



PUBLIC SERVICE PSYCHOLOGY

Division 18 Newsletter

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Report of Public Affairs Liaison

Steven Nisenbaum, PhD, JD

Public Service Psychology is at an important juncture.

On the one hand, the current economy is wreaking havoc on State budget support for many agency and institutional facilities and programs where Public Service Psychologists practice. The cutbacks affect not only practitioners and their clients, families, and the general public as beneficiaries, but also impact the opportunities for training graduate students and early career Psychologists who want to enter the field. Along with this is the existing set of obstacles for the practice of Psychology, which include ongoing fierce turf battles among healthcare service delivery disciplines, bureaucratic governmental and vested interest-dominated accreditation bodies (e.g., JCA, formerly JCAHO) where Psychologists have not historically had the leverage to command respect and control for the practice and delivery of their services, and a culture of increasingly complex practice regulations (e.g., HIPAA). In addition, there are the presence of factors such as litigious disgruntlement, fascination with biological interventions favored by the pharmaceutical industry, medical model diagnostic and psychopharmacological treatment methods, and third party reimbursement mechanisms.

On the other hand, along with other healthcare disciplines, we appear to be on the brink of sweeping reform in national healthcare which may provide opportuni-

ties as well as perils. Psychologists enjoy the considerable benefits of being a recognized and established doctoral level workforce with extensive rigorous training programs and professional regulatory and oversight structure. There is also the extraordinarily potentially competitive advantage of not being seen and defined exclusively as healthcare delivery professionals, but as experts in the science of behavior. So, we are experts in schools and education, organizations and management, sports, coaching, military and veterans, media, advertising, religion, the arts, development and aging, the environment, gender and transgender issues and human rights, conflict resolution, family systems, neuroscience, forensics, and a wide array of endeavors across modern life. No other doctoral level discipline enjoys such respect for its scope and experimental empirical research base and international connections for a global village planetary community. APA's membership includes more than 152,000 researchers, educators, clinicians, consultants and students. Through its divisions in 54 subfields of psychology and affiliations with 60 state, territorial and Canadian provincial associations, APA works to advance psychology as a science, as a profession and as a means of promoting health, education and human welfare.

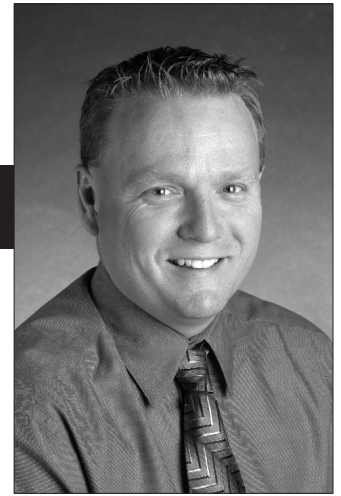
So, too, the scope of public affairs in terms of interests, concerns, and opportunities affecting Public Service Psychology in its many domains, including state hospital

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President's Column

It is with excitement and energy that I write this edition of my president's column. I'm not certain if it's the fact we concluded a very productive annual mid-winter meeting, or the State Leadership Conference that Steve Norton, Gil Sanders, and I are currently attending, or the mere fact that I'm in Washington DC after the snow storms. Likely a combination of all three.

Robert Morgan, PhD



On March 6, 2010 we had a very productive mid-winter meeting. As discussed in previous news letter reports and my presidential candidate statement, recruitment is my number one presidential initiative. Specifically, we aim to increase membership by 400 members increasing our total membership above 1500 psychologists. This will increase our division revenue via increased dues and journal royalties; however, more importantly, increased membership will give us a stronger voice in APA and broader. I remain very appreciative of the support in this effort as the executive committee unanimously approved my recruitment incentive program to provide one year free division membership to members that recruit at least three new members (see flier included in this newsletter). It should be noted that giving a one year free membership to a member that recruits at least three members will not cost the division financially and will likely pay dividends in future years. To further support this effort, most sections have developed a recruitment committee consisting of early career and student affiliate members to increase the number of their peers in the division.

Other major activities at the mid-winter meeting included approve of a new award to honor Mike Neale after his untimely passing (look for a call for nominations within the next couple of months), and a \$500 donation to support RxP initiatives, specifically a joint dinner with Alliant and Division 55 (American Society for the Advancement of Pharmacotherapy) for fundraising purposes. It was also decided by the officers that for the first time the division will not share a suite with another division at the APA convention. This will allow for increased flexibility and meeting times, as well as increased programming including a focus on CE sessions. As suggested by these financial commitments, the division is in better fiscal shape than we have been in several years (see Gil Sanders Secretary/Treasurer report for details); however, we aim to remain fiscally conservative and continue to take strides to limit spending.

The State Leadership Conference (SLC) is an incredibly energetic conference aimed at long-term practice gains. As we head to the hill in force tomorrow, the primary issue of importance is Medicare with four points of focus: (1) restoration of outpatient mental health reimbursement which was previously cut, (2) increase eligibility for reimbursement for psychotherapy and evaluation and management services, (3) addition of psychologists to the Medicare definition of "physician," and (4) the passage of health care reform that integrates psychological services in primary care, preventive services and benefit packages. I know these four points well because they gave us all a flash card so we wouldn't screw it up. So, tomorrow 500 psychologists armed with a flash card storm, okay walk briskly is more like it, on the hill in an effort to improve Medicare reimbursement for psychologists. Although I'm being flippant in this write-up, this is truly a very important activity and the future of psychology is dependent upon such political activities.

Also of relevance to us is the decision of APA to develop clinical practice guidelines. These guidelines will mirror the guidelines developed by the American Psychiatric Association (ApA) in that they will be comprehensive; however, as discussed at the SLC it is desired that the guidelines will be more holistic in nature (the ApA guidelines focus almost exclusively on diagnosis and psychopharmacological treatments). Several committees will be developed in the coming months and its imperative we have division 18 representation. Please look for the call for nominations and consider nominating yourself or contact me and I'll facilitate your nomination.

We are a short six months away from the annual APA convention. After reviewing the program I know you will be extremely pleased with the diverse division programming. Many thanks to Drs. Jacqueline Wall and Charles Drebing for organizing a terrific conference program. Look for the summer issue of the newsletter for a complete listing of the program.

As mentioned in my last newsletter column, Divisions 18 and 19 (Society for Military Psychology) developed a joint RxP statement. This statement was approved by the executive committee of Division 18 and reads as follows:

The Executive Committees of Divisions 18 and 19 of the American Psychological Association propose a resolution that supports the American Psychological Association's Council of Representatives resolution on supporting activities of psychologists seeking prescriptive authority. This includes, but is not limited to, development of training curricula, training programs, and continuing education credits designed to train and educate psychologists to prescribe psychotropic medications and providing legislative assistance at the state, national, international, and federal levels. Divisions 18 and 19 of the American Psychological Association recognize the importance of integrating pharmacological and psychological interventions when providing comprehensive behavioral health care to the public. Furthermore, both Divisions believe that psychologists trained in psychopharmacology are in a unique position to provide the highest level of behavioral health care available to recipients of public service psychology including, but not limited to, veterans, active duty military personnel, law enforcement officers, Native Americans, and state and federal hospitals and correctional facilities.

In closing, a note to my Canadian colleagues Drs. Daryl Kroner and Jeremy Mills -- I'm glad your hearts started beating again after the 24 second mark in that incredible gold medal hockey game.



President-Elect's Column

Steve Norton, PhD

This newsletter column comes on the heels of the recent Div 18 Mid-winter meeting in D.C. A lot was accomplished during this meeting, the Division is strong and growing stronger. Under the leadership of Past President Time Lawler and current President Bob Morgan, the Division has continued to prosper. I have big shoes to fill or at least not stumble in. Thanks to Dr. Morgan for arranging and coordinating the meeting.

One highlight and note of thanks, our financial status is improving considerably. That process is based on the work of many folks Division wide, but a special note of thanks goes to Dr. Gil Sanders, Secretary/Treasurer, for his tireless work in a complicated financial realm. Gil has coordinated and worked toward this financial stability. As many of you know, Gil has worked in many of the areas of the Division and has been a strong part, and advocate, for many years. THANKS for your work, Dr. Sanders!

Our Mid-winter meeting was held in conjunction with the APA Federal Advocacy Coordinator (FAC, no not the same FAC as you had in college) meeting and the State Leadership Conference (SLC). Over 300 psychologists from across the country participated in these meetings, with several excellent training sessions and presentations. The event was capped by a trip to Capitol Hill to meet with Legislators and their staff from our respective states. I was able to meet with Legislators to discuss Medicare changes for Psychologists, Health Care Reform, Veterans Health Care, Returning Soldiers Benefits, and funding for the Mentally Ill Offender programs. This was an interesting and exciting day and process. The discussions ranged from broad sweeping issues like Health Care Reform, to small scale topics of expanding the Service Dog Program for military serviceman (a bill authored by Sen. Franken). What I found was that many of our nation's Legislators are greatly interested in the Public Service work of all Division 18 psychologists, a nice plus to the day.

One aspect of this training was learning more about APA's increased efforts and service availability of on-line information sharing. APA has a

few new electronic programs, which may have some direct applicability to the Division in terms of developing CE opportunities. Continuing to expand relevant CE for Division members was a Presidential goal and we continue to look for ways to provide CE programs. We have all had the experience I am sure of needing CEs but not finding enough which related to the work we do or was accessible and cost effective. In order to stay professionally active and provide effective services, we all need continued training. Many of the Sections of the Division are also looking at training opportunities. This will continue to be a focus.

A few bits and pieces, APA soon will be seeking psychologists to join a new task force to develop practice guidelines for a variety of clinical issues. This is a new venture on APA's part and a venture the Division should participate. We will be asking members for volunteers as the process becomes more concrete.

APA convention is approaching; I hope to see many of you in attendance at the Div programs, business meetings, Presidential address, and Social Hour (rumor has it the Social Hour will include a segment of Dancing Ex-Presidents of the Division). When more members of the Div attend APA, and note their Div affiliation on their registration, this in part determines the amount of programming hours allotted to the Div.

Finally, there will be a few Div positions open and seeking new members. Consider participating in the Div and when tapped to contribute, please strongly consider.

