



PUBLIC SERVICE PSYCHOLOGY

Division 18 Newsletter

Special 2007 APA Presidential Election Issue

APA Presidential Candidates Respond

Candidates were asked to respond to a list of six questions posed by the Division. What follows are the unedited responses received from the candidates.

James H. Bray, Ph.D.

1. In your opinion, what is the single most important issue facing public service psychologists?

Making a viable living due to threats and encroachments to our profession. Our greatest challenge is making a reasonable living through the practice of psychology. The continued cuts in reimbursement for psychological services (Medicare and Medicaid) and funding cuts for public service (federal and state) undermine our profession. Many practitioners are struggling with threats to scope of practice from other professions and masters level providers. Managed care continues to ravage our profession, as they over-regulate and withhold psychological services from our patients (this occurs in public service settings too).

What I will do:

- Insure that APA makes public service psychology needs a top priority.
- Increase the number of psychologists who are culturally and linguistically competent and sensitive to provide psychological

services, particularly in community health settings and institutional practice.

- Increase our state advocacy to deal with threats to our scope of practice and federal advocacy to garner additional federal funding for public service programs.

- Increase our presence through the media and other public education efforts to reduce stigma about mental health problems and increase public understanding of psychological services.

- APA needs to refocus its resources to better support practitioners and their professional needs. APA is a strong and financially viable organization, yet many of our members are barely able to make a reasonable living. We need to re-double our efforts to eliminate managed care through changes in federal and state legislation and strategic law suits. Build bridges with other organizations (family medicine, nurses) and trial lawyers to enlist their help in eliminating managed care.

2. Much of the treatment for persons with serious mental

illness is provided by Division 18 members. What can we do, and what can APA do, to improve care for these individuals?

Expand our work into community health centers, not just mental health centers. Over 60% of all mental health services, including for SMI patients, are provided in primary care and community health centers. Psychologists do not usually work in these settings and we need to create opportunities and training for them to work there.

Psychologists need to have prescriptive authority to provide the much needed services for SMI patients. As the recent California law suite points out, there are not enough psychiatrists to meet the needs of the public and non-psychiatric physicians do not have sufficient training to provide the services. Appropriately trained psychologists with prescriptive authority can meet these important needs. We need to continue to expand prescriptive authority for appropriately trained psychologists. APA needs to support the Division

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18 prescriptive authority project for public service psychologists.

3. Do you see public service concerns as underrepresented in APA and in state psychological associations? If so, what should be done to remedy the problem?

Public service concerns are not adequately addressed within APA. This is because most psychologists have no experience in these settings and consequently do not understand the unique needs of public service psychologists and our clients-patients. What can be done? Elect a president who understands the unique needs of and works in public service. I spend over half of my time working in community health centers, public county hospitals and in homeless shelters and transition living centers in Houston and Harris County, Texas. Patients in these areas desperately need psychological services to help them cope with their lives and deal with abuse, neglect, and addiction to continue to be productive citizens.

Research demonstrates that 50% of the causes of chronic illness (diabetes, heart disease, etc.) are psychosocial, and not biomedical. As psychologists, we can provide services to improve patients' overall health through prevention, life-style modification, stress reduction, and medication compliance.

4. What are your plans for increasing diverse representation

in APA governance?

Strongly support national, state and local efforts to increase diverse representation in our profession through inclusion of diverse membership at all levels of governance. We need more psychologists who are culturally and linguistically competent and sensitive to provide psychological services, particularly in community health settings and institutional practice. For example, there are over 30 million people in the U.S. who speak Spanish as their primary language—yet there are not sufficient numbers of Spanish speaking psychologists to provide services to these people. However, we need to start earlier in the education pipeline, like in high school, to get more ethnic minorities into psychology. Yet, if they can not make a viable living as a psychologist, then our profession will not attract them. This leads us back to fighting for more funding for psychology services.

