

3-1-2018

Exploring Graduate Student Involvement in Advocacy

Roseann Fish Getchell
rgetchell13@georgefox.edu

This research is a product of the Doctor of Psychology (PsyD) program at George Fox University. [Find out more](#) about the program.

Recommended Citation

Getchell, Roseann Fish, "Exploring Graduate Student Involvement in Advocacy" (2018). *Doctor of Psychology (PsyD)*. 242.
<http://digitalcommons.georgefox.edu/psyd/242>

This Dissertation is brought to you for free and open access by the Theses and Dissertations at Digital Commons @ George Fox University. It has been accepted for inclusion in Doctor of Psychology (PsyD) by an authorized administrator of Digital Commons @ George Fox University. For more information, please contact arolfe@georgefox.edu.

Exploring Graduate Student Involvement in Advocacy

by

Roseann Fish Getchell

Presented to the Faculty of the
Graduate Department of Clinical Psychology

George Fox University

in partial fulfillment

of the requirements for the degree of

Doctor of Psychology

In Clinical Psychology

Newberg, Oregon

March, 2018

Exploring Graduate Student Involvement in Advocacy

by

Roseann Fish Getchell

has been approved at the
Graduate Department of Clinical Psychology

George Fox University

as a Dissertation for the PsyD degree

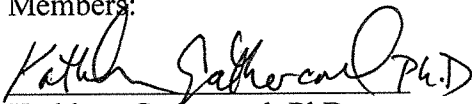
Approval

Signature:

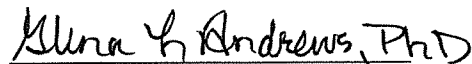


Mary Peterson, PhD, Chair

Members:



Kathleen Gathercoal, PhD



Glenna Andrews, Ph.D.

Date: 6.22.17

Exploring Graduate Student Involvement in Advocacy

Roseann Fish Getchell

Graduate Department of Psychology at

George Fox University

Newberg, Oregon

Abstract

Effective legislative advocacy for the delivery of psychology services impacts both the practicing psychologist as well as the public served by the profession. In the field of psychology, advocacy contributes to the scope of practice, funding, and reimbursement for psychologists as well as access and quality of care for those needing services (Lating, Barnett, & Horowitz, 2010). Despite the significant impact on their future professional life, advocacy is not a routine part of graduate education and training. The purpose of this study was to explore graduate students' knowledge, skills and attitudes toward legislative advocacy. The findings of this study suggest there is a significant difference in the level of training between graduate students who engage in advocacy and those who do not. Overall, the active students reported their personal values influenced both their attitude and engagement in advocacy.

Table of Contents

Approval Page.....	ii
Abstract.....	iii
List of Tables	vi
Chapter 1: Introduction	1
Current Need for Advocacy	1
Defining Effective Advocacy	2
Barriers to Advocacy	3
Early Intervention: Advocacy Training in Graduate School	3
Benefits of Training Graduate Students.....	4
Purpose of this Study	5
Chapter 2: Methods.....	6
Participants.....	6
Instruments.....	7
Procedure	7
Chapter 3: Results	9
Advocacy Training.....	9
Advocacy Activity	10
Motivators that Encourage Greater Engagement in Advocacy Activities	11
Barriers to Advocacy Engagement for Graduate Students	12
Differences in Self-Reported Barriers to Advocacy	13
How the Barriers to Advocacy Relate to Each Other	14

Between Group Differences in Advocacy Training Experiences	16
Chapter 4: Discussion	18
Implications for Practice and Research.....	19
Limitations	21
Conclusions.....	22
References.....	24
Appendix A The Survey	27
Appendix B Curriculum Vitae	32

List of Tables

Table 1	Percent of Students' Reporting Effective Advocacy Training	10
Table 2	Student Engagement in Advocacy Activities	11
Table 3	Means and Standard Deviations for Motivation Questions	12
Table 4	Means for Advocacy Barrier Questions as Perceived by Students.....	13
Table 5	Perceived Effectiveness of Advocacy Training Regarding Knowledge and Skills	14

Chapter 1

Introduction

Current Need for Advocacy

The need for mental health advocacy in the United States has never been greater. Psychologists face steadily decreasing reimbursement rates, increasing limits on care as defined according to medical necessity and encroachments on scope of practice from other mental health disciplines (DeLeon & Kazdin, 2010). These challenges occur at the same time local, state, and national governments struggle to fund mental health care for the existing population as well as the millions of people who are newly insured since the advent of the Affordable Care Act. Vulnerable and underserved people with co-occurring mental and physical health conditions are more at-risk for developing clinical symptoms, and as payment rates and support for clinical treatment regimen steadily decline, there are growing concerns regarding access to care. Lating, Barnett, and Horowitz (2010) summarize these concerns explaining that the need for advocacy in the field of mental health continues to grow as at-risk populations continue to increase.

In addition to serving the population at the highest level of risk, Schwartz, Semivan, & Stewart, (2009) note the importance of the positive impact mental health professionals can have in the individual lives of clients as well in the surrounding systems at a local, state, and national level. Finally, advocacy also provides important funding for psychological research that leads to greater access and outcome (Cohen, Lee, & McIlwraith, 2012). Despite the potential benefits for psychologists and the public they serve, many psychologists are not involved in advocacy activities on any level of their professional lives (Webb, 2015).

Defining Effective Advocacy

The concept of advocacy is often unknown or misunderstood by many psychologists in training. In essence, the lack of a clear picture of what advocacy is, may be contributing to the lack of action and effective advocacy by psychologists (Fox, 2003; Webb, 2015). While there are many different definitions of advocacy, there is a specific definition of effective advocacy that will be used for the purpose of this research. Advocacy is the process of addressing social and political interests of an individual, group, or societal level while inspiring a call to action (Schwartz, Semivan, & Stewart, 2009).

With this working definition of effective advocacy, it is also important to note that successful advocacy is more than just fulfilling the self-interests of the group advocating for it, instead, its' focus is on the general community (Cohen et al., 2012). Effective advocacy must include a high level of insight by those who are advocating, while they advocate broadly for goals related to social or political interests, they must have a clear actionable plan. In fact, "effective advocates are knowledgeable about who they are professionally and what is meaningful to them, as well as how they may be able to advance the process for which they are advocating" (Schwartz et al., 2009, p. 56). This understanding and definition of advocacy would seem to appeal and engage psychologists, most of who entered the profession to serve and help others (Brems, 2001; Norcross, 2005). However, there is a surprising lack of interest and motivation in advocacy among mental health professionals, for example, contributions from psychologists only makes up about 2%-3% of the national professional contributions (Fox, 2003).

Barriers to Advocacy

With the current need for advocacy, why aren't psychologists motivated to engage in an activity that has a direct impact on their scope of practice and impacts the population need that prompted their desire to enter the profession?

Research has identified multiple logistical and professional barriers to advocacy involvement. The somewhat overwhelming list of barriers includes lack of time, emotional demands, relationship vulnerability, job stress, and role confusion (Schwartz, et al., 2009). Other research highlights a lack of awareness of public policy issues, disinterest or perceived lack of skill in advocacy (Heinowitz et al., 2012).

Early Intervention: Advocacy Training in Graduate School

As the profession continues to seek ways to motivate practicing psychologists, the American Psychological Association (APA) has turned its efforts toward early intervention, raising the awareness of graduate students about the importance and potential impact of advocacy. To this end, APA has developed multiple resources and increased its outreach through the Government Advocacy Directorate. Further evidence of APA's commitment to raise advocacy awareness during graduate training is seen in the Assessment of Competency Benchmarks document, which included an understanding of advocacy as part of the professional identity (APA, 2007). Additionally, advocacy is explicitly encouraged in the competency model developed by National Council of Schools and Programs in Professional Psychology (NCSPP), which articulated the requirements for graduate students to prepare themselves to become professional psychologists (APA, 2007).

