017	.309*	.060	−.008	1			
9. Belief that person lacks persuasiveness	.065	−.107	.152	.326*	.352**	.149	.024	.394**	1		
10. Unaware of current issues	−.096	.475**	.065	.252	.053	−.017	−.194	.504**	.404**	1	
11. Advocating for issues within one's field of psychology	.225	−.176	−.250	−.115	−.044	.261*	.201	−.348**	−.234	−.404**	1

* $p < .05$. ** $p < .01$.

barriers) work in combination with one another to predict advocacy involvement within one's specific field of psychology most effectively. The following nine predictor variables were entered into the model: unawareness of public policy issues, lack of belief in the effect one's participation will have on issues, lack of time, disinterest, belief that one is not persuasive enough, poor past experiences, lack of awareness of opportunities to become involved, belief that there is no need for advocacy, and belief that one does not have enough knowledge to discuss such issues competently.

After conducting a stepwise linear regression analysis, it can be concluded that the overall model significantly predicts public policy advocacy, $F(1, 54) = 17.270$, $p < .001$ (A statistical table summarizing the results is available in the online-only data supplement). Results of the stepwise linear regression procedure indicated that the only significant barrier present, after considering overlap of variance among variables, was awareness of public policy issues ($r = .492$, $R^2 = .242$).

Principal Components Analysis

To investigate the constructs behind lack of advocacy within psychology, a principal components analysis (PCA) with varimax rotation was conducted. The results of these analyses are available in the online-only data supplement. Using Kaiser's eigenvalue-greater-than-one-rule, three components were extracted from the 10 barriers. Items loaded onto each component were considered if they had a correlation (i.e., loading) of at least .4 with a given component. Given these criteria, the first component yielded could be named "disinterest," the second component could be named "uncertainty," and the third component could be named "unawareness."

The three components accounted for 60% of the total variance after performing a PCA. The first component contributed 28% of the variance, the second component contributed 21%, and the third component contributed 11%. These three factors were reproduced on the Extraction Sums of Squared Loadings, indicating that only these factors had eigenvalues that were greater than or equal to one.

The first component included not having an interest in participating, not believing there is a need for advocacy, not believing that participation will generate an effect, having a poor past experience, and not wanting to give out information (termed "disinterest"). The second component included not having enough knowledge and not feeling persuasive enough (termed "uncertainty"). Finally, the third component included lack of awareness of public advocacy issues as well as opportunities to advocate (termed "unawareness").

The results of the PCA taken in tandem with the results of the correlation and regression analysis indicate that there are three distinct components regarding barriers to advocacy (disinterest, uncertainty, and unawareness); however, the influence of several barriers (e.g., poor past experience, lack of knowledge) are subsumed under the impact of unawareness of public policy issues.

Discussion

Results indicate that those who advocate do so regardless of whether the issue lies within or outside of their specific field. More simply, those who advocate, advocate. This finding may be indicative of unique personal characteristics of those who are involved in advocacy efforts. Relative to other health professions, those drawn to professional psychology may be more interested in individual issues rather than larger sociopolitical concerns (Lating et al., 2009). In other words, psychologists may more readily advocate for individuals but advocate less for larger platforms. This advocacy pattern may be further influenced by the tendency for public policy issues to be presented in polarized views, in contrast to the tendency for psychologists to view things in shades of gray.

Results further revealed that several barriers were independently correlated with psychologists' participation in advocacy; however, a substantial overlap of variance was also indicated. Considering poor past experiences with advocacy as a barrier was, ironically, associated with greater participation in advocacy. This suggests that negative past experiences do not deter people from advocating in the future. It is also likely that those who advocate are more apt

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to have negative (as well as potentially positive) experiences than those who do not advocate.

The overall regression model with nine predictor variables entered in was deemed statistically significant. The only significant barrier, however, was awareness of public policy issues. In other words, much of the predictive influence of the assessed barriers to advocacy was actually subsumed under the barrier of feeling unaware of public policy issues for which to advocate. For example, not believing one has enough knowledge to discuss issues competently inhibits public policy advocacy, but not over and above the influence of not being aware of public policy advocacy issues in the first place. These results suggest that lack of awareness of advocacy issues strongly inhibits involvement in psychology advocacy. In fact, the impact of some other speculated barriers might actually be better accounted for by this lack of awareness. For instance, psychologists or psychology students may feel as though they lack adequate knowledge to discuss public policy issues simply because they are in the dark about what the issues are.

Furthermore, areas previously assumed to be relevant barriers to advocacy, (e.g., unawareness of opportunities to become involved, lack of time) appear less important than expected. Instead of emphasizing awareness of avenues for advocacy or suggesting time-efficient opportunities, interventions should be aimed primarily at improving education with regard to current, relevant public policy concerns. Lating et al. (2009) indicated that 60% of psychology programs do not offer specific advocacy training. However, the authors note that 88% cover advocacy issues in class. This suggests that improvements in education are slowly developing and perhaps will someday result in full-fledged advocacy training as an integral part of psychology programs.

Although lack of awareness was found to be the most meaningful barrier, moderate semipartial correlations (i.e., correlations after considering the impact of other investigated barriers) suggest future studies are needed to establish the roles of variables to assess interest in participating in as well as the belief in a need for public policy advocacy. In the current study, these variables failed to meet statistical significance as predictors of advocacy; however, increased sample size in future replications may provide the power necessary to yield a significant result.

After performing a PCA, three components emerged. The three components accounted for 60% of the total variance. The first component contributed 28% of the variance (not having an interest in participating, not believing there is a need for advocacy, not believing that participation will generate an effect, having a poor past experience, and not wanting to give out information). The second component contributed 21% (not having enough knowledge and not feeling persuasive enough), and the third component contributed 11% (lack of awareness of public advocacy issues as well as opportunities to advocate).

