Seeking Support and Knowing What to Ask — Mona A. Robbins, Tori Knox-Rice and Kilynda Ray

Integrating LGBTQ+ and Spiritual Identities: A Brief Review of Recent Literature — Krystal Stanley
Independent Practitioner

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Focus on Ethics
A Rebuttal to Dr. Shapiro — Bruce Borkosky
Response to Dr. Bortkosky — David L. Shapiro

Focus on Diversity
Integrating LGBTQ+ and Spiritual Identities: A Brief Review of Recent Literature — Krystal Stanley

Focus on Clinical Practice
Seeking Support and Knowing What to Ask— Mona A. Robbins, Tori K. Knox-Rice, and Kilynda Ray

Focus on Policy
“And When the Night is Cloudy, There is Still a Light that Shines on Me” — Pat DeLeon

From the President
President’s Column — Laney Ducharme

Opinions and Policy

Division News and Notes
Division 42 Board of Directors Endorsement Recommendation for APA President Elect
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Fall 2021

Independent Practitioner

Table of Contents

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Dear 42 Colleagues and Friends

I can’t believe the summer is over. Most kids have returned to school, many wearing masks but most grateful to be back in an actual classroom.

The APA convention was virtual and I hope many of you had an opportunity to view some of the wonderful programs that Amy Van Arsdale, our convention chair, put together for us. This is an overwhelming and rather difficult job so I really want to give a very big thank you to Amy!

It was wonderful to see many of you at my presidential address/social hour during the convention and the regular division social hour. I loved hearing what you are all doing, your worries about in office practice vs Telehealth, and sharing stories about earlier happenings in our division. Apparently, we had great beach towels, mouse pads and mugs for sale. We learned that most of us are getting better at technology and that technology is now part of our work experience.

The APA convention was quite exciting, with an attendance of 9391 colleagues from 95 countries. Although I definitely did miss the all-important personal interactions, the format allowed me to attend more “main stage” lectures and social events, such as Divisional social and business meetings, and the Friends of the American Psychological Foundation (APF) reception which always seem to be scheduled at conflicting times. This year, hosted by Terry Keane, APF heard from Beverly Daniel Tatum, former University President and author of “Why are all the Black Kids sitting together in the cafeteria?” Of course, in our “new normal” technology era, there were various minor technical difficulties making access at times a challenge (self-centered e-bombers, for example, forcing last moment changing of access links); nevertheless, once again former APA President Phil Zimbardo exceeded the allowable room limit.

Division 42 is proud to be a Premier Level sponsor of the 2021 National Practice Conference November 4-6 in Washington D.C. This is an amazing conference that truly focuses on practice. I hope that many of you will be able to attend.

It is very hard for me to believe that my term as your Division President will be coming to an end. This has been quite a year. It has been a true honor to serve in this capacity. I know that I have grown both personally and professionally. I am happy that my presidential initiative to get approval for home study CE’s has been accomplished. I served on the search committee with incredible individuals to find a new Division Administrator to guide us and keep us on track and in line! We have started an International task force and begun having zoom meetings to allow members to see each other face to face and talk about the incredible challenges we have all faced because of Covid. I plan to continue these meetings through the end of my term as these Covid challenges are far from over.

Again, I want to thank you all for the opportunity to work with so many of you and serve as your division president. I wish you all the very best health, happiness, and success in whatever endeavors you choose to pursue!

Laney

President’s Column

Laney Ducharme

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Opinions and Policy

“And When the Night is Cloudy, There is Still a Light that Shines on Me”

Pat DeLeon

The 2021 APA Virtual convention was quite exciting, with an attendance of 9391 colleagues from 95 countries. Although I definitely did miss the all-important personal interactions, the format allowed me to attend more “main stage” lectures and social events, such as Divisional social and business meetings, and the Friends of the American Psychological Foundation (APF) reception which always seem to be scheduled at conflicting times. This year, hosted by Terry Keane, APF heard from Beverly Daniel Tatum, former University President and author of “Why are all the Black Kids sitting together in the cafeteria?” Terry noted: “We are funding approximately 5-10% of our submissions. For the COVID-19 Visionary Grants we received 203 applications and were able to fund just two $20,000 awards. There were dozens more deserving of our support. For the Evans Minority Scholarship, we received more than 75 applications for a single scholarship funded by Arthur and his family.”

Of course, in our “new normal” technology era, there were various minor technical difficulties making access at times a challenge (self-centered e-bombers, for example, forcing last moment changing of access links); nevertheless, once again former APA President Phil Zimbardo exceeded the allowable room limit.
Wednesday night kicked off with Chief Advocacy Officer Katherine McGuire’s Psychology PAC social event, featuring Congresswoman Judy Chu, a graduate of the California School of Professional Psychology, who has served in the U.S. House of Representatives since 2009. One of her express priorities was obtaining psychology’s recognition under the Medicare “physician” definition. The Congresswoman also serves as the Chair of the Congressional Asian Pacific American Caucus on Human Rights and International Humanitarian Law. Chu, a graduate of the California School of Professional Psychology, has served in the U.S. House of Representatives since 2009. In 2011, Chu was an honored Speaker at the long awaited Mineta-Simpson Institute’s 2011 Grand Opening. On a personal note, her express priorities was obtaining psychology’s recognition under the Medicare “physician” definition. The Congresswoman also serves as the Chair of the Congressional Asian Pacific American Caucus on Human Rights and International Humanitarian Law.

Throughout the three day convention, President Jennifer Kelly and CEO Arthur Evans were constantly engaging with the membership. Key elements of Science and Clinical expertise to address the complex issues surrounding Social Justice, Health Disparities, Institutional Racism, not to mention the increasingly devastating mental health impact of COVID-19. During Jennifer’s Welcoming Ceremony and Presidential Address, she passionately urged colleagues to get personally involved in addressing society’s most pressing needs – her showing of the “Sounds of the Sidewalk” graphically highlighted the despair of America’s homeless – as well as the importance of her Task Force’s broader population-based approach to Health Equity, emphasizing the Social Determinants of Health. On a more poignant note, the Mineta-Simpson Institute’s 2011 Grand Opening. On a personal note, her express priorities was obtaining psychology’s recognition under the Medicare “physician” definition. The Congresswoman also serves as the Chair of the Congressional Asian Pacific American Caucus on Human Rights and International Humanitarian Law.

