



PUBLIC SERVICE PSYCHOLOGY

Division 18 Newsletter

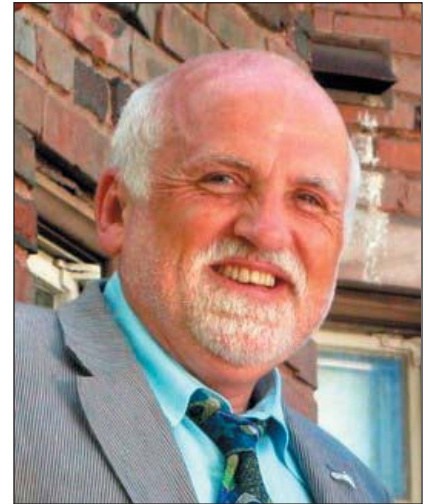
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Mike Neale

Mike Neale passed away unexpectedly on September 5, 2009. It is with great sadness that we share this news. However, we celebrate Mike's many and varied contributions to public sector psychology. Mike was a servant and advocate for persons with serious mental illnesses (SMI), the division and our needs, as well as an exemplary mentor for students and early career psychologists. To celebrate his contributions, Mary Jansen writes about Mike's commitment and contributions to persons with SMI. Dolly Sadow reflects on Mike's many contributions to Division 18. Finally, Anne Klee and Sandy Resnick write about Mike's influence as a mentor.



Continued on page 2.

Editors' Column

Margaret-Ann (Margie) Keaton, PsyD
Jacqueline Remondet Wall, PhD, CRC

Welcome to the fall issue of the Division 18 newsletter. We offer a special tribute in this issue, honoring the life of Dr. Mike Neale, a luminary of the Division whose life's work served and advocated for persons with serious mental illness. His work also trained others, to be better psychologists and to be better advocates. The words that are offered describing his contributions, while illustrative of all that he gave to others, call us all not only to be appreciative of his efforts, but also to use out knowledge and skills to do more for others in our communities.

We also offer columns that update on the work of others within the Division, as we face a time of change, not only in our profession, but in our

society and our country at large. It is with this hope that we call on us all to do more, whether it is to present to our psychologist and professional colleagues or the public's whom we serve the value of psychology as a profession and ways that social injustices can be resolved or remediated.

Publishing this issue right after Thanksgiving makes us appreciate all that we have to be thankful for. We are a vibrant, growing division, with ongoing and new initiatives, new officers and new members. But we are called on to do more...

As always, if you have news to share please contact us at keatonma@uindy.edu or walljacquie@sbcglobal.net.

Margie and Jacquie



Mike Neale

Contributions and Service to Persons With Serious Mental Illnesses

The passing of Dr. Michael Neale leaves a very large hole in public sector psychology, especially where services for those with serious mental illness are concerned. Mike was a dedicated psychologist and a passionate advocate for those with serious mental illnesses.

Mike worked tirelessly to promote the adoption of evidence based services in the U.S. Department of Veterans Affairs (VA) where he spent the last several years of his professional career. As a result of his work, the VA's version of Assertive Community Treatment (ACT) or Mental Health Intensive Case Management (MHICM) as it is called in the VA, was adopted nationally and became a cornerstone of the VA's treatment system for veterans with serious mental health disorders. As the national program director for the MHICM program, Mike led the establishment of MHICM teams at VA Medical Centers around the country and insisted that each Medical Center offer the program with fidelity to the evidence based treatment. He would accept no less for veterans than had been shown to be effective for non-veterans with serious mental illnesses in clinical trials of ACT. As a result of his efforts, the evidence based MHICM program is sited at every major VA Medical Center in the United States. Despite this and other accomplishments, he never promoted himself and few knew of the benefits veterans have reaped because of him.

Perhaps of even greater significance, Mike realized the importance of training future generations of psychologists to work with people with serious mental illnesses. He knew how little in-depth training most psychologists receive in this area and he was committed to changing this. In the early 2000s, he was integral to the development of the first version of the APA Proficiency in the Assessment and Treatment of Serious Mental Illness. Once the Proficiency was approved by APA, Mike travelled around the country at his own expense to promote it and to encourage graduate training programs to incorporate the Proficiency competencies into their training programs. Several years later, when it came time to renew the Proficiency, Mike was right there, assisting with the revision and making plans to advocate for its use with even more dedication. I was very much looking forward to working with him to promote its use in graduate training. His energy, creativity, and dedication are simply irreplaceable.

Dr. Michael Neale also was one of the most ethical people I have ever had the honor to know. He never hesitated to stand up for someone who had been treated unfairly even if it meant that he could be criticized for doing so. When he saw that someone was treated wrongly, he tried to right it - individuals with the courage to take such action are true leaders and are few and far between. Mike was one of those people. Everyone who knew Mike knew that he would not hesitate to support someone who had been wronged.

Mike also was quick to recognize others for their accomplishments but he never expected recognition for his own. He was a brilliant individual who would find simple, yet elegant solutions to problems that others had, and he did so by working quietly behind the scenes. Yet, he never asked for help from others for problems he confronted.

On a more personal note, for those who didn't know Mike well, he was also one of the nicest guys on the planet. He was just a darn nice person - kind, compassionate, caring - someone you knew you could always talk to and when you did, you knew he would listen and try to fix whatever was wrong. People like Mike are very rare and hard to come by indeed.

Dr. Michael Neale was truly a great psychologist and a great human being. I, like so many others, will miss him greatly, both professionally and personally.

Mary A. Jansen, PhD



Mike Neale

Contributions to Division 18

Mike Neale was not “only” a brilliant psychologist who helped change the face of treatment for Serious Mental Illness in the VA System. He was also a dedicated, prolific and innovative contributor to Division 18, Psychologists in Public Service. He saw Division 18 as a venue for advocating for the Seriously Mentally Ill. He also saw it as a collection of dedicated people, all serving the underserved, and working together to improve the practice of psychology. He embraced those goals.

Mike was that rare person who not only has a well thought out and articulated vision, but who also understands the many steps and tedious details needed to make that vision a reality. He worked intelligently, but also tirelessly and persistently and the way that the Division operates has been fundamentally changed by his contributions.

Creating an accurate email list for the Division personally checking each address, e mail address and phone number took countless hours. Yet, when it was finally done, not only could we stop sending post office mail to people who had passed away, we could communicate with each other easily and cheaply. It changed the way we do business and how responsive we could be. He kept this list current for years, again spending many hours. He supported an electronic newsletter, thus lowering the Division’s operating costs. He helped us do elections electronically, again lowering operating costs. He archived all bylaws, including Section bylaws, and advocated successfully for minimum standards for each Section. He kept a list of who was awarded what, and how each committee functioned. When we needed to update our status as providers of APA approved CEUs, he helped others with the details of the process. As a treasurer, he produced the more accurate and complete financial reports I had seen in the Division yet, and included future projections. I could go on and on. Suffice it to say that when any aspect of operations was involved, whenever anyone did not know or remember something, it was Mike we called.

Mike did it all, but always keeping his eye on the prize: the treatment of people living with serious mental illness. He advocated for innovative evidence based practices. He raised our consciousness not only through his many APA presentations, but through raising the subject during executive meetings, as well as with students, colleagues and friends. He advocated for more inclusive training in our graduate schools, so that new graduates would actually know how to provide evidence based treatment and community based treatment to this population. He wanted our students to be prepared for the work they would actually do in the present mental health field, rather than in the mental health field of the past. His influence was widespread and helped expand the horizons of many of his colleagues and students.

Mike was hard working and passionate about the important things, yet that does not encompass all that he contributed to the Division. Mike was also compassionate and kind and fun to be with. He never hogged the credit, he promoted others, and he stood by people when times were hard. He was a good comrade to all of us whether there was a celebration the Division was having or when the Division was going through hard financial times. He brought art through his music and poetry to his APA presentations. He brought “soul” in his interactions with his students and colleagues no matter what the topic of the conversation.

Mike was a special psychologist, advocate, Division officer, comrade and friend. The gifts he gave us will have long lasting effects. The Division as well as each of us is much richer having known him.

Dolly Sadow, PhD



Mike Neale

Contributions to Our Daily Lives Through His Passion and Advocacy

A colleague of mine, and former mentee of Michael Neale's recently shared that she was always so amazed that he was still so passionate about this work after so many years.

Mike's professional passion was for improving the lives of individuals with Serious Mental Illness (SMI). He was keenly interested in what others were doing in the SMI field—new techniques, creative innovations and especially community advocacy. He sought ways to support the efforts of all staff in the field, even if that just meant serving as a sounding board for new ideas. Staff from the 111 Veterans Health Administration's Mental Health Intensive Case Management (MHICM) programs that he nurtured and mentored always turned to him for guidance and leadership on issues large and small, filling his voicemail and email inbox daily. He never delayed in responding and always shared his knowledge and experience and a few words of encouragement. "Let's talk and see what we can come up with," was his reflexive response. In fact, I cannot recall a time when he ever said no to a new idea, new project, or a request for help. Mike's prolific note taking made whatever we said feel important ...I always wondered what he did with all those notes.

