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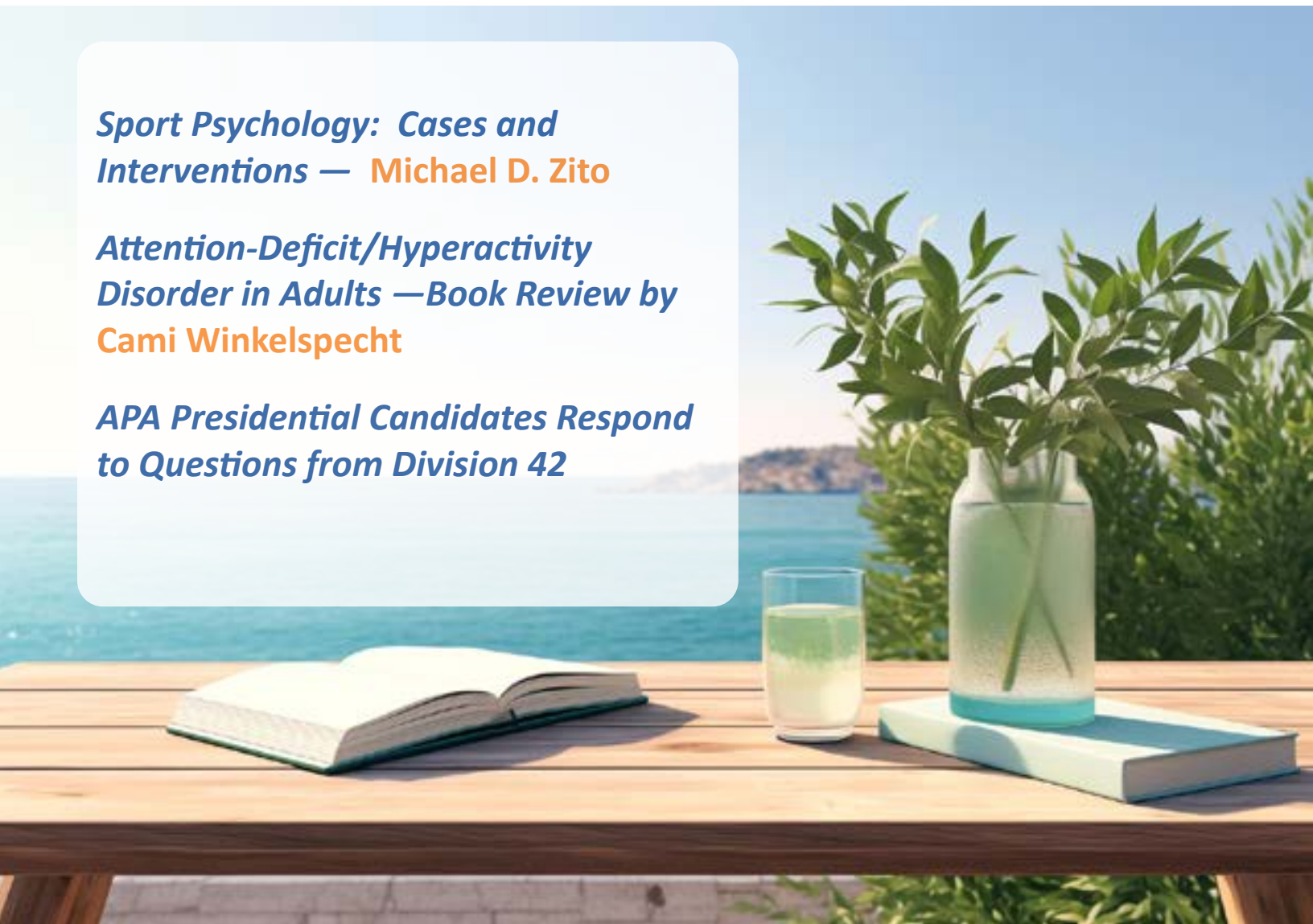


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Sport Psychology: Cases and Interventions — **Michael D. Zito**

Attention-Deficit/Hyperactivity Disorder in Adults — *Book Review by Cami Winkelspecht*

APA Presidential Candidates Respond to Questions from Division 42



Independent Practitioner

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Blaine Lesnik

I am writing this column just after returning from the PSLC (Practice and SPTA State, Psychological and Territorial Associations) Leadership Conference in Washington, D.C. in February.

At present, Division 42 is laser-focused on the proposed Model Licensing Act (MLA) reviews that are the topic of many discussions across APA's governance. APA is proceeding to move towards endorsing licensing people with master's degrees in psychology as if it is inevitable. Many members of our Division and other Divisions have concerns about the impact that doctoral level psychologists may experience by the APA's endorsement of licensing for master's clinicians and by encouraging them to become APA members. How they fit into governance at APA is not yet specified, which is also a concern.

APA is in the process of accrediting the first group of master's programs. The Board of Professional Affairs (BPA) is also reviewing proposals for revising both doctoral and master's competencies. As of the March BPA meeting, which Dr. Peter Oppenheimer attended to represent practice issues, he reported that these proposals are incomplete and inconsistent. The proposed competencies raise complex issues related to a wide variety of concerns. These concerns include professional identity, work functions, and the way in which APA membership will be affected. Of these concerns, a big one is about APA resources and how they will be allotted if master's level clinicians are a big contingent of the SPA membership in full.

Professional identity concerns refer to the potential challenges that can arise when there is ambiguity or blurring of the roles, responsibilities, and qualifications of different professionals within our field. In the context of psychology, professional identity concerns can arise when there's a lack of clarity or distinction

between Doctoral level psychologists and Master's level therapists, particularly in terms of their training, competencies, and scope of practice.

Here are some key points to consider when discussing professional identity concerns in psychology:

1. **Scope of Practice:** APA has yet to articulate the scope of practice for master's level clinicians and how it is distinct from doctoral psychologists. Doctoral level psychologists typically have more extensive training, including research skills, assessment expertise, and specialized knowledge in various areas of psychology. They are often qualified to conduct comprehensive assessments, provide in-depth psychotherapy, and engage in advanced research and consultation. Master's level therapists trained in counseling and social work often have limitations in the complexity of cases they can handle and the range of therapeutic modalities they can effectively employ.
2. **Depth of Training:** Doctoral level psychologists undergo a more comprehensive and in-depth training process that includes coursework, supervised clinical experience, and research requirements. This training equips them with a deeper understanding of psychological theory, assessment techniques, treatment modalities, and ethical considerations. These factors contribute to their ability to address a wider range of clinical and research challenges.
3. **Ethical and Legal Considerations:** Professional ethics and legal regulations often reflect the distinctions between different levels of training and qualifications within the mental health field. Doctoral level psy-



chologists are typically held to higher standards due to their extensive training and expertise. Blurring the lines between doctoral level psychologists and Master's level therapists in terms of scope of practice could create ethical and legal challenges in terms of appropriate scope of practice and responsibilities.

4. **Client Expectations:** Clients seeking psychological services may have specific expectations based on the professional qualifications of the therapist. If there is confusion between the roles of doctoral level psychologists and Master's level therapists, clients might have difficulty understanding the differences in the services offered by each group, potentially leading to dissatisfaction or misunderstandings about the therapeutic process.
5. **Referring Professionals:** Physicians, educators, and other healthcare providers often refer clients to mental health professionals based on their perceived expertise and qualifications. Clear distinctions between doctoral level psychologists and Master's level therapists are important for accurate referrals and for ensuring that clients receive appropriate care based on their needs.
6. **Professional Reputation and Trust:** The field of psychology relies on maintaining a high level of professional reputation and public trust. Ensuring that the qualifications and roles of different professionals are clearly defined helps maintain this trust by providing a clear understanding of the expertise that each professional brings to the table.

To address professional identity concerns, it's crucial for accrediting bodies, professional organizations, and regulatory agencies to establish and uphold clear standards for training, qualifications, and scope of practice for different levels of mental health professionals. This ensures that clients receive the most appropriate and effective care, while also respecting the expertise and contributions of professionals at various stages of their training and career.

I together with leadership of Division 42 see that APA is on the precipice of making huge

changes, sweeping alterations to the MLA, including scope of practice, potentially changing the necessary competencies, training requirements and changes to the regulatory aspects of licensure and the EPPP in addition to outlining MLA for master's level trained clinicians. Many constituencies across professional psychology are very concerned about how these and myriad other changes will affect who can practice what and who may not practice certain 'psychological activities', and which aspects of psychological practice are appropriate for varying levels of training. As a group of doctoral level psychologists, we are concerned and protective of what has been explicitly in the doctoral level domain throughout our professional careers. This is a very complex set of issues being scrutinized and developed in several different organizations across the field.

Specifically, Division 42 has decided to position itself, as best we can, as a leader in group discussions across APA in addition to other interested parties, with Peter Oppenheimer, PhD at the helm of this focus. Additionally, our Advocacy Committee has been working toward developing ways we might contribute specifically to outline distinctions in competencies, training, licensure and related issues between master's and doctoral level training. These discussions led the Chair of the Diversity Committee, Bhupin Butaney, PhD., ABPP, to develop a complex and detailed survey which will allow us to have understanding from our members regarding their thoughts and feelings about the MLA in a valid and reliable research project. We have shared the survey with adjacent interested institutions to broaden the group of participants and have a wider look at how changes to the MLA and possible accreditation of master's level trained clinicians might affect key constituencies. The Division 42 Board you elected is working hard to stay ahead of this, involved with it, and to understand and translate shifts and changes put forth for consideration. We are contributing in many ways to these discussions and definitely have a seat at the table to voice and negotiate for the interests of Psychologists in Independent Practice.

Challenge and Change in APA Council

June Feder

The Council of Representatives is the legislative body of APA and has full power and authority over the affairs and funds of the association within the limitations set by the certificate of incorporation and the Bylaws, including the power to review, upon its own initiative, the actions of any board, committee, division or affiliated organization. Association Bylaws, Article IV. <https://www.apa.org/about/governance/bylaws/article-4>

This article aims to highlight the vital and indispensable role of APA Council members in representing the views, interests, concerns and professional needs of APA members who elect them to serve, support, enhance, protect and preserve psychology as a profession.

A Little History

As of January 2024, I (June Feder) returned to service on the APA Council, this time as a representative for Division 42, joining my Division 42 colleagues Drs. Elaine DuCharme, Jana Martin and Dinelia Rosa. From 2015 through 2020, I served as the representative from New York, and it was truly an honor. When I began my tenure, APA was in a period of substantial internal change with the goal to ‘maximize its effectiveness.’ What was proposed in 2014 by the Good Governance Project (GGP), a multi-year APA effort to optimize the Association’s governance system, included a recommendation approved by Council to shift specific governmental and organizational responsibility from Council to the Board of Directors. Under the GGP plan, the Board of Directors would assume direct fiduciary responsibility for the Association’s operations; oversee its ‘internal’ policy-making processes; oversee the hiring, evaluation and support for APA’s CEO and direct the development and implementation of the strategic plan. The plan stated that these changes would provide Council with more

time and resources to oversee the external policy-making processes, i.e. the discipline of psychology. As stated in the GGP report, this change would enable a shift from Council as a ‘reactive body, whose engagement is a relatively passive one often at the end of the policy process, to a more active role actually directing the discipline-focused development of the organization.’



June Feder

A Problem

When I began my first Council term in 2015, the shift in the Association’s responsibilities to the Board was well under way. This shift included changes in finance committee protocols to facilitate Board oversight of financial/budget matters. At the same time, the GGP report’s designated recommendation to ensure Council’s greater involvement in all aspects of policy development processes for the discipline had been seriously under-applied to a major policy initiative that came before Council in 2017.

A little history will help explain this. In 2010, Council approved a motion for the Association to work on developing clinical practice guidelines. At that time, APA’s intent for approving clinical practice guidelines (CPG) development was to expand psychology’s role in advancing health and increasing recognition of psychology as a science. To guide this process, the 2010 motion approved by Council for work on CPG included the establishment of an Advisory Steering Committee (ASC) to oversee a process for guideline development including the selection of topics. By doing this, ASC aimed for guidelines that would cover topics across the entire life span whose research base could support the guideline development” **Development of clinical practice guidelines** <https://www.annualreviews.org/content/journals/10.1146/annurev-clinpsy-050212-185529>

[annualreviews.org/content/journals/10.1146/annurev-clinpsy-050212-185529](https://www.annualreviews.org/content/journals/10.1146/annurev-clinpsy-050212-185529) The ASC determined that the first three topics would be depressive disorders, obesity and posttraumatic stress disorder (PTSD). Work on the development of all three guidelines was facilitated by the ASC following the approval of CPG by Council in 2010 and the initial guideline – the PTSD motion – was brought to Council.

