**Title: APA Town Hall: APA and SPTAs Working Together Effectively in 2021  
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**APA’s Alissa Fogg:** Welcome everyone to the APA Town Hall, which today focuses on the important relationship between APA and the many state, provincial, territorial, psychological associations, or SPTAs, and how we can continue to strengthen those connections and work together effectively to have an impact in 2021 and beyond. Thanks to so many for taking time to join, be a part of the conversation. I'm pleased to introduce our hosts for today's event, APA President Dr. Sandy Shullman, APA CEO Dr. Arthur Evans, and APA President-Elect, Dr. Jennifer F. Kelly.

With that, I'm going to turn it over to our president, Dr. Sandy Shullman to start us off.

**Sandy:** Thank you very much, Alyssa, and hello everybody. If you could go to the first slide, please, Alyssa. We started these town halls and conversations earlier this year to respond to COVID, but the relationship, for example, with state psychological associations, SPTAs, is so critical that we really wanted, we made a promise that we would continue to do these every quarter and so we had one of these in September and this is our December version of this.

I know that we're committed to continuing this dialogue and that Jennifer intends to keep up these dialogues with you next year and she can say more about that briefly, but we really see that these dialogues is critical to ongoing connection, support, sharing, asking questions of each other, exploring ideas together, that we really move together as a leadership community for psychology.

Next slide, please. I feel like I have said this about 6000 times this year, but it's probably never more true that we are in a syndemic. We don't use the term syndemic publicly because it sounds like a made-up word, but it really is the whole issue right now of the convergence of COVID, racism, economic instability, health inequities, so many issues that are going on in our country.

We know that we have ongoing challenges of unequal treatment of people of color, which is being called out now in very different ways than we have historically, which is important. We have thousands of people right now that are suffering from COVID, depression, grief, trauma, and not just those that had mental health conditions before COVID, but also people who saw themselves as highly functioning that are now feeling the ongoing burden of reacting to the COVID situation.

We've certainly seen enough anger, polarization, and widening disparities in our country to recognize the challenges that are ahead for us in 2021 and we still are working on some very fundamental issues, like making sure that people see that mental health is just as critical as physical health. That COVID is not just about physical things. COVID is about mental health. Racism is about mental health. Our economy is about mental health and so all of those things are critical.

Next slide, please. We've said this 1000 times before, psychology is needed now more than ever, and we recognize that and we see an opportunity because of these multiple crises that have beat human behavior at their very center, to take our expertise and bring it out on behalf of the public, hopefully, at a level that we've never been able to do before. We need our research to underpin everything we're doing. We need to figure out ways to magnify the care that is given in the mental health area and then we need to translate all the other psychological research and work that we do to virtually every type of foundation in our society, whether it's work, education, health care, faith, our justice system, it doesn't matter. Now is the time when psychology is needed more than ever.

As we move toward 2021, and we move toward a national transition, APA is moving forward again. We're focused on our strategic plan and we continue to be and we are determined as your leadership team, to work together to bring all we can forward for the benefit of the public and to enhance our impact as a discipline and a profession. To me, and I think I speak for Arthur and Jennifer, SPTAs are absolutely central to psychology's and APA's capacity to deliver our promise to the public. We want you to be a very vital part of this ongoing piece. We are working on this together.

Next slide, please. What we will be working on should be familiar to you. This is our strategic priorities, there's a lot more to this plan, I wish we would spend more time sometimes talking about that. These are the four pillars of that plan, but the things that go underneath it are absolutely critical. We have continued to accomplish this mission this year with the help of these strategic priorities. I've said this before, but every day, I focus on our mission, our vision, our values, and this plan, as I start my work on behalf of APA and I think I can speak for Arthur and Jennifer about that as well, that this guides us. Our context has changed and it will continue to evolve in 2021, but the strategic direction we're taking and the focus of getting our impact enhanced for the public, and for the profession and for the discipline, have not wavered one iota.

With that, I'm going to turn it over to Arthur to talk a little bit more about strategy going forward.

**Arthur:** Okay. Thank you, Sandy. First of all, I hope that all of you are safe and that you and your families are safe and well. As we, in 2020, this is our last month in 2020, this has been an extraordinary year for us, personally and professionally, and I'm so grateful to be at APA at this particular time in our history. As Sandy has said, there's so many issues that our field have something important to contribute and it has been really important I think, to be here at this particular time, as we really try to use what we know from our training and from the research that we do, and our clinical expertise to really help the nation through this crisis.