But Mike didn't just respond to the inquiries of others—his passion for his professional discipline drove him to try to bring others into the fold. He made a point of seeking out junior psychologists working with individuals with serious mental illness and in the public sector, to help them along however he could. Mike sought ways to engage people and asked them if they wanted to get involved. I was one of the fortunate ones to cross paths with Mike early in my career. Out of the blue, he introduced himself to me at APA in Chicago 2002 after a presentation I gave. Small talk about both of us being from Connecticut and having similar professional interests led to a lunch. Lunch led to a connection to Dr. Laurie Harkness—the program director for one of the first MHICM programs. This connection ultimately led me to the VA. But the help and support from Mike didn't end there. He mentored by journeying with people. My journey with Mike led me to active involvement with Division 18, another of Mike's passions. If he thought something was good or important to pursue he called you out-of-the blue and asked if you wanted to serve on a committee or get more involved. He taught us to ask. I'll never know how many times people said no, but many of us said yes when he asked if we would like to get involved or learn more.

One of Mike's other passions was finding creative outlets for those who work with the SMI population. Mike was a longstanding and core member of a New Haven writer's group for SMI practitioners and researchers, where in addition to his own literary contributions, he was known for being incredibly responsive to others' creativity. He nurtured through encouragement and sustenance (such as by bringing home-cooked dishes and candy), and by forwarding pieces he thought might resonate and inspire. His support was touching and remarkable.

Serving those with serious and persistent mental illness and working in complex public mental health systems is tough. It tries your patience at times, your sanity at others. But Mike's positive attitude, guidance, and encouragement were inspirational and comforting to us all. He would go out of his way to hear a colleague or friend deliver a presentation at a conference, or travel to New York City to attend a book reading. He championed SMI causes by championing people in the field. His motto was "all advocacy, all the time," and he practiced what he preached. Always the steady mentor, teacher and friend his support and encouragement are already sorely missed.

Anne Klee

Mike Neale

Contributions as a Mentor

I met Mike Neale in early July, 2001, as a new post doctoral trainee at the VA Northeast Program Evaluation Center (NEPEC). A construction project was underway to create new offices for NEPEC's expanding staff, but at the time there was no office for me. Instead, as I waited for my office to be built, I was placed in a temporary cubicle in the building fondly known as Building 8 1/2. Nobody else would have considered my cubicle to be prime real estate, but for me, it was a great location, situated right outside Mike's office door. Mike was my NEPEC ambassador. He introduced me to people he thought I should know (other psychologists), took me out for lunch (Mexican), provided me with the local gossip (colorful), and helped me better understand my new employer, the VA.

Over the last nine years of working together, I, like many, have admired Mike's passion, encyclopedic knowledge (who else read the Federal Register?), and tenacity, all poured into a singular quest for improving services for veterans with severe mental illness. But what I admired most and truly strove to emulate was his ability to connect. Mike loved people, and we loved Mike. He had a zest for life that drew us to him, to listen to his stories, to learn from his experiences. He gave of himself generously with no expectation of reciprocation. He brought us watermelon on hot days, wrote us poems to celebrate occasions, and was always the first person to say thank you. He helped me to remember what was important in life.

Our meetings at NEPEC are quieter and a lot less interesting without Mike. The table feels empty without him sitting at his customary place at the end of the table, a packet of Nature Valley granola bars and mug from a local New Haven coffee shop poised next to the notepad upon which he would scribble meeting notes, each page to be added to the ever-growing piles around his desk. But most of all, when I sit in our weekly meetings, I miss that glance across the table, as our eyes met to ruefully smile over the bureaucratic folly of the day. It will never be the same without him.

Sandy Resnick, PhD

President's Column

It is with sadness that I write my first report as division president. Sadness that our division has lost a colleague and friend, and the individuals we serve lost a true advocate. Dr. Mike Neale passed away suddenly on September 5, 2009. As you will read in the special column honoring Mike, he was a fun, sensitive, and caring man committed to those he served. Mike gave his (and his family's) time freely, and we all benefitted as a result. To honor Mike, members of the Executive Committee (EC) donated \$1100.00 to Mike's favorite charity, the Guacamole Fund (www.guacfund.org). We are also in the process of developing a Mike Neale award. Although the specifics are yet to be determined, this award will honor individuals with a commitment to serving individuals with severe and persistent mental illness, as well as to recognize special contributions to Division 18. I think I speak for all of us when I say Mike will be missed.

Robert Morgan, PhD



Although this is a sad time, there is much ado in Division 18. I'm pleased to announce the 2009-2010 Fellowship Committee: Drs. Robert (Bob) Goldberg (Chair), Kathy McNamara and Jeremy Mills. Now is the time to nominate individuals for fellowship status, so please contact Bob (robert.goldberg2@va.gov) with your nominations. Self-nominations are welcomed. A current list of division fellows is accessible on our division website (http://www.apa.org/divisions/div18/apa_fellows.html).



One of my presidential initiatives is division recruitment. Like the membership of APA, we are an aging division and need new and younger members. To assist in the process, each section is developing an Ad Hoc Recruitment Committee for a massive recruitment strategy for student and early career psychologists. In addition, the EC is reviewing additional recruitment strategy proposals that will allow you to benefit from new member recruitment.

It is essential that we maintain a voice within APA. Please give all 10 of your appropriation votes to Division 18. Many of us are members in other divisions, but we continue to struggle to maintain two counsel representative seats, thus, it is essential that we all return the appropriation ballots and give 10 For 18!

With the changing of seasons (most of you get more of this than those of us in west Texas) it is already time to be thinking about the 2010 APA Conference. Submissions will be due in approximately one month. The division received the same level of programming as previous years (21 hours total; 14 substantive and 7 non-substantive). Thus, programming remains limited and reviews will be competitive, but I have no doubt that under the leadership of our two Program Chairs, Drs. Jacqueline Wall and Charles Drebing, we will again have an interesting and informative program. Of particular relevance given recent sociopolitical events, the EC committed to support for division members, led by Dr. Guy Seymour (Chair, Police and Public Safety Section), to organize a cross-divisional presentation to address authority and minority status as it relates to policing. Stay tuned for more information on this and other division highlights for the 2010 conference.

I am pleased to announce that Dr. Lucas Shaw has taken the reigns as the division's Continuing Education Chair from Dr. Scott Allen. Dr. Allen served in this role for many years and the division is very grateful for his years of service. Another of my presidential initiatives is to develop online CE's tailored to the needs and interests of our membership (this was an idea I first heard proposed by Dr. Steven Nisenbaum). Although these CE's will be available to other psychologists (discounted fees for division members of course), it is my hope that you will find these CE's to be a convenient way to learn new information, as well as stay current with the literature and your licensure requirements. In addition, this will hopefully afford us revenue from our CE sponsorship, a historically underutilized financial tool in our division. While Dr. Shaw and I are working to develop a forum for this to occur, we are in need of preliminary programming. Thus, if you have presentations or programs that would be of interest to division members and you are willing to work with Dr. Shaw and I to develop it into an online program, please let me know. I am actively looking for at least three volunteers to get this ball rolling, so please contact me if you have any interest in contributing to this endeavor.

I am also excited to report that members of our division (led by Drs. Randy Taylor and Bob Ax) have actively developed a joint statement with Division 19 (Society for Military Psychology) in support of prescriptive authority for psychologists in our two divisions. The joint statement is currently being reviewed by the EC's of both divisions and I will share more information regarding this joint statement in the next newsletter.

The division journal, *Psychological Services*, continues to do very well and remains a strong publication accessed by many. In fact, our journal remains one of the most accessed and read journals of all APA journals. To continue this trend, journal editors continue to look for current data driven articles, including program evaluations, from members. If you have access to data or are actively collecting data as part of your clinical work, consider writing it up and submitting to *Psychological Services*. The journal is proof that your peers are interested and will read these articles.

As you can see, the division remains active and vibrant with plenty of work to do. I remain interested in your thoughts, suggestions, or feedback regarding division activities. Also, if you are ready to get involved in division activities, please don't hesitate to contact me at robert.morgan@ttu.edu.

Awards Given at the APA

Harold Hildreth Award

Robert K. Ax, PhD
Guy O. Seymour, PhD

Diversity Award

Dolly Sadow, PhD

Outstanding Student Award

Jennifer Marie Doucet

Student Honorable Mentions

Jon Mandracchia
Erica Medlock

Student Certificates of Merit

Jillian Kissner
Lauren Mizok
James R. Rodgers

President-Elect's Column

Steve Norton, PhD

This first column begins with a note of thanks to Division 18 members, whom through their vote, allowed me to have this opportunity to serve as President Elect of Division 18. I appreciate the vote of confidence and I will do what I can to repay that vote.

Lightening Rod

One item, which repeatedly strikes me in regards to working in Public Service arenas, is the lightning rod nature of our work at times. The last several months have witnessed media and public attention on our work areas; racial profiling incidents, interrogation practices for prisoners, civil commitment and treatment for sex offenders, the plight of homeless mentally ill. All of these areas receive media and public attention, which at times is unfairly negative. Many of us have been in the position of feeling a need to defend the work we do, when this negative attention occurs. The negativity comes from media, the public, and at times, other psychologist's colleagues. I recently "participated" in an on-line discussion of whether psychologist's working in Segregation Units in jail and prisons, was inappropriate and unethical, which seems to be a quite uninformed opinion. How do we in Public Service Psychology manage these lightening rod incidents and how can we provide an accurate portrayal of our work?

