

Advocacy in Psychology

Amy R. Beck, PhD, RYT 200

Licensed Clinical Psychologist

Legislative Chair and Federal Advocacy Coordinator,

Missouri Psychological Association

Advocacy Partner with the American Psychological Association and

Liaison to the Advocacy Coordinating Committee,

Society of Pediatric Psychology (Div 54)

Special Thanks

- Paul Korte, PhD, Missouri Psychological Association
 - Congratulations on your new BPA role!
- Chuck Hollister, PhD, Missouri Psychological Association
 - Thank you for your service as Div 31 Council Rep!

Objectives

- Why engaging in advocacy is critically necessary as psychologists and learners
- Levels/types of advocacy
- State association example
- Using advocacy work for academic promotion
- 501(c)(3) considerations
- Strategy matters
- Scientist-Practitioner-Advocate model
- Resources

Why Don't Psychologists Advocate?

I don't have
enough time

The official
doesn't care
what I have
to say

I don't know
what to say
(FEAR)

I'm not
aware of the
issues

Politics is
gross

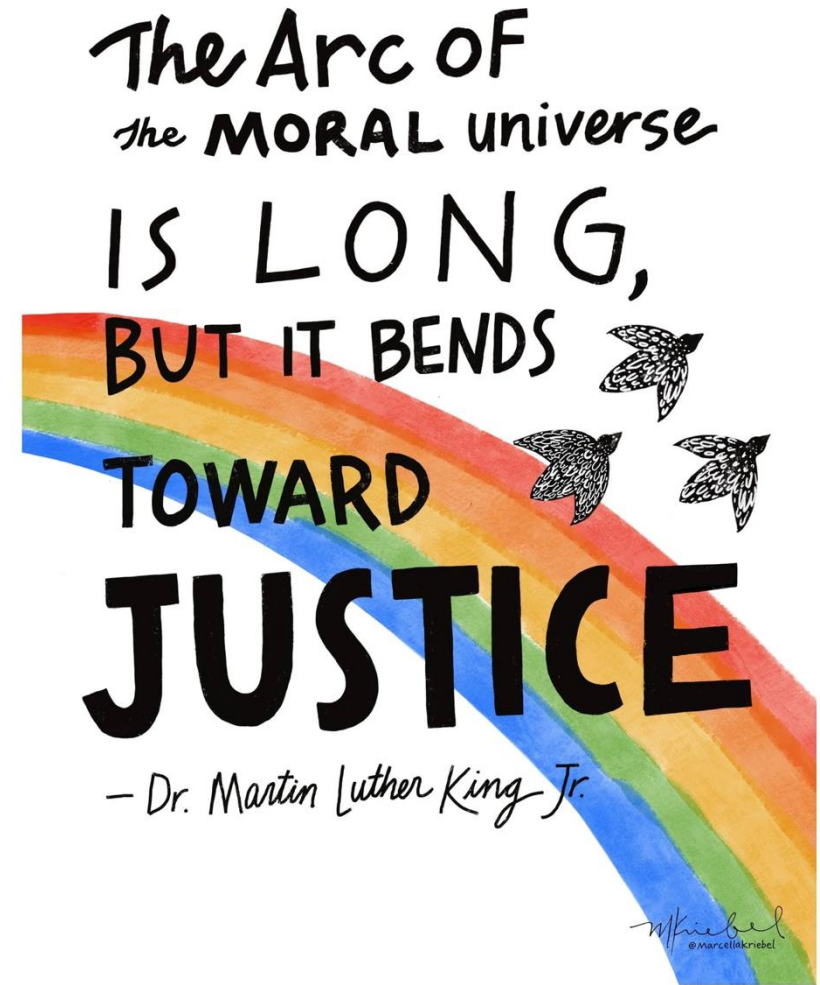
No one
asked me

Why Should Psychologists Advocate?

- You are a constituent
 - Your voice matters!
- Our code of ethics demands it
 - “Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to *the use of such knowledge to improve the condition of individuals, organizations, and society.*”
- Educate yourself
 - News media; social media
 - Legislature website
 - Professional organizations
 - APA Advocacy Washington Update (biweekly email)
- Advocacy can be as much or as little time as you want
 - APA Advocacy Alerts – minutes
 - Testimony to a legislative committee – A whole day (travel, time, etc.)

Everyday Advocacy

- Advocacy has many different varieties, ALL are important
 - Confidence in expertise
 - Listen in all spaces you are in
 - Speak and use your voice
 - Thoughtfully



Natural Advocates

- Psychologist skills translate well to advocacy work
 - Skilled at developing relationships
 - Active listening
 - Keen observers
 - Quick thinking on feet
 - Checking our biases
 - Framing/reframing information to align with listener priorities
 - Flexible thinking
 - Understanding the power of narrative
 - Emotion regulation

My Journey

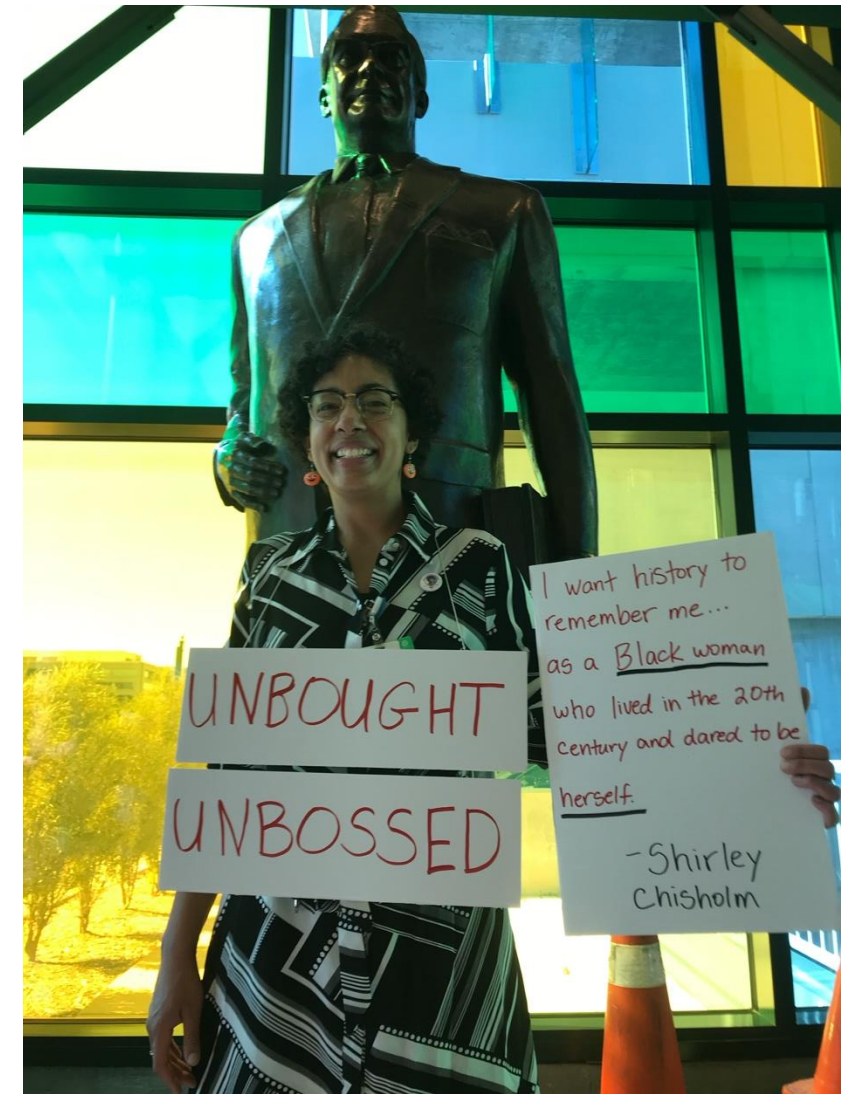
How it started...

