



PSYCHOLOGISTS IN PUBLIC SERVICE

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DIVISION 18

FEBRUARY 2023 EDITION



Dolly Sadow, Ph.D., ABPP

1949-2022

Remembering Dolly Sadow, Ph.D., ABPP Division 18 President 2005-2006

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Monica Roy, and Randy Taylor

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Division 18 Heroes

Timothy P. Carmody

In this historian column, I profile past Division 18 leaders who have worked tirelessly in their advocacy efforts for public service psychology and for those vulnerable individuals served in public sector settings. I also pay tribute to Dolly Sadow who passed away last October.

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Amplifying the Voices of Psychologists in Public Service

Jason A. Cantone

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REMEMBERING DOLLY SADOW, PH.D., ABPP DIVISION 18 PRESIDENT 2005-2006

On October 8, 2022, Division 18 lost our beloved leader and friend, Dr. Dolly Sadow. Dr. Sadow was born in Athens, Greece, to holocaust survivors and emigrated with her family to the United States at the age of 18. She was brilliant! She spoke seven languages and graduated as the valedictorian of Wellesley College before getting her doctorate in clinical psychology from Clark University. She leaves behind her beloved husband David Goodman (whom many of us had the pleasure to get to know at APA Conventions) and daughters Dara and Danya. She was always so proud of her daughters and their many accomplishments. She was delighted that Danya followed in her footsteps and became a psychologist!

As a psychologist, Dr. Sadow enjoyed a long career at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, Massachusetts. In her roles as the Director of the Empowerment and Family Services Center and Director of the Mental Health Intensive Case Management Program she was a champion for the care of Veterans with serious mental illness. Part of Dr. Sadow's clinical work centered on women from underserved populations, especially women suffering from sexual trauma, homelessness and those living with serious mental illness. Dr. Sadow was equally dedicated to her colleagues and mentored many students. As a board-certified clinical psychologist diplomate, during her distinguished career, she published numerous papers, presented at national conferences, sat on multiple committees, and received many awards, including a special presidential citation from the APA. Division 18 was her APA home and she served in numerous leadership roles including VA Section Chair, President, and two terms as our Representative on the APA Council. As the Division 18 President, Dolly formed the Diversity Committee and ensured our division was well-represented on APA boards and committees. After a 31-year VA career, Dr. Sadow went on to work for MedOptions with geriatric populations and served as a consultant to mental health systems. After she retired, she worked in her community to combat the stigma of mental illness. Dolly was a dear friend, colleague, and mentor to so many of us. Included here are reflections on Dr. Dolly Sadow from several Division 18 friends.

Mary Lu Bushnell, Psy.D.

I had the very great fortune of meeting Dr. Sadow when I worked with her at the Bedford VA as a graduate student. She not only included me in her research and clinical work, but she also introduced me to advocacy and public service. Her passion for serving Veterans and selfless advocacy for the profession made a lasting impact on me professionally and personally. For many years, I had the pleasure of observing Dr. Sadow lifting up Veterans, students and colleagues through her encouraging words and infectious smile. She had a wealth of knowledge and stands out as one of the most influential mentors of my career. She cheered me on through the board certification process and encouraged me to pursue leadership positions. Dr. Sadow is the kind of mentor any student would be lucky to have, and I feel extremely grateful for her mentorship and friendship for the past two decades. She will be greatly missed.

Mary Jansen, Ph.D.

Dr. Dolly Sadow was one of the kindest, most accepting, supportive, and non-judgmental individuals I have ever been privileged to know. She always saw the best in everyone and was continually optimistic about the future for those she knew, for the profession, and for individuals

with serious mental illnesses (SMI). It was those qualities that enabled Dolly to contribute so much to Division 18, to her colleagues, particularly students and early career psychologists, and to people with SMI.

While serving as Division 18 President in 2005 - 2006, Dolly recognized the need for greater participation by members, especially those in training and those just beginning their careers. She understood the need to build a community where Division members felt welcome to participate and contribute. She opened meetings to interested members and switched many meetings to virtual platforms. She offered free continuing education credits and established a leadership position for students. As a result of her efforts and leadership, membership in the Division grew and that growth has continued to this day, particularly among students and early career psychologists. Dolly also recognized the need for Division members to have regular contact with those whom we serve, i.e., persons with lived experience of mental health disorders, in order to hear and respond to their wishes and concerns. For Dolly, this did not mean simply having a token representative but instead meant having continuing, meaningful representation that ultimately permeated all aspects of the work of Division 18.

In retirement, Dolly continued to serve the Division, first by representing Division 18 on the APA Council of Representatives (CoR) and then by serving on the APA Committee on Socioeconomic Status (CSES). She was a tireless advocate for vulnerable populations, many of whom have serious mental health disorders. She continued to encourage training programs to incorporate a greater emphasis on de-stigmatizing persons with SMI and to offer training in evidence-based approaches to help persons with SMI live productive lives in their community.

Dr. Dolly Sadow's contributions to Division 18, her colleagues, and those she served continue to live on in our Sections, training programs and approaches to clinical and research programs. She is sorely missed, but the effects of her work endure and will not be forgotten.

Bob Kerns, Ph.D.

Dolly was a force of nature. She was passionate about her work, family, and community, and she left her substantial mark in each of these domains. Most of our interactions were within the context of professional service, especially within the American Psychological Association, where she was a particularly strong leader and an effective advocate for persons with severe mental illness and public service psychology. She was among the smartest people I've ever met, and she had a sense of humor to match. I'm blessed to have known her.

Anne Klee, Ph.D.