I'm also grateful that we had done a strategic plan right before this crisis. I think it has been extraordinarily helpful to the association as we navigated the really complex waters of this pandemic and understanding that going into this, that one of our most consistent priorities that we heard through our strategic planning process, was that our members wanted us to use psychological knowledge to make a positive impact. We've really been able to lean into that and we've also been able to really try to help the public to understand psychology, the breadth of our field, the importance of our field in so many different areas. One of the things that has been really gratifying is that we really had an opportunity to talk about not only the clinical work and the services that we provide as practitioners, but we've been able to pull from areas like social cognition, and organizational psychology, and developmental to help the public through this pandemic.

We really have had this opportunity to help the public to better understand the breadth and depth of our field, and I think have a greater appreciation for what our members do in the various things that they do. The strategy has been important, it continues to guide us and as Sandy mentioned in her comment, we cannot do this without a very strong relationship with our SPTAs and in fact, one of the things that's been really gratifying over the last couple of years in particular, is that how we have begun to evolve that relationship. We've always had a great relationship between our state associations and the APA, but we'd really started to take that to another level, as many of you know. It's clear that we will need to take it to a whole another level if we want to have the impact that we want to have as a field.

It's one of the reasons that we continue to make investments. One of the early decisions that I made as CEO, was that we were going to reestablish some of the funding that we had, that had gone away for state associations. Those grants for particularly our smaller state associations, I've had the privilege of going to some of our smaller states and talking with people. We really understand the critical nature of that support for our state associations to thrive in some of those smaller states and our legislative branch. We're going to continue to do that because we know how important this is, but I really think it's important for us to understand that it's not just the relatively small amount of resources that we're providing, but it really is all of the resources at APA are available for our state partners, our communications experts and we've increasingly relied on some of our communications folks to provide technical assistance, but other areas of the department or other areas of the association as well. We'll continue to do that, and so glad that all of you could be here today, really want to hear what some of your ideas and concerns are.

With that, I want to turn it over to Dr. Kelly.

**Jennifer:** Well, good afternoon and good morning. I'm not going to spend much time because I want us to be able to have a conversation. What I would like to say is that I'm really looking forward to kick it off 2021 and continuing the relationship that we have with the SPTAs. I was really thinking about it and not just the SPTAs, but it's also the practice directorate, the APA Services Inc which includes the advocacy coordinating committee. I know that the SPTA is where the rubber meets the road in terms of our advocating for legislation in getting things done, and so do know that I am an SPTA person. That's how I came up with my leadership within APA and I'm looking forward to continuing my work with the SPTA during my year, next year as president.

You can move on Alyssa for the questions and comments.

**Alyssa:** Thank you. I'm going to go ahead and get started because we certainly have a lot of questions coming in. I'll start with the point you all made around stress and the time that we're having in our country, we have a lot of questions coming in from folks about stress, not only as SPTA leaders but as leaders who also need to take care of their members or feel a responsibility to take care of their members. Can you talk a little bit about some of the work APA has done around stress and how APA is approaching stress and maybe some resources that are available for SPTA folks?

**Arthur:** You want me to start, Sandy? Okay.

**Sandy:** Yes, go ahead.

**Arthur:** We have, and this is actually a really important issue and I think another area where we really have to build our relationship with the SPTAs. We are really leaning into the issue of stress and how we as psychology and psychologists can help the nation deal with stress in general. We were doing that prior to the pandemic. Our Stress in America survey has gotten increasing attention over the last several years. We get literally dozens of requests when we release that report. We do dozens of media interviews, a lot of interest in that, and then the last two presidential election cycles, in particular, that report got a lot of attention because we talked about the particular stress that people were experiencing because of the election.

With COVID, that has really helped us to understand what's going on in the nation. The fact that over three-quarters of the population are saying that they are experiencing significant stress related to COVID and that their stress has increased, a large proportion of people are saying that their stress has increased over the course of the pandemic, says to us that as a field, that this is something that we have to pay more attention to and to do more work.

What we've been doing is really embracing, this is why embracing a population approach is so important because it's not just about people have a diagnosis. It is about the level of stress that we see in the entire population and that one of the things we've been doing at APA has really seen our role through that population land, and looking at across the whole population, what are the things that we can do? What do we know from our science and from our training that can help people?

Whether they have a diagnosis or not, they may just be experiencing extreme amounts of stress. What is it that we can do to help mitigate that? We've done that through a variety of ways. We've done direct webinars with different groups. We've talked to leaders like city leaders and to CEOs about things that they can do to help people that they have responsibilities for, and how they can do their work in such a way that it can reduce the stress in their work environments.

We've talked to parents about how they, partly with the national PTA, about what parents can do to help mitigate stress for their folks. Also, we're very concerned about the stress that our members are experiencing because we know that our members, whether they are academics or practitioners, are experiencing levels of stress. We've tried to address that both through helping people, whether it's through telehealth or through other kinds of mechanisms that deal with the real-world issues that people are dealing with, but also making resources available to help people to mitigate those stress.