A final final note, does anyone actually read this? If so, could you drop me a brief note at nortonpsych@earthlink.net. I am always curious of how much information is really consumed from our newsletter columns and/or whether we should somehow change the format.

Division 18: Psychologists in Public Service Recruitment Incentive Proposal

Purpose: To increase Division 18 membership above 1000 members (fellows, members, and associate members).

Goal: Recruit 150 new members to Division 18 before the business meeting at the 2010 annual meeting of the APA (August 14, 2010).

Proposed Plan:

1. Any member recruiting 3 or more new members will receive a one-year free membership for Division 18.
2. The member recruiting the most members receives 3 years of free division membership.
 - a. Minimum number of recruited members is 4
 - b. Must be full member in good standing with APA membership for all three years of free division membership

Implementation:

1. Dr. Morgan will follow-up with all new division members between March 6, 2010 (close of Midwinter meeting) and August 11, 2010 (beginning of APA convention) to determine referral information.
2. Dr. Morgan will, in conjunction with the Membership Chair, maintain a record of member's recruitment numbers.
3. Dr. Morgan will work with the Secretary-Treasurer to have members reimbursed for membership -- eligible members will need to submit division membership dues at regularly scheduled times and they will have their membership reimbursed by the division.



VA Section Report Column

Linda Bodie, PsyD

When I reviewed the article I wrote for the Fall Newsletter, I was struck by the changes that have taken place in the VA since that time. In October, there seemed to be an abundance of funding for resources to hire mental health professionals, including psychologists, to enhance treatment for our Veterans. However, now it seems that the budget has tightened and funding is being allocated in different ways, affecting hiring, travel monies, etc. The challenge now is to sustain the gains that we realized from the Mental Health Enhancement funding. As we face the inevitable systemic changes, we must embrace the positive aspects, view the changes as challenges and develop creative ways to enhance our services.

I am very excited and pleased with the tremendous response to the solicitation to join the Ad Hoc Recruitment Committee, chaired by Tim Carmody and Monica Roy. The purpose of this committee is to develop a massive recruitment strategy to encourage all VA psychologists, students, and early career psychologists to join Division 18. Ten individuals, mostly postdoctoral fellows, have agreed to participate on this committee: Dicle Turkoglu, Daniel Libby, Audra Crutchfield, Lynette Adams, Lindsay R. Avritt, Lauren Lussier, Maggie Chartier, Rebecca Liu, Nicole S. Yee, and Jay Morrison. The committee has been busy sending letters to all of the VA Training Directors, inviting their trainees to join the Division. The VA Section is the largest section in Division 18; the 2009 Membership Report showed a total of 428 members. We have added several new members since then! Our goal is to continue to be a vibrant, growing Section!

The VA Section of Division 18 is developing a new student committee. This committee will provide an additional incentive for students who are considering joining Division 18 and a forum in which their interests can be represented and creative ideas shared. We are looking for a student who would be interested in chairing this new committee. This individual would participate in the monthly conference calls of the VA Section Executive Committee. If you are interested or know of someone who might be, please let us know.

The Awards Committee has also added several new members and is now composed of Rich Greenblatt (Chair), Dolly Sadow, Lisa Kearney, Jim Besyner, Carey Pawlowski, and Melissa Wattenberg. The Committee developed criteria for awards and sent the awards announcement for nominations to members of the list serve. I hope that many of you

will plan to attend the APA convention in San Diego in August where the awards will be presented. APA presents many opportunities to meet and network with other psychologists. I am always intrigued by the “stories” I hear of someone who met someone at APA, which led to life changing events, such as a career change. As a former Program Chair for APA, I understand the time consuming tasks and challenges to coordinate the programming for the convention. I also understand how rewarding and satisfying it is to see the Division 18 programming come to fruition. I’m confident that this year’s programming will again offer an array of stimulating and diverse symposia, posters, etc. that will appeal to the public service psychologist. In addition, one of the highlights for myself of the convention is the traditional “VA Day” when we hear from our top VA leaders about what’s happening in Washington, DC, the latest challenges/opportunities, and who is doing what. “VA Day” is always very enlightening and informative, as well as, another wonderful opportunity to connect with friends, colleagues, and other VA psychologists. Of course, there is the VA Section Meeting and the Division 18 Meeting – remember the extremely popular chocolate fountain last year?

I know that travel money is tight, but I hope to see many of you at the 13th Annual VA Psychology Leadership Conference to be held May 12-15, 2010 in San Antonio. This is one of the best conferences, with a schedule packed with salient issues relevant to VA psychologists, including implementing the Uniform Mental Health Services Handbook, eliminating homelessness, reaching out to incarcerated Veterans, health promotion and disease prevention, providing family and couples treatment, and a special workshop on ethics. For registration and information, see the flyer in another section of the Newsletter.

Elections for officers for Division 18 are coming up soon. Note that several of your VA Section members are candidates for Division 18 offices and would like to have your support. In the past, the elections have been very close, so your vote does count!

See you in San Antonio in May at AVAPL and San Diego in August at APA!



CJ Section Report Column

Dawn Cisewski, PsyD

Recently, the CJ section of Division 18 recruited members for an Ad-hoc Membership Committee, with a particular focus of recruiting early career and student members. We received several outstanding applications for this committee, and were able to select individuals who have demonstrated exceptional research and clinical skills in the area of criminal justice. The membership committee is chaired by Dr. Femina Varghese, and consists of the following talented individuals:

Shannon Griswold, MA
Jay Hamm, MA
Jeffrey Haun, PsyD, LP
Caron Heigel, MA
Lauren Lussier, PsyD
Terri Mansour Moriarty, MA
Chris Romani, BA

The committee has enthusiastically made a goal of recruiting 100 new CJ members by the August 2010 convention. To do this, they have developed many great plans, which they have already started to implement. As stated before, in order for us to have a voice and power to lobby for change, we need members. The task that they are undertaking is a crucial one, and I thank Dr. Varghese and the members of the Ad-hoc Committee, for volunteering to help with this task. Please help support them in any way that you can. If you have any suggestions for recruitment of early career and student members, please email Dr. Varghese (fvarghese@uca.edu).

To help with recruitment efforts, the Executive Committee of Division 18 has created a plan with a reward! Any member who recruits 3 or more members (fellows, members, or associate members), will receive a one year free membership for Division 18. The member who recruits the most members (at least 4), will receive three years of Division 18 membership. This is a very generous recruiting effort, and I encourage all to partake in it.

We are soon going to be sending out a solicitation for nominations for our

Early Career Achievement Award and Student Award for the CJ section. The details will be forthcoming, but please start thinking of individuals that you would like to nominate. The rewards will be given during the CJ business meeting at the 2010 APA Convention in San Diego, CA. We are also planning a social hour for the CJ section! This should be a fascinating convention, and I encourage all of our members to attend!

I am also in the process of developing a plan to create membership liaisons with state associations. From my experience in the Massachusetts Psychological Association, it has become very apparent that psychologists in criminal justice are greatly under-represented in such associations. Given that a number of lobby efforts start at the state association level, it is critical that we have a voice. The current economic times have resulted in significant budget cuts, which have greatly affected psychologists in corrections. Thus, I would like members of the CJ section to volunteer as their state liaison. Please email me to volunteer for this crucial role, so that we can start to develop strategies to be a stronger voice in state associations.

I also want to make you aware that APA will soon be soliciting nominations for the Clinical Treatment Guidelines Advisory Steering Committee. Details will be forthcoming, but I want to emphasize that it is very important that psychologists in criminal justice have a voice in developing treatment guidelines. Please consider nominating yourself or others that have expertise in developing such guidelines.

Division 18 is also recruiting volunteers for the positions of Newsletter Editor and Program Chair. These are wonderful experiences and opportunities, especially for early career psychologists. Please consider volunteering and nominating yourself for these roles.

Lastly, I again want to encourage members to contact me with any issues, concerns, or suggestions. Please feel free to contact me by phone or email. I look forward to hearing from you.



Community and State Hospital Column

Jim Regan, PhD

Hello! Let me formally introduce myself. I am the new Section chair for Community and State Hospitals. By a small quirk (that we will address), my tenure begins after the Midwinter meetings that were recently completed. In essence I am the new kid on the block and a little behind the other sections in initiating a number of Division wide priorities. So, by way of introduction, I have been a public service employee in New York for over thirty years. During that time I have had the good fortune to have many wonderful job opportunities, most recently serving as a facility Director for Hudson River Psychiatric Center. I am currently a full time professor at Marist College in Poughkeepsie New York.

These are difficult times for sure and the pressure on public institutions to reduce costs can make for difficult fiscal decisions that can compromise quality of care. Now more than ever, we have the evidenced based

interventions to facilitate behavior change, we need to maintain the effort to see that those in need have access to these effective interventions.

In keeping with the Division's priorities, we will be renewing our section's commitment to increasing involvement around recruitment issues. I am planning a nationwide survey, sent to each state's commissioner of mental health assessing the current and future role of psychology in the public mental health system. I will be asking your help in crafting the survey. I will also be asking you how our section can be more 'rewarding' and by disseminating the type of information you will find useful.

I look forward to communicating with you and please feel free to contact me!

Student Representative Report

By Abigail Bernett

Greetings to all Division 18 student members. On March 6th I participated in the Executive Committee Midwinter Meeting and discussed two important topics regarding student involvement in the Division, the Division 18 Mentoring Program and the development of a Facebook page for the Division. For those who aren't familiar with the Mentoring Program, it is an opportunity for students to connect with a psychologist in one of the five sections of the division; Veterans Affairs, Criminal Justice, Police and Public Safety, Psychologists in Indian Country, or Community and State Hospitals. Involvement in the program does not require a significant amount of time, with a minimum expectation that mentors and mentees be in contact once per month. The benefit of participating in the program is the chance to develop a relationship with an experienced psychologist who can act as a guide, role model, and teacher for your professional development. If you are interested in getting involved in the mentoring program, please email me at Abigail.Bernett@Marquette.edu for a copy of the Mentoring Program Interest Form, or visit the Division 18 Website, [http://](http://www.apa.org/divisions/div18/index.html)

www.apa.org/divisions/div18/index.html and click on the Students tab.

