DEVELOPMENT OF THE SOCIAL ACTIVISM BELIEFS RATING SCALE (SABR): AN INSTRUMENT TO MEASURE PSYCHOLOGISTS' ATTITUDES TOWARD SOCIAL ACTIVISM

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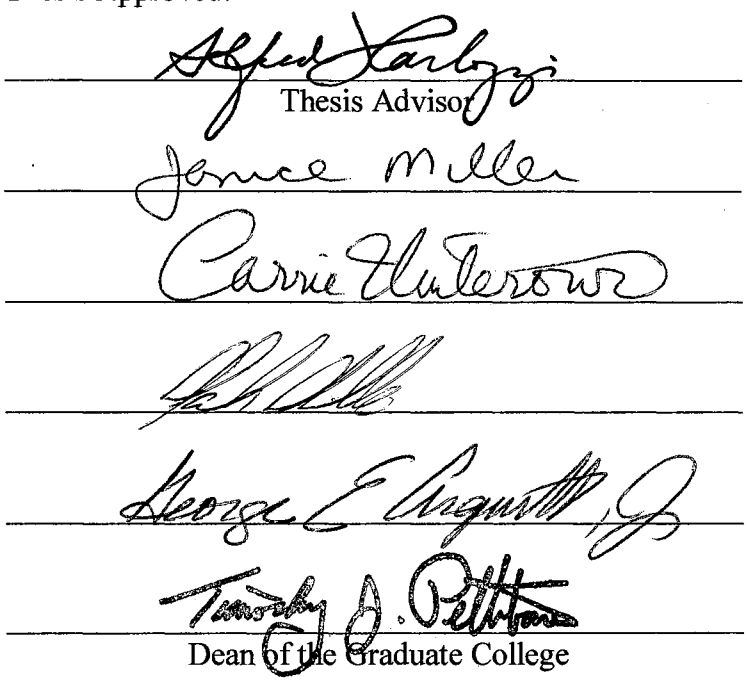

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TABLE OF CONTENTS

Chapter Page

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE

INTRODUCTION

In the last century, there have been revolutionary changes in our society. Likewise, the last two decades have presented a growing number of social changes that directly and indirectly affect the field of psychology. These changes range from having a direct and obvious impact upon practice and research in psychology, to contributing to the experiences and clinical concerns of our clients, to having an indirect impact upon our broad social and global cultures. The climate in which we research and utilize psychology has changed. One cannot ignore the current social culture and resulting policies, and at the same time espouse practical significance in our research and systemic application in psychotherapy (Payton, 1984). In order for psychological scientists and practitioners to help themselves and their clients, it is increasingly necessary to understand what contemporary psychologists believe about social activism and how this influences their actions and behaviors when responding to critical issues.

A glance in any of the contemporary publications in psychology will reveal that psychologists are indeed utilizing research and practice efforts toward the improvement of social issues (Browne, 1999; DeLeon, 1986; Long, 1992; Seguin, Pelletier, & Hunsley, 1998). However, the American Psychological Association (APA) has not always supported involvement with social issues and policy implementation. In 1956 the APA Policy and Planning Board Council of Representatives stated that the organization's position should be to involve itself only with those issues relevant to the professional interests of psychology, and refrain from advocating for specific policies or changes of social concern (APA, 1956; Jarrett & Fairbanks, 1987). This view was

reiterated by the APA Board of Scientific Affairs as recently as 1982 (APA, 1982). Many of those scientists and practitioners responsible for the advancement of the profession encouraged psychologists to involve themselves only in the reporting and interpreting of behavioral data, stating that social activism behavior will only undermine the credibility of our profession. Yet the contextual elements of the world in which this profession has evolved has also come to face a great number of social issues which practitioners and researchers alike deem worthy of involvement. Indeed, psychologists have individually and collectively participated in actions that have made an impact upon such policies as racial desegregation, affirmative action, equal rights, education reform (Anonymous, 1996), protest against corporal school punishment (House & Martin, 1998), physical and mental disability (Ryan, 1999), geriatric issues (Colenda, Banazak, & Mickus, 1998), and the distribution of psychological services (Sampson, 1989). Yet despite this involvement by individuals, it seems that the organization itself has had a difficult time reconciling the extent to which our participation in change is appropriate. In his 1969 address to the APA convention, President Miller found himself positively responding to the legitimacy of the arguments that were put forth by the newly implemented Ad Hoc Committee on Public Affairs (Tyler, 1969). In that same address, though, he stated that there is relatively little the APA can do toward the improvement of human welfare: "our Association can never play more than a supporting role in the promotion of social change" (Miller, 1969, p.1065).

The response of practitioners to the work of the Society for the Psychological Study of Social Issues (SPSSI) demonstrates yet further confusion (Smith, 1990). Notably, the suggested strategies of this group has caused numerous members to speak

in favor of the APA making a stated distinction between the roles of its membership and individual persons involved in social activism. Smith also found that the views membership hold toward the SPSSI typically fit traditional distinctive political positions, with conservatives being the most staunchly against, and liberals being usually for, the suggestions of the SPSSI. In fact, in response to newly presented SPSSI directives for how we might best use ourselves as agents of action, the 1990 membership again felt it necessary to restate the position that as a collective group we should only participate by the presentation of objective, scientific research (Smith, 1990).

Certainly, this confusion of attitudes about the boundaries of our professional activism has a reasonable origin. Some consider the bylaws of the APA to indicate that we have some professional responsibility toward the advancement of human welfare (Bevan, 1982; Payton, 1984). Others warn that we must be cautious that any group set themselves as the authority in deciding what issues really are in the interest of the public (Sarason, 1986). As Miller pondered in his presidential address, "we dare not blindly assume that whatever is good for psychology must always be good for humanity" (Miller, 1969, p. 1064). Other leaders in the profession have written numerous position papers to facilitate dialogue and remind us that we are, after all, involved in a profession geared toward human welfare (Sampson, 1977). Still, many of the APA programs, such as the congressional fellowships and the special interest divisions, have demonstrated a significant influence toward promoting the welfare of certain under-represented groups, and still others have shown that the application of our knowledge can facilitate improvements within societies (DeLeon, 1988; American

Psychological Task Force on Public Policy, 1986). This conglomeration of historical attitudes, beliefs, and behaviors does little to provide enlightenment as to the attitudes that contemporary psychologists hold toward activism and advocacy. For those who believe that this aspect of psychological theory and application is useful and necessary, the question for this study then becomes, "What do today's professional psychologists believe about involvement in social activism?" The intent of this study, then, is to shed some light on this matter.

Purpose of the Study

The purpose of this present study was to develop an instrument to provide information regarding the attitudes that psychologists hold toward social activism and involvement in policy formation. This study provided methodological information about this measure and its properties of reliability and validity, and provided some exploratory analysis about the factors that contribute to practitioners' attitudes about participating in acts of advocacy and social activism.

Statement of the Problem

On a large scale, the American Psychological Association (APA) has implemented a division on Public Policy (APA, 1986), developed a group of lobbyists (DeLeon, Frohboese, & Meyers, 1984), and formulated congressional fellowships to aid in the use of data and expertise provided in psychology (DeLeon, VandenBos, & Kraut, 1984). On a more individual level, a number of practitioners advocate for a variety of issues which are presented by their clients and which are important to their communities. Still, understanding attitudes toward social activism within the APA membership is a relatively new endeavor. To date, no study has sought to provide

information about psychologists' attitudes toward activism and in what practices they participate. Therefore, the focus of this study was to take the initial steps toward the development of an instrument that will provide this type information. Analyses were conducted to provide information about the relationship of this new scale with other scales that are known to measure aspects of social attitude. These variables included measures on the Political Efficacy Scale, and sought to provide discriminant statistics in comparison to scores obtained on the Social Desirability Scale.

Significance of the Study

It has been theorized that social movement participation, whether formally or informally organized, is dependent upon two factors: the function of the groups' development, and the way in which the structure provides for effective social activism (Simon et al., 1998). It is hoped that this research will provide a basis from which to study the factors influencing participation in social activism. By developing a measure of attitude about social activism it will be possible for future researchers to move toward a more complete understanding of how, why, and what is necessary to make this skill and resource continually effective and appropriately used within professional mental health groups. Such an instrument might also allow for further evaluation of programs within the helping profession and related agencies and training facilities. This knowledge may be important and necessary if we are to meet the changes in our client communities and the larger society and continue to function effectively, prosperously, and ethically within these newly presented paradigms.

Definition of Terms

Activism and Advocacy - for the purposes of this study these terms will be used

interchangeably to indicate formal and informal behavior that is purposive to furthering the wellness and welfare of individuals and communities through such activities as consultation, collaboration, psycho-education, programming, resource allocation, or political challenge and support (Anonymous, 1999). In this study, 'activism' and 'advocacy' do not refer to those behaviors made in single, individual cases.

Attitude - the strength and direction of feeling and thoughts associated with the variables in this study.

Managed care – health insurance programs that may be health maintenance organizations, preferred provider organizations, private management organizations, or state/federal program agencies, such as Medicaid or Medicare.

Mental health practitioners and psychologists – these terms will be used interchangeably to indicate those individuals who are involved in some aspect of the research, practice, or evaluation of psychological services.

Political efficacy - refers to the extent to which individuals feel as though they can effect change through political means as measured on the Political Efficacy Scale (PES), (Craig & Maggiotto, 1982).

Social desirability- will refer to individuals' attempts to appear socially desirable in aspects of personal behavior as measured on the Social Desirability Scale (SDS), (Crowne & Marlowe, 1964).

Research Questions

The Social Activism Belief Rating (SABR) scale will be developed to measure psychologists' attitudes toward social activism. Research questions will focus upon

establishing the initial evidence for the reliability and construct validity of the SABR. Further investigation will determine the structure of the SABR, and how it correlates with other theoretically relevant instruments. The following questions are proposed:

1) What is the internal consistency reliability of the SABR?
2) What is the structure of the SABR? Are these factors internally consistent?
3) What is the convergent validity of the SABR when compared with the Political Efficacy Scale scores?
4) What is the discriminant validity of the SABR when compared with Social Desirability Scale scores?

Assumptions of the Study

1) Participants will be familiar with the language and activities presented in the newly developed scale.
2) The measurement of attitude toward social activism behavior is not designed toward identifying a long-term trait or personality factor, but rather the opinion and feeling about activism that is generated within each practitioner's field of reference.
3) The other instruments in this study are adequately valid measures of the social phenomena they purport to measure.
4) All participants will answer the assessments openly and with equal motivation to do so.

Limitations of the Study

1) Because this study is limited to instrument development, it can only provide an initial exploratory discussion of the demographic variables that may influence practitioner attitudes toward social activism.
2) It is possible that individuals with higher interest and motivation in social activism will be more likely to return their questionnaires, resulting in a sampling bias.
3) We are not able to establish concurrent validity on the SABR because there are no other psychometrically valid instruments measuring similar content.

Summary and Overview of Remaining Chapters

In summary, the purpose of this study was to develop an instrument to measure the attitude of psychologists toward social activism involvement. This research provided the initial reliability and validity analyses, as well as exploratory information about the formation of attitudes toward social activism.

Chapter II provides a review of literature discussing contemporary issues in professional psychology practice, as well as an historical summary of the APA's changing views toward social and political activism.

Chapter III provides an explanation of the methods and procedures used to construct a reliable and valid measure of attitudes toward social activism.

Chapter IV includes a discussion of the data analyses and the results found in the study.

Chapter V provides a discussion of the study's findings, limitations, professional and social implications.

CHAPTER TWO

REVIEW OF LITERATURE

Social issues that have become so relevant to the practice of psychology include those that have a direct and obvious impact upon practice and research in psychology, those that contribute to the experiences and clinical concerns of our clients, and those that affect the broad social and political cultures in which we live.

Policy Issues Affecting the Psychology Profession

While there are a number of policy concerns affecting practitioners in various regions and communities, there are some policy concerns that clearly have dramatic implications for the practice of psychology itself. Health concerns and policies about health services affect the work environments for many psychologists working in health-related settings (McCarthy & Frieze, 1999). With the re-emergence of tuberculosis and breakouts of hepatitis, many practitioners also face new concerns about personal health risks, and may be required to produce vaccination records for employment. During the last ten years there have been numerous changes in the provision of mental health services, and many practitioners are currently required to have knowledge of resources or are contracted to talk about health concerns with their clients (Mental Health Block Grant, Title 45, Section 96-96.128, 1995).