It Is Important For The Past To Inform The Future: Shirley Higuchi, APA Senior Director of Legal and State Advocacy and Chair of the Heart Mountain Wyoming Foundation: “The Heart Mountain Wyoming Foundation (www. heartmountain.org) operates an award-winning museum on the site of the camp where 14,000 Japanese Americans were incarcerated during World War II. Located between Cody and Powell, Wyoming, the museum hosts dozens of school groups and conferences, including two weeklong workshops for educators sponsored by a grant from the National Endowment for the Humanities.

“But, the foundation has started a new venture – the Mineta-Simpson Institute, which bears the names of Norman Mineta and Alan Simpson. Mineta was an incarcerated from San Jose, while Simpson was a boy from Cody. They met as Boy Scouts during a jamboree at Heart Mountain. They renewed their friendship as Members of Congress. Mineta a liberal Democrat and conservative Republican Simpson would work together to pass the 1988 Civil Liberties Act, which issued an apology for the Japanese American incarceration and paid each surviving incarcerated $20,000.

“I am pleased to lead this initiative such that once completed, the Mineta-Simpson Institute will host conferences, educational programs, exhibitions, leadership programs, and partnerships to find common ground in the spirit of Norman Mineta and Alan Simpson. Heart Mountain has collaborated on various events with APA, including CEO Arthur Evans visiting Heart Mountain as part of a Wyoming Psychological Association annual conference and speaking at a retirement celebration hosted by the Chair of the APA Commission on Accreditation (CoA), Georita Frierson and members of the CoA work group on master’s accreditation, which was chaired by Ellen Koch, who hosted a webinar to provide background and an update on their efforts and to answer questions. Now that the APA Council of Representatives has approved the standards for accrediting master’s programs the CoA is busy developing the educational policies and procedures that need to be put in place before programs can be accredited. In fact, there is an open call for comments until October 15, on several accreditation policies for what is known as implementing regulations. Questions came up at the town hall about individuals who practice at the master’s level with a psychology degree and any actions APA might be taking. It was noted that the Board of Educational Affairs has also approved a work group to recommend an appropriate master’s title and scope in health service psychology. These efforts will be coordinated with other efforts to develop an updated competency model at the doctoral level in health service psychology and another for those trained at the master’s level.”

Joel Dvoskin served as President of Division 18 (Psychologists in Public Service) in 1999. “When I was privileged to serve as President, it was clear to me that the Division’s only significant limitation was the absence of a Division journal. Our members were doing and writing about some truly amazing work in criminal and juvenile justice organizations, state hospitals and community mental health centers, Indian country, and, of course, the VA. But when our members wrote about their research and programming, their work was class scholarship was published in journals belonging to other Divisions, other organizations, and other professions. Our outstanding Executive Committee (EC) wanted public service psychology to be recognized for its vast array of contributions to populations that are all-too-often badly underserved. I was aware of all the ways that a
journal can benefit an APA Division. One obvious benefit is financial; but more importantly, it was important to give public service psychologists a home to which they can submit their research and scholarship. I knew that a Division journal can help a Division to define and market itself, and in turn attract new members. Of course, getting the EC to agree to start a journal was the easy part. The more challenging and important work was to be left to future Presidents and Executive Committees, who carefully nurtured our fledging journal. The rest, as they say, is history. Our editorial team and all of its contributors have made Psychological Services into one of APA’s most respected and popular journals. Every year, its readership and submission rate, scholarly Impact Factor, and financial contribution to the Division has continued beyond our wildest expectations."

James Fitterling: “After 25 years of service in the Department of Veterans Affairs and nearly 10 years at the University of Alaska Anchorage, I am finally enjoying my retirement up here in Alaska. I have found a nice balance between spending time in the outdoors while continuing select involvement as a licensed psychologist, providing occasional training workshops mostly in motivational interviewing. However, the ‘work’ that gives me the greatest joy and satisfaction is my volunteer work at the Anchorage Gospel Rescue Mission. As a licensed psychologist, I provide clinical supervision and training to masters and doctoral students who choose to complete a clinical practicum in a faith-based agency at the University of Alaska Anchorage. Most rescue missions (including this one) cannot afford to hire or contract with mental health service providers – a sad irony, given that they serve such a challenging and needy population. However, by utilizing volunteers, the rescue mission can provide psychological services to these clients and demonstrate their willingness to partner with the local university to do so. The clients, who in addition to struggling with chemical dependency and often comorbid serious mental illness, have multiple medical problems, have no job, home, family, or social support. I have witnessed remarkable changes in the clients that my students have served over the past several years.

“A special benefit to this work is to see the profound impact that the clients have had on the practicum students. These students, who have never worked with this population previously, have had a chance to get to know these men and women personally. Rather than seeing a person on the street corner holding a cardboard sign, the students get to witness these clients during their most courageous moments of their lives, as they try (again) to rebuild their lives after having lost just about everything – and to be a partner in helping them with their difficult road to recovery in every domain. One of my first students completed a practicum and served as a research assistant on a project examining the impact on rescue mission clients volunteering to build houses with the local chapter of Habitat for Humanity. He was so profoundly impacted that he redirected his focus to adult populations and became an active, contributing member of the rescue mission’s board of trustees. There is a great sense of personal and professional joy and satisfaction in contributing to the development of the next generation of psychologists and masters-level clinicians through their work in serving this special population. Sometimes, it feels as though my work as a VA psychologist (Chief of a Chemical Dependency Treatment Program and Chief of a Homeless Veterans Service) and a university faculty member has been a decades long apprenticeship to prepare me for this valuable and valued – work serving these clients at the rescue mission. “There will be no sorrow, let it be” (Joan Baez). Aloha,

Pat DeLeon, former APA President – Division 42 – August, 2021

Seeking Support and Knowing What to Ask

Mona A. Robbins, Tori K. Knox-Rice and Kilynda V. Ray

Careers are built upon opportunities that help us advance to the next level in our profession. However, the “next level” may be defined differently for each of us and depend on the setting and patient populations with which we work. The type of guidance needed to advance in our careers can also vary, and we may not know exactly where to look for support nor what to ask. Acknowledgement of the need for support happens at different points in our professional journey and may also be influenced by future steps we are contemplating or being encouraged to take. The benefit of seeking support is the development of a transferable skillset that is relevant to everyone no matter where you are stationed in your career, whether early-career or more senior. The question becomes, “what do you now need for your professional growth, and what form of support might you seek to reach your desired goal(s)?”

