



# PUBLIC SERVICE PSYCHOLOGY

## Division 18 Newsletter

Volume 31; No. 1 Spring 2006

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## Hospital Practice in California's Changing Mental Health System

State Leadership Conference, March 4th - 7th 2006,  
Grand Hyatt Hotel, Washington, DC

*Bill Safarjan, Ph.D.*

*Chief Financial Officer, Psychology Shield*

**Background:** Under California law (Business & Professions Code § 2903) psychologists are licensed to diagnose and treat individuals with mental disorders. In 1978, the state legislature enacted Section 1316.5 of the Health and Safety Code to permit psychologists to practice in health care facilities as "hospital professional staff." In 1980, 1316.5 was amended to permit psychologists to become part of organized medical staffs, provide services within their scope of their licensure, and practice without discrimination as independent providers.

In 1982, the California Department of Health Services published regulations that denied psychologists the right to diagnose or treat organic mental disorders. In 1984, the California Association of Psychology Providers (CAPP) filed a lawsuit declaring that the regulations were inconsistent with statute (CAPP v. Rank). In 1985, the trial court agreed and invalidated the regulations, but the decision was later overturned on appeal. The appellate court held that psychologists could neither diagnose nor treat mentally ill patients unless a physician ruled out a medical basis. The case eventually

went before the California Supreme Court; and in 1990, the Court ruled that psychologists may have primary responsibility for patient care, without physician oversight. In the words of the court: "A patient may receive both medical and psychological treatment. Nothing in the statutes requires that if he receives both, the physician must be 'the captain of the ship.'"

When the law was ignored in state-run health facilities, 1316.5 was further amended to require facilities to establish procedures so that psychologists could apply for medical staff membership and clinical privileges (AB 3141, 1996). And when the revised law was disregarded and no psychologists were on medical staffs, state legislators again amended the law by adding nondiscrimination language intended to prevent state-run health facilities from favoring one provider over another (viz. psychiatrists over psychologists), when both providers were licensed to perform the same services (AB 947, 1998).

Between 1998 and 2003, attempts were made by psychologist within the

*Continued on page 24*



# President's *Column*

It is snowing outside my window as I am writing this, yet I can already see spring and summer in my mind's eye, and I am looking forward to seeing you all at our business meeting during the upcoming annual American Psychological Association Convention in August.

In the meantime, I'd like to tell you about the many initiatives we are undertaking.

The annual Executive Committee meeting took place during the weekend of January 20-22, 2006, in Washington, DC in the context of the APA Division Leadership Conference. It was a full and productive meeting, and many new ventures were launched. Our secretary/treasurer, Mike Neale, will have the full minutes of the meeting as well as the treasurer's report in this newsletter, so I will not repeat everything in detail. I do want to mention some of the highlights, though.

We decided to move to an electronic newsletter, which will also be posted on our website. Tim Lawler and Jacqueline Wall are our new Co-Editors. For the next two issues, we will also send printed copies to members whose e-mail address is not available. After that, it will only be distributed electronically. Since elections will also be electronic starting this year, it is *imperative* that all Division 18 members and associates send in their preferred e-mail address. You will not be included on a listserv that involves interchange without your express

## Dolly Sadow, PhD

permission. This address will be used instead for the newsletter and for elections, as well as for monthly announcements where no response will be possible. Thus your mail box will not be clogged by all the communication from your Division. Send your e-mail to michael.neale@va.gov. Thanks for helping our Division become more fiscally viable and for helping us move into the 21st century.

As part of the elections, you will be asked to consider two changes in the bylaws. One of them has to do with allowing Affiliate members (members of Division 18 who do not currently belong to APA) to vote. The second one has to do with changing the duration of service of the student representative from one year to two. Most officers' terms are two years, and this allows the senior officer one year to train the incoming officer, ensuring a smooth transition. The Executive Committee voted unanimously in favor of these amendments. We thought that they would help strengthen our Division and expand our membership base. The person who really matters though, the person who has the final say, is YOU. Please vote and have your voice be heard.

Speaking of voting, we have a slate of stellar candidates this year. In addition, it is not too late to make nominations for our awards program. Just send your nominations to dolly.sadow



@va.gov, and I will pass them along to Dr. Goldberg, the Chair of our Nominations Committee.

Each section also has many achievements and excellent goals for the coming year. Since each section will describe them in this newsletter, I will not repeat them here but let the section chairs speak in their own voice with their articles.

Another initiative to highlight is our diversity initiative. An excellent committee headed by Dr. Jeanne Bennett has worked hard and made great headway in creating an organized mentoring program in order to attract early career psychologists and students to our Division. Mary Lu Bushnell, student member, and Monica Roy, our Division APAGS Representative, have done yeomen's work providing intensive outreach to students in many venues. Dr. Greenblatt was instrumental in making sure that we had a program evaluation component as part of the initiative. The structure is about ready to roll, so if you are interested either in being a mentor or in being mentored, e-mail me and I will forward it along.

Our Partnership with Alliant University in order to create the opportunity

*Continued on page 3*



## President's Column *Continued*

for 100 Public Service psychologists to get a Master's in Psychopharmacology free of charge is continuing. Dr. Randy Taylor and Dr. Robert Ax (both past presidents of Division 18) continue to inspire us all by their dedication to a cause that they see as crucial for our professional survival. Dr. Harowski, our President-Elect, has taken the lead for this project on behalf of the Executive Committee. She worked tirelessly, most recently in organizing a discussion on the topic for the upcoming (March 4-6, 2006) State Leadership Conference. The APA Practice Directorate's support to this effort has also been invaluable.

The next step in the process involves getting widespread support and donations, however small. Even \$5 makes a difference because when grants are sought it is the number of contributors that indicates support. I am sure Dr. Harowski will give all the details in her article in this newslet-

ter; I will not duplicate her efforts. I do want to emphasize though that if you want to know more about it, if you need a speaker for your facility or state organization on the subject, etc., please do contact me and I will pass the message along to the right hands. We can only do it together.

Speaking of collaboration, our journal will start being published four times a year instead of two. This is fiscally very important as it will allow us to sell it to libraries and other organizations that require at least a quarterly publication for inclusion in their collections. So, WE NEED SUBMISSIONS. Again, that means from YOU. We want to hear about your newest clinical innovation, about your innovative administrative efforts, about your scholarly work. The editors will assist you with the presentation if you'd like.

Another effort to highlight involves our continuing collaboration with the

Association of VA Psychologist Leaders and the Practice Directorate of APA in organizing an annual Leadership Conference. The theme this year is: "Treating veterans returning from Iraq and Afghanistan." This is a topic that affects us all. The conference is in Dallas, April 28-30, 2006. 12 CEUS are offered, 17 if you stay through Sunday the 30th of April. Hope to see you there.

This brings me, of course, to the most central point of all this. We need YOU. Is there a committee you'd like to join or a task force you'd like to start? What do you think about the direction the Division is taking? What do you think our goals should be? How would you like to be involved? Please let us know. Your voice counts.

It's an honor to serve as your President this year. Let me know how I can do it better. In the meantime, may your winter be warm and peaceful. See you in New Orleans.

## Advertising in Public Service Psychology

### Ad Rates:

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Half page	\$300.00
Quarter page	\$200.00

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Advertising copy should be submitted electronically. File formats preferred are JPG, TIFF, EPS and PDF at 300 dpi or higher. See above for ad sizes. *Public Service Psychology* is issued three times yearly. Due dates for receipt of final ad copy are March 1, July 1, and December 1. Submission

of an ad does not guarantee publication. The newsletter editor(s) and Division 18 reserve the right to refuse advertising. Advertising for Division 18 events and jobs/training in public service psychology are encouraged and are published without charge, space permitting.

For questions or to reserve ad space, please contact Melisa Rempfer, PhD, Division 18 Advertising Coordinator, [mremper@kumc.edu](mailto:mremper@kumc.edu).

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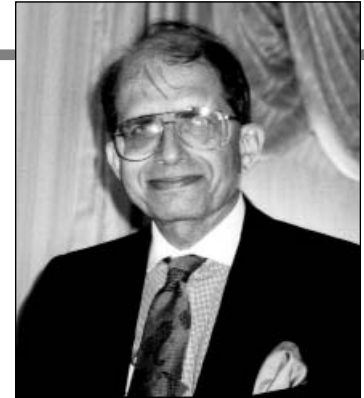
to APA Division 18 (Psychologists in Public Service) and send to:

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 VA CT Healthcare System / 182  
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# Past President's *Column*

Robert W. Goldberg  
PhD, ABPP, FAACP



When my Presidential term ended at 4 PM last August 21st, the conclusion of the APA Convention, I was fleeing Washington D.C. via expressway, heaved a sigh of relief as the burdens of high office were lifted, and headed for home. I had visions of sitting in a rocking chair on my front steps, resuming pipe smoking (unhealthy, but I used to look rather professorial doing this), and waiting to receive the many psychologists who would beat a path to my semi rural Ohio home to seek my sage counsel. I also recalled the unruly three-foot stack of documents, printouts, e-mails, receipts, etc., which had accumulated near my desk over the year, presenting an ever-increasing risk of orthopedic injury by tripping as its height increased. At last, I would have the leisure time to organize this material into my Presidential papers for submission to the Archives of the History of Psychology.

So much for fantasy.

Actually, it turned out that the Past President had a number of tasks to undertake, which I had apparently repressed. I continue, of course, to sit on the Division Executive Committee and participate in the lively discussions of policy and action in which we engage. There are always a few details delegated to me by our gracious and efficient current President, Dr. Dolly Sadow, which I hasten to handle to the best of my knowledge and ability. As Chair of

the Nominations and Elections Committee, I recently had to solicit suggestions for nominations for Division officers, as well coordinating our candidacies for APA's many Boards and Committees, which at this writing I have just submitted to APA. Following up on last month's e-mail announcement, let me again invite you to submit nominations and documentation for this year's Division Awards. Once again, these include:

### *Harold Hildreth Award*

The Division's highest award, the award recognizes a senior professional whose career and accomplishments embody the highest principles of public service.

### *Student Awards*

Recognizes the work of outstanding graduate students in psychology who have made significant contributions to public service mental health through research, practice, program development, training, and advocacy. A cash prize of \$500 accompanies the award.

### *Distinguished Service Award*

Given to a Division member for service to the Division, such as holding Division office, serving on APA or Division committees, boards, or task forces, or otherwise significantly advancing the Division's public service mission.

### *Early Career*

#### *Achievement Award*

Recognizes persons who have received their doctorates within the past five years and who have already made significant contributions to the work of the Division and/or public service psychology and mental health.

#### *Special Achievement Award*

Recognizes a person, whether Division 18 member or not, who has made major contributions to public service mental health through practice, research, training, administration, or advocacy.

Nominations and supporting documentation, such as C.V.'s of the nominees, should be sent to Robert W. Goldberg, Ph.D., ABPP, Louis Stokes Cleveland DVA Medical Center, 116B(W), 10701 East Blvd., Cleveland, OH 44106. The deadline for nominations is May 19. So please do a public service by making a nomination for the Public Service Division awards, and also by enabling me to resume my active fantasy life!



# VA SECTION REPORT

**Robert A. Zeiss, Ph.D.**  
Chair

## Why I Like VA

I've been a long time employee of VA. Beginning my VA career in Phoenix in 1980, then moving to Palo Alto in 1982, I had 25 years of experience with two different VA facilities before moving to Central Office in 2005. There has been a sea of change in VA healthcare over that period - particularly in the last 10 years. The change was not always easy, not always fun, and it caused difficulties for psychology - some of which remain. But the overall outcome is clear, and it is good.

