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# Public Service Psychology

Newsletter of APA's Division 18

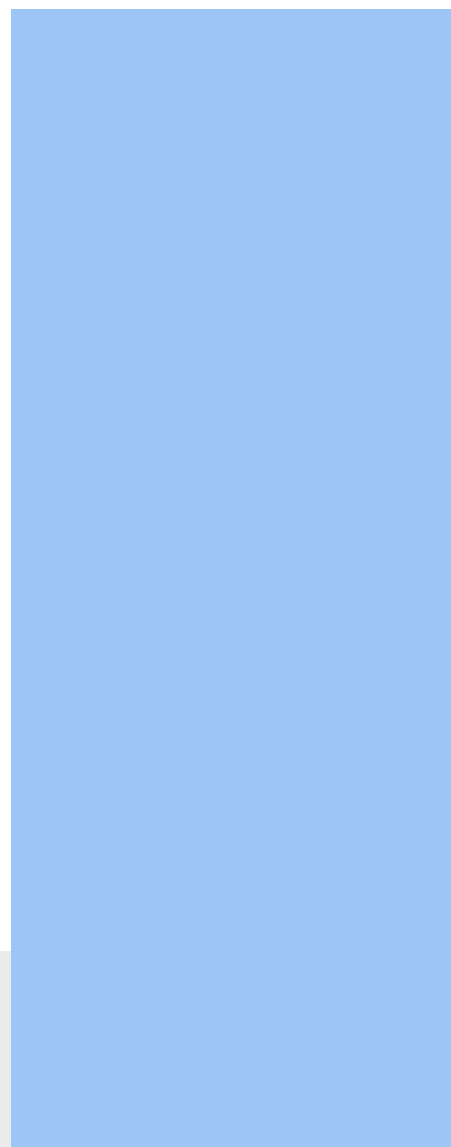


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# PRESIDENT'S COLUMN

**Gayle Iwamasa, PhD**



Hello fellow public service psychologists! It is an honor to serve as your Division President this year. For those of you who do not know me, I have the privilege of serving as National Director, Inpatient Mental Health Services, in the Office of Mental Health, VHA Central Office, for the Department of Veterans Affairs. In this role, I develop and implement policy and guidance for inpatient mental health services and also serve as VHACO's subject matter expert for mental health services in inpatient and emergency medicine settings.

Although my day job is very important to me, I write to you today as a citizen psychologist. Sometimes one's day job can become challenging (especially in public service settings where we often work in an overwhelming bureaucracy at times) and being engaged in the profession of psychology has literally saved me from calling it quits at work several times during my career. Ever since graduate school, I have fulfilled my professional and leadership needs by also serving in professional organizations outside of work. For me, part of this identity not only lets me contribute to my workplace, but also to the profession at large. It has allowed me to network and interact with psychologists doing amazing work around the globe, which is excellent for coping when the day job gets rough. Not many employed adults in the world have an opportunity to contribute to the greater good like psychologists can, and I am grateful to maximize this opportunity and serve my profession in Division 18 and APA (I currently serve on APA's Fellows Committee).

I want to welcome a fantastic group of new elected officers who are starting in their Division leadership roles along side me. Dr. Rita Wood is our new Treasurer, Dr. Heather Durban is our new Membership Member At Large, Dr. Laura Grossi is our new Communications Member At Large, Ms. Brittney Romagna is our new Student Representative, and Dr. Edgar Villarreal is our new President-Elect.

In addition to these new Division officers, we have even more fantastic colleagues starting new terms for the Division on the Executive Board. I want to welcome Dr. Mike Martin who I appointed as our Program Co-Chair to join Dr. Claire Collie who transitioned to the Program Chair role after serving as a Program Co-Chair last year. Also say hello to Dr. Billie Jo Kipp (Co-Chair, Diversity Committee), Dr. Anne Klee (Chair, Fellows Committee), and Dr. Matt Thompson (Co-Chair, Policy and Advocacy Committee). I am excited to work with all of these amazing psychologists and their committee members as we strive to enhance and highlight public service psychologists over the next year.

We also must thank the wonderful colleagues who served as Division officers and have rotated off the Executive Board: Dr. Thorayya Giovanelli, Dr. Carlos Quezada Gomez, Dr. Layne Goble, and Ms. Christine Puls. Other colleagues who have rotated off the Division Executive Board include Dr. Jeremy Mills, Dr. Tiffanie Fennell, and Dr. Savannah LeBarre. We extend our appreciation for your significant contributions and dedication to the Division. Last but certainly not least, I want to thank Dr. Ashley Batastini who served as Past-President this past year. Ashley, your service to the Division has been remarkable. We are a better Division because of your extensive dedication to establish an underlying foundational structure for the Division.