Another way Division 18 is working to connect students with psychologists in the field, in addition to other graduate students, is through the creation of a Facebook page. The page will provide an opportunity for Division 18 members to communicate with each other and to share information on research and funding opportunities, upcoming conferences, and links to useful websites. It will also be a great way to get information regarding Division 18's program for the upcoming APA Convention in San Diego. Please keep your eyes open for notification that the Division 18 Facebook page is up and running. As always, I encourage you to contact me with any questions, concerns, or ideas regarding student involvement in Division 18.

Division Member Honored

Dr. Kathy McNamara will be recognized at the 118th annual convention of the American Psychological Association (APA). She will be given the highest award which can be bestowed on a psychologist in public institutional practice, the Award for Distinguished Professional Contributions to Practice in the Public Sector. Given by the APA Practice Directorate, the award recognizes outstanding service delivery by a psychologist working

in a wide variety of public sector settings (e.g., state hospital, military, Department of Veterans Affairs), she was nominated for her work in the VA.

Please extend congratulations to Dr. McNamara for a well deserved recognition!



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and community mental health, prisons and criminal justice, police and public safety, veterans affairs, and native indigenous peoples.

This year, among the chief national issues in which Division 18 continues to contribute to advocacy in legislative initiatives and public education and mobilization are the following Top Ten key matters from the past year in which Division 18 Public Affairs has encouraged advocacy efforts:

1. Healthcare Reform

In June, 2009, APA President James Bray set forth the position of APA on national healthcare reform: APA believes that every American should have access to quality health care that includes mental and behavioral health promotion, screening and referral, prevention, early intervention, treatment and wellness services, all delivered across the lifespan. Health care reform should be much more than covering the uninsured. Our overarching goal is to transform the way that health care is delivered by integrating psychological care into primary care and being full partners in the health care system, based on certain pivotal considerations: First, mental and behavioral health are integral to overall health and well-being—the leading causes of death in the United States are behavior-related. Second, if you treat physical symptoms but not psychological or behavioral ones, you are only treating half the client – whole person treatment requires integrated care. In short, for many illnesses, treatment outcomes will not improve if the role of behavior is not addressed. Mental and behavioral health care must be integrated into primary care and other health care services across the lifespan, with psychologists recognized as vital members of interdisciplinary health care teams. Increasingly, primary care physicians rely on the unique mental and behavioral health services that psychologists provide to patients in a variety of primary

care settings. Psychologists often take a lead role on multidisciplinary treatment teams when a patient has a primary mental health or substance abuse diagnosis. Our chief priority is to see the inclusion of comprehensive mental health and substance use services on parity with physical health services in every benefit package created through health care reform.

The American Psychological Association commended the U.S. Senate for its historic passage of healthcare reform legislation and was pleased that the amended Patient Protection and Affordable Care Act bill includes:

- mental health and substance abuse services in all benefits plans, with coverage that is equal to physical health care,
- integration of psychological services with primary care,
- language that supports the training of psychologists,
- increased comparative effectiveness research, which compares treatments and strategies to help health care professionals and patients decide on the best treatment initiatives to eliminate health disparities,
- the promotion of prevention and wellness, and
- an extension of vital Medicare reimbursement for psychotherapy.

Of course, the future of the legislative efforts on national healthcare reform is still in doubt, but it is hoped that these features will be preserved.

During 2009, the Departments of Health and Human Services, Labor and the Treasury jointly issued new guidance on the implementation of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. The law requires that health insurance equally cover mental and physical health care. The American Psychological Association Executive Director for Professional Practice, Dr. Katherine Nordal, issued the following statement in response to the new regula-

tions: Patients are already benefiting from the parity law. Since January 1, patients have seen co-payments and co-insurance for psychological services reduced as mental health treatment is covered at parity with physical health care.

2. Professional Ethics

During the last Bush administration, there was a controversy about the role of public service Psychologists in enhanced interrogation techniques for prisoners and detainees of combat and anti-terrorist operations. Last week (February 20,10), APA's governing Council of Representatives, amended the Codes Introduction and Applicability section, as well as Ethical Standards 1.02 and 1.03, to resolve any potential ambiguity in the original language. These changes become effective June 1, 2010. The standards, from APA's "Ethical Principles of Psychologists and Code of Conduct" (2002), address situations where psychologists' ethical responsibilities conflict with law, regulations, other governing legal authority, or organizational demands. Previously, it appeared that if psychologists could not resolve such conflicts, they could adhere to the law or demands of an organization without further consideration. That language has been deleted and this new sentence added: "Under no circumstances may this standard be used to justify or defend violating human rights."

Last winter, the American Psychological Association applauded the executive orders issued by President Obama related to the treatment of detainees. These orders ensure that torture and other abusive interrogation techniques will be prohibited and that the legal rights of detainees to judicial review will be upheld, signaling to the world that the new administration is committed to safeguarding basic human rights both at home and abroad.

3. Military and Veterans

Psychologist M. David Rudd, PhD, ABPP,



dean of the College of Social and Behavioral Science at the University of Utah, testified recently before the House Committee on Veterans' Affairs on the effectiveness of interventions to prevent suicide among service members and veterans.

The American Psychological Association also urged both the Pentagon and Congress today to move swiftly to end the restrictions on gays and lesbians serving openly in the military, noting that there are decades of scientific research demonstrating no threat to military readiness or morale.

A crowd of over 200 Capitol Hill and federal agency staff members showed up on July 14, 2009, to hear the congressional briefing, "Military Personnel, Veterans and Their Families: How Research is Effecting Positive Change" due to a growing concern over the number of service men and women returning from Iraq and Afghanistan suffering from range of difficulties. APA organized this educational event on behalf of the Friends of the National Institute on Drug Abuse (NIDA) due to the number of veterans who are experiencing a range of difficulties, including traumatic brain injury, post traumatic stress disorder, depression, anxiety and tobacco, alcohol and drug abuse. New information about the problems many people experience as a consequence of war has been uncovered by NIDA, as has knowledge on using existing evidence based prevention interventions and treatments for addiction and co-occurring conditions.

4. Criminal Justice

The American Psychological Association called on Congress to re-examine the Juvenile Justice and Delinquency Prevention Act based on findings from psychological research pointing to the importance of treatment and rehabilitation for young offenders.

Presenting at the American Psychological Association's 117th Annual Convention,

Former Division 18 President Dvoskin discussed his upcoming book, "Applying Social Science to Reduce Violent Offending," which examines why prisons are failing and what needs to change. "The current design of prison systems don't work," said the criminal justice expert from the University of Arizona. "Overly punitive approaches used on violent, angry criminals only provide a breeding ground for more anger and more violence." U.S. prisons are too punitive and often fail to rehabilitate, but targeting prisoners' behavior, reducing prison populations and offering job skills could reduce prisoner aggression and prevent recidivism.

On December 17, 2009, the Senate Judiciary Committee sent the Juvenile Justice and Delinquency Prevention Reauthorization Act (S. 678) to the full Senate for consideration. The bill includes important language sought by PI-GRO, including provisions that:

- Add the Administrator of the Substance Abuse and Mental Health Services Administration to the Federal Coordinating Council on Juvenile Justice and Delinquency Prevention;
- Add mental health experts to each State's juvenile justice State Advisory Group; and
- Authorize a study on the prevalence of disability and various types of disabilities impacting the juvenile justice population.

PI-GRO also submitted to the Office of Juvenile Justice and Delinquency Prevention a set of comments on their Proposed Plan for Fiscal Year 2010 and urged the office to take additional action in the areas of evidence-based practice, mental health, youth exposed to violence, school-based prevention, and the needs of LGBT youth and youth with disabilities.

5. Police and Public Safety

Police and Public Safety section of the Division designed a seminar on working with crime victims led by current chair Dr.

Guy Seymour and past chair, Dr. Lorraine Green.

6. Indian Country

This section added to Div. 18 in 2002 remains a home for psychologists who work with the Indian Health Service, tribally run programs or urban American Indian programs. Among the key initiatives this year was the Advanced Training Institute on Research Methods with Diverse Racial and Ethnic Groups held at Michigan State University in East Lansing, Michigan on June 22-26, 2009.

There was also testimony from the American Psychological Association (APA) to Senate Appropriations Subcommittee on Labor-HHS-Education Fiscal Year 2009 with recommendations To Office of the Director on enhancing Culturally and Linguistically Appropriate Education. APA urged the strengthening of programs that meet the unique cultural, linguistic and educational needs of ethnic minority and American Indian/Alaska Native students from pre-school to graduate-level education. APA provided testimony that ethnically diverse children and American Indian/Alaska Native children are performing at far lower levels than other students and recommended support for educational systems that reflect the unique needs of these populations.

7. Psychopharmacology

As a response to advances that have occurred in psychopharmacology education and training and prescriptive authority legislation in recent years, APA established the Designation Committee for Postdoctoral Education and Training Programs in Psychopharmacology for Prescriptive Authority (hereafter referred to as the RxP Designation Committee) as the body charged with conducting the designation and recognition process. The Committee will review applications from programs desiring recognition and ensure that quality standards



are being met. Policies and Procedures for the Designation of Postdoctoral Education and Training Programs in Psychopharmacology in Preparation for Prescriptive Authority were approved by APA Council of Representatives in 2009. Authority for conducting this designation process was invested in the RxP Designation Committee, consisting of six members, one of whom is not a psychologist but a representative of the public. The other five members are psychologists who are APA members and represent the following domains of expertise: psychopharmacology postdoctoral program directors, psychopharmacology science base, prescriptive authority in psychology, prescriptive authority in another health profession, and health care system quality assurance whose areas of expertise includes developmental psychopharmacology and ethnic/cultural factors that can influence psychopharmacological decision-making. Members of the committee serve staggered 3-year terms.

