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How to Be an Advocate: Summary of “Realizing ABCT’s Mission in a Politicized World”

Presented by Lynn Bufka (Moderator), Anita Brown, Brandon Gaudiano, Megan Gordan-Kane, Lauren MacIvor Thompson, and Laura Seligman

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THIS PANEL WAS ORGANIZED in response to the concerns raised by ABCT members regarding hosting the Annual Convention in Atlanta after the passage of bill HB481, “Living Infants Fairness and Equality Act” (i.e., the Heartbeat Bill). In practical terms, this bill represents an extreme abortion ban, banning any abortion after a heartbeat can be detected—at approximately 6 weeks of gestation. The naming of this bill and rationale for it belies the biology of pregnancy, but we digress.

Many members suggested canceling the convention in Atlanta, given the consequences of this bill for reproductive health—discrimination and a violation of human rights. Yet, other members voiced concerns that canceling the convention obscures the diversity and range of political opinions and values of Georgians. Further, many argued that canceling the convention could ultimately harm those most vulnerable and those with the least political power—people of color and women who work in service industry and tourism jobs. Also not withstanding consideration were the financial costs to the organization for late cancellation. As a partial remedy, this panel was organized with the goal of providing information on how members of ABCT can use the science and values promoted by our organization to create positive change in the world.

Context for the Panel as Laid Out by the Panelists

Dr. Lynn Bufka, Associate Executive Director of Practice, Research, and Policy for the American Psychological Association, framed this proceeding by noting that ABCT as a nonprofit organization has legal limits to advocacy and lobbying: ABCT cannot lobby or advocate for issues outside our specific mission. ABCT cannot engage in direct campaign support. Members, however, can lobby and advocate for issues without limits. And ABCT can advocate for the issues directly within our mission—the enhancement of health and well-being by the application of behavioral and cognitive therapies.

For members who were not present, we will describe who was on stage and in the audience. The panel was comprised of mostly White women but represented a range of roles psychologists can inhabit. Members of other professions with specific expertise in reproductive health were also present (Ms. Gordan-Kane and Dr. MacIvor Thompson). The audience appeared to be primarily White women, and the number of men in the audience seemed lower compared to the number of male members of ABCT.

Historical Context

The panel began by formulating the historical context for HB481, led by legal historian Dr. MacIvor Thompson. Dr.

MacIvor Thompson noted that before the 1930s–40s, abortion was not a hot political issue, and many Americans did not have strong opinions about abortion. Much of the current political divisiveness around abortion began when laws were passed with the goal of creating moral order; this prescriptive morality-themed legislation helped shape public opinion. For example, the first abortion-related statutes were not passed until the 1820s, and they were designed to regulate unsafe medications used for abortion. Prior to this, pregnancy was seen as a process wherein a baby did not “exist” until the “quickening”—or the first movements were felt. Indeed, it was news to us as audience members that abortion has been legal longer than it has not. Additional laws were passed in the 1870s, due to xenophobic and racist immigration fears, to ensure that there were not too many abortions of the “correct” babies. Furthermore, it is important to note that women have always sought abortions and therefore suffered the attendant consequences of restrictions to abortion. For example, in 1966 in Georgia 205 women died from self-induced abortions. Black and poor women were overrepresented among those who paid the highest price for lack of abortion and other reproductive care access (see also: the story of Henrietta Lacks). In the pre-Roe era of the 1960s, hospitals formed informal committees to approve applicants for abortions; often the wait times for these committees led to decisions not being made until the second trimester and as many as half of applicants were rejected.

Megan Gordan-Kane of Feminist Women’s Health, a clinic that serves as an independent abortion provider in Atlanta, discussed using the reproductive justice framework to provide services and advocacy. The reproductive justice framework was developed by Black women in the 1970s to be more inclusive of the range of needs and contexts in which reproductive rights are exercised. This was in response to prior abortion activism by White women focusing almost exclusively on abortion access. For example, Megan Gordan-Kane remarked that if minimum wage is between \$5 and \$6 an hour, the legal right to abortion is almost irrelevant because abortion care would be unaffordable (current rates for an abortion in Georgia range between \$350–\$2,100; abcwomensclinic.com/abortion-costs-in-georgia/). To wit, Georgia currently has one of the highest maternal mortality rates in the United States.

Next, we outline the theme and specific behaviors the panelists recommended for ABCT members who are interested in advocacy.

Advocacy Within Our Various Roles

Go Beyond Publishing

The panel unanimously agreed that it is important for researchers to break out of ivory towers and disseminate their research findings in accessible ways. Producing research papers alone is not enough to tip the scales and create change.

Advocate for Yourself and Your Clients

It was also noted that clinicians play an important role in not only advocating for themselves but also their clients and providing support for clients to advocate for themselves.