One other thing that I wanted to mention about that, one example of that that we're very proud of, is the partnerships that we have with the medical and healthcare professions, where we've partnered with over 60 professions to get information out into the hands of nurses and physicians and other healthcare workers who are on the front lines of COVID, helping them with the science around strategies that they can use and exercises they can use to reduce their stress. We're doing a lot of work in this area. We'll continue to do that, and we really would like to partner with our states to get some of that information out to the public.

**Alyssa**: Great. Thank you. Next, I'm going to turn to Duke Newin who has his hand raised, you may need to unmute yourself. Duke, can you hear us?

**Duke:** Yes. I really enjoyed it. **[inaudible 00:16:52].**

**Sandy:** I have a little trouble hearing you.

**Alyssa**: Yes. I'm sorry about that. If you can go ahead and try again, I can call on you a little bit later, but we're having some trouble with your audio. I'm going to turn next to Ellen Williams, who has her hand raised. Ellen?

**Sandy:** Hello, Ellen.

**Ellen:** Hi. I'm curious about what your thoughts are about 2021. Is it going to be a continuation of 2020, or do you see some changes in how we'll be practicing and how APA will be assisting us?

**Arthur:** Well, I can start. Well, I think that the reality is that 2021 is going to be very similar, certainly the first half of 2021, it's going to be very similar to what we're experiencing now. One of the things that we try to do is to use not only the science and the knowledge that we hear from the medical and the public health officials, but we also try to bring into the conversation our knowledge, and what we know is human behavior. What we know and what we can see is that even with the vaccine, it's going to take some time for, first of all, the population to be vaccinated to the extent that we can actually change our behavior, that's going to take time.

We also know that there is a lot of resistance to the idea of taking the vaccine, which unfortunately it doesn't look like our leaders are really paying enough attention to in our opinion, we've written opinion pieces about that. You put all that together, we think that we're going to be in this mode for quite a while into 2021 and that matches up very closely with what we also hear from public health officials, like Anthony Fauci, who believes that we're going to be into this at least until the last quarter of 2021.

We have already made the decision as an organization, that we're going to stay virtual, at least until the end of June. As we get close to that date, we will figure out whether we will extend past that. We know that from an association standpoint, we're going to be in that mode. We know that most organizations, certainly in the business world, have already made that decision. Some of them have already made the decision that they're going to be virtual for all of 2021. We have not made that decision. I think that as a practitioner or whatever someone does, we ought to be really prepared to be in virtual mode, at least through the summer of 2021. That's how we're positioning ourselves, and we are also positioning us, as an association, to continue to be a resource for our members in the way that we have been, again, through the entirety of this pandemic.

**Sandy:** Ellen, as you know, I am an independent practitioner. I'm operating under the assumption that I will continue to be working virtually through the end of June, at least the first half of the year and we'll see what happens after that. That's my thinking based on what I've been hearing from Fauci and APA, and what the research is showing us.

**Jennifer:** The one thing I would add to that, Ellen, is we had a whole series of evolving strategies as we've learned more about COVID. I think next year is also going to be a series of evolving strategies. As some people move out of COVID, some people continue with COVID because COVID will not be gone and we have this aftermath of the cumulative mental health issues and stress of our society going forward. There's going to be a new phase of this that we're going to be dealing with while we're also addressing some of the ongoing phases of this.

On any given week, I said to Arthur one day, we had a conversation where we made the same decision three days in a row. I said, "I think that's a strategy now." I just think we need to be prepared to be flexible in what I think is going to be a cascading hybrid environment, a bit of this, a bit of that, and changing proportions of it over the course of time. We're going to try as hard as we can to make decisions that give people as much a sense of continuity and certainty as we can, but we're going to be very straightforward with you and in media like this and meetings, to let you know what we're doing, and why we're doing it, and how we're trying to adapt to this ongoing series of changes.

We're going to be giving you a lot of- our best guess is, I don't know, our informed opinions. It's the best we can do at this point.

**Alyssa:** Great. Thank you. Next, I'm going to turn to Theresa Bruce who has her hand raised. Theresa?

**Jennifer:** Hi, Theresa.

**Theresa:** Hello. Thank you all very much for **[unintelligible 00:22:27].** Can you hear me?

**Sandy:** Sure can.

**Jennifer:** Yes.

**Theresa:** Thank you very much for affording this opportunity. Mine is more of a comment than a question. I just want to thank you for your advocacy efforts to put therapists as first-line responders with the vaccine. I'm very appreciative of that and I know my members are too. I just wanted to publicly thank you for that effort.