8. Graduate Education Funding

Health Resources and Services Administration moved to improve access to care for the underserved. The Graduate Psychology Education (GPE) Program is the nation's only federal program dedicated solely to the education and training of psychologists. The activity is authorized by the Public Health Service Act [P.L. 105-392 Section 755 (b)(1)(J)] and funded under the "Allied Health and Other Disciplines" account in the Labor-HHS Appropriations Bill. Established six years ago, GPE provides grants to accredited psychology doctoral, internship and postdoctoral training programs. An exemplary "two-for-one" federal program, GPE supports the interdisciplinary training of psychology graduate students while they provide supervised mental and behavioral health services to underserved populations, such as older adults, children, the chronically ill, and victims of abuse and trauma, including returning military personnel and their families, especially in rural and urban communities. GPE currently supports 18

grants across the country at academic institutions and training sites. Prior to recent budget cuts, one major program component had been devoted to geropsychology – the area of practice focusing on needs of the elderly. Providing \$7 million in FY 2009 will restore funding to allow HRSA to run a national competition to produce approximately 30 general GPE training grants and 10 new geropsychology grants.

In another major accomplishment for psychology, the President's Fiscal Year 2011 budget included the Graduate Psychology Education (GPE) Program for the second time. The President requested \$2.9 million-level funding from the FY 2010 appropriated level. This acknowledgement demonstrates continued dedication to psychology as a critical health profession by the new administration. The GPE Program is the only federally funded program dedicated solely to psychology education and training.

The GPE program, which began in 2002, has provided \$24.7 million in interdisciplinary training across 30 states to support mental and behavioral health services through in meeting the needs of underserved communities and individuals. Since its inception, the program has trained 80 to 90 graduate psychologists annually, with a majority of these graduates entering practice in underserved communities.

9. National Health Service Corps

To address the deficiencies and to ensure an increase in psychologists serving in the NHSC, we strongly urge a steady and sustainable increase starting with a \$200 million appropriation for the NHSC in FY 2009.

The National Health Service Corps (NHSC) continues to address health professions shortages, particularly in mental and behavioral health. There are currently 2,724 mental health professional shortage areas (HPSAs) across the country accounting

for an estimated underserved population of over 56 million. Psychologists, as health professionals eligible to participate in the NHSC Loan Repayment Program, are a critical component in meeting the mental and behavioral health needs of these underserved populations. While the NHSC supports a field strength of over 4,000 practitioners, HRSA estimates that an additional 30,000 practitioners are needed to achieve the target HPSA practitioner/population ratios. However, in the past 5 years funding for the NHSC has been cut by \$47 million, over 27 percent of a budget that was already insufficient in FY 2003. Consequently, the NHSC has reduced annual scholarship and loan repayment awards by over 25 percent during that period (from 1,351 awards in FY 2003 to 1,012 in FY 2007). At its current funding level, the NHSC is unable to award qualified loan repayment applicants, and 13 practitioners in underserved areas are turned away for every one accepted.

10. Multicultural Diversity

In July, 2009, a booklet was authorized by the Council of National Psychological Associations for the Advancement of Ethnic Minority Interests (CNPAEMI) and published by the American Psychological Association, entitled, *Psychology Education and Training From Culture-Specific and Multiracial Perspectives: Critical Issues and Recommendations*.



Learning From Colleagues

Pat DeLeon, PhD, JD, MPH

Since 1972, the Robert Wood Johnson Foundation (RWJ) has been the nation's largest philanthropy devoted exclusively to health. Their annual Anthology publication provides a fascinating glimpse into accomplishments and "lessons learned." The 2010 edition, however, focused upon learning from programs that did not work out as planned. The RWJ President: "One of the challenges for any organization striving to be great is to look – systematically and objectively – into activities that it has undertaken, acknowledge those that did not meet expectations, and draw lessons from them for the future. This does not come easily to any organization; it is especially difficult for foundations.... (W)hen we look back at programs that did not meet expectations, we must be reflective and respectful. We must recognize that no one ever sets out to have something fail and that everyone who works on a program comes at it with a sense of commitment to bringing about social change. We must honor and respect that commitment.... Foundations such as ours have the unique privilege of being able to take the longer view." Leadership in the public sector brings similar exciting opportunities.

RWJ concluded that there were three primary reasons why some of their initiatives did not meet expectations. The first is flawed strategy or design. Goals may be unrealistic or unreachable; objectives unclear or even conflicting. And, various participants may possess different ideas about what the goals are. The second is a difficult environmental context. Though the goals may be worthy, society may simply not be ready for them or they may not be politically feasible. The conditions at the planning stage might be overcome by economic, political, or social events, rendering even a well-conceived program ineffective in practice. And third, faulty execution. There can be many possible reasons: lack of management ability, poor interpersonal relations skills, flawed leadership, bad judgment, intra-organizational controversy, etc. "It is not just a matter of success versus failure.... You've got to account for the shades of gray." The underlying mission of public service and foundations such as RWJ is social change. "Probably the main lesson is that foundations entering the rough-and-tumble world of local politics should do so with their eyes wide-open and be aware that local politics can be venal.... (P)rograms aimed at containing costs 'always threaten the earnings, mission, or autonomy (or all three) of major health care interests.'"

Increasingly, foundations are attempting to establish clear goals and measurable strategies, assess programs against them, and, most importantly, learning from their successes and failures. Every program is different, however, and provides lessons that may be applicable only to its own situation. In our two trillion dollar-plus health economy with political, social, and economic factors that are often beyond anyone's control, one cannot realistically expect a single program – or even a cluster of programs – to bring about major social change. The political, social, and economic barriers faced by those interested in facilitating change are enormous. Yet fostering change is exactly what foundations and many working in the public sector often aspire to. Over the years, I have come to appreciate that it is the "little steps" taken by individuals which, in the long run,

make all the difference in the world. For the most part, program officers are motivated largely by the development of new and exciting programs. Once a program is conceived and approved, it is easy to forget it and move on to the next challenge. Evaluation is often left for the very end, and in too many cases is almost an afterthought. Accordingly, one major lesson learned is the importance of routine monitoring of programs, including the social-economic-political context in which they are developing and then acting upon reports of changed circumstances. One must focus on performance and impact throughout the life of a program and not just as it nears its conclusion. Evaluation should be incorporated very early on. It is important to review entire strategies, not just programs or clusters of programs, at a mid-way point (i.e., consistently reflecting upon the "big picture").

I have also come to appreciate that well intended (frequently enjoyably opinionated) colleagues often do not possess the long-term vision for our field that they think they have. We can graphically see this surrounding psychology's RxP quest. This lack of vision is clearly not limited to psychology. For example, one of the programs that the RWJ terminated early on was their 1980s Clinical Nurse Scholars initiative. The 1987 review of this program concluded that it had deviated from its objective. Rather than emphasizing clinical teaching skills, it had become a vehicle to finance the doctoral studies of clinical nurse scholars and, in addition, was no longer focused on hospital nursing as originally conceptualized. The RWJ leadership was "so upset with the direction the program had taken that it ended the program early.... [Yet] in succeeding years, a consensus has developed that this decision was an overly drastic response to a genuine problem of program execution.... (T)hose involved in the program, who have since become leaders of academic nursing, felt that (RWJ) 'didn't understand that for nurses to gain prominence as leaders, they needed to follow the same path as the nation's most noted doctors – by developing expertise in research.'" Interestingly, in 2008, a call for proposals was issued for a new RWJF program -- the Nurse Faculty Scholars initiative -- whose objective was: "to help talented junior nursing faculty advance in their careers by giving them the opportunity to develop a research program and participate in other scholarly activities," almost identical to the program that had been terminated nearly twenty years earlier. Visionaries are frequently far ahead of their colleagues' comfort level.

Those involved with foundations and the public sector are not excessively compensated. Instead, their fundamental professional purpose is to make a real difference in people's lives. Striving to influence and change public policy and/or organizational practice in order to improve the health of Americans requires advocacy, public education, and communications. People are perhaps persuaded rationally, but definitely motivated emotionally. With 80 percent of the uninsured in our nation living in working families, one must constantly ask: What is the underlying purpose of what we are doing? Are we providing that high quality psychosocial-cultural-economic gradient of care which psychology knows is important? How can we utilize our collective expertise to bring our service delivery systems into the 21st century and provide patient-centered, individualized gold-standard care? How can we facilitate the effective use of interactive, computer-assisted (virtual-reality) care?

One of the most moving chapters in the 2010 RWJ Anthology described the Michele Lee Puppets fight against child obesity in Florida – Puppet Power. "When used with young audiences, they, being small themselves, can encourage children to face bigger things." Puppets can reach children when nothing else has worked. Every step – substituting water for soda – makes a real difference. As one of the learned professions, psychology has a societal obligation to provide visionary leadership and to take action. Social change can be meaningful and exciting.



Candidates for **Division Offices**

President

Linda Bodie, PsyD

To be nominated as a candidate for President-Elect, Division 18 is such an honor! I currently enjoy serving as VA Section Chair and on Division 18 Executive Committee. I also served for 2 years as Division 18 Program Chair for the APA Conventions. I have been a VA Psychologist for over 20 years, where I am currently the Program Director, Substance Dependence Program; Assistant Professor and Associate Director, Addiction Sciences Division, University of Cincinnati College of Medicine; and Director, Tobacco Cessation Clinical Resource Center.

My vision for Division 18:

- Increase diversity in membership, especially early career psychologists, students, interns, and post docs.
- Increase proposals for internships and postdoctoral opportunities.
- Advocate for persons with mental illness; promote programs which reduce stigma, including integrative treatment models.
- Ensure evidence based treatment and recovery oriented models are delivered.
- Advocate for leadership training and mentoring to increase leadership opportunities.
- Support our journal, "Psychological Services".
- Accelerate research, promote the integration of clinical practice and research, and encourage scholarly, scientific presentations at the convention.
- Demonstrate our value and enhance the status of public service psychologists by increasing awareness of the outstanding contributions we make in the public sector through providing excellent patient care, training, and research.
- Foster partnerships among the five Division 18 sections and promote collaboration with other professional groups. We must work together to make a difference!

I welcome the opportunity to lead Division 18 through these challenging, yet exciting times for public sector psychologists.

Dawn M. Cisewski, PsyD

It is with great honor that I accept the nomination for President-Elect of Division 18 of APA. Throughout my experiences in public service, I have become aware of the need for greater advocacy for our patients. Budget cuts have affected all areas of public service psychology, and we need to have a stronger lobbying force to address such cuts. To do so, we need to strengthen our relationships with state and federal associations, where a number of lobbying efforts begin. From my experience as Secretary of the Massachusetts Psychological Association, it is apparent that public service psychologists are greatly under-represented. Therefore, it is my goal to create more of a presence in these associations, to help address the many issues we as public service psychologists face.

