1	Division 22 Executive Committee Meeting
2	February 26, 2015• 2:30-5:00 pm
3 4	San Diego, CA • Marriott Mission Valley • Cabrillo Salon 1
5	FINAL APPROVED MINUTES
6	
7 8	In attendance (SEE APPENDIX A):
9 10 11 12 13	 Voting members in attendance: Gitendra Uswatte, Kathleen Brown, Mary Brownsberger, Aaron Turner, Joseph Rath, Kim Gorgens, Linda Mona, Krystal Drake, Abbey Hughes, Natalie Dong, Eun-Jeong Lee, Nancy Merbitz, Stephanie Reid-Ardnt, Beth Rush, Jacqueline Kaufman, Carrie Pilarski
14 15 16 17 18 19 20 21	 Non-voting persons in attendance: Teresa Ashman, Lisa Brenner, Shane Bush, Bradley Daniels, Jennifer Duchnick, Michael Dunn, Efrat Eichenbaum, Eric Hart, Narineh Hartoonian, Claire Kubiesa, Angela Kuemmel, Sarah Lahey, Jennifer Lumpkin, Kimberly Monden, Laurie Nash, Barry Nierenberg, Carey Pawlowski, Dan Rohe, Michele Rusin, Chrisann Schiro-Geist Gina Signoracci, Jennifer Stevenson, William Stiers, Karen Stiles, Nanette Stump, Connie Sung, Jan Tackett, Marlene Vega, Stephen Wegener, Catherine Wilson, Brent Womble
22 23 24 25	 2:30-2:40 Call to Order, Welcome and Introductions, Attendance (Dr. Uswatte) Approval of minutes from last meeting (August 2014, Washington, DC) Request for additions to agenda
26 27 28	President Uswatte called the meeting to order at 2:35 pm, giving special acknowledgement to the contributions and efforts of Past-President Mary Brownsberger and President-Elect Kate Brown. Participants introduced themselves.
29 30 31	MOTION. Approval of August 2014 EC minutes (<i>SEE APPENDIX B</i>): Dr. Turner motioned for approval. Motion passed unanimously.
32 33 34 35	MOTION. Approval of Agenda : There were no additions to the agenda. Dr. Rush motioned for approval. Motion passed unanimously.
36 37 38 39	MOTION. Two minute limit on presentations to be lifted at discretion of president: Dr. Rush motioned for approval. Motion passed unanimously.
40	SCHEDULED AGENDA ITEMS
41 42	2:40 - 2:55 Strategic Planning Results (Dr. Brownshorger)
42	2:40 – 2:55 Strategic Planning Results (Dr. Brownsberger)
44 45	Dr. Brownsberger summarized SWOT (Strengths/Weaknesses/Opportunity/Threats) analysis from morning's Strategic Planning Meeting into 4 general themes (<i>SEE APPENDIX C</i>).

1 Dr. Brownsberger led discussion of need to develop these general themes into action items. 2 3 MOTION: Create a strategic planning task force to develop action items through 2018, as 4 well as long-term plan, to be chaired by Dr. Brown: Aaron Turner motioned for approval. 5 Motion approved unanimously. 6 7 Dr. Brownsberger led discussion of two general themes from SWOT analyses: 8 9 1. Rebranding: Need to increase Division's visibility and identity. Let constituents/ 10 stakeholders know our value and get place at table with APA. Motions held until Renaming Taskforce report at 2:55. 11 12 13 2. Education and training: Need to recruit students/trainees to rehabilitation psychology 14 earlier. Right now, specialization is at post-doctoral level. Need to reach out to undergraduate 15 and graduate students. Possibly develop sharable curriculum for undergraduate level course. 16 Rehab Riff Raff's Brad Daniels offered course materials he is developing as a starting point. 17 Need to clarify content/goals/target of course. 18 19 MOTION: Education and CE Committee Chairs, Drs. Stiers and Gorgens, will form 20 committee to develop education and training content for graduate and undergraduate 21 curriculum: Motion for approval by Dr. Brownsberger. Motion approved unanimously. 22 23 24 2:55 - 3:05 Renaming Division Task Force Report (Dr. Uswatte) 25 26 Current Renaming Task Force members are Gitendra Uswatte (Chair); Stephanie Reid-Ardnt 27 (MAL), Nancy Merbitz (MAL), Jennifer Duchnick (Membership), Kimberly Monden 28 (Communications), Aaron Turner (Treasurer), Bradley Daniels (ECP), Claire Kubiesa (Student). 29 30 Dr. Uswatte led discussion on Task Force results: Current name doesn't communicate who we 31 are. "Division 22" is meaningless to those outside. "Division" has negative connotations. Dr. 32 Duchnick noted that Task Force considered the following names "Society for RP," "Society for 33 Disability and RP." 34 35 The need to rebrand came up repeatedly in Strategic Planning meeting. In light of SP meeting, it 36 is premature to proceed with renaming. First, we need to have discussion about our identity— 37 mission and vision statement. Then, we will consider name change. SP meeting discussion 38 included possibilities such as Society for Disability and Chronic Illness proposed by Dr. Rohe. 39 Name needs to be broader than just "Rehabilitation." Rehabilitation is just one facet of life 40 course for people with disabilities. 41 42 Dr. Brownsberger suggested re-tasking the task force with project of obtaining external 43 consultation on identity and branding. Dr. Wilson cautioned about changing a 50-year-old name.

Dr. Shiro-Geist pointed out that Division can re-brand without changing name. Still will be

We should consider it a capital investment.

Division 22 of APA despite any change. Dr. Brenner emphasized need for external consultant—

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- 1 MOTION: Reformulate task force charged with broadened scope to include rebranding 2 and identity and to consider external consultation. 3 Motion for approval by Dr. Reid-Ardnt. Motion approved unanimously. 4 5 Dr. Uswatte requested additional TF members given broadened scope (see current members 6 above). Drs. Shiro-Geist and Hartoonian (ECP) volunteered. Dr. Wegener nominated John 7 Corrigan to serve on task force, "If he won't serve, I will." 8 9 3:05 – 3:20 Student Leadership Network Update (Dr. Hughes) 10
 - Dr. Hughes provided summary of activities to date: Nine campus chapters formed. University of Denver especially active.

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SEE APPENDIX D

- Dr. Brownsberger noted that when she was guest speaker at Drexel, students were excited about starting local chapter. Within 48 hours, application for chapter received by SLN. Barry Nirenberg noted that students at Nova were very excited about local chapter. 20 students joined chapter and 12 came to this conference.
- Discussion of whether (and in what amount) to allocate funds to promote development of RP students and encourage them to join Division.
- Dr. Bush asked how funds would be used. Dr. Hughes reported that funds would be used as start up funds for chapter (food, host meeting, etc.), at both graduate and undergraduate level. Foundational principles of RP are suggested as topic of first meeting.
- Dr. Turner asked if expenses be recurring. (A) Most likely, but SLN would apply again next year. This will permit EC to evaluate use of funds and make decision about whether to make an ongoing or year-to-year commitment.
- Dr. Reid-Ardnt: Division's ability to fund laudable projects is limited. This isn't our only
 potential project.
- Dr. Rohe: Foundation for Rehabilitation Psychology might consider funding. FRP meeting is tomorrow morning. Possible co-support with Division will be on FRP agenda. Dr. Rohe requested a formal written "ask" from Dr. Hughes, along with a proposed reporting mechanism. Drs. Uswatte and Hughes will work on draft.
- Dr. Vega: Might be worthwhile to look at how and in what amounts other Divisions fund student activities.
- Dr. Uswattee: EC doesn't need to decide on a specific dollar amount now. Investigate how much other Divisions invest in students to guide deliberations, and decide after FRP meeting.

1 MOTION: Create a line item to invest in SLN and student members, with decision as to 2 exact dollar amount to be determined after FRP co-funding decided. 3 Motion for approval by Dr. Rush. Motion approved unanimously. 4 5 3:20 – 3:30 APA Presidential Summit on Integrated Health Care (Dr. Nierenberg) 6 7 SEE APPENDIX E

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13 14 Dr. Nierenberg led discussion of whether (and in what amount) to allocate funds to help sponsor Integrated Health Care summit. Discussed and reviewed content of emails distributed earlier (See Appendix E). IHC summit seems intended to inform policy makers about what Psychology can offer. Focus is on primary care. They are bringing in only 100 people and most are not psychologists. Not really asking for input from Divisions, so it's not as if other divisions will be sitting at the table and displacing RP. However, we need to consider that it might be a good investment to have RP on the on the list, even if not literally at table.

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Dr. Uswatte noted that lead organizers of IHC summit have not been very responsive to inquiries he made on behalf of Division.

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Dr. Mona noted that APA President Barry Anton has been very affirmative of disability-related issues. She emphasized that it's important that RP be represented at IHC summit. Dr. Kuemmel concurred and referred to upcoming presidential column in March issue of APA Monitor.

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Dr. Nirenberg noted that RP has increased visibility with APA, and that the IHC summit is an opportunity to extend that visibility beyond APA. There doesn't seem to be any additional benefit to contributing more than \$1,000.

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MOTION: Contribute to IHC conference in an amount to be determined following today's treasurer's report.

29 30 Motion for approval by Dr. Turner. Motion approved unanimously.

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3:30 - 3:45 **Communications Committee Update (Dr. Monden)**

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SEE APPENDIX F

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Dr. Monden led discussion, noting that every section of website has been updated.

- Synchronization of listsery membership with Division membership appears to have been resolved. Dr. Brenner will confirm if so and report back to EC.
- General recognition that Communication Committee's development of "Division 22" Rockstars" was a highlight of the year.
- Dr. Brenner acknowledged work of Dr. Monden and the Communications Committee: Stats on Facebook have gone way up since August. Hard work is paying off. Dr. Monden also was thanked for quality of RP15 conference materials

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Dr. Monden led discussion of whether to move from using APA website for Division webpages to using an independent website host instead. And if so, how much to allocate to this need. Dr.