Taking Public Service Psychology to the Public

We as Public Service psychologists, understand the importance and the overwhelmingly clear necessity of the work we do; continuing to educate the public and our own colleagues, is an ongoing task. A question I would like to continue to address during my time with Division 18, is how do we effectively "take" Public Service Psychology, to the Public? A former President of APA, used the term, "giving psychology away," something, which Public Service psychologists should continue to do. A clear example of this is the Police and Public Safety section of the Division, and the upcoming seminar on working with crime victims, which the Section and it's members, lead by current chair Dr. Guy Seymour and past chair, Dr. Lorraine Green, have developed. This seminar will be a strong display of the positive aspects of Public Service psychologists. I would encourage other sections to consider similar opportunities.

VA Psychologists May Earn Pay Raise



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Psychological Services Journal

One of the tasks I have as Pres-elect, which connects to the education of psychology colleagues and to the mental health field in general, is participating in monthly conference calls for the Division 18 journal, Psychological Services. This journal continues to grow both in terms exposure and prominence, and should be considered an asset and testimony to the Division. The journal needs to continue to grow in order to provide research and resources to the psychology and mental health professions; this exposure helps to educate the mental health field on the positive work of Division 18.

One of the growth areas, which all members of the Division should explore, is where you individually or the department in which you work, have access, (printed or electronic), to journals. Members of the Division obviously have the journal subscription, but does your worksite have a library for mental health professionals and if so, does this library have an institutional subscription to the journal? Does the local university or college library have a subscription to Psychological Services? An additional question to ask, does the institution or library have Internet, electronic access to journals and does this electronic database contain Psychological Services? According to the APA journal office, Psychological Services Journal is contained within the electronic database, PsycARTICLES, and it is through this database that revenue for the Division (and APA) is generated. When an individual accesses and uses Psychological Services journal, through PsycARTICLES database, that usage is credited to the Division. The more professionals who have access to the journal, the more relevant research and resources are supplied to the mental health field, and more revenue is generated for the Division. There are other electronic databases, which contain access to Psychological Services, but these databases do not quite generate revenue, as does PsycARTICLES, although these other databases do serve to expand the utility of the journal.

Access to Psychological Services Journal Inquires

In order to find out if your library has Psychological Services Journal and if not, how to get that access established, first look to see if the print form is already subscribed. If not, inquire from the Librarian or library manager on whether the institution can order a subscription to the Journal. To determine, whether electronic access is available, go to the institutions electronic library (or ask the Librarian) and search for the electronic database from APA called PsycARTICLES. If the library does not have the PsycARTICLES database, request the Librarian to contact APA, (you supply the contact information) and order this database. The Librarian can best determine on to subscribe to the electronic database.

History

I have been fortunate to serve two terms as the Division, Criminal Justice Section chair, '96-'98 and '03-'05. I thought it would be interesting to read over the initial newsletter articles. Unfortunately, I cannot find the '96 article, but found this note from the first '03 article.

As I looked over some of the columns I wrote in the past for the CJS, I see some similarities. Themes such as resources for criminal justice psychologists, working with increasingly complex offenders, networking with other psychologists as well as other correctional mental health professionals, and training; were themes four years ago and are themes at this time. Our work is complex and challenging.

1996, 2003, 2009. The issues identified in this brief note remain relevant and consistent for the whole Division; our work remains complex and challenging; onward we go.

Past President's *Column*

Timothy Lawler
PhD, MPH



Toronto is such an incredible city, and always one of my favorites for our annual APA convention. It has the multicultural flavor of London or Berlin; theater and nightlife rivaling New York's; August weather that's not too hot for the northerners or too cold for the southerners. Transportation to convention venues is easy (if attendees can't just walk, as the convention hotels are very close to the newly expanded convention centre) and we all get to see sessions presented by and collaborate more with our Canadian colleagues than most other APA cities. The only downside for Division 18 is that we're almost all government employees, and many of our institutions don't cover travel to international meetings. And for those of us who are US federal government employees, we need to make sure to have "official passports" to travel on business outside the US—a process that can take months to complete. I'm not sure what the overall numbers were for this year's APA attendance, but Division 18's seemed decidedly lower than in past recent years. And that's really too bad as this year's Division programming and meetings, awards and socials were just incredible!

Jacque Wall and Chuck Drebing, our convention co-chairs, did a stellar job. Theirs is one of the most time-consuming and thankless positions of the Division's board, with multiple deadlines to meet, and communication between APA and the Division, the Division and the presenters, the Division and the hotels and their catering departments. And then they have to show up at all of the poster sessions, meetings, Division business events, and many of the presentations. Our sessions were well attended. Our parties were the best I can remember. A few of us traditionally would sneak out of Division 18 parties for the bigger spreads of some other divisions' nearby events. Not this year! Wonderful food, my first experience with a chocolate fountain, and people from other divisions sneaking into our party. Please make sure to thank Chuck and Jacque the next time you speak with them. They made all the difference.

As I'm no longer with the VA, I was able to skip the traditional "VA Day" of VA meetings and instead attended sessions to learn more about new interests related to my new responsibilities. There's so much going on in international psychology, with on-line interventions, and training in resilience. I left the conference as I do every year—with my head full of ideas of techniques I want to try, investigations I'd like to write up, and an extra suitcase full of books that I have to read. It's just that this year, the ideas, investigations, and book titles were different.

The new learning the convention stimulates is always exciting to me, but it pales when I compare it to the absolute joy I experienced at my two favorite Division events: the champagne party for the winners of the student research awards and the presentation of the Harold Hildreth Award.

The opportunity to meet, talk with, and honor this year's student researchers was absolutely profession affirming. At the Miami VA, we only half-jokingly stated that there was so much need for psychologists' services that we'd never be allowed to retire. After meeting with Division 18's student researchers, I'm convinced that not only will be allowed to retire, but that we can do so with the firm knowledge that our patients will be expertly and compassionately cared for. So thanks to those student award winners—and to their mentors—for their dedication and exuberance.

I've casually known Bob Ax and Guy Seymour, this year's Hildreth winners, for years, and I've certainly known about some of their contributions to the profession. Colleagues who nominated Bob and Guy for the Division's highest award probably didn't even remember all of their accomplishments. But as I was able to read the litany of Bob's and Guy's public service, publications, and contributions, I like everyone in attendance, was moved. It was truly mind boggling to think that each of them was able to do so much in the past 30-odd years. It was an honor to be the Division president recognizing the life work of two hugely deserving colleagues.

Finally, the events of the past few weeks at Ft. Hood I'm sure have made us all pause, think, and take stock. As a former training director, I could certainly sympathize with the supervisors' struggle in dealing with serious concerns about a trainee. As adults, we all deal with our own personal daily issues. As psychologists—particularly as public service psychologists—we deal with patients with extremely complex and troubling issues. Probably more than other professionals, I think we need to count on one another to keep it all in perspective. Please consider calling, or just dropping by the office of a mental health colleague today and ask him or her how things are going—and let him or her know how things are going with you, too.



APA Practice Directorate Ψ Association of VA Psychologist Leaders Ψ APA Division 18-Psychologists in Public Service

SAVE THE DATE!

13th Annual VA Psychology Leadership Conference

Theme: Advancing Psychology in the Evolving Veterans Health Care System

Co-Sponsored by the APA Practice Directorate, the Association of VA Psychologist Leaders (AVAPL) and APA Division 18-Psychologists in Public Service

May 12-15, 2010

Key topics will include:

- Best Practices in Implementing the Uniform Mental Health Services Handbook
 - Eliminating Homelessness and Reaching Out to Incarcerated Veterans
 - Health Promotion and Disease Prevention
- Providing Family and Couples Treatment in Reaching Out to a New Generation

Special Saturday Workshop on Ethics by APA's Dr. Steve Behnke!

Online registration will open in November and will be available at the AVAPL website (www.avapl.org). VA Psychologists, including program managers, chiefs/lead psychologists, and early career psychologists, and psychology trainees are welcome!

Space is limited so please sign up early!



For more information,
Contact Lisa Kearney, Ph.D., VA Psychology Leadership Conference Chair:
(210) 617-5121 or lisa.kearney3@va.gov

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Student Representative REPORT

By Abigail Bernett

Greetings to all Division 18 students, I am excited to have been elected to serve as your Student Representative. I began my term in August, and was able to meet several of the Division 18 Executive Committee members at the APA conference in Toronto. I would like to say thank you to Jon Mandracchia, the outgoing student representative, and to the Executive Committee members for helping to get me started in my new role. Thus far I have been involved in the monthly conference calls for the Executive Committee, where my primary role is to be a voice for the students in the Division. These calls are a great opportunity for me to bring up any student questions or concerns related to the Division in general, or section specific questions, and I encourage you to contact me with any questions, concerns, or ideas.