- Loma Linda University
 - 2009
- Sarah A. Reed Children's Center
 - Internship
- Mt. Washington Pediatric Hospital
 - Fellowship
- Children's Mercy Kansas City
 - 2010-2023
 - First employment
 - Weight Management Program (obesity medicine)
 - Full-time clinician
 - Division Health Equity Advisor
 - Department of Pediatrics DEI Champion
 - Professor of Pediatrics

How it's going...

- Independent Contractor
 - The Black Girl Doctor
 - ARB PHD, LLC
- Society of Pediatric Psychology
 - Division Advocacy Partner with APA
 - Liaison to APA Advocacy Coordinating Committee
 - Co-leader of Bravemakers, social justice affinity group
- Missouri Psychological Association
 - Appointed Federal Advocacy Coordinator
 - Appointed Legislative Chair
 - Liaison with Kansas Psychological Association
 - Elected Diversity Board Officer (2021-2024)

Clinic/Institutional Advocacy



Institutional Advocacy

- Encourage the widespread involvement of psychologists throughout the institution
 - Network with others outside of psychology
 - Volunteer for institutional committees and leadership opportunities
- Create an “elevator pitch” for psychology
 - Positive impact of how psychologist skills/knowledge can help the organization
- Understand how the moving parts of the institution fit together
- If you can’t change or prevent a policy, help shape it

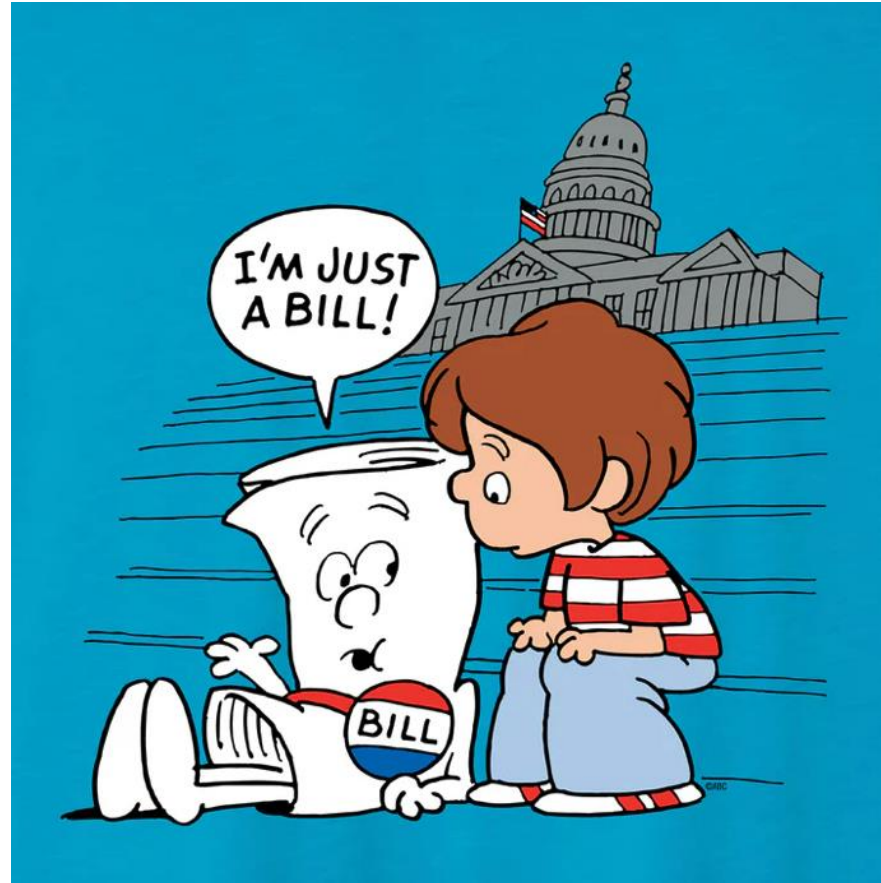
Community Advocacy



Community Advocacy

- Develop a community with like-minded groups/coalitions
 - Strength in numbers
 - Additional expertise outside of your own group
- Support their areas of interest
 - Engage in public events
 - Donate to their cause
 - Become a member of their organization
- Offer your knowledge to them
 - Present at their conferences
 - Provide consultation to their staff

Legislative/Public Policy Advocacy



Legislative/Public Policy Advocacy



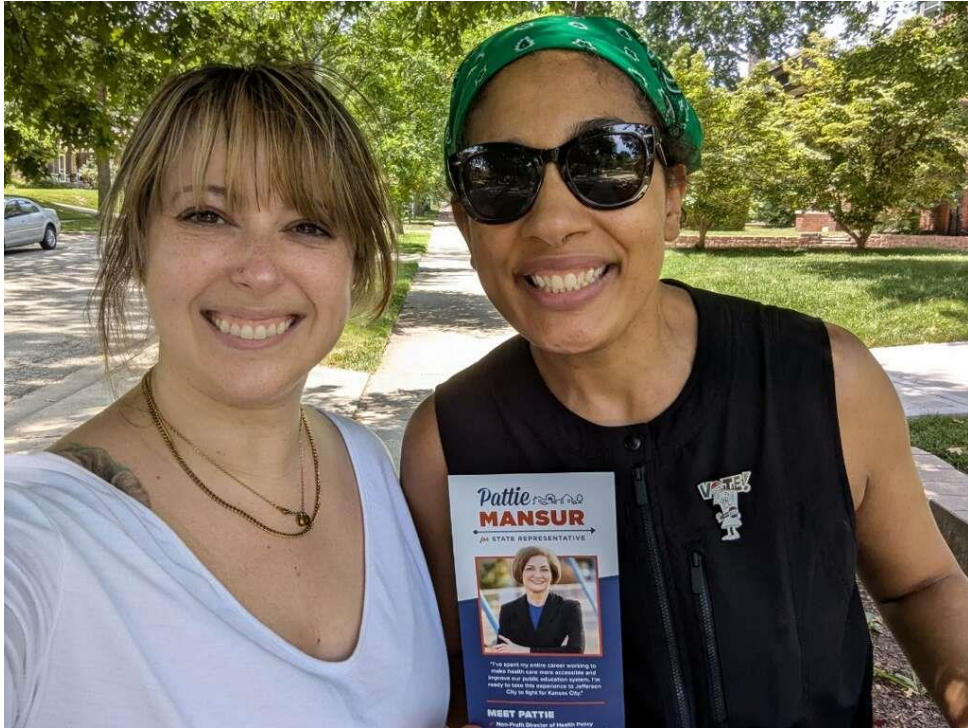
Legislative/Public Policy Advocacy

- VOTE!
- ALL elections!
- EVERY time!
- [APA Election Guide](#)



Legislative/Public Policy Advocacy

- Door-to-door canvassing or phone banking



Legislative/Public Policy Advocacy

- Call/email your elected officials to voice your opinion
 - About a current issue, existing proposal, or with a specific ask
 - Coalition sign-ons/alerts
- Be prepared and get to the point
 - 3 minutes, 1-page letter
 - You are one of many individuals/groups advocating for many issues
- Advocate for the impact on the constituent population, not special interest groups

Legislative/Public Policy Advocacy

- Advocating for new/different policy
 - Work with legislators who have a shared or related interest
 - Shared interests and/or constituents have the most influence with an individual legislator



“Clean up” of Existing Missouri Legislation

Section A. Section 191.1145, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 191.1145, to read as follows:

191.1145. 1. As used in sections 191.1145 and 191.1146, the following terms shall mean:

(1) "Asynchronous store-and-forward transfer", the collection of a patient's relevant health information and the subsequent transmission of that information from an originating site to a health care provider at a distant site without the patient being present;

(2) "Clinical staff", any health care provider licensed in this state;

(3) "Distant site", a site at which a health care provider is located while providing health care services by means of telemedicine;

(4) "Health care provider", as that term is defined in section 376.1350;