**Arthur:** Thank you.

**Sandy:** You got it and the efforts continue.

**Alyssa:** Great. We have a lot of hands raised. Next, I'm going to turn to Francisca Airo De Nava. Francisca?

**Francisca:** Hello everyone. Good afternoon. Thank you so much for providing this platform. This is my first time of joining in. I just had to put my two-year-old to sleep so I could focus. I have question. I had posted a question prior to the meeting. However, I just wanted to go back to what Dr. Evans was saying about social need, the stress in the community right now. That has really opened my eyes to so many things that I think I would call the attention of the organization to really look into in terms of supporting students who are in training because from walking in the community, I understand that you really cannot reach people who have need in communities if you don't have upcoming and supported trainees or afforded the opportunity to be able to be rolled out to provide this need that is so much needed right now because this pandemic has opened our eyes.

As a student, and I know that many students are going through this same issue of being able to afford to continue, in terms of having organizations or independent practitioners like Dr. Kelly, to be able to afford supervision in this COVID situation. That has really put a lot of students behind and then it's also part of the psychosocial stress that students have to go through and also have to deal with maybe caring for people who are in need of mental health.

**Sandy:** Thank you. Arthur, do you want to make a comment? Jennifer, you want to make a comment?

**Arthur:** Sure. Do you want to talk, Jennifer? Go ahead. It's a really important issue, we've been very interested in this issue. Our education directorate has been very involved in providing help and support for students. We've had a number of inquiries, dozens of inquiries about internships, about training disruptions, about disruptions, and dissertations, and all kinds of challenges that students are facing. In fact, just as a quick aside to reinforce how important this is, in our Stress in America survey, the group that had the highest stress levels were generation Z individuals who were students.

It's that early 20s group which is a group that is experiencing the most stress of those who are students in that age range, that means the most stress in our society right now. What we've tried to do is to be a resource to help students navigate those challenges. We've provided consultation to training directors and to internship sites to help people get through that. I think to the great credit of many training sites and departments, they've been enormously responsive and flexible. We're not hearing about students who are actually having their training disrupted to the point where it's going to delay their graduation and that kind of thing.

It's that kind of support that we think is important and the kind of support that we can provide students and departments and training sites and we're going to continue to do that as we get through this pandemic.

Jennifer-- I'm sorry, go ahead, Sandy.

**Sandy:** No, I was going to say, I was going to also add that we've also been working with people who are teaching undergraduate psychology courses and also K to 12 psychology courses because that's the pipeline of people that are bringing psychology either into their homes or considering psychology as their careers so that we're making sure that we don't have a discontinuity in our pipeline given COVID and other things. In fact, I would be led to believe based on the information I've seen thus far, that we actually have an enhanced desire for people to come into the workforce and help with the issues that we're seeing.

We're trying to provide support at that full range of issues in education. It's a very, very important point. If we don't have a pipeline and we're not taking care of our trainees now, clearly, that's going to affect our ability to do our public population approach in communities. We're very aware of that and we really appreciate that and thank you for raising it.

**Jennifer:** One last thing. One of the things that I'm seeing more of, is that more SPTAs that are having involvement from the students in the states. I'm going to really recommend that you get connected with your SPTA, your state association, and they can provide support as well.

**Arthur:** Great.

**Alyssa:** Great. Thank you. Our next question comes from Jennifer Polter Jones. There are significant barriers for people, especially those with low or no insurance to access evidence-based psychological care. This is especially true for Medicaid participants. From a state perspective, the primary barriers are the lack of fair or reasonable reimbursement for psychological services and with more people losing jobs or losing insurance and needing coverage through their state plans, we are looking for even more people who are not going to be able to access care.

In addition, there remains a lack of accountability in who will pay for a psychological adjustment, or anxiety, or depression that is not "severe" or persistent mental illness. The lack of access is a significant equity issue. How is APA working with or providing support to state associations to advocate and improve psychology access through and reimbursement from state Medicaid plans? It's a long comment, but I think that last part sums it up.

**Arthur:** A very important piece. I don't know if Jared or Katherine are on. If they are, we would want them to weigh in here. I'll make a few general comments to begin with. Really, really important issues and in particular around Medicaid.

We advocate quite a bit with CMS, which is responsible for Medicaid and Medicare, around the services that psychologists can be paid for, the rates at which we're paid, the scope of services that psychologists have, and so we'll continue to do that. One of the things that we've done in the last year or so is that we have enhanced our capacity in this area. I think, historically, we've been fairly reactive and I think very effective at reacting to proposed changes, and going in and fighting to make sure that there weren't cuts. In the last couple of years, we've not only prevented some significant cuts but have actually got great enhancements.