One of the current initiatives of the Division is recruitment of new members, and that includes students. Membership renewal is approaching, and I encourage you take advantage of all the benefits membership has to offer, including receipt of the Division's quarterly journal, *Public Service Psychology*. Through the hard work of past student representatives, there are a number of student specific benefits including our own website and listserv. I am working on updating this website, and would like feedback and suggestions from other students regarding what additions would be most useful. Additionally, if there are any specific types of information you would like posted to the listserv, please let me know. The listserv can be a great resource, and I intend to use it as a way to provide information on opportunities for presenting research, funding opportunities, and networking with others in the public service sector.

Another benefit for students is the Division 18 Mentoring Program, which pairs students with an experienced psychologist in their area of interest. The Mentoring Program is one area I would like to focus on during my term as Student Representative. Personally, I have benefited greatly from the professional connections I have made through my Division 18 membership, and have received guidance regarding internships, research opportunities, and different career opportunities in public service. I would like to use the Mentoring Program as a way to connect other students with psychologists in the Division, and to provide them with similar opportunities. In the ever more competitive internship application process, connections with and guidance from psychologists already in the field can be a great asset to graduate students, and the Mentoring Program is one way students can make these connections. Please contact me if you would like to get involved with the Mentoring Program.

The Department of Psychology at the University of West Georgia announces at least one tenure-track faculty position to commence Fall 2010. The department houses dynamic undergraduate, masters, and doctoral degree programs, and engages an integrative approach with roots in humanistic, existential/phenomenological, transpersonal, depth, critical, and feminist psychologies. We emphasize human science and other qualitative research methods, clinical interests creatively informed by broader social sensibilities, social justice approaches to intervention, and studies in consciousness and spirituality. Please send vita, three letters of recommendation, sample publications, and a description of your vision for psychology to: Dr. Jeannette Diaz-Laplante or Dr. Lisa Osbeck, Department of Psychology, University of West Georgia, Carrollton, GA, 30118. Review of applications will begin January 4, 2010. The University of West Georgia is an Equal Opportunity/Affirmative Action employer.

Don't forget about the upcoming deadline for APA 2010 Convention submissions, which is December 1, 2009. The conference is a great opportunity to network with other Division 18 members, and to get experience presenting your research. There are opportunities to apply for scholarships and awards to help pay for your attendance, and I will post them on the listserv as I find out about them. Please contact me at abigail.bernett@marquette.edu if you have any questions, concerns, or ideas related to Division 18 activities or opportunities.



Criminal Justice SECTION REPORT

Dawn Cisewski, PsyD

Dear fellow CJ members,

I am very excited to be the Chair of the Criminal Justice section of Division 18. I think as a group, we can be very influential and powerful in our advocacy efforts in addressing areas of concern, and I am eager to help be that voice. Given the recent economic issues of our country, many states have seen drastic budget cuts, which have affected the quality of care that inmates are receiving. As

has been the trend in other areas of public service, many times the role of the psychologist has been replaced by other clinicians. Although this is cost-effective in the short-term, it actually can lead to higher costs due to misdiagnosis and lack of adequate assessment. It is my goal as the Chair of the CJ section to begin to address this issue, to ensure that the role of the psychologist and the skills provided by us are maintained in the prison systems. This has already been addressed at some state levels, but needs to be addressed at a national level. To achieve this goal, I need the help of all our members.

First, we need to have a strong voice. In order to advocate for our role in the criminal justice system, and to advocate for the quality of treatment of inmates, we need to show that we are a substantial force. To do so, we need more members. Thus, one of my first goals as the Chair of the CJ section is to increase membership. As a member of Division 18, as well as a member of my state association, I have been very disappointed to see the lack of involvement by public service psychologists in these associations, especially in the CJ field. Of course, all of you reading this are members and are involved. However, unfortunately, many of your colleagues are not. Therefore, I want to start a membership drive to encourage our fellow psychologists to help join our advocacy efforts. I, along with Andrea Tobias, Psy.D., the Secretary/Treasurer of the CJ section, have started receiving applications for an ad-hoc recruitment committee. As we launch our recruitment strategy, we will be enlisting the help of all our members to promote the CJ section, and Division 18 in general.

Secondly, I would like to receive information from psychologists from states and or federal systems that have been able to maintain an adequate psychological presence in the prison system. By learning how others have successfully achieved this goal, we can then use it in other states that are struggling with this. Please email me any information you have regarding your current situations, and effective strategies that you have utilized.

Lastly, I want to hear from all of you. As Chair, I want to be fully informed of current issues psychologists are addressing in the prison system. As such, I encourage all members to feel free to contact me about questions or concerns that need to be addressed, so that I can begin prioritizing the issues and start planning advocacy strategies. Below is my contact information.

Dawn Cisewski, Psy.D.
Northeastern University
Psychology Department
125 Nightingale
Boston, MA 02115
617-373-3799
d.cisewski@neu.edu
dmcisewski@hotmail.com

Thank you all for being members of Division 18 and the CJ section. Without you, we cannot achieve!



AMERICAN PSYCHOLOGICAL FOUNDATION

PSYCHOLOGY PHILANTHROPY

CALL FOR NOMINATIONS

ALEXANDER GRALNICK RESEARCH INVESTIGATOR PRIZE**American Psychological Foundation (APF) Mission and Funding**

The APF provides financial support for innovative research and programs that enhance the power of psychology to elevate the human condition and advance human potential both now and in generations to come. It executes this mission through a broad range of scholarships and grants. For all of these, it encourages applications from individuals who represent diversity in race, ethnicity, gender, age, disability, and sexual orientation.

The Gralnick program awards prizes for exceptional research and mentoring accomplishments in the area of serious mental illness. Its description, application requirements, and procedures appear below.

Description

This program recognizes outstanding work in the area of serious mental illness.

Program Goals

- Encourage psychologists to assume a leadership role for psychology in the area of serious mental illness
- Encourage training of future psychologists in this area
- Advance understanding and treatment for those affected by such illnesses

Funding Specifics

- One \$20,000 prize every other year

Eligibility Requirements

- Ph.D., Psy.D., or M.D.
- Demonstrated research productivity in serious mental illness for a minimum of eight years
- Significant involvement in training and development of younger investigators
- Affiliation with an accredited educational institution or other research/treatment institution

Evaluation Criteria

- Conformance with stated program goals
- Magnitude of contribution to the field

Nomination Requirements

- Statement of accomplishments to date in targeted area
- Plan for the next five years addressing the program goals
- Letter of recommendation supporting candidate's qualifications with reference to the program goals
- Copies of two seminal publications
- Current (brief) CV

Submission Process and Deadline

Submit a completed application online at <http://forms.apa.org/apf/grants/> by **April 15, 2010**.

Questions about this program should be directed to Kim Palmer Rowsome, Program Officer, at krowsome@apa.org.

American Psychological Foundation

750 First Street, NE • Washington, DC 20002

P: (202) 336-5843 • F: (202) 336-5812 • Foundation@apa.org • www.apa.org/apf



Police & Public Safety

SECTION REPORT

Guy O. Seymour, PhD

As this is the first Newsletter Report since the APA Convention in Toronto, I would like to take this opportunity to thank Dr. Jay Supnick (Chair) and the Section Education Committee for an outstanding 2009 APA Pre-Convention MiniConference in Toronto. With the assistance of Dr. Carol Vipari and Dr. Catherine Martin-Doto of the Toronto Police Services and then-Section Chair Dr. Lorraine Greene, the MiniConference was held in the TPS Headquarters Conference Centre. It was truly an exciting day of presentations, keynoted by Canada's

Minister of Public Safety, Hon. Peter Van Loan, MP, who gave an impassioned challenge to put psychology to use in local and provincial police efforts before those who are arrested become his responsibility in the Canadian Federal Prison system. The 2009 MiniConference also inaugurated a Legal Update and Briefing which will become a standing feature of the Annual MiniConference. Presented by Attorney Wayne Schmidt of Americans for Effective Law Enforcement, publisher of the Police and Fire Reporter Newsletters, he gave an overview of litigation and legislation which directly affect the work of psychologists in the police, fire, corrections and security arenas. The Section presented Awards to Dr. David Corey for Outstanding Service to Police & Public Safety Psychology and to Dr. Casey Stewart, now of the NYPD, for Outstanding Student Research in the Field of Police and Public Safety. Dr. Lorraine Greene was also recognized for her Contributions to the Section, and her election as Division Representative to APA Council was announced. Dr. Ellen Scrivner was congratulated on her appointment as Deputy Director of the National Institute of Justice.

This Section formally joined with the Police Psychological Services Section of the International Association of Chiefs of Police (IACP) and the Society for Police & Criminal Psychology (SPCP) to form the Council of Organizations in Police Psychology (COPP) to address and resolve professional issues that we face in common, including continuing education, doctoral education, post-doctoral training, and board certification. Initial conversations were held between COPP and ABPP to identify the steps that would be needed to obtain ABPP Diplomate Certification in Police Psychology. While ABPP Certification is a long way off, the steps to get there could be economically incorporated into the steps we must take to solidify our Designation as a Proficiency by APA. Coordinating these efforts at this early stage will result in a more streamlined process in the future.