I first met Dolly in the early 2000s through VA New England SMI work circles, and I also got to know her through the VA Section. When Mike Neale passed away suddenly in 2009, Dolly and I shared in our grief together. Dolly and Mike served on the Division 18 board together, and they had several shared professional interests and were good friends. She was so comforting. She was instrumental in establishing Division 18's Michael S. Neale Award and it made me so happy when she became an early recipient of the award. I knew Mike would have been thrilled that his dear friend and compatriot was being recognized.

In 2016, I had the privilege to serve with Dolly on the APA Council of Representatives for Division 18. Since I was in my first year, and Dolly was in her sixth, she immediately took me under her wing. She was a kind, patient, and encouraging mentor. Despite all the personalities in the room and the politics going on at Council, Dolly never said a bad word about anyone and always remained positive and above the fray. She thoughtfully explained the history

behind some of the business items and gave me concrete lessons in how Council functions. To say she looked out for me is an understatement. That first year I was overwhelmed by the complexity of Council. As part of Council, there are Caucus interest groups, and I was content to attend a few and sit in the back row and watch and listen. Dolly, however, decided I should get involved in my first year. She took it upon herself and networked behind the scenes with the Chair of the Public Interest Caucus. Apparently, there was an open board position that someone had vacated, and Dolly had arranged for me to assume it. She told me I needed to start a Caucus board role in my first year so I could take on more leadership roles. Of course, I was hesitant, but she promised she'd be there to support me and she did. Two years later, I went on to serve as the Chair of the PI Caucus. Not many people go out of their way to promote colleagues they way Dolly did, but she did this for me and many others. She understood how to navigate systems and always went the extra mile for others. Her brilliance and skill made her an excellent psychologist, but her generosity, thoughtfulness, kindness and care made her special.

Steve Nisenbaum, Ph.D.

Dolly Sadow, PhD, was a remarkable friend and colleague. I knew her for many years and always enjoyed and learned from her immense wisdom and sound judgment. I have never met a more empathetic, graceful, charming, or intelligent person.

I met Dolly when we were both graduate students in the same Psychology PhD program at Clark University in 1974. I was married and had a son, and Dolly (whose surname then was "Sauberman") had also been married before briefly. We were in many grad school classes together and rigorously trained in the luminary Heinz Werner's tradition there of psychological development as progressive differentiation and hierarchic integration. I recall always admiring and being so impressed with Dolly's brilliant intellect, humor and soft-spoken caring personality. We collaborated often and socialized over the years since. My wife and I attended the annual Hanukkah Party and Open House at the home of Dolly and her husband David Goodman and their family and friends.

My work over the decades was with seriously mentally ill and substance abuse patients in locked psychiatric inpatient hospital units, including as Clinical Director and Director of Psychology at a couple of State Hospitals. Dolly also worked with a population of SMI at the Veterans Hospital along with a mutual dear friend and colleague Walter Penk, PhD, who also had been a Division 18 President. I Chaired the Community and State Hospital Section before becoming President of APA Division 18. I also served a term as President of the Massachusetts Psychological Association and on the APA Ethics Committee. While Dolly was the Chair of the VA Section and subsequently a Division 18 President as well plus served on the APA Taskforce for Serious Mental Illness and Severe Emotional Disturbance and the APA Committee on Socioeconomic Status. So, we conferred about patients and matters pertaining to clinical practice and the American Psychological Association, and we shared many grad school and psychologist friends.

Dolly was so compassionate about life matters and challenges, and so earnestly supportive, but not just with superficial "Pollyanna" optimism in the sense of Eleanor Porter's classic 1913 child novel. Dolly was so thoughtful and discerning, with poignant appreciation and insight.

My favorite personal recollection is that a woman I had dated played Scrabble on occasion along with Dolly, her daughters and their boyfriends in Dolly's kitchen nook. Dolly had graduated Valedictorian from Wellesley College, and her daughters and their boyfriends

(from M.I.T.) were formidable at Scrabble and invariably readily won. Then months later, I was so surprised when this girlfriend of mine out of the blue proposed marriage to me, that I just stammered nervously (but genuinely and in all seriousness), “Before I can answer, I’ll have to ask Dolly.” That prospective wedding never happened (no surprise!), but both that girlfriend and I have in later years laughed about that anecdote with Dolly, who was very understandably regarded by everyone over the years as such a wise woman and most trusted confidante.

Walter Penk, Ph.D.

I first met Dr. Sadow when my wife, Dolores Little, Ph.D. transferred to the Bedford VA to become the Associate Medical Center Director in 1985. The Bedford VA is named to honor Edith Nourse Rogers who served in the US House from 1927 until 1960, writing bills for Women to serve in the US Military, and writing the first GI Bill that President Franklin Delano Roosevelt signed on June 22, 1944. So, Dolores was delighted to work with Dolly, both sharing in common their unique characteristics, akin to Edith Nourse Rogers, of undertaking unique roles in their professions as psychologists—building upon traditional roles psychologists carry out delivering treatment to adding new roles for psychologists in rehabilitation. The two worked together quite well. I was working at Boston VA, during those years, but hearing from Dolores about Dolly's creativity at Bedford VA that did not have a psychology training program. I accepted the position as Chief of Psychology at the Bedford VA in 1993 and began working with Dolly and other psychologists, together creating a psychology internship program, and later, the post-doctoral training program at Bedford VA.

Dolly was essential to the team, contributing to the development of supported housing for homeless Veterans, as well as supported education, supported employment, family support, and, of course, case management services. Dolly was vital as the added psychosocial rehabilitation interventions to the traditional treatments we were providing. Dolly's work with Division 18 centered on her contributions to psychosocial rehabilitation, developing interventions for serious mental illness, and she championed interventions for women Veterans. Perhaps less remembered was that Dolly also championed Information Technology (IT), not just at Bedford VA, but also for Division 18, for Dolly was married to David Goodman, PhD-- David who had started in clinical research at the Bedford VA, and then headed IT technology at the Boston VA, followed by leading IT for VA New England. Dolly championed the use of hardware and software services for mental health, to support infrastructure to manage and support mental health data, as well as telehealth services long before such technology was widely used.