Put simply, VA is the best health care system in the US and perhaps the best in the world. Patients have been telling me that for years, as they have abandoned private sector health care and come to VA. Now the data confirm what our patients have long known.

Let's look at a bit of the good publicity and the data behind it. Paul Krugman, in a *NY Times* Op-Ed column, Jan. 27, 2006, declared that, as an integrated health care system, VA has taken the lead in electronic medical records, in provision of preventive care, and keeping costs down by bargaining hard with medical suppliers. He cites data from the National Quality Research Center demonstrating that customer satisfaction is greater with VA than with the private sector - for the 6th consecutive year. His conclusion: this "government agency can

deliver better care at lower cost than the private sector."

A week earlier, Jan. 20, 2006, Rob Stein, writing in the *Washington Post*, highlighted the same NQRC data, leading a front section article with the title "VA Care is Rated Superior to That in Private Hospitals."

In a major article last year in the *Washington Monthly* (January 2005), Phillip Longman described VA as pointing "the way toward solving America's health-care crisis." Basing his article not only on patient satisfaction, but also on recent studies citing more objective measures, Longman described VA's emphasis on preventive and integrated care and concluded that VA is "producing the highest quality care in the country." Longman's article is a particularly thorough and good review of outcome data, with conclusions emphasizing the importance of VA's leadership in computerized medical records, preventive medicine, and willingness to admit and learn from mistakes. This article should be required reading for every VA employee and patient, every veteran, and every member of Congress. It highlights the results outlined in the next two paragraphs.

*Annals of Internal Medicine* (December 2004) published a one-page summary for patients on "The Quality of Health Care for Veterans Compared with Other Patients." These brief

summaries translate larger research findings into brief statements to aid patient understanding of complex research findings. This particular summary reviewed a data-based article by Asch, McGlynn, Hogan, Hayward, Shekelle, Rubenstein, Keeseey, Adams, and Kerr (same issue); it states "Patients cared for in the VHA health system seem to receive higher-quality care than patients who receive care elsewhere."

In the *New England Journal of Medicine* (May, 2003), Jha et al. published an article on the Quality of Care in VA. Their study determined that VA outperformed Medicare fee-for-service programs on all 11 quality indicators that were available for direct comparison between 1997 and 1999. In 2000, VA outperformed fee-for-services programs on 12 of 13 indicators.

## What about Mental Health Care?

The above-mentioned studies have all focused primarily on medical care and at this point, equivalent data on mental health care do not exist. VA, however, has led the nation in development of geropsychology as a discipline. Nowhere are geropsychology services so prominent or so well-funded as in VA. We continue to train psychology interns in geropsychology and we have twelve facilities with identified postdoctoral slots in

*Continued on page 6*



# VA Section Report *Continued*

geropsychology. Integration of mental health services into primary and specialty medical care has also been led by VA

In addition, it has always been clear to me that individuals with serious mental illness (SMI) are best served by VA. These patients almost never have access to private care and county and state mental health systems are almost always under funded and understaffed. VA has always been able to provide better continuity of care, treat as the provider felt appropriate, and prescribe medications by clinical indication rather than by cost. When hospitalization is required, VA is able to hospitalize for an optimal length of stay rather than be driven by arbitrary limits on hospital benefits.

VA has traditionally led the way in treatment of SMI, PTSD, substance use disorders, and homelessness. VA is the only large healthcare system that has fully endorsed the findings of the President's New Freedom Commission on Mental Health. VA led the nation by developing its own Mental Health Strategic Plan ([http://vaww.va.gov/vhaopp/misc/SP\\_Guidance050205.pdf](http://vaww.va.gov/vhaopp/misc/SP_Guidance050205.pdf)) and by its continuing emphasis on transforming mental health care delivery for individuals with SMI.

VA continues to fund innovative programming for SMI services, having earmarked about \$68 million over the last two years to enhancement of SMI services. VA has funded 3 interprofessional fellowship programs for Psychosocial Rehabilitation Services (PSR) since 2003. This year, the

Office of Academic Affiliations will likely seek proposals for expansion by 3 additional sites. In addition, before this article is published, there will be a new RFP dedicated to funding additional PSR programs. This RFP will offer at least \$22 million for these programs.

## The Challenge

VA is clearly a leader in US health and mental health care delivery. The challenge is to continue this leadership role. Our tasks include:

- ▶ Participate in facility and VISN development of proposals for funding and for development of PSR programs.
- ▶ Endorse and expand services recommended by VA's Mental Health Strategic Plan.
- ▶ Educate our trainees on the President's New Freedom Commission and its likely impact on mental health care delivery.
- ▶ Continue to develop and integrate mental health into medical care delivery systems.
- ▶ Support and conduct research to demonstrate the efficacy and cost-effectiveness of integrated health care teams.
- ▶ Continue to adopt empirically supported treatments, with program evolution as new data emerges.
- ▶ Demonstrate the quality of services we offer. Suggestions for empirically based mental health per-

formance measures would be particularly welcomed by the Office of Quality and Performance.

I hope many of you will attend the VA Psychology Leadership Conference in Dallas April 28-30. It's a great venue for learning more about new directions in VA mental health care, the role of psychology in VA, and for developing friendships and collaborations with other VA psychologists. For more information, please see the AVAPL website (<http://www.avapl.org>).

I look forward to hearing from you.

Bob Zeiss  
202-357-4028  
[Robert.zeiss@va.gov](mailto:Robert.zeiss@va.gov)

**Mary Lu Bushnell, M.A.**  
*APAGS Regional Advocacy  
Coordinator, Southwest  
Clinical Psychology  
Doctoral Student  
Argosy University/Phoenix*

## Graduate Students:

*Have you joined or renewed your student affiliate status with APA for 2006 which automatically enrolls you as an APAGS member?*

If not, you'll miss the many benefits you receive, such as *gradPSYCH* (the APAGS magazine), *The Monitor on Psychology*, *The American Psychologist*, and access to the largest network of psychologists and psychology students in the world. Be sure to renew or join now by visiting:

**<http://www.apa.org/apags/join.html>**



# *Criminal Justice*

## SECTION REPORT

*By Robert Morgan, PhD*

This is an exciting time for the Criminal Justice Section as we have several activities in the works. In the last newsletter I introduced plans for a North American correctional psychology conference, and I'm pleased to report that planning is well underway. In fact, the North American Correctional and Criminal Justice Psychology Conference has been scheduled for June, 2007 and will be held in conjunction with the Canadian Psychological Association (CPA) annual meeting in Ottawa, Canada. This conference promises to be exciting and action packed with approximately three days of correctional psychology and criminal justice programming. APA Continuing Education Credit will be offered for all conference programming. The conference will include keynote presentations that you will not want to miss, a social hour, and a very nice banquet. The conference will be co-sponsored by Division 18 (APA), the Criminal Justice Section of CPA, and the American Association of Correctional and Forensic Psychology. Call for programs will be out soon and I hope you will all consider submitting proposals. For more information, please contact Jeremy Mills (MillsJF@CSC-SCC.GC.CA) or me (robert.morgan@ttu.edu).

I am also excited to report that I have developed an Ad Hoc Committee for Student Involvement in the Criminal Justice Section. This committee is being chaired by Andrea Kleiver, Nova Southeastern University. Other com-

mittee members include: Ken Liberator, California School of Professional Psychology at Alliant International University-Los Angeles, Jon Mandracchia, Texas Tech University, and Lucas Shaw, Texas Tech University. The goal of this committee is to increase student membership and involvement in Division 18 activities and increase student opportunities in the criminal justice sector. Under Andrea's guidance, the committee has had several conference calls and is finalizing a mission statement.

We are continuing to develop a Criminal Justice Section webpage. Jason Doll, Marymount University, and Jon Mandracchia, Texas Tech University are helping with this endeavor. Although the development of the site has been slow, we are making progress. Our plan is to have the website online and linked to the division webpage by the August APA conference.

The Criminal Justice Listserv remains alive and well. Although list activity has slowed in the last year, the list continues to afford members an opportunity to network and discuss professional issues. A new feature for the list consists of regular criminal justice research updates. Jarrod Steffan, Northeastern Oklahoma Psychology Internship Program, graciously agreed to post regular updates and Tables of Contents from criminal justice-related journals and publications. His time and energy have been appreciated by all. It is also time to change leadership

for the listserv and Miranda Brockett, Federal Bureau of Prisons, has agreed to take over the administrative and management duties of the list on March 1, 2006. Miranda enthusiastically accepted this opportunity and already has developed ideas for improving the listserv.

Additional conference and continuing education opportunities abound for criminal justice psychologists. In May the Mental Health in Corrections Consortium will hold its annual meeting with an exciting lineup of presentations, highlighted by a Keynote Presentation from internationally known Henry Steadman. The focus of the consortium is "Offender Re-Entry: Best Practice Models for Reducing Recidivism." In addition to offering stimulating presentations, continuing education credits, and Kansas City's finest barbeque, this meeting provides a great opportunity for networking and developing collaborations. Additional CEU opportunities will be available at the annual APA meeting as two criminal justice related workshops have been accepted by the program committee. One workshop will present best practices in correctional rehabilitation and the other will review risk assessments, including ethical issues in risk assessment (yes, ethics is in the title to satisfy CEU ethics requirements). I believe this represents the largest number of continuing education credits ever offered in criminal justice at an APA conference. More details will follow in the next newsletter, but I am very excited about this growth.

This concludes my report for the spring newsletter. If you have any thoughts, suggestions, or feedback regarding section activities, Linda Richardson (Secretary/Treasurer: lrichardson@dmh.co.la.ca.us) and I (robert.morgan@ttu.edu) would like to hear from you.



# Student Representative

## SECTION REPORT

By Monica Roy

It has been an exciting and eye-opening experience acting as the APAGS representative. During the last few months I have gained an immense appreciation of how open and receptive this division is to advocating for and listening to students' suggestions. It has become obvious that students are seen as the future of psychology and this has led me to wonder, what can we do to be more proactive for our own futures? With this question in mind I have been working on the current objectives:

▼ **Increasing student awareness about Division 18.** I hope to continue collaborating with the Diversity Task Force and other sections to help get the word out about the division and all that it has to offer students. The Public Service sector offers students numerous training and career prospects and I believe once students find out about

them, they will become members and this membership can prove to be invaluable to their future.

▼ **Student focused programming at the APA Convention (2006).** In order to get the word out about Division 18, at this year's APA Convention in New Orleans there will be a discussion hour sponsored by the division entitled, "Internship and the Public Sector: Questions Answered." This discussion hour will feature Dr. Russell Lemle (Psychology Training Director at the San Francisco VAMC) and Dr. Phil Magaletta (Internship Coordinator for the Federal Bureau of Prisons) with Dr. Dolly Sadow (current division president) facilitating the discussion hour. In addition, Andrea Kleiver, the new CJ Section student representative, and I are in the midst of planning a social hour for specifically for students at the

convention. Stay tuned for more information!

### **Future Goals in Consideration:**

At this year's executive committee meeting the issue of establishing a formal student section was raised. What would a student section consist of? It would be organized like the other sections within the division, and would include a section Chairperson and a Secretary-Treasurer, both of whom would be elected for a two-year period. Benefits of creating a student section are that it would allow for a more robust voice from the students within the division and provide the opportunity to increase activity of student members. Most of all, section meetings may facilitate communication among students.

Division 18 is open to hearing the students' voices. Our voice has the potential of being even louder if we work together. If you are interested in being part of a Student Section, please contact me at [monicaroy11@hotmail.com](mailto:monicaroy11@hotmail.com). I also welcome any other ideas and suggestions.

