

# The Psychology of Advocacy and the Advocacy of Psychology

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This article addresses needs and opportunities for advocacy for the science, education and practice of psychology from the perspectives of three leaders within organized psychology, academia, and hospital practice. The authors make distinctions between knowledge transfer and knowledge translation as well as between lobbying and advocacy. They define proactive and reactive advocacy and draw attention to the impact of self-promotion and the need for collaboration in advocacy activity. Further, the authors define the need for and application of advocacy within the university environment, highlighting how advocacy skills can be taught and can have a broad reach within university student populations. The authors then address the characteristics of a practice environment upon which successful advocacy in this setting depends: the size of the problem, the effectiveness of available solutions, and the unique role psychology can play in the application of solutions. The article concludes by underscoring the collective responsibility psychologists have to be advocates and offers 12 steps in support of successful advocacy for psychology at individual, departmental, and organisational levels.

*Keywords:* advocacy, lobbying, knowledge translation, advocacy training, steps in support of advocacy

As the national organisation representing psychologists, the Canadian Psychological Association (CPA) has a long history of advocacy on behalf of the science and the profession of psychology. The mission and mandate of the CPA include two specific advocacy objectives:

- “To promote excellence and innovation in psychological research, education, and practice;
- To promote the advancement, development, dissemination, and application of psychological knowledge.” (CPA, n.d.) <http://www.cpa.ca/aboutcpa/>

The importance of these objectives to the membership of the CPA and to Canadian psychology is as salient now as it was in the early days of CPA’s organisation. The fruits of Canadian psychology’s advocacy efforts are evident as Canada boasts a strong scientific community of psychologists (Carleton, Peluso, & Asmundson, 2010), record-breaking enrolment in both undergraduate

and graduate programs in psychology (Canadian Association of University Teachers, CAUT, 2010), a well-established accreditation mechanism for professional psychology programs (Hunsley & Barker, 2011), and psychologists contributing vital roles in diverse employment settings (Ronson, Cohen, & Hunsley, 2010). Advocacy initiatives are a prominent focus of the CPA’s newly formed Science and Practice Directorates. In addition to those advocacy efforts and activities supported by CPA, many important advocacy activities have been undertaken by provincial and territorial associations of psychology in the form of developing government and media relations kits, TV commercials, media training, and leadership conferences. A number of these latter activities were made possible by funds returned to Canada by the Committee for the Advancement of Professional Practice of the American Psychological Association (APA)—the funds representing a proportion of the Practice Assessment Dues paid by Canadian members of the APA (J. Frain, personal communication, November 24, 2011).

In addition to the explicit advocacy engaged in by the highly experienced staff of the CPA, there are countless ways that members of the Canadian psychological community promote our science and our profession via the products of their work. From early in their training, graduate students in psychology are encouraged to present their findings at scholarly conferences and to submit their work for publication in peer-reviewed journals. Psychological research is published in a vast array of scholarly journals. Practitioners train and consult to service agencies and fellow practitioners. Many among our science, practice and training communities consult to public agencies and participate in public events and lectures.

These accomplishments in *knowledge transfer*—exchanging information among science and health care communities—are impressive. More can be done, however, in the realm of *knowledge*

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This article is based on a town hall discussion presented at the 2010 annual convention of the Canadian Psychological Association in Winnipeg Manitoba. The authors are grateful to John Service for his moderation of the town hall discussion and helpful comments on the manuscript.

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*translation*; that is, interpreting this knowledge and its implications for the public and decision-makers. To an important extent, psychologists across the country do this via their activities during *Psychology Month* when they work to inform their communities about the exciting developments in our science and profession. We need to do more of this and get better at it.

Psychologists need to develop skills in communicating to decision-makers and funders (DeLeon, Loftis, Ball, & Sullivan, 2006). For example, in talking about the findings of a study on the developmental trajectory of autism, the efficacy of exposure therapy for a simple phobia, or the conditions that maximize new learning in older adults, we need to also talk about the implications of these findings for research funding, service provision, patient care, and public policy. Knowledge of the determinants of autism and the factors that mitigate its course need to inform the services that are offered and the policies which mandate service delivery. People with anxiety disorders require access to interventions that have been shown to be both clinically effective and cost-effective. Psychological research should inform the development of programs and services to enable older adults to function to the fullest of their capacities.

