

Spring 2024

Public Service Psychology

Newsletter of APA's Division 18

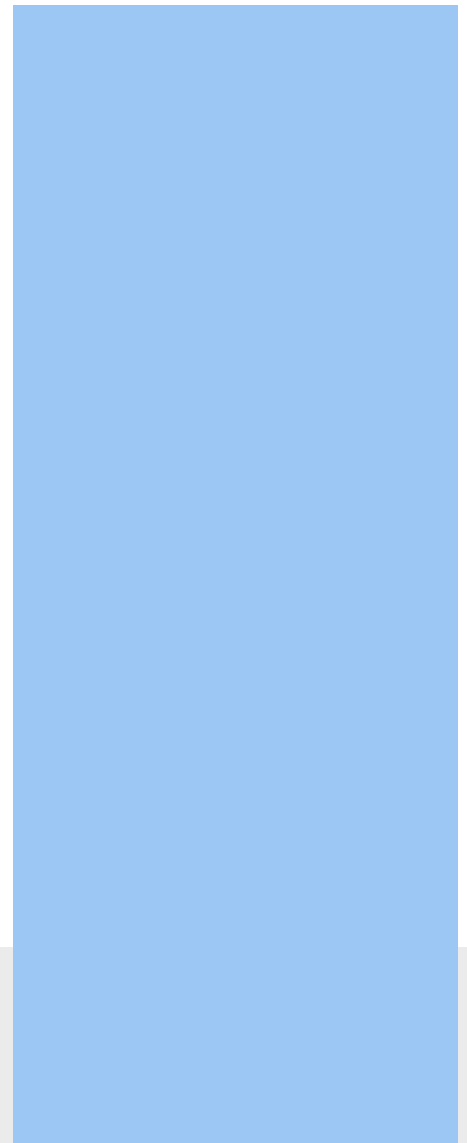


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HISTORIAN COLUMN

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.

Dr. David Carroll

Dr. David Carroll was presented with the APA Presidential Citation in 2022 by APA President Frank Worrell. The citation reads as follows:

“David Carroll, PhD, is presented with a 2022 Presidential Citation for his life-long leadership and commitment to ensuring that veterans have access to the highest quality mental health and suicide prevention services.

Throughout his more than 30-year history of service, Carroll’s experience and achievements as executive director of the Office of Mental Health and Suicide Prevention (OMHSP) at the Department of Veterans Affairs have been stellar. He oversaw numerous organizational changes, including the transformative realignment of mental health programs, suicide prevention services, and the Veterans Crisis Line into the centralized organization known today as the OMHSP. His contributions have allowed for the vast expansion of mental health programs and services across the Veteran’s Health Administration, the largest healthcare system, and the largest single training program for psychologists in the United States.

During his tenure as executive director of OMHSP, Carroll led significant advances in the development and implementation of mental health and suicide prevention policy, business operations, and strategic planning. As part of this vision, he designed and implemented a national community engagement program that sought to build a network of support for veterans by engaging external partnerships and community stakeholders. He led the VA in adopting a National Strategy for Suicide Prevention which has focused on upstream suicide prevention efforts aimed at supporting whole health, engagement, and purpose in life. He advanced access to care by leveraging technology in creating regional telehealth sites, and most recently, oversaw the initial roll-out of a new electronic health record across the entire VHA enterprise. Improving access, modernizing care delivery, and advancing the quality of mental health services provided to veterans will be one of Carroll’s lasting legacies in the VA.

Carroll's qualities as a visionary and strategic leader are only matched by his fierce advocacy for veteran well-being and employee engagement. On multiple occasions, he provided testimony to Congress as VA's mental health and suicide prevention subject matter expert and representative. He also served as executive sponsor for diversity, equity, and inclusion (DEI) activities and initiatives. He has demonstrated courageousness and served as a role model for other VA leaders during challenging times, establishing resources for VA mental health providers from marginalized backgrounds, and demonstrated a commitment to allyship by integrating DEI into the work both internally, and in numerous OMHSP activities across VA.

Carroll has led the OMHSP with integrity, thoughtfulness, and dedication. Because of his commitment both to employee engagement in the United States' largest mental health care system and to improving, expanding, and sustaining excellent mental health services for our nation's warriors, it is my honor to award David Carroll, PhD, with this 2022 APA Presidential Citation." (Worrell, 2022)

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 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 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. 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 two years.

