



PUBLIC SERVICE PSYCHOLOGY

Division 18 Newsletter

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Prescriptive Authority Moving Forward

*Robert E. McGrath, PhD
Fairleigh Dickinson University, Teaneck, NJ*

After surveying the landscape, I am glad to report I'm seeing a happy horizon for prescriptive authority in psychology. There are several reasons for my optimism. The first is the degree to which psychologists are already infiltrating mental health systems. The second is a change in legislators' reactions to the idea of prescriptive authority. The third is the more aggressive approach leaders of Divisions 18 and 55 are taking to advance that agenda.

First, the current landscape: there are now about 60 prescribing psychologists between New Mexico and Louisiana. Regulations recognizing prescribing psychologists have been adopted in both the U. S. Navy and Air Force. A high point of my year occurred when I informed members of the Georgia legislature at a hearing of these regulations. Randy Tackett, a professor of pharmacy at University of Georgia who has taught many psychologists about psychopharmacology, happened to be sitting behind the lobbyists for the psychiatrists. Randy told me later that at my announcement one lobbyist turned to another and said with a worried voice "Did they do that?" This was followed by much furious scribbling of notes.

Just recently I was proud to learn that Kevin McGuinness, a graduate of our training program in psychopharmacology here at Fairleigh Dickinson University and a Captain in the U.S. Public

Health Service, has been approved to prescribe medications at the Rosebud Indian Hospital in Rosebud, SD. This sets an important precedent for both the Public and Indian Health Services as well as the Health Resources and Services Administration. By my count, psychologists will be exploring authorizing legislation for prescriptive authority in at least eight to nine states this year. We are on the move.

More important than the number of states submitting bills is the response those bills have been receiving. In discussing the possibilities for passage with psychologists around the country I've felt more optimism than there has been in quite some time. Legislators seem more open to the idea, and more accepting of the evidence that there is a chronic shortage in the availability of appropriately trained prescribers. This shift was probably inevitable once examples of prescribing psychologists normalized the concept. It becomes difficult to assume we will be a danger to the public when we can point to the more than 100,000 prescriptions that have been written without a single serious adverse event; to conditional prescribing psychologist Marlin Hoover, who now teaches family medicine residents about prescribing psychotropics in New Mexico; and to medical psychologist Glenn Ally handling emergency referrals in the hospital as professionally as any psychiatrist in Louisiana. Contrary to the predictions

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President's Column

Edmund J. Nightingale, PhD, ABPP



The New Year started off with a bang! In January, I attended the Missouri RxP Advocacy Conference, co-sponsored by Division 18 and Alliant University (our partner in the initiative to train 100 public service psychologists for RxP authority). It was exciting to hear of the efforts currently underway in Missouri to make it the next state to authorize prescription privileges for appropriately trained psychologists. It was equally inspiring to meet and talk with some of the public service psychologists who are the beneficiaries of our RxP fundraising initiative. Dr. Randy Taylor gave a great presentation to the group about our RxP program. Soon afterward, Dr. Beth Rom-Rhymer, the Program Chair, quietly let us know of her intent to donate \$20,000 toward our RxP training effort. Thank you, Dr. Rom-Rhymer, for your gracious and generous support of public service psychology. Her promise is fulfilled. As a result of her gift, four additional public service psychologists have begun training. Through the past generosity of the Tauber Foundation and of many individual psychologists, with additional support from Indian Tribal Governance and the APA Practice Directorate, we have reached one quarter of our goal. A number of individual public service psychologists have begun training on their own. Nearly thirty will be at some point in their training by the time you read these words. We seek other gifts, both large and small to support this pioneering effort. Some public service venues have been completely unable to hire psychiatrists, and have no other prescribers who are mental health practitioners. We can do better than that as a nation, and as a profession.

On March 6th, I attended the APA Fellows Committee. After this meeting, Dr. Tim Lawler (our president-elect) and I met other committee members via telephone for our mid-winter meeting. At the invitation of APA, I attended the State Leadership Conference

(SLC) held March 9th - 12th. Drs. Harowski, Safarjan, and Sanders were also invited to the SLC, and Dr. Lawler was able to attend.

On March 12th - 14th, I attended another conference. It was an interdivisional program entitled, "Culturally Informed Evidence-based Practice: Translating Research and Policy for the Real World." This event was co-sponsored by Division 18, through funds donated by the Executive Committee last August. Your Division leadership committed the division and themselves to make this happen because of its importance to our clientele. We want the very best in available interventions for those we serve, no matter what their treatment venue. The conference listed five themes which I think you will agree are highly salient to the issues we face:

- "Asking the right question in research and practice - How do we know evidence based practices apply to various ethnic minority groups? What are the complications involved in generating evidence for ethnic minority groups and within these groups across the age span?"
- "Transfer of Training Models: Do adaptations work? What are the strengths and weaknesses in using this approach? Are the assumptions generalizable to different cultural/age groups?"
- "Proper Assessments: Are current assessment strategies valid and appropriate for ethnic minorities? How do we match treatment with diagnosis?"
- "From Practice-Based Evidence to Evidence-Based Practice: How do we best capture and investigate interventions that were created from the ground up? How do researchers and service providers link up to empirically

test practices that appear qualitatively effective? What procedures and strategies are needed to maintain fidelity when conducting interventions that are generated from the ground up? What theories and conceptual models can be generated to capture and elucidate the change processes that are operant in the new, effective approaches that may be developed?"

- "Is Policy Jumping the Gun: What are the consequences of establishing policy without evidence of effectiveness with ethnic minority populations? What are the current problems and struggles in implementing evidence-based practices and current policies? What are the needs for moving ahead in creating more evidence based practices for ethnic minorities? For example, targeting funding for increasing research in this area, providing technical assistance to existing programs to develop the ground up efforts, having clinical trial studies with ethnic minority populations, and addressing the issues of retention with hard-to-reach populations when conducting longitudinal designs may be some of the priorities needed in the field."