The need for advocacy for psychologists and by psychologists is growing (Lating, Barnett, & Horowitz, 2009). Whatever their employment setting, whether supported by public or private funds, all psychologists must be equipped and willing to demonstrate the value of their work. At both the individual and organisational levels, science and practice communities must respond to demonstrated need and do so effectively.

Associations support individuals in coming together to define who they are, what they do and what they need in order to do their work effectively. Associations also give voice to individual members to communicate who they are, what they do and what they need. Consequently, in addition to its direct advocacy initiatives, the CPA is committed to engage the psychological community around advocacy, by promoting greater awareness among psychologists of the need for promotion of psychology and of the advocacy tools at their disposal. At the 2010 annual convention in Winnipeg, a town hall meeting offered a forum to explore the ways that psychologists in different settings can advocate for the science and practice of psychology. The presenters at the town hall meeting share the belief that many of our current activities as psychologists do and can constitute advocacy. We are convinced that psychologists can engage in greater advocacy often by extending what they already do—by taking their work from knowledge transfer to knowledge translation.

In the following sections, Karen Cohen, the Chief Executive Officer of the CPA, who has advocated on behalf of psychologists for many years, offers a primer on advocacy, clarifying the distinction between advocacy and lobbying, between advocacy and self-promotion and offering specific recommendations for effective advocacy. Catherine Lee, from the University of Ottawa, addresses ways that academic psychologists can engage in advocacy and can prepare future psychologists as advocates. Bob McIlwraith, who holds joint appointments with the Winnipeg Regional Health Authority and the University of Manitoba medical school, addresses ways that psychologists working in a publicly funded health care setting can become effective advocates. Our goal is to raise awareness and understanding about the need and timeliness for advocacy for psychology—advocacy for the science

and the profession at the level of the university and the researcher, and at the level of practitioner and service delivery organisation.

## An Advocacy Primer

### Advocacy Versus Lobbying

Not-for-profit associations, like the CPA, can engage in both advocacy and lobbying. Advocacy is an umbrella term for a range of activities designed to change society by appealing to individuals, employers or government. Broadly defined, psychology advocacy is a process of “informing and assisting decision-makers . . . who promote the interests of clients, health care systems, public and welfare issues, and professional psychology” (Lating et al., 2009, p. 106). Lobbying, on the other hand, has a strict legal definition. In the United States, lobbying refers to a set of activities designed to influence legislation (NP Action, 2005). In Canada, the activities of lobbyists are governed by the 2008 Lobbying Act, which defines a number of activities which when carried out for compensation constitute lobbying, for example: “communicating with public office holders with respect to changing federal laws, regulations, policies or programs, obtaining a financial benefit such as a grant” (Government of Canada, 2008). To ensure transparency, Canadian lobbyists are required to be registered (Government of Canada, 2008). This legislation addresses not only the paid or contracted lobbyist, but also the lobbying of an individual or of an employee of an association who meets with government officials for the purposes of changing a law, a regulation, a policy, or for financial benefit.

The CPA has engaged in lobbying to change legislation around issues such as same-sex marriage and assessment of fitness to stand trial. As these examples nicely illustrate, the CPA lobbies in *response* to a piece of proposed legislation about which psychology has knowledge or expertise. There is ample psychological research about the psychological health of children growing up in different kinds of family configurations (Lambert, 2005; Telingator & Patterson, 2008)—an issue that is pertinent to same sex marriage legislation. Similarly, there is a body of psychological knowledge pertinent to assessment of fitness to stand trial (Pirelli, Gottdiener, & Zapf, 2011). Consequently, in the service of the CPA’s mandate to improve the health and welfare of Canadians, lobbying for legislation which promises fairer or better practice when it comes to psychological health and well-being is a key activity for the CPA.

Whereas the CPA’s lobbying activities are often reactive or responsive to an initiative from government, the lion’s share of its advocacy efforts more often involve communication of a message that is initiated by Canadian psychologists. The two key advocacy messages that resonate with Canadian psychologists are calls for increased funding for psychological research and calls for better access to psychological services. The CPA is committed to engaging in both advocacy and lobbying as both are critically important in influencing public policy, and ultimately, the public good. Individual psychologists may engage in one or both of these promotion activities. It is important, however, that psychologists who engage in lobbying understand the relevant legislation and requirements for registration as a lobbyist in Canada. Although it is beyond the scope of this article to present the legislation or its requirements, the interested reader can consult the Web site of the

Office of the Commissioner for Lobbying for helpful documents (<http://www.ocl-cal.gc.ca>).