# CONTINUING EDUCATION COMMITTEE REPORT

SCOTT W ALLEN, PhD

After approximately fourteen months of a basically smooth process, the transition of transferring the CE Sponsor Program from the Police and Public Safety Psychology Section (PPSPS) to the Division has been realized. We are now awaiting the results of our probationary status report from the Office of Continuing Professional Education. We are anticipating a favorable response.

The purpose of the transition was to save money as both the Division and the PPSPS were CE Sponsors. Hopefully, the consolidation will stimulate increased utilization of our status as CE providers. With that in mind, initial planning is underway regarding a pre-convention mini-conference just prior to the APA convention in New Orleans. The anticipated topical theme for the mini-conference will be

on post-disaster/post-trauma intervention. It would be especially gratifying to include in this program, submissions from Gulf Coast psychologists who directly experienced the aftermath of Hurricane Katrina devastation and intervention. Please look for an upcoming Call for Papers announcement.

If you would like to contact me with any questions or comments, please contact me at 305-591-1106 or [sallen@mdpd.com](mailto:sallen@mdpd.com)

Thank you,  
Scott Allen



# DIV Diversity

## 18 Task Force

Mary Lu Bushnell  
Monica Roy

The Division 18 Diversity Task Force continues to focus on the implementation of a mentoring program. The goal of the mentoring program is to increase the activity of student members and early career psychologists within the division. We are actively recruiting via advertisements on the PUBSERVE listserv, emails to new student members, an ad in the February edition of the APA Monitor, and an ad in the Division 18 newsletter. This has resulted in approximately 20 interested mentors and mentees, representing a majority of the sections in Division 18. We are in the process of finalizing guidelines as well as a method to evaluate the effectiveness of the program. We have collaborated with existing mentoring programs including APA's Green and Grey Task Force and the APAGS Committee on Ethnic Minority Affairs (CEMA) peer mentoring program in order to learn from existing, successful mentoring programs. In adherence to the spirit of diversity issues, we strive to include diversity issues/education into

the structure of the mentoring program. In fact, several mentees have requested mentors to assist in learning more about working with specific diverse patient populations. We are currently seeking mentors who are knowledgeable about working with Native American populations, in particular.

Another active project of the task force is to increase the membership of Division 18, specifically diverse members (i.e., people from minority backgrounds, women, graduate students and early career psychologists). Task force members have recruited new Division 18 members and student members at several state conferences including Connecticut Psychological Association, Oregon Psychological Association, Arizona Psychological Association, Kentucky Psychological Association, and Illinois Psychological Association. Division 18 members were also recruited by task force members at the National Academy for Neuropsychology Conference. We would like

to encourage you to join us in our recruitment efforts by spreading the word about Division 18 at the various conferences (state, regional, etc.) you are planning to attend. Thank you!

The Division 18 Diversity Task Force held its fifth meeting on February 24, 2006. We meet every 1-2 months via conference call. Current members include Jeanne Bennett (Task Force Chair), Mary Lu Bushnell, Kim Cornish, Jason Doll, Sherri Edwards, Richard Greenblatt, Kathy Harowski, Samantha Kettle, Kathy McNamara, Thomas Miller, Pam Morris, Susan Ohlde, Monica Roy, Dolly Sadow, Katina Shine, Al Sirota, and Jarrod Steffan. We would love to have you be a part of this exciting task force! If you are interested in becoming involved in the Diversity Task Force and/or if you would like to join our listserv, please contact either Mary Lu Bushnell ([mlbushnell@yahoo.com](mailto:mlbushnell@yahoo.com)) or Monica Roy ([monicaroy11@hotmail.com](mailto:monicaroy11@hotmail.com)).

We are pleased to announce the first edition of the Division 18 E-Newsletter. While we have made some changes to the publication, we have kept much of what has been published in the past. The articles, announcements and section reports will all continue to be included. The largest changes are in the delivery method and format of the publication. While print copies will be sent to members who have asked for them until the fall of 2006, our plan is to move to a pure electronic format by the end of this year. The newsletter will be posted to the Division website and an electronic message to announce its arrival will be sent to those persons on the Division mailing list. So, please make sure that the division has your latest e-contact information.

We invite you to read about the work of the Division's members and the issues facing psychologists who are in public service settings. The President's column in this issue contains more information about the changes taking place within the Division and other issues of import to the Division's membership.

We welcome your comments about the changes, both in the newsletter and those facing our field.

~Tim Lawler and Jacquie Wall, Newsletter Co-Editors



# FELLOWSHIP COMMITTEE REPORT

EDMUND J. NIGHTINGALE, PH.D. ABBP

In my first report to the membership as the incoming Committee Chair, I want to acknowledge the very able leadership of Dr. Asher Pacht during whose term last year we nominated three members to APA and Divisional Fellowship and promoted to Fellow another five members of our Division who were already Fellows of APA and of other Division. The newly promoted members, all APA Fellows, are Drs. Patrick M. Flynn, Raymond F. Hanbury, Kathleen M. McNamara, Patrick H. Tolan, and Antonette M. Zeiss. Congratulations all!

The committee acknowledges the sad loss of Dr. Carole T. Mobray whose illness and untimely death during the past year shadowed the committee's awareness and deliberations. Carole was a member of the Board of Division 18 over a decade ago and continued to be our Liaison to the Committee on Women until her death. She was honored as the 2005 recipient of Division 18's highest honor, the Harold Hildreth Award for Outstanding Public Service in Psychology. In addition, the U.S. Psychiatric Rehabilitation Association announced recently that its Early Career Research Award has been renamed the Carol T. Mowbray Award. Dr. Mowbray's many contributions to Psychology, to the University of Michigan's School of Social Work (SSW) Center for Poverty, Risk, and Mental Health (Ann Arbor), to her

students, and to public service advocacy are chronicled more completely elsewhere. ([http://ipumich.temppublish.com/cgi-bin/pr.cgi/~urecord/0506/Sept06\\_05/obits.shtml](http://ipumich.temppublish.com/cgi-bin/pr.cgi/~urecord/0506/Sept06_05/obits.shtml))

This last Fall, we welcomed Dr. Rodney Baker to the Committee just in time to assist with the framing of Fellowship Committee letters in support of our new nominees. At our request, he has since designed a certificate for presentation to new Fellows of the Division. Traditionally Fellows have received a certificate from APA attesting to their Fellowship in the Association, but nothing from our Division which nominated them. The new certificate is soon to be sent out to APA Fellows who were recently promoted from member in Division 18 to Fellow. They will also be presented to our new Fellows to be named at the time of the APA Annual Meeting in New Orleans.

Soon the cycle will begin for seeking new Fellows, to be honored at the 2007 APA Annual Meeting. The Committee wishes to invite senior members of the Division to consider whether they might be eligible for APA/Division 18 Fellowship. For those who are not currently Fellows of APA through some other Division you will need to do a brief self assessment using the guidelines published by APA's Membership Committee. Those materials, along with the appli-

cation packet and instructions can be requested from me. APA's standards are pretty straightforward:

*"Election to Fellow status requires evidence of unusual and outstanding contributions or performance in the field of psychology. Fellow status requires that a person's work has had a national impact on the field of psychology beyond a local, state, or regional level. A high level of competence or steady and continuing contributions are not sufficient to warrant Fellow status. National impact must be demonstrated."*

(<http://www.apa.org/membership/fellows.html>).

Division 18 members who are already Fellows of APA need to share with the Committee their exceptional contributions related to the field of Public Service Psychology. It is a given that they have already been found to have made outstanding contributions of national import to the field. We hope soon to have the Division 18 standards upon our divisional Web site.

The Committee will assist in mentoring the process for applicants. This year's Committee includes Dr. Asher Pacht (Chair emeritus), Dr. Rodney Baker, and yours truly.

My email address is [edmund.nightingale@va.gov](mailto:edmund.nightingale@va.gov). I look forward to hearing from you.



# Fellowship Committee Outgoing Chair Report

Asher R. Pacht, Ph.D.

The members of the Division 18 Fellowship Committee are Drs. Edmund Nightingale, Asher Pacht and, until her illness and untimely death, Carol Mowbray. Dr. Rod Baker became a member of the Committee at the Division 18 meeting in August, 2005.

Five Current APA Fellows submitted appropriate documentation as required and were approved as Fellows in Division 18. They are Drs. Patrick Flynn, Ray Hanbury, Katherine McNamara, Patrick Tolan, and Antonette Zeiss. They were sent newly designed Division 18 Fellow Certificates. The certificates, which I believe are outstanding, were designed by Rod Baker and printed on ivory paper. A copy of the certificate along with this report will be

mailed to the Division 18 President for the archival files.

As noted in our earlier report, requested application materials for Initial APA Fellow status were sent to the ten Division 18 members who responded to our announcements. Despite a number of follow-up efforts, only three individuals submitted nomination application materials. Their required materials and necessary endorsements along with a cover nomination letter from the Fellowship Chair were sent to and received by the APA Membership Committee well before the February deadline. The Fellowship Committee believes that materials submitted by all three of our candidates and their endorsers demonstrate that they meet

and even exceed the APA and Division 18 Fellow requirements. We shall look forward to their election as APA and Division Fellows. Final confirmation, however, will not be known until August, 2006. The nomination applications will work their way through the APA Membership Committee, then to the APA Board of Directors and finally to the APA Council Meeting in New Orleans. Our Division Council Representatives will be the first to know the results.

This report completes my period as Chair of the Fellowship Committee. Dr. Edmund Nightingale became the Chair on January 1, 2006. By agreement, I continued to complete the work started last year. I would like to thank the Division Executive Committee for their support throughout the year. I would especially like to express my gratitude to my colleagues on the Committee whose advice, creativity, and hard work throughout the year made my role as Chair feasible.

## *Police & Public Safety*

### SECTION REPORT

Scott W. Allen, PhD

Greetings from the new Chair. I would like to take this opportunity to recognize the other officers of the section: Chair-elect: Lorraine Greene, and Secretary-Treasurer: Robert Woody. A special thank-you to both Elizabeth White who was an invaluable section officer and contributor to any responsibility asked of her. And likewise, to Bob Woody who has graciously accepted to assume Elizabeth's role and

responsibilities. I certainly wish Elizabeth all the best both personally and professionally. Of course, it would be extraordinarily remiss if I did not acknowledge Immediate Past Chair, Dr. Andrew Ryan for all his work, trials and tribulations as Chair of this robust group. Thank you Andy.

In an attempt to revitalize some member participation in the section and

division, there will most likely be a pre-convention mini-conference with CEs at the convention in New Orleans. The anticipated topical theme for the mini-conference will be on post-disaster/post-trauma intervention. It would be especially gratifying to include in this program, submissions from Gulf Coast psychologists who directly experienced the aftermath of Hurricane Katrina devastation and intervention. Please look for an upcoming Call for Papers announcement.

If there is anything you believe will be of interest to the section (and division), please contact me at 305-591-1106 or [sallen@mdpd.com](mailto:sallen@mdpd.com)

Thank you,  
Scott



# THE SPECIAL RESPONSIBILITY OF THE PUBLIC SECTOR

Pat DeLeon, Former APA President

Over the years we have attempted to bring to the readership's attention evolving public health and public policy trends with the underlying expectation that those of us in public service would come to appreciate our unique and special societal responsibility to ensure that our own service delivery systems are responsive to the changing times of the 21st century. Sometimes what should be done is quite evident. For example, obtaining prescriptive authority (RxP) within one's own employment setting and empowering clients (i.e., creating educated consumers). Both objectives can generally be accomplished by administrative, rather than legislative action. At other times, it may admittedly be a bit harder to take concrete action. How can an individual practitioner or program manager actually take advantage of the unprecedented technological advances which are occurring almost daily within the communications and computer fields? How, for example, can we create virtual-reality therapy environments for assisting veterans or victims of violence with PTSD? At a minimum, we want to encourage active dialogue and systematic planning among the Division's members. We all have entered the 21st century. The Importance Of Quality Training: Earlier this year, Maryland Psychological Association (MPA) Past President and Department of Defense (DoD) prescribing psychologist Morgan Sammons and I had the opportunity

to attend the graduation ceremonies at Historic Fells Point, of 14 Maryland psychologists as they received their Postdoctoral Master of Science in Clinical Psychopharmacology from CSPP-Alliant International University. Each graduate was presented with a personal letter of congratulations from APA President Gerry Koocher by the Practice Directorate's Deborah Chandler Baker. This is the third CSPP-Alliant psychopharmacology graduation that I have attended. In my judgment, each of us owes Steve Tulkin and Wendy Stock our gratitude for the truly visionary and practitioner-friendly training program they have developed.