Just the week before we attended APA, the Section elections results were announced. In addition to my own election as Chair, Dr. Susan Saxe Clifford was elected Chair-Elect and Dr. Anne Bisek was elected as Secretary-Treasurer. Dr. Supnick agreed to stay on as Education Chair and Dr. Jolee Brunton of the San Diego Police agreed to serve as Conference Host for the 2010 San Diego MiniConference. Dr. Virginia Hays of Montgomery County, MD has agreed to Chair the 2010 MiniConference Program and then assume the duties of Host for the 2011 APA in Washington, D.C.. Proposed two years ago by the Education Committee, this is an evolving system where there will be a Host Police or Fire Service Psychologist, in the City where the APA Convention will be held. That person will have seen 'up close' the challenges facing a Host and how to meet them by having chaired the MiniConference program the year prior. At the Section Business Meeting we agreed to hold regional training where CE credit is offered, to create a forum for Section members to be able to come together more than just at the single APA event annually. Many of you have received the notice of our first such training to be held in Tennessee at the Metropolitan Nashville Police Department on November 19. This regional training on the topic of Ethics for Victim Services Providers grew out of programs developed by Nashville Police Department and the Office for Victims of Crime. The Metropolitan Nashville Police Department was the 2009 Winner of the IACP/Login Award for Excellence in Victim Services for the world's Largest Police agencies. While this regional training is offered at no cost to attendees, future trainings will likely include a registration fee. Currently Dr. Mabel Lam and Dr. Kim Gaddy of Boston are planning a northeast regional training conference for the Spring 2010 focusing on integrating cultural competence into training offered by psychologists in public safety agencies. Look for an announcement of this regional training. If any of you have ideas for conducting a regional training in the area of police and public safety psychology which will reach out to students and new professionals as well as to partner professionals such as lawyers, fire and police executives, and regulatory professionals such as Civil Service Board members, please forward your ideas to Dr. Supnick or me. Yes, We CAN make it happen!



Dr. Norman Mar has agreed to represent the Section in the diversity initiative of the Division and is working on establishing a strategy for enhancing the diversity of the Section, mostly through student recruitment and outreach to early career psychologists with forensic interests. He will be working closely with Dr. Susan Saxe Clifford who, as Chair Elect has responsibility for the Membership Committee. Please remember that your partner professionals CAN join the Division and the Section without having to be psychologists or to join the larger APA.

Dr. Anne Bisek, the Section's newly elected Secretary Treasurer, has identified as her signature initiative, efforts to get Section members to commit to professional writing. She has already started to work with some early career psychologists to develop the beginnings of papers and one book and will soon unveil a blog for the section specifically to encourage such writing.

In spite of our strong MiniConference in Toronto, the Section had no panels or symposia accepted for the Convention program. I am interested in turning that around in a big way and urge every section member who has an idea for a panel to get it written up for the December 01 'drop dead date' for program submissions. The Convention Program Committee has asked for members of each Section to review submissions and several members have agreed to be readers. Since the Toronto Convention, the Division leadership has supported efforts by the Section to develop a presentation for San Diego to reflect on what psychology can contribute to ameliorating the interaction of race and police authority. Although it was stimulated by the altercation between Cambridge Police Sergeant Crowley and Harvard Professor Gates (and reflected upon by President Obama), events such as the fatal shootings of unarmed African American males in Oakland and in New York City as well as the killing of an African American off-duty police officer by a Caucasian officer in New York City showed that there is much work to be done in this arena across the country. Any members with ideas about how to pursue this issue are asked to contact me at guyo@bellsouth.net. One suggestion that is currently under consideration is to create a Committee on Race and the Police in the Section to tackle the issue from theoretical, historical, research, training and practical points of view. Please let me know your thoughts.

At the IACP Convention in Denver this October, the Police Psychological Services Section of that organization ratified several 'Guidelines' for practice. These include Guidelines for Pre-Employment Psychological Screening of Police Candidates; Guidelines for Psychological Response to Officer Involved Shootings; and Guidelines for Fitness For Duty Evaluations. These will need to be accepted by the IACP Board of Officers in 2010 in order to become policy of that organization. I direct your attention to them as they provide well-reasoned and thoughtful guidance by colleagues, most of whom are members of both the IACP and this Section. Please also review the detailed article about the meaning of Proficiency in Police Psychology at the website of the APA Committee on the Recognition of Specialties and Proficiencies in Psychology for a comprehensive definition: <http://www.apa.org/crsppp/APA%20Police%20Psychology%20Proficiency%20Petition-Final.pdf>

As you know, the work of the Section is done in Committees. I ask each member to think about ways in which you would like to serve the Section. There is likely a Committee where your interest will be welcomed and possibly enhanced. The current Section Committees with their Chairs are:

Membership – Dr. Saxe Clifford at policepsych@gmail.com

Education – Dr. Supnick at jasup@frontiernet.net

MiniConference Program – Dr. Hays at Virginia.Hays@montgomerycountymd.gov

Awards – Dr. Greene at lorraine.greene@nashville.gov

Communication (and blogging) – Dr. Bisek at anne@doc911.net

Diversity – Dr. Mar at njmar@comcast.net

Please always feel free to contact me at guyo@bellsouth.net or at 404-668-0179. We are the second largest Section in the Division. Let's show up and make our presence known!



VA SECTION REPORT

Linda Bodie, PsyD
CHAIR, VA SECTION

WOW! What a year this has been for the “the premier healthcare system in the nation”! As the new VA Section Chair, I am delighted to be on board in such exciting times. There have been many positive changes for psychologists in the VA. As the number and duration of deployments increases, the recognition and demand for quality mental and behavioral health services for the returning soldiers from Iraq and Afghanistan also increases. The VA’s mission is to ensure that excellent mental health care is delivered through evidence based treatment by developing innovative interventions for active military personnel and returning veterans, including women. There is also a focus on supporting the rehabilitation and recovery oriented model of care, ensuring that treatment is consumer driven to enhance consumer independence. Mental Health Enhancement funding increased staffing to almost 20,000 Mental Health providers in 2008. The VA employs 6% of all psychologists in the US! The VA continues to hire in areas, in which psychologists have special expertise, including neuropsychology, home based primary care, geriatric and extended care, palliative care, seriously mentally ill, post traumatic stress disorder, substance abuse, integration of mental health in primary care, homelessness prevention, families, aging veterans and those with traumatic brain injury (TBI) and/or poly-trauma. Many of the new hires are from the highly qualified “pool” of psychologists who have been trained through VA internships.

The VA Section held elections for Chair Elect and Secretary/Treasurer. Congratulations to the new Chair Elect, Anne Klee, PhD and Secretary/Treasurer, Tim Carmody, PhD Thanks to the other VA Section members who ran for office: Ed Padin, PhD, Doug Olson, Ph.D, Carey Pawlowski, PhD and Mellissa Wattenberg, PhD Thanks to Rich Greenblatt, PhD who will continue in his role as Chair, Awards Committee. It is not too early to start thinking about awards to be presented at APA in San Diego in 2010. Dr. Greenblatt will be soliciting nominations for these awards soon. We will also be creating a special award in memory of Mike Neale, PhD, who played such an important role in the VA Section (and Division 18) and who made such substantial and lasting contributions through his mentoring and advocacy for the seriously mentally ill.

Congratulations to the following award recipients presented at the VA Section Meeting at APA in Toronto in August, 2009: Goals this year include increasing membership in the VA Section, including students, interns, early career psychologists, women and minorities of all ages. Tim Carmody, PhD is the Chair of our Membership committee. We are looking for a few good men and women to serve on the Membership Committee. We are especially interested in early career psychologists, interns, post-docs and students to aid in this endeavor.

Outstanding Clinician, *Karen Grantz*
Outstanding Clinician, *Alan Doerman*
Outstanding Researcher, *Keith Humphreys*
Outstanding Administrator, *Kenneth Weingardt*
Outstanding Contribution in Psychosocial Rehabilitation, *Jennifer Boyd*

Outstanding Psychology Trainee, *Frederica Latta*
Outstanding Mentor, *Douglas Lane*
Outstand Lifetime Contribution to VA Psychology, *Richard Carothers*

Another important goal for this year is to increase opportunities for involvement in leadership and policy decisions. We are looking forward to our continued collaborative relationships with other professional groups such as Association of VA Psychology Leaders (AVAPL) and APA. The VA Section will play as major role in the planning and preparation of the 13th Annual VA Psychology Leadership Conference, co-sponsored by the APA Practice Directorate, AVAPL and Division 18. The Leadership Conference will be May 12-15, 2010 in San Antonio. The theme for this year is “Advancing Psychology in the Evolving Veterans Health Care System”. Lisa Kearney, PhD is doing an outstanding job as Leadership Conference Chair, but there is still work to be done and need for help in the planning and preparation.

We are soliciting volunteers for the Membership Committee, Awards Committee and the VA Psychology Leadership Conference Planning Committee! If you are interested in serving in a leadership role in the VA Section, please contact any of the Executive Committee members:

Linda Bodie, Psy.D.
Chair, VA Section
Linda.bodie@va.gov

Anne Klee, PhD
Chair, Elect
Anne.klee@va.gov

Tim Carmody, PhD
Secretary/treasurer
Timothy.carmody@va.gov



AMERICAN PSYCHOLOGICAL FOUNDATION

PSYCHOLOGY PHILANTHROPY

REQUEST FOR PROPOSALS**APF PEARSON EARLY CAREER GRANT****American Psychological Foundation (APF) Mission and Funding**

APF provides financial support for innovative research and programs that enhance the power of psychology to elevate the human condition and advance human potential both now and in generations to come. It executes this mission through a broad range of scholarships and grants. For all these it encourages applications from individuals who represent diversity in race, ethnicity, gender, age, disability, and sexual orientation.