### Advocacy Versus Self-Promotion

Advocacy usually involves informing and influencing decision-makers on behalf of a vulnerable group (Lating et al., 2009). However, Executive Staff of the CPA have found that when the advocacy message can be seen to benefit the group delivering it, particularly if it is already an advantaged group, the message is more likely to be dismissed. It is critical that the issue being advanced is clearly linked to the public good (DeLeon et al., 2006). For example, enhanced access to psychological services should result in more Canadians receiving the psychological care they need for themselves or their families. Although enhanced access to psychological care will likely also result in advantages to psychology practitioners (e.g., more clients and potentially more income), anecdotally we know that psychologists in independent practice are fully employed and many maintain wait lists for service—enhancing access to psychological service is not a pocket book issue for psychology practitioners. However, for the access message to have an impact on decision-makers (e.g., government, insurers, employers), it must provide compelling evidence that better access will result in better health and well-being for individuals, workers, parents, and families, and reduced need for other costly services and supports.

Psychology has a strong commitment to working with partners in science, education, and practice. A review of the Head Office Updates in *Psynopsis* reveals the number of alliances and coalitions in which CPA has active roles (e.g., CPA Co-Chairs the Health Action Lobby, sits on the Steering Committee of the Canadian Consortium for Research, and is a member of the Association of Accrediting Agencies of Canada to name only a few). These partnerships engage around common goals and messages when it comes to health and science. However, what we are only beginning to do is engage our partners around psychology's unique messages (e.g., the need for better access to psychology services). Response to our request for these kinds of engagements has been positive from both consumer and health professional groups.

Without the support of partners and stakeholders—be they users or potential users of psychological service or other health care providers who might benefit from better access to psychological service—our advocacy message will be less effective in creating change. Similarly, unless we can demonstrate both cost effectiveness and clinical effectiveness of our services, we will not be sufficiently successful in our advocacy efforts. We need to show how providing psychological services costs less than not providing them (Mihalopoulos, Vos, Pirkis, & Carter, 2011). The tremendous economic impact of psychological disorders on individuals, families, the workforce and the Canadian economy is staggering (Institute of Health Economics, 2008). We need to demonstrate to decision-makers that poorly or untreated psychological problems cost more in terms of lost productivity in the workplace and increased health care utilization than they cost to be effectively treated (London School of Economics, Centre for Economics Performance, Mental Health Group, 2006).

Successful advocacy, therefore, needs to transcend the self-interests of the group advocating for it. To do this we need partners—organisations and individuals who are willing to lend

their voices to ours. These might be clients who have benefitted from service, legislators, and decision-makers who have first-hand experience of psychological problems and treatment, associations of consumers, or other health care providers who have benefitted or would like to benefit from having their patients seen by a psychologist.

Successful advocacy campaigns are mounted and cumulative—these are not conversations that happen once or with one person (DeLeon et al., 2006). Advocacy is a collective responsibility of every member of the group calling for change and consultation; collaboration and coordination are equally essential (Lating et al., 2009). Twenty psychologists calling for 40 solutions is not an effective message.

### Advocacy in Academe

#### What Does Academic Psychology Have to do With Advocacy?

For many psychologists, the answer is “nothing.” Although there is a long history of academic lobbying and advocacy with respect to university funding, tuition fees, research support, and ethics, the bulk of this has been undertaken by national bodies such as the Canadian Association of University Teachers (CAUT), the Association of Colleges and Universities of Canada (AUCC) and the Canadian Federation for the Humanities and Social Sciences (CFHSS) rather than by individual psychologists. When psychologists think back to their student days, they are unlikely to be able to recall any aspect of training that prepared them for advocacy activities. With the exception of community psychologists, who frequently advocate on behalf of vulnerable populations (Nelson & Aubry, 2010), most psychologists pay little attention to the implications of their work for influencing public policy (Lating et al., 2009).