(5) "Originating site", a site at which a patient is located at the time health care services are provided to him or her by means of telemedicine. For the purposes of asynchronous store-and-forward transfer, originating site shall also mean the location at which the health care provider transfers information to the distant site;

(6) "Telehealth" or "telemedicine", the delivery of health care services by means of information and communication technologies, **including audiovisual and audio-only technologies**, which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while such patient is at the

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

HB 1873

2

18 originating site and the health care provider is at the distant site. Telehealth or telemedicine
19 shall also include the use of asynchronous store-and-forward technology. **Health care**
20 **providers shall not be limited in their choice of electronic platforms used to deliver**
21 **telehealth or telemedicine, provided that all services delivered are in accordance with**
22 **the Health Insurance Portability and Accountability Act of 1996.**

Several Pre-Filed Bills

MO 2024 SB 931	Arthur	Modifies provisions relating to telehealth services	Senate • Mar 13, 2024: Voted Do Pass S Health and Welfare Committee	Introduced	MOPA 2024
MO 2024 HB 1421	Mike Stephens	Modifies provisions relating to telehealth services	House • Feb 26, 2024: HCS Voted Do Pass (H)	Introduced	MOPA 2024
MO 2024 HB 1873	Patty Lewis	Modifies provisions relating to telehealth services	House • Feb 26, 2024: HCS Voted Do Pass (H)	Introduced	MOPA 2024
MO 2024 HB 1907	Melanie Stinnett	Modifies provisions relating to telehealth services	House • Jan 30, 2024: Voted Do Pass (H)	Introduced	MOPA 2024

Testimony

AMY R. BECK, PHD	Client: MISSOURI PSYCHOLOGICAL ASSOCIATION
ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE	Support
BILL ANDERSON	Client: MISSOURI HOSPITAL ASSOCIATION
BRIAN BERNSKOETTER	Client: MISSOURI ACADEMY OF FAMILY PHYSICIANS
CARLA BURKE PHD	Support
CASSIE BROWN	Client: NATIONAL ASSOCIATION OF SOCIAL WORKERS MISSOURI
CHUCK HOLLISTER	Client: MISSOURI PSYCHOLOGICAL ASSOCIATION
DR. BRIAN SHEBLE	Client: MISSOURI MENTAL HEALTH COUNSELING ASSOCIATION &
GARRETT WEBB	Client: MISSOURI CHAPTER, AMERICAN ACADEMY OF PEDIATRICS;
HEIDI LUCAS	Client: MISSOURI RURAL HEALTH ASSOCIATION
JAY HAHN	Client: MO ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS
JEANETTE MOTT OXFORD	Client: PARAQUAD
JESSICA GERFEN	Support
JESSICA PETRIE	Client: MISSOURI ASSOCIATION OF RURAL HEALTH CLINICS
KATHY HARNES	Client: ST. LUKE's HEALTH SYSTEM
KYNA IMAN	Client: MO NURSES ASSOCIATION
MARY CREMER	Support
MICHAEL	Support
REBECCA ELIZABETH AGUAYO	Support
RICK JAY SHORT, JR	Support



Policy Brief

1. Audio-Only: The continued availability and reimbursement of audio-only telehealth is no longer guaranteed by private insurance after the pandemic state of emergency. Audio-only is a critical tool for:

- Missourians living in rural areas without a strong internet infrastructure. Only 5 states have a poorer internet infrastructure than Missouri, and the Federal Communications Commission estimates that 147,000 Missouri households do not have access to high-speed internet.
 - Missourians who cannot afford expensive computers, tablets, or smartphones.
 - Missourians who have trouble operating more complex technology (e.g. senior citizens).
 - Providing a back-up option for audio-visual platforms to preserve appointments that may lose connectivity before the appointment is completed.
 - Missourians who have barriers to in-person care (e.g. living a considerable distance away from needed specialists, limited transportation options, lack of childcare, limited ability to take time away from work, etc.).
- Both Medicare and Medicaid have incorporated protections for audio-only telehealth in their post-pandemic emergency healthcare regulations.
 - The Center for Medicare and Medicaid (CMS) explicitly warns against reducing reimbursement for audio-only telehealth to discourage fraud or somehow improve care, stating, "At the system-level, payment models that prioritize in-person visits and provide lower payment for telehealth visits may penalize organizations that care for underserved, rural, and low-income populations, consequently discouraging telehealth use."
 - Further, the U.S. Department of Health and Human Services released guidance confirming that audio-only telehealth is easily HIPAA-compliant when using essentially the same reasonable safeguards used with audio-visual telehealth.
 - At this point, nearly half of states have now authorized audio-only telehealth.

Policy Brief

2. Third-Party Platforms: Some insurance companies have experimented with unfairly forcing providers to use third-party platforms.

- Some insurance companies have sought to increase profits by requiring providers to use only certain telehealth platforms authorized by their companies. This has resulted in an unreasonable burden on providers who are suddenly saddled with additional expenses and the need to use multiple platforms with different rules and operating procedures.
- As one psychologist put it, *“Can you imagine? You have to use a different platform every hour because insurance company A requires one platform and insurance company B requires a different one.”*
- Due to the confusing process and high cost associated with this activity, several states have put an end to the practice.



MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 1907		DATE: 1/23/2024	
COMMITTEE: Healthcare Reform			
TESTIFYING: ☒ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: AMY R. BECK, PHD		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: MISSOURI PSYCHOLOGICAL ASSOCIATION		TITLE: LICENSED PSYCHOLOGIST; LEGISLATIVE CHAIR (VOLUNTEE)	
ADDRESS:			
CITY: KANSAS CITY		STATE: MO	ZIP: 64114
EMAIL: drbeckadvocates@gmail.com		ATTENDANCE: In-Person	SUBMIT DATE: 1/23/2024 1:08 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Dear Chairperson Haden and Members of the Healthcare Reform Committee: Missouri has solid telehealth statutes. HB 1907 would make them stronger and more responsive to patient needs. Speaker Plocher has identified a priority of protecting access to health care in this year's legislative session. Telehealth has become a critical tool in the delivery of healthcare services, both in Missouri and nationally. In our state challenged by a lack of access to mental and behavioral health services, treatment delivered through both audio-visual and audio-only telehealth is a therapeutically beneficial, convenient, and cost-effective means to treat a large range of serious health concerns. HB 1907 cleans up and enhances existing telehealth law in 2 ways.1. Audio-Only: The continued availability and reimbursement of audio-only telehealth is no longer guaranteed with the end of the pandemic state of emergency. Audio-only is a critical tool for: • Missourians living in rural areas without a strong internet infrastructure. The Federal Communications Commission estimates that 147,000 Missouri households do not have access to high-speed internet. • Missourians who cannot afford

Legislative/Public Policy Advocacy

- Policy Briefs
 - 1-2 page summaries of an issue, recommendations for change, and impact of changes on the target issue
 - Share with legislators, stakeholders, etc.
- [Wong et al., 2017](#)
 - Step 1: Define the problem
 - Step 2: State the policy
 - Step 3: Make your case
 - Step 4: Discuss the impact



For additional information, contact:
Scott Barstow, sbarstow@apa.org

UPDATED: MARCH 2022

Enable Effective Enforcement of the Mental Health Parity and Addiction Equity Act

In the absence of consequences, health insurers and plans are failing to comply with crucial insurance parity requirements.

Enactment of the Mental Health Parity and Addiction Equity Act (MHPAEA) in 2008 promised to end insurance discrimination against individuals with mental health and substance use disorders by prohibiting health plans from setting more restrictive limits on mental health and substance use disorder coverage than are applied to medical/surgical care. Unfortunately, more than a decade later, insurers are continuing to discriminate against individuals in need of mental health and substance use treatment. Congress must act to stop this practice by giving the Department of Labor (DOL) the authority to assess penalties for violations of the parity law, and by supporting state regulators in their enforcement work.

Title

A relevant title should be relatively short but interesting and appealing to target audience.

Executive Summary

This section provides a brief synopsis of the overall brief. It should include the brief's main points including recommendations and implications.