Other issues have a direct and significant upon the practice of psychotherapy, as well. Consider the current concern of Health Maintenance Organizations (HMOs) upon the service of health care and mental health care (Benedict & Phelps, 1998). Though this is a relatively new concern for the mental health profession, research indicates that it has already had a severe impact directly upon the practice of helping professionals. A

national survey of practicing members of APA was conducted by the Committee for the Advancement of Professional Practice (CAPP) to help provide empirical evidence of the greatest professional concerns in this managed care era. Their conclusions indicate that four of every five practitioners report that managed care has had a negative impact upon their practice, and these effects are felt more keenly by psychologists in independent practice and medical settings than by those working in academia or the government (Phelps, Eisman, & Kohout, 1998). Of the 15,918 psychologists sampled about various factors influencing their work, 79% of respondents said managed care has had a negative effect on their practice, whereas only 10% felt it had a positive effect; 11% said it had no effect. The authors noted that the respondents indicating a positive effect or no effect were typically involved in aspects of psychology in which they experienced little interaction with managed care (Phelps, Eisman, & Kohout, 1998). Because of the tremendous impact of HMOs, many practitioners have recognized the necessity of working toward the education of lawmakers and legislators, and involving themselves in policy issues such as mental health parity. A further outcome of this new awareness has been the increase in articles in professional and research publications. Many authors and researchers are attempting to address the effects of managed care and suggest ways in which providers can most effectively manage changes (Manderscheid, 1998; Mihalik & Scherer, 1998; Usher, 1998).

An analysis of representative economic data conducted by Miller (1996) helped to establish that managed care policies have caused an enormous reduction in services. Not only are many clients unable to afford services if they do not have insurance, but practitioners are becoming increasingly concerned with the stipulations made by these

companies and the amounts of information previously considered confidential that therapists feel compelled to disclose in order to get their clients the type and length of necessary services (Murphy, DeBernardo, & Shoemaker, 1998). Such an impact has influenced some researchers to conclude that social activism toward policy change is necessary in order to hold the managed care companies accountable for reporting the actual quantity of their delivered services (Miller, 1996).

Indeed, the problems and concerns of managed care have forced action by professionals. In 1998 the Virginia Academy of Clinical Psychologists, joined by other practitioners, a patient and an HMO subscriber, filed suit against the Blue Cross and Blue Shield organization of the Washington, D.C. National Capitol Area. The group alleged that this HMO engaged in "fraudulent and unlawful" conduct by promising certain services to their subscribers and then reducing the same services to cut costs (Murphy, et al., 1998).

Similar cases have been filed across the country and received support from the APA. The California Psychological Association (CPA) and the New Jersey Psychological Association (NJPA) both filed suits against HMOs in 1998 (Rothbaum, Bernstein, Haller, Phelps, & Kohout, 1998). The CPA claimed that psychologists who attempted to secure continued treatment for their clients were eventually dropped by the provider plans. This violates state law in California which prohibits retaliation for patient advocacy, and is an excellent example of the necessity of working toward policies and legislation that serve to protect the interests of our profession and the service we provide. In New Jersey, psychologists charged that they were terminated

from a provider network because of the treatment plans they had recommended (Anonymous, 1998).

A number of ethical concerns have also emerged in the last decade (Karon, 1995). In his 1997 article, Laurence Sank of the Center for Cognitive Treatment, reviewed clinical concerns of how managed care impinges upon the ethical codes for practice by complicating confidentiality, the development of treatment plans, and even the practice itself, as patients are more frequently feeling forced by the system to disclose more quickly than may be comfortable for them, and more quickly than clinicians would advise for certain types of disclosures (Sank, 1997). Sank's conclusion is that activism is required through both increased collective action and through increased research and individual action by practitioners and scientists (Sank, 1997).

Certainly other strategies have been suggested in the literature as well (Drotos, 1998). Some have recommended that therapists alter their practice and "learn to think more like businessmen, taking into account important financial considerations, and being willing to control the cost of managed health care" (Wetzler, 1998, p. 1). Others have recommended that clinicians look for more creative ways and more cost-effective methods to serve clients by utilizing specific decision making systems and strategies (Mohan, LeMuse, & McInerney, 1998). In New York, Pennsylvania, and Texas, practitioners are considering affiliation with unions to help combat the impingement of managed care companies upon their practice (Volz, 1999). These strategies are focused upon helping practitioners make personal changes in their practice. Other researchers have encouraged more collaborative efforts, such as involving mental health consumers, family members, providers, and managed care organizations and payers, in the

development of guidelines for practice, accountability reports, and outcome measures (Evans & McGaha, 1998; Manderscheid, 1998).

Other authors have echoed similar sentiments. Ferry (1998) also recommends that consumers and families be involved in managed care issues, and cites the creation of the Philadelphia city-based Community Behavioral Health (CBH) organization. This group has utilized social activism to aid in a multi-level campaign. They have created an outreach group whose efforts are helping to educate Medicaid recipients in their area about the health care system changes. CBH has also begun research of consumers' and family members' satisfaction with state-funded mental health services and they have begun to provide ombudsperson services, all the while enlisting the aid of families and consumers in this process (Ferry, 1998). Similar surveys have found that increased advocacy and involving consumers and family members can have an impact on decision-making and policy implementation (Usher, 1998; Osher, 1998). At the same time, additional work is being done to help develop effective strategies of measuring and using outcomes measurement, and management of data, to help with the growing concerns presented by managed care (Huxley, 1998).

Mental health practitioners are facing the demands of the managed care era and this has called for change in the way practitioners think about the delivery of services. Not surprisingly then, it has also brought about the need for change in the training of practitioners. Broskowski (1995) recommends training methods that will expose students and interns to the multi-disciplinary and multi-specialty collaborative practices that they will likely encounter in their actual practice and work settings. This same author also recommends that training curricula give more attention to cost-effective

therapeutic modalities and that the training in research methods should expand to meet new issues in applied health research. Such issues include increasing the effectiveness of certain aspects of treatment and developing better understandings of how we can best organize and delivers services (Broskowski, 1995).

Those individuals involved in the training of doctoral level psychotherapists apparently agree that changes in curricula are necessary (Carleton, 1998). An investigative study of APA accredited clinical, counseling, and school psychology programs revealed that by 1998, 52% of participating counseling psychology programs and 36% of clinical psychology programs had made curricula changes, with the usual modifications consisting of redesign to already existing courses required within their programs. Most of these programs also indicated that they felt they would have to make significantly more changes in order to prepare their students more adequately for the changing climate of the profession (Carleton, 1998).

The impact of managed care is an external issue that has been imposed upon the mental health profession and demands attention and policy implementation. However, as a result of this change and other growing concerns for client and consumer medication treatments, a current issue of policy concerns have arisen within the profession itself. An increasing number
of psychologists are seeking prescription privileges. As DeLeon stated in his 1988 article entitled "Public Policy and Public Service: Our Professional Duty":

> One need only take a cursory look at the low quality of mental health care providers in the nation's nursing and boarding homes, and the documented substantial use (and abuse) of medication in special education classes, to

develop excellent policy arguments for ensuring that those with developmental and behavioral science expertise have intimate knowledge of, and access to, psychotropic medications (DeLeon, 1988, p. 313).

Since the initial debate over prescription privileges, much effort has been done to influence and implement policies that would allow for the development of training and certification procedures. This of course, has required stringent professional advocacy on the part of leaders in this prescription privilege movement (Gutierrez & Silk, 1998).

Further concern for practitioners has arisen in recent years with the onset of changing doctoral training programs and state licensing policies (Howard & Lowman, 1985). The admission requirements and class numbers that are produced out of some professional programs has challenged the system by which doctoral candidates obtain final degree requirements. Many internship and postdoctoral programs face funding and budget constraints, yet the number of applicants requiring placement has been increasing (Stewart & Stewart, 1998). At the same time, post-doctoral practitioners are recognizing a challenge to the system by which competency and distribution of services is held in check. Non-doctoral mental health practitioners and other disciplines, such as nurse-practitioners and social workers, have successfully lobbied many state legislatures and been granted license for mental health service delivery (DeLeon, 1988). In the spring of this year the Oklahoma legislature responded to special interest groups and passed the Licensed Behavioral Practitioner Act (Title 59, Section 1931-1949, 1999). Upon passage, the law was effective immediately by a declaration of emergency (section 22). It gives new license to masters level practitioners to conduct behavioral treatment interventions defined as: "the application of empirically validated treatment

modalities, including, but not limited to, operant and classical condition techniques, adherence/compliance methods, habit reversal procedures, cognitive behavior therapy, biofeedback procedures and parent training" (section 1931.3). It is interesting to note that the fact sheets for the new Licensed Behavioral Practitioner (LBP) and the Licensed Professional Counselor (LPC) reflect one important similarity. The principles of counseling application designated within the LPC are incorporated verbatim into the "use of principles" of the LBP, so that it would seem that Licensed Behavioral Practitioners are *counselors*, too. However, the similarities do not continue. The previously existing LPC requirements specify three hundred clock hours of practicum/internship. There is no such requirement for the LBP. The LPC requires the completion of three credit hours in at least five training courses, such as crisis intervention strategies, psychopharmacology, group dynamics, counseling theories and techniques. There is no such requirement for the LBP. The LPC requires three thousand supervised clock hours. The LBP specifies three years of supervised experience, but can be condensed to a one-year requirement depending upon the number of graduate hours earned beyond the master's degree. In accordance with those test administration standards that require doctorate level training, the LPC criteria do not purport to have psychometric competence. The LBP criteria, however, specifies a service provision of psychometric and quantification methodologies. Finally, the LPC requires twenty continuing education hours each year, while the LBP requires only ten per year.

Oklahoma is not the first state to experiment with laws in licensing mental health providers (Bustillo, 1998; Goldstein, 1997), and for this reason it is worthwhile

to review the differences in licensing as they occur in this state's legislative context. For those Oklahoma practitioners who read about this recent development, and become alarmed at the possible increase in service providers and the possible decrease in competency and the quality of care provided to consumers, this case study may be too late. However, it provides an excellent argument for the importance of this present study. This example of an internal policy change demonstrates the need for psychologists to increase awareness of the political environment in which they practice, and to develop an understanding of how to affect policy decisions and advocate for the good of the profession and the clients we serve.

Policy Issues Affecting Clients

Many of the issues affecting client service have stemmed directly from the critical impact these issues have upon client populations. A conscious awareness of the changes in our client's clinical presentations has lead to research being done in areas as AIDS counseling (Epstein, 1991; Kadushin, 1999; Steins, 1999), rehabilitation (Kosciulek, 1999), disability counseling (Ryan, 1999), and neuropsychology, as well as a variety of other topical issues that represent the range of client concerns. Other aspects of policy involvement have lead our profession to move toward research that will provide models of treatment for specific populations such as the oncological movement toward specialized treatment of cancer patients (Suinn, 1999; APA Monitor, June 1999). Other examples include the research conducted to help provide models of treatment for gay, lesbian and bisexual communities (Garnets & Kimmel, 1993), identity development models to aid in the better treatment of under-represented ethnic groups (Barbarin, 1999; Moran, 1999) and age groups such as children and the elderly

(Fitzpatrick, 1999; Kempen, 1999). At the same time, our clients continue to present issues in therapy originating in the systemic nature of their lives and environments. Many clients experience forms of hate crime. Incidents such as the James Bird killing in east Texas in 1998, the Matthew Shepard murder in Wyoming in 1998, and the racially motivated shooting spree at a Los Angeles daycare in 1999 help us understand the systemic nature of culture and the social issues that so critically affect our clients. Although the incidents mentioned here received national attention, they are not isolated incidents. Rather, they are reflective of the challenges that our clients face individually and that they may present in therapy. Further social issues that affect the clinical presentation of our clients includes domestic violence, drug and alcohol abuse, and gang violence (Fitzpatrick, 1999; Wagdy, 1999). These issues, too, have lead to a growing need for social activism and policy implementation that would help to increase the research and development of more specific and effective treatment models (McGinnis, 1985). Without these dynamic models, practitioners of today may be hard pressed to meet the needs of their clients (McCarthy & Frieze, 1999). The concerns of consumers are indicative of both the events and broad social culture they experience. Many professional psychologists may find themselves wondering how best to meet the needs of client survivors and family members who have lost loved ones in acts of violence such as has occurred in the recent rash of school shootings, or in the instances of terrorism, such as the 1995 Oklahoma City bombing and the New York City Trade Center bombing in 1993. Certainly, the standard clinical and diagnostic training of many professionals may seem to provide only a piece to the much larger puzzle of how we best work toward the social welfare of those with which we work.