Psychology is a discipline and profession that is evolving rapidly (DeLeon et al., 2006). Graduates with doctoral degrees in psychology obtain employment in a wide range of settings. Not surprisingly, graduate program directors are regularly solicited by a variety of stakeholders who survey the extent to which their programs prepare students for a changing workplace. Program directors may be exhorted to address “gaps in training” by including in their curriculum greater attention to populations that are diverse in terms of gender, ethnicity, sexual orientation, and age. In addition, they are encouraged to ensure that graduates are competent in a host of activities, including assessment, intervention, consultation, supervision, research, teaching, and program evaluation. A recent survey by the National Council of Schools and Programs of Professional Psychology (Lating et al., 2009) revealed that the majority of programs did not offer specific advocacy training, although most included courses addressing issues related to community and public service.

#### What Accounts for the Limited Attention to Advocacy Issues in Academe?

How can we understand the lack of attention to advocacy issues in graduate training in psychology? Several beliefs may work against the idea of preparing students for advocacy activities. The first is the conviction that it is the role of an academic to generate

and disseminate knowledge and the responsibility of agencies outside the academy to advocate for the application of such knowledge in policy (Lating et al., 2009). Proponents of this position are aware that the interests of Canadian psychology are represented at the provincial, territorial, and national levels by committed advocates. Both the Canadian Psychological Association (CPA) and the Canadian Register of Health Service Providers in Psychology (CRHSP) embrace the objective of promoting the dissemination and application of psychological knowledge. In addition each province and one territory has a psychological association devoted to advocacy for the practice of psychology within their jurisdictions (CPA, n.d.). Second, the dominant model in a great deal of professional psychology focuses intensively on facilitating change through direct services offered to *individuals*. Quite simply, in psychology it is more common to examine issues at the level of the person rather than at the level of the system (Lating et al., 2009). Nevertheless, there is evidence that psychological knowledge can be applied in influencing schools (Saklofske, Schwan, Harrison, & Mureika, 2007), the criminal justice system (Wormith, 2011), workplaces (Budworth & Latham, 2009), and even governments (Sanders, 2010). Third, over the course of their training psychologists develop competence in interacting with research ethics boards, granting councils, and scholarly journals, but have no exposure to learning about decision-making outside the academy (Howell, 2007). Some psychologists may believe that advocacy is the purview of seasoned, highly experienced psychologists and that it is premature for students to consider these issues.

The recent successful lobbying efforts by a group of graduate students at Memorial University, in response to the threatened closure of their doctoral programme, however, demonstrated the effectiveness of student advocacy. Though largely self-taught, these student advocates clearly based their tactics in the psychological principles they acquired during their education (Patterson, O'Leary, Keating, Chaulk, & Button, 2011).

### **Why Should Academic Psychologists Hone Their Advocacy Skills?**

Although these are legitimate arguments, they leave psychology vulnerable because broad-based advocacy is essential for the funding of research and training in psychology (DeLeon et al., 2006). As psychology is a wide discipline, Canadian psychologists conduct research that may be funded by all three of the federal granting agencies. Sustained advocacy is required to ensure ongoing funding of both basic and applied psychological research. Psychology is one of the most popular undergraduate programs (CAUT, 2010), yielding an abundance of qualified candidates keen for graduate training. Our capacity to train professional psychologists is limited by the number of applied settings in which students can obtain supervised practicum and internships. Advocacy is required to increase the number of internship and practicum placements for future generations of psychologists (Hatcher, 2011). Although psychologists have been at the forefront of the development of evidence-based services, their services are not covered by provincial health care plans, so that only a limited portion of the population has access to psychological services (Sanders, 2010). Advocacy is required to ensure that access to psychological services is not limited to wealthy clients with adequate health insurance coverage.

Fortunately, advocacy is not a dichotomous variable. Psychologists do not need to decide whether to advocate or not to advocate. Nor do young psychologists need to set aside thoughts of advocacy until they are at the peak of their careers. Advocacy can be delivered in different dosages, in different contexts, using a variety of methods, so psychologists can choose the extent to which they engage in advocacy (DeLeon et al., 2006). Furthermore, successful advocacy requires a skill set that can be learned, so academic psychologists should be well-placed to instill in their students the foundational skills for this activity (Lating et al., 2009).