Goal: Engage reader for further review

Statement of the Problem

This section outlines the problem you are attempting to address. What is the problem? What are the effects? Why is it important?

Goal: Establish the need for urgent policy action

Research/Data

This section outlines the research and data you have identified that supports the need for change and the necessary changes or proposed solutions. Here is where you focus on establishing credibility for your policy recommendations. What research has been done, by whom, and what outcomes?

Goal: Demonstrate policy recommendations are sound and rooted in evidence

Sampilo, M. L. (2022). Policy brief template. In OCHLA-Latino Mental Health Network Advocacy Toolkit. Ohio Commission for Hispanic and Latino Affairs.

Policy Overview

Current policy	What is the current policy? Why might it be ineffective or insufficient?
Proposed options	What are the proposed policy options and what are pros and cons of each?

Goal: Present balanced review of current policy or proposed options; Establish the need for policy evaluation/re-evaluation or change

Conclusions/Recommendations

Policy Recommendations	Based on the evidence presented, what is your recommended policy action?
Policy Implications	What are the specific benefits of the policy recommendation or action?
Expectation of policy change	What specific change(s) can be expected if the policy recommendation is enacted?

Goal: Demonstrate that policy recommendations will result in direct benefit and/or improved outcomes

Sampilo, M. L. (2022). Policy brief template. In OCHLA-Latino Mental Health Network Advocacy Toolkit. Ohio Commission for Hispanic and Latino Affairs.

Tips

Language/Tone	Content	Organization
Be succinct	Balanced but persuasive	No set limit, but most commonly 2-4 pages
Make it user-friendly, easy to read	Establish a strong evidence-based for recs	Use subheadings

Professional, not necessarily academic tone	Check for accuracy and credibility	Make recommendations easy to find
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Documents

- Provide at least 5 primary references/resources for the information contained in your brief
- Add appendices for additional or more detailed information that is especially relevant and/or supports your policy brief

Sampilo, M. L. (2022). Policy brief template. In OCHLA-Latino Mental Health Network Advocacy Toolkit. Ohio Commission for Hispanic and Latino Affairs.

The pandemic taught us. **AUDIO-ONLY TELEHEALTH WORKS.** Let's protect access to healthcare needed by Missourians.

1/3 of all elderly lack expensive smart phones and computers and may have trouble using more complex technology.



Did you know... 147,000 households in Missouri lack access to high speed internet?

One of the few bright spots that came out of the pandemic was the explosion in the use of telehealth, particularly audio-only telehealth. **Audio-only telehealth is safe, secure, popular, and therapeutically effective.** Here's why.

- Audio-only telehealth has become a critical tool for those living in rural areas without a strong internet infrastructure.
- Audio-only telehealth help provide healthcare access to those who cannot afford expensive computers, tablets, or smartphones, and/or who have trouble operating more complex technology.
- Audio-only makes it easier for seniors and at-risk citizens to access healthcare services from the safety of their own homes.
- Audio-only serves as a back-up option for audio/visual platforms to preserve appointments that may lose connectivity before the appointment completes.
- Both Medicare and Medicaid have incorporated protections for audio-only telehealth in their post-pandemic emergency healthcare regulations.
- Approximately 20 states have now authorized audio-only telehealth, including surrounding states like Illinois, Kentucky, Iowa, and Nebraska.
- The U.S. Department of Health and Human Services released guidance this year confirming that audio-only telehealth is easily HIPAA compliant when using essentially the same reasonable safeguards used with audio-visual telehealth.



**MISSOURI MENTAL HEALTH
COUNSELORS ASSOCIATION**

Unanimous, Bipartisan, Popular



Organization Sign-on to Protect Audio-only Telehealth

B *I* U  

The signing of this form is to demonstrate organizational support of HCS HB 2824, HB 1907, & SB 931, which are bills and bill language to protect audio-only telehealth in Missouri.

If you have questions or concerns, please contact Amy R. Beck, PhD, MOPA Legislative Chair (drbeckadvocates@gmail.com) or Chuck Hollister, PhD, MOPA CEO (admin@mopaonline.org).

Thank you!

Name and Title/Position *

Short answer text

Organization/Agency *

Short answer text

Email address *

Short answer text



Amy Beck

Sent...gmail.com April 9, 2024 at 7:11 AM

HCS 1873/1421 and HB 1907, protecting audio-only telehealth

To: Dean.Plocher@house.mo.gov

April 9, 2024

Speaker Dean Plocher
MO House of Representatives
201 West Capitol Avenue
Room 308
Jefferson City MO 65101

Dear Speaker Plocher,

We respectfully request you to please **refer HCS 1873/1421 and HB 1907 to a Rules Committee for a hearing**. These bills to protect audio-only telehealth are bipartisan, popular, and support your priority of protecting access to healthcare for Missourians.

As you know, telehealth has become a critical tool in the delivery of healthcare services, both in Missouri and nationally. In our state challenged by a lack of access to mental and behavioral health services, treatment delivered through both audio-visual and audio-only telehealth is a therapeutically beneficial, convenient, and cost-effective means to treat a wide range of serious health concerns.

These bills clean up and enhance existing telehealth law in 2 ways.

1. Audio-Only: The continued availability and reimbursement of audio-only telehealth is no longer guaranteed by private insurance after the pandemic state of emergency. Audio-only is a critical tool for:

- Missourians living in rural areas without a strong internet infrastructure. Only 5 states have a poorer internet infrastructure than Missouri, and the Federal Communications Commission estimates that 147,000 Missouri households do not have access to high-

In conclusion, we ask you to please refer these critical bills to a Rules Committee for a hearing. Thank you so much for your service and leadership as Speaker!

Sent by Amy R. Beck, PhD, Missouri Psychological Association, on behalf of the following organizations:

David Carr, Mary Wesche, & Brenda McDonnell; Silver Hair Legislators
Aging Ahead
6carrs@sbcglobal.net, wesche@fidnet.com, brenda.mcdonnell@gmail.com

Laura Turner; Director, Advocacy - Arkansas, Missouri
American Lung Association
laura.turner@lung.org

Bruce A. Eddy, PhD; Executive Director
Community Mental Health Fund
baeddy@jacksoncountycare.org

Sarah Owsley; Advocacy Director
Empower Missouri
sarah@empowermissouri.org

McClain Bryant Macklin; VP Policy, Impact
Health Forward Foundation
mbryantmacklin@healthforward.org

Kathy Pabst; Executive Director
Missouri Academy of Family Physicians
kpabst@mo-afp.org



Amy Beck

Sent...gmail.com

April 12, 2024 at 12:26 PM

Urge Chairman Francis to Protect Audio-only Telehealth

To: & 1 more

[Details](#)

Greetings all!

Please take 2 minutes by Monday, April 15 at 1 PM to urge Representative Francis, Chairman of the Missouri House of Representatives Rules--Administrative Oversight Committee, to protect audio-only telehealth. This is the 3rd consecutive year that the Missouri Psychological Association has worked to pass crucial protections for audio-only telehealth. There are only 5 weeks left in the legislative session to pass this bill into law. Otherwise, we have to start over again next year.

1. Address email to: Rick.Francis@house.mo.gov
2. Subject line for email: **Please Vote Do Pass HCS HB2824**
3. Cut and paste the text below (do not include my email signature 😊)
4. Add your professional name at the end after the "Sincerely"

Dear Chairman Francis,

I am writing in strong support of HCS HB2824. This bill contains language to protect audio-only telehealth, which is bipartisan, popular, and supports Speaker Plocher's priority of protecting access to healthcare for Missourians.