Support Comes in Various Forms

Mentorship. When it comes to seeking and receiving support, different options or models may exist. The most commonly mentioned support is mentorship, which consists of knowledge, guidance, and advice provided from a designated individual (Cocker & Joss, 2016; Wright & Wright, 1987) to a state of physical and mental exhaustion caused by a depleted ability to cope with one’s everyday environment. Professionals regularly exposed to the traumatic experiences of the people they service, such as healthcare, emergency and community service workers, are particularly susceptible to developing CF. This can impact standards of patient care, relationships with colleagues, or lead to more serious mental health conditions such as posttraumatic stress disorder (PTSD). Mentorship is a familiar experience for those pursuing professional/graduate educational goals as it tends to be recommended to student trainees (Forehand, 2008) the mentoring process is under-appreciated and understudied. This article initially presents an overview of the extant literature. Subsequently, it borrows models from a related but more advanced field of study to stimulate the development of conceptual frameworks for guiding research on mentoring. Until the field progresses from its current state (i.e., an art). However, mentorship is not just for students, nor should it only be considered a helpful resource at the earlier part of your career when establishing one’s reputation is often a priority. Mentorship can be thought

Focus on Clinical Practice

Mona A. Robbins

Tori K. Knox-Rice

Kilynda Ray
of as a life-long endeavor that evolves as a person enters different stages of their growth (Leblanc, 2015) and is now starting to be seen as a competency for educators (Mangione et al., 2011). The relationships formed through mentorship do not have to be limited to one mentor. When speaking with colleagues, some have described having a mentorship circle or team of mentors who each have unique skill sets to offer which diversifies the information you receive from the mentor. The saying, “no one person can be your everything” can be applied to the concept of mentorship. This phase implies understanding that different professionals may be able to cultivate nuanced parts of your identity based on what they notice about you or what information and guidance they are able to offer.

Sponsorship. Another avenue of support that tends to be less discussed in our clinical circles is the benefit of sponsorship. Like mentorship, a sponsor is someone who can help you pivot around the complexities of the job market or suggest opportunities that will set you in a direction that can drive your career forward (Hilsebeck, 2018). A sponsor may not provide you with specific “how-to” steps, but they may have access to and connections with persons that are vital to your development. You might think of sponsorship as a form of promotion, where a person (the sponsor) speaks highly about you in power circles or makes suggestions for whom to contact and how to connect with change agents (Ayyala et al., 2019) the authors coded interview transcripts for thematic content; a coding framework and themes were derived using an iterative process. Results Five themes were identified from 23 faculty interviews (12 sponsors, 11 protégés. Sponsors may not get to know you as well as a mentor nor schedule routine meetings to check-in about progress and performance. Instead, they may possess influence and the ability to create opportunities to advance your career or include you in decision-making capacities where your interests and ideas can be heard.

Advocacy. Having a voice as loud as (or sometimes louder than) your own is key in making change and career moves. An advocate can assist in speaking on your behalf, helping to clarify your intentions, or rallying additional persons to support your mission (Cohen et al., 2012). Many of us trained in the profession of clinical psychology are likely not privy to the arduous work it took to get them where they are. For example, professionals seek out more experienced colleagues for name recognition or just because the connection “looks good” on paper. If you want a connection to be genuine and truly highlight your potential, you will want to be honest with yourself about why you feel a particular person is the best fit for you as a sponsor. Each person and their professional circle can serve a different purpose. For example, some people can provide support for professional development in your discipline, others may aid in understanding the work-life integration you seek, another may connect you with a financial contributor to support a growing business, while someone else may have the best pulse on the social networking events within your community that help you connect with the resources you desire (Cooke et al., 2017; Strong et al., 2013).

Be clear with your ask. A phrase often spoken in the business world is that “time is money.” This expression notes that people value ideas that are likely to produce fruitful results. With this consideration in mind, it is wise to be able to clearly articulate what you want from the person and to establish a timeline for how your work together may develop. Mentors report the frequent challenge of eliciting ideas from potential mentees about what support/help they are seeking which makes it difficult to identify a starting point for goal setting within the mentor-mentee relationship (Korver & Tillema, 2014). To the extent possible, provide examples or an outline of how you see your ideas unfolding. Remember that it is your responsibility to bring a foundation to the planning table for others to help you mold and sculpt your developmental process. These persons also may help to pinpoint your strengths, weaknesses, and blind spots (e.g., such as tunnel vision, overly assertive, or downplaying your assets; Moniz & Dimick, 2021) that can work to foster or hinder your social and professional capital.

Consider what you want before you ask. Decide how you want to use your time in establishing a supportive relationship. For example, the initial phase of finding and following up with a mentor can be time consuming and involve networking or making connections that reach outside of your current social and comfort zones. To maximize the potential for a positive outcome, you want to be sure you understand why you are seeking out someone and how their skills may benefit you. Keep in mind that a supportive relationship is a two-way endeavor and that you too should have something to bring to the table that can entice the person to invest their time in your welfare. Senior mentors and sponsors who have worked in the field longer may have more integrated networking circles than their junior colleagues. Building these connections can help to widen the reach within your professional network and expand opportunities for further growth.

Be honest in your ask. Make sure you are selecting people for reasons that merit ongoing communication and connections. Occasionally, young professionals seek out more experienced colleagues for name recognition or just because the connection “looks good” on paper. If you want a connection to be genuine and truly highlight your potential, you will want to be honest with yourself about why you feel a particular person is the best fit for you as a sponsor. Each person and their professional circle can serve a different purpose. For example, some people can provide support for professional development in your discipline, others may aid in understanding the work-life integration you seek, another may connect you with a financial contributor to support a growing business, while someone else may have the best pulse on the social networking events within your community that help you connect with the resources you desire (Cooke et al., 2017; Strong et al., 2013).

Ask with a gracious heart. Too often we take for granted the time spent by someone to provide mentorship or support for our budding projects. Similarly, we may admire all the outstanding accomplishments of people in our field but are likely not privy to the arduous work it took to get them where they are. For
some, the appearance of overnight success may seem easy to possess if only the “right” connection is made. Others, may be paralysed by fear and worry that they will never be good enough to achieve their identified goals. Either way, extending grace and compassion to those offering support to you and your unique process is imperative for perspective taking. It also is important to keep in mind that professionals are humans too, with lives of their own, just like you. Therefore, be courteous in approaching others and asking for their time, but also mindful of the boundaries you set for establishing these professional relationships. Set expectations that are reasonable and make sense for your lifestyle. If you find yourself unable to maintain commitments (e.g., complete a task or attend a meeting), be honest and revisit your plan. Potential supporters are likely to respect you and be more responsive and helpful to you when you can articulate what you want, are upfront about what you need, can clearly state your plans change.