So, it is extraordinary to remember Dolly Sadow, PhD, who did so much for Veterans, especially female Veterans, and those with serious mental illness. It is remarkable all Dolly did for so many. And Dolly Sadow, PhD, taught us all so much, not just at the Bedford VA, but Dolly Sadow expanded the scope of teaching through her work through her service to Division 18. She was so unique and extraordinary. Dolly Sadow, PhD, indeed was a Psychologist for Public Service.

Monica Roy, Ph.D.

When I think of some of the moments that made my career as it is today, I think of memories of Dr. Dolly Sadow during those early formative years. It was in her nature to support, mentor, promote, and advocate for others and these were the qualities that made her a wonderful public service psychologist and a wonderful mentor.

I had the opportunity to volunteer at the program that Dr. Sadow managed at the Bedford VAMC when I was a sophomore in college. It was then that she began mentoring me and helped me to realize my love for psychology, especially working with Veterans and providing treatment for substance use disorders. She took a chance on a young undergrad and taught me how to work with a population that could be intimidating at times.

Close to the end of my junior year in college, I received an early morning phone call from Dr. Sadow asking me when I was graduating and if I would want to work at her program. She had remembered me and had reached out about 10 months after I had completed my summer volunteer position to give me another chance. I told her that I had one more year of school left and she said, "I'll call you in a year." And, that's what she did and that began my VA career and my membership in Division 18.

Dr. Sadow was someone who truly believed in contributing to the field of psychology and providing opportunities for others in the field. From ensuring that I had a job when I graduated from college to creating Division 18's first Diversity Committee during her term as president. She worked at reducing stigma for Veterans with serious mental illness and advocating for women in psychology. In these efforts, she truly touched the lives of others, whether it was the Veteran's whom she worked with, her colleagues, or her trainees. Her persistence gave her the ability to get things done in a system that often seems unmovable. We were lucky to have her as a VA psychologist and she will truly be missed.

Randy Taylor, Ph.D.

I retired from VHA in 2011, so my memories are not recent, but they are clear and strong as I recall instances of working with Dr. Sadow. So, from my heart memories of Dr. Dolly Sadow, I remember the joyful understatement of enormous goodness that Dolly brought to us and to her work. I cannot recall a moment of anything other than concern for people and by nature, being helpful to them. She was my poster person for how she was able to listen and communicate as if the person/persons around her were the most important (yet totally equal) people in that place. Dolly was a very quick study without a hint of boast....just care and understanding.

DIVISION 18 HEROES

The Division 18 heroes described below received recognition for their achievements as recipients of APA or Division 18 awards or APA Presidential Citations.

The Author



Timothy P. Carmody,
PhD, APA Div. 18
Historian

Dr. Gayle Y. Iwamasa

In 2021, Gayle Y. Iwamasa, PhD, HSPP, was awarded a Presidential Citation by APA President Jennifer Kelly for her dedication to diversity, equity, and inclusion in research and clinical practice throughout her career.

The Presidential Citation reads as follows: “Dr. Iwamasa earned her doctoral degree in clinical psychology from Purdue University with a postdoctoral fellowship at the University of California, San Francisco. She spent more than 16 years in academia, training and educating psychology graduate students across the country, as well as serving as the psychology director for Logansport State Hospital in Logansport, Indiana. Since 2010, Dr. Iwamasa has worked for the Department of Veterans Affairs. She recently became national director of the Inpatient Mental Health Service after serving as the National Mental Health Quality Improvement and Implementation consultant. Throughout her time at VA, Iwamasa has been committed to equity, diversity, and inclusion, (EDI) and co-leads VA’s Office of Mental Health and Suicide Prevention’s EDI efforts. She was awarded the VA

Secretary’s Diversity and Inclusion Excellence Award in 2020 as well as the Distinguished Contribution Award from the Asian American Psychological Association, the Emerging Professional Award from APA Div. 45 (Society for the Psychological Study of Ethnic Minority Issues), and, she attained fellow status in APA’s Divs. 18 and 45 and the Asian American Psychological Association. Multicultural mental health across the lifespan has long been a focus of Dr. Iwamasa’s research, presenting at national and international conferences, as well as publishing many journal articles and book chapters. Dr. Iwamasa’s dedication to providing and advancing culturally relevant mental health care is unparalleled. It is my pleasure to honor Dr. Iwamasa and thank her for her service to APA, our nation’s Veterans, and psychology.” (Jennifer Kelly, APA President, 2021)

In 2022, Dr. Iwamasa was recipient of the APA Award for Distinguished Professional Contributions to Institutional Practice. This award recognizes outstanding practitioners in psychology who work in a wide variety of institutional practice settings (e.g., schools, military settings, state hospitals, the Department of Veterans Affairs). Services provided to diverse client groups or patient populations, include but are not limited to children/adolescents/adults/older adults, urban/rural/frontier populations, minority populations, and persons with serious mental illness. Contributions are judged to be distinguished by virtue of peer recognition, advancement of the public’s recognition of psychology as a profession, relevant professional association honors, or other meritorious accomplishments denoting excellence as a practitioner, including improvement of institutional service delivery systems or development of