As you know, telehealth has become a critical tool in the delivery of healthcare services, both in Missouri and nationally. In our state challenged by a lack of access to mental and behavioral health services, treatment delivered through both audio-visual and audio-only telehealth is a

Then Missouri Missouried... #SillySeason

MISSOURI INDEPENDENT

CANNABIS CRIMINAL JUSTICE ENERGY + ENVIRONMENT HEALTH CARE EDUCATION ELECTION 2024

LEGISLATURE

'Dark cloud': Ethics investigation of Dean Plocher continues to hang over Missouri House

BY: JASON HANCOCK - FEBRUARY 23, 2024 5:55 AM



MISSOURI INDEPENDENT

CANNABIS CRIMINAL JUSTICE ENERGY + ENVIRONMENT HEALTH CARE EDUCATION ELECTION 2024

ELECTION 2024 LEGISLATURE

Senate braces for showdown over push to make it harder to amend Missouri Constitution

Members of the Senate Freedom Caucus said they expect to pass an initiative petition bill with ballot candy by 'any means necessary' before session ends on May 17

BY: ANNA SPOERRE - MAY 10, 2024 9:35 AM



MISSOURI INDEPENDENT

CANNABIS CRIMINAL JUSTICE ENERGY + ENVIRONMENT HEALTH CARE EDUCATION ELECTION 2024

LEGISLATURE

Missouri Senate bitterness halts action as lawmakers prepare for final day of chaotic session

The No. 1 Republican priority, changing the requirements to pass constitutional amendments, remains mired in factional warfare that makes passage unlikely before final adjournment

BY: RUDI KELLER AND ANNA SPOERRE - MAY 16, 2024 4:38 PM



MISSOURI INDEPENDENT

CANNABIS CRIMINAL JUSTICE ENERGY + ENVIRONMENT HEALTH CARE EDUCATION ELECTION 2024

LEGISLATURE

Freedom Caucus ends filibuster in Missouri Senate without action on its demands

Five members of the GOP group stalled action in the Senate for 41 hours before giving in early Thursday morning

BY: RUDI KELLER - MAY 2, 2024 5:45 AM



MISSOURI INDEPENDENT

CANNABIS CRIMINAL JUSTICE ENERGY + ENVIRONMENT HEALTH CARE EDUCATION ELECTION 2024

LEGISLATURE

Missouri initiative petition bill, a top GOP priority, dies on final day of session

Republican leadership in both the House and Senate laid blame on each other for the bill's inability to make it to the statewide ballot

BY: RUDI KELLER AND ANNA SPOERRE - MAY 17, 2024 12:16 PM



So Close, Yet So Far

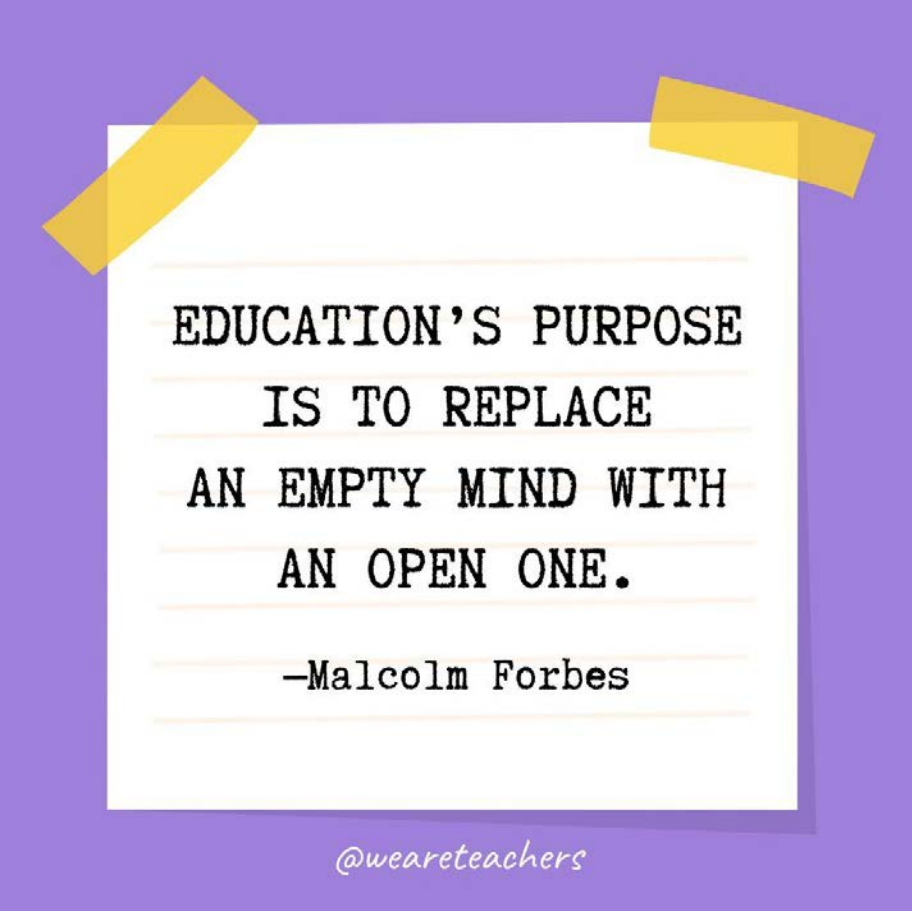
MO 2024 HB 2824	Mike Stephens	Modifies provisions relating to health care	House • May 16, 2024: Dropped from Calendar - Pursuant to House Rules (H)	Committee	MOPA 2024
MO 2024 HB 2413	Tara Peters Bill Allen Dave Griffith	Modifies provisions relating to health care Senate Calendar: FORMAL, HOUSE BILLS ON THIRD READING - May 17, 2024 Position: 18	Senate • May 06, 2024: Reported Do Pass (S)	Perfected	MOPA 2024
MO 2024 HB 2626	Cameron Parker Raychel Proudie Donnie Brown	Provides for MO HealthNet coverage of hearing aids and cochlear implants Senate Calendar: FORMAL, HOUSE BILLS ON THIRD READING - May 17, 2024 Position: 2	Senate • Apr 25, 2024: Voted Do Pass (S)	Perfected	MOPA 2024
MO 2024 HB 1723	Aaron Crossley Dave Griffith	Creates provisions relating to dialectical behavior therapy	House • Apr 09, 2024: HCS Reported Do Pass (H) - AYES: 12 NOES: 0 PRESENT: 0	Introduced	MOPA 2024

Legislative/Public Policy Advocacy

- Political Action Committees (PAC)
 - Legislative advocacy is not free
- APA Psychology PAC's mission is to strengthen psychology's voice by financially supporting the federal campaigns of [pro-psychology congressional candidates](#)
 - Funded by APA members, psychologists, learners, and APA staff
 - Currently \$30K short of 2024 goal