In August 2017, Council was asked to adopt as APA policy the *APA Clinical Practice Guidelines for the Treatment of Posttraumatic Stress Disorder (PTSD)* in adults. The discussion and debate about the motion reflected substantial controversy among Council members for the decision as part of the guideline process to limit PTSD treatment recommendations to those interventions backed solely by random-controlled trial (RCT) studies. This took many members of Council by surprise and led to widespread concern that such a limitation could preclude approaches to treatment widely used in clinical practice and drawn from other forms of evidence-based research. Additionally, the absence of Council member awareness regarding the RCT research stipulation highlighted the degree to which Council had been effectively distanced from the process of development of a major APA policy-making effort for the discipline of psychology.

A Way Forward

Many members of Council were concerned that what had occurred reflected the diminution of Council’s voice and its capacity for meaningful oversight of APA policy especially in light of the GGP directive about Council’s role. With concern about our work on Council to represent the interests of members who had elected us, a group of us including Lisa Grossman, Robin McLeod, Peter Oppenheimer, Fred Wertz and me (June Feder)—arranged to meet with members of APA leadership to discuss our concerns and suggest the development of a process to enhance Council’s effectiveness in its role of policy-making body for the Association. An agreement was made for the Council Leadership Team to work with Council to develop such a plan. Below is a short summary of the process as well as examples of some of the changes.

A Plan is Developed

Step 1 - Council Tabletop Discussions- In February 2020, the Council Leadership Team (CLT) proposed a focused discussion with Council members about ideas they viewed as vital to address for increasing Council’s effectiveness. Council members met in groups for tabletop discussions during part of a Council meeting on February 28, 2020 to generate ideas and recommendations. Designated groups of Council members worked together to develop a range of ideas and proposals

Step 2 – CEWG – Following the completion of the tabletop discussions, the Council Leadership Team (CLT) created the Council Effectiveness Work Group (CEWG), chaired by William Stoops, PhD to write a report based on Council feedback that would provide a road map for what Council members felt needed to be covered in this effort. CEWG’s mission was to review and evaluate the written qualitative data generated from the Council table discussions with the goal of developing recommendations for improving Council’s effectiveness. The report along with subsequent CLT review and Council feedback was presented to Council in August 2020. It contained 24 directives including five general recommendations and 19 action items. The CEWG report recommended, in general, more information sharing, greater transparency, and more integration among APA policy-making bodies. It focused on 1) Council’s collaboration with other policy-focused entities in APA in its role to review, oversee, approve, and implement policies; 2) an organizational structure that effectively develops and implements policy-making; 3) Council’s commitment to EDI and principles of civility; 4) representation of the viewpoints of all psychologists, including opposing and minority perspectives, and 5) Council’s incorporation of the perspectives of stakeholders both among APA members and outside APA in work toward consensus.

Step 3 – CEIO - CLT reviewed additional comments of Council members and along with the organizers of the CEWG worked on a path for implementation of the proposals which would be overseen by the CEIO (**Council Effectiveness Implementation Committee**), chaired by Dave Carver, PhD. (APA Council Representative,

Nebraska) This Committee's work would involve active engagement of Council members to review and implement the CEWG proposals. Five category groups reflecting the action items generated by the directives in the CEWG report were designated as follows: active engagement of COR members; enhanced COR involvement in the policy-making process; new business items; Council meetings/communication processes -led by members of the CEWG, assisted by CLT liaisons and open to all Council members' voluntary participation. Motions recommended in the CEWG report were assigned to the designated category groups and work was done to facilitate plans for proposal implementation. Although the groups worked intensively on all recommendations, some of these issues were very complex. Consequently, some of the proposals were ready with actionable motions, whereas others would require further work.

In October 2021, Council approved the body of work of the CEIO which included 20 motions to facilitate Council effectiveness. Motions the group had worked on were assigned to each of three categories of readiness: Motions Ready for Implementation; Initiatives Pending Implementation; Initiatives Requiring Discussion Prior to Moving Forward. . Although Motion 20, which was approved by Council called for the establishment of a nine-member implementation committee, the responsibility for implementation of the Council approved motions was ultimately assigned to CLT.

Changes to Date for Greater Effectiveness in Council Functioning

As Council members, it will be important for us, in coordination with the CLT, to monitor the implementation of changes proposed by the CEWG WG to improve Council effectiveness and approved by Council. To date, the following proposals have been activated within APA's standing infrastructure.

APA COR Website – A comprehensive website accessible by APA Council Representatives, as well as APA leaders and membership. Proposed as a one-stop-shop, this initiative will provide information, materials, and interaction necessary for COR Members to fulfill their duties and respon-

sibilities in collaboration with other leaders and APA constituencies. The website is in process.

The COR Policy Tracker – An APA Policy Tracker available through the Policy Portal of the new COR website. This is already in process and was conceived of as an APA communication center about our profession's policy including groups working on policy, posting capacity for members engaged in policy work seeking feedback, providing information, facilitating give and take. It will contain a Policy Template for movers of policy to complete and provide availability to all members. Its purpose is to allow Council to follow initiated and developing policies and requires implementation.

COR Policy Liaison Program – Embedding Council members in key APA policy-relevant groups to maximize COR awareness of APA policy-making activities and efforts. This program was facilitated and launched by CLT as of 2024. In this initial phase, Council liaisons have been assigned to the following APA policy groups: Board of Professional Affairs, Board for the Advancement of Psychology in the Public Interest. Other groups will be added.

The Roles and Expectations of Members of the Council of Representatives in APA Governance. An articulation of the expanded role and expectations of Council members who will be more actively engaged in policy work. This proposal, already in the process of implementation by CLT and staff, assures that all Council members will understand the new expectations of individual representatives that are necessary for Council's effectiveness in APA governance.

Educate Council. A means to educate Council members on responsibilities and resources in the Council Handbook, New Member Orientation, in-person Council meetings, and on the new COR Website. This proposal has already begun to be implemented by CLT and staff. One of the barriers to fully realizing COR's responsibility for APA's scientific and professional policy has been COR's lack of clarity over what exactly constitutes policy and COR's responsibilities for its development, implementation, process and oversight as well as COR's role in relation to boards, committees and other APA

entities that work on policy development. At the request of the CEIO Committee leadership, a group of APA members representing this subgroup including Jean Carter, Lisa Grossman, Peter Oppenheimer, and Eric Russ, Fred Wertz and me, worked together from April-June of 2023 on the development of recommendations for better understanding about how APA policy is initiated, constructed, approved and implemented. Recommendations were shared with the CEIO Taskforce to be subsequently reviewed with Council.

Pending Motions are the following:

Motion 8: Informal Virtual Discussion Meetings Between Formal Meetings

Motion 9: Improving COR Listserv Practices and Norms

Motion 10: Protocols for In-Person/Hybrid Council Meetings

Motion 13: NBI - Process Summary in Draft Video Script

Motion 14: Changes to Affirmatively Enhance Timely Progress in New Business

Motion 15: Creation of Council Interest Committees

Motion 16: Association Rules Change to Keep Pending NBIs Visible and Actionable

Motion 17: New Procedure to Strengthen the NBI Diversity Impact Statement

Motion 18: Creation of an Early Review Mechanism for Newly Submitted NBIs and Encouragement of a Triage Process for Urgent Items

Motion 19: Move to a Quarterly Council Meeting Schedule

Motion 21: Council Meeting Agenda Time (WG1)

Final Comments

From the beginning, this initiative to improve Council effectiveness was a grassroots effort. It was initiated by Council members with serious concerns about the future of Council as a true representative body for the needs and interests of

psychologists and of fulfilling its role as the policy making and oversight body for the development and implementation of policy for the discipline of psychology. It is also true that participating in this effort was hard but exhilarating work. So much of what we did was made possible by the enthusiastic and supportive participation of so many of our colleagues who committed to this essential idea of our governance.

My CEWG colleague, Dr. Fred Wertz, Council Member, APA Council Representatives, Division 24, 2019-2024, wrote the final CEWG Implementation Report which was a key source of information for this article's timeline and item summaries. His ending comments as follows are as relevant now as they were then: The strong participation and willingness of Council members to become involved in this grass roots, democratic effort at self-determination and collaboration has demonstrated the high level of interest, energy, and work ethos that will continue in its implementation. In carrying out their charges, the five work groups embodied the principles that were suggested by the CEWG and that are promoted by the motions delineated below: an integration of sustained bottom-up engagement with supportive leadership, open and inclusive representative governance, the synthesis of diverse ideas in consensus, the use of 21st century technology, transparency, accountability, respect, and perseverance.

A statement of thanks.

This work over three years would not have been possible without the exceptional commitment of APA members to volunteer endless time and effort. Some have been already cited in this article but there were dozens of other members of APA including Council Representatives (past and present), members of APA leadership, and members of Boards and Committees who agreed to engage in this voluntary effort to research, examine and address the ways in which the governing capacity of our Association could more effectively understand, engage and reflect the views and voice of its members. *Great thanks to everyone involved in this singular effort.*

Sport Psychology: Cases and Interventions

Michael D. Zito

Clinical, Sport, and Performance Psychology

In my previous article, I defined what a Sport Psychologist is and does. In this article, I will describe cases and their interventions reflecting the most common reasons athletes request services, which is for performance anxiety and/or stress management.

Common cases

Professional Soccer Player. This professional athlete sought services to deal with the stress of his sport. He was experiencing tremendous pressure to get and stay in the starting lineup. He put pressure on himself to perform at a consistently high level, which resulted in him becoming physically tense and cautious in his play due to fear of not performing well. This is a common paradox in sport, meaning the more an athlete focuses on needing to perform at a high level the less likely it is to occur. He was taught that tense muscles don't allow for the fluid finessed movement that is needed to maximize performance. Adding to his stress level was his athletic identity. That is, he only defined himself as a soccer player. He was helped to view himself as a son, cousin, friend, brother, boyfriend and a person who plays professional soccer, not just a professional soccer player. This mindset shift, along with the use of relaxation and imagery techniques, focusing on the present moment (i.e., the touch of the ball when he played), as well as on the process of how to execute his skill (i.e., to analyze, predict and react to field dynamics) helped him to earn a starting position and play to his potential.

Olympic Pairs Skater. This Olympic skater was struggling to land three of her five jumps as a pairs skater in practice and competitions, which caused her significant performance

anxiety. She would enter the jumps cautiously and fall because of under rotation. She also reported thinking "don't fall" before each jump, which then had her focusing on falling. She was helped to understand that thinking about falling creates 'the falling,' because she would enter the jump cautiously and then under rotate. Focusing on the present (i.e., this specific jump) and the process (i.e., how to enter each jump properly) helped her achieve successful landing of each jump. Doing some intervention sessions with her skating partner, using imagery (i.e., visualizing execution of her jumps and routine) and relaxation breathing techniques helped her achieve success. In fact, she and her partner qualified for the Olympics. Two weeks before the Olympics, she became extremely nervous. When asked about it, she said that she was afraid of what the people in the stands might think if she did poorly. This is a great example of "task irrelevant focus," meaning that she focused on something she imagined happening in the audience/stands that was not related to the relevant task occurring on the ice. Refocusing her back to the present and to the process of how to execute her program moves and jumps helped her work this through and manage her performance anxiety.

Collegiate Softball Pitcher. This college pitcher had a very successful regular season which ended with 22 wins and two losses. Just before the playoffs started, she became quite anxious. When asked why, she said it was because "now it mattered," meaning that in her mind, the outcome of games was paramount to stay in the playoffs. Essentially, she began to focus on negative predictions and outcome focus, both



of which created performance anxiety. Refocusing her to the present (i.e., this pitch) and the process (i.e., how to throw each specific pitch in each situation) helped her manage her performance anxiety. As a result, she was able to pitch to her potential throughout the playoffs.

Collegiate Golfer. This collegiate golfer developed a pattern of not finishing her round well. Typically, she was having very successful golf outings until the 14th hole in a round of 18 holes of golf. Through the first 13 holes, she was focused on the present (i.e., this shot/putt) and the process (i.e., how to execute the shot/putt) which allowed her to shoot close to par. At the 14th hole, she began to calculate her likely final score if she parred the remaining holes. This focusing on the outcome resulted in performance anxiety via cautious shot approach, which resulted in poor ball contact and direction. She would then be 1-2 strokes over par for each of the 14th-18th holes, thereby underperforming. She was instructed to only record her strokes per hole but not total up her score until the end of the 18th hole. Doing this allowed her to return the focus to the present (i.e., this shot/putt) and the process (i.e., how to execute the shot/putt), which allowed her to shoot close to par. The change of focus to outcome was the main problem in the poor late round performance. Prior to this intervention, she averaged 83 strokes per round and this intervention brought her average down to 76 strokes per round.

High School Tennis Player. This tennis player had a history of obsessively checking his upcoming opponent's statistics (i.e., records and rankings) prior to matches. As this player encountered an opponent that he believed was better than him, he would become nervous about his ability to win a match. This would lead to second guessing himself and tentative play. Consequently, his muscles became more tense and his shot fluidity was reduced. This resulted in serves and ground strokes that were too slow and could easily be returned, which gave the advantage to his opponent. His attention was on the future (i.e., "How will my rankings be affected?"), negative focus and self-assessment (i.e., "Don't lose") and a pre-

dicted negative outcome (i.e., "I can't win"). All of these cognitions created performance anxiety, which adversely affected his play. He was helped to bring his focus to the present (i.e., this serve/stroke) and the process (i.e., how to effectively serve, along with proper racket and foot preparation). These changes allowed him to reduce his performance anxiety and play to his potential.