Support-Seeking Strategies

When seeking professional supporters, you should be aware that each person may express their own style and approach when it comes to providing help. Without clear communication and frequent check-ins to gauge your progress, you may begin to drift away from your larger goal. Therefore, we recommend a few suggestions to keep you on track and to avoid pitfalls that may derail your efforts:

Focus on the primary agenda – Similar to a clinical encounter, have a flexible agenda in mind for the focus of your discussion. Remember the goal and purpose of the support you are requesting. Flexibility in rearranging or clarifying goals is to be expected as part of the interactive process with a mentor but be attentive that you are receiving rather than providing the support.

Be patient with the process – While a blueprint is helpful to navigate your future steps, it is not expected that you will have everything mapped out. Remember to write your goals in pencil—not ink (metaphorically speaking) and be willing to consider alternate paths if your initial plans change.

Understand that feedback leads to growth—There is nothing more uplifting than someone learning about your interests and singing your praises. However, the purpose of having someone review your ideas is to also obtain feedback for enhancement. Consider all feedback provided to you as an opportunity for reflection and growth and assume that feedback is given for your benefit. However, what you do with this feedback will always be your decision alone. Think of feedback as a way to expose areas you had not considered before and use it to fill in missing information or gaps in the bigger picture of your intended path/journey.

Final Thoughts

At the early stages of training, the role of a mentor is to provide guidance and motivation, and to assist trainees in exploring their envisioned career trajectory. No matter what stage of your professional career, the inclusion of support and direction can be of great benefit. There are always additional levels of growth available for your professional and personal development and identifying how to best to move forward can be illuminated with a new set of eyes that see you and your skillset for what it or could become. Whether it be a consultant, mentor, advocate, or close associate, carefully consider the type(s) of individuals that can embark on this journey of continued growth with you.

References


Tori Knox-Rice, PhD, is a psychologist in the Colorado Blood Cancer Institute at Presbyterian/St. Luke’s Medical Center. Kiyinda Ray, PhD, is a licensed Psychologist with the Dallas Police Department and owner of Healthy Families Counseling Center, PLLC

Mona Robbins, PhD, is an Associate Professor and Psychologist in the Department of Psychiatry at the University of Texas Southwestern Medical Center.

I wish to respond to your recent article on the disclosure of test data (Shapiro, 2021). I appreciate the attention to the subject, especially since this topic was the most controversial during the last ethics code revision and the code is again being revised.

First, the author refers to several state laws (such as CA 1396.3) as restricting the disclosure of test data. However, the plain language of these laws state restrict the disclosure of tests, assessment devices, or test materials—not test data. The author may believe that legislators would use the ethics code definitions when interpreting such laws.

Secondly, several of the laws cited are outdated, no longer in force. For example, I was unable to find the text cited for the laws in Arizona (ARS 32-2061-2013), Hawaii (WCHR 16-987), or Montana (Mont. Admin R.24.189.813).

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Focus on Ethics

A Rebuttal to Dr. Shapiro

Bruce Borkosky

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Secondly, several of the laws cited are outdated, no longer in force. For example, I was unable to find the text cited for the laws in Arizona (ARS 32-2061-2013), Hawaii (WCHR 16-987), or Montana (Mont. Admin R.24.189.813).

My review of all 50 states and the District of Co-
lumbia finds that only five states restrict disclosure of test data, under a variety of conditions. For example, Washington prohibits disclosure, but only for parenting evaluations. West Virginia both requires and prohibits disclosure. Florida permits disclosure as required by law (i.e., HIPAA). All states that restrict patient access to test data would most certainly be preempted by HIPAA’s patient access right (45 CFR 164.524).

It is well known that EPPCC Standards 9.04 and 9.11 are both ambiguous and contradictory, regarding the disclosure of test data. Yet, thirty states now rely on the ethics code as a portion of state licensing law. Eight states restrict disclosure of records (including test data) based on various 1992 ethics code rationales (such as prohibiting disclosures to unqualified persons). Finally, all states have statutes that require disclosures of all records to patients, in apparent contradiction to the various statutes and rules restricting records.

Finally, I think it is important to understand that APA’s recommendation regarding disclosures of test data has changed since the EPPCC. The current recommendation (APAPO, 2015) is to redact all preprinted portions of the test protocol prior to disclosure. There are two problems with this recommendation:

It doesn’t actually work. For example, some tasks, such as block design, patient responses are recorded on top of the protocol, so the preprinted portion cannot be redacted without removing patient responses.

It doesn’t solve the problem. The real problem is that some patient responses duplicate or reveal test stimuli. For example, list learning responses duplicate the stimuli. So even if the preprinted portion was redacted, the test stimuli would still be obvious from patient responses.

These problems, of course, leave the problem of test security unresolved.

Finally, and perhaps most importantly, social policy is relentlessly progressing ever more toward granting patients greater access to their records. For example, HHS is resolved to stop providers from delaying or denying access to their records; via the HIPAA Right of Access Initiative, HHS has been sanctioning providers for failing to grant access. The 21st Century Cures Act (2016, P. L. 114-255, 42 U.S.C. 201) expressly prohibits any policy that restricts patient access (calling this ‘information blocking’). Finally, HHS has proposed new rules that will require immediate access to records during appointments. So, for example, it would be contrary to the new rule for psychologists to tell patients ‘let me redact the test data, come back next week’.

In sum, psychologists should recognize that laws and social policy have been changing—patients now have a right to copies of their test data.

References


Response to Dr. Borkosky

David Shapiro

As I often write in these columns, following the law, like psychology is ever-changing based on new knowledge, often impacted by the politics of the day. Laws are created by legislatures, by case precedents where laws are interpreted by judges, and by rules and regulations promulgated by state agencies to help people follow the law.