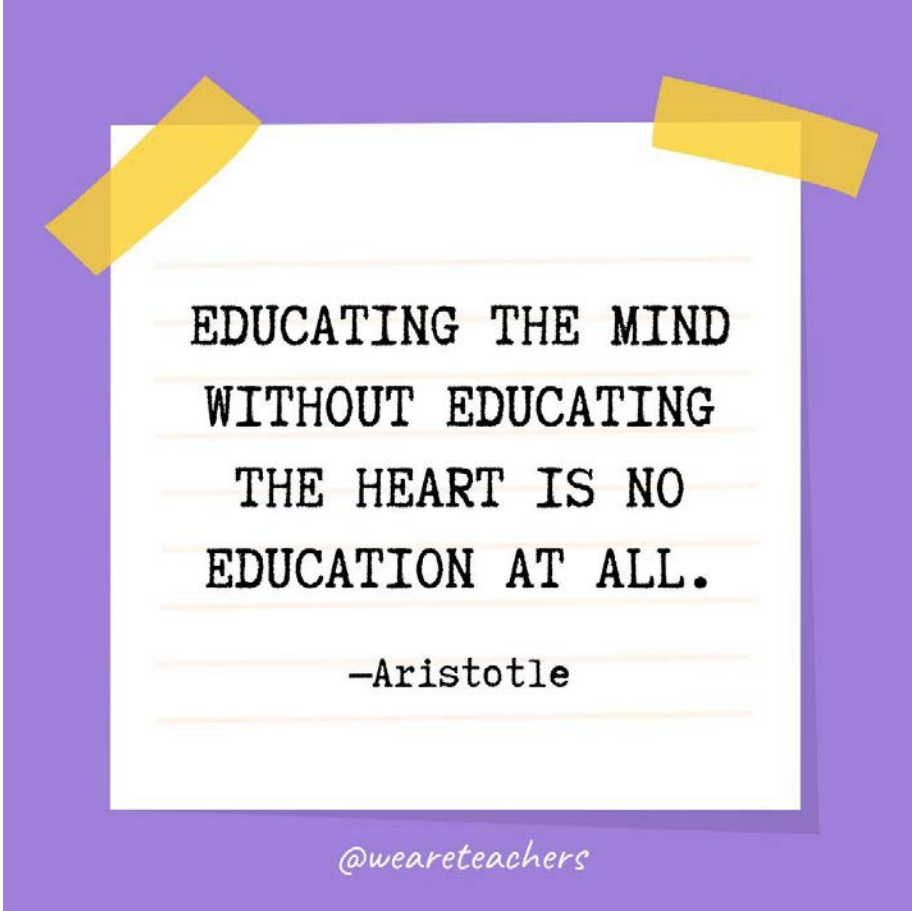
Advocacy with the Public



EDUCATION'S PURPOSE
IS TO REPLACE
AN EMPTY MIND WITH
AN OPEN ONE.

-Malcolm Forbes

@weareteachers



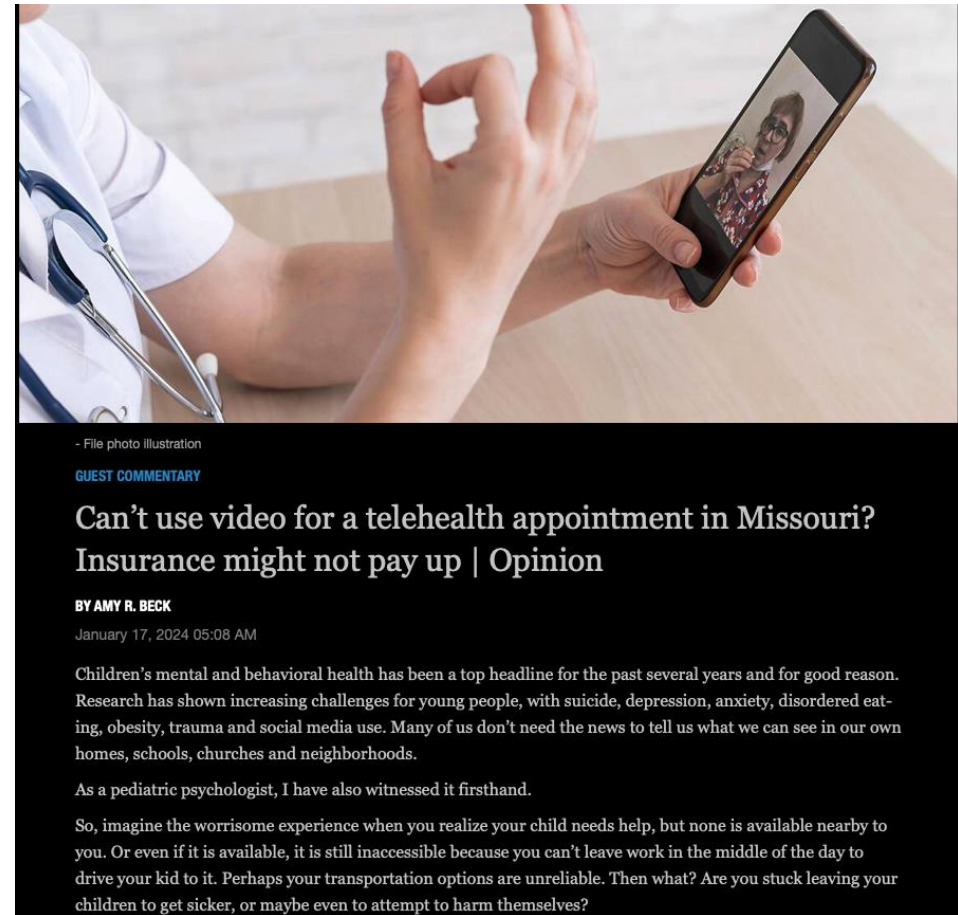
EDUCATING THE MIND
WITHOUT EDUCATING
THE HEART IS NO
EDUCATION AT ALL.

-Aristotle

@weareteachers

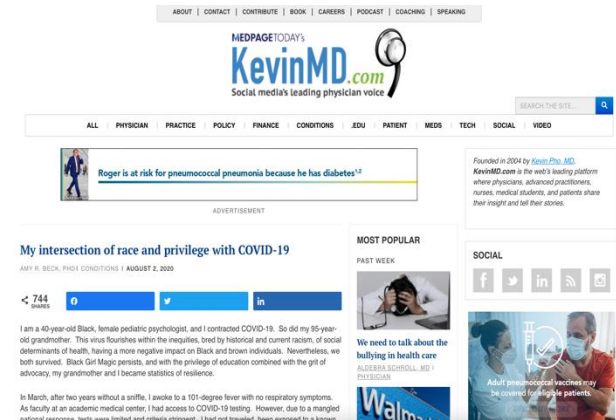
Advocacy with the Public

- Opinion Editorials (Op-Ed); Letters to the Editor
 - Timely
 - Address an issue that is of current relevance
 - Present your point upfront
 - A single anecdote can help capture the issue
 - No more than 3 points
 - With evidence to support the argument
 - Address anticipated opposition
 - Positive, non-attacking
 - Conclusion to reiterate your point



Advocacy with the Public

- Traditional media
 - Most access to local, small-market/targeted media
 - Reaches stakeholders, advocacy groups, legislators, public
 - Print/online (newspapers, magazines)
 - Radio
 - Television
- Social media
 - Your friends/family are your most captive audience
- Journals that issue press releases, special issues
- Community/coalition partners
 - Patient advocacy groups