- Monden noted that using APA to host Division webpages has been problematic. Proposes RP host own website. Expense will be approximately \$13/month to use independent company. CC also needs funds to buy stock images to look professional. Right now, these images are paid out
- 4 of pocket by committee members.

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Or. Brownsberger noted that current APA-hosted website is 508 compliant and asked if same would be true of website hosted by independent company. Dr. Brenner reported that 508 compliance is now integral to web browser used, not the webpage per se.

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Dr. Bush questioned impact of moving website on ability to conduct on line CE activities in the future. Dr. Gorgens noted that APA currently won't allow Division 22 to host on-line CE activities on APA website.

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17 18 Dr. Monden: If Division moved from APA website, a full transition and development of a much more functional and aesthetically appealing website could be completed in 1-2 years. There will be no need to maintain two sites—we will provide a link on the current APA-hosted website directing viewers to new website. No need to hire outside IT people to transition or maintain website—everything is now cut and paste and drag and drop. CC member Brent Womble has facility with this.

19 20

Dr. Brown asked about sustainability—in terms of people rotating off CC. Would the software be enduring? Need to develop a plan for continuity.

2324

Dr. Uswatte: Technical barriers are now low. Most will be able to figure how to post material to website within an hour, so repository of technical knowledge is less important than in past.

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- Dr. Rohe: Does APA understand that we are leaving APA website because of mishandling?
 Dr. Uswatte—we met with Keith Cooke of APA already and expressed concerns. Dr. Wegener
- 29 noted that it's a huge responsibility to take on our website. Send letter to APA CEO Norman
- Anderson stating that we are withdrawing because of problems. Dr. Wegener suggested consider
- 31 larger budget going forward, especially if rebranding. Dr. Gorgens concurred and suggested EC
- consider earmarking some of CE Committee proceeds. CEC has so much to gain with our
- website, especially now that we are credentialed to offer online CEs.

34 35

Dr. Monden: Expenses will be \$150 per year to host website and \$100 to buy stock images. We still have to pay APA for their services even if we don't use them, so no cost savings there.

36 37

- Motion: Reproduce website on external server, with line item in budget to be determined after today's treasurer's report.
- 40 Motion for approval by Dr. Turner. Motion approved unanimously.

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42 3:45 – 3:50 Break (All)

3:50 – 3:55 Membership Committee Report (Drs. Duchnick and Pawlowski)

SEE APPENDIX G

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- Dr. Duchnick led discussion noting 2 Fellows dropped from membership: Dr. Bush (Q): Why? Plan: Dr. Duchnick will contact them to follow up.
 - Dr. Uswatte: Compared to general membership trend for APA, Division 22 is doing well.
 - Committee members have developed and implemented a procedure in conjunction with *RP* journal editor (Dr. Wegener) to encourage authors of *RP* articles to join Division, if they are not already members. Procedure is to mail a letter to all such authors.
 - Going forward, Committee plans to reach out to non-member conference presenters.
 - Dr. Duchnick will investigate reaching out to non-member attendees.

3:55 – 4:00 FRP Update (Dr. Rohe)

- Foundation for Rehabilitation Psychology has \$130K invested.
- FRP funds student awards for RP conference.
- Chuck Callahan led strategic plan for FRP—17 point plan. Focused mission on advancing psychology of disability and chronic illness. Much broader focus than RP.
- Tricia Kirkhart put together fund raising flier in each RP packet.
- Division President-elect now on FRP conference calls to integrate Division goals with FRP goals
- Added student to Board, Gillian Mayersohn from Nova, to get input and enthusiasm.
- Brucker fund earmarked to go directly to RP (cleared by two attorneys).
- New plans on horizon to raise funds—these will be announced soon.
- Dana Dunn joined Board, "poster boy" for social psychology of disability. Signing books on Saturday.

FRP strategic plan includes: TED-like talks: What is FRP, where does \$ go. What is RP? Developing link to classic articles in RP

4:00 – 4:15 Treasurer's Report (Dr. Turner)

Dr. Turner led discussion, providing a summary of 2014 budget (SEE APPENDIX H):

- Annual Division budget is approximately \$30K.
- Currently 2K in black, but still getting receipts in, so balance will be close to \$0

Presentation of draft 2015 budget (SEE APPENDIX H)

- Bulk of Division income is \$23K in dues.
- Only expanding line item is CE fees (about 10% of budget).
- Travel is largest expense—please be mindful of expenses.
- \$160K invested. \$4000 dividends reinvested this year. Can dip into this nest egg for strategic initiatives.
- Dr. Bush (Q): Do we have a target in terms of how much should be in reserve vs. operating expenses? Dr. Wegener (A): We should have 3 years of operating expenses in reserve. Dr.

1 2 3	Wegener noted that \$167K came from sale of journal to APA (one lump sum—it was a one-time event).
4 5 6	Motion: Sponsor APA Presidential Summit on Integrated Healthcare in the amount of \$1000. Motion for approval by Dr. Brown. Motion approved unanimously.
7 8	Motion: Provide funding for independent website and stock images in the amount of \$300. Motion for approval by Dr. Gorgens. Motion approved unanimously.
9 10	4:15 – 4:25 NMCS Incident Task Force (Drs Perrin, Lee, Mona, and Wilson)
11	Summary of incident (SEE APPENDIX H) & actions decided upon to date
12	 Discussion of any additional steps to take
13	Discussion of any additional steps to take
14	4:25 – 4:40 New SIGs (Drs. Merbitz and Bush)
15	 4:25 – 4:40 New SIGs (Drs. Merbitz and Bush) ● Description of & rationale for Acute Care SIG proposed
16	• Description of a rationale for Acute Care Sig proposed
17	Dr. Merbitz: Acute Care SIG. Burgeoning literature. Every RP encounters patients who have
18	been through critical care. Provided an overview. Started with thread on listserv citing Jackson.
19	Preconference last year had over 90 attendees. RP Journal special issue. Potential Oxford
20	Handbook.
21	
22	 Description of & rationale for Military/Veteran SIG proposed
23	
24 25	Dr. Bush: Military/Veteran SIG. Interest not documented, but seems intuitive
26 27	Process & criteria for establishing SIG
28	Discussion of criteria and approval process for new SIGs.
29	• Dr. Wegener: SIGs come and go. Bar is fairly low. If no harm, proceed. Forming a
30	new Section, in contrast, requires signature collection.
31	 Carrie Pilarski discussed her experience as co-chair of Psychologists with Disabilities
32	SIG. What is process for maintaining leadership of SIGS and Sections?
33	 Dr. Bush: How formal do we want the SIG process to be?
34	• Dr. Brown: Are these topic areas that fall under existing committees (e.g., might
35	proposed Military/Veteran SIG fall under Practice Committee)?
36	• Dr. Uswatte: We need written guidelines for forming SIGs.
37	
38	ACTION: SIG Guideline Task Force will be formed. Dr. Uswatte will chair, with Drs.
39	Pilarski, Merbitz, Brown, and Brownsberger as members.

4:40 – 4:50 Council of Representatives Report (Drs. Gorgens and Mona)

SEE APPENDIX J

• Council adopted primary care competencies.

Examples of APAPO activities: NP assessment listed in scope of practice for nurse practitioners but not psychologists. OTs do cognitive assessments, etc. Assaults on scope of practice. Dr. Brown: New CPT code for cognitive screening being used primarily by non-psychologists. Working on larger document going to every insurer.
 Other disciplines coming in with language of ACA.

• ECPs have one seat on each committee in APA governance. Encourage Division 22 ECPs to apply for those seats.

4:50 – 4:54 Journal Report (Dr. Wegener)

- Once approved, full journal report will be released.
- 107 submissions this year = 2^{nd} highest ever.
- 54% rejection rate.
- Time from submission to action letters cut to 60 days. Goal is to reduce to 50 days this year.
- "News from organization" = One page tear out done in collaboration with Science Committee. This tear out will feature one measurement instrument each issue. Good opportunity for ECPs to write something up. Will make RP journal much more relevant to practioners.
- Two special issues coming up.

4:54 – 4:57 Update on APA 2015 (Dr. Sung)

SEE APPENDIX K

- 14 submissions for interdivisional presentations: 8 accepted (Division 22 was the leading division across all of APA in getting interdivision presentations accepted).
- Recruited 40 volunteers to review proposals.
- Soliciting sponsors to enrich social hour.

<u>4:57 – 5:00</u> Update on RP2015 (Drs. Signoracci, Price, Stevenson, Rusin, and Uswatte)

SEE APPENDIX L

- Dr. Stevenson: Preconference well attended. Lessons learned included in report. Next year's conference chair is Dr. Uomoto.
- Dr. Signoracci: Close work between BOM and planning committee. This year's strictly peer-review format was well received.
- Dr. Rusin: RP2015 is a record-breaking conference. Very close to 300 attendees. Nearly 1/3 of RP membership is in attendance. RP2015 proceeds = \$120K (net, not profit).