5. What contributions can/should public service psychologists provide to correctional systems?

The U.S. has more people in prisons than any other nation. Many prisoners suffer from addictions and other mental health problems that led to their incarceration. Psychologists can provide much needed services to these inmates and help them change their lives so that they can become productive, law

abiding citizens. However, while many states, such as California and Texas, recognize these needs, the pay is so low that psychologists do not work in these settings. We need to lobby our legislatures to not only increase psychological services in these settings, but also to increase compensation to fill the available positions. We also need to work in the public policy arena to help change social injustice and expand economic opportunities so that there are fewer people in prisons.

6. On what other issues would you like Division 18 members to know your positions?

Expand our practice opportunities in primary healthcare, by gaining prescriptive authority, and providing “non-healthcare” services to the business community and prevention services to the entire population.

Increase our state advocacy to deal with threats to our scope of practice. As “all politics are local” we need to provide more resources to enhance our advocacy efforts.

Increase our presence through the media and other public education efforts to support psychological practice. Psychologists make incredible contributions to society, yet often the society does not recognize that it comes from a psychologist. For example, the way that airline pilots train, stay competent, and communicate in the cockpit is based on psychological research and theory. Psychologists

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did the research and helped write the Federal Aviation Administration regulations, yet our profession is not given credit for this. We need to expand our public education efforts to enhance the visibility of our profession.

Dealing with Disgruntled Members and Nonmembers. Running for APA President, I met hundreds of psychologists--many who had concerns about APA and did not feel that APA represented their interests—and in fact many had dropped out. I would like to address their concerns and increase our membership to continue to have a strong and powerful APA to represent the needs

of all of psychologists.

One of the most important lessons I learned from former APA President Ron Fox is that when we circle the wagons to always shoot outwards and not at each other. This is a perspective I will bring as APA President. We need to work together to support all psychologists—those who want to focus on evidence-based practice and those who want to provide traditional psychological services—those who want to prescribe and those who chose not to—those who practice in public service settings and those who do not.

How will I accomplish these

goals? I have extensive experience within APA, established working relationships with governance and APA staff, and broad experience in the public policy arena. I am a seasoned media person and can be an effective spokesperson for our programs. And most importantly, when APA focuses on a problem, we get results.

I thank Division 18 for providing an opportunity to address your members. I became involved in psychology through training in public service and continue to spend a significant amount of my time working in community health centers. As your president I will work tirelessly to enhance the profession of psychology through expanding opportunities in practice, science and education. See my website for further information: www.bcm.tmc.edu/familymed/jbray.

Carol D. Goodheart, Ed.D.

1. In your opinion, what is the single most important issue facing public service psychologists?

It is hard to choose one, when there are many contenders. However, parity, both within many practice settings and within some parts of APA, is a pressing challenge for many public service psychologists. For example, despite a change in the personnel classification system which could allow more psychologists within the Veterans Administration (VA) to attain higher grade levels (promotions) and an Executive Order which allows them consideration for any upper management position, psychologists in this system are still held to lower level positions and the same stagnant grade levels. Also, psychologists in the California state

hospital system are seeking redress because administrators there are still not enforcing the law passed years ago that grants equitable autonomy to psychologists.

Within concerned Divisions, the Committee for the Advancement of Professional Practice (CAPP), and the diverse practice community, we are seeking more ways to add a stepped-up public sector agenda to the current crucial state-by-state battles for prescriptive authority (RxP). One promising route is to explore regulatory language that will allow appropriately trained psychologists to prescribe in federal agencies such as the VA, Indian Health Service, and the Federal Bureau of Prisons. Divisions 18 (via its training initiative) and 55 (via its multi-agency federal working

group efforts to develop strategic 'selling points' and a model scope of practice policy) are already working to further this goal. Also, RxP for psychologists who serve patients through Centers for Medicare and Medicaid Services (CMS) would improve patient care in community health centers.

2. Much of the treatment for persons with serious mental illness (SMI) is provided by Division 18 members. What can we do, and what can APA do, to improve care for these individuals?

One of the best vehicles we have had to date for keeping this issue active in APA is the Task Force on Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED).

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Established in 1994 by the Council of Representatives, it has been facilitated and staffed since then by the APA Practice Directorate, with oversight and support by CAPP.