As I finish writing this column, I must mention that our country is in a phase of uncertainty. We have been inundated with divisive, mean-spirited, demeaning, and discriminatory messages for some time now. Many of us belong to the demographic groups regularly vilified by candidates and government leaders. Many of the clients to whom we provide services, and co-workers with whom we work, not to mention members of our community, maybe even our next-door neighbors, belong to the groups under attack. It has been sad to watch the increasing acceptance of oppression of groups of people based on characteristics we cannot change.

As challenging as it has been for us as psychologists to cope with these ongoing events, it is even more difficult for those Americans who receive mental health services in the public sector, as they often do not have equitable access to economic, educational and health care resources. We understand how important social determinants of health are in influencing outcomes and functioning. Now, more than ever, it is time for us to continue our commitment to those who are underserved and to address the mental health crisis that has enveloped our nation. We all know the terrible impact of experiencing ongoing negativity has on one's mental health. Together, as psychologists in Division 18, I am calling on each of you to make the world a better place--work with me by conducting meaningful research, advocating for equitable mental health policies, and providing culturally responsive, ethical and evidence-based mental health services to those seeking help in the public sector. Join one or more of our Sections and Committees and participate on projects that will not just fill your cup but will contribute positively and meaningfully to society. It is the right thing to do.

I plan to spend this year as your President, recognizing colleagues who do this. My Presidential Theme is **Public Services Psychologists: Setting the Standards for Innovative Mental Health Services, Research Policy and Advocacy**. Although I have some ideas of how to implement this theme (e.g., newsletter, convention programming, Division 18 Fellows, etc), I invite your suggestions on ways to highlight and recognize yourselves, and each other. Please feel free to email me your ideas and let me know about your innovative accomplishments in the public sector. Email me at [president@publicservicepsych.org](mailto:president@publicservicepsych.org).

Thank you for being a member of Division 18!

# HISTORIAN COLUMN

Timothy P. Carmody, PhD



*In this historian column, I profile past Division 18 leaders who have made significant achievements in their advocacy efforts for public service psychology and those vulnerable individuals who are served in public sector settings.*

## Division 18 Heroes

The two extraordinary Division 18 members described below received recognition for their achievements as recipients of the APA Presidential Citation.

Jennifer E. Boyd, PhD, CPRP, was awarded a Presidential Citation in 2014 by APA President Nadine Kaslow for her internationally renowned contributions in combating the debilitating effects of external and internalized stigma of serious mental illness.

The citation reads as follows: “Director, Psychosocial Rehabilitation and Recovery Center, San Francisco Department of Veterans Affairs, Dr. Boyd has produced extraordinary accomplishments in advocacy, research, innovative program development and service delivery for individuals with serious mental illness. She received the first APA Division 18 Outstanding Contributions in Psychosocial Rehabilitation Award (2009) and the Distinguished APA Division 18 Mike Neale Award (2013). Her bold public discussion of her own recovery from debilitating mental illness has been a shining beacon of hope to consumers and fellow mental health providers with lived experience. The program she directs nurtures novel treatment approaches. She is a tireless worker and remarkably, the least likely person to draw attention to her vast accomplishments. Her humility is exemplary. She promotes and advances respect, understanding and deep appreciation for the diversity of human experience.”

Loretta Braxton, PhD, was awarded a Presidential Citation in 2019 by APA President Rosie Phillips Davis for her remarkable leadership and commitment to improving the lives of our nation’s veterans and training the psychologists who serve them.

The citation reads as follows: “She embodies the scientist-practitioner model in psychology, devoting her career to psychodiagnostics, preventive behavioral medicine and multicultural issues in psychology. Within the Department of Veterans Affairs, Dr. Braxton has served as a VA chief psychologist, as well as director of the Psychodiagnostic Lab and Smoking Cessation Clinic and Consulting Psychologist to the Inpatient Psychiatry and Mental Health Acute Care Clinic at the Durham VA Medical Center. She has also maintained a faculty appointment as Clinical Associate in Psychiatry and Behavioral Sciences at Duke University Medical Center and is past chair of the VA Psychology Training Council. For her unwavering dedication to developing psychologists and to serving veterans and for standing as a shining example of the values of mentorship and public service in psychology, I, Rosie Phillips Davis, present this presidential citation to Loretta Braxton, PhD.”