In addition, the Division 18 history webpage makes reference to the *Robert W. Goldberg Division 18 Memorial History Photograph Collection*. I am working with the Division 18 webmaster, Noosha Niv, to update this item on the history webpage.

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 or phone me at 415-233-1388.

FEATURED ARTICLE:

Dr. Patrick Deleon PhD, MPH, JD



For our nation’s mental/behavioral health providers, the recent COVID-19 pandemic highlighted for society and for the Administration the critical importance of *ensuring access* to quality mental/behavioral health care for all Americans. USPHS Surgeon General Vivek Murthy describes the growing youth mental health crisis in America as the “defining public health crisis of our time.” He further warned that social media carries a “profound risk of harm to the mental health of children and adolescents.” The July/August *APA Monitor* proclaimed: “More than 20% of teens have seriously considered suicide.” For those with vision, today’s political climate provides an unprecedented opportunity to significantly transform the mental/behavioral environment just as, over 100 years ago, the Flexner report revolutionized medicine. The fundamental question is whether psychology’s training institutions will rise to the occasion and effectively address society’s pressing need; or perhaps in the alternative, will an entirely new form of mental/behavioral health care providers evolve, driven by other health care professions, service delivery systems, or those who “pay the bills”?

More than three decades ago, Michael Smyer’s 1992 ad hoc Task Force on Psychopharmacology (RxP) reported to the APA Council of Representatives that “practitioners, with combined training in psychopharmacology and psychosocial treatments, could be viewed as a new form of health care professional, expected to bring to health care delivery the best of both psychological and pharmacological knowledge. Further, the proposed new providers had the potential to dramatically improve patient care and make important new advances in treatment.” Yet today, none of the current APA Presidential candidates addressed RxP during their July/August campaign statements, notwithstanding its potential positive impact on historical Health Disparities and the effectiveness of holistic, patient-centered care.

Steve Ragusea: “It’s been said that psychologists spend too much time talking to themselves rather than interacting with their cultural environs. As Alvin Toffler first predicted in *Future Shock*, the pace of social innovation is escalating. And although

psychology has built a widely recognized reputation for excellence around the world, we must build upon the strengths of our science while expanding into a rapidly arriving future full of social and technological change. Knowledge from genetics, psychopharmacology, and behavioral research must be integrated into our existing model. We must broaden our vision and expand the scope of our practice past the narrow view of the consulting room. The front page of any newspaper provides a quick glimpse of the ways in which society needs doctors of behavior, psychologists. It is our destiny to respond to these pressing human needs.

“How do we begin to address these issues? One essential piece of the answer is psychopharmacology training and practice within the scope of professional psychology. Research has shown that psychologists have been safely and effectively practicing psychopharmacology for over 25 years. We now have prescriptive authority (RxP) in Colorado, Iowa, Idaho, Illinois, New Mexico, and Louisiana; as well as in the U.S. military and USPHS. Sometimes I wonder if my colleagues are even aware of the transformational changes taking place in society that should be impacting how we train young psychologists. What I’m sure of, is that if we don’t adapt to change, we will suffer the same fate as the once respected science of phrenology, and join that profession in the dustbin of history. They failed; we should not.”

One of the profession’s modern-day visionaries, Morgan Sammons, was one of the first two Department of Defense psychopharmacology Fellows (1994), Dean of the California School of Professional Psychology, and recently retired CEO of the *National Register*. He has been urging our academic colleagues to consider from what their perspective might be, a dramatic reconceptualization of what constitutes appropriate training for health service psychologists. His proffered positive action strategies include: recognizing that the educational needs of researchers and those of clinicians are different; acknowledging that the competencies currently addressed in competency-based education must fundamentally reflect the knowledge and skills required for the practice of health service psychologists; understanding that a wholesale revision of the doctoral curriculum is the fulcrum on which other necessary changes pivot; and that psychology must collectively expand the scope of practice of health service psychology.

Medical education has undergone a recent transformation, during which the historical building blocks in basic education (for example, anatomy, physiology, pharmacology, etc.) that were previously taught in semester-long courses, are no longer recognizable as such. Instead, they are now consolidated into courses which teach the subject matter while integrating this with clinical skills, and, for example, education in health disparities. Clinical correlations don’t have to wait – it’s the fundamental expectation that these courses will be taught within a clinical framework that examines not only how the doctor approaches the patient but also thinks about how the patient approaches the doctor. Such a modification for psychology would be fundamental to the necessary discussion of what defines a doctoral-level psychologist.