High School Baseball Hitter. In his sophomore year, this student athlete's batting average was a very respectable .350 (with .300 viewed as a good batting average). During his junior year, he was trying to get recruited to play in college. He now believed that he needed to do better than .350, which brought his focus towards outcome and future implications. This then created performance anxiety and after the first 10 games in his junior season his batting average was .120. He became very frustrated and feared not getting recruited to play in college. He acknowledged that his father was putting pressure on him because his father believed that he (the father) could have played in college and professionally if he only had a father that pushed him to perform. A session was held with the player and his father to discuss this issue. The father acknowledged his motives and was then informed that his actions would likely decrease the chance of his son playing in college. The father understood and agreed that this was not helpful. Despite this initial agreement, the father needed subsequent sessions to significantly reduce this behavior. In addition to the father reducing his pressuring behavior, helping the player focus on the present (i.e., this pitch) and the process (i.e., taking a deep breath, focusing on one key swing element, and using an intensifying cue word "attack") resulted in an end of season batting average of .425.

Youth Gymnast. The number 2 ranked 11-year-old female gymnast in the state developed "lost move syndrome," which occurs when a gymnast perceives the loss of ability to properly execute a move that has been successfully executed automatically for years (<https://psycnet.apa.org/record/2015-19309-004>).

This usually comes about from over think-

ing move elements, a hyperfocus on outcome by expecting negative execution and fearing getting injured or failing to remember how to execute the move. This mental activity reduces muscle fluidity which is required to successfully execute these moves. In this case, the “lost move” was a twisting balance beam dismount. Since the height of the balance beam can present a real danger, this athlete was helped to gradually return to the elements of this dismount. For example, the skill was practiced on the floor at first by practicing the initial dismount position and then on the short height practice balance beam. Gradually, she returned to the regular height balance beam and gradually added move components to rebuild the entire dismount. She was helped to focus on the present (i.e., this dismount) and process (i.e., how to successfully initiate the proper foot positioning and eventually the movement for the twist). Imagery and relaxation techniques were utilized as well. It took about a month to complete this process, but she was gradually able to return to fully executing the dismount.

In summary, performance anxiety and /or

stress management are typical reasons athletes seek services from a Sport Psychologist. Techniques such as, but not limited to, imagery, relaxation, and focus on the present moment and the process all help the athlete to improve their performance significantly over time. Highly motivated athletes tend to have most success with these types of interventions. In addition to athletes, performers often benefit from these services and I have treated some Broadway actors. These performance services can also be adapted to high performance business environments as well.

Michael D. Zito, Ph.D., CMPC is a Licensed Psychologist in NJ and NY who has practiced Clinical, Sport and Performance Psychology for 30 years with children, adolescents, adults, couples and families. His sport and performance clients have included professional, Olympic, collegiate, high school and youth athletes, and Broadway actors and competitive chess players. He taught University courses in Clinical and Sport Psychology for 14 years, authored 7 book chapters and is presently a consulting Sport Psychologist and clinical supervisor for Rutgers University.

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ADHD in Children and Adolescents 2nd Edition

by: Brian P. Daly, Aimee K. Hildenbrand, Shannon G. Litke and Ronald T. Brown

Book review by: Cami Winkelspecht, Ph.D.

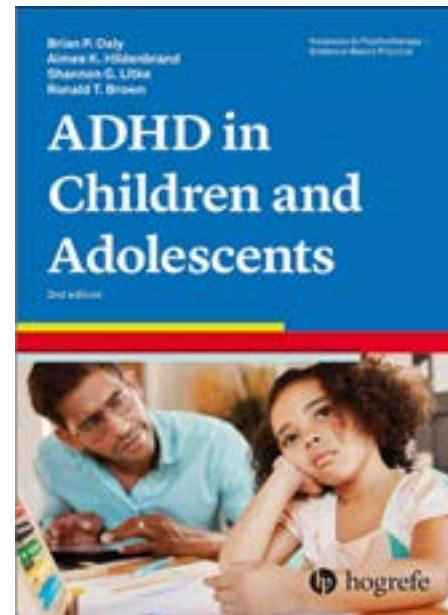
ADHD is the most common childhood mental health diagnosis and despite this fact, accessible guides for practitioners on the topic are a rare resource. The release of *Attention-Deficit Hyperactivity Disorder in Children and Adolescents 2nd Edition* delivers a comprehensive but impressively brief book that will quickly become a recommended resource for folks in graduate training programs and for practicing psychologists alike.

As a child and adolescent psychologist who works with ADHD as a primary or co-morbid diagnosis in about 75% or more of my clinical practice, I found this book to be a pleasant surprise to review, given its brief yet comprehensive coverage of this important diagnosis. Additionally, as the co-founder of the CHADD Chapter of Delaware, I found myself bringing this resource to our last few meetings to provide additional resources for families and to quickly and confidently look up and answer uncommon (but important) questions. To this end, the book has a detailed content description up front to orient readers to its sections, which I found to be immensely helpful to quickly locate answers to questions such as, “What does the research say about environmental risk factors for ADHD?” and “Does treatment with stimulants increase the risk for substance use disorders?” By providing a resource that can briefly answer the questions mentioned above and comprehensively outline evidence-based assessment and treatment approaches to ADHD, this book is a gem in an overwhelming book landscape.

Tables throughout the text provide clarity on common topics such as symptoms overlap be-

tween ADHD and other diagnoses and delineating the differences between different medications to treat ADHD symptoms. At the end of the book, the authors offer case vignettes that offer a chance to implement the methods discussed in practice. Additionally, resources provided in the appendix can be downloaded free of charge and saved for future use for those who purchase the book. These resources include two of the most common free and available checklists for diagnosing ADHD, a list of support groups, organizations providing trusted resources related to ADHD, and toolkits for parents and professionals.

Professionals seeking continuing education through home study can secure these credits by reading this book through the partnership between Hogrefe Publishing and the National Register of Health Service Psychologists (an APA-approved continuing education provider). This book is one in the series entitled, *Advances in Psychotherapy Evidence-based Practice*, and all books in this series are included in this home study continuing education provided by the National Register of Health Service Psychologists.



As a provider treating and providing assessments for ADHD for more than 15 years, it is infrequent I find a book that captures my attention like this one did. I was impressed at the authors' abilities to condense the history, theory, assessment, and practice knowledge into its seventy-three pages. I enthusiastically recommend this book to colleagues. I am certain other psychologists will find it just as valuable.

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Dr. Cami Winkelspecht is a child and adolescent psychologist in private practice in Wilmington, DE. Before venturing into private practice in 2020, Dr. Winkelspecht worked as a psychologist, clinical educator, and associate training director for an APA approved internship program at Nationwide Children's Hospital and then as a psychologist and clinical director in Nemours Children's Health System. She is a current Board Member-at-Large and Chair of the Continuing Education Committee for Division 42.



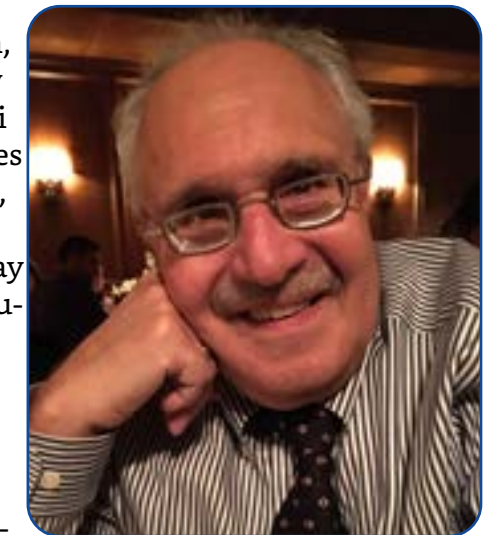
Focus on Forensics

Bias in Forensic Evaluations: Are There Ways to Cope With It?

David Shapiro

Research and training in the field of forensic psychology have come a long way since the time that people who testified in court were regarded as hired guns. The development of board certification, forensic training programs, and groundbreaking research have transformed this area into a specialty field in professional psychology. At the present time we very rarely hear comments about our opinions being consistent with that of the highest bidder. In fact, if you were to ask people who practice forensic psychology whether or not bias can interfere with their assessment procedures, most would probably answer in the negative. They would indicate that they believed their assessment procedures were free of bias. In fact, most experts view themselves as bias free and believe that they are able to compensate for any biases that they might have through careful self-monitoring. (Common, et al., 2004).

However, recent research, most notably by Boccaccini and colleagues (2007, 2009), suggest that this belief may not be so accurate after all. For instance, they found risk assessments conducted in laboratory research frequently yielded estimates of predictive validity of certain instruments that was significantly higher than the predictive validity of those same instruments when studied in clinical practice. They also found that the results of risk assessment instruments for future violence were significantly higher in reports submitted by a prosecution retained expert than in reports submitted by a defense



retained expert. The authors refer to this as “the allegiance effect”, which is one type of bias. What is most troubling is that these estimates of risk were based upon the results of actuarial risk assessments. In other words, the instruments are completely objective, and in theory interrater reliability should be 100 per cent. In addition to some random factors, it is the allegiance effect that is responsible for the difference. Is the implication of this research exactly what we have been saying is not part of contemporary forensic assessment, saying what our referral sources want us to say? The authors make the point that they do not believe that the allegiance effect is intentional. What, then is it?

What appear to be biases when we first look at the issue, in fact, represents different methods of processing data. For instance, Neal and Grisso (2014) suggest that since more information is available in the world than human beings are capable of processing people use cognitive shortcuts to simplify the information they receive. Because forensic assessment requires the integration of multiple data sources, often very complex, people may use these cognitive shortcuts to help understand the data.

People interpret data in a manner consistent with how similar it is with other events that they have experienced. For example, people unfamiliar with the biological bases of behavior may well interpret the significance of such behavior, without considering the possible relevance of physical or anatomical bases for the behavior. I consulted on a case where a psychologist was treating a woman for depression and felt it was unnecessary to refer her to the primary care provider to rule out any physical basis for the depression. It turned out that the patient was suffering from Hodgkin's disease. Her depressive symptoms were due to the Hodgkin's disease. She died soon after the beginning of the psychotherapy.

Confirmation bias occurs when clinicians make premature conclusions based on inadequately formed hypotheses. Attorneys who retain forensic experts frequently send the expert materials that will help to document their theory of the case, that is, the way they would like the

data to be interpreted. One cannot fault lawyers for operating in this manner because their job is to advocate forcefully for their client. The attorney's role is not characterized by objectivity, while that of a psychologist is. Recognizing this difference in roles may assist the psychologist in gathering all information necessary to complete an objective assessment.

I was involved in a case in which the defendant had killed her abusive partner. She had kept a daily diary of her thoughts and feelings. The defense attorney refused to provide the diary to me fearing that there might be something in the diary that would influence me in a manner not supportive of the defense. Despite repeated requests of the attorney to provide the diary, noting that the examiner was objective, the attorney refused. Of course, this became a very powerful piece of cross examination, that I could not really tell what was going through her mind at the time of the homicide without a review of the diary. The woman was, in fact, convicted.

Finally, the anchoring effect reflects the fact that we are overly influenced by the information we receive initially and increases the weight of that initial impression to the extent that subsequent information may be minimized or completely ignored. This is essentially the same as what has been described as the primacy effect. Therefore, it is not surprising that what is called the allegiance effect is in fact a function of who provided the initial information to the expert.

The Specialty Guidelines for Forensic Psychology (2013) provide some guidance regarding ways of coping with these cognitive biases. It urges forensic practitioners to strive for accuracy, impartiality, fairness, and independence. The Guidelines comment on the adversarial nature of the legal system and ask that the forensic psychologist attempts to weigh all data, opinions, and rival competing hypotheses impartially. In order to do so, the psychologist is to actively seek out information that will test plausible competing hypotheses. The psychologist attempts to avoid partisan presentation of unrepresentative, incomplete, or inaccurate

information that could mislead the trier of fact.

What are the implications for practice of these observations about cognitive biases?

1. Learn to be sensitive to the fact that referral sources may not provide complete data to the forensic expert.
1. When such gaps in information are present, we must actively seek out the information in order to have a more objective overview.
1. If such efforts are not successful, include in ones' report qualifying phrases such as “based on the information provided to me, my opinion is----.”
1. If the forensic expert has some understanding of what the missing data are, they may include it in the report with a phrase such as “the defendant indicated a history of psychiatric hospitalizations which have not yet been received. A more complete report may be prepared once such records are available “.

Taking these steps may help minimize the influence of these cognitive biases.