1 2	Neilson and Pearson have booths. Pearson working on logistics of survey of membership regarding testing needs. JHTR giving free online access to all conference attendees.
3	regarding testing needs. First giving free omine decess to an conference ditendees.
4	• RP2016 : Atlanta Hyatt Regency. Very accessible. Moved to 2nd weekend in February
5	from typical 3rd weekend. Some unforeseen scheduling conflicts due to change. Creative
6	resolution TBD
7	
8	Motion to adjourn.
9	
10	Meeting was ended at 5PM
11	
12	Minutes taken by Joseph Rath, Division 22 Secretary

APPENDICES

Appendix A: Attendance Roster

Appendix B: Minutes from August 2014 Executive Committee Meeting (Washington, DC)

Appendix C: Strategic Planning meeting minutes (2/26/15)

Appendix D: Student Representative report

Appendix E: APA Presidential Summit on Integrated Healthcare

Appendix F: Communications Committee report

Appendix G: Membership Committee report

Appendix H: Treasurer's report

Appendix I: National Multicultural Summit update

Appendix J: Representatives to Council report

Appendix K: APA 2015 update

Appendix L: RP15 update

Appendix M: REPORTS, NO ACTION, NO DISCUSSION

ECP SIG (Johnson, Drake)

ECP Representative (Drake)

Mentoring Committee (Lumpkin, Nash)

Section 1 (Kaufman)

Section 2 (Pilarski)

Education & Training Committee/BEA (Stiers)

Practice Committee (Bush)

Science Committee (Brenner)

CE Committee (Gorgens)

Awards Committee (no report)

Diversity Committee (Lee)

Psychologists with Disabilities SIG (no report)

Deafness SIG (Thew)

Fellows Committee (Scherer)

Secretary's Report (Rath)

Liaison Reports

Psychology in the Workplace (Johnson)

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CAPP (no report)

CDIP (Stump)
BSA (no report)

BPA (Signoracci)

Consortium for Spinal Cord Injury Medicine (Bombardier)

Federal Advocacy Coordinator (Barisa)

Interdivisional Healthcare Committee (Glueckauf, Nierenberg)

APPENDIX A

DIVISION 22 ROSTER 2014-15

NAME	ROLE	VOTING?	Attending
Turner, Aaron	Treasurer	Yes	465 7
Rath, Joseph	Secretary	Yes	Jes 6
Gorgens, Kim	Rep to Council	Yes	Ves
Mona, Linda	Rep to Council	Yes	les
Drake, Krystal	Early Career Rep	Yes	605
Hughes, Abbey	Student Rep/Student Leadership Network Chair.	Yes	405
Kaufman, Jacqueline	Section 1: Pediatrics, President	Yes	yes
Pilarski, Carrie	Section 2: Women, President	Yes	yes

Ashman, Tenesa Uswatte, Gitendra

No 40 Ves Yes

Brake, Krystal BOP representative
ROJE, DAN ERP PRESIDENT

YES

NAME	ROLE	VOTING?	Attending
i.			
Scherer, Marcia	Assistive Technology SIG Chair	No	. N
Thew, Denise	Deafness SIG Chair	No	W.
Iohnson, Erica	ECP SIG Chair	No	N
Andrews, Erin	Psychologists with Disabilities SIG Chair	No	No
Kuemmel, Angela	Awards Committee Chair	No	agi
Monden, Kimberly	Communications Committee Chair	No	Yes
Gorgens, Kim	Continuing Education Committee Chair	No	411
ee, Eun-Jeong	Diversity Committee Chair	No	Pes
Stiers, William	Education & Training Committee Chair	No	YES
Scherer, Marcia	Fellows Committee Chair	No -	N
Schiro-Geist,	International Committee Chair	No	Nee
Chrisann Duchnick, Jennifer	Membership Committee Chair	No.	Nec
	Mentoring Committee Chair	No	1/2 >
Lumpkin, Jennifer	Practice Committee Chair	No	VIES
Bush, Shane		No	4.25
Brenner, Lisa	Science Committee Chair	- INO	yes
Wegener, Stephen	Editor, Rehabilitation Psychology Journal	No	yes
Signoracci, Gina	RP15 Program Chair	No	1405
Stevenson, Jennifer	RP15 Preconference Chair	No	TE
Sung, Connie	APA 2015 Division 22 Program Chair	No	1/85
Dreer, Laura	Listserve Manager	No	NO
Rusiń, Michele	ABRP President	No	Yes
Stiers, William	BEA Liaison	No	VES
Signoracci, Gina	BPA Liaison	No	12/15
Schultheis, Maria	BSA Liaison	No	No IS
Glubo, Heather	CADD Linison	No	M9
Stump, Nanette	CDIP Liaison	No	
Schiro-Geist,	CIRP Liaison	No	Yes
Chrisann	CINI LIAISON	110	Yes
Bombardier, Charles	Consortium for SC Med Liaison	No	No
Barisa, Mark	Federal Advocacy Coordinator	No	No
Nierenberg, Barry	Interdivisional Healthcare Committee (IHC) Liaison	No	YES
Glueckauf, Rob	IHC Liaison	No	No .
Johnson, Erica	Psychology in the Workplace Network (PWN) Liaison	No	N
Nierenberg, Barry	Rehab Summit Liaison (ACRM group)	No	Yes
Curtiss, Glenn	RP Synarchy Rep	No	No
		No	1785
Mona, Linda	the dest thestown section	-	Ves

Rugh, Beth & Member at Large Vegan Martere and and change

Lahay, Sarah Section 1 Sec. No. Yes. Womble, Brent Hartonia, Mind Laurie Mash Communitations Committee 190 yes yes herwil scinfind soul 10 Co-Chair, Menterstys Committee No Yea Jan Tackett ABRR Board Member Yez No Norme Chanse Task Force Brad Daniels No Tes Efrat Eichenbaum Mentorship Committee Vance Rep No Yes Claire Kubiesa Name Change Task Force NO Yes. Stephanie Reid Andt * Member-out-Large Yes. Yes Mancy Merbitz & Member-at-Large Yies

AMERICAN PSYCHOLOGICAL ASSOCIATION DIVISION 22 – REHABILITATION PSYCHOLOGY August 2014

Washington, DC

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Division 22 Executive Committee Meeting Minutes August 7, 2014, 1:00 – 3:50 p.m. Washington DC • Marriott Marquis, Senate Room

ATTENDEES

#	Name	Role	Voting	Attending
1	Brownsberger, Mary	President	Yes	Yes
2	Uswatte, Gitendra	President-Elect	Yes	Yes
3	Hart, Tessa	Past-President/ Nominations and Elections Committee	Yes	Yes
4	Turner, Aaron	Treasurer	Yes	Yes
5	Brenner, Lisa	Secretary	Yes	Yes
6	Drake, Krystal	Early Career Rep	Yes	Yes
7	Hughes, Abbey	Student Rep	Yes	Yes
8	Gorgens, Kim	Rep to Council and CE Chair	Yes	Yes
9	Mona, Linda	Rep to Council	Yes	Yes
10	Lee, Eun-Jeong	Member-at-Large - 2013 - 2016 / Diversity Comm. Chair	Yes	Yes
11	Bruyère, Susan	Member-at-Large - 2011 -2014	Yes	Yes
12	Dong, Natalie	Member-at-Large - 2012 - 2015	Yes	No
13	Curtiss, Glenn	Member-at-Large - 2012 - 2015 / RP Synarchy Rep	Yes	Yes
14	Fitzpatrick, Pam	Member-at-Large - 2011-2014	Yes	No
15	Rush, Beth	Member-at-Large - 2013 - 2016	Yes	Yes
16	Kaufman, Jacqueline	Section 1: Pediatrics	Yes	No
17	Wilson, Catherine	Section 2: Women	Yes	Yes
18	Pilarski, Cari	Psych/Disabilities SIG	No	No
19	Thew, Denise	Deafness SIG	No	No
20	Scherer, Marcia	AT SIG Co-Chair	No	No
21	Stiles, Karen	AT SIG Co-Chair	No	No
22	Johnson, Erica	ECP SIG Chair/PWN Liaison	No	Yes
23	Brown, Kate	Mentoring Task Force	No	Yes
24	Gina Signoracci	RP15 Program Chair	No	No
25	Tackett, Jan	APA14 Program Chair	No	Yes
26	Dreer, Laura	Listserv/Communications Committee	No	No
27	Monden, Kimberly	Communications Committee Chair	No	Yes
28	Hart, Eric	Communications Committee Co-Chair	No	No
29	Wegener, Stephen	Editor, Rehabilitation Psychology Journal	No	Yes
30	Gorgens, Kim	Continuing Education Committee	No	Yes

31	Kuemmel, Angela	Awards Chair	No	Yes
32	Duchnick, Jennifer	Membership Committee Chair	No	Yes
	Pawlowski, Carey	Membership Committee Co-Chair	No	No
	Bush, Shane	Practice Committee Chair	No	No
33	Scherer, Marcia	Fellows Committee Chair	No	No
34	Barisa, Mark	Federal Advocacy Coordinator	No	No
	Schiro-Geist,	CIRP Liaison, International Committee Chair	No	No
	Chrisann			
35	Stump, Nanette	CDIP Liaison	No	No
36	Glubo, Heather	CAPP Liaison	No	No
37	Signoracci, Gina	BPA Liaison	No	No
38	Schultheis, Maria	BSA Liaison	No	No
39	Stiers, William	BEA Liaison, Education & Training Committee	No	No
40	Nierenberg, Barry	IHC Liaison, Rehab Summit Liaison	No	Yes
41	Glueckauf, Rob	Interdivisional Healthcare Committee Liaison	No	No
42	Kewman, Don	Consortium for SC Med Liaison	No	No
43	Rusin, Michele	ABRP President (incoming - begin 1/1/14)	No	Yes
44	Sung, Connie	APA 2014 Program Chari-Elect (DIV 22)		Yes
45	Rath, Joseph			Yes
46	Reid-Arndt,			Yes
	Stephanie			
	OPEN	Science	No	
	OPEN	Professional Identity	No	
	OPEN	Social and Ethical Responsibility	No	

Motion

Action Item for the Future of Possible Action Item for the Future

1:00-1:10 Call to Order, Welcome and Introductions, Attendance (Roster appended)
Approval of minutes from last meeting (February 2014, San Antonio)
Request for additions to agenda

Motion Curtis – move to approve – Unanimous approval

SCHEDULED AGENDA ITEMS

1:10 – 1: 30 Update: RP Conference Board of Managers, MOU Task Force

T. Price, M. Rusin, M. Brownsberger, G. Signoracci, B. Caplan

Discussed changes to the MOU

If either group terminates – it would occur after final conference under contract Distribution of proceeds – first \$2000 – go to conference development fund, then \$2000 split between Division and Academy, and last \$4000 and above goes to the conference development fund

Wegener – Is there a ceiling on the conference development fund?