I hope the papers presented will receive broad distribution. By the time you read this, I will have suggested our journal to the presenters as one such vehicle. It has been a busy year for me and for all of us in the Division. Please take time to catch up on the progress of others, including those working on the presidential initiatives. They are listed in articles elsewhere in this newsletter.



President-Elect's Column

Tim Lawler, PhD, MPH

The last weekend of January, I arrived in 20° Washington, DC for APA's Divisional Leadership Conference (DLC). Having lived in Miami for the last 16 years, my winter wardrobe consists of a couple of cotton sweaters, some old woolen socks that I found stuffed into even older ski boots, and some gloves with holes. Needless to say, I didn't look very presidential during the three days I met with other division presidents-elect and APA staff. On the positive side, it was way too cold to leave the hotel, so along with the other South Florida attendees, I had perfect attendance at all of the sessions, even the ones that began at 7:30 a.m. and those that ended at 10:00 p.m. The DLC was wonderfully organized and informative - I have a much better understanding of the requirements of the presidency and have a much clearer idea about the challenges faced by the APA and its divisions, including ours.

Probably most important for both APA and our division is the aging membership base. In spite of concerted efforts to recruit diverse members, we still tend to be largely over 50, white, and male. In fact, Norman Anderson (APA CEO) told the group that only 18% of total APA membership is younger than age 40, and that the number of student members is decreasing. For our division, the under age 40 percentage is even lower-about 14%. What I didn't know is that more than half of all members of APA don't belong to a single division-and that the likelihood of renewing annual APA membership greatly increases if the member belongs to at least one division. It seems that if a member believes that s/he has a

home in the larger organization, there's greater commitment to the organization. One of Ed Nightingale's presidential initiatives is membership. In support of that initiative, if each of us were to ask just one colleague to join Division 18, invite him or her to attend our meeting/social at the Boston convention, and offer a "home," we could increase both our division's membership and diversity. Sometimes, all you have to do is ask!

A second issue discussed at DLC that has meaning for the division is the number of seats we have on the Council of Representatives (CoR). Kathy McNamara and Walter Penk have represented us ably for a number of years. This year, Kathy's term is up, and Division 18 has lost that seat due to reapportionment. I went to DLC thinking that our loss of a CoR seat (and yes, there was a special session on APA acronyms at the meeting) was due to decreasing Division 18 membership. Instead, it was all about another division's use of a phone tree to encourage its members to allocate all 10 possible votes to that single division. That division had lost a seat the previous year and made a decision to act. As a result, it gained (admittedly, to its embarrassment) five seats on Council for 2008, while five other divisions or state organizations lost them. I doubt that there was a president-elect in the meeting who didn't consider a phone tree operation for next year. I'll certainly be discussing this tactic with our new Communications Cluster At-Large Member and the Executive Committee (EC) at our winter meeting.

Finally, there was a lot of discussion about possible changes for convention. Responsibility for the convention operations is now that of Executive Director of Governance Affairs Judy Strassburger. We received a draft

copy of some suggested changes from a task force that would make

our convention more appealing to scientists. APA also commissioned an external group to survey attendees at last year's San Francisco convention. That report will be released at a later date-possibly at the State Leadership Conference in March. APA President-Elect James Bray also has some of his own ideas for changes. All of the proposed changes are geared to increase attendance and satisfaction with attendance, and at some level to compete with the more "boutique" conferences many of us also attend. The relationship between increasing divisional membership and providing more specific, timely presentations was not lost on this DLC group. I'll be working with Jacquie Wall, who's agreed to be Division 18 convention chair for the 2009 Toronto meeting, in instituting whatever changes are implemented. If any of you has some specific ideas for convention changes (and we'll certainly be asking Doug Olson and Linda Bodie, our current and immediate past convention chairs), please let Jacquie or me know.

I'll be pulling out the sweaters again in preparation for our Division Midwinter Meeting in DC. It's in March, and runs in conjunction with the State Leadership Conference (a number of our EC members also are on SLC). Hopefully the weather report for the next newsletter issue will be warmer.





Editor's Column

Jacqueline Remondet Wall, PhD, HSPP, CRC

Welcome to the latest volume of the Division 18 newsletter. This issue contains exciting news of activities going on within the Division and those within the American Psychological Association that will capture your interest. I would like to highlight what you will find, as there are enlivening reports of present and future opportunities for us to contemplate and take action.

The RxP initiative is gaining momentum, and we are fortunate to have two articles specifically addressing this issue. One is a guest column from Dr. Robert McGrath from Fairleigh Dickinson University in Teaneck, NJ that describes the current status of this initiative as well as projections for its movement in the near future. Dr. McGrath is a Professor of Psychology at Fairleigh Dickinson University, where he currently serves as the training director for the both the university's Ph.D. Program in Clinical Psychology and

M.S. Program in Clinical Psychopharmacology. An author in the fields of assessment and professional issues in pharmacotherapy, he is the past president of Division 55.

The other article, provided by Dr. Pat deLeon, also provides information on the RxP initiative. However, Dr. deLeon's article also lends a vision for the future practice of psychology more broadly. His column describes the development of and future needs for a focus on health care in rural communities; an area needing knowledge and techniques to improve health and quality of life for this part of the American population.

We also have reports from those working on the presidential initiatives, focusing on ways to increase membership in the division and enhance members' involvement in and benefit from taking part in division activities. Explore Dr. Bret

Moore's article on the work that he and Dr. Anne Klee are involved in regarding the membership initiative. Examine Dr. Sheila Brandt's notice about the status of institutional subscriptions to *Psychological Services*. Look in Jon Mandracchia's column about the student web-site and activities being planned for students at the APA convention. Also, search for announcements of virtual conferences, web-based surveys, and new activities within the division. I hope that you enjoy this issue.