The APF Pearson Early Career Grant supports psychology's efforts to improve areas of critical need in society. Its description, application requirements, and procedures appear below.

Description

The Pearson Early Career Grant encourages early career clinicians to work in an area of critical societal need. Pearson partnered with APF to ensure psychology addresses critical needs in society.

Program Goals

- To support psychology's efforts to improve areas of critical need in society, including but not limited to innovative scientifically based clinical work with serious mental illness, serious emotional disturbance, incarcerated or homeless individuals, children with serious emotional disturbance (SED), and adults with serious mental illness (SMI)
- To encourage early career psychologists to devote their careers to under-served populations

Funding Specifics:

- One \$12,000 annual grant

Eligibility Requirements:

- Psychologist with an Ed.D., Psy.D., or Ph.D. from an accredited university
- No more than 7 years postdoctoral

Evaluation Criteria

- Conformance with stated program goals and qualifications
- Quality and impact of proposed work
- Innovation and contribution to the field with proposed project
- Applicant's demonstrated competence and capability to execute the proposed work

Proposal Requirements

- Detailed proposal that makes a case for the need to be addressed; describes the proposed project, methodology and the applicant's qualifications; and includes a detailed budget and justification
- Appropriate use of assessment is encouraged
- Current CV
- Two letters of support

Submission Process and Deadline:

Submit a completed application online at <http://forms.apa.org/apf/grants/> by **December 31, 2009**.

Questions about this program should be directed to Kim Palmer Rowsome, Program Officer, at krowsome@apa.org.

American Psychological Foundation

750 First Street, NE • Washington, DC 20002

P: (202) 336-5843 • F: (202) 336-5812 • Foundation@apa.org • www.apa.org/apf



Comparative Effectiveness Research (CER)

Pat DeLeon, PhD, JD, MPH, Former APA President

This Summer the Institute of Medicine (IOM) submitted its recommendations to the Obama Administration for Comparative Effectiveness Research (CER) prioritization, pursuant to the American Recovery and Reinvestment Act of 2009 (P.L. 111-5) (the Economic Stimulus legislation). Included in that landmark bill was \$1.1 billion for CER, to evaluate the relative effectiveness of different health care services and treatment options and to encourage the development and use of clinical registries, clinical data networks, and other forms of electronic data to generate outcomes data. “Today, when a patient and physician, perhaps with other clinicians and family caregivers, are discussing the best course of treatment for the patient’s medical condition, they often do not have the scientific evidence they need to make a determination. Although there may be studies that indicate that a treatment is efficacious relative to a placebo, there frequently are no studies that directly *compare* the different available alternatives or that have examined their impacts in populations of the same age, sex, and ethnicity or with the same comorbidities as the patient. Comparative effectiveness research (CER) is designed to fill this knowledge gap.” The potential for psychology is extraordinary. Will we collectively be up to the challenge as our nation evolves towards Health Care Reform?

Actively involving the public, including various health care associations (i.e., the American Medical Association, American Nurses Association, and Association of Schools of Public Health), the IOM systematically reduced the initial 2,606 nominated topics down to their top 100 recommendations – divided into four distinct priority categories. Some expressed concern that CER might be used to generalize approaches to therapy, in a so-called “one-size-fits-all” approach to health care. Others strongly advocated for a patient-centered approach to health care delivery and CER. APA was admirably represented by our President James Bray.

Taking a long-term perspective and concerned that a short-term priority research agenda alone will not adequately address the potential of CER to improve the health of Americans and the quality of health care in the nation, the IOM strongly recommended that Congress and the Administration establish a sustainable strategy to coordinate government CER activity. Four CER program priorities merited high-level attention and coordination: meaningful participation of consumers, patients, and caregivers; building of robust data and information systems, as well as research and innovation in the methods of CER research; development and support of a highly skilled CER workforce; and vigorous support of research and efforts to translate CER knowledge into everyday clinical practice. The IOM urged the development of a strategic plan for research workforce development. This should include assessments of both the capacity of the current workforce to carry out the program’s research agenda and the capacity and effectiveness of current training programs for producing researchers with relevant skills. This will require involving the training, deployment, and collaboration of a significant number of professional disciplines (i.e., moving away from traditional professional “silos”). The IOM further noted the importance of encouraging Innovation in CER methods, stressing that Practice-Based Research Networks generate both primary and specialty care data – an exciting clinical policy agenda which Steve Ragusea has been championing for the past decade.

Reviewing the community’s proposals for CER research agendas, the IOM found that the most common priority-setting criteria identified could be classified into three broad categories: patient need, quality of care, and cost and reimbursement issues. Patient need was ranked as the top criterion. This referred primarily to disease burden; including prevalence, morbidity, mortality; and family and social impact, as well as risk factors such as obesity and substance abuse. With respect to quality of care-related criteria, many self-identified clinicians said they sought better information for making clinical decisions in order to deliver the best or evidence-based treatment, to reduce treatment variation; and to promote quality of care for their patients, including safety and improved outcomes. Cost and reimbursement issues reflected the belief that research would lead to cost management, better resource use, a decrease in societal costs, and elimination of waste. Other comments justifying priorities included focusing on psychosocial and educational factors, including family dysfunction that affects health outcomes. The IOM noted: “Across the nation, the prevalence of mental health disorders is high, and the cost of treating such disorders is substantial.... (T)opics address various strategies for managing and treating mental health disorders (ranked among the most prevalent, the most costly, and the leading causes of morbidity across all age groups).” It was strongly recommended that CER should be conducted using “real-world” patients, so that the results are readily generalizable across populations.



Examples of the IOM proposed CER priority research topics from each of the four quartiles included comparisons the effectiveness of: Quartile (1) – Primary prevention methods, such as exercise and balance training, vs. clinical treatments in preventing falls in order adults at varying degrees of risk. Pharmacologic and non-pharmacologic treatments in managing behavioral disorders in people with Alzheimer’s disease and other dementias in home and institutional settings. Various primary care treatment strategies (e.g., symptom management, cognitive behavior therapy, biofeedback, social skills, educator/teacher training, parent training, pharmacologic treatment) for attention deficit hyperactivity disorder (ADHD) in children. “Wrap-around” home and community-based services and residential treatment in managing serious emotional disorders in children and adults. Quartile (2) – Co-location models (psychological and primary care practitioners practicing together) vs. usual care (identification by primary care practitioner and referral to community-based mental health services) in identifying and treating social-emotional and developmental disorders in children ages 0-3. Mindfulness-based interventions (e.g., yoga, meditation, deep breathing training) vs. usual care in treating anxiety and depression, pain, cardiovascular risk factors, and chronic diseases. New remote patient monitoring and management technologies (e.g., telemedicine, Internet, remote sensing) vs. usual care in managing chronic disease, especially in rural settings (including resource utilization, workforce needs, net health care expenditures, and requirements for large-scale deployment). Pharmacologic treatment vs. behavioral interventions in managing major depressive disorders in adolescents and adults in diverse treatment settings. Quartile (3) – Alternative redesign strategies – using decision support capabilities, electronic health records, and personal health records – for increasing health professionals’ compliance with evidence-based guidelines and patients’ adherence to guideline-based regimens for chronic disease care. Quartile (4) – Different disease management strategies in improving the adherence to and value of pharmacologic treatments for the elderly. The IOM President: “A patient has the right to expect the best possible care, and a health professional has a duty to provide it. But how can one know what is best?” Aloha.

What Will We Build in Times of Trials?

Walter Penk, PhD, ABPP

APA Council of Representatives

Meeting in Toronto

APA’s Council of Representatives met in Toronto on August 5 and August 9, 2009, during the 117th annual meeting of the American Psychological Association. Delegates from APA’s divisions gathered when much is going wrong. APA membership is declining. APA revenues are lagging.

Losses within APA are taking place when the US as a nation is struggling even more. A Great Recession now depletes our nation. Unemployment and under-employment are increasing. Loans on homes are foreclosing. Businesses and banks are failing. Wars continue without end. US federal debt is deepening, going deeper.

Council met when APA and the USA are losing.

Psychologists are experts in solving stress and, just as we expect our clients to cope with their stress, APA’s Council seeks solutions for the problems that confront us all. The Council meetings were held in the Fairmount Royal York Hotel, an older hotel built for travelers across Canada by the Canadian Railway. The Royal York is solid. It has weathered many political and financial storms. It is a safe place from which to confront and solve problems. The interior design of the Royal York, built from forests and mountains of Canada, is a tribute to the triumphs of Canadians to grow from challenges of Canadian wilderness and weather. And Canadians were gracious hosts to the 9,000 or so psychologists visiting from America.