Together these documents endorse a training model that highlights the importance of knowledge, skills and attitudes. This heuristic would include knowledge of the role of advocacy, and subject-specific knowledge sufficient to enable the student to meaningfully participate in the process. Current emphases include the impact of psychological services on the changing healthcare system, reimbursement and scope of practice. Additionally, graduate students would need to develop the skills needed to actively participate in public policy discussions including the ability to communicate clearly and succinctly within interprofessional systems and collaborate with legislative leaders in the community. Lastly, attitudes regarding the legislative advocacy movement including the belief in the importance of advocacy, the openness to new ideas in legislation, and the willingness to take an active role in changing public policy (APA, 2007; NCSPP, 2007).

Graduate students who have demonstrated professional knowledge, skills and attitudes in advocacy can have a national impact. The limited interest of professional psychologists creates unlimited opportunities for graduate students to advance the profession through their personal involvement in public policy. Overall, it is essential that psychology's current generation of advocates not only grow in number and effectiveness, but also reach-out to the next generation in the form of relevant mentoring (DeLeon & Kazdin, 2010).

Benefits of Training Graduate Students

As the need to increase psychologists' involvement in advocacy becomes more urgent, there are several benefits that come with investing in the advocacy training of current graduate students who will soon become psychologists. Initially, graduate students who are actively trained and mentored in relationship-centered advocacy gain professional and personal insights

(Weintraub & Goodman, 2010). As graduate students learn about the intricate processes in effective advocacy, they are more likely to experience success, thereby contributing to the larger professional community. As graduate students and early career psychologists experience success, they are more likely to stay involved in advocacy throughout their career. Furthermore, the graduate students who are trained in advocacy have more opportunities for professional leadership across many domains including interprofessional communication and professional networking skills (Burney et al., 2009).

Purpose of this Study

With such a strong call to action, the future of health service psychology may be significantly influenced by the advocacy efforts and experience of doctoral psychology graduate students across the nation. Although there are many strong reasons for students to learn how to advocate effectively, few engage in regular advocacy efforts. This may be caused by a myriad of barriers including a lack of knowledge, skills and/or attitudes of the importance of advocacy.

Little information is known about the specific barriers and motivators that contribute to active and effective student advocacy efforts across the country. The purpose of this study was to understand the barriers and motivators, including an understanding of the relative knowledge, skills and attitudes in the graduate student community toward advocacy on a local, state, and national level. It was the goal of this study to explore the differences in motivation between students who are already engaged in local, state or national advocacy efforts as compared to graduate students not engaged advocacy.

Chapter 2

Methods

Participants

Participants ($n = 50$) were recruited from the American Psychological Association Graduate Students (APAGS) membership directory and sent emails via snowball sampling. The numbers from the total participant pools are the following: 50 participants identified as active clinical psychology graduate students with (58%) reporting participation in legislative advocacy at some point in their life ($n = 29$). The initial data collection included demographic and quantitative data; next, the students were asked to respond to a set of qualitative questions. All data were collected within six months of initial contact (see Appendix A).

Fifty participants were included in this study. Of the survey participants who disclosed their gender, 87.8% were female ($n = 43$) and 12.2% self-identified as male ($n = 6$). One participant did not identify gender. The average age was 28 years old with a range from 22 years old to 54 years old ($n = 50$). Most respondents were White (69.4%), followed by Asian (6.1%), Hispanic/Latino (12.2%), African American (8.2%), American Indian/Alaska Native (0.0%), Native Hawaiian/Pacific Islander (0.0%), one respondent self-identified as bi-racial, and one respondent chose not to identify their ethnicity ($n = 50$). There were no significant differences in demographic data between groups involved and not involved in advocacy. This research was approved by the George Fox University Institutional Review Board.

Instruments

A quantitative questionnaire was adapted from a previous dissertation study conducted by researcher Gronholt (2008) titled “An Exploration of the Differences in Psychology Faculty and Graduate Students’ Participation in Mental Health Legislation and Barriers to Advocacy”. Gronholt’s survey was initially developed to gather demographic information and to measure approaches to advocacy among graduate students and faculty members. The survey used in the current research study was adapted from Gronholt’s survey to reflect the training competency model of knowledge, skills and attitudes. Additionally, the survey sought qualitative responses to questions that explored factors prompting initial advocacy interest, reasons for students’ continuing involvement, potential barriers to that involvement and suggestions for doctoral programs to integrate advocacy in their training model. In addition to the demographic data reported above, students reported the type of their training program and membership in APA.

Procedure

Initially, an email was sent out to all participants inviting them to participate in the online survey through the Survey Monkey website. Participants were also encouraged to email at least three of their peers with the link to the same survey in order to encourage increased participation through snowball sampling. This survey gathered data according to a mixed-method design including both standardized, objective questions and qualitative, open-ended questions. The survey took approximately 15 minutes to complete. After five months of data collection, a mixed-methods analysis was used to explore findings. This analysis included chi squared and *t*-tests for the quantitative data and grounded theory for qualitative data in which themes were

identified, coded, and then analyzed for common factors (factor analysis). Both quantitative and qualitative data were analyzed using the Statistical Package for the Social Sciences (SPSS).

Chapter 3

Results

Participants ($n= 50$) were graduate students recruited from the American Psychological Association of Graduate Students (APAGS) membership directory through snowball sampling.

Advocacy Training

The majority of the active students ($n=29$) received training or information regarding the theory and/or value of advocacy for psychology. Many of the students received training through a variety of methods including academic coursework (56.7%), workshop/seminar (46.7%), articles (43.3%), peers (53.3%), and other forms (40%). Less than half of students (40%) received skills training in effective ways to communicate with legislators and decision makers.

Table 1 displays the trained graduate students' perception of the effectiveness of training in the domains of knowledge and skills. The results show that students perceived varying degrees of effectiveness (ranging from not at all effective to very effective) in the training with greater reported effectiveness in knowledge as compared to skill development.

Table 1

Percent of Students' Reporting Effective Advocacy Training

Advocacy Training Effectiveness ^a	Knowledge and Understanding	Skills
Not at all effective	0.0%	23.3%
Slightly effective	23.3%	16.7%
Somewhat effective	40.0%	30.0%
Moderately Effective	23.3%	23.3%
Very Effective	13.3%	16.7%

Notes. ^a $n = 30$

Advocacy Activity

The majority of respondents (58%) reported participation in legislative advocacy at some point in their life ($n = 29$). Active graduate students reported engaging in advocacy in a variety of ways including writing emails or letters to the editor, writing to elected officials or other agencies, making phone calls to officials or other agencies, making visits to elected officials or other agencies, and donating money to legislative issues or groups. Of the respondents who indicated advocacy involvement, the majority of respondents have engaged in legislative advocacy that addresses access to mental health care (92%). Graduate students also engage in advocacy in a variety of settings including local (32%), state (82%), and federal organizations (82%). Lastly, active graduate students reported being a part of several organizations while

advocating including the American Psychological Association (75%), an Other Organizations (57%), or acting independently (32%). See Table 2.

Table 2

Student Engagement in Advocacy Activities

Advocacy Issues	Percentage of Engagement
Physician definition	44.0%
Medicare	40.0%
Medicaid	40.0%
Access to mental health	92.0%
Funding for research	60.0%
Levels of government	
Local	32.1%
State	32.1%
Federal	82.1%
Other	3.6%
Organizations	
APA	57.1%
Independent	32.1%
Other	57.1%

Notes. ^a $n = 28$.