Still other clients struggle with limited resources and opportunities affected by poverty and poor educational funding as well as welfare reform and the onslaught of the managed care industry (Rodney, Clasen, Goldman, Markert, & Deane, 1998). These issues are not only daily living concerns for our clients, but they may also preclude our clients from being able to access the services that we provide (Findlay, 1997; Goldman, McCulloch, & Sturm, 1998). Without doubt, the climate of psychology is changing and so must the policies of the psychology profession itself, if we are to aid in the development of programs and policies that will help us meet our clients' needs.

Current Global and Cultural Concerns

The issues discussed thus far have focused on those issues that directly influence the science and practice of psychology and those current social issues that affect the lives and clinical concerns of clients. Today, however, there are also broad social and cultural issues that are a growing concern and may allow practitioners and researchers the opportunity to offer new applications in social analyses as well as therapeutic service of social significance (Dovidio, Maruyama, & Alexander, 1998). These issues include utilizing new models of conflict resolution and the application of models of trauma counseling for communities ravaged by war and natural disaster traumas.

The use of psychological applications in global issues has been well demonstrated by the work of Herbert Kelman and the Society for the Psychological Study of Social Issues (SPSSI). His decades of research borrowing from the theory and research in social psychology and other disciplines produced a model of constructive negotiation. This model was used to aid the Palestinian and Israeli negotiators whose dialogue lead to the Oslo Peace Agreement of 1993 (Pettigrew, 1998).

Since that time, social activism on the part of psychologists has helped utilize service practitioners under the direct application of trauma and crisis intervention in Rwanda. A grant from the John Templeton Foundation program on Scientific Studies on the Subject of Forgiveness allowed two American psychologists to begin a project to aid in helping native Rwandans to heal from the trauma of the extreme genocide suffered by the Tutsi and the Hutu people in 1994. In addition, this project has helped to teach psychologists the intricacies of healing, reconciliation, and forgiveness within the existing social laboratory (Clay, 1999a). This opportunity for global advocacy and advancement in psychological theory occurred again with the Albanian refugees in Kosovo. Not only were refugees dealing with the horrors of losing their way of life and their loved ones to the onslaught of ethnic cleansing, and being forced from their homeland, but the traumatization was further intensified by the experience of the NATO bombings. The intensity and duration of trauma necessitated the presence of disaster psychologists, as has been necessary in Bosnia, Croatia, Slovenia, and Serbia. Yet despite the opportunity to provide the very services which social psychologists have worked hard in developing, and the opportunity to help aid in the healing of whole communities of people, this aspect of social activism receives little research and project funding outside of those organizations that are designed specifically to provide disaster relief, such as the American Red Cross. Nevertheless, those psychologists working in the field are talking about their experiences, and remind us that moving from simple community activism toward global activism is an increasingly necessary part of our function (Clay, 1999b).

A review of the dialogue upon managed care and other social issues does not provide an adequate sense of what attitudes psychologists hold about the importance of social activism and its corresponding behaviors (Stewart, 1999). The attitudes held toward managed care issues alone are surprising when one examines the many disparate viewpoints reflected in the literature on this social issues. While some recent articles, such as "Putting the Heat on the Managed Care Con Game" (Roslokken, 1998), "Managed Care Is Harmful to Outpatient Mental Health Services: A Call for Accountability" (Miller, 1996), and "Short Stays or Short Cuts?" (Hudson, 1998), have addressed the need for a more unified force from the American Psychological Association membership and the need for more training in public policy and legislative work, other articles seem to have a very different angle. Of course, in some cases, more clarity about the possible origin of polar views is offered when examining the author and supporting institution. For instance, Lawrence Sank (1997) from the Center for Cognitive Therapy wrote about the need for psychologists' action in "Taking On Managed Care One Reviewer at a Time". This article was published in the journal of Professional Psychology: Research and Practice. However, the very same periodical and volume contained a rather disparaging rebuttal to Sank's article entitled "Confronting Health Care Realities: A Reply To" (Shueman, 1997). Interestingly enough, this author's supporting institution is listed as PacifiCare Behavioral Health, Inc., a nation-wide health maintenance organization. This article seems to demonstrate an example of how easily conflicts of interest can occur, rather than making a case for the positive aspects of managed care. Other incongruencies in the literature might exist as part of the very different views and attitudes held by practitioners within the

psychological field. Examples include the anonymously written article, "Hidden Benefits of Managed Care" (Anonymous, 1995). This article cites the benefits of our changed health care system as being technical assistance, opportunities for socializing, the promotion of interdisciplinary collaboration, and free supervision. The article "Stop the quibbling over mental health!" (Burns, 1998) explains that parity in mental health will come naturally if managed care companies just keep their focus on delivering high-quality care, and seems to indicate yet another belief about the extent of necessary involvement by helping professionals. Still other authors offer encouragement for psychologists to respond to managed care by becoming more "business-minded" (Wetzler, 1998), or by learning to better manipulate the system that is coming into place (Vodde, 1998). Clearly, the literature itself reflects a broad range of social activism attitudes within the field.

Attitude Development

In order to understand the differences that do exist, it is necessary to examine what is known about the development of attitude systems. Cacioppo and Petty (1981) have done considerable work toward developing a theoretical base from which to understand the process of attitudinal change. They have found that attitude is most changed when persons are motivated and able to think about an issue. They have further found that subjects develop positive or negative views of events or messages, based on whether or not there is a perception of personal relevance. For this reason, attribution theory has been called the leading theoretical and empirical topic in social psychology (Fiske & Taylor, 1984). Examination of attribution theory allows researchers to focus on the process of how individuals use information in the social

environment to formulate causal explanations for events. Rotter (1955) involved the concept of internal vs. external control of reinforcement, and general expectancy to explain individuals' belief that they can effect some influence through their own actions. He also noted, however, that the same reinforcing situation can be appraised quite differently among individuals (Rotter, 1966). This, then, offers a possible theoretical explanation of why views toward critical social issues are so different across the continuum of practitioner attitudes.

Authors have written position papers that specify variables that may influence the attitude of practitioners toward social activism behaviors (Bruins, 1999). Concepts such as role identity (Charng, Piliavin, & Callero, 1988), collective identification (Ellemers, Kortekaas, & Ouwerkerk, 1999), and gender (Carli, 1999; Romer, 1990), are thought to play an important role. Others have speculated about the importance of perceived efficacy of activism (Zimmerman, 1989), prior training or exposure to activism (DeLeon, 1988), internal and external locus of control traits (Collins, Martin, Ashmore, & Ross, 1973; Tolor, 1989), perceived threat of societal issues upon practice (Oliver, 1984; Gilbert, 1988), and moral judgement development (Dobrin, 1988), may all have a legitimate function in explaining how practitioners view involvement in advocacy and in what ways they participate. Future studies might help us to examine these specific elements, but for now these concepts are predominantly confined to editorial literature rather than data collection. However, there is an exception to be found in the literature.

The research of Jarrett and Fairbank (1987) has indeed brought us closer to understanding

the attitudes of the APA membership toward social advocacy. The purpose of their study was to collect data to "discern what the current APA membership's stance is on how, if at all, the organization needs to participate in influencing public policy issues of societal and professional importance" (Jarrett & Fairbank, 1987, p. 644). To do this, a list of both societal and professional issues was generated and presented in their questionnaire. Participants were asked to provide Likert-type responses of strong agreement to strong disagreement about whether they believe that the APA should be involved in, and allocate funding for, advocacy on the presented issues (Jarrett & Fairbank, 1987). The variables consisted of two methods of involvement (taking a policy position and allocating funds), and two areas of concern (societal issues and professional issues). The initial analysis and post hoc analysis for this study revealed some important themes. For both methods of involvement, members rated professional issues significantly higher than societal issues. They were also significantly more likely to support the allocation of APA funds toward advocacy of professional concerns, rather than societal concerns. The professional issues that yielded the highest agreement of activism involvement were for continuing efforts toward veracity in research, training for psychologists, the public image of psychology, and licensure (Jarrett & Fairbank, 1987). However, though the societal issues did not rank as highly with this sample, the results did show that members support APA advocating for such concerns as human rights and public education (Jarrett & Fairbank, 1987). In their conclusion, the authors discuss the need for further studies that will look specifically at how salient APA practitioner's attitudes are toward issues of activism, and in what ways their attitudes are changed by personal variables and by the psychological studies on

contemporary social issues (Jarrett & Fairbank, 1987). However, it is nearly impossible to conduct such analyses without an instrument by which researchers can measure the basic attitudes toward activism that are held by psychologists.

Therefore, it seems that these researchers have provided the incentive for the development of an instrument by which to measure psychologists' attitudes toward activism behavior itself. Such an instrument, if reliable and valid, would provide the statistical capabilities to examine the relationships between the theoretical variables listed in the position papers and associated research, and the dependent variable of beliefs and attitude toward social advocacy. It is important to note, however, that the Jarrett and Fairbanks (1987) study used only questionnaire items designed to ask about the general involvement of the APA, and not about individual practitioners' attitudes toward involving themselves in these issues. Therefore, developing a measure that that will target individual attitudes about social activism seems warranted. Only with a valid and reliable measure of those attitudes can we hope to learn what enhances or discourages psychologists to involve themselves as advocates and activists.

CHAPTER THREE

METHODS AND PROCEDURES

Participants

A battery of instruments was given to a random sample of one thousand licensed clinical, counseling, and school psychologists who are active members of the American Psychological Association (APA). The selection of these participants was conducted through the randomization service at the APA research office. Criterion for selection included licensed doctoral status, active membership, and demographic representation of the personal and professional characteristics of the continental United States APA membership.

Two hundred forty-five participants returned their questionnaires within five weeks and were included in the study. The sample contained 123 males (50.2%) and 122 females (49.8%). Ethnicity among the sample was reported as 3 (1.2%) African-American, 4 (1.6%) Asian/Asian-Pacific, 2 (.8%) Latino/Latina, 229 (93.5%) Caucasian, 1 (.4%) Hispanic, 3 (1.2%) Native American/Alaskan Native, and 1 (.4%) Other. Respondents were also asked the year they earned their highest degree. The results indicated 5 (2%) received degrees in the 1950s, 11 (4.4%) received degrees in the 1960s, 73 (29.8%) received degrees in the 1970s, 102 (41.7%) received degrees in the 1980s, and 45 (18.4%) received degrees in the 1990s. Specialization areas were reported as 162 (66.1%) clinical psychology, 51 (20.8%) counseling psychology, 15 (6.1%) school psychology, and 17 (6.9%) from varied other doctoral specializations. Respondents were also asked about the extent to which they utilize specific theoretical orientations according to a 1-5 response scale. The resulting overall means for the

utilization of each theoretical orientation were as follows: Behavioral (M=3.3), cognitive (M=3.9), developmental (M=2.9), existential/humanistic (M=2.6), family systems (M=2.8), feminist (M=2.0), multicultural (M=2.2), psychoanalytic (M=2.8), and solution-focused (M=3.1). Participants also reported the populations with which they work: adolescents (66.9%), adults (91.8%), children (52.7%), couples (62.0%), developmental disabilities (27.3%), gay/lesbian/bisexual clients (41.2%), geriatric (32.2%), homeless/indigent clients (11.8%), immigrants (8.6%), rural clients (20.4%), severe mental illness (31.4%), veterans (18.0%), and varied other groups (12.2%).

Instruments

Social Activism Beliefs Rating (SABR). This is the instrument of development central to this study. The SABR was designed to measure attitudes toward social activism and advocacy. The process of developing this scale incorporated a number of steps that have been recommended in scale development literature. Most researchers suggest first determining exactly what construct is to be measured (DeVellis, 1991). In this case, the scale was intended to measure attitudes toward social activism and advocacy within the psychology profession. Activism and advocacy were defined as described in previous literature as formal and informal behavior that is purposive to furthering the wellness and welfare of individuals and communities through such activities as consultation, collaboration, psycho-education, programming, resource allocation, or political challenge and support (Anonymous, 1999). This definition was presented to panel reviewers during scale construction, as well as defined in the actual questionnaire administered to participants.