I am working with Dr. Ed Nightingale and the Teachers of Psychology in Secondary Schools to develop a power point presentation describing the work that division members perform. I include this here, since I will be contacting many of you in the next month to help develop this promotional piece.

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

Jacquie

Division 18 Member-at-Large Candidate Statement

The following is an unedited statement received from the candidate.

Division 18 leaders have done much the last few years to encourage its members to become involved, share ideas, and work collaboratively. Dispensing information through the Division listserv and newsletter, encouraging active involvement in research and convention presentations, and working to increase membership, particularly that of early-career psychologists, are impressive accomplishments that must be continued. We now have an impressive publication, *Psychological Services*, that showcases the excellent research and clinical work of public service psychologists.

I cannot imagine a more important time to be a psychologist in public service. The need to be a voice for the diverse population of clients we serve is not decreasing. In fact, those who are medically underserved need our advocacy efforts more than ever. Division 18 psychologists have the opportunity to provide a strong collective force in helping shape health care policies and services that can make a difference in the lives of all citizens.

I served as an officer in AVAPL for eight years. I have served as the president of the Oklahoma Psychological Association and now serve as chair for Oklahoma's Psychologically Healthy Workplace Program. I am committed to advocating for psychologists who serve in the public sector, our trainees, and most important, for our diverse clientele. I would be honored to serve as a Member at Large for Division 18.

Pam Fischer, PhD



VA SECTION REPORT

Brian Pilgrim, PhD, MPA
CHAIR

Exciting times lie ahead for psychologists in the VA. With new professionals joining the system, we can bring more people into the Section and Division 18. To develop new members in leadership roles, we will need to engage them and find better ways of working with current members while our ranks are still so full of talent and vision.

diverse opportunities for section members to become more active in guiding our future development. Some of the committees are seeking both willing members and persons interested in acting as committee chair.

CHAIR

Brian M. Pilgrim, PhD, MPA

CHAIR-ELECT

Linda Bodie, PhD

SECRETARY (Sec./Treasurer)

Camila Madden, PhD

Please feel free to contact any of your representatives:

Since I have been active with the VA Section and Division 18 I have noticed the tendency toward a small group of dedicated psychologists producing much of the work of both groups. There have also been small numbers of people seeking office, voting for those seeking office and being nominated for Section and Division awards. With your help, it is my hope to reverse these trends.

While not a scientific survey, I have spoken with a number of psychologists regarding the issue of small numbers of participants in various Section and Division activities and the consensus seems to be that most psychologists are increasingly busy and would like to play a role but are only able to take on relatively small roles. In that spirit I am requesting your input regarding what roles you are willing to play in Section or Division leadership.

We are currently forming a larger number of committees that will ask for a much smaller time commitment from each individual while still accomplishing the same or more work on behalf of the section. The intent is also to provide for

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Police & Public Safety

SECTION REPORT

Lorraine W. Greene, PhD

This has been truly a busy and exciting year for me. Again, I thank you all for allowing me to serve as Chair of the Police and Public Safety Section.

The answer is Yes! We will hold our annual mini-conference following a disappearance for over four years (I know that this was your most burning question). Seriously, I do want thank Dr. Guy Seymour, Dr. John Averitt and Dr. Jennifer Kelly for serving on the mini-conference planning committee. This year we are partnering with the Network of Multicultural Training Professionals, Inc. The conference will be held Wednesday, August 13, 2008 at the Boston City Police Department. Section members were surveyed in January and the presentations will focus on many of the topics reported to be of significant interest. We decided to invite experts in the field and have confirmed: Dr. Terrence M. Keane, Ph.D., Director of the Behavioral Science Division of the National Center for Posttraumatic Stress Disorder and Associate Chief of Staff for Research & Development VA Boston Healthcare System. Dr. Keane will present on the new *PTSD Practice Guidelines*, which may assist us in providing services to law enforcement personnel who serve in the National Guard and are returning from Iraq. Wilfred R. Pigeon, Ph.D., Chair of American Academy of Sleep Medicine Behavioral Sleep Medicine

Committee, and Assistant Director of the University of Rochester Sleep Lab and Committee, will present on how to receive *Training in Behavioral Sleep Medicine*. A portion of Dr. Pigeon's presentation will be on the *Effectiveness of CBT in Treating Sleep Disorders*; a frequently reported condition among public safety personnel. Our Distinguished member, Dave Corey, Ph.D., ABPP, Consulting & Forensic Psychology Diplomat, American Board of Forensic Psychology will make a presentation on the *Need for Recognition of Police Psychology as a Proficiency*. Our own Dr. Adrienne Bradford, U. S. Air Force and Dr. Juliet Francis with the National Center for Missing & Exploited Children will explain how to *Safe-guard Law Enforcement Investigators of Child Cyber-Exploitation*. Finally, we have a panel of experts in the area of Psychological Assessment with Dr. Stephen Curran serving as moderator and panelist. The conference will offer a maximum of 7 CE credits for full-day attendance. We are also very happy to announce that continental breakfast will be provided, along with a complimentary lunch. We hope to welcome a number of our members back with stimulating conversation and opportunities for continued education.

Finally, if this isn't enough to stimulate your interest, for those who do like to socialize everyone is invited

for a special event celebrating the 35th Anniversary of the Boston Medical Center Psychology Internship Program. So please come mingle with old friends and meet new ones. **Most important, come talk with our student members who look forward to meeting you. The registration form and agenda are on the Division 18 Website, simply click the following link:** <http://www.apa.org/divisions/div18/div18conferencesV7.html>.

Our most important upcoming activity is that Dr. Virginia Hays, Chair of the Nominating Committee is asking for members to submit nominations for the following two positions: Vice Chair and Secretary/Treasurer. Both positions are vacant for the current administrative term (2007-2009). The election will be held on-line in May 2008 to vote for both positions. What do you need to do? Seriously consider holding a leadership position within our section. If you are willing to serve or would like to nominate someone to serve as Vice Chair or Secretary/Treasurer please email Dr. Hays division18@comcast.net immediately. Candidates will be expected to submit their statements to be distributed to the membership at the end of April.