Not all psychologists are going to be members of a healthcare delivery team.

Nevertheless, Morgan proposes that all should possess the requisite abilities to do so. Today's graduate curriculum must be radically reshaped to make it more clinically focused, less costly to complete, and dramatically more time efficient. Why, for example, should summertime education remain optional? Why should students delay licensure for a year devoted to completing their dissertation?

His vision includes having tomorrow's doctoral health service psychologists possessing the capacity of acting as an integral member of a multidisciplinary health delivery team while focusing upon the evaluation and treatment of emotional disorders and the complex interplay between emotional and physical well-being. Health service psychologists must possess expertise in the etiology and treatment of emotional disorders and a working knowledge of common states of health and illness. Psychology can no longer pretend that physical disorders are beyond the ken of psychology. Knowledge of psychopharmacology is the lingua franca of modern mental health treatment. In essence, the evolution of psychology's training modules must preserve the basic knowledge and competencies of the profession while teaching them in an integrated, clinically oriented fashion. For example, Morgan postulates that there might well evolve three distinct sequences of instruction: the Doctor-Patient Relationship, the Therapeutic Relationship, and Foundations of Health Service Psychology. To remain stagnant in comfortable isolated professional silos is simply not acceptable. The underlying question remains: Will psychology effectively address society's most recent pressing need?

The 34th Annual Practice Leadership Conference -- 2017: *Practice, Politics & Policy*, what better forum for APA President Tony Puente and Executive Director for Professional Practice Katherine Nordal? Over 400 colleagues attended that spring, enjoying the lush harmonies of The Capital Hearings. Copies were provided of the recent *Washington Post* article "GOP health-care bill would drop addiction treatment mandate covering 1.3 million Americans" and the full text of President Donald Trump's Address to the Joint Session of Congress during which he proclaimed: "Finally, the time has come to give Americans the freedom to purchase health insurance across State lines – creating a truly comprehensive national marketplace that will bring cost way down and provide for better care."

APA's expressed concern regarding the GOP's position on the Affordable Care Act, deemed "Repeal and Replace," highlighted the benefits of the current law's requirement of a package of Essential Health Benefits, requiring coverage of mental health and substance use disorder services (including behavioral health treatment); applying parity requirements for mental health and addiction equity; extending Medicaid coverage; and, establishing an array of basic insurance protections. Not surprisingly, making progress on obtaining recognition under the "physician" definition of Medicare by obtaining co-sponsorships of the Medicare Mental Health Access Act, then sponsored by current U.S. Senators Sherrod Brown and Susan Collins, was also urged.

Highlights of the APA Practice Organization's 2017 Annual Report presented by Katherine and Kate Brown included: promoting "psychologists" by advancing the trade of professional psychology; providing a real-world view of clinical practice, patient outcomes, safety, and clinical, comparative, and cost-effectiveness; telehealth; the RxP Action Fund; and the sad fact that the Practice Organization's grants were being significantly curtailed; and affirming the doctoral standard. Notwithstanding the public's perception that their elected officials did not care about what real people think, the conference presenters emphasized that Senators and Congresspersons really DO care. Thus, one could not overstate the importance of the forthcoming Hill visits and individual psychologists "Telling Your Story!" At that time, the Psychology PAC ranked 44th among the 129-health professional PACS, well behind the American Dental Association, American Medical Association, American Optometric Association, and the American Association of Nurse Anesthetists. Are we doing any better in 2023?

Psychology's Critically Impressive Investment: Michelle Ryder, CEO of the American Psychological Foundation (APF) – "The party will be with APF during APA's 2023 Convention! We are starting off Thursday with a networking event, in partnership with the Committee on Early Career Psychologists (CECP), for early career researchers to learn more about available APF grants. Our staff will be on hand to answer questions and match people with opportunities. On Friday, Beth Morling will give the Charles L. Brewer Lecture, titled "Let's Stay Together" as the recipient of the prestigious Brewer Distinguished Teaching Award. On Saturday, APF is hosting an all-star lineup beginning with the Spielberger EMPathy Symposium. Charlie established this symposium in 1994 to bring scholars from Divisions 3, 8, and 12 together to discuss their perspectives on emotion, motivation, and personality and to contribute to advances and integration of relevant theory and research. This year, the speakers are Elizabeth Kensinger (Div. 3), Coren Apicella (Div. 8), and Bethany Teachman (Div. 12). Directly following the symposium, Barbara Held and Christopher Green will co-present at the Arthur W. Staats Lecture. This lecture series was established in 1998 through a gift from the Staats family in honor of his long and distinguished career. The series continues his focus on research that unifies psychology and grounds it as a science. Finally, APF will host the Lynn Stuart Weiss Lecture on Attaining Peace through World Law (featuring Sara McClelland) and the Rosalee G. Weiss Lecture for Outstanding Leaders in Psychology (featuring Danny Wedding). Capping off Saturday to celebrate our 70th anniversary, APF is hosting L8 Night, a 70's themed dance party with an open bar and light refreshments. This ticketed event is open to all Convention attendees." It is indeed a pleasure to serve as an Honorary Trustee of APF. "There's no map or compass to guide me" (Wild Uncharted Waters, The Little Mermaid, Jonah Hauer- King).