I differ with Dr. Borkosky’s analysis as I do not see the many laws we must follow with the same degree of clarity with which he does. He states that they are very clear (he speaks of the “plain language” of the laws). I do not see them as clear cut and, in fact, often they are very inconsistent and contradictory. He speaks of legislators not enacting laws and statutes without consulting their psychology boards. I do not believe this is in fact a common practice. Let us take just a few examples. Legislators rejecting prescription privileges for psychologists have been made based purely on politics, not psychological input. Changes in duty to warn laws, making the psychologist legally liable if they do not notify an intended victim, fly in the face of psychological research which has demonstrated that duty to warn laws are large-ly ineffective and, in fact, may increase, rather than decrease risk of violence. Finally, sexually violent predator laws speak of a “mental abnormality” that predisposes an individual to commit violent sexual acts. Not only does psychology not recognize the concept of a “mental abnormality,” research demonstrates that mental health professionals are notoriously poor at predicting future violence.

Dr. Borkosky also contends that “several of the laws I mention in my article are outdated or no longer in force.” I reviewed the statutes from the states referred to by Dr. Borkosky. And, with one exception, could not find any changes in the law that would be consistent with their being outdated or not in force. The only exception appears to be West Virginia, which originally had no rule regarding release of raw data, and now has such a rule. This will be addressed in more detail later on.

In reviewing the statutes, I find no changes in the laws in the very states that Dr. Borkosky cites: Arizona, Hawaii, and Montana.

In contrast to the clarity which Dr. Borkosky asserts, many states, in their rules and laws, have very contradictory statements. For instance, Arizona speaks of release of raw test data, psychometric testing materials, and other information as provided by law “in the same sentence.

California does limit access to test materials, but does not describe what happens to test data. Further, the context is only in regards to reproducing tests in some popular publication; it does not even speak of the more common scenarios of attorneys or courts requesting such data.

While Dr. Borkosky accurately describes the Florida law as needing to release data when required by law, he does not discuss the ambiguity in the law itself. Nor does he cite the rule that was promulgated by the Board of Psychology that restricts a Florida psychologist in releasing test data (“such as test protocols, test questions, assessment related notes, or written answer sheets” to anyone not trained in its proper interpretation. (Florida Administrative Code Chapter64B-19-18.004)
This in my opinion, conflates test data and test materials; while the answer sheets and assessment related notes are clearly test data, the test protocols and test questions are test materials. Here our ethics code is not particularly helpful in guiding psychologists especially when receiving a subpoena from a lawyer.

In Georgia, “those portions of test materials that include client/patient responses are included in the definition of test data.” This makes the law confusing to psychologists because “test materials” usually refer to the test questions, booklets, and stimuli, while data refers to what the client produces.

Montana, in a similar manner, seems to conflate the two: “psychologists----make reasonable efforts to avoid the release of notes, test booklets, structured interview protocols, and raw test data.”

In New Mexico, the definitions of data and materials are also co-mingled. “The psychologist takes all reasonable measures to protect test manuals, testing stimuli, and raw test data from disclosure to those who are not qualified to properly appraise these materials.

I would agree with Dr. Borkosky that West Virginia’s law is very contradictory, and difficult to decipher. It was adopted in 2018 so it did not appear in the resources relied upon in my initial article. This law states: “The term assessment materials refers to test materials; while the answer sheets and change efforts relevant to clinicians in practice. For more information contact: Jeff Zimmerman, PhD, ABPP Editor drz@jzphd.com

Practice Innovations Call for Submissions

We are looking for thoughtful articles relevant to clinicians in practice.

Focus on Diversity

Integrating LGBTQ+ and Spiritual Identities: A Brief Review of Recent Literature

Krystal Stanley

I recently watched a documentary on Netflix called Pray Away that explores the history of ex-gay movements in Christian churches. Ex-gay is a term used both by individuals who are same-sex attracted but who choose not to engage in same-sex relationships and organizations who support these individuals. The documentary highlights the journeys of a few former leaders of Exodus International, the first and largest Christian ex-gay organization in the world until its dissolution in 2013, and a woman who was a spokesperson for the Family Research Council (FRC) who, at that time, identified as ex-gay and spoke out against LGBTQ rights on behalf of the FRC. They speak about the harm of practices used by leaders in Christian ex-gay organizations that focus on helping LGBTQ individuals change their sexual orientation, same-gender attraction or gender identity, as these identities and feelings are viewed by these groups as sinful and pathological. “Conversion therapy”, also known as reparative or reorientation therapy, has been discredited by most major American medical, psychiatric, psychological, and professional counseling organizations (Conversion Therapy, Southern Poverty Law Center). In 2010 the American Psychological Association (APA) published Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts that affirmed same-sex attraction as a normal and positive variation in human sexuality, affirmed that same-sex attraction is not a mental disorder, and also stated that there is not sufficient evidence to support the use of sexual orientation change efforts (SOCE) by psychologists (Anton, 2010). A counter narrative in the documentary features the story of a man, Jeffrey McCall, who previously identified as a transgender woman and who now runs an organization for ex-gay individuals called the Freedom March. His story was interspersed in the documentary, seemingly to highlight that the ex-gay movement persists in the United States.

Two important topics stood out to me while watching Pray Away. The first was the apparent distress that those who were active in ex-gay movements felt in trying to understand and/or reconcile their sexual orientation in the context of their Christian beliefs, such that these feelings prompted the leaders of Exodus International and others around the country to start support groups for others who also were struggling. Many people in the documentary spoke of mental health concerns and substance use/abuse related to their religious/spiritual distress. A particularly poignant moment towards the end of the documentary was footage of a conversation that journalist Lisa Ling arranged between leaders of Exodus International and LGBTQ+ adults who had previously been involved as participants in the organization (i.e., attended conferences or received counseling to change their sexual orientation). They wanted to share with the leaders the emotional difficulties they experienced while undergoing the process of trying to change their sexual orientation and/or gender expression. One ex-participant, when discussing his efforts to change his same-sex attraction, shared,
There exists a wealth of research that explores the stress that some LGBTQ+ folks experience around religion and spirituality, and a few recent articles exploring these topics were covered in special sections of two APA Journals: Spirituality in Clinical Practice and Psychology of Religion and Spirituality. Exline et al. (2021) surveyed a sample of trans and gender non-conforming adults, most of whom were previously religious but had exited their faith traditions, and found that rejection by religious communities, perceiving God as disapproving, and internalized transphobia were predictors of distress. About half of the participants reported some distress (41.3% reported moderate distress and 9.4% reported significant distress), but they found that high levels of intrinsic religiosity and religious beliefs/spirituality were associated with lower levels of distress. Interpersonal support, specifically from heterosexual friends, and self-acceptance were also found to contribute to lower levels of psychological distress. Taken together, the results of these studies indicate that religious LGBTQ+ folks may experience some religious/spiritual distress, but the factors that contribute to and protect against the distress vary among individuals. One drawback to these results is that most of the participants in these studies were White; the authors of each study urge clinicians to understand the unique experiences of religious LGBTQ+ clients rather than to interpret their results as applying to all clients, particularly considering the racial composition of the samples.