Last, I do look forward to hearing from you with your fresh ideas. This is your section and I do need to hear from you. Please feel free to email me at evnal@comcast.net



COMMUNITY AND STATE HOSPITAL SECTION REPORT

PAUL DEAL, PhD

Over the past several months, members of the section have continued to help put together an agenda for the next year. A group of section members have agreed to serve as a "Board of Directors." This group includes the following: Pat Alexander, past section chair, Mississippi State Hospital; Herb Stewart, section listserv coordinator, Western State Hospital in Virginia; David Susman, Eastern State Hospital in Kentucky; Maxine Block, Hutchings Psychiatric Center in New York; Bonita Perry, Tuscaloosa VA Medical Center in Alabama; James Regan, Marist College in New York; and Steve Nisenbaum, past Division 18 President, in Massachusetts. This advisory group has tentatively agreed upon three main issues that we, as a section, need to address:

1. Membership / Recruitment (with an emphasis on students, interns, post-docs, and early career psychologists; this also could include developing section awards for the APA convention, recruiting Community Health Center psychologists, and other related activities),

2. Training / Evidence Based Practices (What effect will an increasing emphasis on the use of EBPs have for individuals being trained in Community & State Hospital settings? For example, the APA Task Force on Serious Mental Illness is considering a resolution on the "APA Endorsement on the Concept of Recovery for People with Serious Mental Illness" that includes calls for increased training in this area), and

3. Virtual Convention (or more broadly, a virtual forum for research, perhaps through the Division website).

We are in the process of forming three work groups to take action on these areas. If there are section members who have a particular interest in one or more of these areas and would like to help, please contact me.

Finally, the section now has a listserv and although dialogue to date has been somewhat limited, I hope this will change. From our listserv coordinator Dr. Herb Stewart, "To sub-

scribe, simply go to <http://listserv.apa.org/> and subscribe to the DIV18HOSPITAL-COMMUNITY list. The web-based interface makes it easy to configure your lists. This is an 'opt-in;' you will not be automatically subscribed to this list." If you encounter difficulties, please email Herb.Stewart@wsh.dmhmr.sas.virginia.gov. Thanks again, Dr. Stewart.

I hope you will take the opportunity to become involved in section activities, either through participation in one of the work groups identified above, through dialogue on our listserv, or in some other manner. If you have concerns or issues I have not addressed here, I can be reached at pauldeal@missouristate.edu or 417.836.6631. I welcome hearing from you. Thank you for your continued involvement and support.

Membership Initiative Report

Bret Moore, PsyD, ABPP and Anne Klee, PhD

As part of the membership initiative requested by our President, the membership committee has been busy with several projects. Anne Klee has been very active targeting early career psychologists. Her current project is making important contacts with interns and postdocs at VA sites throughout the country. In addition, she is educating internship and post-doctoral training directors on the

benefits and importance of Division 18. Ultimately, the goal is to coordinate this recruitment campaign with all sections of the Division. Also, a few of the sections have started the process of section oriented membership committees. It is believed that starting at the ground level with regard to recruitment and retention will be productive. Other efforts to increase membership and retention

include personalizing initial contacts with potential members (e.g., sending individual as opposed to mass emails to APA provided contacts) and creating a student specific webpage. Our APAGS representative, Jon Mandraccia, is coordinating a meet and greet event this year at APA as well as maintaining consistent access with all student members.

PSYCHOLOGISTS IN **INDIAN COUNTRY** SECTION REPORT

Lisa Rey Thomas, PhD (Tlingit)

Greetings and hope this newsletter finds you well. This article provides a brief update on Psychologists in Indian Country (PIC) activities.

In the winter 2007 newsletter, I put forth some ideas for the PIC. These include: (a) re-visiting our section by-laws for potential revision and updating, (b) instituting a chair-elect position to allow for a smooth transition in leadership and to improve consistency of our work, (c) developing a list of our members that reflects the work that we do and the resources we might offer in response to needs and queries (e.g. a speakers list to address particular topics), (d) building bridges and collaborations between PIC and other AIAN professional organizations within and outside of APA, and (e) increasing and diversifying our section membership. I hope to address some of these issues at APA in August 2008. Specifically, I hope that members will consider running for the chair-elect position, volunteer for committee membership to review and update our by-laws, and develop a resource list of PIC members with expertise and interest in various topics. The date, time, and location of the Psychologists in Indian Country section meeting during APA will be announced some time

in late July and I hope you can attend.

Since the last newsletter, at least two of our members have become involved in important activities within the APA. Dr. Joseph Stone was appointed to an APA Presidential Working Group on Child Maltreatment Prevention through Community Health Centers to produce a report that will identify promising strategies and practices to prevent child maltreatment through the integration of behavioral health care into community health centers. We are grateful to Dr. Stone for his willingness to serve on this working group to insure that there is a Native voice at this table. Second, Dr. Connie Hunt is representing PIC on the Div 18/Alliant International University (CSPP) RxP Initiative. The goal of this initiative is to develop funds for scholarships for advance psychopharmacology training to public service psychologists in support of prescribing in rural and underserved areas.

Finally, I recently sent out a link to a brief survey for PIC members. The goal of the survey is to better understand the needs and resources of our members and to document both what is working and what is not working and how the section can be more respon-

sive to our members. Fifteen PIC members responded (thank you very much!) and provided valuable information. However, as this only represents 17% of our membership, I would like to send another request to members to respond. Please respond to the link below and look for a summary of the survey results in the next newsletter. http://www.surveymonkey.com/s.aspx?sm=Izl_2fx78N48Ssr9iXNLJGRg_3d_3d

I would like to invite PIC members to submit brief pieces about the work you are doing or issues that are critical to our section for future newsletters. Please feel free to contact me at lrthomas@u.washington.edu to submit these. Also, I encourage you to submit articles to the Division journal, *Psychological Services* that are relevant to those of us working in Indian Country. It is important to share the work all of you are doing.