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Opinions and Policy

“Sittin’ in the Mornin’ Sun”

Pat DeLeon

Addressing The National Mental Health Provider Shortage: *At the Local Level* -- It is truly refreshing to learn of the creative legislative efforts of our State Psychological Associations to effectively address the demonstrated need for increased access to mental health care. In many ways, this represents a new vision for fulfilling state psychological association societal responsibilities. Alex Lichton: “After three years, the Hawaii State Legislature unanimously passed House Bill 1830 which is an effort to ease the acute shortage of mental health providers in Hawaii by granting a temporary, provisional license to trainees in psychology, mental health counseling, and marriage and family counseling, who

have completed their degrees and need at least one year of supervised experience in order to be fully licensed. For psychology, this would apply to post-doctoral trainees. The provisional or ‘associate’ license would allow supervisors to bill insurance for services conducted by trainees which may be at a reduced rate, commensurate with their level of experience. This would increase access to services as agencies would have more money available for training and private



practice therapists would then be able to obtain insurance reimbursement for training to pay supervisees. The legislation has now been referred to Governor Josh Green who has indicated that he will likely sign it into law.

“Hawaii has one of the worst mental health provider shortages in the nation with waiting lists as high as three months before someone can see a new psychologist. Post-doctoral trainees in psychology typically work for little or even no payment, thus running up enormous debt. Post-docs from relatively affluent backgrounds can tolerate the debt but those of lesser financial means are more likely to give up or move to the mainland, where 21 of 37 surveyed states have provisional licensing for psychology. The relatively affluent who persevere through the process are disproportionately Caucasian, such that minority clients find it harder than Whites to find a therapist with a similar cultural background. Less than 50% of the population in Hawaii is Caucasian.

“HB 1830 would also allow psychology trainees to take the EPPP earlier in the process, as soon as they begin their post-doctoral year of training. Currently they cannot apply for licensure until the post-doc year is completed. Thus, they could be fully licensed sooner. No standards would be lowered or changed. Post-docs would still need to be supervised. Psychologists would still need to obtain their full license as the provisional, associate license expires after two years. HB 1830 does not grant a provisional license in psychology to masters level psychologists. Eligibility for the associate license requires a doctorate in psychology and acceptance into a post-doc program. Post-docs are eager to provide therapy to thousands who are in need, many of whom are depressed with a subset experiencing suicidal ideation and unable to obtain treatment. The Hawaii Department of Commerce and Consumer Affairs has tried to block passage, arguing that the bill is outside of their mission of protecting consumers.

The scheduled implementation date is July 1, 2026.”

Technology’s Expanding Influence -- Earlier this year, it was reported in the national media that more than half of mental health appointments (55%) were being conducted remotely, mainly via videoconferencing rather than in-person visits, from an analysis of Department of Veterans Affairs (VA) data. Alex Siegel, Director of Professional Affairs, Association of State and Provincial Psychology Boards (ASPPB), notes that currently 42 jurisdictions have enacted Psychological Interjurisdictional Compact (PSYPACT) legislation, endorsed by APA, which allows for increased access of care and continuity of care for providing psychological services across state lines. Hawaii, unfortunately is not one of these states. As Uniformed Services University (USU) Psychology Professor Marian Tanofsky-Kraff has experienced, this is particularly significant for those requiring access to clinicians trained in delivering empirically-validated therapies for youth, especially throughout rural America where specialists of all disciplines are historically difficult to find. Enacting PSYPACT is an important step in addressing society’s documented mental health access needs. And, as always the case in the policy/political process, there will continue to be meaningful yet unpredictable agendas to pursue.

At The National Level – Kenneth Polishchuk, Senior Director of Congressional & Federal Relations & Education Policy Lead: “Influencing mental health workforce diversity legislation. Katherine McGuire, APA’s Chief Advocacy Officer, reflecting on the introduction of the ACCESS in Mental Health Act (HR 7924): “Over the past three years, we are proud to have partnered with Congressman Jamaal Bowman (D-NY) to draft and introduce this important piece of legislation, which will help to expand and diversify the mental health workforce. The bill will create two grant funding opportunities: one to establish or expand graduate programs in mental health fields at all types of minority-serving institutions and another directly for students with APA’s association-wide priorities on health equity and population health. We are also very excited that APA’s Deputy CEO Jim

Diaz-Granados was invited to offer remarks at a press conference Rep. Bowman convened for the bill’s introduction.’

“Jim opined: ‘We know that a health care workforce that reflects the populations it serves improves patients’ access to care, health outcomes, and the likelihood they will receive the preventive care they need to stay healthy. Historically Black Colleges and Universities, Hispanic-Service Institutions, Tribal Colleges and Universities, and other minority-serving institutions are among the bedrocks of our higher education system, yet they have been historically underfunded. With the resources that the ACCESS in Mental Health Act will provide, these institutions can also be education and training hubs for psychologists and other mental health providers, thereby helping to diversify the mental health care workforce.’”

The American Association of Nurse Practitioners (AANP) recently shared with their membership: “The AANP-PAC is a critical tool that AANP uses to build relationships with Members of Congress who support removing outdated barriers to practice for NPs and our patients. As the number of NPs continues to grow, so must the AANP-PAC. Our goal of 100% of members giving to the AANP-PAC cannot be reached without you! If every person gave just \$1, we would raise over \$120,000. If every person gave \$5, we would raise over \$600,000. And, if every person gave \$25, we would raise over \$3 million! As health care continues to be an important debate in Congress, it is critical that the AANP-PAC has the resources to support federal legislators who support NPs and our patients.” Will psychologists embrace this proactive vision?

RxP’s Steady Maturation – Phil Hughes, UNC Eshelman School of Pharmacy and Cecil G. Sheps Center for Health Services Research: “With Colorado and Utah becoming the 6th and 7th state (respectively) to grant prescriptive authority (RxP) to psychologists over the past two years and several additional states working to pass similar laws, we appear to be firmly in the midst of a ‘third wave’ of RxP. As the number

of RxP states continues to grow, I am excited to say that so too does the research on RxP. Most recently, my dissertation work examining RxP has resulted in two publications in the *American Psychologist*. Both studies were conducted with an intentionally interdisciplinary team of researchers, including myself (health services researcher), Joshua Niznik (pharmacoepidemiologist), Bob McGrath (psychologist), Casey Tak (health economist), Robert Christian (psychiatrist), Betsy Sleath (pharmacist), and Kathleen Thomas (health economist).

“The first study used a large private insurance claims database (n = 307,478) to examine the demographic (e.g., sex, age) and clinical (e.g., diagnosis, comorbidities) characteristics of patients who were prescribed a psychotropic medication by a prescribing psychologist, psychiatrist, or primary care physician. What we found was that prescribing psychologists are treating a patient population very similar to their psychiatrist peers rather than the less complex patients treated in primary care. More importantly, this included patients with a variety of physical comorbidities such as diabetes and cancer, providing evidence that prescribing psychologists are indeed capable of handling medically complex patients. Additionally, this study demonstrated that prescribing psychologists are less likely to prescribe antipsychotic medications than psychiatrists even after accounting for the patient’s diagnosis. This finding suggests that the concerns about psychologists overprescribing antipsychotics expressed by RxP opponents may be unfounded.

“The second study used the same data as the first but looked at the year after their first psychotropic prescription to examine critical prescribing outcomes: adverse drug events, psychiatric emergency department utilization, medication adherence, and psychotropic polypharmacy. While far too technical to describe here, the methodology used in this study was designed to closely mimic a hypothetical Randomized Controlled Trial comparing prescribing

psychologists (treatment) to psychiatrists (control 1) and primary care physicians (control 2). Among privately insured patients, we found evidence that prescribing psychologists produce lower rates of adverse drug events and polypharmacy than psychiatrists while having similar rates of psychiatric emergency department visits and medication adherence. The comparison with primary care physicians suggested a difference between primary and specialty mental health care, as both psychologists and psychiatrists had higher rates of psychiatric emergency department visits and polypharmacy than primary care physicians. In total, this highly robust study demonstrated that prescribing psychologists are no less safe than psychiatrists and, perhaps, may be safer in some regards.

“Much and more remains to be done to understand and document the impact of RxP on patients, mental health access, and the mental health workforce itself; however, the growing body of evidence repeatedly demonstrates that RxP is safe and effective. As this ‘third wave’ of RxP hopefully continues into the next legislative cycle, so too will the research showing that RxP is an evidence-based policy. As always, I am available by email [phughes1@email.unc.edu] and would be happy to discuss my research or further

collaboration opportunities.”

The National Academy of Medicine (NAM): President Victor Dzau – “Since the beginning of 2024, we have been working hard to address critical issues facing the nation and globally. A major highlight of the past several months was the March 11 launch of the National Health Workforce Well-Being Day of Awareness by our Action Collaborative on Clinician Wellbeing and Resiliency. The Well-Being Day builds on their 2022 National Action Plan for Health Workforce Well-Being. On this special occasion, we hosted an event on Capitol Hill with the participation of Members of Congress, federal agencies, and nearly 350 participating organizations. The event represented our major push to recognize health workers and mobilize all payers to act to reduce health worker burn-out and improve wellbeing. “Everything still remains the same. Watching the tide roll away” ((Sittin’ On) The Dock of the Bay, Otis Redding). Aloha,

Pat DeLeon, former APA President – Division 42 – May, 2024



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2025 Division Board of Directors

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Past President	Blaine Lesnik, PsyD (2025)
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Representatives to APA Council	Elaine Ducharme, PhD, ABPP (2023-2025) June Feder, PhD (2024-2026) Jana Martin, PhD (2020-2025) Dinelia Rosa, PhD (2023-2025)
ECP Representative	Rebecca Babcock Fenerci, PhD (2024-2026)
Student Representative	Tiffany Parisi, MA, MPH (2024-2025)

APA Presidential Candidates

The four candidates for APA President have each responded to a set of questions from the Division Board of Directors. The questions and their responses are below. The candidates are presented in alphabetical order.

Peter Oppenheimer

1. Please describe your accomplishments and experiences in professional psychology, and the interests of practitioners.

For over 30 years I have been actively involved in the Rhode Island Psychological Association and subsequently with APA, and Divisions 31 and 42 addressing the needs of the psychology community and profession. I have been directly involved in advocacy on behalf of the profession, and in association leadership. In my work at APA, Divisions 31 and 42, and the Rhode Island Psychological Association, I have actively addressed issues within APA that impact both associations' and both divisions' ability to serve their charitable and guild functions.

I served on the Committee for the Advancement of Professional Practice (CAPP), served as a Division 31 and 42's liaison to the Board of Professional Affairs, served on two task forces, and am now the Director of Professional Affairs for RIPA and Co-chair of the DPA Committee. I have worked with many division and STPA leaders over issues pertaining to practice, regulation and association management.

I have served as Council Representative for the Rhode Island Psychological Association (1996-1997 & 2007-2012) and for Division 31 (2017-2022). I have chaired three Council caucuses: the Caucus of State Provincial and Territorial Representatives, the Association of Practicing Psychologists and the Rural Health Interest Caucus

I have served in the leadership of the Rhode Island Psychological Association (RIPA) since 1996. I have served two terms of President (1998-1999 & 2014-2015). I have been in-

involved in RIPA's legislative and advocacy efforts since 1991 and led their advocacy program since 1998. In 2018 I became their first Director of Professional Affairs. We have been successful in helping to bring about significant changes to state healthcare policies especially those concerning consumer access to meaningful health insurance coverage and quality healthcare, and policies directly impacting the practice of psychology. I led our effort to include psychologists in Rhode Island's Corporate Practice of Medicine Statute (2011) and to adopt the Psychology Interjurisdictional Compact (PSYPACT, (1997-2022)). In 2015 I organized and led the successful opposition to the Governor's attempt to consolidate all non-prescribing healthcare professions into an omnibus board. I have written and facilitated passage of revisions to Rhode Island's Psychology licensing law and regulations. RIPA has also collaborated with APA Advocacy to address federal legislation as well including the defeat of Health Insurance Marketplace Modernization Act (HIMMA) in 2006. I have worked with SPTA and APA leaders and APA staff to address many issues relevant to practitioners including reimbursement, insurance company practices, integrated care,



technology, privacy, security, business regulations and professional regulations. During this period RIPA's membership has grown by more than 60%, the association is now on solid financial footing, and we have been able to expand our activities.

I have been a member of the Rhode Island Board of Psychology since 2004 and Chair since 2005. I am active in the Association of State and Provincial Psychology Boards (ASPPB) and served as the inaugural Chair of the Board and College Chair Committee, and on task forces addressing equivalency standards, and drafting a model licensing act and regulations for people with master's degrees. I am one of the few members involved in APA governance who is also involved at ASPPB. I also serve as Rhode Island's PSYPACT Commissioner and State Administrator, and am a member of their Requirements Committee.