The second topic of note from Pray Away is around LGBTQ+ individuals’ participation in religious communities. Many religious LGBTQ+ individuals opt to remain in religious communities; a few studies have addressed the reasons why and the ways that they have been able to reconcile conflicts between their religious/spiritual beliefs and their sexuality and/or gender identity. For example, Foster et al. (2015), based on interviews with 27 individuals (25 of whom were White), categorized the process by which lesbian and gay Christians have been able to reconcile their sexuality and their religious beliefs/spirituality into three interwoven paths: transforming theological meanings, finding safe community, and working for social justice. The first path, transforming theological meanings, may be prompted by a disruptive event such as getting married for the first time or attending a new church, or by experiencing contradictions or inconsistencies between what was being taught in church and behaviors observed or experienced (i.e., religious leaders teaching “God is love” but harshly judging others; experiencing or witnessing prejudice and discrimination). Foster et al. reported that these disruptive events may prompt an individual to dive more deeply into scriptures and/or seek out more diverse views and interpretations of the scriptures to try to reconcile these contradictions. The second path, finding a safe community, might happen in one of two ways: risking coming out (i.e., revealing oneself) mediates psychological distress (e.g., depression, anxiety, and academic distress). Foster et al. further reported that leaving was not an easy decision for the majority of the participants they interviewed, which was something that he was not afforded at a previous church as an out individual. Some participants reported feeling joy in being able to serve communion to their congregation, found joy and healing that is experienced when faith communities, and the researchers identified six themes that arose from their interviews with the participants. Theme One, Profound Loss vs Healing Authentically, addresses both the multiple losses that may occur when coming out or beingouted (including loss of family, supportive communities, identity as a member of a faith community, livelihood, and/or participation in faith communities) and the profound joy and healing that is experienced when LGBTQ+ Christians find affirming faith communities. Theme Two, Fear of Rejection vs Joy of Inclusion, involves experiences of minority stress contrasted with being considered a “normal” member of the community. For example, one participant reported feeling joy in being able to serve communion to their congregation, which was something that he was not afforded at a previous church as an out individual. Some people discussed making compromises, tolerating the space between acceptance and rejection in an effort to find the right faith community; they described creating a hierarchy of importance among their intersecting identities in order to find the right fit. For instance, one Black participant wanted to attend a church where...
their Blackness was affirmed, but this meant that she attended a church where her sexual orientation was not explicitly affirmed. Foster et al. (2021) offer five practical questions as starting points to religious/spiritual exploration with LGBTQ+ individuals: (1) How can I continue participation in a faith community? (2) How can I be a Christian and be gay? (3) How can I participate in a faith community and be gay? (p. 197). Foster et al. believe that exploring these existential concerns is an important resilient-building process for LGBTQ+ folks who are seeking to integrate and reconcile their identities. Foster et al. (2021) identified four domains that LGBTQ+ folks might consider to understand themselves better and to help them make decisions that best align with their values. The domains are: (1) Sexuality: sexual attraction, behaviors, identity, desires, fantasies, emotional preferences, romantic preferences, and expectations of sexual fluidity; (2) Religiousness: beliefs, behaviors, worldview, engagement in community, affiliation (e.g., denomination, church attendance), intrinsic religiousness, and moral values (liberal vs conservative); (3) Homophobia/ heterosexism: beliefs/perceptions of same-sex attraction, are beliefs based on religious conviction vs shame/loathing, attachment (e.g., fears of disappointing others), internalization of positive/negative beliefs; and (4) Family: Family of Origin bond and expectations, heteronormative conceptions of family (pp. 114-115).

Finally, Foster et al. (2021) noted that many participants in their sample received assistance from pastors, friends, and therapists in seeking out new faith communities. They suggest that therapists be knowledgeable about affirming churches in their geographic areas. I would extend this recommendation and suggest that therapists also help clients brainstorm who else might be helpful to them if they are in the process of seeking out a new faith community. This is a great opportunity for them to connect with others and potentially establish relationships with mentors who themselves have navigated the process.

In sum, religious/spiritual LGBTQ+ individuals are a diverse group in terms of religious fundamentalism/conviction, desire for participation in religious/spiritual communities, positive and negative experiences in such communities, and reported distress around reconciling their identities. It is important that psychologists understand the challenges that may be faced by religious LGBTQ+ folks and be mindful that each person’s experience is unique. I recommend that psychologists watch Pray Away as one way to start to understand the experiences of some individuals who have been affected by Christian ex-gay organizations.
Division News and Notes

Division 42 Board of Directors Endorsement Recommendation for APA President Elect

The Division 42 Board would like to thank nominees for APA President-elect who requested endorsement from the Division. The slate of candidates was strong this year and the Division evaluated candidates based on responses to the following:

1. The Division looked at the nominees’ contributions to the practice of psychology, including any positions held and past or current contributions to the Division.
2. The reorganization of the Association into APA (c3) and APA Services, Inc. (APASI; c6) was considered a critical issue affecting the ability to advance, defend, and protect the practice of psychology. Candidates were evaluated on the concrete measures they would take to address significant budget deficits at APA and to continue legislative advocacy that impacts practicing psychologists, particularly considering staff reductions made in June 2020.
3. The candidates were evaluated on their position on and plans to address a) improved transparency of the APA Board of Directors and staff leadership with APA Council and, b) changes, if any, that the nominee would make to the Council Leadership Team (CLT) to make it more effective for the Council of Representatives.
4. The nominees were asked to explain how they would address the effects of the Good Governance Project; particularly, a) the delegation of fiscal and other responsibilities exclusively to the Board of Directors, b) the possibility of boards, committees, Council, convention, Practice Leadership Conference, etc., going remote rather than meeting in-person and, c) the possibility of re-sizing the Council of Representatives so that divisions and SPTAs will no longer be represented.
5. The nominees were asked their input on the accreditation of health service psychology programs at the master’s level and their opinion on how the effort to accredit these programs will impact the professional practice of psychology, particularly current doctoral level psychologists and membership and governance structures of APA.
6. They were asked how they would distinguish between a doctoral level psychologist and a master’s level practitioner.
7. They were then given the opportunity to identify additional vital areas facing the practice of psychology going forward and how they plan to address these during their presidency.