ANNOUNCEMENTS

Hello all!

We are only a couple of months into 2024 and already it feels like public sector psychology work is in full swing for the year. This level of activity is certainly nothing new to most of our colleagues (senior and otherwise) in our division and likely a feeling that you, as psychologists-in-training, continue to experience.

When I was elected President in 2022, I hosted a leadership summit with our Division leaders. Their resounding message to me was that psychologists across all areas of public service felt overburdened. They felt the weight of increasing job duties designed to address a high need for mental health services within the public sector, but without the administrative and systemic support that should accompany such a surge in service provision. Moreover, they themselves felt the calling of public service to outweigh their own self-care needs; together, they collectively expressed a feeling of burnout, a feeling that I have and continue to have. These feelings and our experiences are valid and real concerns. We could speculate that our feelings of burnout and underappreciation are a direct result of the pandemic, or an indirect result of the pandemic highlighting systemic deficiencies. Nevertheless, the conclusion is the same: public sector psychologists are feeling overtaxed, under supported, and undervalued, not only by their public sector organizations for which they work, but also by APA writ large. I recall these same feelings of overwhelm, underappreciation and lack of resources competing with my desire to do good public sector work being high during my training years. If this paragraph resonates with you, I hope you know that I am listening.

For this presidential year, much of my work has been “behind the scenes.” I have repeatedly met with higher administration in APA to voice my concern for our Division’s members (including trainees) being underappreciated and without the support that we deserve. I have offered solutions during these meetings and am hopeful that APA is taking my feedback seriously. Moreover, I have worked to strengthen our inter-divisional cohesion, by meeting individually with section and committee leaders to gauge how I can better assist them with addressing the concerns noted above; as well as offer solution-focused feedback. In addition, I am working to sponsor an intra-divisional webinar focused on incorporating timely and relevant issues in public sector work in the realm of cultural responsiveness in therapeutic and assessment conceptualizations. I am also working with Psychological Services editor Lisa Kearney, Ph.D., to create a special issue dedicated to burnout in the public sector. I hope and expect that you all in our division will consider submitting manuscripts to this special issue when it is announced. I am working to plan how we can get public sector organizations to meaningfully celebrate their psychologists for our upcoming Psychology Week. Finally, I am hoping to increase our visibility with our new website, as well as our social media pages and podcasts. If you are interested in contributing to these efforts, then please reach out to me directly.

When I was a psychologist in training, I was unaware of Division 18’s existence. That is a pity because I came from a program, and spent the majority of my training, in public sector areas. I

continue to work in a public sector area. Much of what this Division stands for (i.e., recognizing, promoting, and advocating for the needs and accomplishments of public sector psychologists) is exactly what I recall needing as a psychologist in training. Whether you are in a VA Hospital, a prison/jail, state psychiatric hospital, community mental health clinic, behavioral health setting, working with indigenous populations, with those experiencing severe and persistent mental illness, or providing services to law enforcement/first responders, your work matters in this Division. Public sector psychologists are more numerous than most individuals who belong to APA realize, and if this is true for my peers, then it stands to reason this perspective is accurate for psychologists in training. I empower all of you to work with myself and Christine Puls to change that perspective. APA and the public deserve to know how many of us are public sector psychologists in training, and psychologists actively contributing to addressing myriad mental health needs in our country.

Thank you for your membership and your commitment to public service during your training years. I welcome getting to know you all better as this year moves forward.

A handwritten signature in cursive that reads "Natalie Armstrong, PhD".

Natalie (Tallie) Armstrong, PhD

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