The goals of the task force include:

- Defining and supporting the unique contributions of psychologists in working with these populations within the changing mental health marketplace;

- Making recommendations to CAPP concerning practice, research, and training issues in the treatment of SMI and SED;

- Strengthening relationships with consumer groups, family groups, and other advocacy groups;

- Identifying ways that psychologists can function most effectively in treating individuals with SMI and SED in organized systems of care;

- Finding ways to emphasize and publicize to the public the fact that psychologists have major contributions to make in the recovery process for individuals diagnosed with SMI and SED; and

- Identifying practical community based alternatives to institutionalization.

It is important for us to keep our focus on practical strategies and mechanisms that allow psychologists to improve services and offer psychological rehabilitation methods that can lead to recovery. That includes attention to resources, enhanced training opportunities,

replacement of restraint and seclusion with psychological interventions, and working in coalitions within and beyond APA to improve care for these patients and their families.

In order to assure psychology's leadership in this area, we need to work with our graduate departments and professional schools so that rehabilitation and recovery model philosophy is taught as a part of the standard curriculum. For those who want a more specialized emphasis, we need to seek funding for more internships and post-doctoral fellowships with psychosocial rehabilitation and recovery as a primary focus. Psychology should seek to establish Centers of Excellence across practice and training sites.

3. Do you see public service concerns as underrepresented in APA and in SPTA's? If so, what should be done to remedy the problem?

In order to serve our membership and the public well, APA and the SPTAs need a wide range of public service and private sector representation. For the practice community, it is important that CAPP has a designated seat for public service psychology and the APA Practice Directorate has a high level staff member with expertise in this sector. The CAPP integration Group also has public service representation. For the science community, it is important that we have a Science Directorate staff member who is knowledgeable

about research in public service settings, the status of key public research budgets, and congressional bills such as the recent one on traumatic brain injury and PTSD.

To the extent that public service concerns are not being addressed to the satisfaction of our members, I think we can do better. Public service psychologists can be encouraged to seek positions on many boards and committees of APA and their SPTAs. Just as with other under-represented groups in the association, the boards and committees can be educated about the unique value of the public service perspective to achieving the overall mission of APA. We need to work in collaborative partnerships within APA on tasks that promote and enhance psychological services, training, and research in all settings. To ensure the future of psychology practice we must define practice broadly, recognizing that it includes all applications of psychology's scientific foundation, in all settings, with all populations.

4. What are your plans for increasing diverse representation in APA governance?

Public service psychologists are a diverse group and their patient populations are apt to be among the most diverse too, in terms of ethnicity, age, gender, and SES. It is clear that we must increase diversity at every level of the association.

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We want to be a more welcoming organization, one that is reflective of changes in our discipline and in our society.

As APA President, I will nourish allies for diversity and encourage diversity in psychology's pipeline. I believe that we must put into action what we have learned from the Multicultural Guidelines, LGBT Guidelines, Guidelines for Women and Girls, Guidelines for Aging Adults, and the recommendations of the Task Force on Enhancing Diversity. We must move forward with the Diversity Implementation Plan and follow through on the recent Council Resolution to Enhance Ethnic Minority Recruitment, Retention, and Training. I am already working this year with Norman Anderson, our CFO Jack McKay, and other Board of Directors members to insert funding into budget for the hiring of a Diversity officer next year. And I will follow up to ensure inclusion of CEMRRAT2 Task Force Progress Report recommendations in the APA strategic plan that is under development (see: http://www.apa.org/pi/oema/programs/cemrrat_report.html)

5. What contributions can/should public service psychologists provide to correctional systems?

Public service psychologists have an essential role to play in correctional systems and APA can be a strong partner through its advocacy efforts.

Correctional facilities have become a de facto mental health system. Human Rights Watch reported in 2003 that one in six people in U.S. prisons have mental disorders and there are three times as many people with mental disorders in prisons than are in treatment facilities.