Motivators that Encourage Greater Engagement in Advocacy Activities

Table 3 shows the perceived factors influencing advocacy activities for engaged graduate students. All factors were rated on a scale from 1 to 5, where 1 indicates *not relevant* and

5 indicates *very relevant*. Thus, lower ratings indicate that there is less perception of an influencer impacting advocacy engagement.

Table 3

Means and Standard Deviations for Motivation Questions

	Engaged sample ^a
I became involved with advocacy...	<i>M</i>
1. because of my personal values	4.32
2. because of social connections	2.79
3. to add items to my CV	2.39
4. to fulfill a job expectation	1.75
5. grad school requirement	1.04
6. interesting learning experience	3.64

Notes: ^a n = 28

Barriers to Advocacy Engagement for Graduate Students

Table 4 shows the overall perceived barriers to advocacy activities for all graduate student participants. All barriers were rated on a scale from 1 to 5, where 1 indicates *not relevant* and 5 indicates *very relevant*. Thus, lower ratings indicate that there is less perception of a factor as a barrier. It should be noted that most barriers are of moderate relevance. Lack of time, awareness of opportunities, and competence were perceived as the greatest barriers. Specifically, lack of need and poor past experiences were identified as the least relevant barriers to advocacy.

Following the analysis of the individual items exploring potential barriers to advocacy involvement, we explored the relationships between responses for the respective groups. Some of the response differences are highlighted below.

Table 4

Means for Advocacy Barrier Questions as Perceived by Students

Item	Student Responses
I do not have the time	3.73
I am unaware of any opportunities for advocacy	3.00
I do not have much interest in participating in advocacy	1.84
I do not feel like there is a need for advocacy	1.16
I do not feel like my participation will have much of an effect	2.14
I have had poor experiences in the past with advocacy.	1.22
I do not want to be put on any "lists" or contacted frequently	2.20
I do not feel competent enough to discuss legislative issues	2.98
I do not feel that I am able to be persuasive enough	2.53
I am unaware of the current issues that need to be advocated.	2.57

Differences in Self-Reported Barriers to Advocacy

Self-identified barriers to advocacy were examined for both groups of students including graduate students who responded, *yes* to both advocacy engagement questions and those who did not. These barriers included time, being unaware of opportunities, lack of interest, not feeling a need, feeling like advocacy will have much of an effect, poor past experiences, not wanting to be put on any lists, not feeling competent enough, not feeling persuasive enough, and unawareness of current advocacy issues. Overall, one barrier, "I do not have much interest in

participating in advocacy” showed a significant difference between groups [$t(3.097) = 27.22, p = .004$].

How the Barriers to Advocacy Relate to Each Other

Barriers to advocacy were identified by all graduate student participants during the survey. Using this information, factor analysis was used to find inherent groupings between the barriers to advocacy, advocacy training, and advocacy engagement. Table 5 shows a rotated component matrix in which four distinct groupings were identified including advocacy knowledge and skills, attitude towards advocacy, advocacy engagement and experiences, and time. Due to limited sample size, assumptions for factor analysis weren't met, so additional data needs to be collected to confirm these findings.

Table 5

Perceived Effectiveness of Advocacy Training Regarding Knowledge and Skills

	Knowledge	Skills	Engagement	Time
I am unaware of the current issues that need to be advocated.	.827			
I am unaware of any opportunities for advocacy.	.772			
I do not feel that I am able to be persuasive enough.	.756			
I do not feel competent enough to discuss legislative issues.	.723			

Have you received training or information regarding the theory, need, or value of advocacy?	.482	
I do not have much interest in participating in advocacy.	.794	
I do not feel like there is a need for advocacy.	.732	
I do not want to be put on any "lists" or contacted frequently.	.625	
I do not feel like my participation will have much of an effect.	.565	
Since the beginning of your training, have you engage in legislative advocacy?		.778
Have you every engaged in legislative advocacy?		.738
I have had poor experiences in the past with advocacy.		-.633
I do not have the time.		.829

Factor analysis indicated that personal values are a greater motivator than any of the others (4.32). Secondly, being an interesting learning experience is the second strongest motivator, which is a better motivator than adding items to a curriculum vita, fulfilling a job or

school requirement, or because of social connections. The third most effective motivator was pursuing social connections, which was more motivating than adding items to a curriculum vitae or fulfilling a job or school requirement. The three least motivating factors, in order of effectiveness, were adding items to a curriculum vita, which was significantly more motivating than fulfilling a job expectation, which was, which was significantly more motivating than a school requirement. In an effort to learn more about motivation to participate in advocacy, participants responded to the following qualitative, open-ended question “What motivates you to continue your involvement in advocacy throughout graduate training?” Their responses reflected the following themes: value of social justice, impacting and improving their communities, experiencing and noticing the need for advocacy, and wanting to help clients and patients in need.

Between Group Differences in Advocacy Training Experiences

The participants who received training (30 of 50 respondents), reported experience in a variety of settings including the classroom (57%), from other peers (53%), workshops or seminars (47%), articles (43%), and other sources (40%). With regards to effectiveness of training, a minority of graduate students reported receiving training and information that included skills training in effective ways to communicate in verbal or written form to legislators and/or decision makers (40%). Overall, students reported the effectiveness of their trainings increasing knowledge or understanding of advocacy as not effective (0%), slightly effective (23%), somewhat effective (40%), moderately effective (23%), and very effective (13%). However, students reported their training experiences poorly executing the increase in actual

skills required to effectively advocate not effective (23%), slightly effective (17%), somewhat effective (30%), moderately effective (23%), and very effective (7%).

Graduate students also responded to a qualitative, open-ended question regarding “How can current training programs prepare graduate students to further engage in advocacy?”

Responses included interest in increasing training through implementing advocacy courses that address knowledge and skills, creating opportunities for advocacy training in “real time,” adding a formal advocacy competency requirement, integrating advocacy in current coursework, and implementing a formal advocacy mentorship model within existing structures (APA, schools, SPTA’s).

By using an independent sample *t*-test, barriers to advocacy were explored when comparing graduate students who have and have not received advocacy training. Two barriers were significantly different between the trained and untrained groups. These barriers include “I do not feel that I am able to be persuasive enough” and “I am unaware of the current issues that need to be advocated.”

Chapter 4

Discussion

This study was concerned with understanding the barriers and motivators impacting graduate student legislative advocacy, including the relative knowledge, skills and attitudes of graduate students toward advocacy on a local, state, and national level. Furthermore, it was the intention of this study to seek out information from students who are already engaged in advocacy efforts, as well as to gain information from a sample of graduate students not currently in leadership advocacy positions. The intended goal of this descriptive study was to discover what might motivate or hinder this unique group of respondents.

Over half of the graduate student respondents had some kind of advocacy involvement or experience. Interestingly, the majority of active advocates are engaging on the national level and state level, rather than the local level. Students reported advocating for legislative changes, including an increased access to mental health care across all organizations and settings

In past research, Gronholt (2008) reported the most significant barriers to advocacy were a lack of awareness of issues or opportunities and a lack of interest in engagement in advocacy. However, students in this study identified lack of time, lack of awareness of ways to advocate, and lack of competence as the greatest barriers. Aligning with Gronholt's study, a lack of perceived need and poor past experiences were identified as the least relevant barriers to advocacy among respondents in the current study with graduate students.