psychologically informed public policy. The text of Dr. Iwamasa's award reads as follows: "Gayle Iwamasa is recognized for her strong contributions to service delivery to veterans, BIPOC veterans, and BIPOC mental health providers. Dr. Iwamasa is credited for a lifelong commitment to the advancement of diversity, equity, and inclusion. For example, Dr. Iwamasa co-leads the diversity, equity, and inclusion efforts for the Office of Mental Health and Suicide Prevention, and she has received numerous awards and honors for her many contributions. She is also recognized for having founded the Association of VA Psychologist Leaders' Psychologists of Color and Allies Special Interest Group where she ensures that VA psychology maintains its commitment to diversity, equity, and inclusion. Dr. Iwamasa's research focuses on multicultural mental health across the lifespan, and she has given national and international presentations, authored many journal articles and book chapters, and co-edited *Culturally Responsive Cognitive Behavioral Therapy: Practice and Supervision, Second Edition* (2018). Prior to her career with the VA, she spent 16 years in academia, educating and training clinical psychology graduate students where she, likewise, made meaningful contributions to advancing education, training, and practice. We are delighted to recognize Dr. Iwamasa for her contributions and lifelong commitment to advancing the field of psychology. Gayle Iwamasa serves as the National Inpatient Mental Health Program Director in the VA Central Office (VACO), Office of Mental Health and Suicide Prevention (OMHSP), Department of Veterans Affairs (VA). In this role, she serves as a subject-matter expert on inpatient mental health services. Prior to this role, over the course of a decade, she served as National Mental Health Quality Improvement and Implementation Consultant and Inpatient Mental Health Services Coordinator. Dr. Iwamasa co-leads OMHSP's diversity, equity, and inclusion efforts, and she has received numerous awards and honors in this field, including the 2020 VA Secretary's Diversity and Inclusion Excellence Award, the Distinguished Contribution Award from the Asian American Psychological Association (AAPA), and the Emerging Professional Award from APA Division 45, the Society for the Psychological Study of Culture, Ethnicity, and Race. Dr. Iwamasa has held multiple leadership positions including President of AAPA, Chair of APA's Board of Convention Affairs, Vice-Chair of APA's Committee on Women in Psychology, co-founder of the Association of VA Psychology Leader's Psychologists of Color and Allies Special Interest Group, and faculty for APA's Leadership Institute for Women in Psychology."

Dr. Walter E. Penk

The American Psychological Foundation (APF) Gold Medals recognize distinguished and enduring records of accomplishment. In 2015, Dr. Penk was the recipient of the APF Gold Medal for Life Achievement in the Practice of Psychology. The citation reads as follows:

"In recognition of his work in advancing practices in psychology, Walter E. Penk has exhibited clinical expertise in integrating cognitive-behavioral therapies with psychosocial rehabilitation. His research has led to empirical validation of posttraumatic stress disorder. In the administrative arena, he has combined applied research with clinical services and developed methods for automating process-outcome evaluations. He has encouraged clinicians to obtain accreditation for programs and has played a formative role in designing best practices for the treatment of posttraumatic stress disorder, addictions, and serious mental disorder. Exemplifying the scientist-practitioner model, [Dr.] Penk has achieved excellence in his work at federal and state agencies, as well as in academic settings. His contributions have improved the functioning of many veterans, inspiring resiliency and posttraumatic growth."

In his many leadership positions with the VA, Dr. Penk pioneered the development of psychosocial rehabilitation and recognition of PTSD as a major mental disorder. He demonstrated his expertise in these areas in both his clinical work and extraordinary research.

The Biography section of the citation provides details regarding Dr. Penk's extraordinary career.

“[Dr.] Penk demonstrated, by 1978, that psychosocial rehabilitation is more effective than inpatient hospitalization for veterans with serious mental disorders. Inspired by Charles Figley, he empirically validated posttraumatic stress disorder (PTSD) in 1981... [Dr.] Penk's research continues, through some 150 articles and chapters, finding that rehabilitation fosters recovery and improves functioning for PTSD and addiction. He studies treatment of PTSD in intensive case management, supported education, supported employment, and family psychosocial and physical education...[Dr.] Penk transferred to the Boston VA in 1984, when his wife-to-be psychologist Dolores Little became Associate Hospital Director at the Bedford VA. Edith Kaplan and Harold Goodglass trained Penk in neuropsychology; Terence Keane, in PTSD; and Michael Neale, in case management...[Dr.] Penk became Psychology Chief at Bedford VA from 1993 to 2003. As Associate Director for the VA's first Mental Illness Research, Education, and Clinical Center (MIREEC), he collaborated with Bruce Rounsaville, Robert Rosenheck, and Thomas Kosten to improve and evaluate rehabilitation...During the 1990s, [Dr.] Penk collaborated with Miklos Losonczy, in a program directed by Thomas Horvarth and Larry Lehmann, to write clinical practice guidelines for veterans with schizophrenia, depression, and PTSD... [Dr.] Penk held clinical appointments at UT Southwestern Medical School in Dallas, Tufts University, Boston University, University of Massachusetts, and Harvard Medical Schools... Currently, he holds a clinical position at Texas A&M College of Medicine... Division 18 elected him twice to APA's Council between 2005 and 2010. He consults with Nathan Ainspan, in the U.S. Department of Defense's Transitions to Veterans Program, designing education and employment programs for military and veterans. He collaborates with Audrey Sorrells, Suzy Gulliver, and Sharon Wills at the University of Texas at Austin about student veterans and with Sandra Morissette at the VA's Veterans Integrated Service Network (VISN) 17 Center of Excellence. Rod Baker and Robert Goldberg trained Penk in psychology's history.” (American Psychologist, July-August, 2015)

Passing of Dolly Sadow

Last October, we lost one of our most respected and beloved heroes in the history of Division 18, Dr. Dolly Sadow.