APA and the nation-wide grassroots network have advocated for policy and funding for mental health courts, diversion of non-violent criminal offenders with mental disorders from jail into treatment programs, and cross-training for criminal justice and mental health personnel. APA participated in a coalition of 16 groups for The Campaign for Mental Health Reform's action agenda, Emergency Response: A Roadmap for Federal Action on America's Mental Health Crisis. One of the recommendations in the Roadmap is: end the unconscionable and costly "warehousing" of youth with mental disorders and fund programs to divert people with mental illness who have committed nonviolent crimes into treatment instead of jail or prison. I support APA's continuing advocacy in this area. It will take a sustained effort to deliver good care in these systems and to advocate for change in the systems themselves.

6. On what other issues would you like Div. 18 members to know your positions?

As APA President-elect, I will propose a Practice Summit to take place as soon as possible. The goal

is to develop a comprehensive set of recommendations for sharpening our strategies to ensure the future of psychology practice. I will seek the input of Division 18 for this initiative. I believe it will benefit practitioners and the public greatly for us to gather together the APAPO, CAPP, representatives of the practice Divisions and the States, business experts, and trainers of practitioners, for the purpose of a Practice Summit to reflect the times and the opportunities for the practice of psychology. Imagine what we can accomplish when we mobilize together!

As APA President, I will propose the development of a new think tank, an Institute of Psychology, on a par with the Institute of Medicine. It will provide a unified structure to advance psychology's agenda and to enhance psychology's influence. It involves a true partnership among psychology constituencies.

My platform calls for advances that are important to members: economic strides, strengthened advocacy, collaborative partnerships, increased diversity, and organizational responsiveness. It is vital for our next President-elect to understand the coordinated agenda that drives APA forward, to implement solutions for the challenges facing psychology, and to capitalize on the opportunities available to us.

As APA President, I will look forward to attending the APA-
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AVAPL-Division 18 VA Psychology Leadership Conference.

I respectfully ask for your # 1 vote. Please visit my website for more information on my background, leadership, and platform: <http://www.CarolGoodheartForAPAPresident.com>

Margaret Heldring, Ph.D.

1. In your opinion, what is the single most important issue facing public service psychologists?

Achieving greater visibility and voice within psychology and APA policy making. As a longstanding advocate for diverse, often new, roles for psychologists, I view public service psychologists as the pioneers. As societal issues grown more global, complex, and ethically challenging, I appreciate the collective experience and insights housed in public service psychology, but I would like to see these accorded greater recognition.

2. Much of the treatment for persons with serious mental illness (SMI) is provided by Division 18 members. What can we do, and what can APA do, to improve care for these individuals?

I have worked closely with NAMI, NIMH, the Bazelon Center, and SAMHSA on several national agendas:

- Passage of the 1997 original CHIP that requires mental health parity (I served as former U. S. Senator Paul Wellstone's Senior Health

Policy Advisor at the time)

- I envisioned and chaired a 2006 national conference that aimed to strengthen philanthropic giving in the areas of mental illness and mental health.

As critical as mental health parity is, I have long argued for a stronger advocacy agenda for the equitable treatment of mental illness –an agenda of inclusion. This would require health plans to offer an inpatient and outpatient mental health benefit that is not carved out for the alleged purposes of proper management but the real purpose of cost containment. I am also disappointed that parity legislation excludes employers with 50 or fewer employees: small business is a cornerstone of domestic and global enterprise and is often an ideal setting for persons with SMI. Most small business is woman-owned and we know SMI disproportionately affects women either as those afflicted or as caregivers of those afflicted.

Therefore, APA should launch an agenda of inclusion and begin an educational dialogue with the small

employer and business community. This is also an ideal issue for SPTAs to pursue.

3. Do you see public service concerns as underrepresented in APA and in SPA's?

Most definitely underrepresented. Please see my response to question # 1 which I wrote before reading this question!

If so, what should be done to remedy the problem?

- Publicize the problem.
- Assemble a problem solving team.
- Emphasize public service at training, internship levels.
- Support candidates who have been in public service.
- Enlist APA CEO to raise this issue frequently.