I also plan to continue to support the prescription privileges efforts that Division 18 has developed over the years. As the demand for our services increases, it is important to streamline services and to utilize all therapeutic tools that will help us to effectively and efficiently treat our clients. Promoting prescription privileges will help us to achieve this goal.

Having served on the Executive Committee of Division 18 as Student Representative, Program Chair, Education Cluster Chair, and now as Chair of the Criminal Justice Section, I have witnessed the power that we hold to create change. With your vote, I am confident that we will be able to address the many issues facing public service psychologists.

Thank you for your consideration.



Candidates for **Division Offices** *Secretary-Treasurer*

Bret A. Moore, PsyD, ABPP, MSCP

Public service psychology is one of the most important and relevant areas of psychology we have today. In addition to facilitating positive changes at the individual level, public service psychologists are shaping perceptions and attitudes about mental health at the organizational and societal levels. That's why it is an honor to be nominated for the Secretary-Treasurer position of Division 18.

As a current psychologist with Indian Health Service and a former Active Duty Army psychologist, I am acutely aware of the need for advocacy and support of psychologists working within public service organizations. Public service psychologists are forced to deal with difficult and sometimes harsh working environments and perform seemingly miraculous feats with little financial and staff resources. However, the unifying goal of improving the quality of life for the most vulnerable of our society continues to bring the most talented and dedicated psychologists to this area of psychology and to our Division.

Having served as the Membership Chair for Division 18, I believe that I have developed the knowledge and experience needed to help move the Division forward. I am familiar with the executive aspects of the Division and have developed close professional and social ties with many of its members. In addition, my work with Division 19 (Society of Military Psychology) has provided me the opportunity to collaborate on various projects with Division 18. In my opinion, this is important considering the overlap in the goals and members of both Divisions.

Thank you for your consideration.

Monica Roy, PhD

I have been an active member of Division 18 since I was a graduate student and served as the APAGS representative. At that time, I was drawn to the division because it represented psychologists who work with populations that are most in need. While this is what initially drew me to the division, it was what I learned about the commitment of the executive board to providing quality services for members that has maintained my membership. I also learned at that time that providing quality services comes at a cost. As I have transitioned to an early career psychologist, I have continued to be active within the division as a founding member of the Diversity Task Force and the co-Chair of the VA section ad-hoc membership committee. It has been a personal goal of mine to help to recruit new members into the division, particularly psychologists from diverse backgrounds. This has been in conjunction with increasing awareness about the division for public service psychologists. This falls in line with my goal as secretary/treasurer for Division 18, to continue increasing profits for the division by way of increasing division membership. With more members there is more profit, which in turn would mean more quality services for members. Learning about the division in my various roles has increased my investment in its growth. Therefore, I feel that if I am elected as Secretary/Treasurer of Division 18 I would be fully committed to the responsibilities that this role entails.



Candidates Division Offices *Representative to Council*

Dolly Sadow, PhD

It would be an honor to represent Division 18 to the APA Council. I have worked in Public Service all of my professional life. I am a Diplomate in Clinical Psychology. I worked mostly in the VA, but also (especially recently) in Community Hospitals and Community Based organizations. I have done clinical, teaching and administrative work. My focus has been on advocacy, practice and research in the area of serious mental illness. I have been connected with consumer organizations and have spoken at NAMI conferences.

I am a long standing member of APA. I have held several leadership positions in the Division including President, Fellowship Chair, and Chair, VA Section. I have served on several APA committees. I started the Committee on Diversity during my tenure as President as well as outreached to early career psychologists.

During these challenging economic times, in the midst of attempts to create a health care blueprint, the APA Council will have to make several important resolutions. I am interested in working with and within the Council to support the values of Division 18: evidence based treatment for the underserved, be they in hospitals, in correctional facilities or in Indian Country, respect rather than stigma, resources and support rather than neglect. Psychologists are particularly well poised to make a positive difference in the upcoming "new face" of healthcare because of their particular scientific education and humanistic approach. Public Service Psychologists in particular have specialized experience which is relevant to those issues.

I'd like to help.

Jacqueline Remondet Wall, PhD, CRC

I am honored to be nominated for Division 18 (D18) Representative to Council. I've been an APA member for over 20 years and became active in D18 six years ago. My experiences within D18, including serving on the editorial board of Psychological Services, editing the D18 newsletter and co-chairing D18 programming for the 117th and 118th conventions of the APA, have allowed me to gain different perspectives and witness the Division's strengths and needs. Additionally, my professional work (e.g., consulting with and working in public safety departments, human services agencies, hospitals, universities and state government) has enhanced my understanding of issues that many D18 members face. Lastly, my membership in other divisions and activities within the APA add to my perspective.

The issues many members face include ensuring that our clients are truly served while at the same time, addressing issues of accountability. These issues are crucial, as many members work with underserved populations. Additionally, the integration of evidence into practice is a primary consideration now incorporated into our activities.

If elected, I will continue to support Division goals, including effectively serving and advocating for the clients we see and the services we offer, supporting prescription privileges, offering educational activities to support our members needs, and continuing to address the needs of an increasingly diverse group of constituents. Our members each bring strength in our methods of implementing and managing change in our professional environments. Through capitalizing on our successful experiences, we can look to a bright future.



Report from APA Winter 2010 Meeting of Council of Representatives

Walter Penk, PhD, ABPP

Lorraine Greene, PhD

APA's Council of Representatives met at the Grand Hyatt in Washington, DC, from February 18 until February 21, 2010.

Leadership from Division 18 was augmented by the presence of Lorraine Williams Greene, PhD, who was inducted into Council during the winter meeting. Dr. Greene serves as a member of Executive Staff and the Director of Behavioral Health Services Division for the Metropolitan Nashville Police Department in Tennessee. As a newbie to council, Lorraine attended two orientation sessions for new council representatives. The first was held prior to the opening plenary session on Thursday evening, and was followed by a dinner for new members. At this event, she had the opportunity to personally speak with Dr. Carol Goodheart, APA President and Dr. Norman Anderson, APA Chief Executive Officer. She also dined with President-Elect Dr. Melba Vasquez and Dr. Rosie Bingham, APA Board member. She was also assigned a mentor, Dr. Laura Barbanell. Both Dr. Barbanell and others assisted in helping Dr. Greene understand the inner-workings of the council, and subsequently increased her appreciation of all the work that is done through committees and caucuses.

Delegates arrived shortly after the Federal City had been hit by the two worst snowstorms ever experienced in its history. Hills of snow were piled across the landscapes of the city. Ice covered sidewalks and streets, rendering walking gingerly and crunchy. All the major institutions that propel Washington, DC had stopped, because workers no longer could travel to their work.

But, by the time APA's Council began to convene, weather was moderating. People were moving. Temperatures were soaring into the forties. Mountains of snow were melting. The sun was shining. Warmth began to over-run the cold. There were hints that, maybe, soon, the colors of spring would begin to bloom through the white of so much snow.

Did the weather symbolize all that APA had just gone through since meeting a year ago in February when last year, like this year, it was so snowy and so stormy? And, in part, the answer was "Yes."

For Council quickly learned that extreme measures to balance APA's budget indeed had worked: the Safety Margin for APA's fiscal operations had finally started to increase. Revenues were once again exceeding expenses. Every one in APA Central Office had collaborated to balance the budget. And APA's Chief Executive Officer, Chief Operating Officer, Chief Fiscal Officer, Treasurer, Board of Directors, Directorate leaders, and Council were learning that dollar reductions indeed were succeeding. The fiscal storm was ending.

But the threats are not gone. Despite glimmers of warmth and brightness from hints of budget surpluses, nonetheless fears of fiscal failure have not vanished. Council still does not know how badly resources will shrink if more members are lost, if revenues are reduced, if publications are lessened, and if long term investments in stocks and bonds take many more months to recover.

So, in February, 2010, Council continued to proceed with prudence.

Members quickly learned that character strengths of those leading APA's

central office are what resolve distresses from fiscal storms. For the moment, it appears that APA's strengths are sufficient to dispel most of the problems created by the most dangerous fiscal catastrophe in US history since the Great Depression. The Great Recession of 2007-2009 indeed had damaged APA, particularly its investments in long-term stocks and bonds, but APA, thus far, is surviving. Hopes are growing as APA is resilient and is recovering.

But no one is sure.

As, there are other kinds of storms. While APA's Council had gathered in the Grand Hyatt, CPAC was meeting in the nearby Verizon Center to discuss such issues as to whether or not the USA might eliminate the Tenth Amendment to the US Constitution in order to give States more power over the federal government, in case health care reforms are passed.

So it is interesting to summarize what took place during the fiscal storms of 2009. And, perhaps, the best indicators can be found in the new documents that APA wrote during the past year—a new Mission Statement and a new Vision Statement.

APA's new Mission Statement reads:

"The mission of the APA is to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives."

And APA's new Vision Statement says:

"The American Psychological Association aspires to excel as a valuable, effective, and influential organization advancing psychology as a science, serving as:

A uniting force for the discipline;

The major catalyst for the stimulation, growth, and dissemination of psychological science and practice;

The primary resource for all psychologists;

The premier innovator in the education, development, and training of psychological scientists, practitioners, and educators;

The leading advocate for psychological knowledge and practice informing policy makers and the public to improve public policy and daily living;

A principal leader and global partner promoting psychological knowledge and methods to facilitate the resolution of personal, societal, and global challenges in diverse, multicultural, and international contexts; and

An effective champion of the application of psychology to promote human rights, health, well-being, and dignity."

APA's strengths to weather storms are expressed in so many different places, from its journals to its research, from its teaching to its consultation and administration, and, now, in its new Mission Statement and its new Vision Statement.