### **How Can We Flex Our Advocacy Muscles Within The Academy?**

The tripartite role of an academic psychologist requires that professors divide their energies between research, teaching, and "service to the community." These varied roles offer diverse opportunities for advocacy. As researchers, psychologists have an eminent tradition of knowledge generation. Libraries bulge with psychology journals and books on erudite topics. Like other scientists, psychologists have become increasingly aware of the need for more concerted efforts to ensure the dissemination of psychological knowledge to a larger public, including research participants, funders, and decision-makers (Lating et al., 2009).

In teaching undergraduate students, academic psychologists have a wonderful opportunity to influence the decision-makers of tomorrow. Our classrooms are filled with the next generation of teachers, health professionals, lawyers, and politicians. In undergraduate courses as they learn about the science of human behaviour, these future voters, taxpayers, and decision-makers can learn to appreciate the value of psychological research and the importance of this knowledge in countless areas of our life. It would be wasteful indeed to squander this opportunity to showcase our discipline. It is perhaps tempting to focus our teaching on those few students who will go on to become psychologists, but by ignoring the majority of our students, we miss the opportunity to inform the broader public about the value and potential application of our work.

Graduate training in professional psychology already focuses on the development of strong interpersonal skills and addresses the ways that psychologists can work with diverse stakeholders such as teachers, health providers, the legal system, and insurance companies. Nevertheless, we could do more to sensitize students to the diverse contexts in which they will work. We already teach students how to present psychological findings and the recommendations that flow from them in a compelling fashion. Nevertheless, we could expand our training to sensitize students to the need for advocacy roles by an explicit focus on the skill set required in advocacy.

In graduate education we already train students in many of the core competencies of advocacy and lobbying. An effective advocate engages in clear, succinct communication. The advocate adjusts the message to match the needs and interests of the decision-making person or organisation, making a compelling case based on the best available evidence (DeLeon et al., 2006). If we wish to train students in these competencies, we must model these skills, provide students with ample opportunities to practice them and we must evaluate the extent to which students have mastered them.

Course assignments requiring lengthy articles written in jargon, concluding that the current evidence is ambiguous and that further research is required, clearly fall short of the mark. We must train students to concisely express an authoritative position based on the best available evidence (Lee, 2007).

Involvement in administrative responsibilities within their academic units, their faculty, and at university-level offers countless opportunities to advocate for psychology. Given the breadth of the discipline of psychology, departments and schools of psychology are found in faculties of arts, sciences, social sciences, and health sciences. Within each faculty, psychology administrators must defend the needs for laboratories and small group teaching, for research infrastructure, for professional training. For psychology to be successful, we must be visible. We must publicize our activities and our accomplishments. The enthusiasm of undergraduate students presenting the results of their research at an honours thesis conference can be effective in convincing university administrators of the value of this (expensive) pedagogical approach. To be heard within the university community psychologists must participate at all levels of governance.

Academic psychologists also serve as site visitors and evaluators during periodic evaluations of programs and accreditation site visits. In this role, they have a unique opportunity to advocate for psychology in their meetings with university administrators. It is clear then that academic psychologists have countless opportunities to engage in advocacy for our science and profession, to model the skill set required for effective advocacy, and to create learning opportunities for students to develop these competencies.

### The Role of Advocacy in Health Care

All practicing psychologists, both in the public sector and the independent practice sector, have a responsibility to advocate for their patients and the public's (children's, families') health, well-being, and access to needed services, though different settings require different approaches. Besides advocating for improved access to services generally, there are many health issues and many areas in which psychologists can or could be helpful—how do we choose which issues to advocate for? One approach is to focus opportunistically on issues that are already the priority of government, such as problems they have identified as needing a solution, and for which psychology has pertinent knowledge (Howell, 2007). Another useful guideline is to choose issues that foster alliances with other programs and organisations because joint proposals often get more attention from decision-makers than do proposals by a single programme or professional group. Another way to prioritize which services to advocate for is to ask the following three questions about each health problem:

- What is the size of the problem? Data on population health and burden of illness are useful here.
- Is there an effective intervention? The problem may be both serious and widespread, but is there anything that really works to address it? Emphasis on science-based clinical services is important here.
- Is there a particular *psychological* contribution we can make that others couldn't? Does psychology have the only or the best intervention for this problem? What is the "value-added" contribution that could be specifically made by a *psychologist*, rather

than just another pair of hands helping to address the problem in a generic way that could be done by many others?