4. What are your plans for increasing diverse representation in APA governance?

I have been working on this for
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years, in every leadership role I have. Currently, I chair the Board for the Advancement of Psychology in the Public Interest (BAPPI) and this is our top priority and activity. We work with all BAPPI committees to increase diversity and with APA staff. As president, I will, in a manner consistent with my work, always ask/appoint diverse representation to all activities. I will encourage APA to speak out responsibly on diversity and will focus on recruitment and retention of students, as APA must increase racial, ethnic, and cultural diversity to look like the nation's evolving demographic

composition.

5. What contributions can/should public service psychologists provide to correctional systems?

Again, let me refer to my current leadership of BAPPI where we have two multi year initiatives underway: 1) integrating psychology into public health and 3) addressing the mental health needs of incarcerated populations, especially as these are disproportionately represented among minorities. Public service psychologists can and do contribute positively to the culture and ethos

of correctional systems as well as to individuals. I emphasize three things especially: accurate identification and treatment of mental health problems, a focus on family when advisable and feasible, and education of correctional systems leadership and staff.

6. On what other issues would you like Div. 18 members to know your positions?

I'm very proud to have committed many years of my life as a psychologist to public service.

Ronald H. Rozensky, Ph.D.

1. In your opinion, what is the single most important issue facing public service psychologists?

The single most important issue facing public service psychologists is limited funding for services and the impact of that upon patient care and training the next generation of public service psychologists. Just released information from the US Census Bureau (29 August 2007) indicates that the number of uninsured Americans has topped 47 million, including 9 million children, and these numbers continue to grow. Increasing need for psychological services and decreasing funding highlights a growing problem for those of us who provide care in public service, public health, and institutional practice. Publicly funded services have been put in place to provide care for

these individuals, but public funding, beyond private and governmental insurance, continues to be first in line to be cut when resources decline. Public service psychologists combine our personal commitment to provide quality services and our ethical responsibility to be available to provide care thus we feel the squeeze then between our commitments and the pressure of decreasing dollars and time available for each person seeking care. This squeeze then puts limits on training opportunities for the next generation of psychologists and a sense of foreboding can result. Stabilization of funding and then increased resources should be a major goal.

2. Much of the treatment for persons with serious mental illness (SMI) is provided by Divi-

sion 18 members. What can we do, and what can APA do, to improve care for these individuals?

First we must vigorously get the word out to the media, industry & government policy makers, and the next generation of psychologists that there is very successful, excellent clinical work going on with this patient population; that dollars spent on SMI care are well spent and a career in this field of psychology is rewarding. Basically, stories of success will lead to more support for ongoing success.

- APA must do a better job in advocating for federal, state, and local dollars for SMI psychological care. We must use our assessment and research skills to continue to pro-

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vide data that illustrates that dollars spent on services with those with SMI actually saves dollars in hospitalizations, emergency department visits, and lost wages. Again, many successful rehabilitation programs, medication adherence services, case management and treatment programs run by psychologists should be highlighted and results utilized to advocate for enhanced funding.

- This focus on advocacy can only be enhanced with an increased voice [number of representatives] for the division on APA Council and direct advocacy within APA and its four Directorates, Practice, Science, Education, and Public Interest Asking directly for increased focus on this area should be a priority.

- We must come forward with a strategic plan and seek funding for specific projects and taskforce activities that focus on enhanced care, evidence-based practice in SMI, and public education campaigns to highlight existing good work being done within SMI and workforce needs in SMI treatment.

- APA's Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) has recognized the proficiency in the "assessment and treatment of serious mental illness." I would challenge the field to make certain students considering careers in psychology understand the research and practice opportunities in this field and that they understand what it means that SMI is a recognized proficiency within Psycholo-

gy. Promulgating competency-based curriculum ideas for SMI research and science will help improve care and attract more students to this field.

3. Do you see public service concerns as underrepresented in APA and in SPA's? If so, what should be done to remedy the problem?