Toronto has grown so much since APA last met in there in 2003, in a time of SARS. So many new buildings have been built for offices and for condos. Toronto's convention center likewise has expanded, straddling the wide span of twenty railroad tracks that run through the center of downtown, with meeting rooms north and south of the railroad tracks: Both north and south halves of the convention center are interconnected by steps, elevators, and escalators that forced psychologists to walk across widely-separated spaces to attend meetings. But the long walks brought unexpected delights by many chance sightings of friends, classmates, teachers, and supervisors, as psychologists moved from one symposium or workshop or poster session to another to hear an extraordinary diversity of topics sparkling in powerpoints. Not only has there been so much new construction but academic excellence has likewise grown in the world-class University of Toronto and other institutions.

Beyond all that is new in Toronto, there is also dedication to the past. On Dundas Street, near University Street, off to the side, almost lost from passers-by, alone, isolated, there stands a small statue, black, foreboding, a statue of Winston Churchill, posed as if in defiance, depicting the Prime Minister of Great Britain, forever caught in the stance of confronting and conquering the horrors of war and economic depression.

For it was Winston Churchill, who, in 1942, following the Great Depression of the 1930s and caught up in the destructions of World War II, who set into motion the actions to solve the problems of his day, in his times of trial. In 1942, Winston Churchill undertook to solve times of trial by proposing a national health system, working with William Henry Beveridge. By 1944, as World War II was still raging, Churchill wrote:

“The discoveries of healing sciences must be the inheritance of us all. That is clear. Disease must be attacked, whether it occurs in the poorest or richest man or woman simply on the ground that it is the enemy; and it must be attacked just in the same way as the fire brigade will give its full assistance to the humblest cottage as readily as to the most important mansion. Our policy is to create a national health service in order to ensure that everybody in this country, irrespective of means, age, sex, or occupation shall have equal opportunities to benefit from the best and most up-to-date medical and allied health services available.”

While Churchill did not inaugurate the National Health System for Great Britain and Canada--for he lost office in 1945 and so it fell to Clement Atlee to start national health care-- Churchill continued to develop national health care when he later returned to power.

And, that, of course, is what APA's Council was all about in August in Toronto. Council focused on roles for Psychology in contributing to health care reform as one way for us to confront challenges in our times of trial.

Council adopted a new Strategic Plan that APA's CEO, Norman Anderson, PhD, will lead, with James Bray, PhD, and Carol Goodheart, PhD, APA's Presidents, along with others: Kathryn Nordal, PhD in APA's Practice Office (APAPO), Ellen Garrison, PhD, the senior policy advisor in APAPO Government Relations Office (GRO), with Nina Levitt, EdD (APA's Education GRO); Marilyn Richmond, JD (Practice GRO, APAPO), Annie Toro, JD, MPH (Public Interest GRO), and Geoffrey Mumford, PhD (Science GRO).

APA's priorities (quoting from Dr. Anderson's call for action to psychologists in Council) are:

“Integrate mental and behavioral health care into primary care;”

“Ensure access to quality mental and behavioral health promotion, screening, and referral, prevention, early intervention, and wellness services for persons across the life span;”

“Develop and maintain a diverse psychology workforce competent to develop and apply evidence-based behavioral and psychosocial assessments and interventions to address the current needs and changing demographics of our nation's population;”

“Ensure that quality mental and behavioral health care and access to psychologists providers are included in benefit plans;”

“Eliminate disparities in mental health status and mental health care;”



“Increase federal funding for basic and translational psychological and behavioral research and training to develop and evaluate empirically-based treatments to improve health care;”

“Include strong privacy and security records protections in the development of health information technology, with special attention to mental health records;”

“Enhance the involvement of psychologists and other health care professional with consumers, families, and caregivers in planning, implementing, and evaluating health care initiatives;”

“Ensuing adequate Medicare reimbursement rates.”

APA and Council, then, are confronting trials of our times by reforming our health care system, inspired by the leadership from long ago by William Henry Beveridge and Winston Churchill, in keeping with endeavors undertaken by Franklin Delano Roosevelt, Lyndon Baines Johnson, Edward Moore Kennedy, Bill and Hillary Clinton. And the times of our trials are expected to intensify in political storms that will continue to stir up the USA in the Fall and beginning of Winter, 2009.

But, APA, with Council, and with psychologists on APA’s Board of Directors, are working to make sure Psychology’s voices are heard as decisions are made to create a national health care system. And APA has already accomplished a lot, such as: integrating inter-professional care into primary care settings; building integrated care models; promoting interdisciplinary and team-based models; developing national prevention strategies; expanding training in geriatric care; ensuring that psychologist are defined as “health professionals;” requiring mental health and substance use benefits; supporting the Wellstone-Domenici mental health law; eliminating health disparities; leading an advocacy strategy with 400+ organizations to eliminate health disparities in heal reform; securing psychological research topics in the 100 research priority areas; ensuring psychologists may compete for stimulus bill monies in Comparative Effectiveness Research, with “behavior change” research as one of six priorities.

Samples of what Council approved in Toronto, were:

Guidelines for Psychologists in Pharmacological Issues;

Concepts of Recovery for persons with serious mental disorders;

Recommendations from APA Task Force on Interface Between Psychology and Global Climate Change;

Recommendations on appropriate responses to sexual orientation distress;

Endorsed APA “designation program” for education and training programs in psychopharmacology;

Requesting reviews of APA’s Ethical Standards 1.02 and 1.03, in keeping with recent policy statements on Do No Harm in Interrogation and Torture;

Created two new division journals, Sports, Exercise, and Performance Psychology (Division 47), and International Perspective in Psychology: Research, Practice, and Consultation (Division 52).

Council likewise confronted losses by reducing APA’s annual operating budget, not raising dues, and requiring APA to balance its annual budget. APA already has reduced its operating budget from \$115 million to \$111 million a year for 2010 and APA is ready to reduce more.

And the reductions hurt, such as lowering a \$60,000 contribution to the Archives for the History of American Psychology (AHAP) to \$20,000. Re-consideration is merited, for if we do not know APA’s history, we may repeat our failures.

Amidst losses, there were also gifts. And Council recognized contributions by honoring Alan Kazdin, PhD, Patrick DeLeon, PhD, and Ludy Benjamin, PhD, from Texas A&M, in keeping with saying of Winston Churchill to confront and to solve the trials of our times, “The discoveries of the healing sciences must be the inheritances of us all.”



APA DIVISION 18 MEMBERSHIP 2009 REPORT

By Allyson Baker, Psy.D.- Division 18 Membership Chair

SECTION	MEMBERSHIP CATEGORY BY SECTION AND YEAR													
	Non-Student			Student			Non-Student/Student Total							
	2007	2008	2009	2007	2008	2009	2007	2008	2009					
Community and State Hospitals	266	255	251	8	18	19	274	273	270					
Criminal Justice	198	204	202	20	30	37	218	232	239					
Police and Public Safety	275	277	289	12	13	22	287	290	311					
Psychologists in Indian Country	85	83	84	2	3	3	87	86	87					
Veterans Affairs	363	381	396	15	27	32	378	408	428					
Non-Select	88	81	81	0	0	1	88	81	82					
SUMMARY OF MEMBERSHIP BY CATEGORY AND YEAR														
Fellows			Members			Associate Members			Affiliate Members			Student Members		
2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009
96	96	92	1097	1096	1118	48	46	45	34	41	47	57	93	116
TOTAL MEMBERSHIP ALL CATEGORIES BY YEAR														
						2007	2008	2009						
						1332	1372	1417						
TOTAL DUES-PAYING AND DUES-EXEMPT MEMBERS BY YEAR														
				DUES PAYING				DUES EXEMPT						
				2007	2008	2009		2007	2008	2009				
				1172	1217	1266		160	155	151				8/4/09

The membership in Division 18 has gradually increased over the past three years, with 1332 members in 2007, 1372 in 2008, and 1418 in 2009—a total increase of 86 members over the past three years. In 2009, 100 new members joined in all categories, which is 16 less than the 116 that joined in 2008, and 15 less than the 115 members that joined in 2007. In comparison with the previous year, membership numbers were relatively steady across the five sections of the Division, with the biggest gains in the Police and Public Safety, and Veterans Affairs sections.

First-year Members, Affiliates, and Student Affiliates are billed each year. The total income generated from Membership for the 2009 membership year beginning on September 1, 2008, is \$6067.00, which includes \$4320.00 from new members and \$1747.00 from renewing members. To date, the total number of new individuals joining Division 18 since September 1st is 100, which includes 69 Full Members, 1 Associate Members, 7 Affiliate Members, 22 Student Members, and 1 new Student Affiliate. If you have further questions regarding membership, please feel free to contact me at Allyson.baker@yahoo.com.



Welcome New Division 18 Members!