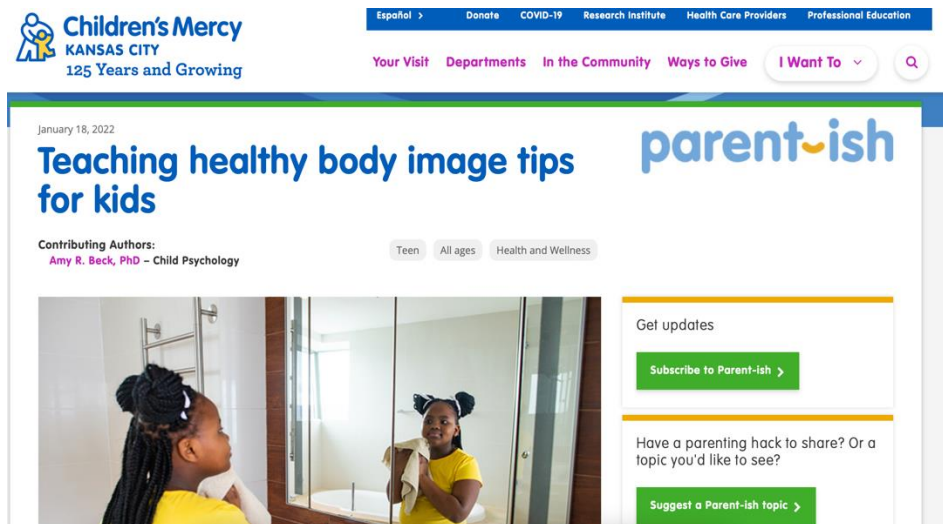


Advocacy with the Public

- Know your audience!
- Use lay language, not psychological or scientific jargon

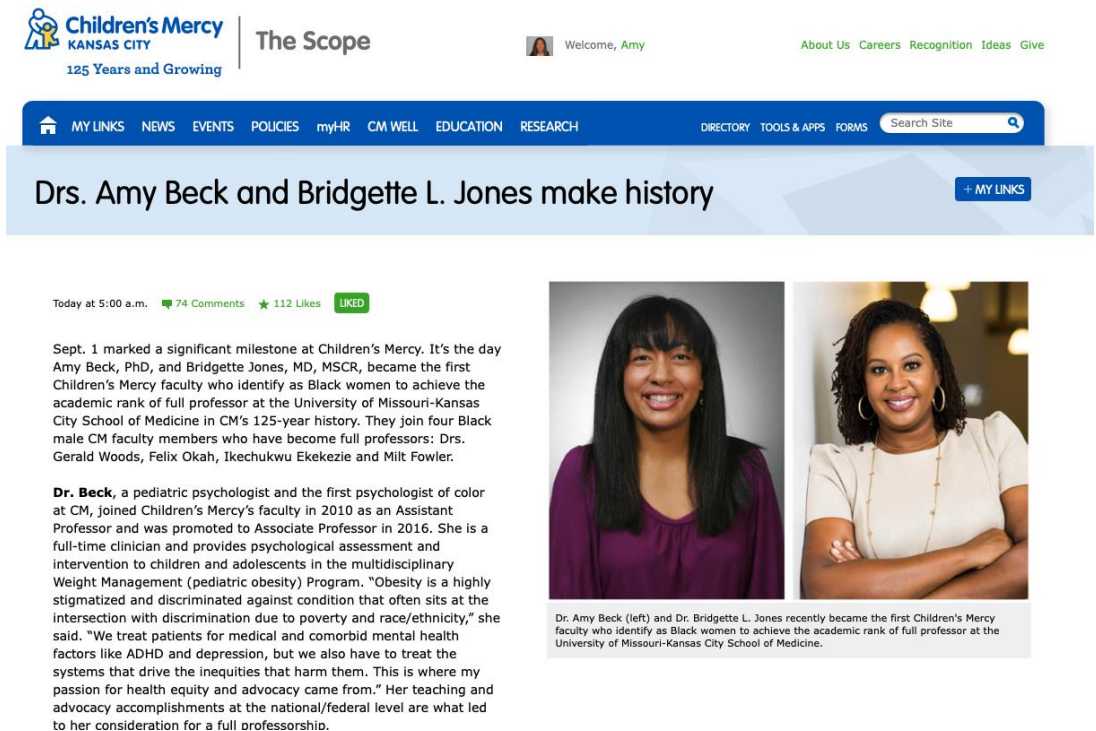
The weight loss industry is lucrative, and to make that money, its messages are everywhere. It's hard to look anywhere without seeing recommendations about weight loss, the perfect look and ways to achieve your dream body. For kids (and adults), those messages can have a serious impact on body image. It's important for parents to recognize and understand these pressures and help kids to have a healthy body image. Here are a few ways to help.

1. **Model positive body image.** One of the best ways for kids to learn to love their bodies is by you loving yours. That can be both through words to yourself and actions. Kids will often see and hear what you are doing, and learn from you, even when you think they aren't looking or listening.
2. **Eat a nutritious variety of foods.** We know through research that diets don't work, and in fact, often backfire and cause more harm, such as increased weight and disordered eating. So, instead, we want to teach kids their body needs fuel to do things like think, play, grow, be strong and feel good. And to fuel the body, we should feed it different kinds of fruits, vegetables, grains and proteins. Parents, please remember that no food is "good" or "bad," it's all just food. Different foods do different things in our bodies—that's it.
3. **Treat bodies to regular movement.** Moving and exercising in whatever way feels good and is enjoyable helps maintain that habit over time. Regular exercise



Academic Promotion

- Advocacy work can be used for academic promotion
- Promotion is demonstration of excellence and contribution to the institution and profession
 - Rather than purely carrying out job responsibilities
- Advocacy typically counts as service
 - State/regional and national levels
- Publishing advocacy topics/work



The screenshot shows the top of a web page for Children's Mercy Kansas City. The header includes the logo, '125 Years and Growing', and 'The Scope' section. A navigation bar contains links like MY LINKS, NEWS, EVENTS, POLICIES, myHR, CM WELL, EDUCATION, RESEARCH, DIRECTORY, TOOLS & APPS, and FORMS. A search bar is also present. Below the navigation bar, a blue banner features the headline 'Drs. Amy Beck and Bridgette L. Jones make history' with a '+ MY LINKS' button. The main content area shows a news article dated 'Today at 5:00 a.m.' with 74 comments and 112 likes. The article text describes a significant milestone where Drs. Amy Beck and Bridgette L. Jones became the first Black women to achieve the rank of full professor at the University of Missouri-Kansas City School of Medicine. It mentions they join four other Black male CM faculty members who have become full professors: Drs. Gerald Woods, Felix Okah, Ikechukwu Ekekezie, and Milt Fowler. A quote from Dr. Beck is included, discussing the intersection of discrimination and the need for health equity. To the right of the text are two portrait photos of Dr. Beck and Dr. Jones. Below the photos is a caption: 'Dr. Amy Beck (left) and Dr. Bridgette L. Jones recently became the first Children's Mercy faculty who identify as Black women to achieve the academic rank of full professor at the University of Missouri-Kansas City School of Medicine.'

Children's Mercy KANSAS CITY 125 Years and Growing | The Scope

Welcome, Amy

About Us Careers Recognition Ideas Give

MY LINKS NEWS EVENTS POLICIES myHR CM WELL EDUCATION RESEARCH DIRECTORY TOOLS & APPS FORMS Search Site

Drs. Amy Beck and Bridgette L. Jones make history + MY LINKS

Today at 5:00 a.m. 74 Comments 112 Likes LIKED

Sept. 1 marked a significant milestone at Children's Mercy. It's the day Amy Beck, PhD, and Bridgette Jones, MD, MSCR, became the first Children's Mercy faculty who identify as Black women to achieve the academic rank of full professor at the University of Missouri-Kansas City School of Medicine in CM's 125-year history. They join four Black male CM faculty members who have become full professors: Drs. Gerald Woods, Felix Okah, Ikechukwu Ekekezie and Milt Fowler.

Dr. Beck, a pediatric psychologist and the first psychologist of color at CM, joined Children's Mercy's faculty in 2010 as an Assistant Professor and was promoted to Associate Professor in 2016. She is a full-time clinician and provides psychological assessment and intervention to children and adolescents in the multidisciplinary Weight Management (pediatric obesity) Program. "Obesity is a highly stigmatized and discriminated against condition that often sits at the intersection with discrimination due to poverty and race/ethnicity," she said. "We treat patients for medical and comorbid mental health factors like ADHD and depression, but we also have to treat the systems that drive the inequities that harm them. This is where my passion for health equity and advocacy came from." Her teaching and advocacy accomplishments at the national/federal level are what led to her consideration for a full professorship.

Dr. Amy Beck (left) and Dr. Bridgette L. Jones recently became the first Children's Mercy faculty who identify as Black women to achieve the academic rank of full professor at the University of Missouri-Kansas City School of Medicine.

Addressing Structural Racism Is Critical for Ameliorating the Childhood Obesity Epidemic in Black Youth

Eleanor R. Mackey, PhD,^{1,2,i,*} E. Thomaseo Burton, PhD,^{3,4,*}

Adelle Cadieux, PsyD,^{5,6} Elizabeth Getzoff, PhD,⁷ Melissa Santos, PhD,^{8,ii}

Wendy Ward, PhD, ABPP,⁹ and Amy R. Beck, PhD^{10,11}

Making Good Trouble

- Non-profits have federal tax laws
- Main tips:
 - As a private citizen/professional, you can speak on behalf of whatever you like
 - You are NOT representing the institution/agency; make that crystal clear
 - Do NOT use institution/agency resources, including email address or business card
 - Helpful to communicate with Government Relations



Narrative Matters

- Troy Book Burning Party

Strategy Matters



Strategy Matters



Source: The Change Agency

CHGME campaign

Jun 28, 2023 - Health

Pediatric training funds ensnared in trans care debate



Maya Goldman



CHGME campaign



AMERICAN PSYCHOLOGICAL ASSOCIATION
SERVICES, INC.