How to go about fulfilling APA's Vision was addressed by Carol Goodheart, PhD, APA's president, who spoke to Council about her objectives



that she will pursue for APA in 2010. Her major goals are to foster collaborations among psychologists, to integrate science with practice, to foster a greater sense of community, and to increase APA's advocacy for psychologists. And Dr. Goodheart, living up to her name, demonstrated how she will achieve APA's Vision through techniques and skills she used in conducting the three days of meetings that were difficult for Council. Dr. Goodheart outlined the four goals she will strive to achieve during her APA presidency. Her first goal is to advance the practice of psychology by fostering a framework of outcomes: It's not just by their acts that the public will know psychologists; it's by the outcomes. She described new tools that are being developed and disseminated to all psychologists through APA's website in APA's PsycLink: The Practice Wiki (a new website that was demonstrated for Council). Dr. Goodheart's second goal is devise mechanisms to support care-givers, noting that as many as 50 million citizens in the USA already provide some form of care for family members. Dr. Goodheart is commissioning a "Briefcase for Caregivers," providing resources for awareness, roles, assessment, research, and interventions. Dr. Goodheart's third objective will focus her APA presidency on advocacy, which is the number one benefit that each psychologist receives from APA. She will activate procedures to integrate psychology into health care, will develop techniques for wellness and prevention of disorders, will promote research and training for psychologists, will insure record protection for patients participating in computer-assisted health records; and she will promote the involvement of consumers in health care delivery. And her fourth objective is to grow a sense of community, as illustrated at APA's annual meeting in San Diego this August, when she will initiate activities to bring the families together into APA, having a Kid's Camp, providing hands-on training about psychological techniques, and schedule many social events for APA families at Balboa Park.

Norman Anderson, PhD, APA's Chief Executive Officer, specified his six goals for 2010. These include: one, continue to avoid deficits in APA's budget (according to current estimates, APA hopes to have a \$1 million surplus from its \$114+ million budget in 2010); two, continue work on US health reform by, for example, supporting a bill that increases in Medicare reimbursements and parity for psychologists; three, to continue improvements in the practice of Psychology, contributing to many new developments in APA's Practice Directorate, led by Katherine Nordal, PhD (e.g., integrating psychologists into interdisciplinary teams of practice; increasing accredited pre- and post-doctoral training and fellowship programs; increasing training in geriatrics; increasing psychology as a health profession); four, launching APA's new website (See www.apa.org) and PsycLink: the Practice Wiki, with the Practice Directorate.; five, continue developing APA's diversity plan; and six, complete APA's Strategic Planning currently underway (See Mission and Vision Statements above.)

Council rated Dr. Anderson's performance as Excellent and welcomed him with enthusiasm for his leadership of APA during times of stress and challenge.

APA's budget was reviewed. APA has returned to solvency. Whereas APA experienced losses in 2008, budget reductions brought about surpluses in 2009. Real Estate holdings (e.g., 750 I Street and 10 G Street) have values in equities worth twice existing debt for the properties. Long term investments are recovering from losses in 2008 and 2009. And operating costs, such as salaries, benefits, space, and so forth, are offset by revenues from dues, journals, licensing, sales, and leases from properties.

Council voted on several issues that had sparked intense debates. Results on these issues can be obtained from www.apa.org and/or from Rhea Faberman at rfaberman@apa.org. These issues include:

1. Revising APA's Ethics code, adding sentences to sections 1.02 and 1.03 saying that violations of human rights are not acceptable under any conditions, even when conflicts occur among laws, regulations, and organizational objectives;

2. Voted APA dues discounts for members of specialty societies.

3. Postponed vote on revising apportionment process in selecting representatives for APA's Council;

4. Add a C-6 to APA's 501 C-3 classification, to help resolve issues about conflict of interest in pursuing APA's objectives;

5. Returned \$40,000 to APA's contribution to the Archives of Psychology whose annual budget had been reduced from \$60,000 to \$20,000.

6. Decided to develop Clinical Guidelines. Over the years, Council declined to write Clinical Guidelines, voting only to study Clinical Guidelines. Council changed that decision, voting to create a Task Force to develop Clinical Guidelines. This decision brings Science into Practice. It overcomes major errors in the past not to develop Practice Guidelines based upon empirically-validated treatments.

7. Council decided to re-locate its scheduled meeting place out of the Hyatt in San Diego to another location to be determined later. APA contracted to hold Council in the Hyatt in 2005 only to find that in 2009, Douglas Manchester, who owns the Hyatt, had donated funds to Proposition 8 that oppose same-sex laws in California. Council has directed APA convention administrators to find and to arrange another location for where Council will meet when it re-convenes in August in San Diego.

8. Council voted to approve the MLA—the Model Licensing Act (MLA), which requires doctoral degree for designation as "psychologist." More details about the revisions and the vote on the MLA are given at www.apa.org.

Council's debates were lengthy and intense before votes were taken, with Carol Goodheart masterfully organizing the process by which opposing speakers could speak and discuss their positions. But, by the end, upon the vote, Council kept true to the Hippocratic Oath, "...I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrongdoing...I will abstain from all intentional wrongdoing and harm..." And psychologists agreed, further, with other, less well known observations by Hippocrates, such as "There are in fact two things: science and opinions; the former begets knowledge, the latter ignorance." Council came down solidly on Science...as well as agreed with another observation by Hippocrates, "...that health is the greatest of human blessings, and we must learn by our own thoughts to derive benefits from our illnesses."

And so went Council in February, 2010. Winter is ending. Spring is coming.



VIOLET AND CYRIL FRANKS SCHOLARSHIP

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 annual Violet and Cyril Frank Scholarship supports a graduate level project to reduce the stigma associated with mental illness. Its description, application requirements, and procedures appear below.

Description

Stigma is a significant impediment to treatment and recovery for many of the 50 million Americans and countless others world-wide who are living with mental illness. This program seeks to promote the application of psychology toward mitigation of this problem through support of promising graduate students whose work is consistent with this objective.

Program Goals

- Encourage talented students to orient their careers toward engaging stigma issues
- Develop strategies and interventions to reduce discrimination and stigmatization suffered by victims of mental illness
- Develop strategies and interventions to improve public understanding of mental illness and reduce harmful misconceptions

Funding Specifics

-\$5,000 annual award

Eligibility Requirements

- Full-time graduate student in psychology
- Good standing at an accredited university
- Demonstrated commitment to stigma issues
- IRB approval must be received from host institution before funding can be awarded if human participants are involved

Evaluation Criteria

- Conformance with stated program goals
- Quality of proposed work
- Applicant's demonstrated scholarship and competence

Proposal Requirements

- Description of proposed project to include goal, relevant back ground, target population, methods, anticipated outcomes
- Format: 5 pages (1 inch margins, no smaller than 11 point font)
- Budget
- CV
- Letter of recommendation from faculty advisor

Submission Process and Deadline

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

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

VIOLENCE PREVENTION AND INTERVENTION GRANT

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 APF Violence Prevention and Intervention program funds innovative research and community based intervention projects. Its description, application requirements, and procedures appear below.

Description

Violence in its many forms and contexts is a growing concern in today's world. It is a problem against which psychology has much to offer, but a lot of that potential remains unrealized. APF supports work designed to increase the understanding of violent behavior and the means for preventing or ameliorating it. APF grants fund innovative research and intervention projects. Intervention projects or research funds must be replicable, serve as models for future work, or clearly add to the existing knowledge base, provided the knowledge gained from the proposed work can be generalized beyond the site in which it was executed.

Program Goals

- Encourage generation and application of psychological knowledge to problems associated with violence in society
- Support innovative community programs in violence prevention that can be generalized to other settings.

Funding Specifics

-One annual grant up to \$20,000

Eligibility Requirements

- 501(c)(3) nonprofit organization or educational institution or affiliation with such an organization
- Demonstrated capability for research or intervention in the violence prevention area (and, where relevant, community support)

Evaluation Criteria

- Conformance of proposed goals with those of the program
- Magnitude of contribution to existing knowledge or practice
- Quality of proposed work
- Applicant's demonstrated capability to execute the proposed work

Proposal Requirements

- Statement of project's goal, plan for execution, expected outcomes, potential impact
- Format: not to exceed 7 pages (1 inch margins, no smaller than 11 point font)
- Timeline for execution
- Full budget and justification (indirect costs not permitted)

Submission Process and Deadline

Submit a completed application online at <http://forms.apa.org/apf/grants/> by June 1, 2010.

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



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



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

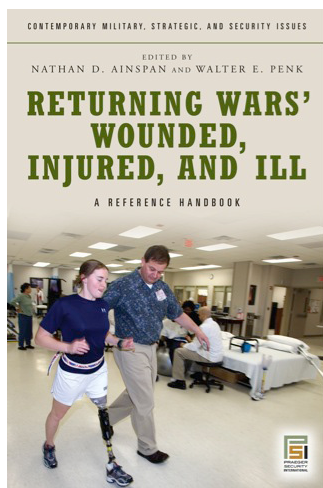
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Book Reviews

Resources for Working with OEF/OIF Veterans

Joseph Hansel, PhD



When a colleague of mine recently asked me to review a couple of new texts, I was hesitant. When she “sweetened the pot” by saying there would be no pay, I began searching for polite ways to decline the offered opportunity. When I had finished a cursory breezing through of the tables of contents, I hurriedly accepted the request to review these books knowing I would get a complimentary copy of both. What follows is a review from an enthusiastic reader of two wonderful new texts. These resources provide a wealth of information concerning the provision of mental health services to our men and women in the armed forces.

The first text reviewed is a book edited by Nathan Ainspan and Walter Penk titled, *Returning Wars' Wounded, Injured, and Ill: A Reference Handbook*. The editors write, “For anyone who served our nation in uniform and left a part of themselves behind on the battlefield, this book is a guide for you.” Indeed, this book is designed to be consumed by the injured service member looking for ways to help himself/herself as well as families and other caregivers who aim to provide aid to these individuals. Most importantly, the book contains an impressive collection of resources available to injured service members and provides easily implemented suggestions for how an individual can go about acquiring needed assistance. The book is laid out clearly, with a chapter summary positioned at the start of each chapter so the reader can quickly access information. Each chapter offers additional print, electronic, and human resources to aid in the recovery process.

The first two chapters provide information about how the armed services provide care for their injured. Chapter one describes the numbers of injured military personnel across armed conflicts. It describes the prevalence of injuries, potentially normalizing the experience for injured veterans. Chapter two introduces the process the military uses to make decisions concerning injury compensation. The reader will learn how injuries are evaluated and services are prioritized. The chapter also projects medical costs for OEF/OIF veterans. These two chapters are likely most useful to those who are unfamiliar with general military process and are seeking background information.