Rusin – There has been discussion on that – but it has not been worked out – unlikely to ever get to the point where this would happen – better to self-insure. Current amount in conference development fund \$24,000. Funds needed to fully fund 3 conferences is 80-100k.

Brenner - Conference Insurance? – responses from MR and MB – does not appear viable.

Rusin – We need sponsors for the upcoming conference.

Glen Curtiss – motion to approve Unanimous approval

1:30 – 1:40 International Committee (CIRP) – Mary Bullock

CIRP - Help think about international issues and taking international perspectives.

CIRP – currently working on issues – international diversity in psychology (policy and decision making); inequality towards women and girls – a global perspective; set of international competencies.

Rusin – Any APA funds for mid-year meeting?

Two other announcements – APA Global Mental Health Fellowship – working on the mental health action plan at WHO. Think about international presence at convention. A match (of any size) they would move to the top of the list CIRP – for funding to come to APA.

APA has a grant fund to pay for attendance at international conference.

Brown – Is there a database about psychologists (international) and division membership?

Bullock - 46 for this Division. 7,000 international affiliates. ROMEO – database trying to get a broad enough database inside and outside US. Can search ROMEO.

Contacts at CIRP:

mbullock@apa.org

international@apa.org

1:45 - 1:50 Keith Cooke, APA Division Services

Cooke - Mainly wanted to introduce myself in person. I am your Division's Account Manager. Account processing – all new memberships – renewal notices for students and professional affiliates. Work some with listserves.

Veronica Allen – conference and meeting planner and webinars – she is new to our office – very involved with national multicultural conference. She works on all elements of a conference.

Christine Chambers – membership marketing manager

I want to encourage you come to the Division Booth – we have information on all the Divisions. Fill out hearts about why you love the Divisions.

Discussion of website – challenges – and strategies to address.

Keith Cooke
Publications Manager
Division Services | Governance Affairs
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1:50 - 2:05 Randy Phelps and Doug Tynan, APA Health Care Updates

Doug Tynan- New Center for Psychology and Health Randy Phelps— Office of Health Care Financing Ellen — policy advisor — 1 pager re: accomplishments

Looking for data that shows the value of psychology – Geisinger Health Care System rphelps@apa.org

H&B codes are use 'em or loose 'em – work values need to go up.

Wegener: Where is psychology in terms of being an MGMA (private enterprise that keeps track of RVUs per person) --? This is important in terms of bundles? You get in the bundle based on your value.

Tynan: History of developing care teams. Details on RVUs and work values are important – that is how future billing will be calculated. Interested in primary care and models – patient per month – specialty care – all payment follow.

Tynan: Interested in looking at the Role of Psychologists in Rehab BRIEFING SHEET – ACTION ITEM – DRAFT IN 90 DAYS downloadable resource. My first goals are reaching out to people outside of psychology.

Tynan: Interested in electronic medical records and telehealth – so use of technology is important. This interface with psychology – is a strength of Psychology. Technology is going to change how patients are cared for.

Dtynan@apa.org

2:05 - 2:15 Craig Fisher, BSA - SCIENCE DIRECTORATE

Couple quick points – job – less than a year – wish I had more to report. Not a lot that is advancing discussion drafts. Going to be CR – level funded.

Stand for Science Advocacy Effort – District Campaign – trying to communicate about the value of psychological science. Maybe there will be a little more time at home.

The Brain Initiative – technology development.

Job Opening at NIH
Apply for APA EXECUTIVE BRANCH FELLOWSHIP – Deadline in January

Revised standards for educational psychological testing are out

cfisher@apa.org

2:15 - 2:25 Catherine Grus, Education

Grus: Accreditation – is there a specific question? New are moving towards more emphasis on accreditation.

Policy based by Council – Aspiration – we think it is important for all students from training that has been vetted at program and internship level.

Aware lack of internships – internship stimulus funds – 2 of 3 years (funded 100 programs) \$20,000 – 18 have self-studies submitted – and 4 accredited. Thinking about continuing the program.

Brown: Last night discussion at IHC meeting about impact on health career pathways behind accreditation standards. We need to revamp education and training standards. Very hard to get accreditation stuff done. Accreditation standards under revision.

We are investing in on-line materials – webinars (primary care competencies). Videotaped and hosted on servers – free of charge.

Working within Division 38 – integrated primary care – PP based – training module. Curriculum developers going out to identify best way to disseminate.

If the Division has interest in working with education and co-sponsoring one of the webinars in Rehab Psych – would be happy to work with us. Brief doses (2 hours long).

Uswatte: Audience?

Grus: Doctoral level. I am targeting those students in the pipeline.

cgrus@apa.org

BN: I know what 38 is doing and I am jealous

2:25 – 2:35 Treasurer's Report (A. Turner)

Turner: Page 46 - APA had taken over accounting. Slower timeline – essentially we are on track with our revenue and expenditures. Biggest variance – travel. We allocate \$750 – which is not enough per trip but over the course of year it seems to work out. Long-term financial stability good – 5 years of expenses in the bank. Last investment portfolio – up 11% - likely less now. Please turn in receipts in a timely manner.

Gorgens: Once piece of good news, travel for Council Members being paid for APA.

2:35 – 2:45 Mentoring Task Force (K. Brown)

Action Item: Proposal to create permanent Mentoring Committee

Brown: Shout out to committee members on task force (K. Drake, E. Eichenbaum, A. Hughes, J. Lumpkin, L. Nash, M. Vega).

2 mentoring sessions during this convention.

As part of the mentorship award, a member of the Mentoring Committee will be a liaison to the Awards Committee to specifically help with this award as well as be mentored into other Committee work

Motion: Become Standing Committee of. Attached are the proposed By-laws to initiate the process. One MAL will rotate, student member, ECP member.

Tacket: I think this is a critical piece. I support it 100%.

Wilson - Moved

Unanimous approval and motion passed.

Beth Rush agreed to serve as the first MAL.

2:45 – 2:50 Journal Report (S. Wegener)

Wegner: Brief update. Editorial Board meetings 10:30 to 12 on Saturday. How to get published meeting after that. Impact factor – 1.83 (back up a little from last year). Our goal is to get to 2 or better. 100 submissions last year. This year our submissions are down. 90 this year – which is problematic. Lag time was a problem in the past. Lag time to submission to action letter (Editorial Manager) – we have gone from 87 days to 25 days. In addition, quality of submission a little better. Two special sections: 1) The Role of Rehabilitation in Critical Care and Acute Medical Settings; 2) The Foundations of Rehabilitation Psychology. If you would like to be a Reviewer – please submit name to Stephen Wegner. Change of board members – please let Stephen know if you or others are interested.

Still discrepancies between listserve and membership.

2:50 – 2:55 FRP Update, Dan Rohe

Rohe: Update and input. Status – Incorporated 2008 – strategic planning process (Dana, Steve, Barry, Dan, Chuck, John) highlights - what is the right mission. New mission of advancing psychology of disability and chronic illness. Founding principles. 17 tactics – revenues have been declining. Hard to raise money without mission. We need to proactively promote FRP. 3rd cycle of research grants. \$3000 each time (\$12,000). We are not advertising ourselves as well as we need to. Goal of year of fundraising plea. Use list serve to announce that. 2 times a year who has given. Current \$ -\$110,000.

Monden: Stepping up presence in social medial would be useful.

Rohe: Automatic debits can be done – Columbus Foundation Website.

No problem with raising money on APA listserve if it is a c-3.

Rush: AACN – funds research – trainees, etc. Fundraiser at midwinter. New person on the board.

Rohe: Foundation from the Foundation – seminal articles. Buying issues from APA.

Best paper of the year – Rehab Psych – can funding support that. There is no monetary award.

2:55 – 3:05 Council of Representatives Report (K. Gorgens, Mona)

Gorgens: We are mid-council – all day yesterday and then tmrw.

Kummel efforts on the committee for early career psychologists – 1 ECP seat on all boards and committees (been in process since 2010).

Add an * to all ECP folks

Motion was unanimously approved to sunset the c3 responsibilities of CAPP, changes the selection and election of CAPP members by the APAPO constituency, and establishes a voting seat on CAPP by an APAGS member elected by APAGS.

Financial Health of the organization good

Membership is down in all areas except LIFETIME MEMBERSHIP

Once piece of data – if all goes according to plan – adding psychologist to CMS plan for physician – 2018

Rath: Convention of the Rights of People for Disability – CDIP drafted a resolution and endorsed the tenants of the resolution.

Mona: Good Governance Project – sea change a foot – everybody is very confused. What is going to happen with better functioning and process in council. Important things do not get passed through. Fear of change – loss of power and loss of voice. Different models.

3:05 – 3:20 Communications Committee (K. Monden)

Action Items: (K. Monden, L. Brenner)

Div22 Archives – see attached below

Discuss/vote if required, re: whether any information needs to be member-only access.

Currently public.

Monden: There is new leadership of the Communications with K.Monden assuming the chair from Jennifer Stevenson. Recent accomplishments:

Updating list of training sites

Archived material has been placed in APA Communities by a group led by Lisa Brenner

Website Update

Not current due to lack of efficiency, K. Monden is now tracking the timeline for posting time for material submitted. Typical time to getting submitted material posted is 2-3 weeks.