The overall method of scale construction followed suggested procedures for the development of subject-centered scaling methods (Dawis, 1987). An initial set of items was generated to target attitudes toward activism issues and behaviors. This was accomplished by creating items that corresponded to the directives issued by past APA president, William Bevan in his 1980 annual address:

> In addition to political interventions, there are a number of other useful activities that our scientific societies would do well to initiate. They can organize workshops in the policy process for those of their members who wish to acquire a background for participating in public affairs. They can devote a larger proportion of their annual programs to sessions that deal with the interface between science and government. They can create special seminars for the intensive study of particular legislative issues. They can arrange person-to-person advisory services for individual members of Congress. They can conduct seminars on a regular basis for appropriate members of Congress and their legislative aides. They can establish research units with the capability of providing the background information and carrying out the analytic studies that are essential to formulating an effective legislative posture. They can insist on a vigorous program of testimony before congressional committees. They can engage in informal dialogue with members of Congress and their staffs over the long course that it takes to transform a legislative proposal into law. Finally, they can devote more serious effort to educating their memberships in the grass-roots expression of policy positions (Bevan, 1980, p.788).

Variations on these items were then created to encompass the range of contexts in which participants might consider activism issues and behaviors, and to target the range and strength of feeling respondents endorse in different circumstances. This method of item variation has been found useful in helping to provide a representative distribution within a sample. Given the overarching similarity of professional values within the population being measured, this technique was deemed particularly important (Iverson, 1991). Some items were constructed to target the variability of attitudes that may occur depending on the level of involvement posed to the practitioner. They focused on activism behaviors at the practice or community level, such as, "Mental health practitioners should conduct workshops and programs that provide psycho-education to community leaders, such as clergy, council members, teachers, and other agency directors." Other items were focused upon activism behaviors that might occur further up the hierarchy of policy formation, such as, "The APA and its state organizations should regularly conduct seminars for members of Congress and other policy-makers." In addition, these items also varied in their locus of activity. Some items indicated specific actions on the part of individual practitioners, whereas other items indicated specific actions taken by agencies or professional groups.

A seven point Likert response scale ranging from strong agreement to strong disagreement was chosen as the format for measurement. This response format was selected to provide continuity with the other measures to be included in the study. According this response scale, low scores on the SABR indicate higher endorsements of social activism attitudes. Subsequent scale development and analysis procedures were

conducted using the Likert method of scale development (see Dawis, 1987, for a complete explanation of the Likert method of scale development).

Items were reviewed by a panel of four psychologists considered to be knowledgeable about professional and policy issues in psychology. These experts rated items according to how relevant they considered the items to the phenomenon being measured. Items that were reviewed with less than 75% support for relevance were discarded or altered according to the suggestions of the raters. This process was intended to provide initial content validity. No inter-rater agreement for content areas of subscales were obtained due to the instrument being in the development phases and no factor structures having yet been identified. Reviewers also evaluated the clarity and conciseness of the items. Items from this original item pool were removed, revised, or included based on their feedback. This procedure has been found useful in maximizing scale content validity (DeVellis, 1991).

The Political Efficacy Scale (PES). (Craig & Maggiotto, 1982). Craig and Maggiotto first developed this scale in 1982 to provide a measure of how, and to what extent, individuals perceive their personal ability to understand, engage in, and influence the political process (Craig & Maggiotto, 1982). The scale consists of an internal and external efficacy domain (see Appendix F). A seven point Likert scale, ranging from strong agreement to strong disagreement derives scores that indicate a low or high sense of internal and external efficacy. High scores indicate a greater sense of political efficacy. Internal efficacy is thought to represent an individuals' sense that they are capable of understanding and participating in political actions. External efficacy refers to an individual's belief in the efficacy of political institutions and the

general public's ability to influence change through these systems (Craig & Maggiotto, 1982; Miller, Miller, & Schneider, 1980). Prior research indicates that the internal consistency reliability for the Internal Efficacy domain is .720, and the External Efficacy domain is .823 (Craig & Maggiotto, 1982).

The Social Desirability Scale (SDS). (Crowne & Marlowe, 1964). The Social Desirability Scale (SDS) was developed by Crowne and Marlowe in 1964 to measure the tendency of respondents to answer items in ways that will enhance their perceived social desirability (Crowne & Marlowe, 1964). This instrument contains thirty-five true-false items (see Appendix G). Scores are obtained by summing all of the true item responses. Higher scores are indicative of higher need for approval. Construct validity for the SDS was examined by measuring respondent reports of a favorable attitude toward a repetitive, and non-stimulating task. The internal consistency reliability estimate (Cronbach alpha) for this scale was first reported as .88 by Crowne and Marlowe (1964). Since then, a number of studies have found similar results, with internal consistency estimates ranging from .78 (Altemeyer & Hunsberger, 1992) to .84 (Miville et al., 1996). In this present study, however, an abbreviated form of the SDS was used in order to shorten the overall questionnaire. Previous research studies with the 13-item version of the SDS were found to have an acceptable reliability level ($r = .76$; Reynolds, 1982).

Demographic Sheet. The demographic data questionnaire was designed to gather additional information about each psychologist's specialization, predominant work setting, and clinical theoretical orientation. In addition, there were five brief items asking participants about experiential and behavioral issues of social activism (see

Appendix D). Items were considered exploratory and were designed to tap into several theoretical issues that have been hypothesized in previous literature as influencing attitudes and participation in activism. They included:

1. In general, how much do you perceive yourself as an advocate or activist for human welfare and mental wellness?
2. How useful and effective do you believe behaviors of advocacy and activism to be?
3. Please indicate the extent to which you have had courses in policy issues or advocacy/activism issues:
4. Please indicate the extent to which you have previously been involved or exposed to activism planning or participation:
5. To what extent do you feel current policies (e.g. laws, agency requirements, etc.) or behavioral health systems (e.g. managed care, licensing requirements, etc.) are a threat to your ability to practice and provide ethical and effective services?

Procedures

Pilot Study. A pilot administration of the SABR was administered to a convenience sample of 30 practicing psychologists. This size was found to be reasonable and in keeping with previous researcher's recommendations that pilot sample size in scale administration range from twenty-five to seventy-five participants (Converse & Presser, 1986). Participants completed a questionnaire that included demographic questions, the initial version of the SABR, and four other measures to be considered for use in the final questionnaire format.

Data from the pilot study were used to make qualitative and quantitative decisions about the format of the overall questionnaire as well as the clarity and relevance of the items in the SABR. Many pilot participants reported that the instrument was lengthy and time-consuming and in answer to specific follow-up questions, revealed that they would be unlikely to complete this survey if they received it in the mail. As a result, the Right-Wing Authoritarian Scale (Altemeyer, 1981), originally considered for inclusion in the study, was removed. In addition, the Social Desirability Scale was altered to an abbreviated format. Pilot study respondents also indicated that many of the reverse-worded items in the SABR were confusing and difficult to answer. Examination of recent scale development literature indicated that reverse-worded items might negatively impact internal consistency and factor structure measures (Barnette, 2000; Trochim, 2001). The literature on scale construction also supported the utilization of positively or directly worded items (DeVellis, 1991) when participants are believed to be adequately educated and reasonably motivated to provide honest responses (Barnette, 2000). Items in the SABR were therefore altered to a direct or positive direction of questioning.

Further item review was conducted on SABR items. Comments about the wording or clarity of the individual items were tallied and compared with examination of the internal consistency results via Cronbach alpha analysis. Where appropriate, slight revisions to the items were made based on the feedback of pilot study participants. There were two items that participants found particularly confusing: "Individual practitioners should not be required to participate in mental health awareness screenings," and "Mental health facilities should be required to provide free

psycho-educational pamphlets and handouts in their waiting areas." These two items also had exceptionally low reliabilities ($r = .01$ and $r = .06$, respectively) and were therefore removed.

Although some redundancy of items is considered advantageous when initially constructing a scale (DeVellis, 1991), two questions from the original item pool were deemed too similar: "Psychologists should be required to develop workshops to provide continued education training about public policy process to themselves and their colleagues," and the reverse-worded item, "Psychologists should not have to attend workshops covering ways they can effectively use themselves in the public policy process." Instead, this single positively-stated item was included in their place: "Mental health practitioners would benefit from continuing education programs that explain ways to effectively propose changes in relevant public policies."

There were two items added to target attitudes related to a person's attitude toward social activism with regard to efficacy. These items were: "The overall practice of psychology is improved when there are practitioners involved in the policy decision-making process," and "I believe those who provide behavioral and mental health services are in a unique position to understand what policy changes would most improve the welfare of mental health consumers." Two other items were added to target a person's attitude toward social activism with regard to personal interest. These items were: "I would like to learn more about how mental health practitioners can make positive changes in relevant policy areas," and "I believe psychologists are very interested in policies that directly affect the profession (e.g., licensure requirements, training protocols, prescribing privileges, etc.).

In addition, the scale also included three general questions at the beginning of the questionnaire to prepare the respondent for the wording and type of questions they would be answering. This method of preparing respondents for the question types has been found useful in other studies (Altemeyer, 1996). All final items were reviewed for content and then randomly ordered throughout the instrument. Instruments presented in the booklets were presented in a randomly counterbalanced fashion.

Research Study. The expert panel and pilot study results were utilized to formulate the version of the SABR scale which consisted of thirty-eight positively worded items. The participant sample was selected using the service offered through the APA research office. One thousand active, doctoral psychology professionals in the continental United States were randomly selected according to their stratified representation of the APA membership with regard to race, gender, and ethnicity. Participants were each mailed a packet consisting of a consent form inviting them to participate and highlighting that the return of their packet would be considered as consenting to participate (see Appendix C). The packet also contained a demographic data sheet (see Appendix D), the revised Social Activism Beliefs Rating Scale, the Political Efficacy Scale, and the abbreviated Social Desirability Scale. The packet included instructions for completing and returning the questionnaire along with paid postage. Reminder postcards were sent to all participants two weeks later. This technique has been found useful in increasing the respondent return rates (Miller, 1991). Postcards thanked those who had participated, encouraged others to return their questionnaires prior to a specified date, and offered a summary of the research findings to those interested participants.

Data were collected over a period of five weeks. Two hundred forty-five questionnaires were returned and included in the study. Four questionnaires were returned due to participants having moved without an available forwarding address. Four incomplete questionnaires were returned by psychologists who reported that they had retired or were not physically able to complete the survey. Three questionnaires were damaged in the process of mail handling and rendered useless. Finally, five questionnaires were returned but not used in the study. These questionnaires included one participant who did not complete any of the questions and indicated that he did not want to participate, three participants that left more than six unanswered questions on an instrument, and one participant that used an incorrect response scale (e.g., using a Likert scale to answer true/false questions) when answering most of the questions.

CHAPTER FOUR

RESULTS

The results presented in this chapter are organized according to the research questions presented in this study. Descriptive statistics are provided as well as discussion of the internal consistency results, the structure of the SABR, and the results of the discriminant validity analysis.

Descriptive Statistics

The means and standard deviations for the items of the Social Activism Beliefs Rating scale for the total sample are presented in Appendix A, Table 1. Visual inspection of the means and standard deviations indicated that a majority of twenty-three items were answered with moderate to slight agreement. Seven of the items had a mean response of strong to moderate agreement. Examples of these items include, "Regional and national conventions should offer workshops that teach practitioners how to interface with policy-makers and legislators," and, "We can improve public understanding of mental health issues by volunteering to speak at council meetings, local board meetings, and other forums." Participants responded to five of the items with slight agreement. These questions included items like, "Individual practitioners should offer pro-bono consultation services to local agencies and policy-makers ." The mean response to a final three items ranged from neutral to slight agreement and included, "Before terminating, therapists should remind clients about existing mental health advocacy groups."

Research Question #1:

"What is the internal consistency reliability of the SABR?"

A reliability analysis was conducted on all items of the SABR prior to principal components analysis in order to assess scale reliability and how well the items relate to one another. Item-total correlations are presented in Appendix A, Table 2. The results indicated a strong internal consistency with a Cronbach alpha of .95 (alpha=.9453). Item-total correlations were then reviewed to determine how much each item contributed to the variance of the total score. Three items (#5, #25, and #35) had correlations less than .40 with the total score. Scale development literature has suggested that correlational values of .30 to .40 be removed from scales (Dawis, 1987; Hinkin, 1995). Therefore, these items were deleted to improve the overall scale reliability. Items #5 and #35 may have provided less unique information due to the general and commonplace practice issues incorporated in the questions: #5-"I believe psychologists are very interested in policies that directly affect the profession (e.g., licensure requirements, training protocols, prescribing privileges, etc.)," and, #35-"Practitioners can best advocate for clients by adequately documenting sessions and participating in a peer review process." Item #25 appeared to have tapped into issues preventing social activism participation: "There are very few obstacles to prevent practitioners from becoming involved with improving mental health policies."