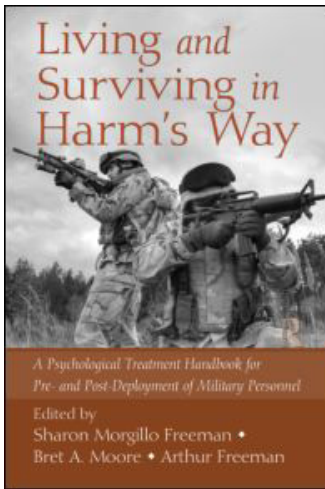
Chapters 3 and 4 represent a shift in focus from general information to specific essentials concerning what the injured veterans can expect physically and emotionally. As the authors of chapter 3 write, “This chapter focuses on the ‘signature injuries’ of the current conflict that are affecting hundreds of thousands of returning service members: post-traumatic stress disorder (PTSD), depression, traumatic brain injury (TBI), and the physical wounds of war including loss of limbs, burns, pains, and paralysis.” Two tables, pages long, describe many aspects of PTSD and depression; most useful is the organization of the information; symptoms, veteran’s experience, and how family and friends can help. The list of symptoms include the diagnostic criteria set out in the DSM (e.g.

nightmares, hypervigilance), but also associated features common in the presentation of the disorders in veterans (e.g. secretiveness, targeted aggression). Using the symptom of hypervigilance as a starting point, the veteran is told he/she may feel jumpy, irritable, or reactive to loud noises. Family members are encouraged to understand what may cause startle responses so they are not surprised by the veteran’s reaction, and to use this awareness to help remind the veteran he or she is no longer in a life threatening situation requiring protective reactions. This chapter ends with a series of descriptions of several injuries including the following: TBI, amputation, paralysis, injury to vision, substance abuse problems, burns, disfigurement, pain conditions, and injuries requiring aid with toileting. More importantly, each list is accompanied by multiple resources available in print or online. Approximately 20 resources are provided for the reader’s use. This chapter represents a great “one-stop” source to help injured veterans, or those working with these individuals, get connected to information and assistive resources. Chapter 4 continues this conversation and discusses in more detail how these various injuries are likely to affect the everyday life of the injured veteran. This author elaborates on the lists from chapter 3 and puts the previous challenges in context.

Chapters 5, 6, and 7 represent another shift, moving towards what injured veterans may do for career development. These chapters discuss options for veterans with disabilities who are seeking to return to active duty, are seeking employment, or are seeking educational experiences. Chapter 5’s merits lay in its wonderful description of the processes available for the injured to apply for return to active duty. As many in the military often do not consider fully the consequences of serious injury, it stands to reason that many have not spent the time reviewing their branch’s procedures for making decisions about fitness for duty. A brief outline of the procedures is accompanied by a list of suggestions for how to most successfully approach said procedures. Chapter 6 describes how the soldier can make the most of a job search. Most useful to the veteran are strategies for marketing the formidable skills and experiences unique to veterans. There is also a fairly effective discussion of how to handle disabilities in the workplace and how to acquire accommodations. Chapter 7 provides an impressive list of educational funding sources for veterans.

Chapters 9, 10, and 11 provide guidance on how the injured veteran can interact with various groups who can provide aid. Chapter 9 offers advice directly to family members of veterans. The author of this chapter makes many useful suggestions to family members that might promote the health and recovery of the injured service member. Professionals may prescribe this chapter for bibliotherapy. Chapter 10 lists several of the commonly found peer support groups available to veterans. For those who are used to relying on those in uniform, these services can prove to be quite useful and readily received by this population. In the final chapter, the editors orient the reader to seeing problems as another set of opportunities for successful problem solving. In addition to the services offered at the VA, the authors mention several approaches to the amelioration of psychological problems from many disciplines and makes a call for soldiers to approach these challenges with the same spirit they brought to their active service.

The second of the texts reviewed here is entitled, *Living and Surviving In Harms Way: A Psychological Treatment Handbook for Pre- and Post-Deployment of Military Personnel* edited by Sharon Morgillo Freeman, Bret A. Moore, and Arthur Freeman. While the first text was constructed with the soldier as a target audience, the editors of this book write, “Our goals for compiling this volume is to inform the nonmilitary as well as the military therapist about the broad range of problems that they might encounter



with veterans or active duty military personnel.” They argue that in order to most effectively treat service members, it is essential to understand their unique culture. The result of this assemblage of writings is an impressive academic text thoroughly inundating the reader in the soldier’s worldview. The book is divided in to four main parts, with four to eight chapters per part. The following is a review of each part in order of presentation.

Part One is entitled “Understanding the service member”. The second chapter briefly describes the typical soldier. More importantly, the chapter introduces key character strengths common to our enlisted men and women, beginning the introduction

to the culture of military life. Chapter three continues this discussion of values and provides what appears to be a developmental model of the military socialization process by which these values are inculcated in recruits. Chapter 4 moves the reader to a description of stressors related to deployment. The authors discuss the stresses related to predeployment (i.e. staying connected, facing mortality, and challenges to single service members), deployment challenges (i.e. environmental, physiological, cognitive, and emotional stressors), and postdeployment challenges (i.e. role changes, future plans, psychological adjustment). This chapter might be used to help soldiers and families prepare for the various stresses related to deployment. Chapter 5 outlines the history of women in the military, including a review of the military culture that first prevented, and later accepted women into the armed forces. The contribution of these authors helps the reader better understand the added threats and opportunities for the military servicewoman.

Part two is entitled “On being a service member”. This section initiates a discussion of conceptualization of the difficulties of those service members who are deployed. Chapter 6 provides an overview of stress and our bodies’ responses, adaptive and maladaptive, to stress. After this overview, the authors offer a helpful discussion of the stresses most commonly encountered when working with a military population (i.e. job demands, work-family conflict, sexual harassment and assault, combat-related experiences, perceived threats, difficult working conditions, and interpersonal stressors). Chapter 7 elaborates on conceptualization by integrating vulnerability/resiliency factors into the understanding of clients. The authors provide a concise list of factors that are predictive of mental health concerns (e.g. illness, substance abuse, loss), as well as factors that tend to protect service members from developing mental health problems (e.g. social support, unit cohesion). Suggestions are offered for helping reduce vulnerability factors before, during, and post deployment. Chapter 8 discusses hypervigilance, its contribution to PTSD, and the challenges it engenders for the returning soldier. Discussions of hypervigilance from cognitive, information processing, and biological perspectives follow. The chapter concludes with a brief overview of empirically supported treatments for PTSD (i.e. cognitive processing therapy). The final chapter in part two is entitled “Assessment and evaluation: Collecting the requisite building blocks for treatment planning”. In the words

of the authors, “Our goals in this chapter are fourfold:(1) to place the assessment process within a historical context;(2) to describe the rationale for the assessment, both generally and specifically;(3) to describe the assessment tools seen as most valuable; and (4) to outline the steps for reporting the data garnered from an assessment.” While seasoned clinicians may find a majority of the material in this chapter fairly basic, the work provides a good reminder for these individuals as well as an effective overview of assessment basics for those in training. The authors conclude the chapter by providing brief suggestions on how to assess two common presentations in military facilities; PTSD and malingering.

Part 3 is entitled “The individual service member- Intervention” and offers a thorough discussion of issues related to treatment of military personnel. Chapter 10, the first in this part, provides an overview of cognitive behavioral treatment. It serves as a good review of CBT basics and effectively communicates the likely preferences for types of intervention in military settings. Chapter 11 presents the Case Conceptualization Model (CCM) of understanding soldiers in treatment. This reader found this section to be highly effective, not only discussing key domains for review, but offering useful suggestions to help guide assessments with service members. This chapter is perhaps the most effective in presenting the integration of general assessment practice, knowledge of the military, and specific skills to be implemented in session. The next four chapters in this part delineate the treatment approaches for specific diagnostic presentations: anxiety disorders, depression and suicide, substance abuse, and sleep disorders. Each chapter stands alone as its own review and successfully summarizes many of the major empirical findings related to the effective treatment of the listed psychological conditions. Chapter 16 aids the therapist in addressing anger and violence that the returning soldier may need to address as that individual returns to the non-combat world. A particularly successful section addresses the need of developing a warrior mentality for a soldier to be successful, validating the client and helping the reader develop an understanding of and empathy for the returning service member’s difficulties. The final chapter of this part discusses pharmacological treatment in the military.

Part 4 is entitled “The service member’s family and community- Intervention” and addresses the difficulties children, spouses, and families of soldiers may encounter. The focus of this last section moves from the individual service member to those surrounding the soldier. This section’s inclusion of discussions around common presenting concerns of families is a valued resource for couples and families presenting for treatment. Additionally, those who work with the children of service members will find the two chapters focused on children to be informative for both conceptualization and intervention. The book ends with chapters dedicated to grief and spirituality, as well as future directions in the examination and treatment of members of our military.

These two texts, one for the service member and one for the clinician, are imminently useful. These wonderful resources would be valuable additions to the bookshelves of those currently providing services to veterans. Additionally, these books could easily be incorporated into a training program for graduate students, interns, or new employees. I count myself fortunate to have had an opportunity to read these books and plan to refer to them often.



Report from APA's Fifth Annual Science Leadership Conference

Prove What You Practice, Not Just Practice What You Preach

Walter Erich Penk, PhD, ABPP

APA's Science Directorate held its fifth annual Scientific Leadership Conference (SCL-V) in Washington, DC, on November 14-16, 2009. Steve Breckler, PhD, director of APA's Science Directorate, convened a gathering of 100 research-funded psychologists from across the nation to meet with leaders from the National Institutes of Health (NIH), Center for Disease Control (CDC), Department of Defense (DoD), Veterans Health Administration (VA), and other health care agencies.

SCL-V was unique, this year adding an event in which psychologists attending also visited the offices of legislators on Capitol Hill. Visiting the US Congress gave psychologists chance to advocate for increasing research as a unique way by which psychologists can reform health care, in keeping with SCL-V's theme--"Enhancing the Nation's Health Through Psychological Science." Accordingly, SCL-V was designed as a vehicle to teach legislators how APA improves the health of US citizens through comparative effectiveness research.