Finally, I have been in independent practice since 1987, and have owned and operated an independent group practice since 1994. I live the day-to-day experience of a practitioner and practice owner. I have led two state-wide efforts to promote the inclusion of independent psychologists in population health based medical systems. From my involvement in RIPA, APA, and local state government and advocacy coalitions I have had the benefit of experiencing how state and federal policies, and local politics and business interests impact my community, my practice and my profession. From all the above, I have experience organizing and leading diverse groups to work together effectively in their common interest to address complex issues.

2. What are the most significant concerns facing professional psychology in the next three (3) years, and if you win your election, how would you translate these issues into goals that you hope would advance professional psychology's interests?

APA must help psychologists thrive. As a profession we are underpaid and underfunded, severely limiting our ability to do our work in our chosen areas. The newly released parity study

from the Research Triangle Institute highlights how low reimbursement rates for behavioral health care impacts insurance network participation and consumer access to care.

APA should be more intentional and innovative in addressing reimbursement and funding at the federal level. APA needs to provide more support to SPTAs for advocacy in their jurisdictions. APA should develop models for how psychologists can participate in medical business entities as independent professionals who are properly paid for the work they do.

APA must help psychologists address the impact of corporatization on practice. We are seeing the impact of for-profit corporate entities impinging on our ability to work and practice as we choose to best serve our communities. Mega corporations are vertically integrating administrative services and practices. That gives them a competitive advantage and huge influence in the future of the healthcare arena.

Investor-owned entities, whether publicly traded or private equity, are entering community markets sometimes buying independent practices. They will make decisions about their business and care in their corporate interests, and not for psychologists or consumers. Psychologists need to understand the implications of choosing to align with these entities and they need strategies to successfully compete in markets infiltrated by these companies.

APA's revision of the Model Licensing Act must consider the interests of the public and of practicing psychologists. This is a key reason I feel compelled to run for the presidency now: APA intends to endorse licensure in health service psychology at the master's level. The APA community must give adequate consideration to potential unintended consequences of this major policy change for professional psychologists current and future.

Everyone in the APA community needs to learn about these issues and consider the implications of this major policy change. It is essential that the Board of Directors have at least one member who has been closely involved in reg-

ulation and the development of the proposed standards for licensing master's practice to help the APA community to learn about and discuss these concerns, before APA decides how to proceed. I have that experience.

APA must address developing issues with inter-jurisdictional practice: APA should continue to advocate for continued flexibilities at the federal level, and there are unintended consequences arising with the Psychology Interjurisdictional Compact (PSYPACT) that APA can address.

APA must address how insurance company tactics impact our ability to practice and whether psychologists will continue to participate in healthcare systems. Beyond underpaying for services, insurance company practices are driving psychologists away from insurance panels. Healthcare practice models are diverging between those who practice within the organized healthcare system and those who chose to work outside of it. If the trend is to work independent of these structures, then psychology may become peripheral to healthcare systems, such that psychological science and psychologists will not be included in the future.

3. What are the most significant issues facing the American Psychological Association in the next three (3) years, and how would you seek to address any or all of these issues during your term in the presidential cycle?

Within the next three years the Council will consider a revision of the Model License Act that will likely include provisions for licensing people with master's degrees in psychology. This will in effect be APA's endorsement of licensing people with master's degrees in health service psychology. APA has not done enough to communicate with the membership or seek their input in the process.

The entire APA community needs to be informed about these issues and have input into the ongoing process before any proposal comes to the Council. Division 42 has already started to bring information to the entire psychology community with our open meetings and our survey. I think the Board of Directors needs

members who have been involved in this issue and understand the professional and regulatory implications to ensure that APA communicates and listens to the membership. It is necessary for APA to complete the work of creating a comprehensive proposal that includes accreditation standards, competency standards and model licensing standards for the community to make an informed decision about whether to go forward; and if the decision is to go forward, how to do so.

APA must address the future of healthcare practice including how insurance company tactics impact our ability to practice and whether psychologists will continue to participate in healthcare systems. There are existential issues facing the future of practitioners. Psychologists who seek to be more accessible to the public by taking health insurance have long endured under reimbursement and a host of insurance company tactics that undermine their ability to serve their communities can do their best work

APA should be more intentional and innovative in addressing reimbursement and funding at the federal level. APA needs to provide more support to SPTAs for advocacy in their jurisdictions. APA should develop models for how psychologists can participate in medical business entities as independent professionals who are properly paid for the work they do.

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APA must address how insurance company tactics impact our ability to practice and whether psychologists will continue to participate in healthcare systems. Beyond underpaying for services, insurance company practices are driving psychologists away from insurance panels. Healthcare practice models are diverging between those who practice within the organized

healthcare system and those who chose to work outside of it. If the trend is to work independent of these structures, then psychology may become peripheral to healthcare systems, such that psychological science and psychologists will not be included in the future.

Investor-owned entities, whether publicly traded or private equity, are entering community markets sometimes buying independent practices. They will make decisions about their business and care in their corporate interests, and not for psychologists or consumers. Psychologists need to understand the implications of choosing to align with these entities and they need strategies to successfully compete in markets infiltrated by these companies.

APA must support a psychology profession that is inclusive, and representative of our diverse communities. During a time of uncertainty and great challenge, we need to encourage and build on APA's vision of collaboration among individuals and groups with varying perspectives, backgrounds, and experiences both within our ranks and the society at large. APA's commitment to applying our science as a diverse, unified community of scholars, clinicians, educators, and applied practitioners will enable our efforts to address major societal concerns and flourish as a profession.

We need to encourage and actively assist those entering the field and ensure that education is accessible and affordable. The cost of education is a major barrier. No one should graduate into the profession burdened by excessive debt.

APA governance should be more transparent to the membership. Over the course of my involvement with APA I have recognized that the Association has been moving towards a corporate model of leadership by staff reducing the influence of the membership in setting the association's priorities and actions. I have advocated for greater transparency and involvement of the membership throughout the organization. Over the past several years I have been active in the Council Effectiveness Workgroup project that has sought to improve the ability of the Council to function as the association's

legislative body. In the next three years I would like to see APA commit to greater transparency by making all Council and Board meetings accessible to all members through video conferencing or webcasting. I will also advocate for APA to institute the Council Effectiveness Implementation Oversight Workgroup's policy portal as the workgroup envisioned it. These two actions will make it possible for members to be informed about policy development and participate in the process.

4. What is your position on the role people with master's degrees in psychology should have in the profession of psychology and how would APA's endorsement of licensing people with master's degrees impact the role of doctoral psychologists in the profession?

APA's position on the role of people with master's degrees in health service psychology changed quickly around 2016 when they recognized that Council for Accreditation of Counseling and Related Educational Programs (CACREP) was seeking to exclude people with master's degrees from licensing as counselors and professors with psychology degrees from teaching in counselor education programs.

Since 2016 APA has developed and accepted accreditation standards. They have proposed competency standards and generated recommendations for scope and title. Recently APA has created a task force to assemble recommendations for APA policy.

There could be value in creating a license in psychology with requirements grounded in psychological science that sets a higher standard for master's level practice than the other master's professions. It could also enhance the role of professional psychology in healthcare. If adopted with consistent requirements across several states licensing could give master's clinicians a valued identity and mobility. However, the details will matter, and the final proposal has yet to be written. It is essential that this proposal includes an appropriate scope of practice that reflects the education and training of master's clinicians and is clearly differenti-

ated from the the scope of practice for doctoral psychologists. Regulators will need to figure out how to monitor and enforce practice within the limitations.

There are potential unintended consequences that must be considered that may impact doctoral practice including how might this new policy affect employment opportunities and reimbursement for doctoral psychologists. Consideration also needs to be given to how an expanding master's membership in APA may impact the future policies of the association.

For this policy to be successful for APA and the profession of psychology the outcome must be something that state associations, licensing boards, their department and their legislatures will adopt with significant consistency in many states. ASPPB's PRELM Task Force (of which I am a member) will soon release their draft legislation and regulations. It can serve as a guide to the APA Task Force of how licensing can be done in a way that may be acceptable to jurisdictions and appropriately regulated. No matter how widely accepted the recommendations, the anti-regulatory movement will make seeking to adopt changes risky in some states as seeking revisions to current licensing laws could open the door to dismantling regulations that protect the public.

I have a list of issues directly relevant to doctoral practice that should be considered in the revision as well. I will reserve my decision as to whether I will ultimately support a proposed revision until I have reviewed the complete proposal upon which the Council will vote.

5. What should the APA community be doing to support people from traditionally marginalized communities to enter and succeed in the profession of psychology?

APA needs to actively develop ways to fund graduate education and support graduate students, interns and residents that do not include taking on the burden of student debt and to provide support for living expenses while in training. The cost and duration of graduate

training are recognized to be major barriers for members of marginalized communities to undertake graduate education. I will urge APA to create a task force to address this issue. Further, APA can explore ways to provide direct support for students to undertake their studies and training and meet all the requirements for licensure. This could include providing license applicants with support services to study for required examinations.

APA can assist state provincial and territorial associations (SPTAs) to help students and early career psychologists (ECPs) enter the field of psychology. APA can develop and financially support resources that enable SPTAs to create and sustain educational programs to assist students and ECPs to pursue further education, navigate licensing, and find work opportunities that meet their goals. These local resources will often be more accessible and relevant to students and ECPs than those provided at the national level. Students and ECPs will connect with their SPTAs, building collaborative relationships in their local professional communities.

APA can facilitate efforts to create interest among middle school, high school, and college-aged students about professional psychology as a career. Psychologists need to reach out to students to develop their interest in professional psychology as a career and to support them to access graduate education. APA can develop and support programs to enable SPTAs to do this outreach.

Thank you for this opportunity to share my concerns for the future of our profession, APA, Division 42 and most of all our membership.

Peter Oppenheimer for APA President 2024 Campaign
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Grant Rich

Please describe your accomplishments and experiences in professional psychology, and the interests of practitioners.

I have worked in both academe and in practice, and am a member of Division 42. In academe, I have published 11 books, and over 150 peer reviewed research articles/chapters. My publications include work in the APA journal Professional Psychology, American Psychologist, and Journal of Aggression, Maltreatment and Trauma. I have also coedited a book on Trauma and Resilience in cultural and developmental perspective and sit on the Editorial Board of APA's Traumatology journal, publishing work on research by my colleagues and I on trauma/resilience around the globe (e.g., Haiti, India, Cambodia). Among my recent books several relate to practice: in 2023, I was lead coeditor of a book on psychological impacts of migration (Psychosocial experiences and adjustment of migrants: Coming to the USA), a critical issue today. In 2022, I coedited a book on psychology in Oceania and the Caribbean, focusing on successes and challenges of behavioral health systems as they exist in these underserved and underexamined regions, bringing together diverse international/indigenous authors. Finally, in 2024 I was lead coeditor of the Handbook of media psychology: The science and the practice, leading a team of authors to focus on critical issues relevant to psychology practice today, such as impacts of AI, cancel culture, social media, mental health apps, VR therapies, and pandemic/health misinformation, video game violence, and ethical implications of media psychology for practice.

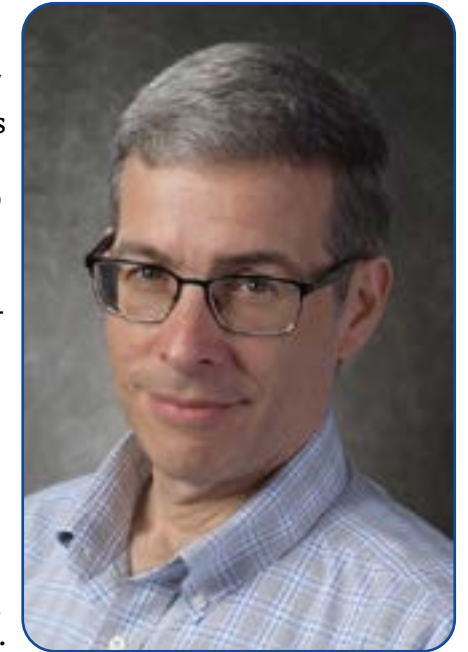
In applied practice, I have served for seven years for a State Division of Behavioral Health, where I am intimately involved with State System Behavioral Health systems in both mental health and substance misuse. For instance, I was lead grant writer on the

State's \$7.3 and \$7.9 million COVID ARP and Appropriations Act SAMHSA grant and \$2 and \$2.8 million SAMHSA emergency discretionary

grants, and lead writer of Alaska's FEMA/DTAC CCP crisis counseling grant; I am also Alaska's Planner/Coordinator for its state-wide SAMHSA Mental Health and Substance Misuse Block Grants, and its evaluator for its suicide prevention 988 and GLS grants;

additionally I served as lead co-chair of the State Epidemiological Workgroup, using my psychologist background to bridge research/data to implement evidence-based decision making for the State's behavioral health needs. I wrote the 52 page Evaluation Design for Alaska's 5 year CMS 1115 Medicaid Behavioral Health (MH/SUD) plan, utilizing psychologist research skills with real world pragmatic implementation insights. I am the sole psychologist on the national CMS Medicaid/Mathematica Core Set workgroup, assessing measures of physical and mental well-being (including substance misuse) that the nation utilizes to determine effectiveness/efficacy of Medicaid programs. Psychologists should be more involved with state and federal linkages to behavioral health systems and funding/services for psychology practitioners; I am positioned to make progress on this front.