### What do Practitioners Need to Know About Advocacy Within the Publicly Funded Health Care System and How Can They Learn It?

Health care practitioners need to know how health care organisations work. Ideally, they should learn about this in their academic programs and from their earliest practicum experiences. Interprofessional training facilitates awareness of the contributions of other disciplines as well as effective ways to work with them. To be effective advocates, it is useful for psychologists to understand the other professions around them and what their issues are.

Psychologists need to know how to get to the table where decisions are made. Currently, many hospital and health care psychologists are organized within a "program management" model in which psychologists are managed in a decentralized fashion along with other health professional groups within a variety of clinical programs, often without budgetary control or direct reporting relationships to senior management. This fragmentation and lack of direct representation in administration means that typically psychology's issues must be represented by others—if they are represented at all—rather than directly by psychologists. In very few cases is psychology a clinical program itself.

The program management model has been around a long time, and something else is going to replace it eventually, maybe fairly soon. It is not clear yet what the new model will look like, but it is safe to predict that the new model will be driven by cost-containment and accountability concerns. For example, we are already seeing models where physicians are on salary rather than fee-for-service, and other models where hospital chief executive officers' pay is tied to measurable performance indicators. Psychologists must be ready for the new organisational model when it comes. It might be a good idea for clinicians to consult with their colleagues in Industrial–Organisational Psychology about the advantages of various models of organisational structure, so that they can convincingly argue that the organisation's priorities and patients' needs would be best served by a different structure and model. Psychologists need to get more involved in administration within health care organisations—an activity which other health professions have taken on to a much greater degree.

The Baby Boomers have shown a great ability to make their current life stage issue the national agenda. As they continue to age, their big issue will likely be chronic illness. Behaviour change, self-management, health maintenance, and treatment adherence are all areas that psychologists in health care know a lot about. (Newman, Steed, & Mulligan, 2004; Toumbourou, 2010) Many of these services can be addressed by a different, much more efficient and empowering model than one-to-one care. Clinical and health psychologists are developing, and should continue to develop, expertise in the technologies for efficient dissemination of services at a distance in ways that are accessible to a broad range of individuals such as online services (e.g., Spence et al., 2011; Vincent, Lewycky, Hart Swain, & Holmqvist, 2009), tele-health (e.g., Sloan, Feinstein, Lee, & Pruneau, 2011), or services based in low-overhead community sites rather than hospitals. Acceptance and uptake of many of these health psychology interventions is enhanced when they are framed in terms of health rather than

illness, offered in a group format and presented as “classes” rather than as “therapies” (Dyck, personal communication, 2011).

### Private Practice Psychology and Advocacy

Issues and context are different for psychologists in independent practice, the most obvious being the difference between self-employment and being employed within a large institutional structure. Psychologists in independent practice settings may feel more isolated from other psychologists than do psychologists in institutional settings, and need to rely more on professional organisations to provide collaborators for joint advocacy efforts. On the other hand, private practitioners may have more advocacy opportunity than may be afforded those who are accountable to their employers for their activity. In independent practice, relationships with community agencies, other health care providers, referral sources, and insurance companies are very important. Relationships with clients and the public may be more direct, less mediated by intervening organisations and structures. The advocacy guidelines that follow apply to all psychologists, however, whether they are academics, researchers, publicly funded or fee-for-service practitioners.

### What Are the Strengths That Psychologists Bring to an Advocacy Role?

- We are a small group and well-connected nationally through organisations like the CPA and the Canadian Council for Professional Psychology Programs (CCPPP). For example, because of the size of Canada, it is possible to know all internship and doctoral programme directors of training on a first-name basis.
- We have a good product to sell: our interventions are rigorously science-based and demonstrably effective. The integration of research with practice is our strength.
- The interests of psychologists are largely the same as the interests of the public; we are offering them what they want.
- Psychology has a good reputation and enjoys the trust of the public.

### So Where to Start Down the Advocacy Road?

No matter your role as a psychologist, there are some common places to start.