When comparing active graduate students advocates to those not engaged, the non-active graduate students reported less interest in advocacy overall. When comparing students who have received training in advocacy with those who have not, students without training report being less persuasive and less aware of the current issues that need advocacy. Lastly, personal values were ranked as the greatest motivator followed by graduate student interest in learning ways to engage in advocacy.

Overall, several inter-related factors appeared to impact graduate student engagement in advocacy including knowledge and skills, attitudes (KSAs) towards advocacy, advocacy experiences, and time. While training current models emphasize the KSAs involved in active advocacy training and engagement, it is noted that actual advocacy experiences and graduate student time impact each piece of the acquisition of knowledge and skills, as well as graduate student attitudes towards advocacy.

Implications for Practice and Research

This study's conclusions suggest that the interaction of knowledge, skills, and attitudes towards advocacy, as well as past experiences and time may be more relevant to graduate student advocacy behavior than one might expect. Graduate students who do not receive training in advocacy (experience) felt less aware (knowledge) and less able to be persuasive (skills) when advocating for mental health in the legislative setting. The combined limits of knowledge and skills were aligned with the students' lack of interest or perceived importance (attitudes) of advocacy. Not surprising, students whose KSAs don't reflect an engagement in advocacy, it follows that they are less interested in finding time to pursue advocacy experiences.

In contrast, students who have acquired the knowledge and skills (while having a positive past experience of advocacy) might view advocacy as a meaningful and productive way to live out their values. These students may be more likely to invest time and seek opportunities for advocacy. This focus of KSAs translates into motivating factors for graduate student advocacy, with active student engagers identifying the strongest motivations as advocacy aligning with their personal values and finding advocacy as an interesting learning experience (attitudes).

Focusing on the barriers to advocacy, the student-identified barriers of not feeling able to be persuasive and lack of awareness of current issues are impacted by student acquisition of the knowledge and skills of the advocacy process. Additionally, the lack of advocacy experiences and training impact graduate students' ability to engage in advocacy in an informed and confident way, consistently decreasing the likelihood that students will attempt to engage in advocacy independently.

Oftentimes more experienced graduate students have had more occasions to engage in advocacy behaviors and learn of advocacy opportunities while less experienced students who are not exposed to advocacy issues and opportunities as often. Adding advocacy education as a core curriculum or requiring advocacy-centered colloquium may help to increase graduate students' knowledge, skills, and attitudes towards legislative advocacy. Other studies have found similar barriers to advocacy engagement such as lack of awareness of public policy issues, lack of training, lack of time, disinterest, and uncertainty (Heinowitz et al., 2012).

Additionally, a lack of time stands alone as its own barrier to engaging in advocacy, despite adequate training. Hill (2013) proposes that professional associations could be imbedded

into the workplace to help psychologists navigate the advocacy landscape with their own context. This model could be used to implement advocacy education and training within graduate schools at several organizational levels including classroom, research, practicum, and internship settings. Graduate students who have an interest in organizational advocacy may be able to effectively implement change while serving as a consultant to various organizations or systems in which they are learning.

Future research could consider other forms of graduate student advocacy occurring in fields such as medicine, social work, and education. It would be interesting to explore the emphasis other professional groups place on developing the KSAs of advocacy engagement. Other research may focus on the effectiveness of different forms of advocacy training and education including curriculum, mentorship models, and other forms. Lastly, a wide range of personality types and factors may provide clarity in explaining why some graduate students are more readily engaged in advocacy efforts.

Limitations

Overall, the ability to generalize this study is limited to 50 graduate students who are mostly involved in the American Psychological Association. Due to the low response, broad generalizations are limited regarding advocacy behaviors of graduate students across the nation. A snowball sample of graduate students from APAGS membership were asked to take the survey. There is a possibility that APAGS membership is a confounding variable, which correlates with graduate student advocacy behavior. In future research, the focus should be on assessing a more diverse population of ages, regions of the country, and affiliation to

organizations like APAGS. Furthermore, there is the possibility that graduate student participants who completed the survey have an overall a greater interest in improving advocacy.

In addition, there is an unknown number of barriers and motivators that impact advocacy engagement. The current study assessed a total of 10 barriers and 6 motivating factors. Research moving forward may take into account additional factors involving knowledge, skills, and attitudes.

Conclusions

The findings of this study focus on the interaction between the knowledge, skills, attitudes, past experiences, and time involved in graduate psychology students engaging in legislative advocacy. While there is not one distinct variable identified as impacting advocacy engagement, the complex relationship between all five variables can impact both the motivators and barriers to graduate student advocacy engagement.

With these findings, there is a growing need for graduate students to develop the necessary knowledge, skills, and attitudes with regards to legislative advocacy participation. Developing a greater focus on advocacy opportunities and critical issues can be accomplished through advocacy competencies recognized and imbedded in graduate programs and through effective advocacy mentorships. Irrespective of a graduate student's focus of study, all future psychologists have an urgent duty to engage in advocacy.

With lack of time as a strong barrier, but personal values and interest as top motivators, it is possible to utilize the strong passions of graduate students to increase advocacy participation. With the upcoming cohort of clinical psychologists entering the field with a vast array of knowledge regarding technology and social media, this could be a useful apex to not

only seek out advocacy education but spread awareness and actively engage in advocacy online. Despite the vehicle used for advocacy, there is a rising need for more organized advocacy initiatives and groups in which graduate students can collaborate and share effective advocacy strategies.

Although active engagement in advocacy requires the time, energy, organization, commitment, and sometimes, technical expertise, it is extremely important that graduate students find ways gain the necessary KSAs in order to participate. The connection between advocacy and the mental health of our nation is undeniable. Legislative advocacy is an integral part of the profession of psychology. Therefore, graduate students must have access to the adequate training, skills building, role modeling, and mentoring in order to engage in advocacy throughout their future careers.

Lastly, additional research is needed to better understand the complex relationships between advocacy KSAs and the barriers and motivations to advocacy. This research may take the form of gaining a more extensive understanding of a larger sample of graduate student engagement in advocacy nationwide. Additionally, researchers may choose to explore the current mental health advocacy organizations that exist and explore current graduate student engagement and training opportunities. Future exploratory research is needed to continue understanding this complicated relationship between the level of graduate student engagement advocacy, time available to advocacy, and the KSAs involved in advocacy.

References

- American Psychological Association Board of Educational Affairs in collaboration with the Council of Chairs and Training Councils (CTCC). (2007). *Assessment of competency benchmarks work Group: A developmental model for the defining and measuring competence in professional psychology*. Washington DC: Author.
- Brems, C. (2001). *Basic skills in psychotherapy and counseling*. Pacific Grove, CA: Brooks/Cole Thomson Learning.
- Burney, J. P., Celeste, B. L., Johnson, J. D., Klein, N. C., Nordal, K. C., & Portnoy, S. M. (2009). Mentoring professional psychologists: Programs for career development, advocacy, and diversity. *Professional Psychology: Research and Practice, 40*(3), 292-298.
- Cohen, K. R., Lee, C. M., & McIwraith, R. (2012). The psychology of advocacy and the advocacy of psychology. *Canadian Psychology/Psychologie Canadienne, 53*(3), 151-158. doi: 10.1037/a0027823.
- DeLeon, P. H., & Kazdin, A. E. (2010). Public policy: Extending psychology's contributions to national priorities. *Rehabilitation Psychology, 55*(3), 311-319. doi: 10.1037/a0020450.
- Fox, R. E. (2003). From the desk of the chair: The cold hard facts. *Advance: Newsletter of the Association for the Advancement of Psychology, p. 3*.
- Gronholt, J. M. (2008). *An exploration of the differences in psychology faculty and graduate students' participation in mental health legislation and barriers to advocacy*. (Doctoral dissertation). George Fox University, Newberg, OR.
- Heinowitz, A. E., Brown, K. R., Langsam, L. C., Arcidiacono, S. J., Baker, P. L., Badaan, N. H.