Overall, the results of analysis indicated that the SABR (38-items) has good internal consistency, but would be improved by using the revised thirty-five item scale. Further analysis of this revised scale was conducted through principal component analysis and will be discussed below.

Research Question #2:

"What is the structure of the SABR? Are these factors internally consistent?"

A principal components analysis with direct Oblimin rotation was conducted on the thirty-five item scale to explore the component structure of the Social Activism Beliefs Rating scale. The Oblimin rotation was used given the assumption that this method is most appropriate when it is assumed that factors are related. Factors with eigenvalues greater than one were initially reviewed. The first factor accounted for 39% of the variance in the SABR scores (See Appendix A, Table 3). Next, the Scree plot was examined in order to better view the structure of the factor model. This graphical method of data analysis incorporates eigenvalues plotted against their ordinal numbers. Components are typically retained when their eigenvalues are in steep descent before the first viewed component at the point on the line where all other components start to level off. Based on the examination of the Scree plot, it appeared that one factor should be retained (See Appendix B, Figure 1). Thus, a one-factor model produced the most interpretable factor (see Appendix A, Table 4 for item loadings on Component One). This finding provided further support for the revision of the SABR. Reliability analysis was conducted on this revised scale and indicated very good internal consistency with a Cronbach alpha of .95 (alpha=.9453)

Research Question #3:

"What is the convergent validity of the SABR when compared with the Political Efficacy Scale scores?"

It has been recommended in research literature that initial scale construction and subsequent evaluation should include the comparison of the new scale with a "best competing scale and with a measure of a construct that clearly contrast with the new scale," (Dawis, 1987, p. 487). This method of evaluation was conducted through

validity analysis and reported in both this section and the following section entitled "Research Question #4."

Convergent validity, described above as a comparison with a competing scale, has also been described as a method of providing estimates of scale validity by examining the degree to which the operationalization of a particular construct converges with other operationalizations thought to be theoretically similar to the scale being developed (Trochim, 2001). Therefore, this research question was approached through the use of correlational data between the revised SABR and the Political Efficacy Scale. Appendix A, Table 5 presents means and standard deviations for the revised SABR, PES, and SDS. Table 6 presents correlational data of these scales. There was a significant relationship between the SABR and the Political Efficacy-Internal scale score ($r = -.19$, $p<.01$) with a marginal measurement of overlap (about 4%). A significant relationship was also found between the SABR and the Political Efficacy-External scale score ($r = -.18$, $p<.01$) and had a marginal measurement of overlap (about 3%). Because low scores on the SABR indicate a higher estimate of positive attitude toward social activism and high scores on the PES indicate a higher endorsement of political efficacy, this result indicates a low negative correlation. While the correlational value is low, it does meet the evaluative criteria that has been described by researchers where the validity value of the variable being compared with the scale being evaluated should be higher than the correlations that result from any other variable that is not thought to be measuring a similar trait or method (Campbell & Fiske, 1959). Therefore, the Social Activism Beliefs Rating scale was found to have some convergent validity with the Political Efficacy Scale indicating that while these two scales measure

different theoretical constructs, there is an adequate correlation to suggest some overlap or convergence of trait between the measures of social activism and political efficacy.

Research Question #4:

"What is the discriminant validity of the SABR when compared with the Social Desirability Scale scores?"

Discriminant validity has been described in previous research literature as the extent to which the operationalization of a construct diverges from the operationalization of constructs that are theoretically dissimilar (Trochim, 2001). Discriminant validity for this research question was assessed via correlations with the SDS (See Appendix A, Table 6). As expected, the correlation between the two instruments was not significant ($r = -.06$, $p = .36$), and this value was also less than the values obtained from the correlations with similar scale comparisons. In addition, the amount of shared variance was less than one (.40%). It was therefore determined that scores on the SABR were not unduly influenced by participants attempts to appear in a socially desirable light.

Post-hoc Analyses

Demographic Variables

The demographic variables in this study included several categorical variables including gender, ethnicity, predominant use of theoretical orientations, and practice settings. The revised version of the SABR was analyzed with respect to these demographic variables to investigate whether any of these groups differed in SABR responses.

T-tests were run to explore potential gender and race differences in SABR scores. No significant differences were found with regard to gender ($t(234) = 1.06$, $p = .29$). Due to the small cell size of many of the ethnic categories in the study it was necessary to collapse the information into categories representing Caucasian ethnicity and diverse multicultural ethnicities. No significant differences in the revised SABR scores were found with regard to ethnicity ($t(232) = .52$, $p = .60$).

One-way analysis of variance procedures were conducted for demographic variables related to specialty training categories (e.g., clinical, counseling, etc.). There was no significant difference in SABR scores when compared across the specialty training categories of psychologists, ($F(3, 232) = .29$, $p = .83$).

Correlational analyses were conducted with the demographic variable that asked participants to rate (1-5 scale) how much they use each of ten possible theoretical orientations. The pattern of bivariate correlations did not reveal relationships between the revised SABR and behavioral ($r = .02$, $p<.80$), cognitive ($r = .04$, $p<.55$), developmental ($r = -.04$, $p<.52$), existential/humanistic ($r = -.09$, $p<17$), psychodynamic ($r = -.05$, $p<.46$), solution-focused ($r = -.00$, $p<.99$), or other varied theoretical orientations ($r = -.02$, $p<.76$). This suggested that SABR scores were not influenced by the respondents' predominant use of these particular theoretical orientations. Significant relationships were found, however, between the SABR and three of the theoretical orientations. The feminist theoretical orientation was significantly and negatively correlated with the revised SABR ($r = -.16$, $p<.01$), as were family systems theory ($r = -.19$, $p<.05$) and multicultural theoretical orientation ($r = -.17$, $p<.05$). These results provide some initial evidence that those practitioners who use feminist theory,

family systems theory, or multicultural theory in their conceptualization of client concerns are also more likely to score with greater attitudes toward social activism on the SABR.

Participants in this study also provided information about their primary, secondary, and tertiary work settings by ranking twenty possible settings as '1', '2', and '3', respectively. For the purposes of this study, the primary work setting was the variable of most interest. The information provided by participants was collapsed into two categories representing those psychologists whose primary work setting is private practice and those psychologists who engage in public practice services. A t-test analysis was conducted. No significant differences were found between those psychologists who reported their primary work setting as independent private practice or group private practice ($t(234) = .14$, $p = .89$) and those who reported their primary work setting as public service ($t(234) = .14$, $p = .89$).

The demographic questionnaire also included two continuous variables; the years since the practitioner's highest degree was earned and five questions intended to target specific issues theorized as contributing to social activism attitudes and behaviors. These variables were analyzed using correlational analyses to investigate their potential relationships with the revised SABR. (See Appendix A, Table 7 for the correlational matrix among these variables). The variable pertaining to the highest degree earned was transformed to indicate the number of years a practitioner has practiced following their highest degree. There was no apparent relationship between the years of practice following the highest degree earned and the revised SABR ($r = .08$, $p = .245$).

Exploratory Questions

Step-wise multiple regression analyses were conducted on the theoretical questions to provide further investigation into their possible relationship with the SABR. The exploratory questions were entered as predictors to the dependent variable of the revised SABR scores. Appendix A, Table 8 presents the resulting statistics.

Three variables significantly entered the equation ($F(234) = 37.62$, $p<.01$) and accounted for a total of 32.8% of the variance in the revised SABR scores. Question #2, designed to target a participant's belief that activism is effective strategy for change, entered the equation first and uniquely account for 25.1% of the variance. Question #5, which addresses a participant's belief that policy issues are a threat to their ability to practice, entered the equation second and accounted for 4.9% of the variance. Finally, Question #1, which was designed to investigate the role identity of practitioners as activists, entered the equation and uniquely accounted for an additional 2.8% of the variance.

An additional multiple regression analysis was conducted by entering all of the exploratory question variables together to investigate the extent to which all of these questions might contribute to the variance of scores in the revised SABR (See Appendix A, Table 8). With these questions entered together ($F(5,229) = .23.56$, $p<.01$), it appeared that the linear combination of these accounted for a total 34% of the variance of the revised SABR scores.

Correlational analysis of the possible relationships between the theoretical questions and the revised SABR yielded interesting findings (See Appendix A, Table 7 for the correlational matrix of these variables and a list of the specific question items).

It is important to note that the relationship of these variables will be interpreted by considering low scores on the revised SABR to be indicative of a high social activism rating. Higher scores on each of the exploratory questions indicated higher endorsement of attitude toward the posited issue.

The first question was intended to target a practitioner's role identity as a social activist or advocate and was found to have a significant negative relationship with the SABR ($r = -.42$, $p<.01$) and a moderate amount of shared variance (about 18%). This suggests that those individuals who perceived themselves more strongly as social activists were more likely to obtain a stronger social activism score.

Question #2 was designed to target how useful a participant believes social activism to be in effecting change. The correlation between this variable and the revised SABR indicated a significant negative relationship with the SABR ($r = -.51$, $p<.01$) and a relatively high amount of shared variance (about 26%).

The third exploratory question included in the demographic questionnaire was designed to investigate the relationship that might exist between a participant's level of training in policy issues or advocacy and activism. Training and preparation in social action has been theorized as am important factor in predicting practitioner's sense that they are equipped to participate in the political change process (Collison et al., 1998). This variable, however, was not found to have a significant correlation with SABR scores ($r = -.09$, $p = .15$) and therefore suggests that training in this area does not necessarily lend itself to an improved attitude toward social activism.

Question #4 investigated a participant's level of previous involvement or exposure to activism planning or participation. This variable was found to vary

significantly and positively with higher social activism beliefs ($r = -.27$, $p<.01$), although the amount of shared variance was somewhat low (about 7%). This suggests that experience or involvement in social action contributes to an improved attitude toward social activism.

The fifth exploratory question was meant to investigate the relationship between the revised SABR and the extent to which participants perceive political or systemic threats to their ability to effectively provide services. This variable was also found to significantly and positively correlate with the SABR ($r = -.29$, $p<.01$), though the amount of shared variance was relatively low (about 8%). Therefore, those practitioners who express dissatisfaction with policies that impact their clinical practice are more likely to have an improved attitude toward social activism and advocacy.

While several of these exploratory questions were found to have a significant relationship with the scores obtained on the revised SABR, it should be noted that these single question items might have falsely inflated the findings. The results should be interpreted with caution and with an understanding that these analyses are most useful simply as indications of areas in which further investigation is most likely to be productive.

CHAPTER FIVE

DISCUSSION

A summary of major findings with discussion of results, social implications/clinical recommendations, limitations, recommendations for future research, and conclusions are presented in this chapter.

Research into the attitudes of psychology and mental health practitioners toward social activism and participation in social change has been extremely limited. While literature across the span of the social science disciplines has provided numerous theoretical discussions of how and in what way such attitudes are influenced, such investigation has been neglected with regard to those who are in the helping professions. Therefore, the focus of this study was to take the initial steps toward the development of an instrument to measure attitude toward social activism. This research involved the process of scale development and analysis, and investigated some exploratory issues regarding attitudes toward social activism.

The Social Activism Beliefs Rating scale (SABR) was revised following the evaluation of items in the study. The resulting thirty-five item scale was determined to have good internal consistency. Initial estimates of validity indicated that the scale is adequately able to tap into the convergent construct of political efficacy, and discriminate with the unrelated construct of social desirability. Components analysis revealed that the SABR measured a single factor and that this factor accounted for 39% of the variance in the scores. This result might be attributed to the scale development procedures used in this study. Items were generated in an attempt to measure the primary construct of attitude toward social activism. Content analysis by expert panel

reviewers also sought to insure that items would measure this intended construct. Therefore, the resulting single factor structure of the SABR was not surprising. Rather, it provided a positive endorsement of the methodology used toward the specific goal of developing an instrument to measure attitudes toward social activism.

Several exploratory questions were tested in relationship to the scores obtained by participants on the SABR. These questions were single items designed to target issues that have been suggested in the literature as contributing to the attitudes and potential participation of psychologists in social activism. The first exploratory item asked to participants was: "In general, how much do you perceive yourself as an advocate or activist for human welfare and mental wellness?" This question was meant to target the possible relationship between an individual's sense of role identity as an activists and their expressed attitude toward social activism.