Text from Dr. Sadow's Obituary:

“Dolly C. Sadow (Goodman) of Bedford, MA [passed away] on Saturday, October 8, 2022 at the age of 73. [She was] Beloved wife of 41 years to David Goodman, Devoted mother of Danya Goodman and her partner Chris Muller, and Dara Goodman and her fiancé Jacob Goldston, Beloved sister of Dino Cohen and his wife Mayola, [and] Aunt and cousin to many.”

“Dolly was born in Athens, Greece, to holocaust survivors and immigrated at the age of 18. Dolly dedicated her career to serving veterans with mental illness and touched so many lives, not only of her patients but of her students, colleagues, and friends. As a board-certified clinical psychologist diplomate, during her distinguished career she published numerous papers, sat on multiple committees, and received many awards, including a special presidential citation from

the American Psychological Association. A lifelong lover of learning, she was valedictorian of Wellesley College and would beat you at Scrabble.”

“She created community wherever she was, from neighborhood tea groups to social action committees on injustice, inequality, homelessness, and mental health stigma. Through her tireless efforts, she fought for and helped start the Bedford after-school program that has assisted so many families. She saw the beauty in every leaf, traveled to over 40 countries and spoke seven languages. She will be remembered for her compassion for others, her adventurous spirit, and her appreciation for the magic in everyday life. She adored her daughters and was lucky enough to spend over 40 years with the love of her life, David, and showed it in everything she did. She is loved to infinity and beyond.”

After past president Tiffanie Fennell shared the news of Dolly’s passing with the division membership, including past presidents, it did not take long for an outpouring of numerous expressions of sadness and tributes for the warm and compassionate way that Dolly had conducted herself as a Division 18 leader, public service psychologist, and advocate for veterans with mental illness. Several tributes are included here and more are shared in another article in this newsletter.

Robert Morgan: “a very generous and warm nature – she made everyone feel invited to D18.”

Robert Ax: “Dolly was smart, kind, and dedicated to veterans' health care and Division 18.”

Nadine Kaslow: “I loved her energy, enthusiasm and passion. Her legacy will live on.”

Linda Richardson: “I have many fond memories of Dolly who welcomed me into the Division and was there with advice and support when needed. We always connected at APA conventions where we enjoyed sharing stories about our beautiful daughters. I had missed seeing Dolly at recent conventions. Dolly was not only an outstanding psychologist, but also a very special human being.”

Rod Baker: “She was a unique individual always ready to help a friend in need or support a worthwhile project. And as a VA and Division leader, she always did what was needed to be done, a hallmark of a leader.”

Ed Nightingale: “When I think of her, I recall her energy and optimism in the face of difficulty. Her dedication to those who were more challenged and her persistence in their service was a hallmark of her work in VA. She was a role model bringing out the very best in her colleagues.”

Historian Reflections

“History, as nearly no one seems to know, is not merely something to be read. And it does not refer merely, or even principally, to the past. On the contrary, the great force of history comes from the fact that we carry it within us, are unconsciously controlled by it in many ways, and history is literally present in all that we do. It could scarcely be otherwise, since it is no history that we own our frames of reference, our identities, and our aspirations.” (James Baldwin, *The Price of the Ticket*)

Division 18 History Webpage

I encourage you to check out the Division 18 history webpage. The Webpage link is: <https://www.apadivisions.org/division-18/about/history>

This webpage can be found on the Division 18 website through our “About” page:
<https://www.apadivisions.org/division-18/about>

A list of podcasts with past presidents can also be found on this webpage.

You will also find a link to Dr. Rod Baker’s recent webinar on the history of Division 18 that was created as part of the division’s 75th anniversary. The webinar is entitled: “75 Years of Public Service: The History of Psychologists in Public Service (APA Division 18) 1946-2021” and chronicles the five periods of the history of Division 18 from its inception in 1946, years of growth and maturation, and recent public service achievements.

In addition, the Division 18 history webpage provides a link to the Robert W. Goldberg Division 18 Memorial History Photograph Collection. The link to use to access this photo collection can be found on the Division 18 history webpage.

The 110 photos included in this collection were organized according to the Division 18 events in which they were taken by Dr. Goldberg (e.g., business meetings and award presentations) at APA Conventions from 1997 to 2016. I hope that in future years, additional photos will be added to the collection further documenting Division 18 events.

If you have any photos that were taken during Division 18 events from 2017 to the present time that you would like to submit to the collection, please send them to me by email. Please include the names of individuals shown in the photos that you send so that I can create appropriate captions.

Request for Historian Stories

If you wish to share any personal stories or memories that you believe have contributed to the history of Division 18 and that you are willing to share with members of the division, you are welcome to contact me at tcarmody306@gmail.com or phone me at 415-233-1388.

AMPLIFYING THE VOICES OF PSYCHOLOGISTS IN PUBLIC SERVICE

The Author



Jason A. Cantone,
J.D., Ph.D.

In December 2022, APA announced the results of the most recent apportionment ballot: Division 18 will retain its two seats on the APA Council of Representatives (Council) in 2024. But what is the apportionment ballot, and what does Council do?

The APA apportionment ballot determines the composition of Council and is sent electronically to all APA voting members each fall. Each voter allocates ten votes across divisions or state, provincial or territorial associations (SPTAs) of their choice. You can give all ten of your votes to Division 18 or spread them across divisions and SPTAs. APA then tabulates the number and percentage of votes each division and SPTA receives and allocates Council representation accordingly. Put simply, the higher percentage of votes that Division 18 receives, the more representation Division 18 might have on Council. In 2023, Dr. Valene Whittaker and Dr. Erika Carr represent Division 18 on Council. (Dr. Linda Mona completed her term in 2022.) However, with enough votes, a third Division 18 Council seat is possible in the near future.