Today, there are over 200 CSPP-Alliant graduates across the nation, including in the ground-breaking State of Louisiana. Without question, this ceremony was a most rewarding experience. Steve described how closely CSPP-Alliant had worked with MPA; for example, their mutual efforts in gaining permission to offer an out-of-state degree from the Maryland Higher Education Commission. Our sincerest congratulations to Marla Sanzone for her vision and perseverance on behalf of this particular program and for our Division 18 leaders Randy Taylor and Bob Ax for bringing similar RxP training to our Division's members, with the strong endorsement of the Division's Executive Committee. As we watched

the graduates receive their certificates, we could not help but also reflect upon the importance of timely public/private partnerships.

With the numerous military, Veterans' Affairs, and other federal and state agencies across the nation, it is truly time to seriously consider closer links with these agencies. Colleagues such as Maryland's Tom Stacy and Marvin Hoss have been exploring mechanisms to provide services by private psychologists to veterans returning from Iraq and Afghanistan and their families in order to cover gaps in care that might exist when these service members leave active duty but still require ongoing psychological services. Numerous opportunities also exist for qualified RxP trained psychologists in national security settings. As the role of psychological services in national security efforts gains increasing prominence, it is important for those trained by Steve and Wendy to not only be aware of such opportunities for service but to also ensure that their younger colleagues obtain the appropriate educational backgrounds to enable them to move easily into these exciting employment settings. Personal awareness of, and in-depth preparation for, the challenges of the future are hall marks of a learned profession.

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# THE SPECIAL RESPONSIBILITY OF THE PUBLIC SECTOR *Continued*

Steve reports: "The Alliant program, which now includes 450 hours of study, is experiencing tremendous growth. Currently there are 90 students enrolled in the program, which has teaching sites in California, Oregon, Utah, and Louisiana in addition to Maryland. Distance Learning students participate live from states across the country, including Alaska, Wyoming, and Montana. We are in the process of preparing to offer this program nationally with a distance learning system that can deliver the classes live to individual desktops, as well as archive the classes for later viewing. We are making some of our classes available on DVD for Continuing Education. Current plans include a revision of our Geriatric Psychopharmacology DVD, as well as a new DVD on Child and Adolescent Psychopharmacology.

"In September, 2006 Alliant will begin two new cohorts, one in California and one in Louisiana. These cohorts will include psychologists who are part of the Public Service Psychology RxP Initiative which is co-sponsored by APA Division 18 and the psychopharmacology training program at CSPP-Alliant International University. The goal for this initiative is to provide training in psychopharmacology for 100 public service psychologists, most of whom work with underserved populations. This initiative is critically important for establishing a pivotal role for psychology in providing comprehensive, evidence-based, biopsychosocial treatments. The ultimate goal is to inform public policy and motivate our legis-

lators to extend prescriptive authority to psychologists who have completed the APA recommended program of training in psychopharmacology. Our role in facilitating this change is to demonstrate to public service agencies that training psychologists in psychopharmacology results in more effective, and cost-effective, services. In order to support the initiative with Division 18, Alliant has established a restricted fund for tax-deductible contributions, from both individuals and foundations. Donations of any size are appreciated in that they indicate grass roots support for this pioneering project. Checks can be made out to the Public Service RxP Fund [psychopharm@alliant.edu]."

**A Small State That IS Making A Difference:** During the last session of the Hawaii State Legislature, the Hawaii Psychological Association (HPA) nearly succeeded in having the State Senate pass prescriptive authority legislation for its members who are working within federally qualified community health centers. The Hawaii Primary Care Association and each of the 13 centers' medical directors publicly endorsed the bill. Ultimately, HPA fell one vote short and a compromise House Concurrent Resolution was adopted which established a six person Task Force to study the accessibility of mental health care and the feasibility of psychologists prescribing. Ray Folen and Native Hawaiian Jill Oliveira-Berry represented HPA during four meetings over the last three months of 2005. With the convening of the

2006 legislature, House Bill 2589 was introduced with seven House signatures as introducers and co-introducers (including one of the Task Force co-chairs), a first in HPA's RxP history. This bill would allow appropriately trained psychologists working in community health centers to prescribe, as well as colleagues working in health clinics in federally designated medically underserved areas or in clinics in mental health professional shortage areas. Ongoing collaboration with a physician is required, similar to the provisions of the Louisiana Medical Psychology Act, and there are a number of references to APA's recommendations. After 3 ½ hours of contentious debate, the House Health Committee reported the bill favorably by a vote of 4 yes and 3 excused. Particularly impressive was the support expressed for the bill by the Hawaii Medical Service Association (HMSA) (Blue Cross/Blue Shield), which is the largest insurance company in Hawaii, as well as the medical directors of each of the community health centers. Louisiana Psychological Association President Jim Quillin's testimony highlighted objective data: "As you may be aware, a very similar statute has been enacted in Louisiana, having been signed by our Governor in 2004, with enabling regulations finalized in January 2005. Since that time, 30 medical psychologists (MP) have been certified by the Louisiana Board of Examiners of Psychologists and are now authorized to prescribe medications recognized and customarily used in the management of psychiatric disorders. Like HB 2589, the Louisiana Medical Psychology statute fosters integrated, collaborative care between medical psychologists and

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# THE SPECIAL RESPONSIBILITY OF THE PUBLIC SECTOR *Continued*

primary care or attending physicians. "You will undoubtedly hear testimony to the effect that the training being proposed in Hawaii is inadequate and that allowing psychologists to prescribe these medications will place patients at great medical risk. However, the extensive additional training outlined in HB 2589 is essentially identical to that received by medical psychologists in Louisiana. With respect to safety, medical psychologists certified in Louisiana saw a total of 7,260 patients in 2005, after receiving the authority to prescribe. Of those patients, 3,863 (53%) were provided prescriptions and a total of 9,345 prescriptions were written including refills. There were no adverse events associated with this expanded practice. I should add that the patient population treated included the full range of psychiatric conditions, and many patients were also significantly medically compromised by other health conditions. Several of our members are also now specifically credentialed to provide these services in nonpsychiatric hospitals. It is my understanding that the experience of DOD trained psychologists is essentially the same as ours.

"Patients express an extraordinarily high degree of satisfaction with medical psychologists and we have been welcomed with open arms by rank-and-file physicians in our communities, most of whom have little interest in professional turf issues and instead value the optimized outcomes afforded by qualified health care providers working within a collaborative model of care...." Our sincerest congratula-

tions to Jill and Robin Miyamoto who are spearheading HPA's legislative effort. RxP is fundamentally about ensuring access to timely and quality healthcare. It is about ensuring that patients have access to the most up-to-date behavioral science expertise. For public service psychologists, it is about being society's safety net. Hawaii is fortunate to have one of the lowest rates of uninsured in the nation at a time when almost 46 million Americans are uninsured and an additional 16 million have health coverage that does not adequately protect them from catastrophic health costs. And yet, Native Hawaiians have a higher rate of uninsurance than other ethnic groups and more than one-third of the uninsured adults in Hawaii are working full-time. RxP is an important social policy agenda. Newly prescribing psychologist Elaine LeVine is so insightful: "I think that it is important to recognize that the passage of RxP requires very different strategies in different States. In New Mexico, our greatest accomplishments came through grass roots efforts. Louisiana required an enormous campaign chest, as well as other approaches. But regardless of the strategy, what is key is a few individuals dedicated to the cause that just won't give up."

A National Perspective: In his 2006 State of the Union address, President Bush offered an exciting challenge for visionary psychologists who want to control their own destiny. "Tonight the state of our union is strong, and together we will make it stronger. In

this decisive year, you and I will make choices that determine both the future and the character of our country.... Keeping America competitive requires affordable health care. Our government has a responsibility to help provide health care for the poor and the elderly, and we are meeting that responsibility. For all Americans - for all Americans - we must confront the rising cost of care, strengthen the doctor-patient relationship, and help people afford the insurance coverage they need. We will make wider use of electronic records and other health information technology to help control costs and reduce dangerous medical errors.... And to keep America competitive, one commitment is necessary above all: We must continue to lead the world in human talent and creativity. Our greatest advantage in the world has always been our educated, hardworking, ambitious people, and we are going to keep that edge...."

Even a cursory view of the Fiscal Year 2006 Congressional reports indicates that psychology possesses a extraordinary opportunity to "make a difference." The House Military Quality of Life and Veterans Affairs Appropriations Subcommittee: "Post Traumatic Stress Disorder - There has been a great deal of concern that current military operations in Iraq and Afghanistan will result in a large number of service members returning with psychological problems and that there is a lack of care available. The Committee believes that hardships resulting from U.S. troop deployments... make it imperative for the VA and DOD to offer thorough and wide-ranging mental health services for active duty and reserve members deployed to combat theaters as

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# THE SPECIAL RESPONSIBILITY OF THE PUBLIC SECTOR *Continued*

well as for their family members.... The Department of Defense is making use of the Internet to provide improved access to information and mental health care in order to reduce the stigma with seeking mental health services. The Committee directs the Department of Veterans Affairs and the Department of Defense to jointly study mental healthcare, the onset and nature of PTSD, panic disorder, and bipolar disorder. Also, to improve mental health testing, tracking of returning combat duty servicemen, to include the Reserve Component for a period of not less than 10 years...." The Senate DOD Appropriations Subcom-

mittee: "Post-Doctoral Education - The Committee continues to be supportive of post-doctoral training in health psychology and applauds the successes and merits of the progress being made at Tripler Army Medical Center [TAMC]. The Committee encourages the Department of Defense to consolidate post-doctoral training efforts for psychologists in those military medical centers where independent departments of psychology exists and to lengthen it to a 2-year program, where appropriate." The House-Senate Conferees: "The conferees are aware that the Department of Defense and the Department of Veterans Affairs do not presently

share in real time the medical records of patients that transfer between their two systems, despite existing technology which could allow such sharing.... (P)atient care may be compromised as a result.... The conferees further direct... a plan, including cost, to achieve medical record sharing." The Senate Armed Services Committee: "The Department of Defense Task Force on Mental Health... is directed to assess the adequacy of early identification and treatment of mental health and substance abuse problems through the use of internal mass media communications, as well as to assess other tools intended to change attitudes within the Armed Forces regarding mental health and substance abuse treatment." Accountability and data-based decision making are here. Aloha.

## APA Council of Representatives (CoR):

Mid-Winter Meeting

*Capital Hilton, Washington, DC*

**February 17-19, 2006**

Kathleen McNamara, PhD, and Walter Penk, PhD

The mid-winter meeting for APA's Council of Representatives (COR) was held, as usual, in Washington, DC. The 2006 COR delegates convened as usual for two and half days at the Capital Hilton Hotel, from Friday, February 15 to Sunday, February 17. And, as usual, the meeting was opened a half-day earlier with a Plenary Session and the meetings of the various caucus groups the evening before. Both COR delegates from

Division 18, Kathleen M. McNamara, PhD, and Walter Penk, PhD, attended, as well as other Division 18 members, but representing other Divisions or State Associations, including: Ken Adams (Div 40), Andrew Benjamin (WA), Kenneth Bohm (MO), Kathy Harowski (MN), Sandra Harris (CA), Ronald Levant (Past-President), Elizabeth Neighbors (NV), Judith Patterson (NY), Bill Safarjan (CA), Eric Theiner (TN), Laura Toomey (CT),

and Robert Woody (FL) - thank you all for your public service in yet another way!