### 12 Steps in Support of Successful Advocacy for Psychology

1. Bring your issue to your local, regional, or national association. They might have information or resources to assist you.
2. Find out what your association or others are doing about the issue. Remember to consult, collaborate and coordinate your efforts.
3. When speaking out about anything related to the science and practice of psychology—not just a particular issue—identify yourself as a psychologist.
4. When meeting with someone of whom you want to ask something (e.g., an elected official, a university, or

hospital administrator), find out something about him or her before you meet. Does he or she have a stand on your or a similar issue? What issues are currently on his or her agenda?

5. Give the person with whom you will be meeting some background information before you meet so that you can have a more focused discussion. Busy people are not likely to give you a lot of time—make the most of it.
6. Consider what is important to the person you are meeting with and how that might interface with your issue. Remember that successful advocacy is built on relationships characterised by reciprocal understanding and assistance.
7. Understand the policy and procedure governing the institution in which the person you are meeting with works, especially as these might relate to your issue. If you are lobbying the government, you need to understand how legislation is made and passed.
8. Be clear and be succinct. The crux of what you have to say should fit on one page with a clear take-away message or “ask.”
9. Accompany your “ask” with an “offer.” Don’t just identify a problem—offer a solution. Policy and decision-makers have desks and inboxes full of identified problems. You will make their jobs easier if you can offer them a solution.
10. Find a way to say yes to a request. Find a way to offer help.
11. Follow up and follow through. If you promise something, deliver it. If you ask for something, follow up on its delivery.
12. Mentor, mentor, mentor. The changes you might help to bring about may well benefit successive generations of psychologists more than yours. Pass along what you have learned so that the next generation can make a similar contribution.

### Where Do We Go From Here?

We hope that in this brief article we have convinced you that advocacy is the responsibility of all psychologists. Advocacy for the science and profession of psychology is essential for Canadian Psychology to be sustained and to grow. We believe that strong Canadian Psychology can improve the lives of Canadians. We are also convinced that effective advocacy relies on a skill set that can be learned. In this article we’ve sketched some ways that we can change our training, practice, and administration of psychology to facilitate stronger advocacy. We are not aware of any Canadian graduate program that includes courses on advocacy, but are hopeful that these issues may become a routine part of the future curriculum. In 2010/11, the CPA began offering pre-convention workshops on how to be an advocate, given presentations to

departments and services of psychology across the country, and presented on advocacy at the CPA's annual convention. CPA also has a media guide available to its membership and a revision to a 1999 advocacy guide is underway (CPA, n.d.). Further, in 2011 CPA helped mobilize the psychology community to take issues related to the science and practice of psychology to their political candidates. CPA purchased access to an e-campaigning service that allowed members and nonmembers alike to send templated and/or customized messages to their political candidates during the federal and six provincial/territorial elections. Advocacy is a key mandate of most professional associations—a mandate realised not just by association's leadership but by every one of its professional members. We welcome future discussion and participation in this vital activity.

## Résumé

L'article souligne à la fois les besoins et les occasions relatives à la promotion de la science, de l'éducation et de la pratique de la psychologie selon le point de vue de trois leaders au sein des milieux de la psychologie organisée, universitaire et hospitalier. Les auteurs établissent la distinction entre les notions de transfert des connaissances et d'application de connaissances, ainsi qu'entre lobbying et promotion. Ils définissent la promotion proactive et réactive, et rappellent les effets de l'autopromotion et le besoin de collaboration en matière de défense des intérêts. En outre, les auteurs soulignent le besoin de promotion au sein du milieu universitaire et expliquent en quoi les compétences en cette matière peuvent être enseignées et avoir une grande portée au sein de la population estudiantine. Ils expliquent ensuite les caractéristiques d'un environnement de pratique sur lequel dépend la réussite des activités de promotion : la gravité du problème, l'efficacité des solutions possibles et le rôle unique que peut jouer la psychologie dans la mise en œuvre de solutions. L'article se termine par une mise en relief de la responsabilité collective des psychologues à l'égard de la promotion de leur domaine et propose 12 étapes en vue d'une promotion efficace de la psychologie sur le plan individuel et à l'échelle des départements et des organisations.

**Mots-clés** : promotion, lobbying, application de connaissances, formation en promotion, étapes en appui à la promotion.

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Received September 27, 2011

Revision received January 30, 2012

Accepted February 3, 2012 ■