But what does Council do, and why would a third representative help Division 18 achieve its mission? Council is the policymaking body of APA and consists of members from divisions, SPTAs, and ethnic psychological associations, as well as the APA Board of Directors. Your elected Division 18 representatives (and Division 18 members representing other divisions, including myself) continually advocate for public service psychologists and the future of psychology. This includes APA resolutions that address systemic racism in society, racial disparities in policing and the criminal legal system, and interrogation practices that affect the likelihood of false confessions. Council also passes numerous psychology practice guidelines, including the 2021 *APA Guidelines on Evidence-Based Psychological Practice in Health Care*. Having Division 18 Council representatives in these discussions ensures that APA, and APA Council, remain focused on the issues that matter most to psychologists in public service. More information about Council, as well as all Council meeting minutes since 2010, is available here: <https://www.apa.org/about/governance/council/>.

What does the APA apportionment data show? In December 2022, APA released the latest apportionment ballot results. Division 18 maintained its two Council representatives for the 2024 term. Divisions 9 (Society for the Psychological Study of Social Issues), 17 (Counseling Psychology), and 32 (Humanistic Psychology) each lost a seat on Council, while Divisions 2 (Teaching), 5 (Quantitative and Qualitative Methods), and 14 (Industrial and Organizational Psychology) each gained a seat. However, as shown in Table 1 below, Division 18 received fewer votes in 2022 than in 2019, 2020, or 2021. This should encourage Division 18 to expand its outreach and advocacy about the apportionment process before the next vote in Fall 2023, but the results are a little less concerning when you review the data more closely.



Table 1. Total Apportionment Votes Allocated to Division 18 (2017-2022).

Table 2 shows Division 18's percentage of total apportionment votes across all APA divisions and SPTAs across the past six years. While Table 1 showed that Division 18 received fewer votes in 2022 (compared to the prior three years), Table 2 shows that Division 18's relative percentage of all votes cast is actually at a six-year high.

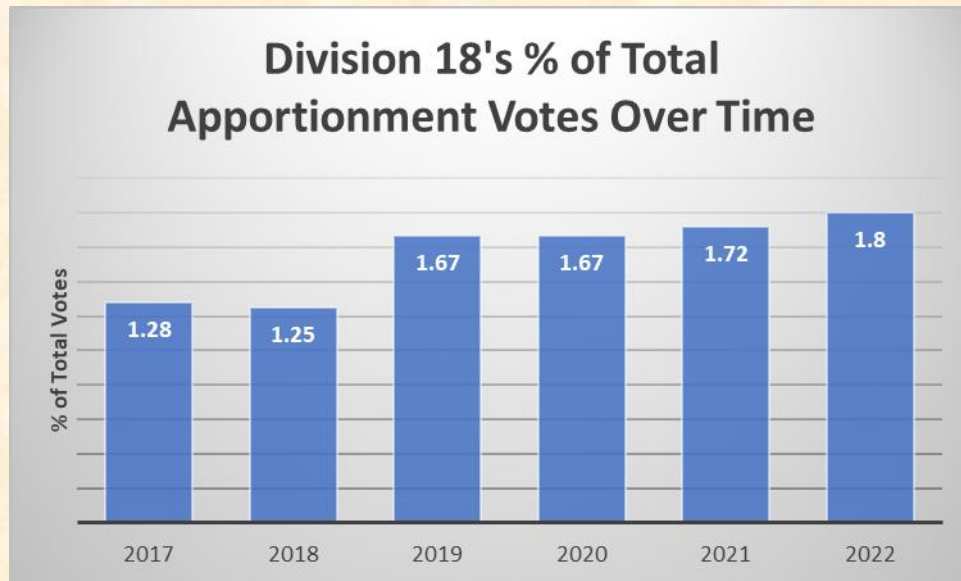


Table 2. Percentage of Total Apportionment Votes Allocated to Division 18 (2017-2022).

So does this mean Division 18 should rest and celebrate that, compared to other Divisions and SPTAs, our relative percentage increased? Absolutely not. If there is voter disengagement across APA, now is the time for Division 18 to amplify its voice on APA Council. By promoting transparency about how APA governance works, educating our members about the apportionment process, and showing how Council decisions affect Division 18 members and society, we can encourage stronger apportionment ballot voting in Fall 2023 and maybe obtain a third seat on APA Council.

LESSONS AND EXPERIENCES FROM A PUBLIC SERVICE FORENSIC PSYCHOLOGIST

The Author



Natalie M. Anumba,
Ph.D., ABPP

I have been a member of APA since 2007, when I joined as a graduate student member. Despite my long involvement with APA, I did not get around to joining Division 18 until 2020 – after attending Division 18 events and presentations during the APA Conventions, interacting with colleagues who were members of Division 18, and learning that the division serves public-sector psychologists like me. This move was long overdue! I value this division for serving the psychologists who serve others in the public sector, the abundance of relevant continuing education, and opportunities to contribute to division functioning and governance.

For brief background, I trained as a clinical forensic psychologist, earning my doctorate in clinical psychology and seeking forensic training throughout graduate school, internship, and postdoctoral fellowship. I started my career as a courthouse forensic evaluator, serving as a clinician available to judges and attorneys whenever questions about mental health and/or substance abuse arose in the context of legal proceedings. Here, I learned the fast-paced and yet simultaneously protracted courthouse culture; developed collegial relationships with judges, attorneys, court officers, and clerks; observed the devastating impact of alcohol and substance use disorders on individuals and families; assessed whether criminal defendants required psychiatric hospitalization; and educated legal professionals regarding the interaction between mental health issues and the law. All in all, my time at the courthouse was a formative experience.