- ... Cash, R. (2012). Identifying perceived personal barriers to public policy advocacy within psychology, *Professional Psychology: Research and Practice*, 43(4), 372-378. doi: 10.1037/a0029161.
- Hill, J. K. (2013). Partnering with a purpose: Psychologists as advocates in organizations. *Professional Psychology: Research and Practice*, 44(4), 187-192.
- Lating, J. M., Barnett, J. E., & Horowitz, M. (2010). Creating a culture of advocacy. In M. Kenkel & R. L. Peterson (Eds.), *Competency-based education for professional psychology* (pp. 201-208). Washington, DC: American Psychological Association. doi: 10.1037/12068-011.
- National Council of Schools and Programs in Professional Psychology. (2007). Competency developmental achievement levels of the National Council of Schools and Programs in Professional Psychology. Washington DC: Author.
- Norcross, J. A. (2005). Choosing psychotherapy as a career: Beyond "I want to help people." *Journal of Clinical Psychology*, 61(8), 939-943.
- Schwartz, R. C., Semivan, S. G., & Stewart, T. A. (2009). The art of advocacy: Strategies for psychotherapists. *Annals of the American Psychotherapy Association*, 54(12), 54-60.
- Webb, B. (2015). *An Exploration of the differences in state psychological membership and primary place of practice among Oregon psychologists and psychology students regarding participation in mental health legislation and the barriers and motivations to advocacy*. (Unpublished doctoral dissertation.) George Fox University, Newberg, OR.

Weintraub, S. R., & Goodman, L. A. (2010). Working with and for: Student advocates' experience of relationship-centered advocacy with low-income women. *American Journal of Orthopsychiatry*, 80(1), 46-60.

Appendix A

Survey

Informed Consent for participating in this survey regarding knowledge, skills, attitudes and involvement in advocacy for the field of psychology.

1. You are invited to participate in a survey that focuses on the advocacy activities of graduate psychology students. It will take approximately 15 minutes to complete the questionnaire. This survey was part of a doctoral dissertation by Roseann Fish Getchell, as supervised by Mary Peterson, PhD, ABPP.

Your participation in this study is completely voluntary. This study has been approved by the IRB at George Fox University. There are no foreseeable risks involved; however, if you are uncomfortable answering any of the questions, you can withdraw from the survey at any time point. Your survey responses will be kept completely confidential.

In this study “advocacy” is defined as a broad range of behaviors and attitudes focused on legislative advocacy as a means to bring greater relevancy to the field of psychology. Advocacy engagement may include, but is not limited to, writing or emailing a letter to an editor or legislator, visiting or calling a legislator, and donating money to various organizations.

I have read the above and wish to proceed with the survey

- a. Yes
- b. No

Section I: Advocacy: Knowledge and skills

1. Have you received training or information regarding the theory, need or value of advocacy for psychology?
 - a. Yes
 - b. No
2. In what type of setting did you acquire this information or training?
 - a. Classroom
 - b. Workshop or seminar
 - c. Articles
 - d. Peers
 - e. Other (please describe)
3. Did this training/information include *skills training* in effective ways to communicate in verbal or written form to legislators and/or decision-makers?
 - a. Yes
 - b. No
4. How effective was the training/information in increasing your *knowledge* or understanding of advocacy? (5-Very Effective...1-Not Effective)
5. How effective was the training/information in increasing the actual *skills* required to effectively advocate (5-Very Effective...1-Not at All)

Section II. Advocacy: Participation

1. Have you ever engaged in legislative advocacy? (Advocacy engagement may include, but is not limited to, writing or emailing a letter to an editor or legislator, visiting or calling a legislator, and donating money to various organizations).
 - a. Yes
 - b. No
2. Since beginning my graduate training, I have:
 - a. Written emails or letters to the editor: (5-frequently....1-never)
 - b. Written emails or letters to elected officials or other agencies: (5-frequently....1-never)
 - c. Made phone calls to elected officials or other agencies: (5-frequently....1-never)
 - d. Made visits to elected officials or other agencies: (5-frequently....1-never)
 - e. Donated money to legislative issues or groups: (5-frequently....1-never)
3. If you have ever participated in legislative advocacy, what were the issues?
 - a. Not applicable: I have not participated in legislative advocacy.
 - b. Issue(s):

4. At what level(s) of government did you participate in legislative advocacy? (Check all that apply)
 - a. Local
 - b. State
 - c. Federal
 - d. None of the above

5. With what organization(s) did you participate in legislative advocacy? (Check all the apply)
 - a. APA
 - b. Independently –not affiliated with an organization
 - c. Others
 - d. None of the above

Section II: Attitudes toward advocacy

1. Please indicate how strongly the following factors influenced your participation in advocacy:
 - a. I became involved with advocacy because of my personal values (5-Very Influential...1-Not Influential)
 - b. I became involved with advocacy because of social connections (5-Very Influential...1-Not Influential)
 - c. I became involved with advocacy to add items to my curriculum vitae/resume (5-Very Influential...1-Not Influential)
 - d. I became involved with advocacy to fulfill a job expectation (5-Very Influential...1-Not Influential)
 - e. I became involved with advocacy to fulfill a core requirement of my graduate school training (5-Very Influential...1-Not Influential)
 - f. I became involved with advocacy because it seemed like an interesting learning experience (5-Very Influential...1-Not Influential)

2. Please rate how significant each factor is in preventing you from participating in advocacy activities.
 - a. I do not have the time. (5-Very Relevant...1-Not Relevant)
 - b. I am unaware of any opportunities for advocacy. (5-Very Relevant...1-Not Relevant)
 - c. I do not have much interest in participating in advocacy. (5-Very Relevant...1-Not Relevant)
 - d. I do not feel like there is a need for advocacy. (5-Very Relevant...1-Not Relevant)
 - e. I do not feel like my participation will have much of an effect. (5-Very Relevant...1-Not Relevant)
 - f. I have had poor experiences in the past with advocacy. (5-Very Relevant...1-Not Relevant)
 - g. I do not want to be put on any “lists” or contacted frequently. (5-Very Relevant...1-Not Relevant)
 - h. I do not feel competent enough to discuss legislative issues. (5-Very Relevant...1-Not Relevant)

- i. I do not feel that I am able to be persuasive enough. (5-Very Relevant...1-Not Relevant)
- j. I am unaware of the current issues that need to be advocated. (5-Very Relevant...1-Not Relevant)

Section IV

Demographics:

1. I am a member of the American Psychological Association of Graduate Students:
 - a. Yes
 - b. No
2. What is your age?
 - a. I prefer not to say.
 - b. Age:
3. How do you self-identify?
 - a. Female
 - b. Male
 - c. Other (please specify):
4. What is your ethnicity? (Check all that apply)
 - a. African American or Black
 - b. American Indian or Alaska Native
 - c. Asian
 - d. Hispanic or Latino
 - e. Native Hawaiian or Other Pacific Islander
 - f. White
 - g. Other (please specify)
5. Please select any of the following items that described you (check all that apply):
 - a. Student working towards PhD or PsyD
 - b. Student in a clinical psychology program
 - c. Student in a research psychology program
 - d. Other (please specify)

Section V

Open-Ended:

1. What prompted your interest in advocacy?
2. Why are you still prioritizing in your graduate training experience?
3. What are the main barriers that prevent you from participating?
4. How can current training programs prepare graduate students to further engage in advocacy?
5. Please share any more thoughts you have on advocacy that have not been addressed by the previous questions.