The thing that we've added more recently is, we've started to look at how we can be more proactive. Now, we're asking a different set of questions, from not only how do we protect what we have, but where do we want to go and how do we expand the playing field? We have a new Office of Health Care Financing led by Steven Gillespie, under Jared Skillings, and we really are now starting to look at, what are the areas that we currently aren't in, that we want to be in? And then, how do we develop a strategy around that?

Most of that work is done through the Medicare program. It's done through the Medicare program because once Medicare sets rates and scope of practice within their program, most of the other both private and public payers follow that. That's where we put a lot of our time and effort at trying to make those. I know that Jared and Katherine are on. I want to see if they want to add anything to what I just said.

**Jared:** This is Jared. I think that was really well said, Arthur, and nice to hear from Dr. Peltzer Jones, one of our colleagues from Michigan who has an unusual job working in the emergency department. She definitely sees the front line, not just during COVID, but a lot of folks who are underserved. I would agree wholeheartedly with what Arthur just said, and add to it that part of our strategy has been to connect with the state psychological associations, to have really a thorough set of advocacy strategies. Katherine and the advocacy office, our practice department, the state associations, we all have had this terrific partnership where we're really making sure we have connected strategies from the federal government down to the state government and Medicaid and then to local insurers.

If I can give one quick example, one thing that we're trying to do to influence the insurance industry, including Medicaid, is to develop plug-and-play policy documents. It's one thing anybody knows who works in the insurance industry, is that different insurers pay for different amounts for different kinds of services. If you do ADHD testing for kiddos, one company will give you four hours to do it and one company eight. There's no rhyme, no reason to it. We're really trying to develop standards in the field to influence so that we can increase the number of hours people are allotted for those high-level evaluations and treatments.

Admittedly, that's going to be an uphill battle. Those systems are tough, but I think with the way that the election has gone, my expectation is that Medicaid, with the way the Affordable Care Act is looking, that they're going to continue to push that, is that Medicaid will be an even more important issue for all of us, not just because of COVID, but because of the politics in the country, going forward.

**Arthur:** One other thing I want to add, which I think is really important, and I think psychologists, particularly at the state level, should be advocating for is Medicaid expansion. There's still a number of states that haven't expanded Medicaid, and if we're talking about disparities and inequity, one of the most important programs for addressing that as it relates to behavioral health issues is a Medicaid program. I think it is clear at this point that the ACA, hopefully, the Supreme Court decision that will come out in the next few weeks will affirm this, that the ACA is here to stay.

I think there have been a number of attempts to eliminate that program or to hurt it. Those have not prevailed, and with the Biden administration coming on, I'm hopeful, particularly during COVID where you have particularly rural parts of the country that have not embraced Medicaid, which means that there are a number of people who are uninsured. Rural hospitals are getting creamed right now, because they have all of these uncompensated people coming through the doors, no way to pay for that. We're just going to see this decrease in capacity in many of our rural areas. I don't think policymakers in some of these states have connected the dots, or maybe they have. As psychologists, we need to be out there making that point that there are whole swaths of the population that aren't getting services. Not only that, if we don't fix that problem, it's going to exacerbate general access to health care in areas where we have significant disparity.

**Sandra:** I would also add in response to those issues that at least on the federal level, we have been reaching out to the current administration, and also to the administration in transition. their transition team, to make sure that those issues are very, very clear at a federal level, so that they can be supported when we get to the states. These are all just really critical efforts, and the linking of them is what's going to make us a lot stronger. That's why we really want to work together very strongly with the SPTAs. Neither one of us can do this alone. We really need to coordinate our efforts.

**Katherine McGuire:** Arthur, Katherine McGuire here. If I could just add a couple things to your point about looking for areas of expansion. We have been kind of 'roll up your sleeves at the table' with other members of the mental health community, really digging into areas where we could pursue health coverage expansion. Where we are with some of those discussions, besides just a very long laundry list, is really trying to pinpoint the areas where Medicare's coverage of mental health and substance use disorder services is the most deeply flawed. How's that? It's flawed, but it's the most deeply flawed. Some of those things which are well known to you all, they range from Medicare not being subject to the Federal Parity Act, 190-day lifetime limit on inpatient psychiatric hospital services, narrow range of covered providers, restrictions on telehealth, poor coverage for children and adolescents, and many more things.

Our work with the SPTAs will be very important as we go forward after we finish trying to comp with this catalog of items here, and really trying to pinpoint the needs of the states putting better definition on these things as we go forward. Once again, I'll just say there's a lot of work to be done in this area and we're looking forward to your very vital and crucial input to help us move forward and address these flaws.

**Alyssa:** Thank you, Katherine, and thank you all. Next, I'm going to turn to Peter Sharis. **[unintelligible 00:38:11]** , Peter.