Once again, thanks to all of you for the critical work you do in Indian Country. I'll look forward to hearing from you soon.

Gunalchéesh



Student Representative

SECTION REPORT

By Jon Mandracchia

I want to start off this column by addressing all of the students who recently finished the internship match process. I know this process can be anxiety provoking and exhausting. For those who have obtained an internship placement, please accept my congratulations! I hope your internship experience will provide you with excellent training in psychology. For those who did not obtain an internship placement for next year, I hope that you will have opportunities to continue your training and further your professional development.

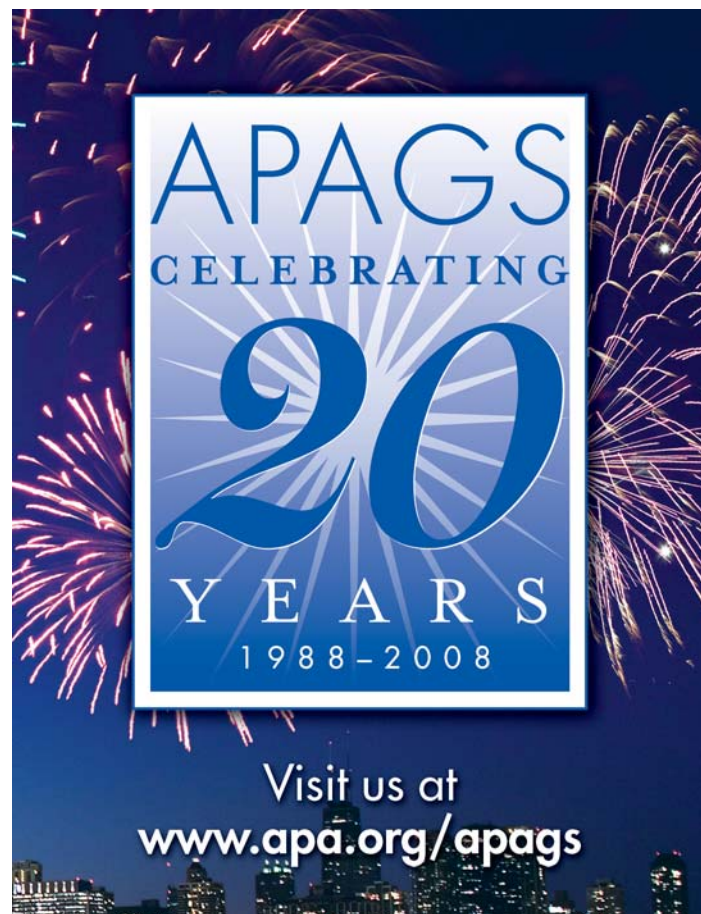
Plans are in development for the annual convention of the American Psychological Association, to be held in Boston in August. For students, Division 18 will undoubtedly offer many exciting activities, including symposia and paper and poster presentations. In addition, the social hours will provide opportunities to meet academics and professional psychologists who work in public service settings. I am in the process of organizing an activity specifically designed for the benefit of Division 18 student members. In the past, Division 18 student events have included a student social hour, a student-oriented breakfast, and special student-oriented meetings (e.g., the process of publishing research hosted by members of the editorial board for the official publication of Division 18, *Psychological Services*). Make sure to check the convention issue of the newsletter, as there will be more will come on this event.

Progress has been made and work continues in the development of the Division 18 student website. The

practicalities, including layout and design, of the student website are well underway. Specific content to be included in the student website, however, has yet to be fully identified and obtained. The intent of the website is to provide students with interests in public service psychology with information and resources relevant to their training and development as psychologists in this field. I appreciate the suggestions and comments I have received from students regarding potential content for the student website. Please continue to contact me (jon.t.mandracchia@ttu.edu) with any new or

additional suggestions for content and if you would like to volunteer to work on its development. Again, thank you to Jason Cooper, Monica Roy, and Bret Moore for their continued efforts in the development of the student website.

As always, students, please contact me at the above e-mail if you have any questions or concerns related to Division 18 activities or opportunities. I also encourage all members of Division 18 to contact me if you have ideas that will benefit the student members of Division 18.



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www.apa.org/apags



NEWS FROM PSYCHOLOGICAL SERVICES...

THE APA JOURNAL OF DIVISION 18

SHELIA BRANDT, PSYD, LP

As you are all aware, Division 18 has established a Psychological Services Institutional Subscription (PSIS) task force. This group is working with others within the Division to assist **ALL** of us in reaching our goal of increasing institutional subscriptions of our division journal. We **MUST** get 40 new subscriptions during this year to remain financially viable but if we obtain 100, the journal will actually yield a profit for the Division. The PSIS task force serves as a brainstorming and coordinating group, but it is the responsibility of membership to make this happen!

Some actions that ALL members can take to increase institutional subscriptions include:

1) **“Asking!”** Simply asking the institutional librarian or person making subscriptions decisions to purchase *PS* can be very effective. Sometimes, it is just as easy as being the “squeaky wheel.”

2) **“Exchanging”** Given that many institutions have limited budgets, a member can offer to provide training or education to an institution and in lieu of accepting a fee, the professional asks the receiving agency to purchase a subscription to *PS*.

3) **“Donating”** Consider contacting your alma mater (or current academic affiliation) and donating a year print subscription of *PS* with the challenge that the institution pick up the subscription next year.

4) **“Highlighting”** For institutions which have published authors in *PS*, having a print copy of *PS* can be a useful recruiting tool. When potential applicants apply for employment, “showing” them that your agency really supports research and publication is a strong recruiting incentive.