The three components identified by the PCA (disinterest, uncertainty, and unawareness) as barriers to advocacy corroborate the findings of previous advocacy research (Myers & Sweeney, 2004; Gronholt, 2009). The first component, termed "disinterest," included not having an interest in participating, not believing there is a need for advocacy, not believing that participation will generate an effect, having a poor past experience, and not wanting to give out information. Though this is a complex and multifaceted component, results remain consistent with previous research suggesting that advocacy is not a priority among many psychologists due to a general lack of interest (Myers & Sweeney, 2004). More explicitly, the authors found that 28% of clinicians did not view advocacy as a priority. Furthermore, 27% of clinicians reported that they did not have any interest in advocating (Myers & Sweeney, 2004). Other studies have used the lack of "motivational spark" as a synonym for the disinterest in participating experienced by professionals (London, 2010).

The second component, termed "uncertainty," included items such as not having enough knowledge and not feeling persuasive enough. The lack of knowledge identified by our participants is likely related to a lack of training in advocacy. Myers and Sweeney (2004) established that 41% of their sample found a lack of training to be a significant barrier in advocacy work. When psychology programs fail to emphasize advocacy, students are likely to graduate without the confidence and tools necessary to advocate effectively. According to London (2010), a lack of confidence impacts motivation and the manner in which psychologists conceptualize problems and the need for change.

Finally, the third component, termed "unawareness," included lack of awareness of public advocacy issues as well as opportunities to advocate. Again, our results corroborate the findings of Myers and Sweeney (2004) that suggest a lack of awareness of advocacy issues is a significant barrier to participation in advocacy.

There are several limitations inherent in the design of the current study. For one, the sample was drawn from one university in the southeastern region of the United States. There may be issues with generalizability to the population of the United States as a whole. Additionally, the small sample size ($N = 86$) may further reduce applicability to the general population of professional psychologists. As such, the results should be interpreted within the context of existing within an exploratory framework. Further research is needed to examine characteristics in more diverse samples. Furthermore, the survey used was exploratory at best. Future studies ought to expand on the current template to include questions with greater variability in responses, as well as to include additional items or perceived barriers.

Participation in advocacy within the profession of psychology is essential because public policy drives professional functioning. The future of the field and of the people served by psychologists depends on advocacy efforts. Consequently, a careful consideration of the interaction among the three components identified in our study can provide valuable insight into improving advocacy within psychology. First, advocacy must become a valued asset to the field. As previous research has indicated, nearly half of psychologists admit that advocacy is not a priority (Kindsfater, 2008). Before the other barriers to advocacy can be addressed, psychologists need to perceive advocacy as an integral part of their profession. Once advocacy is valued, the lack of preparation and awareness can be addressed through graduate training programs and continuing education courses. Ideally, the 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.

Implications

Advocacy is a major component of psychology and mental health awareness. Although no significant trait or construct differ-

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ences were found between participants who advocate within or outside their own field, this study did illustrate the essential need for advocacy training. This finding is crucial because it illustrates that lack of motivation or unwillingness to advocate is not primarily responsible for preventing advocacy; rather it is a deficiency in understanding or simply being aware of relevant issues. This lack of knowledge implies that the psychological community should seek to enlighten individual members not only about advocacy procedures, how they work, and the vast benefits that can emerge, but also about specific issues. Psychology students and professional practitioners are typically unaware of how much their individual contributions can actually help. People may not spend time or money advocating if they do not believe any results will emerge from their efforts. Hence, steps should be taken to highlight positive advocacy experiences and successful policy changes.

If professional psychologists actively supported relevant issues regarding mental health, the field of psychology would advance at a faster rate. To initiate this, implementing advocacy education in continuing education classes, mandatory seminars, and yearly conferences would compel psychologists to hear the relevant issues at hand. Professional psychologists may be overwhelmed with a heavy workload and not have time to individually research and participate in public policy advocacy. However, when made aware of significant concerns related to mental health, by nature, professional psychologists will be unable to ignore them.

As for spreading the importance of advocacy among professional facilities outside of the psychological field, companies can provide in-house training to employees to increase comfort and familiarity with the advocacy process. Because there are numerous areas in which individuals are interested, education can be provided according to the relevance of each specific institution. People in general are more likely to support issues that have meaning to them. Tailoring advocacy education in this manner may not only attract a greater amount of people but may also make the understanding of advocacy more simplistic.

Furthermore, there is a lack of awareness among society about which issues are most pertinent to be advocated for. It is therefore critical to provide timely information pertaining to relevant public policy issues for which the public can advocate. Creating public advocacy groups can also help disseminate information and increase opportunities for positive experiences. Increasing layman's confidence in advocacy can be accomplished by providing training opportunities via open workshops to create collaborative advocacy endeavors.

The findings presented in this study carry valuable implications for efforts aimed at enhancing participation in advocacy. Lating et al. (2009) suggest that the continued separation of professional and educational agendas in the training of psychologists may contribute to the profession's deficient involvement in advocacy. Specifically, psychology is the only major health profession to maintain an academic training model despite the creation of professional training programs. The lack of advocacy training appears to contribute to the development and maintenance of barriers such as lack of awareness of and lack of perceived competence in discussing public policy issues.

Efforts to increase psychologists' participation in public policy advocacy must begin early on and be integrated throughout their curricula. Pertinent public policy issues fit well into courses on ethics, diversity, assessment, and even intervention. Similarly, discussion about and training in the advocacy role may be reinforced through clinical training and supervision. In addition to incorporated teaching lessons, specific coursework in public policy advocacy might aid students in developing skills used to advocate, while increasing comfort, enhancing familiarity, and expanding knowledge of current issues.

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