Task the communications committee for recommendations – vote by email.

We need to put complaints in writing and allow them to respond.

No other specific requests but assistance/guidance in resolving Website issues would be greatly appreciated. Information requested is:

- How much do we currently pay APA to manage our website?
- What is the division willing to pay to host their own website?
- Is it possible/feasible to create Webmaster positions within the Communications Committee?

3:20 – 3:25 ECP Representative (K. Drake)

Poster at ECP - Division - Most EPC

3:25 – 3:35 Student Rep (A. Hughes)

- I. ACTION ITEMS (items requiring discussion and vote)
 - Proposal for Student Leadership Network Committee
 - Manual available for review upon request

Motion by Wilson – Unanimous Approval – Motion passes

II. DISCUSSION ITEMS (items requiring discussion but no vote)

- NONE

III. INFORMATION ITEMS (items requiring no discussion)

- CODAPAR grant web-based tool kit and APA symposium
- Collaboration with Division 22 Mentoring Program
- Division 22 student volunteers at APA
- Division 22 student activities at APA
- New Student Conference Chair

3:35 – 3:40 Updates on APA Conference (J. Tackett)

Rehab Act Update - attend Susanne's session Friday am!

3:40 – 3:45 Strategic Planning (M. Brownsberger)

Brownsberger: Timeline coming – how do we financially plan, dues structure, fundraising, do we need to look at other ways to create a viable income, how do we partner with Randy to get paid for the work we do. We need to dig deep to develop a strategic planning process. 2018 and 2019 looking to the future. How do we leverage our APA connection? How do we leverage our seats at the table.? How do we keep that pipeline strong?

Coalition for Technology and Behavioral Science.

We do need to have a process. The goal would be to honor the work of the past and recognize the challenge of engaging members. How we actually engage folks. Finish our good goals – add ones that are on everybody's minds. Propose recs for the next five years. Launch robust strategic planning effort.

Agenda: Uswatte: One of the initiatives in my Presidential platform was to lead the Division to consider a name change. Our current name, Division 22 or even Division of Rehabilitation Psychology, speaks to us but does not rapidly communicate to others who we are and what we are about. Many divisions, for example, have changed their name to a Society for xxx. I would like the EC to consider taking up a discussion of the name change at the midwinter meeting. The aim of the discussion would be to air views and decide whether to hold a vote at the EC meeting at APA 2015 on whether to put a vote on a name change before our members. There would be a second discussion of the issue before the vote at APA 2015, if we decide to pursue this matter. Since this is a big change I think it is important we discuss the issue at least twice before making a decision. I would like to appoint a Task Force to prepare the EC and the membership for these discussions. Since time is short, I will solicit Task Force members after this meeting.

Minutes: Uswatte: one of the things in my statement an initiative – rebranding – Not specific name proposed – I would like the Division to reconsider that – a task for to gather information and task for to report to the midwinter meeting. We would make a decision at the midwinter meeting. 2nd Discussion at APA 2015. Vote re: whether to bring that to the members.

3:45 – 3:50 Passing the Gavel (M. Brownsberger, G. Uswatte)

11. Section 1 (J. Kaufman)

12. Section 2 (C. Wilson)

REPORTS

- RP Board of Managers RP14 Financials
- Student Representative
- Practice Committee
- BPA
- CAPP
- CE
- Mentoring Committee proposed manual
- IHC
- C SCM Thank you to Don Kewman!
- Membership Committee
- CDIP
- Communications Committee
- Awards Committee
- Disability SIG

APPENDIX C



DIVISION 22 – REHABILITATION PSYCHOLOGY STRATEGIC PLANNING MEETING RP15 – FEBRUARY 25 2015

8:00 SHARP! Welcome and Introductions

Who are we? Trainee, ECP, Mid, Advanced Career

Academic/research, Practice, combination of both

Attendees

Nancy Merbitz

Gitendra Uswatte

Kim Gorgens

Joseph Rath

Linda Mona

Mary Hibbard

Stephanie Reid-Arndt

Abbey Hughes

Dan Rohe

Gina Signoracci

Steve Wegener

Jennifer Duchnick

Jack Kaufman

Tom Kerkhoff

Brent Womble

Bill Stiers

Aaron Turner

Lisa Brenner

Sarah Lahey

Krystal Drake

Catherine Wilson

Teresa Ashman

Laurie Nash

Efrat Eichenbaum

Carrie Pilarski

Michele Rusin

Mary Brownsberger

Brad Daniels

Kate Brown

Shane Bush

Beth Rush

8:30 Group Activity

Who are we – and how did we get here?

Questions discussed:

- 1) Why has it been the way it's been
- 2) Insights and values on how it's been
- 3) Core competencies of the past

9:00 Re-visiting – and adding to – SWOT analysis started at RP14

Overview: Then: Disability studies

National council, then division

Now: Medical rehab

Future: "Big Tent"

Strengths

Financial reserve

We're good at outcome measurement

Great conference

Dues modest

Great journal

Great, active sections, SIGs

Experts in interdisciplinary teams, integrated care, disability as

diversity

Value of behavior research

Psychologists are health care providers

Biopsychosocial vs biomedical model – integrated care

We have distinct core of knowledge, skills, attitudes – over 70 years

We are good advocates

Large core of experienced and dedicated people

Target specific cohorts: career stage, research, practice

Collaboration - div22 and ABRP

Committed to training

We welcome students and ECPs

Quality supervision

Understanding systems and how interact

We're friendly

Great listsery

Weaknesses (or both S & W)

Are we competing or collaborating with neuropsychology Heterogeneity of disability vs. homogeneity of training (TBI/SCI, Adult/Peds)

Positive, supportive, collegial –but cost effective?

Flexible, sustainable? (bylaws, leadership manual)

Lack of attention to broader context of specialties

Need to increase advocacy – local, state, federal

Cash flow

Budget

Increase involvement of those with disabilities

Need to increase diversity

We don't toot our horn

Peds networking

Pipeline to APA leadership

How to get paid for what we do

Consistent communication

Visibility to students – esp undergrads

Visibility and influence within APA

Competing among post doc programs (Wild West!)

Need to increase diagnostic diversity (vs just TBI SCI)

Increase voc rehab engagement

Introducing our field early to people

Web presence

Identifying ourselves to others

Increase public awareness – coping, adapting, gol

Lack external knowledge of what we do

Tap into recent membership survey – why people left

Layperson knowledge/perception

Poor internal communication

VA rehab psych is sometimes siloed from div22

Opportunities

Market assistive technology expertise

Training requirements

CDIP leadership

Engage APA resources, increase APA involvement

Insert rehab into APA health agenda

Rebranding

Psychologists as first choice for behavioral, affective, cognitive

Increase VA engagement

Acceptance as full, first-line health care providers

Develop RP focused grad curriculum

Increase RP visibility

Increase APA leadership

Public health and disability prevention

Use interdisciplinary with other organizations

Great mentoring

We need to attend and present at APA

Adjust practice model – increase integrated health care

Md's need to know us better

We're recognized in APA

Diversity practice settings

Great – student rep, ecp rep

Increase engagement, commitment

Promoting RP training early

Training at undergrad level – textbooks, courses, guest speakers,

TED talks

Build bridges to other guilds – AMA, APA, ACRM, NAN, Etc

Work more with APAPO

Funding for psychosocial research – chronic illness, disability

Assertive identity

Make RP known in grad training

Expand practice with orthopedics, neurology, rheumatology

Undergrad education

Align with national rehab issues – VA PM&R, DoD PM&R

More collaboration with PM&R physicians and nurses toward

clinical research, quality improvement

Increase new members and retain 'old'

Conference future – does current model work?

Threats

Are we competing or collaborating with 38, 40

Workforce training – funding, quality

Territorial in-fighting in health care

Reimbursement for ALL services

Decreased quality of psychotherapy preparation

Students don't know about RP

Public don't know about us

Tap into recent membership survey

Can we shift from individual fee for service to population-based,

accountable care?

Shortage of interested trainees

Disability – largest minority group

Health provision defined by insurance

Competencies – do we need "Baltimore II?

Quality education and training

RP not a household word

Need to increase leadership in public policy advocacy

Rehab and disability are still poor stepchildren within medicine

APA likes us but doesn't invite us to work groups where we should

be present

Other more powerful divisions co-opting rehab

Good communication

Being co-opted

Increase advocacy

Still little evidence base

Competition/boundaries of specialties

Increase diversity of RP's to reflect patient diversity

9:50 Moving Forward

Infrastructure

Tasks:

Update LM

Define Committee, SIG, section – increase 'consumer'

transparency

Update bylaws – ECP definition, standing committees

Advocate for improved APA services

Fix membership listserv disconnect (sustainably)

Senior/fellow retention (apa drops off listserv/member rolls when dues not paid????)

Access political lobbying resources

Create web training resources

Post-doc selection process – what are advocacy steps?

Website accessibility, sustainability

Budget for advocacy resources, training

System for: pro-active APA award and committee nominations Educate/update RPs re: ACA opportunities, e.g., PQRS, PCMH, ACO's, etc.

EC actions:

Budget for rebranding consultant (find out cost involved) – need task force.

EC formalize process for nominating members to be on APA governance

Listserv/membership disconnect: task communication and membership committees to resolve

Budget for advocacy, training, marketing – ask education committee to be involved.