5) **“Selling”** When purchasing resources, everyone wants to ensure the resources will be used. Do you know that *PS* is one of the top three most widely used APA journals? According to the APA publications office, our articles are utilized three-times as often as they are available! Division 18 psychologists are the “experts” for work in the public sector. When was the last time you told someone that??

Please promote the journal using some of the information found on the Division web site, <http://www.apa.org/divisions/div18/>, or contact Shelia Brandt, PsyD, LP at shelia.m.brandt@state.mn.us for more information.

Fellows Committee Report March, 2008

Joe D. Alford, PhD, ABPP

APA Divisions submit completed fellowship applications by the first Monday in February of each year. We submitted two applications from Division 18 last month, and we have begun to work on preparing next year’s applications. We have three people working on their applications now, but we need more! I would particularly like to encourage applicants from our

newer sections. We have picked up some new Fellows from the Criminal Justice Section in recent years. We need to get some applicants from the Police and Indian Country Sections. Of course, we will continue to welcome applications for fellowship from all of our sections. If you are even just thinking about applying for fellowship, please contact me. I will be happy to describe

the process to you and answer any questions you may have. I look forward to hearing from some of you.

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Report of
APA Council Meeting
February 2008

By Kathleen M. McNamara, PhD, ABPP and
 Walter E. Penk, PhD, ABPP

The first session of the 2008 APA Council of Representatives was held in Washington during February, with Drs. Walter Penk and Kathleen McNamara representing the Division as voting members of the Council. While sleet and freezing temperatures were the norm outside the hotel where the Council was meeting, the more than 160 members of Council carried out their duties as stewards of the Association with a collegial, sometimes warm, on occasion humorous, but almost never heated, discussion and debate of the important aspects of the issues before them.

A number of the major issues addressed which are likely to be of particular interest to the Division membership are issues which you have found in this report consistently over the past several years. At the top of that list was the most recent action to further clarify APA's policy on torture and interrogations, removing any basis for the objections that the 2007 resolution was unclear or contained loopholes. As summarized by APA's Executive Director for Public and Member Communications, Rhea Farberman, "In an on-going effort to communicate the association's strict prohibition against torture or other forms of cruel, degrading or inhumane treatment, at its Feb. 22-24 meeting, the APA Council of Representatives adopted an amendment to its 2007 resolution on torture to more clearly express APA's

no-torture, no exceptions policy." We are including the new language, which replaces a section of the Council's 2007 statement, for two reasons in particular. First, it is important that our membership be informed about what APA is doing, and as a consequence of being accurately informed, be more able to speak in an unequivocal manner about what the position of organized Psychology is on such a critical issue for our society. However, by seeing first hand what the new language is, it is hoped that our members who may have had concerns that APA's policy would be so broad as to adversely impact upon their day-to-day responsibilities as public service psychologists. Consequently, the new language follows, and the entire Resolution can be found at www.apa.org/governance/resolutions/councilres0807.html.

"Be it resolved that this unequivocal condemnation includes all techniques considered torture or cruel, inhuman or degrading treatment or punishment under the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment; the Geneva Conventions; the Principles of Medical Ethics Relevant to Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detainees Against Torture and other Cruel, Inhuman, or Degrading Treatment or Punishment; the Basic Principles for the Treatment of Prisoners; or

the World Medical Association Declaration of Tokyo. An absolute prohibition against the following techniques therefore arises from, is understood in the context of, and is interpreted according to these texts: mock executions; waterboarding or any other form of simulated drowning or suffocation; sexual humiliation; rape; cultural or religious humiliation; exploitation of fears; phobias or psychopathology; induce hypothermia; the use of psychotropic drugs or mind-altering substances; hooding; forced nakedness; stress positions; the use of dogs to threaten or intimidate; physical assault including slapping or shaking; exposure to extreme heat or cold; threats of harm or death; isolation; sensory deprivation and over-stimulation; sleep deprivation; or the threatened use of any of the above techniques to an individual or to members of an individual's family. Psychologists are absolutely prohibited from knowingly planning, designing, participating in or assisting in the use of all condemned techniques at any time and may not enlist others to employ these techniques in order to circumvent this resolution's prohibition."

In another area which will not be new to the readers of this Report, the Council again took action to affirm the commitment of the APA to diversity. In August, Council voted to send a By-Laws change to the membership for approval which would have added four new voting seats to Council, one for each of the four major ethnic minority societies - the Asian American Psychological Association, the Association of Black Psychologists, the National Latina/o Psychological Association, and the Society of Indian Psychologists. That proposal did not survive after the full membership had the opportunity to vote. Given that Council with its diverse representation of States, Divisions, Territories, and Provinces was almost unani-

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mous in its support in August 2007 and again at this meeting, the failure of the issue to pass the full membership lead to speculation as to what was not clearly understood. Information slides which could be adapted for presentations to any number of constituent groups have already been developed. The new ballot will be mailed in November. As Ms. Farberman states, "This ballot will be a second opportunity for the membership to consider this issue; the Council strongly supports the addition of these seats and plans to include more information for the membership with this second ballot. Adding these seats would be outside the regular council representation apportionment process; no current or future division or state representation would be at risk for losing their seats due to the addition of these new seats." The Division will be proactively working toward passage, and you can expect to see more information as the time for the next vote (November) approaches. In the meantime, if anyone has questions or concerns, either Dr. Penk or McNamara will be happy to discuss them with you (see Division web page for contact information).

As a follow-up to an agenda item that was initiated in good part due to the interest and efforts of one of your former Council members (Dr. Terry Keane), Council approved Division 56 (Trauma Psychology) as the most recent of APA's permanent divisions.