**Jennifer:** Hi, Peter.

**Peter Sharis:** Hi. Can you hear me?

**Jennifer:** Yes.

**Peter:** I just wanted to ask a question in a little different direction about what resources APA is going to have to help our colleagues who are working, especially in school populations, K through 12, school psychologists, developmental psychologists, applied developmental psychologists, to help evaluate the educational damage that's occurring and the psychological damage through the process of virtual learning and restructuring parenting in school environments.

**Arthur:** I know Jared is on, so I'm going to ask him if there's anything. Right now, I don't think that we have anything that specific, Peter, but it sounds like something that we really need to think about and to think how we can provide some resources there. I do think that that's a big issue. I think the other issue that's somewhat related, is that what we're seeing is that there are some very significant neurological problems for people who experience COVID, including young people. I don't know that there has been enough attention paid to that issue.

So, in addition to just the more generic impact that these disruptions have had, there is also the issue of specifically those people who have had COVID, how are we as a field going to address some of the issues that we're seeing come out of that. Jared, is there anything that you would want to add to that?

**Jared:** I think that's right, Arthur. I think you hit the two main things I was thinking too, is that there's some evidence with data, not just for kids, but adults as well. I'm thinking about the teachers and the other staff in the schools' post-COVID multi-organ difficulties because of the nature of the coronavirus. We'll need to think about support in a number of areas for the schools. Peter, it's nice to hear your voice also, I appreciate your asking the question. I think one of the things, I'm sure Cathy Grus in the Education Directorate in our Board of Educational Affairs is deeply thinking about how do we connect with the K through 12 and then up the chain in terms of the educational work that they're doing, both from the perspective of making sure that we can have a consistent environment for kids and teachers to be safe and learn.

Then, also the psychological safety elements of all of this, which I think are really crucial. We can look into that, I know they're doing some good work in that space already, but I think you're right that we need to continue to push that, particularly as the crisis drags on longer and longer.

**Alyssa:** We also have Catherine McGuire, APA's chief advocacy officer, who wanted to add a comment to this as well.

**Catherine:** Thanks, and, Peter, great to hear your voice and missing you and all that great work you did for the advocacy coordinating committee last year, miss having you around. Just to let you know some of the things that are going on since Cathy is not here, first and foremost, there was very important work done by, I believe it was 14 Divisions collectively, through Kathy's shop this summer where they addressed social, emotional learning and made some recommendations and that product, the product of their great work was actually hand-delivered in part of a discussion with the Department of Education's Agency Review team for the Biden transition this last week.

That is simply because we have some fabulous connections through our members to some of the Biden transition team who are at the Department of Education. They were able to get our team in to walk through that. In addition, I would tell you that over the weekend, the Biden transition team did roll out four priority areas and in one of them, in the COVID economic recovery type areas, there are specific provisions there relating to the schools and getting the schools the help they need from the mental health aspects all the way down to ensuring that their learning environments are safe. There'll be more coming down the pike on that. I just wanted to let you know there is a lot going on in that area and if Cathy were on she could probably even double down and tell you some more.

**Alyssa:** Thanks, Catherine. Next, I'm going to turn to Yurena Clark, who submitted a question asking, "What is APA doing to support communities and psychologists of color in response to the increase in COVID-related, race-related and economic-related stress, which is disproportionately impacting communities of color, and how can states get involved in this work as well?

**Sandra:** Arthur, you want to take a crack at that one?

**Arthur:** Sure. Well, this is a major emphasis of the Association right now. Right after George Floyd's death and the protest, we came out very strongly with a statement from Sandy talking about our position on this. We described it as a racism pandemic. We made a public commitment that there were three things that we were really going to focus on in the aftermath of George Floyd's death. One was to make sure to look at ways that we could pull together the research and the knowledge from our field around race and racism and make it available to the public, which we've been doing quite a bit through interviews and through webinars and so forth.

The second was to pull together a task force to look at the issue of police use of force against African-Americans in particular. That's a presidential task force that has already started its work and really dynamic group of people. We really believe we're going to be able to come out of that task force, which has only been given 90 days to do this because we wanted it to be relevant and to be timely. That work is ongoing and we are pretty confident, just given the level of people there, that we're going to have some recommendations that we believe will actually help to reduce the inappropriate use of force against African-Americans and other communities of color.

Then, the third piece is that we're really taking the long view of this issue. One of the problems that we have as an association and our society, in general, is that when there are these horrific events that happen in the public, there's a lot of attention paid and then we go back to some normal, some level of baseline and then we get more interested. We're making a long-term commitment to this issue that is starting with us looking at our own selves, and we're going through a systematic process of looking at what role APA has played, what roles psychology has played in perpetuating some of the challenges that we see before us. That work has already started.