The phenomena of role identity has been described in social science literature and closely tied with the concept of personal efficacy. Role identity has been defined as, "A set of characteristics or expectations that simultaneously is defined by a social position in the community and becomes a dimension of an actor's self" (Charng, Pilavin, & Callero, 1988, p. 304). In the context of this present study, the role and position included in psychologist's identity might include their function in the local community as well as the larger professional community. The characteristics and expectations described in the definition are at least partially explained by the concepts of personal efficacy. Finkel, Muller and Opp (1989) described personal efficacy thus: "...some individuals may believe that they are personally efficacious and that their participation consequently will, in fact, help contribute to the provision of the public

good" (p. 886). Other researchers have labeled this concept as behavioral or personal control and described its function in planned behavior or participation in grassroots action (Ajzen, 1991; Doll & Ajzen, 1992; Hinkle, 1996). They describe "personal control or the perception that one is capable of enacting particular behaviors" (Hinkle et al., 1996, p. 43) as ultimately contributing to a person's intention to participate. This intention on the part of individuals is what many have theorized as the best prediction of subsequent action (Ajzen, 1991; Hull, 1943; Fredricks & Dossett, 1983). Therefore, role identity and its characteristic of personal efficacy was thought to be a potential factor in determining a person's attitude toward social activism. Results of the analysis for this exploratory question indicated that personal efficacy does indeed have a significant and positive relationship with attitudes toward social activism.

An exploratory question investigating an individual's belief in the efficacy of activism behavior was addressed in this study. In a discussion of intergroup aspects of grassroots action, Hinkle and others (1996) discussed two important points that substantiate this investigation. First, they described that at least in contexts of political action, perceived effectiveness of actions leads to individual's developing corresponding behavioral intentions. Second, they observe that an individual's belief in the efficacy of activism is a likely factor in their transition from simply holding a political view to taking overt action. In this study, there was some initial evidence that this factor does contribute significantly and positively to individual's attitudes toward social activism and that further research in this area is warranted.

Another issue explored in this study is the extent to which participants indicated that they had previous involvement or exposure to activism planning or participation.

Researchers have found that one positive predictor of attitude and actual participation in activism behavior is that of past behavior (Hinkle et al., 1996). The results of this present study support that finding. It appeared that those individuals who have been previously involved in social activism appear to have more positive attitudes toward social activism and future involvement.

Psychologist's were asked in the exploratory questions in this study if they felt current policies (e.g., laws, agency requirements) or behavioral health systems (e.g., managed care, licensing requirements, etc.) were a threat to their ability to practice and provide effective services. This question was prompted by a review of other research suggesting that policy dissatisfaction may be a significant factor in predicting one's attitude toward political action and activism (Finkel, Muller, & Opp, 1989). Similarly, Oegema and Klandermans (1994) theorized that, "Action preparedness for a particular movement can be seen as a function of the existence and magnitude of grievances and the existence and appeal of a movement addressing these grievances" (p. 705). Given the number of policy grievances represented in contemporary psychology literature, this present study sought to provide some initial evidence for this relationship. The results indicated a significant relationship between a practitioner's dissatisfaction with policies and increased attitudes toward social activism.

Limitations of the Study and Recommendations for Future Research

The purpose of this present study was to develop an instrument to measure psychologists' attitudes toward social activism. While the component structure as well as the internal consistency of this instrument was examined, more research is needed to validate this instrument with other samples and instruments.

The results of this study must be assessed within the context of the conceptual and methodological framework chosen to answer the research questions. Problems with the design and implementation of the study as well as the general research methods are reviewed here to encourage caution from the reader about the validity of the findings.

A larger sample size would have been preferable in conducting this study. One thousand psychologists were initially sent the survey, with a return rate of 24.5%. These numbers may have been attenuated by the fact that the public mail system was used to send and receive the questionnaires during a time of national concern with the postal system. Future researchers might consider replication of this study with an electronically presented survey.

The relatively small cell numbers on several of the demographic questions made it impossible to provide accurate statistical analysis of these variables in the way they were originally written and intended for use describing the sample. The exploratory questions compared with the scores obtained on the SABR must be interpreted with caution. The questions were formulated by comparing these single-item questions with the SABR scale. While the resulting relationships are useful to suggesting areas of future research, they do not necessarily provide reliable evidence that such relationships really exist.

Another limitation is that this study was derived and validated on a specific sample of mental health practitioners, active psychologist members of the American Psychological Association (APA). Therefore, the results are not necessarily representative of the attitudes that may be held by other practitioners in other social service areas, such as social workers, clergy, or sociologists.

As with any newly developed instrument, users should be skeptical about the scale's ability to consistently and accurately measure the construct in question. The determination that a scale has the reliability and validity to be employed with confidence can only be ascertained after test-retest analyses and after replications are attempted over time. The validity of a scale's ability to measure a given construct can change as knowledge and understanding of this construct change. Future research and validation with this instrument are necessary to determine its real analytical properties.

Professional and Social Implications

In more recent years there has been some effort to find a reasonable balance toward advocating our profession and responding to certain social issues. The APA has implemented a division on Public Policy (APA, 1986), developed a group of lobbyists (DeLeon, Frohboese, & Meyers, 1984), and formulated congressional fellowships to aid in the use of data and expertise provided in psychology (DeLeon, VandenBos, & Kraut, 1984). A review of the literature also indicates that more psychologists are attempting to make differences by serving as state legislators (Celeste, 2000).

Most psychologists agree there have been dramatic changes in the climate of psychological research and practice. However, the expressed attitudes of individuals about what these changes mean for psychology and its implications toward our role as agents of change appear quite varied (Anonymous, 1995; Burns, 1998; Capuzzi, 1998; Karon, 1995; Vodde, 1998). These differences are not new. One need only review the various policies and actions of past APA boards, committees, divisions, and leadership in order to understand that real differences in attitude toward policy change and social

activism that exist (APA, 1956; APA 1982; Feshbach, 1988; Miller, 1969; Murray, 2001).

The majority of articles found in contemporary psychological publications appear to focus on discussion of critical issues and positions (Kendler, 1999; Kendler, 2000; Sheldon, 2000; Smith, 2000). There are very few research articles, however, that discuss empirical investigation into the concerns, opinions, and attitudes of psychologists when it comes to dealing with such issues in an informed and representative manner. There are two examples of research that do provide a notable exception to this deficit are Jarrett and Fairbanks (1987) study of psychologists' views regarding APA advocacy and resource expenditure on social and professional issues, and Phelps, Eisman, and Kohout's (1998) research providing empirical evidence of the greatest professional concerns toward managed care.

Some members of the psychology profession have called for yet another advancement in the research of social sciences. They advocate for research and literature that not only addresses the social issues and demands of behavioral health and social welfare, but also provides an equal acknowledgment and discussion of the policies involved (Pettigrew, 1998; Sue, 1992).

In 1982, APA President William Bevan addressed the membership and encouraged their commitment to three important tasks spanning the continued study of the internal and external influences that he believed would ultimately shape psychology's future, active work to increase the public's understanding of psychology and its services, and to engage in formal involvement in local and national policy when relevant to psychological skills and services (Bevan, 1982). Despite this call to action

and the professional leadership of some individuals in the years following that address, one deficit in psychology literature and research remains.

There has been very little research to help guide our understanding of ourselves as a profession. Few studies have attempted to provide data about the actual attitudes and beliefs held by mental health practitioners on the subject of activism and involving oneself in social change. Even fewer studies have attempted to apply social action theory to this group of practitioners. Thus, we have failed to use our own wealth of knowledge about human and social behavior toward the pursuit of developing a more complete understanding of three key components: 1) The composition of attitudes toward social activism held by psychology practitioners, 2) the factors that influence attitudes and motivation to participate in social activism behaviors, and 3) when appropriate, the factors contributing to greater effectiveness in influencing social policy and change. It is hoped that this present research will provide a basis from which to study such issues. Continued development and improvement of the Social Activism Beliefs Rating scale might allow future researchers to test these issues as well as other theories of political action and social change. This knowledge may be important and necessary if we are to meet the changes in our client communities and the larger society, and if we are to function effectively, prosperously, and ethically within newly presented paradigms in psychology.

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APPENDIX A

DATA TABLES

Table 1

Means and Standard Deviations of the Social Activism Beliefs Rating Scale Items

Items	M	SD
1. Activism is an increasingly important skill for today's psychologists to develop.	2.48	1.43
2. Researchers and practitioners alike should receive training in public policy systems.	2.52	1.37
3. Many mental health consumers would benefit by psychologists' social activism efforts.	2.24	1.33
4. Mental health practitioners would benefit from continuing education programs that explain ways to effectively propose changes in relevant public policies.	2.31	1.33
5. I believe psychologists are very interested in policies that directly affect the profession (e.g., licensure requirements, training protocols, prescribing privileges, etc.).	2.46	1.88
6. Individual psychologists can improve mental health services by providing consultation to members of Congress or legislative aids.	2.36	1.88
7. Community agencies like human/family services, charitable organizations, and shelters, would greatly benefit from psycho-educational workshops offered by local practitioners.	2.13	1.14
8. Clients and families should be informed about how state policies affect their receipt of services.	2.10	1.26
9. The overall practice of psychology is improved when there are practitioners involved in the policy decision-making process.	1.75	0.94
10. Regional and national conventions should offer workshops that teach practitioners how to interface with policy-makers and legislators.	1.94	0.97
11. Advocates for mental and behavioral wellness should actively instigate dialogue and psycho-education with policy-makers and legislative leaders.	1.84	0.92
12. The APA should utilize organizational resources to help educate and involve the membership in contemporary mental health issues and policy formation.	2.03	1.18
13. Clients benefit when they are involved in political efforts to obtain or maintain mental health services.	3.07	1.41
14. Counseling practices should actively work to build collaborative relationships with community leaders and agencies.	2.58	1.28

Table 1 continued

Means and Standard Deviations of the Social Activism Beliefs Rating Scale Items

Items	M	SD
15. I believe psychologists should be well informed about state and federal policies and legislation that affect the provision of mental health services.	1.62	0.88
16. I believe most practitioners would be interested in the development of policies that directly address the behavioral issues and service needs presented by consumers (e.g., homelessness, substance abuse, domestic violence, etc.).	2.69	1.45
17. When therapeutically appropriate, clients should be informed of how to write a letter to local government officials or policy-makers.	3.18	1.62
18. Mental health practitioners should conduct workshops and programs that provide psycho-education to community leaders, such as clergy, council members, teachers, and other agency directors.	2.24	1.10
19. Most psychologists are able to participate in political activism or policy-making without imposing dual roles in their therapeutic practice.	2.85	1.53
20. Cutting-edge professional programs should host seminars in the intensive study of legislative issues.	2.87	1.32
21. There is a real need for psychologists to conduct research that has practical significance for social issues and concerns.	1.95	1.22
22. Mental health practitioners can positively impact societal views of mental health by presenting testimony at Congressional hearings.	2.00	1.08
23. We can improve the public understanding of mental health issues by volunteering to speak at council meetings, local board meetings, and other forums.	1.97	0.99
24. I believe those who provide behavioral and mental health services are in a unique position to understand what policy changes would most improve the welfare of mental health consumers.	2.18	1.28
25. There are very few obstacles to prevent practitioners from becoming involved with improving mental health policies.	4.45	1.80
26. Before terminating, therapists should remind clients about existing mental health advocacy groups.	4.11	1.71
27. It is the responsibility of psychologists to influence community leaders about trends and issues that affect the mental wellness of their communities.	2.98	1.44

Table 1 continued

Means and Standard Deviations of the Social Activism Beliefs Rating Scale Items

Items	M	SD
28. Professional programs should train new professionals in strategies for participating in the public policy change process.	2.74	1.36
29. Private facilities, hospitals, and community mental health centers should implement systems for keeping psychologists up-to-date on current legislative issues affecting mental health services.	2.59	1.45
30. Many clients are likely to benefit from being able to talk with their therapist about policy issues or laws that affect their service or treatment.	3.70	1.55
31. Individual practitioners should offer pro-bono consultation services to local agencies and policy-makers.	3.03	1.52
32. The APA and its state organizations should regularly conduct seminars for members of Congress and other policy-makers.	2.10	1.14
33. Many clients derive therapeutic benefit when therapists help them talk openly about perceptions and experiences of culture, social systems, and attitudes about mental health issues.	2.43	1.44
34. I would like to learn more about how mental health practitioners can make positive changes in relevant policy areas.	3.16	1.71
35. Practitioners can best advocate for clients by adequately documenting sessions and participating in a peer review process.	4.22	1.61
36. Behavioral health agencies should use funds and resources to cultivate a proactive and positive community mental health advocacy program.	2.89	1.44
37. Most new professionals would benefit from mentors that are knowledgeable about the policy-making process.	2.54	1.27
38. Practitioners can provide valuable political advocacy for clients that are under-served or have special behavioral health needs.	2.62	1.30