I add I am also PFA certified, am a member of the Green Cross Academy of traumatology, and have worked as a social worker, a MHRT, a case manager, and a teacher therapist as well as service on Medical Missions in Central and South America, Asia, and the Middle East. My service has included work as a chemical dependency counselor for court-referred clients with felony



convictions, work with adults with SMI/severe and persistent mental illness, work with at-risk youth, and service with East African Black Muslim refugee populations. Together, these experiences have shaped the psychologist I am today, and provided me with a depth and breadth of understanding to lead and champion efforts of psychologists in both research and practice.

What are the most significant concerns facing professional psychology in the next three (3) years, and if you win your election, how would you translate these issues into goals that you hope would advance professional psychology's interests?

In brief, among the most significant issues facing APA in the next three years (relevant to practice) include:

- a. Clearly one significant issue will be impacts of emerging technology on professional psychology. For instance, the pros and cons of Mental Health apps, information and disinformation on social media, PDTs (prescription digital therapeutics) and who will have them in their scope of practice and at what rate they will be reimbursed and of course AI and virtual therapies. As President of APA's Society for Media Psychology and Technology I am well positioned to work towards appropriate solutions and understanding of the impacts of these technologies; I recently served as lead coeditor of the Handbook of Media Psychology: The science and the practice (2024) which describes some of the implications for psychology of the world of modernity, such as social media, video game violence, virtual therapies for PTSD, cancel culture, and pandemic/science information/misinformation. It is imperative that APA and practitioners are at the forefront of understanding advantages and risks of these technologies and how they impact clients, society, and psychologists.
- a. Working towards sufficient reimbursement by both public and private insurers. This work involves outreach to SPTAs as well as communication with policymakers in both APA and in federal and private insurers, including CMS Medicaid and large

private insurers. Evidence based outreach and focus groups are needed to better communicate why Psychologists merit reimbursement levels consistent with their knowledge, skills, abilities and specialized training/experience given outcomes.

- a. Streamlining credential portability between states, and for international psychologists seeking to practice in the USA; many regions of the USA are underserved and removing unnecessary barriers while still protecting the public should be a priority; this could involve lowered costs and paperwork volume, and as appropriate perhaps stepped temporary or conditional licenses prior to full licensure. Additionally, removing unnecessary barrier to telehealth (such as when the practitioner lives in one state and the client in another) is a crucial step to facilitating better care and access to psychological treatment, especially in rural areas and for many marginalized, underserved communities. To achieve this, calling together SPTA leaders, leaders in state government agencies, international psychology leaders/association leaders, and relevant policy makers is in order. Other professions have facilitated such portability through such processes and efforts; psychology should as well.
- a. Prescribing privileges: conducting assessment from psychologists and related health professionals in various states; determining where/when such privileges are desired/feasible but also reporting on where/when the public, other professions, and political/policy issues may make implementation unlikely or undesirable; ensuring honest conversations about alternative models, such as increasing psychiatry services in rural or underserved areas through loan forgiveness/support programs or HRSA type grants for telehealth partnerships between psychiatrists and primary/BH providers. Presently, though Guam was the first state/territory to have prescription authority for psychologists (1998), as of 2023 only 225 of APA's 150,000 members have prescription authority, and it is only passed in six states; clients need treatment now. Some psychologists have been working on these efforts for decades, and made some incre-

mental progress as noted here, yet clearly this solution is not a one size fits all situation and though it provides one option for some psychologists in some regions for some clients with some conditions, other professionals and approaches are also needed.

- a. Reducing student debt. It is evident that the pressures on students today in terms of debt, inflation, and funding are far different from the pressures in past decades. To ensure psychology has an able and sufficient workforce, and that we can recruit such a workforce, we must work to lower debt burdens, via such processes as more and better scholarships, more ability to obtain funding during the internship and early career years and more loan forgiveness type programs particularly for students who seek to serve underserved populations and regions.

What are the most significant issues facing the American Psychological Association in the next three (3) years, and how would you seek to address any or all of these issues during your term in the presidential cycle?

The issues facing psychologists today are many. Briefly, as APA president I will aim to build unity with diversity to achieve our shared goals by:

- » Encouraging excellence & representation in research & practice. Psychology is stronger when we work together effectively. Support for both those in academia & those in private practice/organizations (e.g., government/business/health facilities/hospitals). There must be an increase in cooperation and communication between research and practice and a reduction of silos. Creating workgroups, facilitating focus groups, and funding cooperative efforts will be steps towards bridging research and practice towards the shared mission of psychology.
- » Creating meaningful opportunities for students/early career, mid-and senior-career-psychologists.

- » Examining best practices for effectively/efficiently integrating primary care & behavioral health. Social issues today require psychologists to partner with colleagues in other disciplines on such issues as climate change, poverty, health equity, prejudice, discrimination, & decolonization (e.g., race/ethnicity, religion, gender, disability, national origin, age, LGBTQAI+). We must utilize psychology research and practice expertise towards social change and understanding such as action to reduce violence, hate crimes and antisemitism and Islamophobia.
- » Promoting a worldview of living peacefully/cooperatively through greater international scholarship exchange.
- » Ensuring ample/appropriate dissemination of psychology to healthcare providers & the public through effective use of media/technology. Making psychoeducation proactive, not just reactive crisis responding. Publications/policy briefs should be affordable/accessible in the USA & internationally.
- » Working together with the profession & public towards positive social change. To succeed, psychology must partner with behavioral health professionals, policymakers, & insurance & advocacy groups. Respectfully engaging with both ends of the political spectrum, better communicating our shared mission & building a system where diverse stakeholders can meaningfully engage.

As APA president, to achieve these ambitious goals, I bring 30 years of extensive experience managing organizations/projects in APA, state government, & academe, including life/work in diverse settings (e.g., Alaska/South Asia/Southeast Asia).

What is your position on the role people with master's degrees in psychology should have in the profession of psychology and how would APA's endorsement of licensing people with master's degrees impact the role of doctoral psychologists in the profession?

Another pressing issues is the potential role of MA level practitioners. The issue merits careful,

inclusive discussion and evidence-based rather than purely emotional decision making. Presently Division 42 is conducting a survey on the topic and results should be utilized as part of the policy making process. One issue is the need to emphasize very precise criteria and training from master's level vs. doctorate level where the requirements and outcomes do not confuse clients (and the public and policymakers) as to the levels of expertise and training between Master's and Doctorate, as well as how the different levels may or may not relate to significant differences in price.

Notably, typically many states see three times as many LPCs and three times as many social workers as PhD psychologists. These differences in numbers also relate to size of possible influence of these professions on policy. A further consideration is that many states are underserved by PhD psychologists and lack sufficient behavioral health workforce overall; impacts of shortages are especially acute in rural areas and among many marginalized/BIPOC/LGBTQAI+ populations. Communicating to the public and legislators and to other health care providers, why and when psychologists are the preferred provider is an important mission for APA and psychology. Clarifying the scope of practice and efficacy/efficiency of Master's Level practitioners is also mission critical. Evidence is essential here. A tone of respect for other professions while also advocating for greater understanding of psychology's strengths and specializations is in order, as is a necessity to communicate that a one size fits all approach may be neither feasible nor advised. For instance, what works in one state or region or for one population/condition may not be appropriate in another. Examining potential intended or unanticipated consequences or broadening scope of practice, credentialing, and numbers of MA psychology practitioners is also in order, such as projections of impact on work of PhD psychologists and reimbursement levels for PhD/PsyD psychologists and desire for MA psychologists to continue on to for doctorate credentialing.

What should the APA community be doing to support people from traditionally marginalized communities to enter and succeed in the profession of psychology?

A diverse workforce is essential to a thriving psychology. We must work together to ensure diversity in academe, in publications, in practices, in state and federal organizations, and throughout the discipline. Journals must ensure that editors, editorial boards, and reviewers sufficiently reflect diversity. Universities must examine tenure/promotion practices to ensure diversity is valued and demonstrated quantitatively, as in representation as department chairs, in administration positions, and with fair compensation. Practices should ensure diversity in hiring and retaining therapists. Within APA, mentoring programs, scholarships, special programs, institutional research, and authentic organizational and personal self-reflection are all essentials on the path to diversity. Diversity has been at the core of my career and I will continue to promote it in psychology practice and research; I have lived and worked in diverse settings (e.g., Alaska, SE and South Asia), and have published extensively on diversity in psychology education/training including three book on internationalizing/diversifying psychology.

I would especially advocate for special training scholarships to support education/training for a diverse practitioner workforce; these efforts should also include building greater virtual access to training, as many rural and other marginalized communities (including BIPOC/LGBTQAI+, disability) may especially benefit from such opportunities- as will their future clients!

We also must ensure a linguistically diverse workforce; there are large scale migration issues impacting service delivery and access in many regions of the nation, and recent work, such as presented in my recent co-edited book, *Psychosocial experiences and adjustment of migrants: Coming to the USA (2023)*, indicates that often migration experiences are associated with many challenges to wellness that psychology practice may serve. Ensuring a lin-

guistically capable workforce is ready to meet the need is essential, and merits active support and action from APA, such as through funding support and specialization programs for best practices for working with immigrants, refugees, and forced asylees.

[Beth N. Rom-Rymer](#)

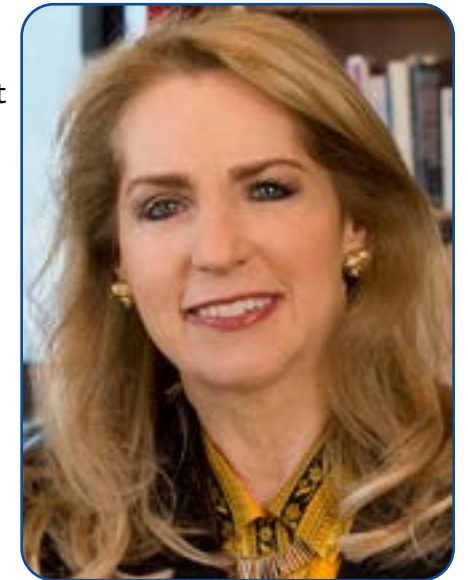
1. Please describe your accomplishments and experiences in professional psychology and the interests of practitioners.

In 1977, I created the Victim-Witness Assistance Unit, State Attorney's Office, 2nd Judicial Circuit, Florida, to assist violent crime victims and witnesses, in the Criminal Justice System. I developed relationships with the social service and psychological community in Tallahassee so that I could create an effective referral system for the victims and witnesses who came to my attention. I also worked closely with law enforcement, seeking to teach police officers how to manage their own stresses, as well as teaching them how to effectively and compassionately interview victims of violent crimes. To that end, I took 24/7 call, so that I would be called out to the scene of a crime or to the hospital, to work, directly, with law enforcement when interviewing crime victims. When Ted Bundy murdered two young women and seriously injured another, while they were sleeping in their rooms at the Chi Omega sorority house at Florida State University on January 15, 1978, I was called, the next morning, to work with the involved officers, as well as with the other women in the sorority house, who were not directly victimized by Bundy that night. I continued to be involved with the Bundy case, with law enforcement, as well as with the Assistant State Attorney who was prosecuting the case, through December 1979, when I moved out of state.

In 1978, I also co-founded (with three other women) and became the first Board President, of Refuge House, a shelter for women and children, victimized by domestic violence. Today,

Finally, the use of role models from marginalized communities is essential in helping recruit, retain, train and develop students from such communities. More and better outreach, mentorship and support programs must be developed and funded. This is a priority!

both the Victim-Witness Assistance Unit and Refuge House have significantly expanded their reach, to serve, annually, scores of thousands of women, children and men who have been victimized by violent crimes. In May 2018, I gave a keynote address at the celebration of the 40th Refuge House anniversary.



I am one of the psychologists who created the field of forensic geriatrics in 2000, speaking at national conferences; testifying, nationally, in cases concerning the sexual abuse of older adults in nursing homes; and writing book chapters about the role of the forensic psychologist in geriatric settings.

Foreseeing the critical need for comprehensive mental health prescribers, I undertook training in Clinical Psychopharmacology during the 1990's and became a national leader in the advocacy for psychologists' prescriptive authority, when I was elected the fourth president of the fledgling APA Division 55 (Prescribing Psychology) in 2004. As President of the Illinois Psychological Association from 2011-2012 and from 2013-2014, I led the Prescriptive Authority Movement toward successful passage of its

legislation in May 2014, earning the Governor's signature in June of 2014.