APA's public policy arm and advocacy activities through the APAPO and the Educational Advocacy Trust do a great job representing the interests of most psychologists. However, when those "in practice" talk about advocating for practice, the majority of the discussion and time seems to focus on "independent practice" and those in "institutional practice" tend to have less of a voice. I have heard this point repeatedly over the years and especially this past six months. Increased Council representation would help, of course. While it is not the purview of governance to direct activities within the APA central office, advocating for programs, thus staff, specifically charged with programming for "institutional and public service concerns" may be a role the Division might embrace to seek more resources being targeted for our public service concerns. All areas of practice, science, and education are important within professional psychology. But it is APA governance that sets priorities and speaks to strategic planning. Given the large number of public service psychologists across a wide array of venues, I think the voice could be enhanced. My answer to Question 6,

below details my presidential initiative on public health, public service, and public policy that should help give greater voice to these concerns.

4. What are your plans for increasing diverse representation in APA governance?

I think we have made great strides by including, with a vote, the minority psychological associations' representatives on the APA Council as well as continuing to fund all minority Council members to attend the meetings. This is just one level of involvement and I see the importance of actively mentoring psychologists representing diversity to seek positions on APA boards and committees. Membership on those board and committees lead to other leadership roles and is route is often the place that each of us started in our governance activities. As President I would continue to support Dr. Anderson's overall diversity planning including the hiring of a diversity officer with association-wide responsibilities to look continuing the growth of diversity in our field, our association employee group, and within governance. We must also do a better job understanding the workforce issues in psychology. I have been very involved in helping attain additional funding for APA's new Center for Workforce Analysis and Research. This center should help us better analyze the education, training and career pipeline

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in Psychology and identify hurdles to increasing diversity within our field. While the recent CEMRATT2 findings suggest increased minority student involvement in the field, the number of minority faculty has not kept pace. Thus, we need to routinely study this issue as part of ongoing workforce analysis; only then can we establish interventions on a data-based and ongoing basis to increase diversity. My presidential initiative and goals have been based upon bringing together the entire "Family of Psychology" to help build our future. That clearly includes actively building diverse representation within all levels of APA governance.

5. What contributions can/should public service psychologists provide to correctional systems?

Correctional system should be seen as the habilitation and rehabilitation system. Helping understand how to effectively help others learn new behaviors and bring about behavior change are, of course, the core science and practice of psychologists. Psychological services, from assessing basic learning problems through learning new job skills, to the psychological treatment & rehabilitation needed for drug abuse, psychological problems and the effects of abuse & poverty, and traditional mental health services should be seen as the key roles of the system and the psychologists working in that system. While many in the general public see that those remanded to the correctional system

are being "sent away" for punishment, the most important issue is to assure that those individuals do not RETURN to the system once released. Public service psychologists within the correctional system are the ones to make certain the system attends to those issues and that public policy makers understand that funding of adequate psychological services supports society by assuring that fewer people have to return to "the system." Also, current discussions about psychologists' roles in interrogation in the military have implications within organized psychology for those psychologists working within the correctional system. It is key that our field recognize the important role that psychologists in the correctional system play in assuring ethical treatment of individuals remanded to the system and that information obtained from those individuals is factual and useful.

6. On what other issues would you like Div. 18 members to know your positions?

I would like the members of the Division to know that I received the bulk of my clinical training during graduate school and on internship in the VA system [ah, the days of graduate student funding via the VA] and my first job was in the VA. Since then I have directed a state and city funded community mental health program in Evanston, Illinois and received \$1 million from SAMSHA to found the National Rural Behavioral Health Center at the Uni-

versity of Florida. That Center does research and provides direct psychological services via community health clinics and rural extension agent offices for underserved populations in rural and frontier counties in Florida. We also provide, via a Graduate Psychology Education grant, education and training for all our graduate students in rural, primary care psychological services. Thus, I have first hand experience as a provider, educator, and administrator in public service psychology. As APA President my theme will be "Celebrating our Past, Enjoying our Present, and Building our Future: Educating Psychologists for Science, Practice and Serving the Public." My goal is to bring together the many communities of interest within the family of Psychology to collaboratively build the best future we can build for Psychology. The APA President has a unique opportunity to be a true catalyst to help make that happen. Thus, To Build Psychology's Future we must reinforce APA's commitment to a strong psychological science as the foundation of professional practice. I will appoint a Task Force on Public Health and Health Policy: Opportunities for Psychologists in Research, Practice, Advocacy, and Public Service. We will highlight Psychology's contributions to basic & applied science underlying future professional practice and public-service opportunities within public health. This has been one of my key areas

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of focus since I declared my interest in serving as your APA President. I hope that the Division sees my focus on public health, public policy, and public service as direct-

ly reflecting the mission of Division 18. My other initiatives and goals as President can be reviewed at: <http://www.Rozensky-forAPAPresident.com>

Frank Y. (Frankie) Wong, Ph.D.