Science in Policy

Dr. Seligman noted the importance of using science in policy development, in contrast to HB481 where pseudoscience was allowed significant influence. This was echoed by Dr. Gaudiano, who noted that people tend to form opinions based on what they already believe to be true and are strongly influenced by trusted identities, especially in the absence of challenges to those beliefs or identities. In our current era, misinformation is flourishing, and junk science/pseudoscience is rampant. Further, social media has been very effectively co-opted by some advocacy/political groups. As noted by historian Dr. MacIvor Thompson, the relationship between science and law has often been contentious. Knowing this history is important for crafting advocacy strategies.

What We Can Do

Prepare Talking Points, Summaries

Megan Gordan-Kane recommended that psychologists and ABCT in particular have unique skills in being able to make science accessible to legislators and advocacy groups. Indeed, this is something we do for our patients regularly. She recommended preparing bullet points and executive summaries to communicate science quickly and effectively. Legislators, in particular, do not have the time for the nuance and detail that we as scientists value. Rather, they quickly need to know the bottom line. Dr. Gaudiano noted this communication style is really the opposite of what we typically do as scientists. Legislators typically want

to hear the main point, then discuss implications and supporting details.

Share Personal Stories With Legislators

Megan Gordan-Kane also advocated for sharing personal stories, as these are persuasive and memorable. Share your own experiences, your patients' (with edits to be ethical), and your neighbors' experiences. As pointed out by Dr. Gaudiano, as therapists we spend a good deal of time convincing our patients, with evidence and human connection, to do things they do not want to do. Advocating on a direct level with legislators is therefore entirely in the skill set of most ABCT members.

Have an Established Process for Responding to Issues

Dr. Anita Brown, president of the Georgia Psychological Association (GPA), noted that their group has a public interest committee. This committee reviews any human rights issues that GPA might want to take a stand on, and they have a set five-step process to respond. Consequently, their advocacy is organized as opposed to ad-hoc; there is an existing process that facilitates faster and directed responses to issues. This is in line with their mission to promote human rights and their belief that humans have the right to thrive, not just survive. Dr. Brown recommended developing a similar process and committee for other organizations. Even research labs could have a process like this.

Communicate With Your Legislators

Dr. Brown also noted that all politics are local and knowing your city and state representatives, not just national representatives, is important. Similar to Megan Gordan-Kane, she noted that given our training, we are speaking a different language than legislators; yet, our science is our greatest strength, and communicating the science is important. Know your legislators, their positions, and their values, and direct brief communications to them based on that information. Dr. Bufka noted that we may be inclined to wait until the science is "complete" and we have more information; but even if the science is not complete, we can still advocate against legislation that is inconsistent with our professional ethics and values. As Dr. Bufka said, "we don't have to know everything to have something worth saying," because we have knowledge that others, including legislators, do not have. Dr. Seligman echoed this, noting our training as scientist-practitioners is unique, even compared to other sci-

entists and health care providers. The bar for science communication cannot be knowing everything, as that would result in legislation completely devoid of science.

Shape Contingencies

Dr. Seligman advocated for understanding the contingencies of political behavior, which are probably reinforced by polls rather than by facts or science. Thus, taking action that can influence public opinion and therefore polls can be effective in shaping the contingencies for legislators. For example, sharing findings on Twitter and writing editorials can help shape public knowledge and opinions around science.

Never Stop Learning and Being Educators

Dr. Brown prompted that we are never done learning (indeed, that is why we do continuing education) so you can start advocacy at any time. Some suggested thinking of advocacy as a professional competency. There are resources available to learn and practice these skills—such as through the National Alliance on Mental Illness. Similarly, as educators, we should be clear on communicating sources and not valuing all sources equally.

Do Not Be Afraid to Be an Expert

Ms. Gordan-Kane reminded the audience that we are experts in mental health! Do not be afraid to own that role and share your knowledge. The opposition often does not care about science, so do not let them hold the stage.

Question and Answer

An intriguing question raised by an audience member was, "How do I, as someone who lives in Berkeley, California, change the mind of rural Georgians?" The panel urged this questioner to consider that there probably is local work they can do, and to encourage legislators (or provide reinforcement, to use ABCT parlance) when they are doing things you agree with. Finally, one can always do work on the federal level.

Finally, a bigger picture issue is ensuring that ABCT and the professional field as a whole is getting and generating the best information—are we increasing equity, getting funding for behavioral science, etc.? Is the education and training required in our field affordable and feasible for marginalized populations? The panel agreed these are important issues. As a brief response, Laura Seligman announced the newly formed ABCT Task Force to Pro-

mote Equity, Access, and Inclusion; she further encouraged members to contact members of the task force or email ABCTequity@gmail.com.

Conclusion

Finally, remember your motivation to engage in advocacy. As Dr. Bufka said, being part of the conversation is important. If we do not engage, we risk being left out of the conversation entirely: “If you’re not at the table, you’re on the menu” (Megan Gordan-Kane). ABCT members have the skill set to be effective advocates, we simply need to step up to the table.

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