Based on responses the nominees provided to the Division, the Board of Directors has the pleasure of endorsing Dr. Mary Ann McCabe and Dr. Diana Prescott co-equally as first-choice recommendations.

Mary Ann McCabe, Ph.D. Candidate for APA President-Elect

Serving as President of APA would be a continuation of my life’s work, which has been promoting psychology and breaking down silos. As a clinical psychologist and a Fellow of Division 42, it is a great honor to be endorsed for APA President-Elect by this division. I have been practicing for almost 35 years, the majority of those in independent practice, and feel a great sense of belonging in the Division 42 community. Previously the Director of Training in Psychology at Children’s National Health System, I am board-certified in child and adolescent clinical psychology. I have continued to teach integrative psychotherapy to psychology interns for the past 18 years and have been a champion for not only evidence-based practice but also practice-based evidence.

Like most of you, I have been practicing telehealth for these last 18 months. I am acutely aware of the emotional toll that the pandemic and racial trauma have had for both patients and providers. Prioritizing self-care and work-life balance is more important than ever before, and the Division 42 community has been uniquely supportive during these trying times. Looking ahead, we will need continued mutual support as we adapt to a new normal, whether practicing in-person, in a hybrid model, or strictly in telepractice.

My entire career has been promoting professional psychology among other health care disciplines and in health policy. Within APA, I have had strong collaborations across practice, science, education, and public interest. Outside of APA, I have acquired broad and deep experience working with federal and state policymakers, insurers, business, and advocacy groups. As a result, I am positioned to lead both APA and psychology effectively as APA President.

Serving practice within APA, I was a Member of the Board of Educational Affairs on the practice slate (2017-2020), a Member of the Workgroup on Expanded Advocacy (2018), Chair of the Board of Professional Affairs (2013), and Chair of the Committee on Professional Practice and Standards (2010). This governance work, along with lead writer roles for APA policy documents (i.e., Professional practice guidelines: Guidance for developers and users https://www.apa.org/practice/guidelines/developers-and-users.pdf and Guidelines for Psychological Practice in Health Care Delivery Systems https://www.apa.org/pubs/journals/features/delivery-systems.pdf) has positioned me well to understand APA governance related to practice. This pairs with my broader understanding of the practice landscape. As a member of the National Academies Forum on Children’s Wellbeing, I led work on promoting behavioral health through health care reform, including telephone interviews and a workshop with Centers for Medicare and Medicaid Services (CMS), State Medicaid Directors, and state policymakers. In addition, I co-led a roundtable with business groups, including insurers (United Health Care, Aetna, Anthem) and large insurer groups (National Alliance of Healthcare Purchaser Coalitions) to discuss business models for promoting healthy development. This experience built on a prior invitation from APA to meet with the National Business Group on Health (which advises Fortune 500 companies about insurance guidelines/developers-and-users.pdf and Guidelines for Psychological Practice in Health Care Delivery Systems https://www.apa.org/pubs/journals/features/delivery-systems.pdf) has positioned me well to understand APA governance related to practice. This pairs with my broader understanding of the practice landscape. As a member of the National Academies Forum on Children’s Wellbeing, I led work on promoting behavioral health through health care reform, including telephone interviews and a workshop with Centers for Medicare and Medicaid Services (CMS), State Medicaid Directors, and state policymakers. In addition, I co-led a roundtable with business groups, including insurers (United Health Care, Aetna, Anthem) and large insurer groups (National Alliance of Healthcare Purchaser Coalitions) to discuss business models for promoting healthy development. This experience built on a prior invitation from APA to meet with the National Business Group on Health (which advises Fortune 500 companies about insurance
benefits) to advise them as they revised benefit recommendations for children and families. I closely follow APA advocacy work and vigorously support efforts to protect and expand practice protections. Access to psychological services remains the top advocacy priority among those derived from APA member surveys: https://www.apaservices.org/advocacy/accions/advocacy-priorities?h=per. Recent legislative advocacy has led to improved surveillance of compliance with mental health parity on the part of insurers and group health plans. See, for example, https://www.jdsupra.com/legalnews/new-mhpaea-compliance-requirements-faqs-8201188/.

APA will need to continue advocacy work to protect reimbursement for telehealth (including audio-only, and without restrictions on the technology platform or vendor), and to enhance access for under-served and rural communities. We also need to extend coverage for remote access to testing and assessment. Continued advocacy is needed to both protect and expand Medicare rates for psychologists, preserving comparable rates for telehealth and audio-only care as for in-person services. In addition, as the hope for inclusion in the physician definition wanes, we need to advocate for new legislation that ensures we are reimbursed for practicing independently within the full range of our competencies.

We need to continue to promote and define interjurisdictional practice, with only 26 states participating in PSYFACT currently. We also need to grow the workforce of practicing psychologists, particularly for working with geriatric, child/adolescent and rural populations where there are shortages. We need to set the standard for training that centers cultural humility and trauma-informed practice. At the same time, diversifying the workforce by recruiting more BIPOC and LGBTQ+ practicing psychologists will be critical since many individuals prefer to work with a clinician with whom they can identify. Reinforcing collaboration with SPTAs will ensure the network of advocacy needed for psychologists across different states and territories to thrive and serve the public. As APA moves forward in accrediting masters’ programs in health service psychology and begins to explore a title and model license for these graduates, I am steadfastly committed to protecting the title of “psychologist.” Doctoral level graduates and expect this to have widespread support. Modernizing doctoral competencies to draw clear distinction from those of masters’ graduates will be essential. Stakeholders in practice need to be involved as we explore tiers of practice. APA and psychologists will be leaders in health care professions, in an effort to expand access to science-based practice to meet unmet demand.

Practicing psychologists are facing both ongoing and urgent challenges stemming from the pandemic year. We are being called on to address rising rates of mental health conditions, substance use disorders, suicide, and domestic violence, with inadequate and inequitable access to care; health, mental health, and educational inequalities; systemic and structural oppression and intergenerational trauma; discrimination against BIPOC, AAPI, LGBTQ+, disabled, and older people; economic fallout; climate change and extreme weather events that displace communities; police violence and community upheaval, and immigration chaos and global refugee crises.