We will be summarizing that in some way, not to identify every single thing that has happened, but to talk about what are the ways in which psychology has perpetuated this because if we don't do that, we're not going to be in a position to talk about ways that we can undo the things or address the things that we've done as a field. Our work is not only at looking externally and how we can be a resource, but it's also looking at how we need to look at our own house, including who's getting trained and who's in the pipeline and all of those issues that have an impact. Beyond that, we are also just trying to be a resource to a lot of different entities within our community, within the society.

Our Chief of Psychology in the Public Interest, Brian Smedley, for example, is being called upon all over the place to provide workshops or webinars to groups. In fact, he just did one with the National Academy of Medicine, and there are a number of us who are doing that. We're also doing that with our colleagues and other professional and scientific societies in Washington and around the country. We really are trying to be a resource to the nation around this issue, and I think increasingly, at least, given the media attention that APA is getting around this, that I think that there is a stronger perception that our field does have something important to say and to contribute to this issue and we're going to continue to make those kinds of contributions.

**Sandra:** I would want to underscore the word 'sustainability' here. We made public statements. I personally made public statements about our commitments to eradicate racism and at the same time, we have to look at this as an ongoing sustainable effort. I want you to hear in all of these strategies, we will be working very hard to sustain the efforts, to involve the communities that are involved and most highly impacted, the officials and people that are working in those systems, and that has to be an ongoing, sustainable effort, both to look inside, but most importantly, also once we are looking inside, at the same time to be able to actually help communities deal with this, and certainly our own community of psychologists of color. I think that's what you need to be looking for, what are going to be the sustainable pieces that will be coming out of that, that we're very committed to making that happen.

**Jennifer:** May I add a couple of items? Okay. One thing that has happened since we've had COVID and it's come out of the public interest is 'Equity Flattens The Curve', and if you are able to get on that list, if you're a member of APA, which I hope are, and you can get on the listserv of that, you're going to see some of the best initiatives that are happening as it relates to equity and COVID and just looking at systemic racism. It's a good listserv and you can easily get access to that.

The other thing I was going to say is that health disparities have been there all the time. I'm a clinical health psychologist and that's just what I've dealt with in my practice because I do a lot of pain management, but one of the things that happened is that when we saw COVID and we just are seeing how the people of colors, especially the black and brown people have been impacted by that, it's just kind of slapped us in the face in terms of health disparities. I was actually thinking about this before COVID, but my main presidential initiative will be on health equity. We know that we cannot deal with health equity unless we deal with the issue of race, and that's through all of the research and the writers, you know that you have to deal with that. That's one of the main social determinants of health. We'll be taking a deep dive into this next year. We actually have already started, I have the task force, we've already been meeting. You'll be hearing more from me and my taskforce about that in the upcoming months.

**Arthur:** You don't have to be a member to be on the 'Equity Flattens The Curve' listserv. Anyone and, in fact, there are a lot of people who are not APA members. Even if you're not-- we want to be APA member.

**Jennifer:** Oh, yes, we want you to be an APA member [laughs].

**Arthur:** Maybe we should just say, "Yes, you've got to be an APA member to be on that group of--

**Jennifer:** It is a great listserv.

**Alyssa:** Thank you. I know we're getting close to the top of the hour. I'm going to try to do one more question here. June Fatter has had her hand raised for a while, June.

**June:** Oh, thank you.

**Sandra:** Hey, June.

**June:** If you hear me. Hi, everybody. Thank you so much for putting this important conversation together. I'm glad that it's going to be an ongoing effort with APA in the states. In my work through our state Association, my experience has been that most of our members join and stay with us for many reasons, but primarily because of practice issues, that they want to support and help for practice issues. I do appreciate having heard from Arthur and Jared and Katherine about the work that you've been doing in terms of robust advocacy for practice issues. However, there are concerns in states about this, and about APA's commitment, going forward, with the dismantling of the APAPO with the cuts in staff on the legal and regulatory level. People talk to us about their concerns.

I would like to be able to provide a message to our members about what are the ways in which we can look to APA for support with these practice issues, and particularly for what is going on with insurance companies, and how that plays out in the states. This is a real serious issue, and if you want to talk about stress among our members, a huge aspect of stress is whether or not they're going to be able to practice effectively going forward.

**Arthur:** Good, I can start on that. I really appreciate the question. First of all, I think that, certainly, our commitment to practice issues has not changed. If anything, it's gotten stronger. If you look at what we have done as an association, I think across the board, it is, in my view, unquestionable that our capacity to, both in terms of advocacy and all the work that we're doing in this area, despite the challenges that we've had, is much greater today than it was two years ago. I have no doubt about that.