## Past Hildreth Award Recipients

I have started another historian project focusing on the accomplishments of past Hildreth Award recipients. I have begun to reach out to past Hildreth Award recipients to learn more about their contributions to public service psychology that led to their receiving this prestigious award. If I have your current email address, you will be hearing from me. To date, I have received informative responses from Rod Baker, Walter Penk, Terry Keane, Robert Fein, David (Scotty) Hargrove, Ron Levant, and others. I will be presenting the information provided by these and other past Hildreth Award recipients in future historian columns. If you have written nomination letters for any past Howard Hildreth Award recipients, you are welcome to send these to me which I will use as source documents for this D18 historical project.

Ron Levant received the Harold Hildreth Award from Division 18 in 2002. He believes that he received this prestigious award due in part to his advocacy and writing in support of prescriptive authority. He co-chaired two “mini-conventions”: Board of Directors Mini-convention, “Toward Prescription Privileges for Psychologists,” 1997, and Presidential Mini-convention, “Prescriptive Authority for Psychologists,” 2000. In addition, he published the following article and chapters:

Sammons, M. T. & Levant, R. F. (2003). Yes, but there is another question: How will prescribing psychologists be affected by the pharmaceutical industry. *The Psychologist*, 16, 187-188.

Levant, R.F., et al. (2003). Training programs in psychopharmacology for psychologists. In M. Sammons, R. Paige, & R. F. Levant (Eds.). *The evolution of prescribing psychology: A history and guide* (pp. 117-140). Washington, DC: American Psychological Association.

Sammons, M., Paige, R, Levant, R. F. (2003). Prescribing psychologists: The future. In M. Sammons, R. Paige, & R. F. Levant (Eds.). *The evolution of prescribing psychology: A history and guide* (pp. 191-212) Washington, DC: American Psychological Association.

Sammons, M., Paige, R., Levant, R. F. (Eds.). (2003). *Prescriptive authority for psychologists: A history and guide*. Washington, DC: American Psychological Association.

Dr. Levant believes that receiving the Harold Hildreth Award was also partly due to his support for consumer/survivors/ex-mental patients. For example, he co-sponsored and served as Co-Chair for a Board of Directors Mini-convention entitled, “Consumers and Psychologists in Dialogue,” in 1999. Finally, he was very supportive of the VA psychology. He attended and spoke at several meetings of the AVAPL and served as Research Psychologist (Without Compensation) from 2009 to 2014 at the Louise B. Stokes Veteran’s Administration Medical Center, Cleveland.

David (Scotty) Hargrove was the recipient of the prestigious Harold Hildreth Award in 2007. In 1973, he was the founding director of the Pine Belt Regional Mental Health and Retardation Center in Mississippi, consisting of nine counties in a region of south Mississippi. This involved developing the plan for the services, obtaining local financial support from the counties and state, then applying for federal Community Mental Health Center Grants through the National Institute of Mental Health. He did this for approximately 9 years. During that time, he was elected president of the National Association of Rural Mental Health at the University of Wisconsin-Extension in Madison. He started the rural clinical psychology training program at the University of Nebraska-Lincoln, using NIMH training grant funds to train clinical psychology students to work in rural community mental health programs. In the late 1980s, he took a two year leave from the University of Nebraska to develop a human resource development department at the Department of Mental Health in Richmond, VA. In the 1990s, he moved to the University of Mississippi to develop an emphasis in rural community psychology there, where he focused on public sector programs in mental health and mental retardation. During that time, he served as editor of the Division 18 Newsletter. While there, he was appointed by the governor of Mississippi to serve on the Mississippi State Department of Mental Health. Upon retirement, he joined the faculty of the Department of Psychology at Appalachian State University to develop a doctoral program in clinical psychology to serve rural populations under the aegis of the Kulynich-Cline Distinguished Professor of Psychology at that institution.

Rod Baker was the recipient of the Harold Hildreth Award in 2010. He was the second Division 18 historian and first to publish the Division 18 history which appeared in the 1<sup>st</sup> volume of division histories that APA authorized to celebrate the 50<sup>th</sup> anniversary of divisions in 1996. He also published an update of the division's history in 2006 in the Division's Journal, *Psychological Services*. He established the Division 18 archive at the Cummings Center for the History of Psychology at the University of Akron which included many old Division newsletters and other material he had collected over the years. He helped develop the division's first public interest platform and as the Division's Council representative, successfully promoted the Division's APA council resolution in 1994 to fund a task group on SMI issues. That task group later became a standing committee of APA. In 1995, he helped pass three Division 18 APA resolutions in council: prevention of domestic abuse, prevention of workplace violence, and meeting the needs of persons with mental disorders in our nation's jails and prisons. In Council, he also helped establish the fact that members of Division 18 were also licensed practitioners. At the time it was argued by many independent practitioners who had private practices that Division 18 members were not practitioners because they were not independent but rather salaried psychologists of local, state, and national programs.