Table 2

Item-Total Statistics on the Social Activism Beliefs Rating Scale Items

Items	Corrected Item-Total Correlation	Alpha if Item Deleted
SABR01	.66	.94
SABR02	.63	.94
SABR03	.70	.94
SABR04	.70	.94
SABR05	.22	.95
SABR06	.43	.95
SABR07	.57	.94
SABR08	.42	.94
SABR09	.57	.94
SABR10	.69	.94
SABR11	.62	.94
SABR12	.74	.94
SABR13	.56	.94
SABR14	.65	.94
SABR15	.63	.94
SABR16	.48	.94
SABR17	.57	.94
SABR18	.65	.94
SABR19	.51	.94
SABR20	.72	.94
SABR21	.49	.94
SABR22	.61	.94
SABR23	.61	.94
SABR24	.63	.94
SABR25	.17	.95
SABR26	.43	.95
SABR27	.62	.94
SABR28	.75	.94
SABR29	.62	.94
SABR30	.54	.94
SABR31	.53	.94
SABR32	.53	.94
SABR33	.43	.94
SABR34	.66	.94
SABR35	.26	.95
SABR36	.60	.94
SABR37	.71	.94
SABR38	.61	.94

Table 3

Variance Explained Through Principle Components Analysis

Component	Total	% of Variance	Cumulative %
1	13.67	39.07	39.07
2	1.78	5.09	44.16
3	1.44	4.12	48.26
4	1.39	3.96	52.23
5	1.24	3.55	55.77
6	1.16	3.31	59.09
7	1.01	2.87	61.96
8	.94	2.68	64.64
9	.92	2.64	67.27
10	.85	2.42	69.69
11	.77	2.19	71.88
12	.71	2.04	73.92
13	.71	2.02	75.94
14	.69	1.98	77.92
15	.68	1.95	79.87
16	.61	1.76	81.63
17	.58	1.67	83.29
18	.56	1.59	84.88
19	.49	1.39	86.26
20	.46	1.32	87.59
21	.44	1.26	88.84
22	.42	1.20	90.04
23	.39	1.13	91.17
24	.36	1.01	92.18
25	.33	.94	93.12
26	.32	.91	94.03
27	.31	.89	94.93
28	.29	.83	95.76
29	.28	.79	96.55
30	.25	.72	97.27
31	.24	.68	97.95
32	.22	.62	98.57
33	.18	.52	99.09
34	.17	.47	99.56
35	.15	.44	100.00

Table 4

Factor Loadings on Component One of the Revised SABR

Items	Factor Loading
SABR01	.72
SABR02	.67
SABR03	.75
SABR04	.74
SABR06	.46
SABR07	.60
SABR08	.45
SABR09	.62
SABR10	.74
SABR11	.67
SABR12	.72
SABR13	.58
SABR14	.67
SABR15	.67
SABR16	.46
SABR17	.56
SABR18	.69
SABR19	.53
SABR20	.75
SABR21	.54
SABR22	.66
SABR23	.66
SABR24	.67
SABR26	.43
SABR27	.66
SABR28	.79
SABR29	.65
SABR30	.55
SABR31	.58
SABR32	.57
SABR33	.45
SABR34	.46
SABR36	.51
SABR37	.74
SABR38	.64

Table 5

Means and Standard Deviations of the Social Activism Beliefs Rating Scale, Political Efficacy Scale Scores, and Social Desirability Scale

Scale	Mean	SD
Revised SABR	88.07	28.98
Political Efficacy Scale		
Internal	25.13	5.50
External	42.27	11.88
Social Desirability Scale	5.52	3.68

Table 6

Correlation Matrix of the Social Activism Beliefs Rating Scale, Political Efficacy Scale Scores, and Social Desirability Scale

Scale	SABR	PES-I	PES-E	SDS
Revised SABR	----			
Political Efficacy Scale				
Internal	-.19**	----		
External	-.18**	.22**	----	
Social Desirability Scale	-.06	.07	-.02	----

**p<.01

Table 7

Correlation Matrix of the Social Activism Beliefs Rating Scale and Other Continuous Variables Including Years Since Completed Degree and Theoretical Questions

Scale	SABR	Years	DQ1	DQ2	DQ3	DQ4	DQ5
Revised SABR	----						
Years since last degree earned	.08	----					
Exploratory Quest. 1 (role identity)	-.42**	-.03	----				
Exploratory Quest. 2 (social activism efficacy)	-.51**	-.12	.46**	----			
Exploratory Quest. 3 (prior training)	-.09	-.06	.27**	.10	----		
Exploratory Quest. 4 (prior involvement)	-.27**	.00	.40**	.22**	.43**	----	
Exploratory Quest. 5 - (policy dissatisfaction)	-.29**	-.12	.27**	.14*	.08	.13*	---

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

Note: Demographic questions (ranked on 1-7 scale) targeting specific theoretical issues:

Question 1-In general, how much do you perceive yourself as an advocate or activist for human welfare and mental wellness?

Question 2-How useful and effective do you believe behaviors of advocacy and activism to be?

Question 3-Please indicate the extent to which you have had courses in policy issues or advocacy/activism issues:

Question 4-Please indicate the extent to which you have previously been involved or exposed to activism planning or participation:

Question 5-To what extent do you feel current policies (e.g. laws, agency requirements, etc.) or behavioral health systems (e.g. managed care, licensing requirements, etc.) are a threat to your ability to practice and provide ethical and effective services?

Table 8

Multiple Regression of the Exploratory Questions and the Revised Social Activism Beliefs Rating Scale

Predictors	R	Rsq	F(eqn)	RsqCh	F(Ch)	r
Exploratory Quest. 2 (tactical efficacy)	.50	.25	78.28**	.25	78.28	-.51**
Exploratory Quest. 5 (perceptions of threat)	.55	.30	49.81**	.05	16.22	-.29**
Exploratory Quest. 1 (role identity)	.57	.33	37.62**	.03	9.57	-.42**
ALL 5 Questions	.58	.34	23.56**	.34	23.56	------

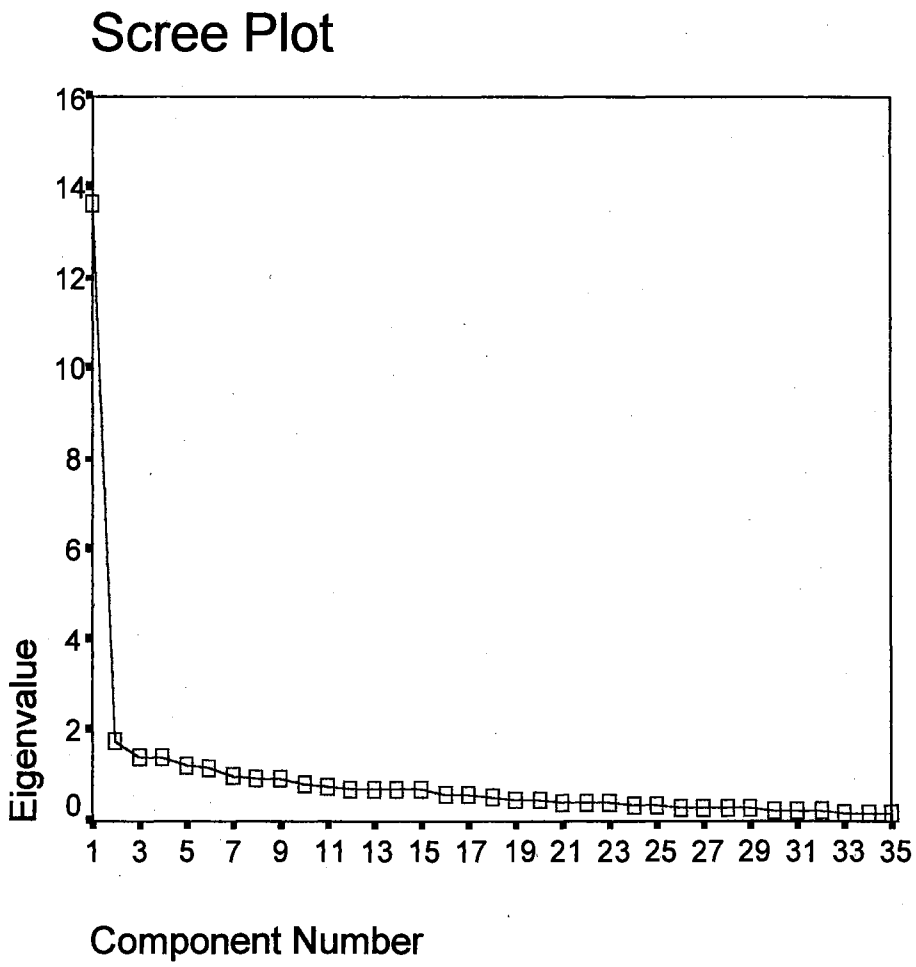
**p<.01
r = Pearson product moment correlation

APPENDIX B

FIGURES

Figure 1

Scree Plot



APPENDIX C

INFORMED CONSENT

INFORMED CONSENT

Dear Psychology Professional,

You are invited to participate in a research study exploring the attitudes that practitioners hold about behaviors of advocacy and activism. Your name was selected as part of a random sample of clinical and counseling psychologists/counselors in the United States. Participation in this study involves completing a demographic sheet and three questionnaires.

Completing these instruments will take no longer than 30 minutes. Possible benefits of participating in this study include increased awareness of your own views toward activism and your role as an advocating health professional. The results of this study will provide important information about the issues of activism that may help us respond with increasing effectiveness to the clients and communities with which we work. If you choose to participate, please complete the demographic sheet and questionnaires in this packet.

Please do not write your name on any of the enclosed materials. **All of the information you provide is strictly confidential.** No individual participants will be identified. Research findings will be discussed/presented only in an aggregate manner. Your participation is voluntary. There is no penalty for refusal to participate.

Returning this questionnaire implies informed consent.

Your interest and participation in this project is greatly appreciated.

Sincerely,

Martina Ritchhart
Oklahoma State University

Should you have questions about this study, you may contact either Martina Ritchhart at (405) 744-6040, Dr. Al Carlozzi at (405) 744-8074, or Sharon Bacher at the Oklahoma State University Institutional Review Board, (405) 744-5700.

APPENDIX D

THE DEMOGRAPHIC QUESTIONNAIRE

THE DEMOGRAPHIC QUESTIONNAIRE

1) In what year did you earn your highest degree? _____

3) In what specialization did you earn your degree?
____ Clinical Psychology
____ Counseling Psychology
____ School Psychology
____ Other (please specify): _____

4) What is your gender?
____ Male
____ Female

5) Racial/Ethnic Identity: (check all that apply)
____ African-American
____ Asian/Asian-Pacific
____ East Asian
____ Latino/Latina
____ Arab
____ Caucasian
____ Hispanic
____ Native American/Alaskan Native
____ Other (please specify):
_____

6) Please rank the extent to which you utilize the following theoretical orientations, according to the following scale: Not at All---------- To A Great Extent

a.	Behavioral	1	2	3	4	5
b.	Cognitive	1	2	3	4	5
c.	Developmental	1	2	3	4	5
d.	Existential/Humanist	1	2	3	4	5
e.	Family Systems	1	2	3	4	5
f.	Feminist	1	2	3	4	5
g.	Multicultural	1	2	3	4	5
h.	Psychoanalytic/psychodynamic	1	2	3	4	5
i.	Solution-focused	1	2	3	4	5
j.	Other (please specify) _____	1	2	3	4	5

7) With which populations do you work? (check all that apply):
____ Adolescents
____ Adults
____ Children
____ Couples
____ Developmental Disabilties
____ Gay/Lesbian clients
____ Geriatric/Gerontology
____ Homeless/Indigent clients
____ Immigrants
____ Rural clients
____ Seriously Mentally Ill
____ Veterans
____ Other (please specify) _____

8) What are the percentages of time you work in the private and public sectors?
____ Private sector % of time
____ Public sector % of time Total=100%

9) Please place a **"1"** next to your **primary** work setting, a **"2"** next to your **secondary** work setting, and a **"3"** next to your **tertiary** work setting:

____ a. solo independent practice
____ b. informal group practice (individuals sharing expenses)
____ c. formal group practice (incorporated, EAP, etc.)
____ d. hospital, medical
____ e. hospital, psychiatric
____ f. hospital, children's
____ g. managed care
____ h. medical school/ health science center
____ i. outpatient medical facility
____ j. rehabilitation
____ k. residential/ day treatment center
____ l. federal hospital/clinic (VA, DOD, etc.)
____ m. college/university-academic
____ n. college/university-counseling center
____ o. school setting (elementary, junior, high school)
____ p. tribal behavioral health
____ q. forensic (police, DOC, courts, jails, etc.)
____ r. community mental health center
____ s. government (not health services)
____ t. other (please specify)

10) Please indicate your responses on the following statements according to the following scale:

	Not at All --1---2---3---4---5---6---7---To a Great Extent						
a. In general, how much do you perceive yourself as an advocate or activist for human welfare and mental wellness?	1	2	3	4	5	6	7
b. How useful and effective do you believe behaviors of advocacy and activism to be?	1	2	3	4	5	6	7
c. Please indicate the extent to which you have had courses in policy issues or advocacy/activism issues:	1	2	3	4	5	6	7
d. Please indicate the extent to which you have previously been involved or exposed to activism planning or participation:	1	2	3	4	5	6	7
e. To what extent do you feel current policies (e.g. laws, agency requirements, etc.) or behavioral health systems (e.g. managed care, licensing requirements, etc.) are a threat to your ability to practice and provide ethical and effective services?	1	2	3	4	5	6	7

APPENDIX E

THE SOCIAL ACTIVISM BELIEFS RATING SCALE

THE SOCIAL ACTIVISM BELIEFS RATING SCALE

This survey is part of an investigation of practicing psychologists' opinions concerning elements of activism within the profession. **In this scale, "activism" and "advocacy" refers to formal and informal behavior that is purposive to furthering the wellness and welfare of individuals and communities through such activities as consultation, collaboration, psycho-education, programming, resource allocation, or political challenge and support.**

You will probably find that you agree with some of the statements and disagree with others, to varying extents. In the space provided, please write the number that best describes your reaction to each statement using the following scale:

1	2	3	4	5	6	7
Strongly Agree	**Moderately Agree**	**Slightly Agree**	**Unsure**	**Slightly Disagree**	**Moderately Disagree**	**Strongly Disagree**

_____1.-Activism is an increasingly important skill for today's psychologists to develop.

_____2.-Researchers and practitioners alike should receive training in public policy systems.

_____3.-Many mental health consumers would benefit by psychologists' social activism efforts.

_____4.-Mental health practitioners would benefit from continuing education programs that explain ways to effectively propose changes in relevant public policies.

_____5.-I believe psychologists are very interested in policies that directly affect the profession (e.g., licensure requirements, training protocols, prescribing privileges, etc.).

_____6.-Individual psychologists can improve mental health services by providing consultation to members of Congress or legislative aids.

_____7.-Community agencies like human/family services, charitable organizations, and shelters, would greatly benefit from psycho-educational workshops offered by local practitioners.

_____8.-Clients and families should be informed about how state policies affect their receipt of services.

_____9.-The overall practice of psychology is improved when there are practitioners involved in the policy decision-making process.

_____10.-Regional and national conventions should offer workshops that teach practitioners how to interface with policy-makers and legislators.

_____11.-Advocates for mental and behavioral wellness should actively instigate dialogue and psycho-education with policy-makers and legislative leaders.

_____12.-The APA should utilize organizational resources to help educate and involve the membership in contemporary mental health issues and policy formation.

_____13.-Clients benefit when they are involved in political efforts to obtain or maintain mental health services.

_____14.-Counseling practices should actively work to build collaborative relationships with community leaders and agencies.

_____15.-I believe psychologists should be well informed about state and federal policies and legislation that affect the provision of mental health services.

_____16.-I believe most practitioners would be interested in the development of policies that directly address the behavioral issues and service needs presented by consumers (e.g., homelessness, substance abuse, domestic violence, etc.).

_____17.-When therapeutically appropriate, clients should be informed of how to write a letter to local government officials or policy-makers.

_____18.-Mental health practitioners should conduct workshops and programs that provide psycho-education to community leaders, such as clergy, council members, teachers, and other agency directors.

_____19.-Most psychologists are able to participate in political activism or policy-making without imposing dual roles in their therapeutic practice.

_____20.-Cutting-edge professional programs should host seminars in the intensive study of legislative issues.

_____21.-There is a real need for psychologists to conduct research that has practical significance for social issues and concerns.

_____22.-Mental health practitioners can positively impact societal views of mental health by presenting testimony at Congressional hearings.

_____23.-We can improve the public understanding of mental health issues by volunteering to speak at council meetings, local board meetings, and other forums.

_____24.-I believe those who provide behavioral and mental health services are in a unique position to understand what policy changes would most improve the welfare of mental health consumers.

_____25.-There are very few obstacles to prevent practitioners from becoming involved with improving mental health policies.

_____26.-Before terminating, therapists should remind clients about existing mental health advocacy groups.

_____27.-It is the responsibility of psychologists to influence community leaders about trends and issues that affect the mental wellness of their communities.

_____28.-Professional programs should train new professionals in strategies for participating in the public policy change process.

_____29.-Private facilities, hospitals, and community mental health centers should implement systems for keeping psychologists up-to-date on current legislative issues affecting mental health services.

_____30.-Many clients are likely to benefit from being able to talk with their therapist about policy issues or laws that affect their service or treatment.

_____31.-Individual practitioners should offer pro-bono consultation services to local agencies and policy-makers.

_____32.-The APA and its state organizations should regularly conduct seminars for members of Congress and other policy-makers.

_____33.-Many clients derive therapeutic benefit when therapists help them talk openly about perceptions and experiences of culture, social systems, and attitudes about mental health issues.

_____34.-I would like to learn more about how mental health practitioners can make positive changes in relevant policy areas.

_____35.-Practitioners can best advocate for clients by adequately documenting sessions and participating in a peer review process.

_____36.-Behavioral health agencies should use funds and resources to cultivate a proactive and positive community mental health advocacy program.

_____37.-Most new professionals would benefit from mentors that are knowledgeable about the policy-making process.

_____38.-Practitioners can provide valuable political advocacy for clients that are under-served or have special behavioral health needs.

APPENDIX F

THE POLITICAL EFFICACY SCALE

THE POLITICAL EFFICACY SCALE

Please respond to each of the following items. Write the number that best describes your response in the space provided, according to the following scale:

1	2	3	4	5	6	7
Strongly Agree	**Moderately Agree**	**Slightly Agree**	**Unsure**	**Slightly Disagree**	**Moderately Disagree**	**Strongly Disagree**

____1. Sometimes politics and government seem so complicated that a person like me can't really understand what's going on.

____2. People like me are generally well qualified to participate in the political activity and decision-making in our country.

____3. I feel like I have a pretty good understanding of the important political issues which confront society.

____4. Today's problems are so difficult I feel I could not know enough to come up with any ideas that might solve them.

____5. I feel like I could do as good a job in public office as most of the politicians we elect.

____6. I don't think public officials care much what people like me think.

____7. Generally speaking, those we elect to public office lose touch with the people pretty quickly.

____8. Candidates for office are interested in people's votes, but not in their opinions.

____9. There are plenty of good ways for people like me to have a say in what our government does.

____10. Politicians are supposed to be servants of the people, but too many of them try to be our masters.

____11. It hardly makes any difference who I vote for because whoever gets elected does whatever he/she wants to do anyway.

____12. In this country, a few people have all the political power and the rest of us have nothing to say.

____13. It doesn't matter what a person does—if the politicians want to listen they will, and if they don't want to listen they won't.

____14. Most public officials wouldn't listen to me no matter what I did.

APPENDIX G

THE ABBREVIATED SOCIAL DESIRABILITY SCALE

THE SOCIAL DESIRABILITY SCALE -ABBREVIATED

A number of statements concerning personal attitudes and traits are listed below. Read each item and decide whether the statement is true or false as it pertains to you personally.

_____1.-It is sometimes hard for me to go on with my work if I am not encouraged.	T	F
_____2.-I sometimes feel resentful when I don't get my way.	T	F
_____3.-On a few occasions, I have given up doing something because I thought too little of my ability.	T	F
_____4.-There have been times when I felt like rebelling against people in authority even though I knew they were right.	T	F
_____5.-No matter who I'm talking to, I'm always a good listener.	T	F
_____6.-There have been occasions when I took advantage of someone.	T	F
_____7.-I'm always willing to admit it when I make a mistake.	T	F
_____8.-I sometimes try to get even, rather than forgive and forget.	T	F
_____9.-I am always courteous, even to people who are disagreeable.	T	F
_____10.-I have never been irked when people expressed ideas very different from my own.	T	F
_____11.-There have been times when I was quite jealous of the good fortune of others.	T	F
_____12.-I am sometimes irritated by people who ask favors of me.	T	F
_____13.-I have never deliberately said something that hurt someone's feelings.	T	F

APPENDIX H

IRB APPROVAL

Oklahoma State University
Institutional Review Board

Protocol Expires: 4/14/2001

Date : Friday, April 14, 2000 IRB Application No: ED00252

Proposal Title: DEVELOPMENT OF THE SOCIAL ACTIVISM BELIEFS RATING SCALE (SABR): AN INSTRUMENT TO MEASURE THE ATTITUDES OF PSYCHOLOGISTS TOWARD SOCIAL ACTIVISM

Principal Investigator(s) :

Martina Ritchhart
2006 W. Logan Ave
Guthrie, OK 73044

Al Carlozzi
202 Whitehurst
Stillwater, OK 74078

Reviewed and Processed as: Exempt

Approval Status Recommended by Reviewer(s) : Approved

Signature :

Carol Olson, Director of University Research Compliance

4/27/00
Date

Approvals are valid for one calendar year, after which time a request for continuation must be submitted. Any modifications to the research project approved by the IRB must be submitted for approval with the advisor's signature. The IRB office MUST be notified in writing when a project is complete. Approved projects are subject to monitoring by the IRB. Expedited and exempt projects may be reviewed by the full Institutional Review Board.

Oklahoma State University
Institutional Review Board

Protocol Expires: 5/7/02

Date: Tuesday, May 08, 2001 IRB Application No ED00252

Proposal Title: DEVELOPMENT OF THE SOCIAL ACTIVISM BELIEFS RATING SCALE (SABR): AN INSTRUMENT TO MEASURE THE ATTITUDES OF PSYCHOLOGISTS TOWARD SOCIAL ACTIVISM

Principal Investigator(s):

Marsha Ritchhart
2008 W. Logan Ave
Guthrie, OK 73044

Al Carlozzi
202 Whitehurst
Stillwater, OK 74078

Reviewed and Exempt **Continuation**

Approval Status Recommended by Reviewer(s): Approved

Signature:

Carol Olson, Director of University Research Complian

Tuesday, May 08, 2001
Date

Approvals are valid for one calendar year, after which time a request for continuation must be submitted. Any modifications to the research project approved by the IRB must be submitted for approval with the advisor's signature. The IRB office MUST be notified in writing when a project is complete. Approved projects are subject to monitoring by the IRB. Expedited and exempt projects may be reviewed by the full Institutional Review Board.

VITA

Martina K. Ritchhart

Candidate for the Degree of

Doctor of Philosophy

Thesis: DEVELOPMENT OF THE SOCIAL ACTIVISM BELIEFS RATING SCALE (SABR): AN INSTRUMENT TO MEASURE PSYCHOLOGISTS' ATTITUDES TOWARD SOCIAL ACTIVISM

Major Field: Educational Psychology

Specialization: Counseling Psychology

Biographical:

Personal Data: Born in Albuquerque, New Mexico on December 30, 1968, the daughter of Roger and Ramona Ritchhart.

Education: Graduated from Owasso High School, Owasso, Oklahoma in 1987. Graduated from Oklahoma State University in Stillwater, Oklahoma in 1993 with a Bachelor of Arts in Psychology. Graduated from Oklahoma State University in 1995 with a Masters of Science in Counseling and Student Personnel Administration. Completed the requirements for the Degree of Doctor of Philosophy at Oklahoma State University in April 2002.

Experience: Completed a 2000 hour Pre-doctoral Internship at the Southern Arizona Veterans Administration Health Care System (SAVAHCS). Rotations included Psychological Assessment, Combat Posttraumatic Stress Disorder Clinic, Health Psychology, Neuropsychology, and Blind Rehabilitation.

Professional Membership: American Psychology Association
Southern Arizona Psychology Association