The COR is moveable feast of delights and drudgery, a swirl of nonstop activity that starts early the evening before the morning on the first day and continues, without let-up, until the gavel brings the proceedings to a sudden and abrupt halt sixty hours later. As usual, COR is one of those types of meetings which is a kaleidoscope of changes, foreground swiftly relegated to background, ideas that were distant suddenly popping up into prominence, only to be swiftly swept away into obscurity by the next seemingly urgent notion that demands attention. Though the COR's agenda is fixed well in advance, events rarely transpire as planned. Some things that were certain quickly become ephemeral as discussions

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## APA Council of Representatives (CoR): Mid-Winter Meeting *Continued*

start up. What was thought important one moment suddenly becomes unimportant, while something never thought possible suddenly emerges as urgent.

The COR is played out by roughly 170 delegates representing a variety of factions within or affiliated with APA, from Divisions to State, Territorial and Provincial Psychological Associations. Alliances have been established or may even form before one's very eyes based on common interests (e.g., education or clinical services, basic sciences or applied research), and may shift as topics on the agenda are rapidly voted upon or lengthily delayed as ideas are talked through.

The 2006 stage in which COR debated many different ideas was the Grand Ballroom of the Capital Hilton. Delegates were seated at long tables, ten to a table, with their names and representation featured on nameplates. Tables were gathered into two larger sections, with microphones strategically placed, to which anyone can go to either endorse or to disagree with actions items as topics came into consideration. While the majority of the Board of Directors is seated within the large sections on the Ballroom floor, it would appear that the COR delegates are presided over by an Executive Committee of this Executive Committee of Council (as the Board is actually expected to function), to include the President, Treasurer, and Recording Secretary, but also the CEO, the Parliamentarian, and two key staff members from within the Governance Office of APA.

Seated in an arrangement like Oxford Dons - as if at High Table - the table for the select members is elevated five feet above the remainder of the delegates from the Divisions. The High Table is flanked on either side by a large screen, lending a Big-Brother-is-watching-you sense of dictatorial order over a cast of hundreds who could never be controlled by any outside force. Visitors, when the COR is not in Executive session (when proceedings remain confidential), sit at chairs perpendicular to the long tables for the delegates, and in their midst are the Executive Directors for the Directorates and the Chairs of the departments (e.g., Accreditation, Publications, Ethics) structured to carry out the functions of APA.

The COR meeting was led by APA's President for 2006, Gerald Koocher, who presided over the proceedings in the manner of a bow-tied Oxford don, moving the delegates efficiently through an extremely complicated series of votes on issues and acceptances of reports from task forces addressing a variety of questions.

The COR started on Friday with a Roll Call of delegates present and absent in order to establish a quorum, and then silent moments were given to consider APA members who had died in 2005. Heartfelt comments were offered at the microphone by certain COR delegates in memory of particular deceased members who had made significant contributions to Psychology and APA over the course of their life. The following day, the Saturday meeting started with memorial testi-

monies given in honor of Rosa Parks, Coretta Scott King, and Betty Friedan, who also had died during 2005.

Then, the President turned the floor over to Ron Levant, now Past-President, to review the accomplishments which occurred during his presidential year. His comments summarized his efforts to make Psychology a Household Word and to inaugurate his Health Care for the Whole Person initiatives, listed actions taken and donations given for tsunami and Gulf Coast hurricane relief, noted the progress made by the Task Force on Psychological Ethics and National Security (PENS report, led by Olivia Moorehead-Slaughter, PhD, from the Park School in Brookline, Massachusetts), highlighted the action steps taken by the Task Force to Enhance Diversity, and acknowledged the major achievement of the Task Force on Evidence-Based Practices as represented in the Policy which has now been adopted by APA in this area (see APA web site for details).

Norman Anderson, APA's Executive Director, summarized his decisions and major actions taken over the past year, including but not restricted to, accruing a surplus in the budget which temporarily makes APA solvent, awarding bonuses to APA staff who have typically borne the greater share of sacrifice in less prosperous years, selecting Gwendolyn Keita, PhD, to replace the retiring Henry Tomes, as head of the Public Interest Directorate, and bringing in for the first time, a Chief Information Officer for APA, selecting Dan Horsey to serve in that position. Dr. Anderson described the process of deciding to keep the annual meeting of APA in

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## APA Council of Representatives (CoR): Mid-Winter Meeting *Continued*

New Orleans, noting the careful review of factors which will address the safety and well-being of those who will attend, but also commenting on APA's desire to have its members offer support for the city and the Gulf Coast residents who have been so tragically affected by the hurricane. He also reported on the financial factors being considered, and the APA's need to honor our agreements as a way to help the area continue its recovery.

Dr. Koocher summarized what he wished to accomplish during his presidential year -- promoting careers of graduates recently entering the profession, highlighting the Psychology of Immigration and integration into mainstream American society, scheduling more regional conferences for APA with focal themes, establishing programs for mentoring, reducing discrimination, advocating for loan forgiveness programs for early career psychologists. Continuing reports on his initiatives will be available to the membership through the web site and through Dr. Koocher's columns in the *APA Monitor*.

Details about the budget were reviewed, with another fine presentation by the Chief Financial Officer, Jack McKay. APA members can expect a slight dues increase as previously established by APA policy, in keeping with cost-of-living increases and inflation. Dues account for about only 16% of APA's budget - an extremely low percentage when APA is compared against other major professional organizations. The remain-

ing budget support accrues from sales of APA publications (print products) and copyrights to the electronic media (licensing revenues), as well as monies for leasing property in buildings owned by APA (whose notes have not as yet been paid off) and revenues from APA stock portfolio. Membership figures have reached a plateau, and as more and more members retire or die, the risk for losing a substantial membership base becomes greater. Consequently, current members are encouraged to seek new members, and to urge our early career psychologists to note the accommodations which have been made for them in the gradual increase in dues over 7-8 years if they become new members. Whereas APA has stepped away from insolvency, its \$100 million annual budget constantly puts APA in the position of never letting up in closely monitoring its financial status, and requires not just transparency about its spending to its members and federal oversight groups, but also demands fiscal prudence of the COR, which is the governing body ultimately responsible for all financial policies and the annual budget. APA holdings are always at some kind of risk, because of exposure from its investments in the stock market, through actions at the federal level or from within the District of Columbia (where taxes are paid and accountability for the corporate actions will be measured), or through changes in volume of purchases of print and electronic products (which currently are selling well!) As of the February, 2006 COR Meeting, your delegates are pleased to report that

APA is solvent and is following a fiscal plan to remain solvent! The COR with its Board of Directors and Finance Committee are now reviewing such decisions as slowing rates of dues increases, while undertaking a new campaign to increase membership and be more responsive to the desires of early career psychologists. More to come after the August meeting.

Among the many issues debated across the three days of meetings were a significant number which involved discretionary spending. Among these topics were the following: Implementation plans for PENS report, the report on issues arising from actions addressing mental illness and the death penalty, the review of requirements to establish new divisions, and specific requests for discretionary funds for task force studies of APA psychopharmacology curricula and related policies, our model licensing law and how this might relate to recent actions taken related to the requirements of pre-doctoral and post-doctoral training, increasing the numbers of quantitative psychologists, follow-up on a resolution on drug abuse treatment to prevent HIV among injecting drug users, establishing working group on topics such as prejudice and discrimination, sexualization of girls, the effects of socioeconomic status on mental and physical health, the assessment and treatment guidelines for persons with disabilities, gender identity studies, training in geropsychology, and mental health and abortion. Whew... and all of that will come back to COR at some point in the not too distant future.

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## APA Council of Representatives (CoR): Mid-Winter Meeting *Continued*

Meanwhile, in a more decisive action, the APA CoR unanimously passed a proposal to establish a new Division, the Division of Trauma Psychology, which had been in the process of petitioning for some time, and was actually sponsored by former Division 18 Representative to CoR and nationally and internationally recognized authority on trauma, Dr. Terence Keane. Congratulations to all who advocated for the creation of this Division. Since the "wild card" plan was adopted by CoR, which would guarantee each Division or affiliated group that meets the criteria at least one seat on Council, new entities are considered competition for scarce resources and even scarcer positions. The scrutiny in the petitioning phase and the initial votes at the CoR is quite significant. The proposal to establish a Division of Human-Animal Studies did not fare so well. It was reconsidered after having been voted down at an earlier CoR meeting, and did not survive this round of debate either.

APA is an organization with unusual degree of accountability and transparency. Members can track what APA does for its membership through its website, [www.apa.org](http://www.apa.org). Hundreds of materials to foster and promote human welfare are given away from APA websites for the public to use, materials designed to be accessed across the developmental span from the youngest to the oldest readers.

Witnessing the swirl of activity and the shifting alliances, at times based solely upon personal interests, one

comes away from the CoR meetings with clear and certain evidence that APA does so much for so many. But, what APA does, centered in the scientific and clinical discoveries by its members, can not be found so much in what the organization does, as much as in the gifts that are found in the actions of each individual psychologist who decides to use APA as the vehicle for doing what that psychologist concludes needs to be done to promote the human welfare. So,

whereas all of us who are elected to represent a Division, State or other entity are all haunted by the question, What does APA do for you?, we learn the answer always has to be, What can I do for APA and through APA?

The mid-Winter meeting concluded at noon on February 19, 2006, with much done but so much more to do. The "moveable feast" of CoR next convenes in New Orleans, in August, amidst the reminders that our task is to build anew. We look forward to seeing many of you there, and communicating with those unable to be there through our next column.

### Support RxP Training for Public Service Psychologists

Division 18 and Alliant International University are working in partnership to train 100 public service psychologists to prescribe psychotropic medications,

#### You Can Help This Effort!

##### Here's how:

Make a tax-deductible contribution to Alliant International University's "Public Service Psychology RxP Fund." This fund is not associated with APA or Division 18. All contributions go directly to fund tuition for your Public Service colleagues.

Contributions may be sent to:

**Public Service Psychopharmacology Fund**  
**Alliant International University**  
**One Beach Street, San Francisco, CA 94133**

Your Public Service Psychology colleagues  
appreciate your support.



Prepare to lead the world.



# Prescriptive Authority for Psychologists Working in the Public Sector: *Is it Needed?*

Craig S. King, PsyD

Yes. Yes, if for no other reason than there aren't enough psychiatrists to serve the people who reside in rural, economically depressed regions in many areas of the United States. One such example where psychiatric care is very limited, particularly in rural areas, is in Virginia where this author is the Mental Health Clinical Supervisor for the Division of Community Corrections within the Virginia Department of Corrections. This writer is the sole mental health professional for Community Corrections in Virginia, which includes 43 probation and parole (P & P) districts and 9 detention and diversion centers (typically serves nonviolent, first time adult men and women offenders) scattered throughout the state from the eastern shore (Virginia Beach area) to Appalachia (western VA - borders TN and KY) and to northern Virginia (borders Washington, DC). Consequently, Community Service Boards (CSB), a type of community mental health center, are tasked with providing mental health services including psychiatric care or medication management throughout the state for offenders and non-offenders.