### **Division 18 Section History**

The history of Division 18 cannot be fully understood without knowing the history of the events, challenges, and achievements of each of its sections. The mission of public service psychology can best be appreciated by examining the impact of the important work of psychologists working with incarcerated, indigenous, veterans, individuals with SMI, and patients receiving care in state and community hospitals.

I have recently reached out to various leaders in each section of Division 18 to become more informed about important section-specific events, challenges, and achievements during the past couple of decades. I look forward to receiving their reports in the near future. If you have additional information regarding the recent history of a particular section of Division 18, please let me know.

### **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 be found on the Division 18 history webpage.

You will also find a link to Dr. Rod Baker's webinar on the history of Division 18 that was created as part of the division's 75<sup>th</sup> 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. According to Dr. Baker, the fifth and most recent period of Division 18's history (what he called "the vision of Division 18 continues") spanned 15 years from 2006 to 2021. I have no doubt that this period has continued its eventful historical path for public service psychology during the past three years.

In addition, the Division 18 history webpage makes reference to the *Robert W. Goldberg Division 18 Memorial History Photograph Collection*.

### **Division 18 Communications Team**

I am pleased to report that as the Division 18 historian I am now a member of the Division 18 Communications Team led by the Communications Member at Large, Dr. Laura Grossi. Other members of the Division 18 Communications Team include Dr. Noosha Niv (Webmaster), Dr. Morgan Hill (Social Media

Coordinator), Dr. Tanecia Blue (Podcast Host), Dr. Christine Puls (Newsletter Editor), and Dr. Katia Arroyo Carrion (Interdivisional Webinar Series Chair). My hope is that my collaboration with the other members of the Communications Team will enhance my ability to learn about important Division 18 events that deserve to be included in the Division 18 historian record.

### **Request for Historian Stories**

The history of Division 18 continues. We all know the importance of understanding the lessons taught by our past in shaping our future. 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](mailto:tcarmody306@gmail.com) or phone me at 415-233-1388.

# FEATURED ARTICLE: Addressing Marginalization and Mental Health in Crisis-Prone Systems

By Oliva Kick and Yasmin Jones

In this month's column, we delve into two pressing issues affecting individuals and communities at the intersection of systemic neglect and personal vulnerability: marginalized adolescents and young adults at risk for school dropout and incarceration, and the mental health crisis within law enforcement. While these topics may seem disparate, they share a common thread: the profound impact of unaddressed trauma and inadequate systemic support on individuals and the broader society.

The first article sheds light on the devastating cycle of marginalization and incarceration, particularly for Black and Hispanic youth who are disproportionately affected by inequities in education and social opportunity. Despite declining crime rates, the United States remains home to the largest incarcerated population in the world. Structural deficiencies in education—segregated, underfunded, and overpoliced schools—contribute to disengagement, dropouts, and, ultimately, the prison pipeline. However, research shows that community-based programming and trauma-informed, culturally responsive educational practices can disrupt this cycle and foster hope and resilience.

The second article explores the overlooked psychological toll faced by law enforcement officers, a group often tasked with responding to the consequences of societal failures, including mass incarceration. High rates of PTSD, substance use, and even suicide among officers reveal a dire need for mental health education and trauma-informed training within police departments. These measures not only aim to improve officers' well-being but also promise to enhance community interactions and reduce harm.

Together, these articles emphasize the necessity of addressing trauma and systemic inequities to create a more compassionate and just society—one where both vulnerable youth and those tasked with their protection are empowered to thrive.

## **Addressing the Silent Crisis: The Urgent Need for Mental Health Education in Law Enforcement by Oliva Kick**

Being a law enforcement officer is widely regarded as one of the most stressful occupations due to frequent exposure to horrific situations, including fatalities. Given these circumstances, it is unsurprising that many officers struggle to maintain their mental health and well-being. What is both unexpected and seldom discussed, however, is the lack of conversation and education among officers regarding the cognitive effects of trauma, strategies for managing PTSD after a crisis, and the resources available to assist them when needed (Diamantis, 2024).

A study examining the mental well-being of 3,994 law enforcement officers found that 44% of respondents reported experiencing psychological distress within the past four weeks, with one-quarter of these reporting moderate to severe levels of distress (Drew & Martin, 2023). Additionally, suicide trends in law enforcement reveal that officers face a 54% higher risk of death by suicide than the general population, with 85% of these deaths involving alcohol use (Violanti & Steege, 2021). This data highlights the prevalence of maladaptive coping mechanisms used to manage the daily trauma officers endure. Among those with PTSD, nearly half (46.4%) also experience Substance Use Disorder (SUD), with rates even higher among veterans and first responders (Pietrzak et al., 2011).