ACTION CENTER

Hi Amy in Kansas City, MO!

Compose Your Message

- Representative Emanuel Cleaver

Please take a few minutes to personalize the message below. While it can be sent as is, adding personal touches such as which city you live in and why this legislation matters to you will make it more powerful and memorable to Congressional staff.

Subject

Please Support the CHGME Program

Message Body

I am writing to ask your office to reauthorize and appropriate full funding for the Children's Hospitals Graduate Medical Education (CHGME) program.

Pediatric healthcare is different from adult healthcare, and requires specialized training. Most child-specific physicians get the bulk of their hands-on training at the 200 children's hospitals in the country. The 1999 creation of CHGME has proven vital by ensuring resources to maintain this training so our country's children can receive the best care. It has also increased access to care for children who might otherwise not have it. The loss of this funding would be destructive to the future of

CHGME campaign



Amy Beck

Sent -...@gmail.com

January 12, 2024 at 10:10 AM

Re: ACTION REQUESTED: 10 minute advocacy action alert

To: DIV54-MEMBERS@LISTS.APA.ORG <DIV54-MEMBERS@lists.apa.org>

Greetings all!

Thank you to those who have already completed this alert this morning!

A quick reminder: **The strategy for this advocacy intentionally does NOT include putting this issue in the press, nor bringing public awareness (e.g. social media, Op Eds), nor focusing on the human rights issues at stake. If you have posted about this link on social media, please take it down.** I know this might seem counterintuitive to the broad concept of advocacy, but advocacy is all about the best strategy for the specific issue and goal at hand. It's like how therapeutic intervention is not one-size-fits-all, and you have to be flexible in implementation based on what is happening in the room at the time. Legislative advocacy is basically like a constant game of chess mixed with a game of Tetris.

Please let me know any questions/concerns.

Thanks!
Amy

CHGME campaign



Amy Beck

Sent -...@gmail.com

March 27, 2024 at 7:18 PM

Re: ACTION REQUESTED: 10 minute advocacy action alert

To: DIV54-MEMBERS@LISTS.APA.ORG <DIV54-MEMBERS@lists.apa.org>

Greetings all!

I just got an update about the CHGME funding that about 200 of you (yay!) took advocacy action on. Congress has finally settled on the budget, and CHGME not only survived during an extremely and abnormally difficult political climate, but it also received a small funding increase. This is great news, and a reminder that advocacy matters!

Thank you!
Amy

Scientist-Practitioner-Advocate Model

- University of Tennessee, Counseling Psychology, adopted in 2007
- Practice + Advocacy =
 - Moving beyond treatment walls; facilitating change systemically and advocating for client needs with policymakers
 - In treatment, avoid replicating hierarchical/oppressive sociocultural dynamics; empowering clients to find their voices and self-advocacy skills
- Research + Advocacy =
 - Science is a tool of advocacy; documenting problems and suggesting solutions
 - Needs assessment with program development/evaluation to foster systemic changes and maximize direct benefits

Scientist-Practitioner-Advocate Model



Scientist-Practitioner-Advocate Model

- Social Justice Advocacy orientation
 - “Way of being” with professional activities focused on equity/justice in research, clinical work, education, and advocacy
- Competencies
 - Knowledge (Attitudes/Values)
 - Basic understanding of inequality, disparities, oppression; bias/prejudice; chronic stress
 - Epidemiological methods, participatory action research, needs assessment, program evaluation
 - Self-awareness of one’s social identities, socialization, placement within hierarchical social systems of privilege/oppression
 - “Habits of mind” of continual self-study/cultural humility, focusing on strengths of individuals/communities, promoting autonomy and self-determination

Scientist-Practitioner-Advocate Model

- Competencies
 - Skills (Attitudes/Values)
 - Client/student empowerment, client/student advocacy, community collaboration, systems advocacy, public information, social/political advocacy
 - Acting with and on behalf from micro to macro levels
 - Self-care and prevention of compassion fatigue
 - Intergroup dialogue
 - Small group intervention for sustained, face-to-face communication between individuals from social identity groups with a history of tension or conflict
 - Goal to develop mutual understanding, rather than to persuade shifting of perspective
 - Knowledge: developing critical consciousness about personal/social identities and hierarchical social systems
 - Skills: building relationships/capacities for sustained communication across groups; strengthening capacity to promote social justice

Scientist-Practitioner-Advocate Model

- Social Justice Practicum
 - 2-semester, 6-credit didactic sequence
 - Placement at a community agency focused on social injustice
 - Unhoused, interpersonal violence, sexual assault, criminal justice, food insecurity, political refugees, immigrants, sexual minority youth, health disparities, etc.
 - Half day per week
 - Some individual/group counseling
 - Primary focus is activities that foster change at institutional/systemic levels

Scientist-Practitioner-Advocate Model

- Social Justice Practicum
 - Mastery demonstrated by
 - Paper on personal theory of social justice and orientation towards advocacy
 - Presentation to raise social consciousness to a lay audience
 - Letter to editor/Op Ed to local newspaper to advocate for a social issue
 - Client empowerment project with goal to “give voice” collaboratively to a client(s) with a suppressed personal narrative
 - Paper on the social change strategies and political tactics of a social change leader (e.g., Harvey Milk, Evelyn Hooker, Tarana Burke)
 - Portfolio demonstrating a needs assessment, program/intervention development, and program evaluation
 - Saved to be built upon by future students

Scientist-Practitioner-Advocate Model

- New admissions essay on interest/experience in social justice advocacy
- 126 semester credits; 5 years of on-campus study
- Accredited in 2009
- In the first 4 years, applications increased 240%, as did diversity of student applicants
- Rewarding for faculty to teach, more aligned with values
 - Requires ongoing self-study, walking the talk
- Social justice competencies are novel and desired for internship and job interviews
 - 100% match rate with accredited internships since 2016; 95% since 2011

In Conclusion

- Psychologist skills translate well to advocacy work
 - <https://www.apa.org/monitor/2022/01/special-rise-psychologists>
- Advocacy has many different varieties, all are important
 - Listen, speak up, and thoughtfully use your voice
 - Confidence in expertise
- Advocacy is a marathon, not a sprint
 - Narrative and strategy matter
 - Numbers matter
- Advocacy is academia
- Advocacy is exciting!

Resources

General

- [APA Advocacy Office](#)
 - <https://www.votervoice.net/APAAdvocacy/BlogPosts/2520>
 - <https://www.votervoice.net/APAAdvocacy/BlogPosts/3335>
- [Vote Smart](#)
- [Vote.org](#)
- [Op-Ed Project](#)
- [The Goodman Center](#)
- [KU Community Tool Box](#)
- [Fostering Policy-relevant Psychological Research](#)

Red State Special

- [GAC tracker](#)
- [APA FAQ for GAC](#)
- [Sexual/Reproductive Health Legislation tracker](#)
- [Anti-DEI in Education tracker](#)

Resources

- Mallinckrodt, B., Miles, J. R., & Levy, J. J. (2014). The scientist-practitioner-advocate model: Addressing contemporary training needs for social justice advocacy. *Training and Education in Professional Psychology*. doi: 10.1037/tep0000045.
- Miles, J. R. & Fassinger, R. E. (2021). Creating a public psychology through a scientist-practitioner-advocate training model. *American Psychologist*. doi: 10.1037/amp0000855.
- Nerlinger, A. L., Shah, A. N., Beck, A. F., Beers, L. S., Wong, S. L., Chamberlain, L. J., & Keller, D. (2018). The advocacy portfolio: A standardized tool for documenting physician advocacy. *Academic Medicine*. doi: 10.1097/ACM00000000000002122.



Thank you!
drbeckadvocates@gmail.com