Improving health care through research is an extremely important topic to address, this being The Era of Health Care Reform. The last time a presidential administration undertook to reform health care was in 1993 and those efforts failed. So, now, sixteen years later, in 2009, once again, legislators are fighting to enact a comprehensive reform of health care.

Goals include cutting health care costs and expanding health care coverage. And health care services delivered by psychologists already have been impacted by changes in federal legislation, as debates and legislation in health care parity signaled in 2008. And now new legislation about health care will bring forth many changes in other dimensions of health care delivery, from legislative changes in quality, standards, training, coverage, and costs for health care practices. And research on outcomes is now essential as so many aspects of health care legislation are changed.

The last time major changes in health care legislation took place was in 1964 and 1965, when Lyndon Baines Johnson introduced Medicare and Medicaid. As a consequence, federal policies and monies influence health care services delivered by psychologists for older Americans, as well as many other who are younger and who are treated in so many federal agencies.

But not enough is done to test effectiveness of health care delivery based upon randomized clinical trials testing outcomes and cost-efficiencies. Effectiveness in treatment as demonstrated by research is not prioritized in the private sector by private practitioners. Determining health care effectiveness is salient, however, among providers, including psychologists, who are working in NIH, the VA, DoD, state services, corrections, and many other agencies in which psychologists in public services are providing care and rehabilitation.

Public agencies, in which psychologists practice, as illustrated by members of APA's Division 18, are dedicated to proving what they practice. Veterans Health Administration (VA) and Department of Defense (DoD), in particular, have sizable budgets devoted to empirically-validating medical and mental treatment and rehabilitation.

Since legislators are writing laws that will influence health care for clients as well as practice by clinicians, so SCL-V centered its discussions on adding research in health care reform. Toward such ends, SCL-V brought together administrative leaders from NIH, DoD, VA, CDC to meet with APA central office legislative staff and a sampling of research-funded psychologists from across the nation.

The SCL-V conference began with sessions in which research-funded psychologists learned how federal agencies operated and how psychologists can communicate with legislators to improve federal operations in health care reform based upon research—research in randomized clinical trials, research to determine Best Practices, research to prevent medical and mental disorders, research to care for those struggling with disease management, research in cost-efficiencies.

Psychologists attending learned about objectives and operations of federal agencies and then, later, on the third and final day of the SCL-V conference, psychologists visited offices of US Senators and US House of Representatives from Texas to advocate three basic themes:

One, to include Psychology in comparative effectiveness research;

Two, to continue expanding NIH's funding in which Psychology is involved; and

Three, to protect the Peer Review process that is central in apply-



ing for grants.

Walter Penk, PhD, ABPP (Division 18's member in APA's Council of Representatives) visited the offices of Senators Kay Bailey Hutchinson and John Cornyn and House of Representatives from Texas Randy Neugebauer, John Culbertson, Lamar Smith, and Chet Edwards, along with other psychologists from Texas, Alice Young, PhD, Mary Meagher, PhD, and Suzy Gulliver, PhD.

To prepare for advocacy of psychology in research, SCL-V attendees heard a series of speakers address new directions in federally-sponsored prevention research:

Robert Croyle, PhD (Director, Division of Cancer Control, National Cancer Institute) speaking about "Tobacco, obesity, and disparities: our role in interdisciplinary team science for population health";

Rodney Hammond (Director, Division of Violence Prevention, CDC), on "Preventing injuries and deaths from violence: the CDC research agenda."

Robert Heinman, PhD (Acting Director, NIMH Division of Services and Intervention Research), on "Army study to assess risk and resilience in service members (Army-STARRS)".

With regard to new directions in federally-sponsored treatment research, SCL-V attendees heard:

Philip Wang (NIMH Deputy Director) speak on "Comparative effectiveness research to enhance behavioral interventions."

Joel Kupersmith, MD (Chief, VA Research and Development) speak on "Psychological research at the VA advancing veterans' health."

Mark Willenbring, PhD (Special Advisor to NIAAAA Director) "Beyond persuasion: New routes to behavior change."

APA central office leaders also gave keynote addresses:

James Bray, PhD (APA president, Baylor College of Medicine, Houston, Texas) on initiatives achieved during his year as president of APA to add Psychology in health care delivery.

And Norman Anderson, CEO of APA described projects on-going in APA to make sure APA services are included in health care reform and not ignored as APA was, in the 1993 attempts at reform. Dr. Anderson also introduced many specialists within Central Office of APA who are constantly advocating for the interests of psychologists:

Goeff Mumford, PhD (associate executive director for science governmental relations), who talked about "Overview of APA's Science Governmental Relations Priorities."

Pat Kobor, PhD (APA's senior science policy analyst), who spoke on "Federal funding for psychological science."

Karen Studwell, JD (senior legislative and federal affairs offices)

who summarized "Threats to scientific peer review."

Heather Kelly, JD (senior legislative and federal affairs officer), Who advocated for "Psychological sciences and military/veterans populations."

Rhea Farberman (APA executive director for public and member communications) demonstrated the long-awaited updating of www.apa.org. APA's web-site has transformed its site architecture, under the leadership of Tony Habash. www.apa.org now is functional and ready to serve APA psychologists in their work in health care delivery.

Christopher Kush, from Soapbox, prepared psychologists for visiting the Hill, reviewing such past legislation as the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Act of 2008, on which APA had worked so hard, as well as status of the new US House's Affordable Health Care for America Act that will guide health care reform.

As SCL-V was proceeding, events outside further highlighted the importance of adding research to health care. That is, on November 15, the Washington Post published an article by Timothy Baker, PhD, Richard McFall, PhD, and Varda Shoham, PhD, about a new accreditation system by the American Psychological Society (APS) to test effectiveness of therapists. Headline for this article was "Is your therapist behind the times?"

This article starts with the paragraph, "A young woman enters a physician office seeking help for diabetes. She assumes that the physician has been trained to understand, value, and use the latest science related to her disorder. Down the hall, a young man enters a clinical psychologist's office seeking help for depression. He similarly assumes that the psychologist has been trained to understand, value, and use current research on his disorder. The first patient would be justified in her beliefs; the second, often, would not."

This article by Baker, McFall, and Shoham facilitated discussions on the importance of integrating science with practice, similar in many respects to what the Boulder Conference--held by APA in 1950s--did so long ago, serving as the blueprint for guiding training of clinical psychologists for decades to come. By questioning the qualifications of psychologists currently in practice--asking whether practitioners nowadays provide Best Practices--Baker, McFall, and Shoham are challenging APA and public agencies in which psychologists practice to insure that clients are receiving empirically-validated treatments in ways that are cost-efficient.

Though coincidental to SCL-V meeting the same weekend, this article helped underscore the objectives that Steve Breckler from the APA's Science Directorate was striving to achieve in SCL-V: Clinical practices must be grounded in clinical sciences.

We are indeed living in an extraordinary time of change in health care delivery, a time that requires increasing research about what is effective. It is not only a time when elected representatives are, once again, transforming funding of health care. But, it is also an age in which delivery of care is being changed. It is the dawn of the "Virtual Visit." It is a time, for example, when, in Texas,



for \$45, anyone, whether insured or not, can visit a physician on a computer at www.NowClinic.com for a 10-minute appointment and obtain a prescription. It is a time when organizations, such as Optum Health, will soon be featuring on-line care, no matter what the insurance coverage. It is a time when federal agencies, such as the Veterans Health Administration are increasing on-line outreach to veterans, promoting on-line registration of symptoms, with such tele-health programs as MyHealtheVet. It is a time when so much that is new needs to be learned and shared, a time when revolutions in site architecture are producing new websites, like www.apa.org to guide us toward Best Practices as well as to bring us together through the Internet to base our practices upon outcomes research.

And, as thousands of legislative actions take place to reform health care practices, now psychologists must demonstrate to themselves and to their clients that they are indeed offering Best Practices that have been empirically-validated as effective as well as cost-efficient.

It is not clear in the article written by Drs. Baker, McFall, and Shoham, whether psychologists who participated in their survey were practicing in public agencies. What is clear is that agencies like the VA and DoD indeed are investing budgets to increase and to improve Best Practices. And, further, such agencies as the VA and DoD indeed have large health services research budgets on the basis of which to empirically validate both medical and mental health treatments and rehabilitation. But most psychologists would agree that even more improvements in Best Practices must be made and more health services research must be carried out.

Randomized Clinical Trials are the way in which psychologists in public service, such as the VA and in DoD, must conduct their professional careers. Research R Us.

Whether the questions raised by Dr. Baker, McFall, and Shoham apply to psychologists practicing in public institutions can only be answered in two ways: One, we must continually survey whether public service psychologists are using empirically-validated therapies in their practices and we all together must constantly work to insure that they do; and two, we must always conduct randomized clinical trials to constantly determine which of our practices we must continually improve.

It's not a matter of simply practicing what we preach; In addition, we must also prove what we practice.

For, this is not only a time to improve delivery and costs for health care. It is, also, a time when psychologists must improve their training, their continuing education, and we in Division 18 must demonstrate that the public is receiving services that are empirically-validated by research. These are times in which psychologists, along with all clinicians, must deliver Best Practices at reasonable costs, in ways that are effective, that are practical, and that are quick, and that are available to all.



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Associate Professor Psychology
Marist College
Poughkeepsie, NY 12601
845-575-3000 Ext. 2754 (O)
845-575-3965 (F)
James.Regan@Marist.edu

Criminal Justice

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

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Cambridge, MA 02139
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guyo@bellsouth.net

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Linda Bodie, PsyD
3200 Vine Street, 116B
Cincinatti VAMC
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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

Lorraine W. Greene, PhD
Manager, Behavioral Health
Metropolitan Nashville Police
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lorraine.greene@nashville.gov



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 317-788-2120 (F)
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 sbcglobal.net

Charles Drebing, PhD
 VISN 1 MIRECC

200 Springs Road
 Psychology, Bldg 5
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 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 Execu-
tive 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>

Instructions for Authors

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

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 settings. They frequently treat persons with seri-

ous 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)

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(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.