Despite the high likelihood of encountering trauma throughout their careers, law enforcement officers are often undereducated about the effects of repeated trauma exposure. One study aimed to address this gap by



implementing a trauma-informed education program for law enforcement personnel (Reed, 2016). For many participants, this training marked the first time they had learned about PTSD, and it also revealed that numerous officers were already experiencing moderate PTSD symptoms.

Although research on this topic remains limited, existing studies emphasize the critical need for further education surrounding mental health in policing. Enhancing awareness and resources not only benefits officers but also fosters stronger, healthier communities.

### **Marginalized Adolescents and Young Adults At Risk for School Dropout and Incarceration by Yasmin Jones**

Mass incarceration has consistently been identified as a significant and prevalent issue in the United States. The U.S. criminal justice system processes more people than any other nation in the world, with over five million individuals currently under supervision (Kluckow & Zeng, 2022), representing 20% of the imprisoned population worldwide (Wagner & Bertram, 2020). In the U.S., states are encouraged to build prisons and adopt aggressive law enforcement and prosecution strategies. Despite a gradual decrease in crime, the proliferation of the U.S. criminal justice system continues to unnecessarily disrupt the lives of families across the nation.

Rather than fostering humane responses to crime, fear, distorted media narratives, and overt expressions of vengeance and condemnation are often used to advocate for a punitive carceral state that devalues rehabilitation and restoration (Sheldon & Young, 2020). Researchers like Michelle Alexander propose that this evident disregard for humanity stems from a race-based caste system in the U.S. (Alexander & West, 2020). Despite their marginalized status, Black and Hispanic individuals without a high school diploma or higher remain the most at-risk population for incarceration in the country (Muenster & Trone, 2016).

Black and Brown students have historically attended schools that are segregated, underfunded, understaffed, overpoliced, overdisciplined, and lacking academic rigor (Spatig-Amerikaner, 2012; Nowiski, 2018; Tsoi-A & Bryant, 2015). These systemic deficiencies lead to restlessness, disruptive behavior in the classroom, academic underachievement, grade retention, and decreased graduation rates (Basford et al., 2021). Although research often attributes student failure to families and communities, qualitative data from incarcerated populations highlights the inadequacy of schools as a significant cause of student disengagement and eventual dropout (Wolf Harlow, 2003). Without the education and skills necessary to thrive in society, some students are funneled toward decisions that increase their risk of incarceration.

In addition to alleviating the current burden on the U.S. prison system, addressing high school dropout rates would improve the quality of life for many Black and Hispanic families. This could reduce family separation, economic instability, mental health disorders, physical illness, and recidivism (Schnittker et al., 2012; Massoglia et al., 2015; Beresford et al., 2020). Research demonstrates an urgent need for increased community programming that addresses the barriers preventing marginalized students from staying in school.

Effective solutions include academic support, extracurricular activities, therapy (including substance use and violence prevention), mentorship, career services, family support, and access to community resources. Staff involved in these programs should be trauma-informed, experienced in asset-based and culturally sustaining pedagogy, and committed to building relationships with students based on trust, care, and forgiveness. Disciplinary approaches should align with restorative justice principles, emphasizing flexibility and responsiveness to student needs. Furthermore, fostering a family-like atmosphere that emphasizes care and belonging is crucial to student success (Hammond et al., 2007; Basford et al., 2021).

Community programs can offset the effects of inadequate education by increasing the number of racially marginalized students in college, reducing arrests and convictions among youth aged 12–26, and decreasing

incarceration rates for Black and Hispanic youth. These efforts are vital to combating the broader impacts of mass incarceration in the United States.

### **Building a Future Rooted in Equity and Care**

Addressing the intertwined crises of systemic neglect, trauma, and marginalization requires a multi-faceted and compassionate approach. The insights presented by Olivia Kick and Yasmin Jones, students at Fordham University's Graduate School of Education, highlight the pressing need for action to disrupt cycles of inequity that perpetuate harm. Whether by supporting marginalized youth through culturally responsive, trauma-informed education or by equipping law enforcement with the mental health tools necessary to navigate their challenging roles, the focus must remain on fostering resilience and repair.

As members of APA Division 18, we are uniquely positioned to advocate for and implement these solutions. By championing research-informed practices, advancing policy reforms, and expanding access to mental health resources, we can play a pivotal role in creating systems that uplift rather than oppress. Together, we can help shape a society that values equity, dignity, and healing for all.