Council was not consumed with only revisiting issues which had been addressed already. To the contrary, there were a number of quite substantive areas where action was taken to move the Association forward. One of these actions was to adopt a Resolution on the American with Disabilities Act, which reaffirms APA's policy on disabilities, strengthens the association's posi-

tion on the law, and enables the association to pursue disability-related activities at the federal and state levels. An addition action would involve another By-Laws change. The Council decided to send to the full membership for a vote a proposal making the member of the American Psychological Association of Graduate Students (APAGS), who presently attends the Board of Directors meeting but cannot vote, a voting member of the Board. To all of our valued student and early career psychology members, the Division and its two representatives on Council are quite supportive of this decision, and we are eager to hear from you about the issues to which APA and this Division should be attending if we are to leave your generation with something better than when we started.

Council had an opportunity for the first time to see the report prepared by one of the groups working on a Presidential initiative of former APA President Sharon Brehm. The 2007 Presidential Task Force on Integrative Health Care for an Aging Population. The report, *Blueprint for Change: Achieving Integrated Health Care for an Aging Population*, can be found in its entirety at <http://www.apa.org/pi/aging/blueprint.html>. The Task Force was co-chaired by one the Division's members, Dr. Antonette Zeiss. The Report "outlines the challenges to providing integrated health care as well as some proposed solutions." It addresses issues which arise from a health care system in which "older people are disadvantaged by care which is not sensitive to multiple morbidities." A model for integrated interdisciplinary health care is included, and over 40 recommendations close out the Report.

Council also approved money from its Discretionary Fund to support a meeting of a task force charged with

developing an APA designation process for postdoctoral psychopharmacology education and training programs. The structure recommended by this Task Force would need to outline minimal standards of program quality, and provide a suggested composition for body which would oversee and implement the system for review and approval.

Following up on one of the seven recommendations which were included in the report from the 2006 Presidential Task Force on Military Deployment Services for Youth, Families, and Service Members, Council provided funds from its discretionary monies to help cover the costs of a meeting of a new Presidential Task Force on the Psychological Needs of U.S. Military Service Members and their Families. The goal for this new Task Force will include laying out a long term plan of action as to how APA can assist in the delivery of mental health services to these populations.

While there were many other agenda items covered by Council, in the interest of space and preventing information overload, we will only mention these highlights. However, we would like to take this opportunity to ask each of you to respond to the inquiry from the Chairperson of the various sections to which you belong when you receive that e-mail asking for priorities. We would like to introduce agenda items for APA action that come from those who are in the trenches. So, we need your input - answer the Section Chair's e-mail. And, as we have mentioned before, if coming to the Convention in Boston in August, don't forget to stop by the Council meeting and observe your governance group at work!! We look forward to seeing many of you in Boston!



EXCITING CHALLENGES LEAD TO UNIQUE OPPORTUNITIES

Pat DeLeon, PhD, MPH, Former APA President

If truth be known, public service psychologists have fascinating lives. Professionally, we are only limited by our vision, enthusiasm, and willingness to remain focused upon our individual agency's underlying mission. Public beneficiaries often provide unique and challenging opportunities. At the same time, governments (i.e., both state and federal) possess financial, technical, and personnel resources that are simply unavailable in the private sector. The federal government's increasing investment in cutting-edge computer technology, telehealth capabilities, virtual realities, as well as the resources necessary to effectively respond to natural and other disasters is unmatched anywhere in the world. Each of our nation's health professional training disciplines have historically relied upon the public sector for their students' clinical placements. State and federal legislators - not to mention progressive labor unions for some of our colleagues - appreciate that they are ultimately responsible for providing the necessary resources, as well as ensuring productive and satisfying working environments.

Perhaps most exciting are the clear signs that the public sector is increasingly providing a real opportunity for creative visionaries to develop (and evaluate) unprecedented holistic-oriented healthcare environments which will be consumer-focused and based upon critical public health principles. "How else can we ever hope to curtail the ever-escalating costs of health care or take care of our new and growing generation of senior citizens?" public health experts would ask. Those colleagues interested in the history of the expansion of non-physician scopes of practice will appreciate the historical (and ongoing) opportunities for all dis-

ciplines to demonstrate their clinical competence, based upon their core training and objective measures. Our nation's federally qualified community health centers and the Department of Defense (DoD) psychopharmacology training initiatives (RxP), for example, are providing our next generation with the opportunity to obtain innovative and highly exciting interdisciplinary (i.e., collaborative) clinical experiences, leaving behind traditional isolated professional "silos." The February *APA Monitor* story describing the efforts of the U.S. Public Health Service to bolster the number of PHS Commissioned Corps officers at military hospitals represents another exciting opportunity for our new graduates. I am, of course, acutely aware of organized medicine's continuing efforts to "turn back the tide" and remain "captain of the ship." However, I am confident that the 21st century, with its new generation of educated consumers and highly trained and articulate non-physician providers embracing the unprecedented advances occurring within the communications and computer fields - such as electronic health records (EHRs) - will make their quest herculean, if not impossible.

Our Special Rural Responsibility: A long time friend and professional colleague, who has also served extensively in the public sector on Capitol Hill, has gone on to administer several rural health initiatives, most recently as Chair of the Center for Rural Health at the University of North Dakota. Mary Wakefield is a member of the Institute of Medicine (IOM) and served as chair of their 2005 report *Quality Through Collaboration: The Future Of Rural Health*. "In too many ways, rural communities have been at the margins of the health care quality movement. Most quality initiatives in the United

States have been developed with urban health care features in mind and as a result have not always been directly applicable to rural health care settings.... For example, inpatient care in rural hospitals is often a smaller part of the total set of services than is the case in urban hospitals. Smaller case volumes and long-standing shortages of key health care services, such as those for mental health and substance abuse, draw a mix of providers different from the norm in urban settings. Historically, moreover, the financing of rural health care has been a particularly fragile endeavor.... While acknowledging these challenges, the [IOM] has charted an agenda for rural communities that fulfills the six aims set forth in the 2001 IOM report... of making health care safe, effective, patient-centered, timely, efficient, and equitable. This agenda also reflects the need to improve both the quality of personal health care and the health of the rural population as a whole, as well as to apply the newest tools available, such as information technology, to the work of delivering high-quality care in rural settings.... Among the profound changes needed to achieve these aims are that information technology must play a central role in support of the delivery of care...."