Having learned a great deal, I then became faculty at the University of Massachusetts Chan Medical School, where I practice as a forensic psychologist. Here, I conduct court-ordered, hospital-based mental health evaluations addressing competence to stand trial, criminal responsibility, aid-in-sentencing, and treatment needs of incarcerated individuals. In this capacity, I also provide expert testimony in Commonwealth of Massachusetts court proceedings. I developed my interest in the education of forensic mental health professionals, to reflect the wonderful mentoring I have received throughout my career, and therefore took on roles supervising psychiatry residents, presenting lectures in forensic psychology topics for a variety of audiences, and supervising forensic psychology postdoctoral residents. In September 2021, I took on the role of Co-Director of the Law and Psychiatry Program with the Department of Psychiatry at UMass Chan, overseeing the clinical and education arms of the program and contributing to the training of forensic mental health professionals in the Commonwealth of Massachusetts. I have been at UMass for nearly 10 years, over which time I feel that I have learned, grown, and flourished as a public sector psychologist.

In public sector settings, we work with at-times limited resources, often within large institutions, set to a drumbeat of constant and increasing need for mental health services in all

corners. We are facing a unique time, including ongoing economic upheaval, social changes, personal challenges, and once-in-a-generation global crises affecting our professional practice and our lives as human beings. Like everyone, I am privileged in many respects and struggling in multiple others. As I come into my own, I am finding meaning in clarifying my values; developing my personal mission; seeking connection with colleagues, friends, and family; and looking to contribute to the social good.

I don't pretend to have answers to the broad social and systemic ills, lack of resources, personal distress, and losses that have affected us all in recent years. However, I can share my coping strategies: I continually develop my personal mission and internal compass, and keep my "big picture" in mind. I find and remain actively involved with my personal and professional supports. I engage in intentional rest and self-care. Finally, I urge us all to reach out to others in a spirit of giving and support, challenge injustice where we find it, expand our definitions of our communities, and contribute to all of them.

BLUE BIRDS FLY AND THE DREAMS THAT YOU DREAMED OF

The Author



Pat DeLeon, Ph.D.
Former APA President

Integrated Care – The Vision of Nick Cummings?

The National Academy of Medicine (NAM) of the National Academies of Sciences, Engineering, and Medicine, through various publications, workshops, conferences, etc. has increasingly emphasized that our nation’s health care providers should give greater priority to addressing their patients’ “Whole Health,” rather than continue to focus predominately on specific clinical issues. For those employed outside of closed health systems – such as Federally Qualified Health Centers, the VA, USPHS, and military and Indian Health systems, or prepaid/capitated programs such as Kaiser Permanente – financing is of major concern. Today, almost everyone involved would conceptually agree that higher quality care results from emphasizing prevention and integrating behavioral health with primary care on a team-based interprofessional basis.

As background, numerous policy experts consider integrated care to have been established in the 1990s, as evidenced by publications in JAMA; notwithstanding the earlier work of former APA President Nick Cummings in the 1960s at Kaiser Permanente. Further, there is now general agreement, at

the policy level, in the benefit of including behavioral health providers on care teams, not only for specific behavioral health concerns, but also for physical health concerns, and that this results in improved patient outcomes at lower long-term costs.

A recent NAM Commentary discussed the findings from two focus groups with managed behavioral health care executives which called for the need for a broader adoption of integration. One reported challenge was the ability to replicate existing models in other practice settings and ensuring that evidence-based practices were being uniformly implemented. Further, they were concerned about determining whether outcomes were measured in a consistent manner across provider organizations. Implementing quality metrics, the importance of implementation science, and the ability to utilize telehealth were raised. Being able to share clinical information with other providers and the need for payment mechanisms that would support sustainable integration were also highlighted.

Their expressed primary concern was determining which behavioral health services and provider types would be reimbursed and by which payers. With the government, especially at the federal level, exploring alternative payment models (APMs), it was hoped that sufficient economic flexibility will evolve in the foreseeable future. There was definitely a clear call for paying for what results in measurable positive outcomes, rather than continuing to rely upon our historical fee-for-service emphasis on volume of services provided.

A 2021 NAM workshop focused upon the need to transform our current model of health care financing to a model that incentivizes integrated payment approaches that are person-centered and holistic in advancing individual, community, and population health. Health equity should be a high priority. The workshop speakers had a number of suggestions, including:

Integrate services that drive health and well-being; Invest in health care and social supports for infants and children to address health disparities; Make use of telehealth; Establish health system accountability based on meaningful quality measures; Use Lessons Learned from COVID-19; Ensure that quality is a major driver of transformed health care delivery and financing; and, Ensure that patients are at the center of payment and care.

Mike McGinnis, NAM Executive Officer, described the current health care system as falling short in delivering efficiency, effectiveness, equity, and positive patient and family experiences. He viewed the dominant problem today as being the fragmentation caused by the nation's fee-for-service payment system. Further, he pointed out that the problem extends beyond the health care system in general, because inefficiencies in health care draw resources and attention away from the urgent need to address the broader economic and social determinants of health (SDOH).

It was noted that a health care delivery model that supports Whole Health, whole-person and population health would have a set of distinctive characteristics. Such a model would advance health through health promotion and disease prevention while ensuring high-quality treatment when needed. It would support and reinforce the importance of equitably enhancing health and well-being for the entire population within communities. It would be person-centered, rather than clinician-centered, and it would provide care that is holistic, integrated, and continuous rather than fragmented and episodic. It would use accountability mechanisms and metrics that matter most to the people, the families, and the populations receiving health care. It would transform from referral-based medicine to relationship-based care. Using technology, data would be captured from multiple sources and provide front-line workers with digital tools to deliver evidence-based care. Lifestyle and behavioral health would become a major focus. Several speakers described exciting innovative efforts being conducted at the State level in furtherance of this vision – states serving as “living laboratories” for social change. Significant change is definitely necessary as our nation's current level of health care expenditures is simply not sustainable. Former CMS Administrator Don Berwick observed that the lack of recognition of health care as a human right in the United States is a “national embarrassment.”