Marketing

Identify best part of education chain to make impact

Need to teach RP at grad and undergrad level

Join ABPP/council of specialties effort to each about specialities

Develop sample syllabus – grad, undergrad

Put out RFA to develop curriculum for courses

Encourage our own members to offer courses

Create list of div22 members with undergrad contact

Undergrad: disability theme; grad: rehab theme

Build courses around Dana Dunn's book

Need to increase recognition of div22 by other psychologist,

health professionals, public

Base identity on strengths

Empowerment, participation, adaptation

Rethink identity: how do we describe ourselves

Who do we want to be – now?

How do we position ourselves: population, procedures, problems

Future planning: get from Kate

11:20 Summary and conclusion

SWOT Summary:

- 1) Rebranding –
- 2) APA Visibility place at table
- 3) Ed & training early, tangible resources
- 4) Costs

Overarching theme: "We admit patients and discharge people"

EC Agenda items for RP15:

Rebranding/identity: task force to explore external consultation

Training: Task education & training, and CE committees to develop 'pilot' – content, feedback process – both course curricula and online courses

Assign SP task force – document today, set plan for 2018

11:40 Adjourn

SP Context:

Infrastructure – internal to Division

Marketing – external to Division

Future Planning – action items to be developed for EC

<u>Future Planning</u> – Dan Rohe, Kim Gorgens, Teresa Ashman, Mary?, Lisa Brenner, Krystal Drake, Brad?, Laurie, Efrat Eichenbaum, Tom Kerkoff

Hire rebranding consultant to identify focus – to address Division reach and scope, who are the stakeholders and renaming; Division of Disability and Chronic Illness suggested; need to also include prevention and wellness

Create language for ripple effect – strength-based approach

Emphasize that scope of services is broad but consistency of approach across settings is common

Develop committee to work with consultant as a "rebranding task force"

Rebrand all Division presentations with one side – logo and mission

Identify focus to both the public and students at all levels of training

Educate membership on RP synarchy and delineation of roles to connect the dots

Develop tangible outcomes:

Undergraduate course/toolkit

Develop graduate curriculum/toolkit – course & series of courses; need to articulate competencies needed at graduate level

Insert RP in AP high school classes

Insert definition of RP in introductory textbooks to plant the seeds

Collaborate with Psi Chi nationally/chapters

Link to PCORI

Emphasize broad scope of science/practice across populations but consistency in principles and approaches

Increase research visibility and translation of science into practice and practice informing science

Emphasize rehabilitation research outside of traditional RP literature

Recruit Division members

Structured mechanism to recruit ECPS into Division; across diverse members and settings

Support growth of Student Leadership Network

Invite policy into all RP work

Develop interactive website with national map and populate with locator for Div 22 members in each state for a state advocacy network

Educate membership about synarchy – on website with links

Incentivize small grants via each synarchy member, e.g. Academy or Training Council – small grants for curriculum development; FRP – foundational principles research across populations; ABPP – competencies at different levels of E&T

Expand externship opportunities in rehab at graduate level

Increase visibility of members and to whom

Interactive Division website w/ national map of members

Postdoctoral interviews at RP conference (took 8 yrs for Neuropsych to now be the go-to conf for interviews)

Create a membership directory/resource list

Insert RP into integrated Care conversations within APA and in advocacy groups

Market adaptive equipment expertise

Develop leadership pipeline w/ APA and other organizations

Within Division

Within APA boards and committees as members and liaisons

Identify which other professional organizations to target (at central/national and state levels, e.g. BIAs)

Identify RP ambassadors at different organizational conferences

Identify consumer organizations and foundations to partner with, e.g. Wounded Warriors, emphasizing living with a disability, physical vs. MH, regaining life, "admit patients, discharge people"

Part I: SP History

- 1. Why has it been the way it's been
- 2. Insights and values on how it's been
- 3. Core competencies of the past

#2 Group. Insights & Values

Use Beatrice Wright's foundational principles which still are relevant today – advance the psychology of disability & chronic illness

Whole person functioning in the context of the environment & community

Patient-centered care; Value centered

Interdisciplinary team based care and the skills to translate it to other disciplines

Broad and development approach to care

In rehabilitation, formal assessment is 10%; 90% is maximizing functioning; assessments broader than traditional neuropsych battery which focuses on identifying impairment vs environmental modifications, adaptive and accommodation strategies

Assessment can be lifelong; incorporates developmental changes

Past Mistake: focusing on RP training at post-doctoral level

Need to expand practice to integrated care environments beyond traditional rehab milieus

APPENDIX D

APA Division 22 Rehabilitation Psychology Student Representative Report to the Executive Committee February 2015, San Diego

Summary

This has been another exciting and productive six months for students in Division 22. The newly established Student Leadership Network (SLN) is thriving and has seven new Campus Chapters. We look forward to hosting our first webinar this spring. The student representative also continues to work with the SLN Committee, the Division 22 Mentoring Committee, the RP Conference Programming Committee, and the Presidential Triumvirate to increase student leadership opportunities and increase student membership in Division 22. Each of these activities are explained in detail below.

I. ACTION ITEMS (items requiring discussion and vote)

Proposal for Student Leadership Network Resources

Increasing membership and involvement among trainees has important implications for the future leadership of Division 22. 2014 was the inaugural year for the Division 22 SLN. Chapters have been active in recruiting student members and hosting student-led seminars at their local institutions. Although the SLN is currently operating without financial resources, direct financial support from the Division will be critical to the future growth of this program. On behalf of the SLN Committee, we are now requesting contributions from the Division 22 annual budget to help support continued development of the SLN.

As indicated in our SLN Handbook, among the primary goals of the SLN are to:

- create a network of campus chapters dedicated to promoting the foundations of rehabilitation psychology
- act as a liaison between trainee members of Division 22 and the EC
- host regular in-person and online educational events (e.g., teleconferences, webinars, presentations, workshops)
- support trainee participation in annual conferences

To help achieve these goals, we are requesting an <u>annual budget of \$2000</u>, to be discussed and refined by members of the EC at our biannual meeting. To demonstrate responsible planning and management of these funds, the SLN Committee proposes the following budget justification:

\$1200 to be divided equally among 10 campus chapters per year. Although we currently have 7 active chapters, we anticipate growth of at least 3 additional chapters this fiscal year. Each chapter would receive \$120 to support an educational event focused on "Foundational Principles of Rehabilitation Psychology" at their local institution. Acceptable costs could include equipment rental (e.g. A/V), speaker reimbursement, refreshments, supplies for community outreach (e.g., posters, advertisements). Up to \$50 per chapter could also be provided to support up to 2 student memberships (e.g., a raffle system). Should the number of chapters exceed 10, new chapters will receive priority, followed by

- order of requests. A brief application form and justification for use of the \$120 will be required from each chapter prior to release of funds.
- \$400 award for a first-time 2016 Mid-Winter Rehabilitation Psychology Conference Attendee. Recipients must be trainee members of Division 22 and may not have attended an RP conference in the past. We find that once students attend their first conference, they are impressed with the support and collegiality of our members, and are more likely to attend in subsequent years. This \$400 will help offset the cost of registration, travel, and accommodations. The recipient would be required to provide a summary of their experience at RP to be posted in the Trainee section of the Division 22 website and to be presented at their local Campus Chapter at their next chapter event. This would promote and facilitate additional trainee involvement in future years.
- \$400 to support two SLN Committee-led 1-hour presentations/seminars per year. This year, we anticipate hosting a webinar in the spring. Funds would be used to compensate prestigious leaders in our field to present at these educational events.

We now seek input from the Executive Committee regarding this proposed use of Division funds. All elements, amounts, and types of expenditure are flexible and we encourage discussion to maximize the best use of any funds allotted to this growing program. We are grateful for the advice and guidance of the EC on this matter.

- II. DISCUSSION ITEMS (items requiring discussion but no vote)NONE
- III. INFORMATION ITEMS (items requiring no discussion)

Student Leadership Network: 2014 was the inaugural year for the Division 22 SLN. The committee, composed of Abbey Hughes, Eun-Jeong Lee, Marlene Vega, Meredith Williamson, and Samantha DeDeios-Stern met at APA and in October to review SLN Chapter applications and plan this year's activities. We currently have six Campus Chapters at Illinois Institute of Technology, Denver University, University of Alabama-Birmingham, Nova Southeastern University, Gallaudet University, New York University; and two pending chapters at Fielding Graduate University and Roosevelt University. Several chapters have held RP-related seminars and events at their universities to further promote RP and the mission of Division 22. Jerrold Yeo, Chapter Chair from DU chapters has been particularly proactive in engaging early graduate students. The SLN will also host a webinar, led by Dr. William Stiers on career development in RP. Starting in August, Marlene Vega will be ending her term on the SLN Committee members, and the newly-elected Student Representative will begin his/her term at that time.

2016 Student Conference Chair and 2015-2016 Student Representative to the Executive Committee: A call for applications was sent out in November 2014 for these positions. Applications are currently under review and will be selected by the end of January 2015. The selected students will be announced through the listserv and at RP15. I sincerely look forward to welcoming the selected nominees to Division 22's leadership team and collaborating with these students in planning RP16 and future SLN activities.

New student-led Community Outreach Event at RP. We were fortunate to have this year's RP Student Conference Chair, Julia Poritz, initiate a community-outreach event at RP15. We thank Gina Signoracci, RP15's Conference Chair, and the other Division 22 leaders for their invaluable support in organizing and planning this endeavor. This will the first event of its kind and promotes the mission of Division 22 to give back to the communities we visit during professional meetings, and to promote awareness and service in RP. This year, we have invited mental health support staff from Access to Independence, an Independent Living Center in San Diego, to attend a special presentation at RP15 on suicide risk assessment and intervention.