Thank you for participating in this survey! If you would like to receive a summary of the results, please email me, rfish13@georgefox.edu .

Appendix B

Curriculum Vitae

Roseann Fish Getchell

Home Address:

2529 SW Spring Garden St
Portland, OR 97219

Contact Information:

(503) 779-7740
rfish13@georgefox.edu

EDUCATION

- Psy.D. *George Fox University, Newberg, OR. Clinical Psychology, Generalist, Health Psychology Emphasis
-APA Accredited- (Current student, expected graduation 2018)
Current GPA: 3.93*
- M.A. *George Fox University, Newberg, OR. Clinical Psychology
-APA Accredited- (May, 2015)
GPA: 3.94*
- M.Ed. *Chaminade University, Honolulu, HI. Special Education, K-12
(May, 2011)
GPA: 4.0*
- B.A. *University of Puget Sound, Tacoma, WA. Psychology
(May, 2009)
GPA: 3.60*

PROFESSIONAL POSITIONS & ACTIVITIES

Clinical Experience:

- 6/2015-6/2017 *Practicum at Providence Medical Center, Newberg OR. Provided integrated psychological consultation services in a family medicine clinic. Collaborated with medical staff to ensure patient quality of life and positive health outcomes. Was supervised by licensed psychologist Dr. Jeri Turgesen, PsyD. Client Intervention Hours: 650 expected.*
- 1/2015-5/2017 *Supplemental Practicum, Crisis Consultation Team Member. Provided consultation to Emergency Departments located at Willamette Valley Medical Center and Providence Medical Group, Newberg Hospital.*

Interviewed patients in crisis in order to determine harm to self and/or others while working on an inter-professional team of medical professionals. Additionally, facilitated resource and placement support within a crisis setting. Client Intervention Hours: 342. Was supervised by licensed psychologists Dr. Mary Peterson, Dr. Bill Buhrow, Dr. Joel Gregor, and Dr. Luann Foster.

- 8/2014-5/2015 *Practicum at George Fox University, Graduate Department of Clinical Psychology: St. Paul School District.* Provided psychological assessment, academic assessment, and psychotherapy individual/group interventions to children ages five years to eighteen years at a school-based behavioral health program. Also, engaged in regular group and didactic supervision and training support. Supervised by Elizabeth Hamilton, PhD. Client Intervention Hours: 264.
- 9/2014-4/17/15 *Undergraduate Career Counselor at George Fox University.* Implemented career and academic planning for students while fostering growth in the areas of networking, resume building and interview preparation. Client Intervention Hours: 219.
- 9/2013-5/2014 *Pre-Practicum at George Fox University, Graduate Department of Clinical Psychology.* Provided Rogerian psychotherapy interventions through 10 one-hour therapy sessions with a male and female undergraduate students. Engaged in pseudo-therapy sessions with peers. Reviewed videotaped sessions with advisor and supervisor. Supervised by Mary Peterson, Ph.D., ABPP; Jessica Modrell, M.A.. Client Intervention Hours: 20.
- 8/2012-8/2013 *Skills Trainer Supervisor.* Consisted of a full-time position, while supervising skills trainers who interact with children ages 5-17 years at Trillium Family Services, a residential mental illness treatment facility in Corvallis, OR. Provided insight into clients' advanced behavioral directives and plans; milieu safety and treatment management; hiring, training, and firing of skills trainers; creation of mindfulness, emotional regulation, and distress tolerance curriculum; and focused on the implementation of treatment within the North Point, sub-acute program.
- 7/2011-8/2012 *Child and Adolescent Specialist.* Consisted of a full-time, 40 hours per week career, while interacting with children ages 5-17 years at Trillium Family Services, a residential mental illness treatment facility in Corvallis, OR. Provided skills coaching on Dialectical Behavioral Analysis (DBT) model, planned daily enrichment activities/outings, collaborated with clinical team during weekly staff meetings, provided educational lessons to clients based on DBT skills model, and ensured the safety of clients.

- 7/2009-6/2011 *Special Education Teacher.* The teaching position consisted of full-time, 40 hours per week, classroom education duties with students in the special education classification at Royal Elementary School in Honolulu, HI. Provided instruction in a special education resource classroom for the academic areas of reading, writing, mathematics, health, science, and social studies. Constructed Individual Education Plans (IEP's) for students with various disabilities including Autism, ADHD, Developmental Delay, and Intellectual Disability.
- 1/2009-5/2009 *Practicum in School Psychology.* The practicum consisted of 120 hours of observation, assessment, and research that took place at Hedden and Discovery Elementary in Edgewood, WA. Conducted various assessments including WIAT learning assessment of mathematics, reading comprehension, writing composition, and other various intelligence assessments. Observed various specialists in occupational, physical, speech therapy.

Assessment Experience:

Competency Achieved In the Following Assessments:

- Adult ADHD Self Report Scale, Version 1 (ASRS)
- Behavior Assessment System for Children, 3rd Edition (BASC-3)
- Behavior Rating Inventory of Executive Function (BRIEF)
- Collaborative Assessment and Management of Suicidality (CAMS)
- Conners Assessment of ADHD, 3rd Edition
- Gray Oral Reading Tests, 5th Edition (GORT)
- Millon Behavioral Medicine Diagnostic (MBMD)
- Millon Clinical Multiaxial Inventory (MCMI-III)
- Mini Mental State Exam (MMSE)
- Minnesota Multiphasic Personality Inventory, 2nd Edition (MMPI-2)
- Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF)
- Montreal Cognitive Assessment, Seventh Edition (MOCA)
- The Mood Disorder Questionnaire
- Personality Assessment Inventory (PAI)
- Vanderbilt Assessment Scale for ADHD
- Wechsler Adult Intelligence Scale, 4th Edition (WAIS-IV)
- Wechsler Individual Achievement Test, 3rd Edition (WIAT-III)
- Wechsler Intelligence Scale for Children, 5th Edition (WISC-V)
- Wender Utah Rating Scale (WURS)
- Wide Range Achievement Test, 4th Edition (WRAT)
- Wide Range Assessment of Memory and Learning, Second Edition (WRAML2)

- Woodcock Johnson Test of Achievement, 4th Edition (WJ-IV Ach)
- Woodcock Johnson Test of Cognitive Abilities, 4th Edition (WJ-IV Cog)
- 16 PF, 5th Edition

Leadership Experience:

- 5/2017-Present *American Psychological Association of Graduate Students (APAGS): Chair Elect.* Slated and elected by APAGS members nationwide to complete a three year term including facilitating APAGS leadership, serving on APA Council Leadership, and serving as a voting member of the APA Board of Directors. Facilitated the execution of strategic planning and implementation for the national APAGS Leadership Committee, designed and implemented innovative programs and practices that will generate new graduate student members and support for graduate students nationwide.
- 10/2016-Present *American Psychological Association (APA) Division 31 Program Chair* for the 2018 APA Convention. Nominated and chosen to implement recruiting and organizing of presentations for the 2018 APA Convention under Division 31 programing. Engaged in monthly board calls during the spring of 2018 within an inter-professional team of psychologists and APA staff members.
- 8/2016-5/2017 *American Psychological Association of Graduate Students (APAGS): Member at Large, Membership Recruitment and Retention.* Facilitated and maintained open lines of communication between APAGS, the APA Membership Office and the APA Membership Committee, educated the larger association about resources that APAGS provides for reaching students, set in place APAGS initiatives, designed and implemented innovative programs and practices that will generate new graduate student members.
- 8/2016 *American Psychological Association of Graduate Students (APAGS): APA Convention Ambassador, Denver, CO.* Coordinated program monitoring, assessment material gathering, aiding attending professionals, and representing APAGS during the APA 2016 Annual Convention.
- 8/2015-8/2016 *American Psychological Association of Graduate Students (APAGS): Northwest Regional Advocacy Coordinator.* Facilitated advocacy leadership and coordination with graduate students across the northwest. Worked as a team member with other student leaders during group meetings, advocacy-based interventions, writing Grad Psych blog, and representing APAGS ACT at the annual State Leadership Conference.