However, the ratio of patients in need of psychiatric consultation to available psychiatrists is disproportionate and does not meet the needs of the number of patients who require psychiatric care. The offender population is just one consumer of psychiatric care whose needs are not being adequately treated by the current

mental health system. Inmates upon reentry into the community as well as probationers and parolees frequently have to wait several months to see a psychiatrist due to the large number of individuals served by the CSB's and the limited number of psychiatrists available. The lack of psychiatric care is not just an issue in remote areas of Virginia, but it also can be quite challenging to obtain an appointment with a psychiatrist in heavily populated areas due to the limited number of psychiatrists who serve a large number of people. As a result, the CSB's frequently only serve the patients who are most desperately in need of care (i.e., unable to care for self or a danger to self or others due to mental illness) or who have a major mental illness (e.g., Schizophrenia, Bipolar I Disorder).

Although there are many factors that impact recidivism rates, the research has consistently demonstrated that a lack of adequate mental health care poses significant challenges, particularly for offenders upon reentry into the community. The offender population in general, which continues to increase each successive year, is faced with considerable challenges upon reentry into the community including securing employment, housing, and adjusting to an unstructured environment. These challenges are inherent in the offender population and can often lead to resulting mental health needs even when a preexisting mental health condition did not exist pri-

or to incarceration. Inmates who have a preexisting mental illness and receive treatment in prison frequently discover upon reentry into the community that psychiatric treatment (i.e., psychotropic medication management) is unavailable largely because there are a limited number of psychiatrists for a large number of patients. The lack of psychiatric care is further exacerbated for inmates upon reentry into the community because offenders are often stigmatized as "bad people" or undeserving of treatment. Since a psychiatrist's schedule is easily filled with non-offenders, there is little incentive to treat people with criminal records.

These comments reflect one mental health professional's experience. However, these experiences are not uncommon or isolated to Virginia; rather, they can be found in all areas of the public sector and are exacerbated in rural areas of the country. As a mental health practitioner working with an underserved public sector population, I am not suggesting that simply enabling psychologists who receive the prerequisite education and training to safely and competently prescribe would solve all patient care issues. The delivery of community mental health care, particularly to the offender population, is multi-layered and is inherently complex. For several years there have been too few psychiatrists to treat the large

*Continued on page 20*



## Prescriptive Authority for Psychologists Working in the Public Sector: *Is it Needed?*

### *Continued*

number of patients who require psychiatric consultation (i.e., medication management), particularly in rural and economically depressed areas. In addition, the data have shown that primary care providers with little or no training in psychiatry have prescribed the vast majority of psychotropic medication in the community. If psychiatrists are unable to meet the needs of the patient population, then states need to fill this void and seriously consider allowing properly trained psychologists to prescribe psychotropic medication. This issue is not about turf issues, but about patient care and what is best for society as a whole, getting the best outcome for our patients and for public safety. Granting psychologists prescriptive authority will not result in psychiatry becoming obsolete; it will allow psychiatrists and psychologists to collaborate as never before enabling us to fulfill the mission and values of our profession.

*The statement above reflects the ideas of Craig S. King, Psy.D. and not the Virginia Department of Corrections.*

## Division 18 Builds Partnerships to Improve Patient Care

Kathy Harowski, PhD

Thanks to Division 18 colleagues who participated in the discussion hour at the 2006 State Leadership Conference in March 2006. As you can see from the title, Division 18 presented information and asked for help and collaboration from SLC conference attendees to move these two initiatives, Psychology Shield and the Division 18/Alliant Prescription Training Partnership forward.

It's not typical for Divisions to be on the program at the SLC as the focus is on state initiatives and so it was even more of an honor to take a moment to interact with an audience of about thirty which included Pat De Leon (thanks, Pat for your comments and perspectives), Presidents-elect of state psychological associations and APAGS regional representatives as well as several prescribing psychologists. The theme for the SLC, which is the largest event of the year for the APA Practice Organization and Directorate, was Psychology and Communities: Advancing Health, Building Resilience and Changing Behavior. A better fit for our efforts to improve patient care for public sector clients could not be found than this year's program; many thanks to practice organization staff for finding time for our initiatives on a program crowded with topics related to health care for the whole person, working at the intersection of psychological and physical health and connecting psychology with the community. We valued the chance to get the attention of the more than 600

psychology leaders who attended the conference.

Participants included: Kathy Harowski, PhD, Division 18 President Elect; Randy Taylor, PhD, Division 18 Past President; Dolly Sadow, Division 18 President; Mario Marquez, PhD, Prescribing Psychologist from New Mexico, Advocacy person for New Mexico, SLC Diversity Delegate; Bill Safarjan, PhD, member, CAPP, Membership Chair, Division 18, CFO, Psychology Shield; and Elizabeth Winkelman, JD, PhD, Special Assistant to the Executive Director for Professional Practice.

The audience asked many "how to" questions about these partnerships and provided suggestions and good energy. Thanks to Randy Taylor for his strong ongoing support for the Div 18/Alliant prescription training initiative including his presentations at the Division Leadership conference and the State Leadership conference. In his materials for SLC, he noted that practitioners waiting for the opportunity to train now number 80 and are living and working in 24 states across the country. Past Presidents Randy Taylor and Bob Ax correspond on a monthly basis with the waiting practitioners and were able to let them know in February that at least seven students will start the training program in September 2006; your efforts in supporting this initiative can make a real difference in the numbers of students who can begin

*Continued on page 21*



# Division 18 Builds Partnerships to Improve Patient Care *Continued*

the fall cohort. Craig S King, PsyD, who wrote the companion article, is one of the practitioners waiting for this training opportunity; he describes his work and the need for increased care for the patient population he serves in Virginia as one example of the reasons this initiative has received such strong support.

Bill Safarjan provided an update on Psychology Shield, an effort to allow psychologists working in state run health facilities to expand their scope of practice to include clinical privileges granted to them by statute 15 years ago but never implemented by the Department of Health Services in California due to pressures and legal action by psychiatry in that state. Since 2004, with the support of CPA, the APA Practice Organization and the Practice Directorate and labor unions in California, Psychology

Shield has pursued legal and advocacy action to try to force the state of California to implement the law and improve patient care. Most recently, CAPP vs Rank was reaffirmed by the Courts in California. To quote Bill: "The process of gaining hospital practice for psychologists in California has spanned more than 30 years, but significant advances have been made, With independent practice authority, the quality of care will improve and psychologists will gain their rightful place as true leaders in mental health treatment."

*The informational handouts provided by Randy Taylor and Bill Safarjan are included on the next page of the newsletter and on the website for your review and action. Please join us in moving these initiatives forward by informing your colleagues in other divisions and your state association of our need for support.*

Partnerships are created between two entities to provide a service or meet a need that each cannot meet alone; collaborations mean that multiple partners work together. Advocacy and education efforts by psychologists in the public sector often focus on patient care needs and how the skills and perspectives offered by psychologists can benefit society by improving patient outcome.

Participants will be given information about two active partnerships engaged in by Division 18, Psychologists in Public Service, in order to meet the needs of the underserved populations with whom the Division members work. These partnerships- the Division 18/Alliant International University RxP initiative and Psychology Shield- are structured in very different ways but have in common a desire to impact the functioning and improve care offered to underserved patients who seek care in the public sector. State leaders will leave with an understanding of how these partnerships have the potential to have an impact on patient care in their state and will be asked to consider collaboration with Division 18 in these efforts.

## We are Pleased to Announce...

### The First North American Correctional and Criminal Justice Psychology Conference

June 7-9, 2007

Ottawa, Canada

Sponsoring Organizations include:

- The Criminal Justice Section of the Canadian Psychological Association

- Criminal Justice Section of Division 18 of the American Psychological Association
- American Association of Correctional and Forensic Psychology.

The Canadian Psychological Association (CPA) has generously agreed to provide administrative support for the conference which will run concurrently with CPA's annual convention.

Pre-conference workshops will be provided on a variety of topics.

Each day of the conference will be packed with symposia on a variety of correctional and criminal justice topics so that attendees will have choices to make between high quality presentations by leaders in the field. A banquet is being planned for June

8, 2007 around the theme "A Celebration of Excellence." We will be honouring the career and significant achievements of some of our members.

There will be many opportunities for networking through social events.

Circle your calendar and plan to attend. We are aiming to make this the largest gathering of Correctional and Criminal Justice psychologists - Ever.

*\* Student Awards will be made for Poster presentations representing Excellence in Research.*

*\* Through Division 18, APA approved CE credits will be available to all who attend.*

Updated information about the conference will be regularly posted at [www.cpa.ca/cjs/CJS\\_Welcome.html](http://www.cpa.ca/cjs/CJS_Welcome.html)



**Division 18 (Psychologists in Public Service), in partnership with Alliant International University (AIU), requests your help in advancing an important initiative to improve care for underserved citizens who depend on public mental health services. The initiative, which will provide training in psychopharmacology for 100 Public Service Psychologists, is critically important for establishing a pivotal role for psychology in providing comprehensive evidence-based bio-psychosocial treatment. Its ultimate goal is to inform public policy by demonstrating to public service agencies that training psychologists in psychopharmacology results in more effective, and cost-effective, services. Division 55 has endorsed this initiative, and joins us in seeking your support.**

The five-year project includes the following:

- Providing 100 psychologists with a 450 hour academic program leading to a Postdoctoral Master of Science;
- Providing a structure for these graduates to verify medically supervised practicum experiences with 100 patients; and
- Evaluating the program's success in enhancing access to services by underserved populations, improving the quality of care provided by the graduates and assessing the program's impact on institutions where the graduates work.

In order to fund the Program's \$1.2 million dollar budget, AIU has set up a restricted fund, The Public Service Psychology RxP Fund, to provide basic tuition costs. Psychologist students, already employed in public service agencies serving the underserved, will cover remaining costs such as books and travel on their own. The plan, to obtain funding from private foundations, is contingent on demonstrating grassroots financial support, as well as endorsements from key groups familiar with the mental health needs of underserved populations.

To date, Division 18 has certified more than 70 Public Service psychologists as potential students. They are waiting for this training opportunity so they can better serve their client populations. Applicant testimonials supporting the need for these services are compelling and lead us to ask you to place this item on your business schedule for the 2006 DLC. **Please help mobilize your State Association to provide vital endorsements and contributions (any amount) so classes can begin in 2006.**

**We need your help:**

- **Obtaining endorsements from key groups.**
- **Informing individuals and groups that Alliant International University has set up a fund to which individuals and groups can make monetary contributions of any size.**

The Public Service Psychology RxP Fund is a restricted fund that will be used only to support the AIU-Division 18 Initiative. Fully tax-deductible contributions to the fund will go toward paying tuition for public service psychologists and show granting organizations that the psychology profession supports this effort. This fund is based in and administered solely by AIU. Neither APA nor any of its Divisions or members has any official or unofficial association with the Fund.

**The Fund has secured its first foundation grant and a commitment of additional funds when we generate matching contributions:** AIU has obtained an initial \$25,000 grant from the Tauber Family Foundation which has further promised to give another \$25,000 when the first grant is matched through individual and group contributions. Many individual psychologists have already responded with financial support, but many more contributions are needed.

**Representatives from Division 18 welcome the opportunity to come and talk with your State Association representatives about this effort during your**

**meetings over the SLC weekend in March 2006 (or anytime via phone). Please contact Dr. Randy Taylor (703.201.0244) or Dr. Bob Ax (804.739.3696) to arrange for them to discuss this initiative with your representatives. Randy and Bob are Past Presidents of Division 18, members of Divisions 18 and 55, and authorized by Division 18 to lead this initiative.**

Division 18 has obtained strong support from the APA Practice Directorate for this effort and for Psychology Shield to maintain and expand the ability of all practicing psychologists to provide the best care for clients' needs.