<u>CODAPAR Grant</u>: The student representative continues to work with student leaders from Divisions 38 and 40 to develop a web-based toolkit for interdisciplinary health service psychology trainees. The toolkit is scheduled for release in the next month. We also anticipate submitting a manuscript presenting the findings of this project's needs assessment

<u>Division 22 Mentoring Program:</u> The student representative continues to work with the Mentoring Committee to create a sustainable Division 22 Mentoring Program.

<u>Division 22 Student Activities at RP:</u> Thanks to support from the RP15 Program Planning Committee, over six hours of conference programming have been dedicated to issues and topics primarily relevant for trainees. Please refer to the Division 22 Program for details.

Respectfully submitted on 2/19/15,

Abbey Hughes, PhD Student Representative to the Executive Committee

APPENDIX E

Global Approaches to Integrated Health Care: Translating Science and Best Practices into Patient-Centered Healthcare Delivery

There is significant evidence that health care approaches that integrate mental and behavioral health services into primary care are more cost-effective and enhance the quality of care, and that patient-centered care results both in higher satisfaction and better outcomes. The rapidly changing healthcare environment, along with the country's increasingly diverse population, has made implementing these models even more critical. There is a need to identify and disseminate science-based best practices in integrated and patient-centered health care, and to provide opportunities for training healthcare professionals to work in these settings, including on interprofessional teams.

Project Plan

APA proposes to hold a two-and-a-half day interdisciplinary Summit meeting on *Global Approaches to Integrated Health Care: Translating Science and Best Practices into Patient-Centered Healthcare Delivery.* The Summit, which will take place November 2-5, 2015, will feature approximately 100 international and US-based participants.

The overarching goal of the Summit is to improve health through enhanced integration of behavioral and mental health with physical health care services and a focus on patient-centered care. The specific goals of the proposed Summit are as follows:

- Convene a diverse group of stakeholders representing a range of perspectives across health care domains, including both behavioral and mental health care and physical health.
- Share best practices, models of care, and financing strategies across disciplines, healthcare professions, settings, and countries.
- Explore innovations, including in health care delivery, financing, education/training, effective dissemination, reducing health disparities, and measurement and evaluation.
- Support the development of a shared understanding of patient-centered care in order to enhance public expectations about, and desire for, integration of behavioral and mental health care and physical health care services.
- Galvanize collaborative and innovative next steps.
- Inform funding for needed research.
- Produce opportunities for continued learning for healthcare professionals about integrated and patient-centered care.

Summit Participants

The Summit will convene approximately 100 public and private sector leaders in health care from across the globe who are empowered to advance systems-level change and/or build the knowledge base about health care systems. These will include federal and state policymakers,

insurers, representatives from foundations, diverse health care professionals, and consumers, as well as scholars in the social and behavioral sciences, economics, demography, health policy, public health, health marketing, and information technology. Participants will represent a range of health care professions, including primary care and family medicine, nursing, psychology, psychiatry, nutrition, counseling, and social work. APA will engage with various professional associations to identify potential participants for the Summit who are leaders, who best represent those disciplines, and/or who are engaged in relevant, innovative work that can inform practices and polices related to integrated and patient-centered care.

In addition to participants from the United States, participants will be invited from other countries where innovative solutions are being tried to provide input about how they are addressing challenges in integrated and patient-centered health care. This may include, for example, representatives from Norway, Canada, and the United Kingdom. APA has established Memoranda of Understanding with the national psychological associations in 16 countries that articulate the mutual goals of the psychology associations and include agreements to regularly communicate about matters of common concern and to seek to identify and develop collaborative projects and activities for the betterment of the field and the public interest. These well-established, ongoing relationships will help to facilitate securing key international participants for the Summit. However, invitees will not be limited to the countries with which APA has an established MOU.

Summit Format

The Summit will take place over four days, beginning with an evening welcome reception to be held in an international venue (e.g., an Embassy), followed by two-and-a-half days of presentations (both keynote speakers and panel discussions) and working group sessions. The format will be designed to facilitate the exchange of ideas and opportunities for participants to establish and build relationships, borrowing principles from the Wingspread convening model (www.johnsonfdn.org/conferences/key-elements).

The keynote speakers will lay the groundwork for subsequent panel presentations and workgroups and catalyze further discussion by identifying important themes, posing provocative questions, and presenting challenges. Anticipated topics for the keynote addresses include global perspectives on integrated and patient-centered care, visioning the future, changing health systems, social determinants of health, harnessing the power of data and technology, and consumer perspectives. International leaders in these areas will also be invited for these key roles.

The panel presentations will include brief comments by three to five experts about key themes in health care, with an emphasis on best practices and innovation, followed by a moderated discussion. The presenters will focus on such topics as:

.

¹ MOU are in place with Australia, China, Colombia, Cuba, France, Israel, Japan, Jordan, Mexico, Norway, Portugal, South Africa, Spain, Sweden, Turkey, and the United Kingdom.

- Global models of integrated and patient-centered care and financing
- Models of education/training in integrated and patient-centered care, including interprofessional education
- Models of systems change and dissemination of evidence-based practices
- Health promotion, prevention and wellbeing
- Population-based health care
- Demographics, cultural issues and health disparities
- Measurement of quality, cost, and program outcomes
- Emerging technologies
- Patient engagement and diverse vulnerable populations (e.g., children, aging populations, women, persons with chronic disease, and persons with serious mental illness).

Individual Summit participants will be identified to serve in a variety of roles, including as panel moderators, discussion facilitators, and workgroup session reporters.

For the last session of the first and second full day of the Summit, participants will break into smaller working groups to address two important questions:

- Day 1: What are the most significant obstacles to adopting best practices and innovation?
- Day 2: What are key opportunities and strategies for overcoming those obstacles?

The working groups will be constituted to ensure that they include participants with diverse perspectives and experiences (e.g., scholars, health care professionals, end-users of health care/consumers, and international participants). Convening people from diverse perspectives can generate more innovative solutions to stubborn problems when they are able to convey their distinctive point of view (Swann, Kwan, Polzer, & Milton, 2003). This will be further advanced by the opportunity for social networking across Summit events.

The key points from the working group discussions will be reported out by each working group on the last day of the Summit, with recommendations for next steps. The final day will also highlight consumer-centered perspectives, including reflections and reactions on the preceding summit conversations and their implications for diverse vulnerable populations. Finally, just as the summit opened, it will close with reflections from international representatives.

In order to maximize the reach of the Summit, the main presentations will be webcast live as well as recorded for archival viewing. This will enable individuals in remote locations (including internationally) to view the proceedings. GoToMeeting or a similar videoconferencing service will also be employed to bring additional participants in remotely to the working group discussions. This will make it possible, for example, for selected international experts to participate via webcam and for materials to be shared, even if they are unable to travel to the

meeting in person. The APA Information and Technology Office will provide all technical support for the Summit for videotaping and webcasting and using GoToMeeting.

Planning Process

A group of at least eight additional experts will be identified to serve as a Summit Advisory Group to assist with planning. Members will be recruited based in part on their expertise related to the themes of the panel sessions, and will each help to identify and select the panelists for those sessions. This group may also be tasked with a range of other activities related to planning and following up on the Summit, including serving as panel moderators, finalizing questions for panel discussions and working with panel members in advance to finalize the content of the presentations, ensuring needed diversity among participants (e.g., demographics, disciplines and perspectives, country of origin), facilitating the development of products and developing plans for their dissemination, and implementing follow-up activities. They will also work closely with key APA staff to coordinate logistics and technology for the Summit and its follow-up steps.

A preliminary planning group, led by APA President-Elect Barry S. Anton, PhD, ABPP, and Summit Chair Mary Ann McCabe, PhD, ABPP, has already begun to undertake these tasks.

Outcomes and Products

A variety of products will be produced from the Summit and disseminated to maximize the reach of the meeting both nationally and internationally, and to ensure ongoing impact. Final decisions about which products will be developed will be made by the Summit planners in collaboration and consultation with relevant APA staff, including staff in the Center for Psychology and Health, which coordinates APA's many activities focused on advancing health. These products may include the following:

- A Proceedings document will be developed that summarizes the Summit presentations and presents the major findings, conclusions, and recommended next steps. This will be published in an attractive reader-friendly format for dissemination to policymakers and other interested parties, and will also be made available on the APA website and the websites of Summit funders and sponsors.
- APA will develop a dedicated website for the Summit where Summit participants and
 the interested public can learn more about the event and access background materials,
 video of the meeting, and products produced from the Summit (e.g., proceedings).
 Consideration will also be given to developing additional web-based communication
 strategies, such as listservs, a Summit Facebook page, and dedicated areas for
 continuing discussions among Summit participants. The APA employs a professional
 staff of technology personnel who are responsible for the creation of its websites and
 the many social media initiatives carried-out by the APA.