It is clear that we need a long-term solution: psychology and mental health need to be part of the public health safety net. The mental health needs of society have simply become too great for treatment alone. Serving on the National Academies Forum on Children’s Wellbeing, and the National Advisory Committee for HealthySteps, I have been educating prevention experts about the overlap between prevention (in the population health context) with clinical practice (in the individual/family/community context). Virtually all practicing psychologists are already engaged in secondary or tertiary prevention. If elected, my leading initiative will be to advance evidence-based and culturally responsive prevention across the lifespan. Based on our science, we know that what happens early in life – both positive and negative – affects lifetime health, families, communities, and equity. If, together, we leverage psychological science, we will enable a new generation where racism and bias are mitigated in early childhood, and early education disrupts inequalities. Mental health, relational health, and health behaviors will be laid down early, and individual resilience will be built while systemic barriers are addressed. We will, of course, need to work across disciplines, sectors, and systems in promoting and sustaining such change. And we will need to advocate for more valid measurement of returns on investment to accommodate lifespan benefits. But it is within our reach to enable a new generation to live healthier lives in a safer world.

The sources of funding for prevention and mental health care are fairly separate, enabling us to advocate for both prevention and psychological practice. Indeed, private insurers do not often capture the return on investment from prevention programs related to mental health, particularly for children and youth. Some states (e.g., Massachusetts) are beginning to include evidence-based prevention programs for promoting healthy development in their Medicaid programs. This is a hopeful start.

All the skills and subfields of psychologists will be needed to address the national and global issues facing us, and I firmly believe we will be “Better Together.” My uniquely broad leadership experience fits this moment for APA, and my passion for equity and health promotion fits this moment in history. I have earned a reputation as someone who is collaborative, hard-working, strategic, and who demonstrates integrity and respect for others. I am prepared to lead, eager to listen, and ready to work.

Diana L. Prescott, Ph.D.
Candidate for APA President-Elect

Dear Friends and Colleagues,

I am deeply grateful for the endorsement for President-Elect of the American Psychological Association (APA). In my professional life, there has perhaps been no greater honor I have received than this vote of confidence from you. This endorsement is especially meaningful to me because you know me so well. Thank you for trusting me to represent you in our APA.

Division 42 has been my professional home for practice. I will continue to specifically attend to how well-funded Practice and the American Psychological Services Inc. (APASI) is, believing strength in our Practice community benefits APA and psychologists write large.

Practitioners are inundated with referrals at a time when their active clients are struggling to cope due to both the COVID and racism pandemics. It has been very difficult to practice self-care during the pandemic. APA needs to prioritize providing resources for self-care for our practitioners. Telehealth has opened a window of opportunity for clients to be readily treated, which has benefitted many, including the underserved and those living in rural areas. PsyPact offers the possibility of more easily practicing across state lines. Practice needs electronic tools and financial support to address the massive need for care that exists in our country, while simultaneously engaging in prevention efforts upstream. We also need sufficient psy-
There is room in Practice for our integrated care efforts in medical clinics and schools, as well as our more traditional independent and co-located practice. Practicing psychologists need to be integrated in medical clinics, schools, government, places of employment, and traditional practice settings, as team leaders, utilizing our skills in consultation, program evaluation, assessment, and research. There are innovative roles for psychologists that do provide opportunities for advancement professionally and financially. It is vital that we network, unite, and enhance opportunities for each other moving into the future, partnering with organizations outside of APA to accomplish the mission of our strategic plan.

Quoting Dr. Bra Vada Garrett-Akinsanya, “Sistas need to get paid.” There is a lot of federal money available now for Practice, due to the COVID-19 pandemic. We need to position APA to funnel this money to our psychologists in independent practice. As President, I will put my energy into prioritizing the needs of practitioners, using my advocacy skills to obtain critically needed financial resources.

I believe the most significant threat to our organization has been and will be our inability to come together as a cohesive united force. Although we are well-intended, we dilute the possibility of what we could do to positively influence the external world through our in-fighting and turf battles. Unfortunately, psychologists end up feeling marginalized and excluded, which weakens APA and the accomplishment of our mission.

I represent a vision for unifying our organization in the middle of extremely challenging times. I have the leadership background which qualifies me to lead at critical moments, having served twice on the APA Board during both the independent review and the COVID-19 and racism pandemics. We must help psychologists obtain necessary resources to develop to their full potential. Furthermore, we need to come together as an organization to advance our priorities and defend and protect our psychologists as well as the society in which we live.

I am dedicated to uniting, protecting, and advocating for the needs of psychology and psychologists. I have served as a devoted state champion and federal advocate. A down to earth proven leader and collaborator, I was elected by our Council of Representatives to serve as Member at Large and Recording Secretary on the Board of Directors. I am the only candidate that has served as an officer on our Executive Committee, which has prepared me to serve as President-Elect.

I would be grateful for your first-choice vote (or the highest rank consistent with your preference) during the election period of September 15-October 29. If you have any questions or feedback about our campaign, please check out our website at diana4apa.com and send us a message. If you like what you see, please ask five APA friends to vote for me (and ask them to please ask five friends). I believe this campaign can be won with our grassroots effort.

I would like to thank campaign chairs Drs. Christine Jehu and Kevin Arnold; the campaign team including DEI team leader Dr. Cathy McDaniels-Wilson; state leaders Drs. Kathleen Ashton, Dinelia Rosa, and Roseann Fish Getchell; rural team leader Dr. Emily Selby-Nelson; division leaders Drs. Louise Douce and Doug Kimmel; social media expert Dr. Justin Karr and many others on our campaign team for their hard work and support. Thank you, Division 42, for your ongoing support!

With deep appreciation for my APA family in Practice,
New Member Resource Area on Division website

Do you have a favorite Form, or practice Template that you would like to share with your colleagues. How about an online resource that you frequently utilize?

You are invited to contribute forms, templates and other documents to share with colleagues, and to download documents that others have contributed.

You are also invited to submit annotated links of books, movies, TV series and other media that you have found helpful in your work, or that you have enjoyed in your leisure time.

If you would like to share a resource or take advantage of what others have shared, log in to the Division website and go to the Member Resource page under the Resources tab.

Disclaimer: The resources and links below are provided by individual members of Division 42. They are not produced or endorsed by Division 42 or by APA. To ensure compliance with the laws and ethics in your jurisdiction, you are advised to consult with your own attorney and/or insurance risk manager prior to adopting them for your practice.