I have held many administrative positions in psychiatric hospitals throughout the Chicago metropolitan region. I have also lectured extensively in the Departments of Psychiatry, at the University of Chicago, Pritzker School of Medicine, and Northwestern University's Feinberg School of Medicine, and in the Departments of Psychology, at the Rosalind Franklin University of Medicine and Science and at the Massachusetts School of Professional Psychology. I have a clinical practice in Chicago and a national forensic consulting practice. I have given numerous lectures on clinical and forensic issues (sexual trauma, PTSD, domestic violence, child abuse, child custody litigation, substance abuse and trauma, sexual harassment in the workplace, the role of the forensic psychologist in the courtroom) throughout the United States and Canada. I have been acknowledged to be a force for social change in my community in Illinois. I serve on the Board of Directors of Thresholds, the largest and oldest social service organization in Illinois, serving the seriously mentally ill. I have also partnered with NAMI in working to provide comprehensive mental health services to the NAMI community.

From 2009-2014, I served on the Board of Alliant International University and was Vice Chair, 2012-2014. For the six years that I was sitting on this Board, I made significant, annual contributions to a fund that awarded scholarships to Native psychologists, studying for their MS in Clinical Psychopharmacology, in preparation for their becoming prescribing psychologists in indigenous communities. In 2016, I created a fund with the American Psychological Foundation for nine (9) annual scholarships to be granted to both graduate students and licensed practicing psychologists for training in Clinical Psychopharmacology. In 2020, I established a fund with the Society for Indian Psychologists (SIP) for Native Psychology Student Dissertation Awards as well as a fund for Native Psychology Students' Travel Scholarships to the APA annual Convention.

I have received several awards for my work,

including: "Distinguished Illinois Psychologist" from the Illinois Psychological Association (2012, 2014), "Outstanding Service to the Community" from the Princeton University Club of Chicago (2013); "Outstanding Psychologist of the Year" from the APA's Division 31 (2014); APA Presidential Citation for Outstanding Leadership (2015); APA Karl Heiser award for Legislative Advocacy (2015); Alfred M. Wellner, Ph.D. Lifetime Achievement Award from the National Register of Health Service Psychologists (2016); Outstanding Psychologist Award from the Illinois Psychological Association (2016 and 2017); Social Impact Leaders Award from The Chicago School of Professional Psychology (2018); "Outstanding Leadership" Award from AMITA Health Alexian Brothers Behavioral Health Hospital CEO, Clayton Ciha (2019); "Inspiration and Dedication Award" from PASACP, the Association of Prescribing Psychologists in South Africa (2021); "Distinguished Service and Leadership Award" from the National Register of Health Service Psychologists (2022); "Honored Valued Ally" from the Society of Indian Psychologists (SIP)(2022); "Distinguished Honored Guest," from the Society of Indian Psychologists (SIP) (2024).

Most recently, I was in the Chair Trio of the APA Council Leadership Team (2018-2020) and a past member of the APA Board of Directors (2018-2019). I was Chair and President of the Board of Directors of the National Register of Health Service Psychologists (January 2021-December 2022); Founder, President, and CEO (since 2018) of the Illinois Association of Prescribing Psychologists (IAPP); and Co-Founder and President (since 2023), the Association of Jewish Psychologists (AJP). Members of the AJP Board of Directors have overseen 26 weekly support groups for University faculty, staff, students, parents, and clinicians in the U.S. and internationally; are creating research programs on the sequelae of antisemitism on children and the relationship between antisemitism and other forms of hate and prejudice; are creating evaluative research on effective interventions when there is political unrest on college campuses; with my Board colleagues, we have conducted weekly webinars on topics ranging from the representation of antisemitism in the

art of Marc Chagall, psychological first aid toolkits, confronting antisemitism in the schools, navigating discussions on University campuses about the war in the Middle East; performing readings of original plays on the Holocaust; with my colleagues, raising funds for research on antisemitism. In my position with the IAPP, I am continuing to implement the Prescriptive Authority legislation in Illinois while working, legislatively, to expand psychologists' prescriptive authority. I also consult with State Psychological Associations, nationwide, on legislative advocacy campaigns for Prescriptive Authority. The Prescriptive Authority Movement's mission is to provide care for our communities' most vulnerable and underserved, from a cadre of licensed prescribing psychologists, representative of BIPOC/ AAPI/LGBTQAI+/ disabled communities. Founder, President and CEO, Illinois Association of Prescribing Psychologists, my goal is to have more than 1,200 licensed prescribing psychologists in Illinois by 2044, doubling the number of comprehensive mental health prescribing professionals, thereby increasing access to the highest quality mental health care in Illinois by 100%.

Since 2019, I have been working with colleagues in Brazil and in several other countries throughout the world (including Canada, India, Jamaica, Jordan, the UK, The Netherlands, Nigeria, Norway, Poland, South Africa, Singapore, and Taiwan) to create an international network of psychologists involved in the international Prescriptive Authority Movement. My two colleagues in Brazil and I are the co-chairs of IMPAP, the International Movement of Psychologists with Prescriptive Authority. I chaired the remote session, "The International Movement for Prescriptive Authority" at The International Conference of Psychology (ICP) in Prague, Czechoslovakia (July 2021) and I helped to create and was an invited speaker for the panel, "The Emergence and Exciting Growth of a Psychologist's Prescriptive Authority Movement in South Africa" at the 26th Annual South African Congress of Psychology in Johannesburg, South Africa (2022). To further accelerate the national and international Prescriptive Authority Movement, I am completing a book, to be published soon, on the impact of the Prescribing

Psychologist Movement on the national health-care crisis, "The Revolution in Healthcare: How Prescribing Psychologists are Changing the Landscape of the Healthcare Delivery System in the United States."

2. What are the most significant concerns facing professional psychology in the next three (3) years and if you win your election, how would you translate these issues into goals that you hope would advance professional psychology's interests?

- a. Protecting doctoral level psychologists from career-ending competition from other healthcare professionals.
- a. Protecting the primacy of the doctoral degree in Psychology.
- a. Protecting practice laws in states throughout the country.
- a. Protect a flexibility in practice orientations. Ensure that APA will not write practice guidelines that might unreasonably limit practice flexibility or limit new innovative integrative practice areas.
- a. Expanding scope of practice.
- a. Ensuring that all psychologists are competent in telehealth; that telehealth is permanently statutorily supported; that financial reimbursements for telehealth are robust and permanent.
- a. Ensuring that all psychologists are comprehensively trained in how to avoid risk in their professional practices.
- a. Ensuring that all psychologists are aware of innovative practice opportunities as well as abundant CE opportunities.
- a. Ensuring that APA retain focus on the needs of BIPOC/A API, transgender/gender expansive members of the LGTBQIA+ psychologist communities.
- a. Ensuring that applied psychologists receive the recognition and support for their critical work.
- a. Encouraging increased regulation, through state and federal legislation, of managed care companies so that they will

more vigilantly protect patient data from cyber breaches, irreparable cyber damage, ransom demands and extortion, including threats to release patient data.

- a. Encouraging practicing psychologists to specifically become trained in working with the many psychological sequelae of the Covid pandemic, including adjustments to post-acute and long Covid symptomatology, loss of loved ones, loneliness attributable to a history of Covid isolation, childhood and adolescent developmental issues, affected by long periods of remote schooling and social activities.
- a. Working to enhance psychologists' training and advocacy in developing expertise in pain management and addiction prevention.

As APA President:

- a. I would encourage psychologists to become involved with their SPTA's so that they can support their SPTA's license-protective actions.
- a. I would encourage APA to join with SPTA's in the protection of psychologists from career-ending or career-compromising competition from other healthcare professionals. I would speak, publicly and widely, about the importance of expanding psychologists' scope of practice, inclusive of prescriptive authority, so that the most vulnerable and underserved in our communities could access care. I would put APA's full weight behind legislative advocacy for states' prescriptive authority; PSYPACT; and any other legislative initiatives that would both protect psychologists in the workplace and expand psychologists' reach in the community.
- a. I would ensure that APA continues to provide important consultation to SPTA's on threats to practice laws and threats to a flexibility in practice orientations.
- a. I would emphatically advocate for increasingly higher levels of literacy in telehealth throughout APA, inclusive of SPTA's, as APA continues to strongly lobby, on a federal level, for the continuation of telehealth reimbursements; the expansion of telehealth parameters; and the removal of

pre-Covid constraints on telehealth practice.

- a. As APA President, I would speak about ethical risk management practices and widely encourage regular training in risk management.
- a. I would encourage psychologists' engagement in our various regional, national, and international conferences to continue to enrich their competencies in AI, ethics, leadership, cultural competencies, and thousands of other important psychological topics, well worthy of exploration.
- a. I will have contact with all of the APA Divisions and SPTA's. Diversity, Equity, and Inclusion will continue to be at the forefront of my conversations. BIPOC/AAPI, LGBTQ+ competent clinical care, inclusion in research, inclusion in all areas of academics (not just in classes that focus on minority issues) and the support of students and young professionals are all critical to move Psychology forward.
- a. I will speak publicly and widely about the importance of training in and societal understanding of the sequelae of acute and long Covid, the addictions, and pain management, particularly in education and work settings.
- a. Practicing/applied psychologists, particularly those in less traditional roles and settings often experience professional isolation. I will be sure to strengthen our recognition/support for these divergent, rich areas of psychology: biological, cognitive, developmental, experimental, forensic legal, I/O, non-forensic legal, social. We can ensure diverse/equitable representation on APA Boards/Committees; that ECP grants are offered to all applied psychologist groups; that applied legal psychologists are consulted for AMICUS brief development and on a plethora of other legal issues. Many clinical psychologists partner with primary care practitioners, gender affirmation surgical teams, gastroenterologists, train as prescribing psychologists, etc. All psychologists must be represented, recognized, and respected for their important, interdisciplinary and intersectional work.

3. What are the most significant issues facing the American Psychological Association in the next three (3) years, and how would you seek to address any or all of these issues during your term in the presidential cycle?

- Promote clinical practice; secure APA-SI financial viability; work closely with SPTA's, ensuring the necessary tools to pass critical legislation, while addressing state legislative erosion of patient privacy rights/the psychotherapist's privilege/reproductive rights/LGBTQIA+ right/women's healthcare/healthcare accessibility for the most vulnerable in our society
- Emphasize critical importance of scientists/psychological science, infused with DEI initiatives/fulfilling our APA mission to impact our world.
- Highlight fundamental significance of General Applied Psychology, including applied social psychology/forensics/industrial-organizational/sports/performance psychology/telepsychology/future of work.
- Identify and disseminate vital information on evidence-based/evidence-informed: treatments for the sequelae of Covid-19; preventive measures to avoid future, deadly epidemics/pandemics; prevention of/treatment for addiction disorders, pain management
- Use our effective scientific evidence to contribute to the eradication of global health disparities while achieving health equity.
- Facilitate greater access to comprehensive/integrative, mental health care, including Prescriptive Authority.
- Promote global initiatives reducing existential environmental threats/meeting climate refugees' challenges/needs.
- Provide for the continued growth of an inclusive APA, ensuring multidisciplinary (within Psychology), multicultural, multinational APA leadership with representation from all minoritized and margin-

alized communities, including BIPOC/Jewish/ LGBTQIA+ /AAPI, disabled communities.

I am excited about how, using our science, we all are advancing psychological knowledge and the public's awareness of our contributions. I will create policy, testify nationally, speak publicly around the world, write articles; speak to communities, using all media outlets; assemble visible, diverse coalitions and task forces of multidisciplinary leaders. Our APA leaders will be at the forefront on these critical issues.

4. What is your position on the role people with master's degrees in psychology should have in the profession of psychology and how would APA's endorsement of licensing people with master's degrees impact the role of doctoral psychologists in the profession?

Without question, people with masters' degrees in psychology should always be distinct from all doctoral level psychologists: distinct in training and distinct in scopes of practice. The public must not be confused between the skill levels of a master's degree provider and our doctoral level psychologists. A model licensing act will clarify and codify the different scopes of practice for master's level providers and doctoral level psychologists.

While it certainly will be possible for licensed clinical psychologists to integrate people with masters' degrees in psychology into their practices, licensed clinical psychologists will always have the superior training and skill levels to earn the leadership positions in our field; the recognition in our field of the most thoroughly trained clinicians; and to receive the most complex patient referrals. Jared Skillings, Chief of Practice, talks about our field creating a hierarchy of skills and competencies so that Master's level folks are given competencies at the Master's level. We will not all share the same competencies. APA, while providing support for the training of people with master's degrees in psychology, must always recognize the preeminence of the doctorally trained clinician.

Many threats to clinical practice exist in our

practice environment. It is critically important that APA clearly address these threats and provide effective advocacy for clinicians in combatting these threats. As your President and a clinician, I will ensure that the interests of clinicians be given the close and supportive attention that they deserve.

5. What should the APA community be doing to support people from traditionally marginalized communities to enter and succeed in the profession of psychology?