**If this letter is in your hands, we request that you do the following:**

1. **Personally contact representatives of key mental health advocacy groups and ask them to contact Alliant International University to offer support of the grant applications being prepared: Dr. Steve Tulkin, Program Director at Alliant (415.955.2162 or [stulkin@alliant.edu](mailto:stulkin@alliant.edu)) or Dr. Wendy Stock, Associate Program Director at Alliant (415.955.2138 or [wstock@alliant.edu](mailto:wstock@alliant.edu)).**
2. **Forward the attachment regarding the need for financial contributions to your membership. This can be done in any manner that works for your State Association, such as placing it on your list serve or in your newsletter. The direct link to the attachment is: [http://www.alliant.edu/wps/wcm/connect/resources/file/eb19da02b9c987a/DIV%2018-FUND%20FINAL-\(55\)%20Alliant\\_Fundraising\\_Proposal.pdf?MOD=AJPERES](http://www.alliant.edu/wps/wcm/connect/resources/file/eb19da02b9c987a/DIV%2018-FUND%20FINAL-(55)%20Alliant_Fundraising_Proposal.pdf?MOD=AJPERES)**

Your consideration of this request is greatly appreciated.

Thank you,  
*Dolly Sadow, Ph.D., ABPP*



Now you can support...

# Public Service Psychology RxP Training

Division 18 recently learned that Alliant International University created a restricted fund to be used only to support training for 100 Public Service Psychologists in their Postdoctoral Master of Science Program in Clinical Psychopharmacology. Once trained, these psychologists will be able to deliver comprehensive mental health care to underserved populations.

As funding from foundations is contingent on demonstrating grass roots support, Alliant is seeking contributions to this fund from psychologists, and other individuals and organizations. Contributions are 100% tax deductible.\* We are also seeking help of organizations that represent public service mental health beneficiaries to support Alliant International University's requests for large grant funds.

If you have questions about the Postdoctoral Master of Science Program at Alliant International University, please contact: Dr. Steven Tulkin or Dr. Wendy Stock (psychopharm@alliant.edu)

If you have questions about the Division 18 RxP initiative, please contact: Dr. Randy Taylor (rtaylor530@aol.com) or Dr. Bob Ax (shrinkart@aol.com)

<p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Email _____</p> <p>I would like to support Public Service Psychology RxP Training. Make checks out to "Public Service Psychology RxP Fund"</p> <p>I would like to contribute:  <input type="checkbox"/> \$1,000   <input type="checkbox"/> \$500   <input type="checkbox"/> \$250   <input type="checkbox"/> \$100   <input type="checkbox"/> Other</p> <p>I would like to pay the tuition for one psychologist:  <input type="checkbox"/> \$12,000</p> <p><input type="checkbox"/> Check Enclosed      <input type="checkbox"/> Bill to Credit Card  <input type="checkbox"/> Visa                              <input type="checkbox"/> MC</p> <p>Card Number _____</p> <p>Expires _____</p> <p><b>Mail to:</b> Public Service Psychology RxP Fund, Alliant International University Foundation, One Beach Street, San Francisco, CA 94133.</p> <p><small>*This fund is based in and administered solely by Alliant International University. Neither APA, Division 18 nor any APA Division or member, has any official or unofficial association with the Fund. This announcement is for informational purposes only.</small></p>	<p style="text-align: center;"><b>PUBLIC MENTAL HEALTH CONSTITUENT SUPPORT</b></p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Email _____</p> <p>I represent (name of group) _____, a public service mental health constituency that needs highly trained psychologist prescribers of psychotropic medications. We would like to support Public Service Psychology RxP Training. Please contact me directly for information so I can support Alliant's applications for grant funds to train currently employed public service psychologists.</p> <p><b>Mail to:</b> Drs. Steve Tulkin and Wendy Stock, Directors Post Doctoral Masters Degree Program in Clinical Psychopharmacology, Alliant International University, One Beach Street, San Francisco, CA 94133.</p> <p style="text-align: center;">Your State's Participating Division 18  <u>Licensed Public Service Psychologists</u></p> <table border="0"> <tr> <td>Alaska</td><td>1</td> <td>Louisiana</td><td>3</td> <td>New York</td><td>1</td> </tr> <tr> <td>Arizona</td><td>4</td> <td>Maine</td><td>1</td> <td>North Carolina</td><td>2</td> </tr> <tr> <td>California</td><td>23</td> <td>Massachusetts</td><td>2</td> <td>Ohio</td><td>1</td> </tr> <tr> <td>Colorado</td><td>2</td> <td>Minnesota</td><td>1</td> <td>Oklahoma</td><td>2</td> </tr> <tr> <td>Florida</td><td>4</td> <td>Missouri</td><td>3</td> <td>Oregon</td><td>2</td> </tr> <tr> <td>Illinois</td><td>3</td> <td>Montana</td><td>2</td> <td>Texas</td><td>3</td> </tr> <tr> <td>Kansas</td><td>2</td> <td>Nevada</td><td>1</td> <td>Virginia</td><td>5</td> </tr> <tr> <td>Kentucky</td><td>1</td> <td>New Mexico</td><td>1</td> <td>Wisconsin</td><td>1</td> </tr> </table> <p><b>*There will be a total of 100 fully trained Public Service Psychologists providing high quality mental health services to the under-served Americans in State and Community Hospitals, in Indian Country, in Police Services, in Prisons and Jails, and in Veterans Facilities.</b></p>	Alaska	1	Louisiana	3	New York	1	Arizona	4	Maine	1	North Carolina	2	California	23	Massachusetts	2	Ohio	1	Colorado	2	Minnesota	1	Oklahoma	2	Florida	4	Missouri	3	Oregon	2	Illinois	3	Montana	2	Texas	3	Kansas	2	Nevada	1	Virginia	5	Kentucky	1	New Mexico	1	Wisconsin	1
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# Hospital Practice in California's Changing Mental Health System

*Continued from page 1*

California health care system to implement 1316.5. However, physicians in state-run facilities continued to defy the law by issuing illegal rules and regulations that discriminated against psychologists. Their behavior was justified, in part, by citing state regulations that appeared to support their actions. While CAPP v. Rank had invalidated some regulations, it did not mandate the state to amend other regulations. That is, even though psychologists were permitted by law and by CAPP v. Rank to admit, treat, and discharge hospitalized individuals, the regulations continued to limit the privileges to physicians.

**Enter Psychology Shield:** In 2004, a small nonprofit corporation, Psychology Shield, was formed to take legal action to force the state to implement 1316.5. With the threat of legal action, in April of 2005, the state amended its regulations so that psychologists could independently admit, treat, and discharge patients. However one month later, the Union of American Physicians and Dentists (UAPD) and the California Psychiatric Association sued the state claiming that: 1) it violated procedure when the regulations were issued and 2) the regulations violated state and federal law. In February of this year, the judge suspended the regulations. He indicated that the state had exceeded its legal authority when the regulations were issued using an expedited procedure (Rule 100). Rule 100 allows regulations to be issued without a public hearing, if they have no regulatory effect. The judge took a narrow view

and opined that Rule 100 only could be used to delete regulations that were invalidated by a court, not amend regulations to make them consistent with a court decision. He did not accept the psychiatrists' argument that the regulations violated state and federal law; and, in fact, opined that CAPP v. Rank may well serve as the authority for the state to reissue the challenged regulations.

**Accomplishments to Date:** Prior to the 2005 regulations, nowhere in the California statutes (or regulations) did it say specifically that psychologists could admit, treat, and discharge hospitalized patients. The early statutes simply affirmed that psychologists could be part of a hospital's professional staff. In general, the statutes were written using broad language such as "within the scope of licensure." In order to provide the regulatory basis, the Shield was forced to go to the California Board of Psychology and request a written position statement on the scope of practice of licensed psychologists. The intent of the request was to show that the proposed regulations were consistent with licensure. In February of 2005, the Board issued a written statement that spoke to the independent authority of psychologists practicing in hospitals. Except for prescribing medication, performing psychosurgery, and conducting electro-convulsive shock therapy, psychologists essentially had legal and regulatory parity with psychiatrists in the treatment of mental disorders. By the making the regulatory language more specific, it is

becoming increasingly difficult to violate the law.

**What Remains:** The Shield has already gone back to the state and asked that the suspended regulations be resubmitted for review and public comment. It also has submitted a second set of regulations that go beyond CAPP v. Rank, but are intended to comply with state law by removing discriminatory language (e.g., replacing the term "psychiatric" with the term "mental health") and by adding enforcement language to make violating the law more difficult. The process of gaining hospital practice for psychologists in California has spanned more than 30 years, but significant advances have been made. With independent authority, the quality of care will improve and psychologists will gain their rightful place as leaders in mental health treatment.

**Acknowledgements:** The Psychology Shield Board (Drs. Sallie Hildebrandt, Ann Caron, Gil Newman and Bill Safarjan) would like to acknowledge the staff and volunteers of the CPA Government Affairs Department (Dr. Charles Faltz, Ms. Amanda Levy, Dr. Ann Carson, and Mr. Carl London) for their foresight in supporting psychologists in their quest to gain independent practice authority in hospitals; and Dr. Russ Newman of the APA Practice Organization and his staff (Attorneys Billie Hinnefeld, Alan Nessman, and Maureen Testoni) for having moved California to victory in the 1990 CAPP v. Rank Supreme Court decision and for their continued support of California psychologists through legal consultation and financial support.

Finally, The Shield would like to recognize and thank the APA Committee

*Continued on page 25*



# Hospital Practice in California's Changing Mental Health System

## Continued

for the Advancement of Professional Practice, Psychology Defense Fund of the APA Board of Directors, Association of Practicing Psychologists, AFSCME Local 2620, Alliant International University (CSPP), American Association of Correctional Psychologists; California Correctional Psychologists Association, California Latino Psychological Association, APA Divisions 12 (Clinical), 17 (Counseling) 18 (Public Service), 29 (Psychotherapy),

31 (State Associations), 40 (Clinical Neuropsychology), 42 (Independent Practice), Arizona Psychological Association, California Psychological Association (CPA), Georgia Psychological Association, Illinois Psychological Association, Mississippi Psychological Association, New Jersey Psychological Association, New Mexico Psychological Association, New York State Psychological Association, North Carolina Psychological Association, Ohio

Psychological Association, Oklahoma Psychological Association, Oregon Psychological Association, Pennsylvania Psychological Association, Texas Psychological Association, Utah Psychological Association, Virginia Academy of Clinical Psychologists, Wyoming Psychological Association, CPA Divisions 1 (Professional Practice), 2 (Education and Training), 4 (Public Service), CPA Chapters Central Coast, Alameda County, Contra Costa, Fresno Area, Los Angeles County, Marin County, Napa-Solano, Orange County, Redwood, Santa Barbara (Jerry Clark Memorial Fund), San Diego, San Fernando Valley, San Francisco, San Gabriel Valley and San Mateo Psychological Associations, and over 300 individual contributors.

The University of Saskatchewan invites applications and nominations for a tenured or tenure-track *Research Chair in Substance Abuse* at a rank commensurate with qualifications. Ideally, the successful candidate will assume the appointment as soon as possible. This position has been established as part of the University's Integrated Plan initiative in Public Health and through funding provided by *Project Hope*, an initiative of the Province of Saskatchewan.

The Province of Saskatchewan, through Project Hope, is committed to research and scholarly work directed at preventing and treating substance abuse. An integral component of Project Hope is the establishment of a Research Chair at the University of Saskatchewan.