Working to Redefine Primary Care: Jin Lee, Chair of the Colorado Psychological Association RxP Task Force: “We are very excited to announce our recent introduction of the Colorado RxP bill (HB. 23-1071) on 1/19/2023. We are scheduled for a committee hearing in the next coming weeks and very thrilled to discuss the importance of this bill to the community in Colorado who desperately need mental health access to care and quality care.

“In order to maximize the chance of successfully passing this bill, I have been working tirelessly along with the rock star lobbyist, Jeannie Vanderburg. She has been my lighthouse and fearless leader. Together, we have met with so many stakeholders and legislators, and several organizations have been supporting and endorsing our effort.

“We have received a grant from APA to support the legislative effort, and with additional fundraising campaigns through CE webinars, events, and straight GoFundMe access, and the support from the Colorado Psychological Association, we have raised over \$30,000 to hire another lobbying team to excel our effort.

“I have also been meeting with the CO RxP Task Force members (over 80 now) monthly, and we have been sending emails and calling legislators within our constituents to educate our bill and seek their support. The community in Colorado has been stepping up as well. I have so

far collected over 800 petition signatures to support the RxP bill because we need more providers to help the community.

“It’s been over three years since I began kindling this audacious daydream. After what feels like an eternity, we are about to begin this journey. I am very nervous and scared of the uncertainty. However, the community and people in Colorado have been living in this fearful, uncertain time and place for way too long. It’s time to stop the misery and time to step up. That’s why I can keep going through this unbelievable uphill battle. No matter what happens, Jeannie and I can look at each other and say, ‘We’ve done EVERYTHING we could’ to serve the community. Our fight has just begun. With gratitude,”

Interesting Possibilities: In enacting the Fiscal Year 2022 Consolidated Appropriations bill, the House Appropriations Committee included report language addressing several issues which should be of considerable interest to behavioral health and public service colleagues. Specifically: ***Firearm Injury and Mortality Prevention Research.** Firearm injury and mortality is among the leading causes of death for people aged 1-64 in the U.S. In 2019, there were nearly 40,000 firearm-related deaths in the U.S. Addressing the gaps in knowledge around this issue and identifying effective prevention strategies are needed steps toward keeping people, families, schools, and communities safe from firearm injury. In fiscal year 2020, the Committee provided the first funding in more than two decades to address the public health emergency of firearm violence with a total of \$25,000,000 to CDC and NIH... to support research to identify the most effective ways to prevent firearm related injuries and deaths, and to broaden firearm injury data collection.”

***Report and Analysis of Technology’s Role in the Health Care Workforce –** The Committee recognizes the important role that HHS and its operating divisions continue to provide to support and protect the public health workforce during the COVID-19 pandemic. The Committee directs HRSA to submit a report to the Committee within 18 months of enactment of this Act on the challenges associated with hiring, recruiting, and retaining the Federal, State, local, Tribal and territorial public health workforce. This study should include a specific analysis of how technology, especially hands-free technology, could help to protect clinicians’ physical safety and ease the burden of patient care, thereby increasing retention of the public health workforce.”

***Behavioral Health Demonstration Program –** The Committee notes that racial and ethnic minority communities continue to face acute challenges accessing behavioral health services due to the lack of providers who speak their language or understand their culture. The Committee includes \$10,000,000 within NHSC (National Health Service Corps) for a pilot program to evaluate the benefit to patient access and practitioner recruitment and retention of increasing loan repayment of upwards of \$15,000 above the maximum amount for qualified behavioral health providers serving in Federally Qualified Health Centers (FQHCs), preferably at which at least 20 percent of patients are best served in a language other than English. The Committee notes that if the qualified behavioral health provider is fluent in a language other than English or is determined by the health center to have achieved fluency in a language other than English during the provider’s period of obligated service, the provider shall be paid \$15,000 above the maximum amount. The Committee also directs HRSA to include an assessment of program utilization and impact in the annual NHSC report to Congress.”

And, ***Pediatric Mental Health Access –** The Committee includes \$14,000,000 for the Pediatric Mental Health Access, an increase of \$3,000,000 above the fiscal year 2022 enacted

level and \$4,000,000 above the fiscal year 2023 budget request. This program supports expanded access to behavioral health services in pediatric primary care by supporting the development of pediatric mental health care telehealth access programs.”

HRSA also administers the Children’s Hospitals Graduate Medical Education (CHGME) Payment program funding freestanding children’s hospitals. In Fiscal Year 2019, approximately \$305 million was provided to 58 hospitals nationwide, The program trains 43 percent of all general pediatrics residents and 55 percent of all pediatric subspecialty residents and fellows. Its Direct Medical Expense funding covers stipends for residents, faculty salaries, overhead and other costs of running a training program. The Indirect Medical Expenses funding assists in costs like reduced productivity of staff training residents and the processing of additional diagnostic tests those residents may order. We would ask: Will psychology seek to obtain eligibility under this program and join medicine and dentistry in serving our nation’s children and their families in their hours of greatest need? “Why, oh, why can’t I?” (Israel Kamakawiwo’ole, Somewhere Over the Rainbow/What a Wonderful World).

Aloha,

Pat DeLeon, former APA President – Division 18 – February, 2023