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Dr. Jennifer E. Boyd
San Francisco, CA

Dr. Matthew E. Guller
Oakland, NJ

Dr. Frederick Kier
Pewaukee, WI

Dr. Regina M. Pavone
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East Elmhurst, NY

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Geneva, IL

STUDENTS

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Torrington, CT

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San Francisco, CA

Dr. James R. Rodgers
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San Antonio, TX

Kathleen M. Benson
Beachwood, OH

Christopher J. Romani
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STUDENT AFFILIATES

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Gil Sanders, EdD
Secretary-Treasurer
121 Stroman Way
Warner Robins, GA 31088
Cell: 580-512-3232
sandersg@bigplanet.com



Division of Psychologists in Public Service (18)
American Psychological Association
2009-2010 BOARD OF DIRECTORS

President

Robert Morgan, PhD
Dept of Psychology
Texas Tech Univ
PO Box 42051
Lubbock, TX 79409-2051
806-742-3711 x231 (O)
806-742-0818 (F)
robert.morgan@ttu.edu

Past-President

Timothy Lawler, PhD, MPH
Office of Special Services
Peace Corps
1111 20th St. NW
Washington, DC 20526
202-692-1476 (O)
202-692-1471 (F)
timlawler@msn.com
tlawler@peacecorps.gov

President-Elect

Steven Norton, PhD
539 Lowry Court NW
Rochester MN 55901
507- 282-3926
nortonpsych@earthlink.net

Secretary-Treasurer

Gil Sanders, EdD
4653 - 1 Chicago Drive
Andrews AFB, MD 20762
240-857-1143 (O)
580-512-3232 (C)
sandersg@bigplanet.com

SECTION CHAIRS

Community & State Hospital

Paul Deal, PhD
Dept of Psychology Learning
Diagnostic Center
Missouri State University
502 Alumni Ctr
901 South National Ave
Springfield, MO 65897
417-836-6631 (O)
417-836-5475 (F)
pauldeal@missouristate.edu

Criminal Justice

Dawn Cisewski, Psy.D.
Northeastern University
Department of Psychology
125 Nightingale
Boston, MA 02115
617-373-3799
dmcisewski@hotmail.com
d.cisewski@neu.edu

Police & Public Safety

Guy O. Seymour, PhD
29 Lawrence Street
Cambridge, MA 02139
617-491-3587
guyo@bellsouth.net

Psychologists in Indian Country

Robert Todd Wise, PhD
Cultural Studies Department
University of Balamand
Deir El-Balamand
El-Koura, North Lebanon
961-693-0250

961-6-930278 (F)
218-422-8574

(can be reached via internet phone service)
rtwise@temple.edu

Veterans Affairs

Linda Bodie, PsyD
3200 Vine Street, 116B
Cincinnati VAMC
Cincinnati, OH
513-861-3100 x 4821
Linda.Bodie@va.gov

APAGS Representative

Abigail Bernett
Marquette University
College of Education
Walter Schroeder Complex 150
561 N 15th Street
Milwaukee, WI 53233
414-777-0563
abigail.bernett@marquette.edu

APA Council Representatives

Walter E. Penk, PhD, ABPP
Professor, Psychiatry and
Behavioral Sciences
Texas A&M College of Medicine
1936 Oak Glen
New Braunfels, TX 78132
830-620-0222 (H)
830-708-4338 (C)
wepenk@att.net



2009-2010 BOARD OF DIRECTORS

Continued

Lorraine W. Greene, PhD
 Manager, Behavioral Health
 Metropolitan Nashville Police
 1900 Church St Ste 500
 Nashville, TN 37203
 615-862-7887 (O)
 615-880-3092 (F)
 lorraine.greene@nashville.gov

MEMBERS-AT-LARGE

Communications Cluster Chair

Pamela Fischer, PhD
 Director, Primary Care
 Mental Health #111AC
 Vet Affairs Med Ctr - OKC
 921 NE 13th St
 Oklahoma City, OK 73104
 405-456-3634 (O)
 405-456-5956 (F)
 pamela.fischer@va.gov

Education Cluster Chair

vacant

Membership Chair/ Listserv Administrator

Allyson Baker, PsyD
 9410 Mariposa Pass
 San Antonio, TX 78251
 210-265-5881 (H)
 allyson.baker@yahoo.com

Convention Program Co-Chairs

Jacqueline Remondet Wall,
 PhD HSPP CRC
 Director, Undergraduate
 Programs in Psychology
 Associate Professor, School of
 Psychological Sciences
 University of Indianapolis

1400 East Hanna Avenue
 Indianapolis, IN 46227
 317-788-6142 (O)
 317-788-2120 (F)
 jwall@uindy.edu or
 walljacquie@sbcglobal.net

Charles Drebing, PhD
 VISN 1 MIRECC
 200 Springs Road
 Psychology, Bldg 5
 Bedford, MA 01730
 781-687-2462 (O)
 charles.drebing@va.gov

Fellowship Chair

Bob Goldberg, PhD
 Louis Stokes Cleveland DVA
 Medical Center
 10000 Brecksville Road
 Brecksville, OH 44141
 440-526-3030 Ext 7035
 Robert.Goldberg2@va.gov

Continuing Education Chair

Lucas Shaw, PhD
 Atascadero State Hospital
 PO Box 7001
 10333 El Camino Real
 Atascadero, CA 93423-7001
 805-468-3612
 lshaw@ash.dmh.ca.gov

Journal Editor

Patrick DeLeon, PhD, JD
 5701 Wilson Lane
 Bethesda, MD 20817
 301-229-7003 (H)
 patdeleon@verizon.net

Webmaster

Kellie Condon, PhD
 VA Outpatient Clinic
 1288 Morro St, Suite 200
 San Luis Obispo, CA 93401
 805-543-1233 (O)
 kellie.condon@va.gov or
 psychkc@verizon.net

DIVISION 18 LIAISONS

Public Policy Liaison to APA

Steve Nisenbaum, PhD JD
 166 Perkins Row
 Topsfield, MA 01983-1908
 978-851-7321 x2869 (O)
 978-887-6923 (F)
 978-887-6606 (H)
 snisenbaum@partners.org or steven.nisenbaum@dmh.state.ma.us

Liaison to CAPP

Christopher Loftis, PhD
 National Health Policy Forum
 202-872-4035 (O)
 202-862-9837 (F)
 chris.loftis@gmail.com

Liaison to Early Career Network

Anne Klee, PhD
 Errera Community Care Center
 VA Connecticut Health
 Care System
 114 Boston Post Road
 West Haven, CT 06516
 203-479-8035 (O)
 203-479-8001 (F)
 anne.klee@va.gov



2009-2010 BOARD OF DIRECTORS

Continued

Committee on Women in Psychology

Monica Roy, PhD
76 Elm Street, Apt #114
Jamaica Plain, MA 02130
857-364-4150 (O)
monica.roy@va.gov or
monicaroy11@hotmail.com

Mary Lu Bushnell
148 Fuller Street
Brookline, MA 02446
480-577-1628 (O)
mlbushnell@yahoo.com

CAPP SMI SED Task Force on SMI Proficiency Renewal

Mary Jansen, PhD
BSC Mental Health and
Addiction Services
c/o 2701 – 717 Jervis Street
Vancouver BC V6e 4L5, Canada
604-488-8854 (O)
wj_mj@hotmail.com

President's Representative to the VA Leadership Conference Executive Committee

Edmund J. Nightingale, PhD, ABPP
28 Marie Avenue West
West St Paul, MN 55118
651-681-0500 (H)(O)
651-451-0064 (F)
night002@umn.edu

ADDITIONAL CONTACTS

Criminal Justice Listserv Administrator

Miranda Faust
mfaust@bop.gov

Journal Address

Patrick DeLeon, PhD
Editor, Psychological Services
American Psychological
Association, Suite 3084
750 First Street NE
Washington, DC 20002-4242
PSEditor@apa.org

Journal Description

<http://www.apa.org/journals/ser/description.html>

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APA Division 18 Web Page

<http://www.apa.org/divisions/div18/>

DIVISION LISTSERV ADDRESSES AND ADMINISTRATORS

PUBSERV (All consenting members, 2-way communication)
pubserv@lists.apa.org
Allyson Baker

DIV18BD (Board members, 2-way communication)
div18bd@lists.apa.org
Pam Fischer and Lindsay Avritt

PUBSERVDIRECT (All members, 1-way communication)
pubservdirect@list.apa.org
Lindsay Avritt and Pam Fischer

Newsletter Editors

Margaret-Ann Keaton, PsyD
University of Indianapolis
1400 East Hanna Avenue
Indianapolis, IN 46227
317-788-3920 (O)
keatonma@uindy.edu

Jacqueline Wall, PhD HSPP CRC
University of Indianapolis
1400 East Hanna Avenue
Indianapolis, IN 46227
317-788-6142 (O)
317-788-2120 (F)
jwall@uindy.edu or
walljacquie@sbcglobal.net

Advertising Coordinator

Melisa Rempfer, PhD
Department of Psychology
University of Missouri –
Kansas City
4825 Troost, Suite 108D
Kansas City, MO 64110
816-235-8850 (O)
rempfer@umkc.edu



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, program 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 set-

tings. They frequently treat persons with serious mental illness and may have a particular interest and understanding of psychotropic 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 nation's veterans in a national network of health care facilities. Section members include psychologists and other stakeholders 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)

Name: _____
(first)

_____ (last)

Address: _____
(Street or PO Box Number)

_____ (Town/City) (State/Province)

_____ (Zip) (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 half time 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 \$49 (USD) for Full Members, Associate Members, and Affiliate Members; and \$25 (USD) 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 Allyson Baker, 9410 Mariposa Pass, San Antonio, TX 78251. Further information may be obtained by email at allyson.baker@yahoo.com.