The Chair will be an internationally recognized scholar with a focus on conducting research related to substance abuse issues in the province. The Chair's research will advance knowledge and information to support various treatment and prevention approaches in Saskatchewan. In addition, the research will emphasize the need for integration among health services (i.e., mental health)

to promote successful substance abuse programming. Finally, there will be a significant linkage between the Chair's research agenda and public policy development. The Research Chair is intended to increase Saskatchewan's research capacity by attracting a world-class teacher-scholar, strengthening the training of highly-qualified personnel, improving the University's capacity, and ensuring effective use of research resources through institutional strategic planning.

The successful candidate will have extensive scholarship experience in an area of substance abuse and will hold a faculty appointment in an appropriate department with opportunity for a cross-appointment with the School of Public Health, an initiative currently being developed as part of the University of Saskatchewan's Integrated Plan. The successful applicant will be expected to attract and maintain substantial research funding from the Canadian Institutes of Health Research or other related granting agencies.

This position has been cleared for advertising at the two-tier level. Applications are invited from qualified individuals

regardless of their citizenship. The University of Saskatchewan is committed to employment equity. Members of designated groups (women, Aboriginal people, people with disabilities and visible minorities) are encouraged to self-identify on their applications.

Applicants should send curriculum vitae, the names of three referees and a detailed summary of a proposed research program to:

Dr. Jim Germida  
Vice-Provost  
University of Saskatchewan  
204.2 College Building  
107 Administration Place  
Saskatoon, SK S7N 5A2  
Canada

Email:  
jim.germida@usask.ca  
Fax: (306) 975-1026

For more information, visit:  
<http://www.usask.ca/vpacademic/integratedplanning/plandocs/summary.php>

<http://www.publications.gov.sk.ca/details.cfm?p=10319>



# Welcome New Division 18 Members!

*Jamie L. Adler*  
Madison, WI

*Farah K. Andre*  
Doylestown, PA

*Jason Angel*  
Cambridge, MA

*Emma B. Arons*  
New York, NY

*A. Aukahi Austin*  
Honolulu, HI

*Florence Bailhache*  
Sacramento, CA

*Denise D. Ben-Porath*  
University Heights, OH

*Yossef S. Ben-Porath*  
Copley, OH

*Leslie D. Bissell*  
Terre Haute, IN

*Eric G. Carbone*  
Decatur, GA

*J. David Carroll*  
Milwaukee, WI

*Robert E. Connell*  
Great Bend, KS

*M. L. Dantzker*  
McAllen, TX

*Ann L. Date*  
Midland, MI

*Caren R. DeBernardo*  
Towson, MD

*David J. Downen*  
Chicago, IL

*Ray Michael Droby*  
Nome, AK

*Allan L. Dupuis*  
Norman, OK

*Jonathan R. Fluck*  
Lubbock, TX

*Katherine M. Flynn*  
Franksville, WI

*Elizabeth V. Fortney*  
Disputanta, VA

*Frank J. Gallo*  
Cranston, RI

*Nicholas P. Gallo*  
Shaker Heights, OH

*Maribel Garcia*  
Mission Viejo, CA

*Susan O. Gelberg*  
Corvallis, OR

*Teresa M. George*  
Moro Bay, CA

*Karen J. Greene*  
New York, NY

*Chip Gulledge*  
Little Rock, AR

*Paul G. Hartman*  
Hollywood, FL

*Gary C. Hawley*  
Bel Aire, KS

*Darren L. Higginbotham*  
Mr. Pleasant, SC

*Victoria A. Hudson*  
Oakland, CA

*Cornelia F. Jones*  
Rochester, NY

*Aleksandra O. Kalinich*  
Anaheim, CA

*Neil J. Kenney*  
Davie, FL

*Salena M. King*  
Auburn, AL

*Karen A. Koch*  
Frankfort, IL

*Anne S. Labowitz-Klee*  
New Haven, CT

*Letty W. Lauffer*  
Grover Beach, CA

*Jennifer A. Lefebvre-McGevna*  
Torrington, CT

*Kenneth R. Liberatore*  
Ventura, CA

*Christopher W. Loftis*  
Washington, DC

*Heather K. MacDonald*  
Cornelius, OR

*Lesley F. Malin*  
Congers, NY

*Glen E. McClure*  
Sugar Land, TX

*Danny L. McGuire*  
Chicago, IL

*Erica Leigh Medlock*  
Eugene, OR

*Somaia Mohamed*  
Cincinnati, OH

*Patrick J. Moran*  
Rainier, OR

*Michael D. Murry*  
Beaver, WV

*Daniel L. Nead*  
Washington, DC

*Jasmina Nikolov*  
Brooklyn, NY

*Gerald S. O'Keefe*  
Chicago, IL

*Leah M. Osborn-Redington*  
Springfield, MO

*Regina M. Pavone*  
Miami Shores, FL

*Melinda M. Pearson*  
Newberg, OR

*Mirelis Peraza*  
Hollywood, FL

*Paige R. Pittman*  
Miami, FL

*Robert A. Prentice*  
Sacramento, CA

*Mary E. Rankin*  
Gallup, NM

*Nicole Y. Riggs*  
Walhalla, SC

*Michael J. Russo*  
Seven Hills, OH

*Jennifer L. Sanborn*  
Plattsburgh, NY

*Richard E. Sechrest*  
Columbia, MD

*Michelle D. Sherman*  
Oklahoma City, OK

*Micheal J. Shields*  
Lubbock, TX

*Constance B. Shope*  
New York, NY

*Stuart E. Silberman*  
Fountain, CO

*Jennie K. Singer*  
Davis, CA

*Stephen T. Skiffington*  
East Amherst, NY

*Karen L. Smarr*  
Columbia, MO

*Michelle A. Smith*  
Tamarac, FL

*Angela E. Steep*  
Sevierville, TN

*Richard P. Swenson*  
Idaho Falls, ID

*D. Patricia Tackett*  
Los Osos, CA

*Rebecca A. Temple*  
Antioch, TN

*Lily L. Tran*  
Lenexa, KS

*Chriscelyn M. Tussey*  
Indiana, PA

*Kristi S. Van Sickle*  
Tampa, FL

*Femina P. Varghese*  
Carrollton, TX

*Agoritsa R. Vasiliou*  
Lisle, IL

*Jacqueline R. Wall*  
Greenwood, IN

*Ronald F. Waln*  
Wichita, KS

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## THE AMERICAN PSYCHOLOGICAL ASSOCIATION DIVISION OF PSYCHOLOGISTS IN PUBLIC SERVICE

The Division of Psychologists in Public Service (18) was established in 1946 as a founding division of APA. It was created in response to the needs of the public in such areas as psychological practice, research, training, program development, and outcome evaluation. Among its goals, Division 18 works to protect and advance the profession, foster ethical practice, advocate for persons with mental illness, and promote quality care.

Public service psychologists are practitioners, researchers, university professors, legislators, pro-gram developers, clinical coordinators, managers, administrators, and more. Their clients include consumers of mental health services, managers, administrators, policy makers, elected officials, and the public. They work in a variety of settings, including state hospitals, community mental health systems, VA medical centers, criminal justice systems, police and public safety settings, state legislatures, and in academic institutions. In general, the services they provide are as varied as the persons they serve and the places they work.

Members of Division 18 help train more than half the clinical and counseling psychologists in the nation by providing the internship sites and administering the internship programs. Its members develop and implement mental health treatment programs for millions of persons in inpatient and outpatient settings, as well as community support systems. Through the work of its members, Division 18 has the potential to directly or indirectly touch the lives of most people living in the United States.

The Division Board includes the President, Past President, President-Elect, Secretary-Treasurer, Members-at-Large, Representatives to the APA Council, Student Representative, Newsletter Editor, Membership Chair, and five Section Chairs. To be a member of the Board of Directors, one must also be a Member of APA. The one exception is the Student Representative. The Board of Directors meets twice a year, and the sections typically meet annually at the APA Convention.

### DIVISION SECTIONS

Members of Division 18 are encouraged to join the specialty section that most reflects their interests. A Chair, who is also a member of the Division 18 Board of Directors, heads each section.

#### COMMUNITY AND STATE HOSPITALS

Members of this section share common interests in such areas as psychological service delivery, research, program development, outcome evaluation, and systems management, within the context of public mental health settings. They frequently treat persons with seri-

ous mental illness and may have a particular interest and understanding of psycho-tropic medication. They also may work in rural areas and have interests in telemedicine. Some are advancing the practice of public service psychology by joining state psychological associations and building on the legislative successes of other states.

#### CRIMINAL JUSTICE

Members of this section work primarily with incarcerated people and with administrators who operate state or federal correctional facilities and detention centers. They provide professional support to one another through an exchange of information concerning the administration, assessment, treatment, ethical and training issues that are involved in this challenging line of work.

#### POLICE AND PUBLIC SAFETY

Members of this section work with law enforcement, fire departments, nuclear regulatory agencies, emergency medical services, and other public safety entities. They are involved in the selection of employees, fitness for duty evaluations, mental health programs, criminal investigative analysis (profiling), and hostage negotiations. They participate in the development of training, research, and implementation of effective mental health programs including, critical incident stress debriefing.

#### PSYCHOLOGISTS IN INDIAN COUNTRY

Members of this section share an interest in providing psychological services to native people in the United States and Canada. They typically work on reservations or reserves, employed by tribes, urban programs, or the Indian Health Service. This section provides them with an organized professional voice, advocacy for issues and concerns, and a communication network among their members who frequently work in isolated rural areas. As the newest section in Division 18, it welcomes all who have an interest in serving native people.

#### VETERANS AFFAIRS

Psychologists working for the Department of Veterans Affairs serve our nations' veterans in a national network of health care facilities. Section members include psychologists and other stake-holders who promote the Department's mission through patient care, research, training, and consumer activities, and who form a national network to share ideas and concerns. The VA section is one of the more active sections in Division 18 and is the only VA-related group open to all VA psychologists.

### APA DIVISION 18 MEMBERSHIP

#### Application Form

(Please print)

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\_\_\_\_\_

(first)

\_\_\_\_\_ (m)

(last)

(m)

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(Street or PO Box Number)

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(Town/City)

(State/Province)

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(Country)

\_\_\_\_\_

Phone:

\_\_\_\_\_

Fax:

\_\_\_\_\_

E-mail:

\_\_\_\_\_

APA Membership No:

\_\_\_\_\_

Education:

(Highest Degree)

\_\_\_\_\_

(Date of Degree)

#### Membership Status Requested:\*

\_\_\_\_\_ Member \_\_\_\_\_ Affiliate  
\_\_\_\_\_ Associate \_\_\_\_\_ Student

\* Note: Members or Associate (masters-level) Members are also members of APA. Affiliate Members are not APA members, but meet the requirements. A Student Member must be enrolled at least halftime in a psychology-related program of study.

Interactive Listserv: \_\_\_\_\_ Yes, \_\_\_\_\_ No

Broadcast Listserv: \_\_\_\_\_ Yes, \_\_\_\_\_ No

(Official announcements only, not interactive)

Division 18 has five specialty sections; please check the ONE that best represents your interests:

\_\_\_\_\_ Community and State Hospital  
\_\_\_\_\_ Criminal Justice  
\_\_\_\_\_ Psychologists in Indian Country  
\_\_\_\_\_ Police and Public Safety  
\_\_\_\_\_ Veterans Affairs

#### Membership Dues:

The Division 18 annual membership dues are \$45 (US) for Full Members, Associate Members, and Affiliate Members; and \$25 (US) for Student Affiliates. Membership dues include a subscription to the Division 18 Journal, Psychological Services, and the Division 18 newsletter. Please send your completed application, along with a check made payable to APA Division 18, to Bill Safarjan, Ph.D., 5100 Cascabel Road, Atascadero, CA 93422-2345. Further information may be obtained by telephone at 805-468-2480 or by email at bsafarjan@tcsn.net.