1. In your opinion, what is the single most important issue facing public service psychologists?

I believe that APA has the resources to be most helpful in raising the public profile of public service psychologists. APA can promote public awareness of the many roles undertaken by public service psychologists and of the ways that those roles contribute to public safety, health and well-being. Raising awareness of the range and value of the work of public service psychologists can also be useful in addressing pipeline issues. It's difficult for a high school or undergraduate student to consider a career option of which he or she is not aware.

2. Much of the treatment for persons with serious mental illness (SMI) is provided by Division 18 members. What can we do, and what can APA do, to improve care for these individuals?

This is one of the clearest instances of a situation in which a vulnerable population can benefit from prescription authority for psychologists. With few exceptions, persons with SMI who are not in institution-

al settings (including, regrettably, jails and prisons) receive the treatment they receive from community facilities. As I have said in other venues, I believe psychologists will prescribe as an option, not a reflex, so that having prescriptive authority would give psychologists in public service settings the widest range of options in treating persons with SMI, while also reducing the incidence of over-medication.

3. Do you see public service concerns as underrepresented in APA and in SPA's? If so, what should be done to remedy the problem?

As public service settings represent areas of expanding opportunity for psychologists entering the workforce, it is critical that public service concerns be more widely and robustly represented within APA. This is a matter of needing to stay ahead of the curve to protect working conditions and to at least stay even with curve to continue to be relevant to prospective members. It is hard to make the case to any constituency -- women, people of color, LGBT people, scientists -- that their interests can be effectively represented by someone speaking

on their behalf. Enfranchisement is an active, participatory process.

That said, I'm a big believer in both data and responsibility. The division might consider forming a working group or tasking its Council reps with identifying the number of public service psychologists participating on Council, the Board, and standing and continuing boards and committees. Then use that data to make the case, especially to the Board, for more appropriate representation. I'm not sure that public service concerns will ever really be well-represented until public service psychologists are well-represented.

4. What are your plans for increasing diverse representation in APA governance?

Have you seen my picture?

5. What contributions can/should public service psychologists provide to correctional systems?

I'm not sure I should be telling a division of psychologists in public service what contributions can or should be made to our correctional

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Frank Y. (Frankie) Wong, Ph.D.

systems. A brief and spontaneously generated list would include, direct services to detainees, facility staff, various forms of risk assessment, mediation, and family counseling. Obviously acquiring funding and institutional support to perform each of these functions effectively presents a different set of challenges.

Beyond support for the professional activities of criminal justice psychologist, more of our research, interventions and advocacy must be devoted to addressing the socio-economic, educational and employment factors that contribute to both crime and recidivism. I'm sure criminal justice psychologists would be pleased to be part of a society that

actually needed them less urgently.

6. On what other issues would you like Div. 18 members to know your positions?

About two years ago a Congressman Toomey proposed the review and defunding of a number of NIH grants, including some of my own research. I had a grant to study "money boys" in Shanghai. The Chinese government, the Chinese government!, actually acknowledged that there were men having sex with men in China, and that some were getting paid for it, and allowed me to conduct a study among them. I was in the odd position of finding the Chinese government more open

and less repressive than my own.

Congressman Toomey was unsuccessful because of a vigorous advocacy effort in which APA's public policy office played a vital role. I want to serve as APA president to help insure that the support I and many others received will be available to researchers in similar circumstances and to further efforts to protect the integrity of peer-reviewed science, which seems to be more and more at the mercy of political currents.

Please see <http://www.wong4apa.org> for more about me and about my vision for APA and psychology.

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