There are multiple things that we can point to show that, particularly because of the way we have reorganized our resources within the Association. You take anyone issue, take telehealth, for example. Historically, that would have been an issue that our staff in the Practice Directorate would have focused on, and that would have been pretty much who was working on that issue. Now, because of the way we've reorganized our work, that is an issue that cut across many areas of our Association. We had communications professionals who were really good at communications working on that issue. We had our advocacy staff working on that issue. We had people in practice working on that issue. We had people in other parts of the organization working on that issue.

As a result of that, we were able to have a much greater impact. You look at the number, literally tens of thousands of psychologists who were trained in telehealth service that we made free to the public. If you look at the areas where we had been very effective at getting policy changes, in some of these instances, APA was either the leading voice or maybe one of a few voices that were advocating for specific things like telephonic telehealth as an example, we were very strong on that issue.

I think it's important to look at, what are the impacts? I clearly understand we were making changes, we've made changes, we'll continue to make changes. The thing that I really want us to focus on is, are we getting done what we need to get done? On that, I would say, absolutely. If you look at the relationship between APA in the states on this, again, you can take any issue. I know Katherine's on. If you look at the number of people who are weighing in on issues that are important to the Association and are important to the field, the numbers have quadrupled in some instances because of the stronger relationships that we have with the states.

I think it's important to put it into that context, the shift to a more proactive stance in healthcare financing is another great example, something I'm really excited about because I was a policymaker I was a public payer for 20 years. So, I understand how these decisions are made about who's going to get paid what, and how much they're going to get paid, and so forth. I know if you don't have a good strategy, that you're going to be getting the crumbs, you're going to be the last in line. The fact that we are now thinking differently about how to be proactive in healthcare financing is probably one of the most important things that we can do as a field if we're serious about how psychologists are positioned and how psychologists are going to be paid.

Last thing that I would say is that if you look at-- you mentioned, June, the APAPO. The APAPO may have gone away, but what we have is something much better than that. We have the APA Services Inc., which is now the C6, which is much broader, has much better funding and resources. If you look at the resources for the APAPO, and I was on camp before I became CEO, it was almost a straight line down in terms of the level of funding because most people who are practitioners were not funding the APAPO.

Today, we actually have consistent funding at a high level, which gives us not only stability but gives us a level of funding that allows us to do the work that we need to do. What I would say is I would hope that you could talk to people about how the changes that the Association has made has actually put us in a much stronger position to advocate for practice and practitioners.

**Sandra:** I really want to add to that, June, that we've restructured and we've reorganized so that we can both integrate and mobilize more resources for the public in terms of practice. When you look back at 2020, going forward in a couple of years, this will be one of the benchmark years where we will be able to show that more things happened for psychology and for psychologists for the public this year, beginning this year than ever before.

Some of the things that we're now taking for granted that have already happened, we're saying, "Well, it happened because of COVID." No, it happened when COVID happened and we were ready because we had the resources to mobilize to take this up another level. It wasn't just convenient that we were able to do telehealth, it wasn't just convenient that we were able to extend things telephonically. There's a whole integrated set of resources across APA, including making sure we can quickly get our science and our evidence to back up the things that we're doing on Capitol Hill, for example, for practice.

Once you see the way the organization is connected to do this, it's really a geometric multiplier of impact for practice. If you can help put that message across by looking at the actual things we've gotten done, I think if you look back with a historic perspective, you're going to see, this has been really a benchmark year for that. I think it's going to continue to just get better and better.

**Alyssa:** I know we've reached the end of our time here. I'm going to turn it back to the three of us to help close us out. Thank you for a great conversation today.

**Sandra:** What I would say and I've continued to say is the relationship that APA has with SPTA is one of our most critical relationships to getting the work of psychology done for the public's benefit, and to help promote our discipline and to help promote our profession as well. That we will continue these dialogues because it's a two-way street, we learn from each other, we will share with each other. We will share resources to try to leverage because as our impact at APA increases at the federal level, it will only work if we can help increase your impact at the state level and that we will all rise together in this for the public's good.

We want to make sure you know that these will continue, that your questions, your suggestions, which is the other piece of this, this isn't always just about concerns. It's about ideas that you might have, that would really help us go forward. This is really, I believe this is a new day for 21st-century psychology. It will only keep being a new day if we do this together, so I really thank you.

**Jennifer:** I will say that I'm going to need your help next year because I know that we're only going to be as strong as the membership will be. So, I'm looking forward to working with you next year and beyond.

**Sandra:** Thank you, everybody.

**Arthur:** Thanks

**[01:00:59] [END OF AUDIO]**