- a. Publicly advocating for increased government and state funding to provide access to better systems of mental health care for underrepresented population sectors and by reconfiguring the educational and training system for psychologists so that there is as much emphasis on public/population healthcare as there is on traditional, clinical one-on-one mental health care.
- b. Collaborating with local communities, community organizations' leaders, elected officials, and the general public, to improve patient access to the delivery of optimal mental healthcare.
- c. Presenting workshops in diverse communities and providing special APA discount membership offerings to psychologists who are members of organizations such as, Asian American Psychological

Association, Association of Black Psychologists, National Latinx Psychological Association and the Society of Indian Psychologists.

- d. Collaborating with University faculty and related organizations (eg., Division 1 – Society for the Teaching of Psychology; Council of University Directors of Clinical Psychology; National Council of Schools and Programs of Professional Psychology) to incorporate scientific research based on genetic ancestry, in their respective curricula. This would help to focus on our similarities, as opposed to our phenotypic differences; genetically, we are 99.9% similar.
- e. Introducing non-Western/non-white theories of health and well-being in psychology training programs, as legitimate areas of learning about human behavior and the treatment of psychological disorders.
- f. Actively seeking psychologists of color to fill academic and staff positions at Universities and at other training programs.
- g. Publicly advocating and legislatively lobbying for increased funding for graduate education.

Beth N. Rom-Rymer, Ph.D.
Candidate, APA President-Elect 2024

Wendi Williams

1. Please describe your accomplishments and experiences in professional psychology, and the interests of practitioners.

As Provost and Senior Vice President of Fielding Graduate University, I am devoted daily to the development and advancement of practitioners across the nation. As the academic leader in the only APA-accredited distributed learning Clinical Psychology program with students and faculty located across the coun-

try, I am keenly aware of the diverse practice contexts of psychologists and the legislative variation that impacts individuals seeking to practice. My work requires I am conversant on the shifting regulatory and compliance landscape shaping the practice contexts for our students and faculty colleagues who prepare them. Specifically, as an academic administrator for a clinical psychology program with students located across the country, my team and I actively monitor the regulatory climate across states to ensure our students' clinical

training activities are approved amidst legislative shifts. This unique role I fulfill demands knowledge and wisdom on national, state, and local perspectives related to practice.

I have also advocated for the conditions to support the training and practice of psychological practitioners with diverse populations. For example, I have participated in APA Advocacy Office-sponsored Hill Days as a constituent of New York and California over the years. Most recently, as a part of the Hill Day activities associated with the February 2024 Council of

Representative (COR) meetings, I represented the interests of practitioners by encouraging our representatives to support legislation that would invest in youth mental health, protect children in the workplace, improve health equity, expand access to psychological services, and continue funding psychology graduate student education.

2. What are the most significant concerns facing professional psychology in the next three (3) years, and if you win your election, how would you translate these issues into goals that you hope would advance professional psychology's interests?

The greatest assets and challenges facing professional psychology in the next 3 years are:

- 1. Inter-jurisdictional practice of psychology via telepsychology
- 1. APA accreditation of the master's programs in psychology
- 1. Practice psychologists' navigation of managed care systems

While engaging in deep listening with colleagues in the private and professional practice of psychology, the burdens they face to provide access to clinical care feel innumerable. Working with managed care companies to get equitable reimbursement, realizing that some of these companies were acquired by private equity firms that are not committed to mental health or psychological practice as they financially exploit a broken health care system, present ongoing challenges. Significant changes in the field, such as expanding licensure eligibility

to MA - level practitioners, inter-jurisdictional practice via telepsychology, and the expected impact on the independent practice business model that may result in diminishing the competitive edge for practice, may further impede the ability for psychologists in independent practice to carve out a living.



These challenges are multi-faceted and dynamic, requiring a solution-focused approach that is cognizant of the complexity of each issue individually and how they are related. My time on the "campaign trail" becoming aware of each of these issues and their interconnectedness has inspired my interest in establishing a task force that can take a comprehensive look at the issues and develop an ecosystemic approach to addressing the composite of practice-related challenges and access issues that undermine the ability of our colleagues to engage their work effectively and within conditions that support their health and wellness. The goals of this task force would be to:

- » Comprehensively consider how these issues shape the current context of independent psychological practice and
- » Propose solutions to address these issues, which should include options for collaborative engagement with APA's leadership, directorates, advocacy talent, and networks to fully leverage the rich resources of expertise, talent, and relationships to address these concerns.

No one candidate or APA entity can single-handedly address the complexity and wide-ranging issues that culminate in the difficult practice conditions that shape the current context of practicing psychologists. Rather, by

working collaboratively to leverage the resources across our association, we can set and accomplish short, medium, and long-term goals that address the immediacy of these challenges and set course on addressing long-standing challenges to the independent practice of psychology and leave a legacy that preserves the integrity of our field and the next generation of practicing psychologists.

3. What are the most significant issues facing the American Psychological Association in the next three (3) years, and how would you seek to address any or all of these issues during your term in the presidential cycle?

The most significant issues facing the American Psychological Association in the next three years are (a) Youth Mental Health, (b) Wellness at Work, (c) Population Mental Health 411, and

(d) Dis- and Misinformation. In the following, I discuss these issues and what I would do to address them during my presidential cycle.

Youth Mental Health

With one in five adolescents experiencing a mental health challenge, youth mental health is one of the most critical issues facing society and the field. The world may feel increasingly unsafe and uncertain for our youth, who have only known our current national and global instability.

With the advent of social media and advancements in information technology, their horizons have broadened. Still, many lack the resources to effectively manage and organize the overwhelming amount of information impacting their developing minds and bodies. Youth mental health challenges commonly manifest in anxiety, depression, attentional problems, and eating symptomatology, and the causes are myriad, grounded in a sense of uncertainty and unsafety.

During my presidential cycle, I will launch a Youth Mental Health initiative. This initiative will engage young people through virtual and in-person events in 2026, fostering their lead-

ership and addressing issues like the impact of social media, suicidality risks, and violence in schools, especially among targeted groups, culminating in a hybrid summit event at the 2026 APA Convention in DC.

The Psychological Workforce: Wellness at Work

Our workplaces have the potential to be the foundation for positive mental health and wellness due to the time and commitment we invest in them. The recent emphasis by the APA on workplace wellness, particularly the focus on the psychological well-being of the workforce, resonates with my goal of promoting the qualities and strategies to create people-centered and effective organizations, enabling us to discover meaning and purpose in our work. We all require a sense of belonging and opportunities for growth and development to thrive, especially in the workplace. Through our work, we can realize our purpose and make a meaningful contribution to the world. We need to ensure that our work environments incorporate best practices, like involving our colleagues in decisions that impact them, honoring individual cultural identity, acknowledging their efforts, and addressing issues that lead to burnout, particularly among vulnerable groups such as early career psychologists and graduate students who sometimes prioritize their academic and professional progress at the expense of their well-being. Although the pandemic highlighted numerous challenges in the world of work, it has also prompted us to explore possibilities for implementing changes that are more beneficial for workers' wellness.

During my presidential cycle, I will leverage the APA Work In America Survey and its commitment to ongoing efforts in this area to underscore the significance of workplace well-being. We will host a proceeding with APA and public leaders about cultivating wellness in our work as psychologists. We will also host a *Refuse, Rest, Recover Exhibit* at the APA convention that infuses wellness practices, the arts, and community building to advocate for collective and self-care within our profession.

Population Mental Health 411

At the height of the pandemic, we gained a clearer understanding of how our health is interconnected. Public and population health perspectives are necessary in building a shared sense of wellness, especially regarding mental health. By most measures (like a November 2023 Pew Research Center survey in which 90% of Americans expressed feeling that we are in a mental health crisis), there is a crisis in mental health driven by youth mental health problems, severe mental illness, and substance abuse issues.

As more people are directly exposed to the mental health vulnerabilities of their friends, colleagues, family members, and themselves, it is crucial that we not only make information about mental health accessible, but also provide recommendations on how to address the challenges as they arise. APA plays a critical role in providing accessible information and supporting the public sector in communicating mental health information to the population. Our collective wellness depends on ensuring that many more people know what positive mental health is and how to support others when they need help.

During my presidential cycle, I will launch 100 Psychologists Rising. This initiative will utilize the transformative principles of movement work to galvanize a global alliance of psychologists who leverage their local and psychological expertise to amplify wellness and feature their work in a podcast series, conference convening, and publication.

Dis- and Misinformation

Societies need accurate and reliable information on which to make informed choices. Unfortunately, determining whether information is reputable has grown increasingly complex. Amidst divisive social and cultural narratives that impact our political systems and processes, we are vulnerable to being misled by bad actors, sometimes unintentionally spreading untruths that we have been manipulated into believing are real. As psychologists, we study the workings of our inner universe of thoughts and beliefs and their translation into behaviors

and social interactions. We understand what makes an untruth seem real and our ways of engaging dis- and misinformation that further legitimizes it. We know of the cognitive factors that cause belief in false information to persist despite being confronted with contradicting, verifiable data.

As citizens, we are ever mindful of the precarity of our media and information ecosystem and its impact on our political systems and our ability to read and navigate the issues facing human beings across the globe. Dis- and misinformation can ignite or exacerbate vulnerabilities in our society. The work of psychologists to counter these efforts by leveraging our science to develop information literacy techniques that enable the public to be aware and capable of countering the effect of inaccurate information is vital. Further, we must model culturally attuned processes and practices that can bring people together to advance a more peaceful, humane, and just world.

As APA president, I will advance a vision for our association that applies the clarity and consistency of our scientific methods to understand the conditions of unwellness in our world and respective communities. Utilizing the rich resources of our field, we can courageously address the complex challenges impacting society and our ability to meet the needs of people, systems, and organizations to more equitably and justly live well.

4. What is your position on the role people with master's degrees in psychology should have in the profession of psychology and how would APA's endorsement of licensing people with master's degrees impact the role of doctoral psychologists in the profession?

Rarely is there an absolute good or bad way forward, and the case of APA's accreditation of master's programs in psychology is no exception. When faced with these types of issues, I often wonder about our capacity to find the middle way, recognizing that our systems have likely been operating out of an inequitable imbalance for some time and require that we

adjust our expectations and experience to meet the moment that pushes us to think and act beyond our own particular zone of comfort. As an association, we must grapple with the challenges of offering clinical service and expertise to a public in crisis. And, though it is often encouraged that we “give psychology away”, we must move beyond rhetoric to encourage a generosity that is responsive to the real business cost and loss associated with what the shifts in access may mean for our work and livelihoods.

We have a leadership role to play in ushering in an eco-systemic expansion of our field that includes MA-level psychological clinicians, to ensure access to affordable mental health care to a broader swath of individuals, particularly those who have been underserved by our mental health system. We need not be afraid of their entrée, but rather ensure that when and how they enter aligns with fidelity to the field, our clients, our ethics, and our science.

Opportunities for MA-level psychologists’ membership into the APA can:

1. Ensure their fidelity to the principles of the field as exhibited in our ethics and science;
2. Encourage doctoral study among MA-level practitioners with the capacity to continue their studies at the doctoral level;
3. Keep MA-level practitioners in close proximity to the field and to both the researchers on whose work their practice depends and the educators who train them.

Similar to technological advances, our hesitation about their impending existence does not protect us from their arrival. It is coming and its ascension need not be a bad thing. We simply, with the power and authority we have, need to face what is in front of us and ensure it will be in service to our mission and vision as an association to *promote the advancement, communication, and application of psychologi-*

cal science and knowledge to benefit society and improve lives.

As APA president, I would urge us to stand in our role as leaders and visionaries and imagine how MA-level mental health clinicians can and will expand the mental health ecosystem to ensure we are extending the reach of our field to those in most need of our science and our advocacy.

5. What should the APA community be doing to support people from traditionally marginalized communities to enter and succeed in the profession of psychology?

My work exemplifies a solid commitment, respect, and deep regard for the life experiences of individuals and communities. My vision takes an intersectional approach to unpacking the specific and common factors across the human experience to facilitate lasting change for my clients, students, teams, and communities. This intersectional approach has been effective in engaging executive leadership development with women of color, coaching school districts and systems (e.g., urban and rural) toward living into their diversity and inclusion goals, and in my work cultivating leadership capacity in adolescent girls of color to counter risk behaviors.

Leading with a lens toward uplifting and supporting while holding our colleagues accountable for the change they seek aligns with the APA’s mission and is work that should be continued to support people from traditionally marginalized communities.

The impact of the larger social discourse has made its way into our association. While we are psychologists, we are human first and vulnerable to the social and cultural discord that permeates society. In my work supporting institutional/organizational leaders to cultivate equitable contexts that bring out the best of their employees, students, and/or clients, I am keenly aware of the ways internal tensions distract from the shared vision and mission that guides our work. Diversity of perspectives is healthy and, while we will not always agree,

we can hold our unique and nuanced perspectives while working alongside one another to advance psychological wellness grounded in evidence-based science and advanced through our practice, advocacy, and education. This is how the APA community, from its sphere of influence, can support people from traditionally marginalized communities.

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