"Rural America is a vital component of American society. Representing nearly 20 percent of the population, rural communities, like urban landscapes, are rich in cultural diversity. From the Native American Indian tribes and Hispanic communities of the southwest, to the African American communities of the Mississippi Bayou, to the Amish settlements of Pennsylvania, to the European descendants of the Great

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Plains, rural communities are home to many of the earliest Americans, as well as more recent immigrants. Rural communities are heterogeneous in other ways as well, differing in population density, remoteness from urban areas, and economic and social characteristics.... In many respects, rural communities have been on the periphery of discussions of national health care quality. A roadmap for applying the quality agenda now evolving at the national level to sparsely populated areas is needed.... The IOM committee also wants to draw special attention to the very limited availability of mental health and substance abuse services in many rural communities, which is likely attributable in part to a lack of adequate funding. The committee recognizes that this is a complex area. The mental health needs of populations are diverse, and mental health care services are provided in both general and spe-

cialized settings and by a plethora of health care professionals."

Mary's committee is aware of a wide range of interventions that are available to improve health and health care in rural America and points out that priorities for implementation are not yet clear. There is a significant need in rural communities, and especially in those interested in health systems redesign, for leadership training and learning from the efforts of others that have been successful. Workforce training should ensure that all health care professionals master the core competencies of providing patient-centered care, working in interdisciplinary teams, employing evidence-based practice, applying quality improvement, and utilizing informatics. Telehealth capabilities possess particular potential for providing outstanding teaching and mentoring opportunities for our senior

colleagues. In so many ways, our nation's rural communities can serve as living laboratories for social change.

As psychologists and as behavioral scientists, we should be particularly sensitive to the fact that our future is directly tied to our research and knowledge dissemination efforts. Accordingly, the associate editors of our Division's journal *Psychological Services* (Shelia Brandt, Leon Green, Jill Oliveira, Morgan Sammons, Gary VandenBos) and I strongly urge you to commit your experiences to print and submit an article to the journal, especially sharing relevant data. It is critically important that we communicate with each other, across programs and institutions, about the lessons we have learned in serving our public beneficiaries.

Aloha.

Prescriptive Authority *Moving Forward*

Continued from page 1

of our opponents, the evidence is clear that prescribing psychologists are safe and effective providers of care.

Over the last year I've had the opportunity to meet with legislators in Georgia and Missouri in support of prescriptive bills. In the past those conversations often focused on whether prescriptive authority is just a guild issue, or why psychologists don't just go to medical school if they want to prescribe. This year I've been struck by how often the conversations revolve around access to care, particularly in rural settings, and how often it is the legislator who raises the issue. Where I've usually expected to spend our entire conversation explaining why prescriptive authority for psychologists is a good idea, increasingly the topic is how to address the roadblocks to getting the prescription pad in the hands of the psychologist. I know similar conversations are

underway in a variety of public service settings as well, and hopefully will bear fruit in the near future.

One particularly intriguing development has me particularly excited. This is due to the pioneering work of Mario Marquez, president of Division 55, and Beth Rom-Rymer, who organized the most recent Division 55 midwinter meeting. The meeting also served as the pilot of an innovative approach to lobbying at the state level. On the first day of the Missouri legislative session, a group of us who are knowledgeable about the arguments for RxP, and who have experience talking with legislators, joined with local psychologists who had never been involved in lobbying before. With support from APA Practice Directorate staff, we spent a day visiting the members of the Missouri legislature. We were RxP tag teams. The visitors from out of state talked about how to approach legislators, at first began the discussions, and fielded the tougher questions. The locals cemented the points with examples from the legislator's own district, and increasingly over the course of the

day took the initiative in starting the conversation. What was particularly exciting was the inclusion of a number of graduate students, many of whom had never considered the political context of professional psychology. Since then some of those who flew in have continued to provide tactical support to the local efforts.

It was an energizing day, and has contributed tremendously to the effort in Missouri. It looks very likely that the bill will pass through the legislature this year. More broadly, the pilot also offers a model for future legislative efforts in psychology in general. We have historically been lousy at advocating for ourselves, and for the populations we serve. There are undoubtedly several reasons for this, including the failure in graduate training to acknowledge the economic and political factors that define our profession and the types of people who are drawn to psychology. What we hope is that this pilot will be the starting point for a larger program to involve psychologists more in the political process. Then perhaps we will really get on the move.



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THE AMERICAN PSYCHOLOGICAL ASSOCIATION DIVISION OF PSYCHOLOGISTS IN PUBLIC SERVICE

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

Public service psychologists are practitioners, researchers, university professors, legislators, 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)

Address:

_____ (Street or PO Box Number)

_____ (Town/City) (State/Province)

_____ (Zip) (Country)

Phone: _____

Fax: _____

E-mail: _____

APA Membership No: _____

Education: _____

(Highest Degree)

_____ (Date of Degree)

Membership Status Requested:*

_____ Member _____ Affiliate

_____ Associate _____ Student

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

Interactive Listserv: _____ Yes, _____ No

Broadcast Listserv: _____ Yes, _____ No

(Official announcements only, not interactive)

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

_____ Community and State Hospital

_____ Criminal Justice

_____ Psychologists in Indian Country

_____ Police and Public Safety

_____ Veterans Affairs

Membership Dues:

The Division 18 annual membership dues are \$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 Bret Moore, Psy.D., 9597 Jones Road, #218, Houston, TX 77065. Further information may be obtained by email at bret.moore@us.army.mil.