- 7/2014-8/2015 *American Psychological Association of Graduate Students (APAGS): Oregon State Student Coordinator.* Selected from various graduate students and programs to serve a two-year commitment. Disseminating crucial information to doctoral psychology programs in the state, completing advocacy tasks, communicating with regional APAGS representatives, and coordinating advocacy events between three graduate schools in Oregon.
- 9/2013-4/2015 *Student Council Class Representative, Vice President.* Selected from a cohort of 23 peers to serve a two-year commitment. Advocating for student interests, managing a budget comprised of student fees, organizing and facilitating student activities, and provide valuable insight for department chairperson.
- 7/2009-7/2011 *Teach For America Corps Member.* Selected from approximately 35,000 applicants to join national teacher corps of 4,100 applicants who committed two years to teach in under-resourced public school. Included creating and executing rigorous curriculum for students in a special education classroom. Consistently attended and led professional development opportunities to enhance instructional skills as a member of AmeriCorps.
- 2008-5/2009 *University of Puget Sound Peer Advising Coordinator.* Selected to lead thirteen student advisors who each provided academic guidance for sixty first-year students throughout the school year. Included planning training sessions, coordinating weekly meetings, and providing guidance and constructive feedback to peer advisors regarding progress and job performance.
- 2007-2008 *University of Puget Sound Peer Advisor.* Provided fifty-five first-year students with the appropriate academic guidance, resources, and information to successfully complete their first year at the college.

Professional Advocacy Experiences:

- 5/2016-Present *Oregon Psychological Association (OPA) APAGS Student Representative.* Attended OPA board meetings while presenting a student perspective through the APAGS lens. Prepared regular reports, communicated student needs, and served on the OPA conference preparation committee.
- 2/2015-Present *Oregon Psychological Association Legislative Committee Student Member.* Prepared and studied current state mental health legislation while participating in regular phone conferences with current clinical psychologist advocates.

- 5/2015, 5/2016 *Oregon Psychological Association Annual Conference, Eugene, OR; Portland, OR.* Attended SPTA conference in order to engage in advocacy workshops and local board Town Hall meetings while learning about OPA organization.
- 3/2015, 2/2016 *State Leadership Conference, Washington DC.* Attended American Psychological Association annual national advocacy conference. Worked with members of American Psychological Association of Graduate Students (APAGS) on the Advocacy Coordinating Team (ACT). Met with state leaders to advocate for mental health legislation on Capitol Hill.

Research and Professional Presentations:

- 9/2014-5/2017 *Exploring Active Legislative Advocacy with Current Graduate Students in Clinical Psychology.* Expected to complete doctorate dissertation work on exploring the knowledge, skills, and attitudes of graduate students involved in legislative advocacy. Research poster presented at the American Psychological Association Annual Convention 2016.
- 10/2015-8/2016 *Peer-Conflict Resolution: Improving Learning Culture in a Rural Elementary School Setting.* Research presented at the Rural Behavioral Health Practice Conference 2016.
- 6/2016 *Stress Management in a Changing World.* Stress management workshop and psycho-educational presentation. Presented to employees at the Energy Trust of Oregon in Portland, OR.
- 9/2014-6/2015 *Getting Involved: National Graduate Student Participation in Legislative Advocacy.* Information gathered from students who are already engaged in dynamic and effective advocacy efforts regarding their values-based advocacy behaviors, motivations, and barriers to advocacy. Research poster presented at the Oregon Psychological Association Annual Conference 2015.
- 11/2014-7/2015 *Same time next week?: Reducing the frequency of non-emergent patient visits in the ED.* Research poster presented at the American Psychological Association Annual Conference. Studied difference in the number of Emergency Department visits for responders versus non-responders to treatment.
- 12/2013-5/2015 *National Hemophilia Foundation research with Oregon Health and Science University.* Gathered information from identified patients with hemophilia to pinpoint barriers to treatment and supports. Used phone-

interviewing skills and online survey technology to gather, analyze, and interpret data. Presented poster of findings at World Foundation of Hemophilia annual convention. Worked on a team with several members of the Hemophilia Treatment Center and the Hemophilia Foundation of Oregon. Supervised by Mina, Nguyen-Driver, Psy.D. and Tamara Vogel.

3/2015 *Managing Difficult Students' Anxiety.* Provided clinical insights, psycho-education, and hands-on skills to teachers at Hillcrest Elementary School, North Bend, OR. Presented with Dr. Celeste Flachsbart, Psy.D.

7/2008-4/2009 *Independent research study on memory of melodies.* Constructed the aims, methods, and conclusions of a memory study of aural stimuli using originally composed melodies. Participants were fellow undergraduate students in psychology and music. Composed a research essay to summarize the findings. Faculty supervisor, Mark Reinitz PhD. University of Puget Sound.

Professional Development:

9/2016 Oregon State of Reform Health Policy Conference, Portland, OR. Attended the fifth annual gathering of health care leaders and policy stakeholders in the state. Engaged with practitioners, thought leaders, and policy makers in a conversation regarding health care, health policy, and social determinants of health. Attended the following workshops:

- *Integration of Social Determinants of Health*
- *2016 Elections and What That Could Mean For Health Policy*
- *Behavioral Health and Integration into Physical Health Care*
- *Policy Leadership: Democrats*
- *Post ACA Perspectives on Reform*

8/2016 American Psychological Association Annual Convention, Denver, CO.

- Biopsychosocial Integrated Primary Care---Current and Future Roles for the Psychologist; Dr. Robert McGrath
- Behavioral Consultation in Primary Care---A New Practice for Psychologists; Dr. Patricia Robinson, Dr. Jeffrey Reiter
- Expanding the Role of Pediatric Psychology in Primary Care Settings; Dr. Jessica A. Moore, Dr. Lorna London, Dr. Emily F. Muther, Dr. David F. Curtis
- Integrated Mental Health Services in VHA Home-Based Primary Care Programs; Dr. Michele J. Karel
- Integrated Primary Care Financial Sustainability---The Blueprint; Dr. Brigitte Beale
- Integrated Primary Care Psychology Training in Counseling Psychology;

- Doctoral Programs; Dr. Johanna Nilsson, Dr. La Verne Berkel
- APA Style Student Focus Group
- Anti Racist Activism on College Campuses: A Toolkit to Engage Institutional Transformation
- #psychologists4blacklives: APAGS Panel

6/2016

14th Annual World Conference of the Association for Contextual Behavioral Science (ACBS), Seattle, WA. Attended the following workshops:

- Development & Application of DBT: Practical Strategies for Practical Therapists; Dr. Marsha M. Linehan
- Taking context: seriously in the lifespan development of sexuality and sexual orientation; Dr. Lisa M. Diamond
- The Science of Self- Compassion: An open- hearted way to hold suffering; Dr. Kristin Neff
- It's a Matter of FACT: Training Medical Providers to Address Behavioral and Mental Health Concerns in Primary Care: Contextual Medicine SIG Sponsored; Dr. David Bauman, Dr. Bridget Beachy, Dr. Kirk Strosahl, Dr. Patricia Robinson
- Helping the helpers: ACT interventions for healthcare providers ; Dr. Dayna Lee-Bagglely, Dr. Patricia Robinson
- Working Together: How Clinicians, Trainers, and Language Researchers can Increase the Reach of Psychosocial Interventions in an Era of Integrated Care; Dr. Douglas M. Long, Dr. Kirk Strosahl
- Examining the Intersections: Stigma, Culture, and Minority Status from a Contextual Behavioral Science Perspective: Diversity Committee Sponsored; Dr. Kayla N. Sargent, Dr. Khashayar F. Langroudi
- Navigate the Growing Pains of Dialectical Behavior Therapy (DBT) Skills Groups with Functional Analytic Psychotherapy (FAP): Creative Adaptations to Help Your Groups Thrive; Dr. Renee Hoekstra

5/2016

Oregon Psychological Association Annual Conference: Staying Relevant and Adapting to a Changing World, Portland, OR. Contributed as a student member of the conference planning committee. Attended the following workshops:

- General Session – Shifting Cultural Lenses in Clinical Practice; Dr. Steven Lopez
- Developing a Community Campaign to Reduce the Duration of Untreated Psychosis in Latinos; Dr. Steven Lopez
- The Psychology of Animal Hoarding; Dr. Catherine Miller, Dr. Kirk Miller

- Student Poster Session & Awards and a Presentation on The Future of Professional Psychology and Integrated Health Care; Dr. Carilyn Ellis
- Everyone’s Talking About Integrated Care—But What Does That Mean in Oregon? Dr. Robin Henderson, Lynnea Lindsey-Pengelly, Dr. Brian Sandoval, Dr. Julie Oyemaja

8/2015 George Fox University Integrated Primary Care Bootcamp, Newberg, OR. Attending a weeklong extensive training in the integrated primary care model, evidence-based interventions and practices within primary care, health screening and assessments, clinical role-plays, and evaluation of training module concepts.

5/2015 Oregon Psychological Association Annual Conference: Connection Matters, Eugene, *OR*. Attended the following workshops:

- General Session - I’d Connect If I Only Had a Brain; Dr. Scott Pengelly
- Self Exploration as an Expression of Self-Care; Dr. Chris Wilson and Bob Edelstein
- Healthcare Reform: What’s New for Psychologists?
- Student Poster Session & Awards and a Presentation on Life After Graduate School

RELEVANT TEACHING EXPERIENCE

- 1/2017-5/2017 Graduate Teaching Assistant; Health Psychology
George Fox University, Supervised by Dr. Marie-Christine Goodworth
- 8/2016-5/2017 Graduate Teaching Assistant; Consultation, Education and Program Evaluation
George Fox University, Supervised by Dr. Marie-Christine Goodworth
- 4/2016-6/2016 Graduate Teaching Assistant; Learning, Cognition, and Emotion,
George Fox University, Supervised by Dr. Marie-Christine Goodworth
- 12/2015-5/2016 Graduate Teaching Assistant; Christian Integration Course,
George Fox University, Supervised by Dr. Marie-Christine Goodworth
- 1/2015-12/2015 Graduate Teaching/Lab Assistant; Cognitive Assessment Course,
George Fox University, Supervised by Dr. Celeste Flachsbert

GDCP CLINICAL COLLOQUIA

2016-2017

- October 12, 2016--Faith and Spiritual Integration: Finding your path, presented by Dr. Brooke Kuhnhausen

2015-2016

- March 16, 2016--Managing with Diverse Clients, presented by Sandra Jenkins, PhD
- February 17, 2016 --Neuropsychology: What Do We Know 15 Years After the Decade of the Brain?
- February 17, 2016--Okay, Enough Small Talk. Let's Get Down to Business!, presented by Trevor Hall, PsyD and Darren Janzen, PsyD
- October 21, 2015--Let's Talk about Sex: sex and sexuality with clinical applications, presented by Joy Mauldin, PsyD
- September 30, 2015--Relational Psychoanalysis and Christian Faith: A Heuristic dialogue, presented by Marie Hoffman, PhD

2014-2015

- March 18, 2015--Spiritual Formation and Psychotherapy, presented by Barrett McRay, PsyD
- February 18, 2015 --Credentialing, Banking, the Internship Crisis, and other Challenges for Graduate Students in Psychology, presented by Morgan Sammons, PhD, ABPP
- November 19, 2014--Face Time in an Age of Technological Attachment, presented by Dorren Dodgen-McGee, PsyD
- October 15, 2014--Understanding & Treating ADHD in Children, presented by Erika Doty, PsyD and Learning Disabilities DSM5 – A New Approach, presented by Tabitha Becker, PsyD

2013-2014

- March 12, 2014--Evidenced Based Treatments for PTSD in Veteran Populations: Clinical and Integrative Perspectives, presented by David Beil-Adaskin, PsyD
- November 30, 2013--African American History, Culture and Addictions and Mental Health Treatment, presented by Danette C. Haynes, LCSW and Marcus Sharpe, PsyD
- September 25, 2013--Primary Care Behavioral Health, led by Brian E. Sandoval, PsyD and Juliette Cutts, PsyD

HONORS AND AWARDS

2009-2011 Dean's List, Chaminade University

2009 University of Puget Sound Leadership Award

STUDENT INVOLVMENT IN ADVOCACY

42

- 2008-2009 Initiated as a member of Psi Chi, served as chapter secretary, University of
Puget Sound
- 2006-2009 Dean's List, University of Puget Sound
- 2006-2009 School of Music Endowed Award recipient, University of Puget Sound
- 2005-2009 Presidents' Scholarship recipient, University of Puget Sound

PROFESSIONAL MEMBERSHIPS

- American Psychological Association Student Affiliate Member
 - Division 31; State, Provincial & Territorial Psychological Association
 - Division 35; Psychology of Women
 - Division 38; Health Psychology
 - Division 55; American Society for the Advancement of Pharmacotherapy
- Oregon Psychological Association Student Affiliate Member
- Psi Chi National Honor Society

UNIVERSITY & DEPARTMENTAL SERVICE

- 9/2013-5/2017 Graduate Student Health Psychology Student Interest Group and
Committee, George Fox University, Co-President
- 9/2013-5/2017 Graduate Student Multicultural Committee,
George Fox University, Member of Administrative Sub-Committee
- 9/2013-5/2017 Graduate Student Gender and Sexuality Committee
George Fox University
- 2008-2009 Student Representative, Academic Standards Committee, Vice President,
University of Puget Sound

REFERENCES:

Dr. Mary Peterson, Ph.D.
Program Chair, George Fox Graduate Department of Clinical Psychology
mpeterson@georgefox.edu, 503-554-2377

Dr. Jeri Turgesen, PsyD

Behavioral Psychologist, Providence Health and Services, Newberg, OR
Jeri.Turgesen@providence.org, 503-537-5900

Dr. Elizabeth Hamilton, PhD

Assistant Professor, George Fox Graduate Department of Clinical Psychology
ehamilton@georgefox.edu, 503-554-2388

Dr. Marie-Christine Goodworth, PhD

Assistant Professor, George Fox Graduate Department of Clinical Psychology
mgoodworth@georgefox.edu, 503-554-2382

Dr. Glena Andrews, PhD

Director of Clinical Training, George Fox Graduate Department of Clinical Psychology
gandrews@georgefox.edu, 503-554-2386