- A video of the major Summit presentations for later on-demand viewing will be produced from the webcast recording and made accessible to the public on the APA website, including members of any sponsoring or participating organizations.
- Web-based continuing education products may be developed in collaboration with and
 coordinated with the APA Office of Continuing Education in Psychology. The budget
 reflects funding to support the creation of two possible professional web-based CE
 workshops on integrated and patient-centered healthcare and other key concepts
 addressed at the Summit. APA will also work with other professional associations
 involved in the Summit to explore opportunities for their members to receive CE
 credits.
- Summit planners will coordinate with staff from the APA Public and Member
 Communications Directorate to develop media strategies to communicate information
 about the Summit, the issues addressed at the Summit, and the Summit conclusions
 and recommendations through various outlets, both before and after the Summit. This
 will include targeted outreach to both national and international media outlets,
 including featuring coverage of the Summit in *The Monitor on Psychology*, the monthly
 magazine that is sent to all APA members, and distributing information about the
 Summit to APA Divisions, and to Regional, State, and Territorial Psychological
 Associations for dissemination to their members.
- APA is an effective and longstanding national leader in informing policy makers about issues related to behavioral and mental health and social policy, and frequently works in coalition with other health-related professional organizations to promote these issues and science-based approaches to address them. Summit planners will work with APA public policy staff to identify opportunities to inform policy makers about the Summit conclusions and recommendations. Public policy-related outcomes may include holding joint policy briefings with other professional organizations, and developing policy briefs for Congressional, federal, and state policymakers.
- Summit planners will coordinate with the APA Office of International Affairs (OIA) to
 develop strategies and opportunities for promoting the conclusions and
 recommendations from the Summit in international settings. In addition to being able
 to facilitate contact with the psychological associations in other countries with which
 APA has established a Memorandum of Understanding, the OIA regularly attends
 international congresses and other meetings, facilitates international collaboration
 between APA and international groups, and facilitates interaction with the United
 Nations, where APA is an accredited nongovernmental organization and accorded
 special consultative status with the UN Economic and Social Council (ECOSOC).
- Through its Office of Publications and Databases, APA publishes an average of 75 books annually, as well as an array of over 100 scholarly journals that cover the spectrum of modern psychology. Summit planners and staff will consider in its planning and followup the possibility of producing a range of publications, including books and journal

- **articles** that could be vehicles for disseminating the conclusions and recommendations from the Summit.
- Other possible outcomes include making presentations at both US-based and international health-related professional meetings, and the development of collaborative projects (e.g., demonstration projects, development and implementation of technology innovations) among Summit participants.

Evaluation

The final outcome for the project will be improved public health through enhanced integration of behavioral and mental health with physical health care services and a focus on patient-centered health. Success will be measured by the achievement of intermediate outcomes as indicated below.

Planning and Convening of the Summit Meeting: Process evaluation strategies will be used to monitor the development of the Summit. An Advisory Group of experts established for the Summit will help to ensure the quality of the speakers and that key themes are addressed. Process evaluation will also include monitoring timelines and ensuring that key deadlines are met (e.g., inviting speakers, setting up website, developing a final agenda, etc.).

Identification of Strategies to Overcome Obstacles to Adopting Best Practices: Participants in the daily workshop meetings will report out on significant obstacles identified by the group, as well as key opportunities and strategies for overcoming them.

Increased Knowledge of Summit Participants: Summit participants will be asked to provide feedback on the Summit through an evaluation tool that will assess value of knowledge gained and the anticipated lasting impact of the Summit related to best practice, models of care, and possible financing strategies.

Development of Professional Networks for Ongoing Information and Knowledge Sharing: Participants will be asked to develop technology-based networks following the Summit to share knowledge, particularly related to strategies for improving the integration of behavioral and mental health care within healthcare systems.

Development of Continuing Education Tools: Web-based continuing education products will be developed for psychologists and other professionals on integrated and patient-centered health care and other key concepts addressed at the Summit. These tools will integrate the conclusions and recommendations from the Summit with videos and written products. The CE products will include evaluation measures that assess knowledge gained from completing the CE module.

Development of Written Products for Dissemination of Findings: A variety of written documents will be produced, including a proceedings document that presents the major findings, conclusions, and recommended next steps form the Summit, as well as other possible

publications, including in outlets for a range of healthcare professionals. APA will track and monitor the production of any publications. The product s will be posted on or linked from the project website.

Archiving of Summit Presentations and Products for Access by Healthcare Professionals and the Interested Public: A dedicated website will be developed where Summit participants and the interested public can learn more about the event and access background materials, videos of the meeting, and other products produced from the meeting.

Organizational Capacity

The American Psychological Association (APA), a private nonprofit organization in Washington, DC, founded in 1892, is the largest scientific and professional organization representing psychology in the United States. The mission of APA is to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives. One of its core strategic goals is to expand the role of psychology in advancing health, including by educating the public and other professionals about the role of psychology in health, promoting the application of psychological knowledge in diverse health settings, working to decrease health disparities, and applying psychological knowledge to improve health and wellness at the individual, organizational, and community levels.

APA's membership includes more than 130,000 researchers, educators, clinicians, consultants, and students. The many specialized interests of psychologists are represented through APA's 54 divisions and societies, the units that reflect specific fields of psychological research and practice. Also affiliated with APA are 54 independent state and US territorial psychological associations. APA has an annual operating budget of over \$108 million, and over 550 employees.

APA has a long history of working collaboratively with a wide range of professional associations and other relevant organizations on a variety of health-related initiatives and education efforts. These include, for example, the Patient-Centered Primary Care Collaborative, Collaborative Family Healthcare Association, American Medical Association, Association of American Medical Colleges, American Nurses Association, American Academy of Pediatrics, National Association of Social Workers, American Counseling Association, American Hospital Association, American Public Health Association, and other groups focused on improving health.

Administrative responsibility for the Summit will be housed in the **APA Practice Directorate**, which promotes the practice of psychology and the accessibility and availability of psychological services, and develops educational materials about the value of psychological services for the public, policymakers, and psychologists. The initiative will be directed by Elena Eisman, Ed.D., ABPP, Assistant Executive Director of Governance Operations in the Practice Directorate, who formerly served as the Executive Director of the Massachusetts Psychological Association.

The project will also be supported internally by collaborating offices within APA that can be accessed for both technical and substantive expertise. These include the **Center for Psychology and Health**, which coordinates APA activities related to expanding psychology's role in advancing health. The Center is dedicated to highlighting and advancing the contributions of psychology to the overall improvement of health status—both behavioral and mental health and physical health—and health care in our nation, through prevention and treatment of serious and chronic illness, and by focusing on modifying unhealthy behaviors. Its current areas of emphasis include integrated health care. The project will also coordinate closely with the **Office of International Affairs** (OIA) to facilitate international participation in the Summit. The OIA serves as APA's touch point for international information, activities, and initiatives within APA, and leads outreach and interaction with APA's international members and affiliates, coordinates APA's participation and representation in international venues, and facilitates exchange with national psychology associations and global policy bodies.

Additionally, APA also numerous administrative offices to provide the support functions needed to accomplish the proposed Summit meeting. The APA Financial Services Office is responsible for the processing and recording of all accounting/financial transactions that occur within APA's operations, grants, and contracts, and for providing financial oversight of grants and contracts, working closely with the APA General Counsel Office to ensure adherence to all pertinent terms, conditions and regulations, and to maintain the highest ethical standards and reputation for integrity. The APA Information Technology Office is responsible for all facets of technology, including telecommunications and the development, acquisition, installation, operation, and maintenance of all computer hardware and software to meet the needs of the Association. This includes a range of multimedia services, such as support for WebEx and GoToMeeting video conferencing and chat rooms, and for webinars.

Summit staff will work closely with a variety of other organizational units at APA on an in-kind basis to accomplish its goals and objectives. The **Public and Member Communications**Directorate will disseminate articles in the Association's monthly magazine, *The Monitor*, and post information and materials on the APA website; its **Media Relations Office** will assist in crafting and distributing press releases and other information. The Office of Editorial and Design Services is equipped to provide professional in-house editing, design, production, and publications management services for the development of printed materials for the project. The APA Publications and Databases Office produces and markets primary journals in addition to books, monographs, reference materials, videos, and directories. The APA Library staff provides full online and CD ROM search services, accessing APA's own resources (e.g., PsycNET) as well as the DIALOG or ERIC systems, MEDLINE, NTIS, GRO, and other resources. The Continuing Education Office will coordinate the approval of any continuing education credits for professionals participating in the Summit or relevant training materials developed from the Summit.

The Summit will be held in the new state-of-the art rooftop Capitol View Conference Center atop the APA building. The conference center includes a large multi-function room with a capacity of 125 (theater-style seating), a board-style meeting room, three small meeting areas,

and two large outdoor garden terraces. Additional conference rooms are also available throughout the APA building for use by working groups.

All travel needs for Summit invitees and speakers will be handled by the APA **Travel Office**, and the **Convention and Meetings Services Office** will be responsible for managing hotel reservations. APA regularly organizes and manages meetings of all sizes, including its large annual convention and smaller meetings of the APA Board of Directors, Council of Representatives, Boards and Committees, and task forces.

Budget

The total estimated costs for the Summit are \$311,825 (see Table 1). This includes travel expenses for an estimated 65 national participants and 25 international participants (note that the final numbers of US-based and international participants will be determined based on a variety of factors, including the availability of invited experts and funding).

APA has designated \$55,000 for the Summit from funds set aside for use by APA President-elect Barry S. Anton, Ph.D., ABPP. In addition, APA will make significant in-kind contributions in the form of staff time, technical assistance, technology resources (computers, recording equipment, etc.) copying and design services, and use of the Capitol View Conference Center.

Table 1. Preliminary Summit Budget

Category	Cost
Travel (Hotel, meals, transportation)	
National Participants (@65 x \$1,675 per person)	\$108,875
International Participants (@25 x \$2,650 per person)	\$66,250
Local Participants/speakers (@15 x \$100 for parking/mileage)	\$1,500
Welcome Reception	
Catering	\$5,000
Venue (to be determined)	\$1,000
Meeting Costs	
Estimated total honoraria for keynote speakers	\$50,000
Honoraria for panelists (20 x \$500/each)	\$10,000
Postage for mailing of invitations	\$200
Programs and conference materials/handouts	\$1,000
Catering (lunch x 3 days, snack x 2 days)	\$12,000
Conference calls for planning	\$2,500
GoToMeeting or other web-based video conferencing program for national/international off-site participants	\$1,000
Webcasting of Summit	\$20,000
Post-Summit Costs	
Post video production of Summit	\$10,000

Category	Cost
Preparation of Summit Proceedings (writer)	\$15,000
Reproduction and dissemination of Proceedings	\$2,500
Preparation of Web-based CE Product	\$5,000
TOTAL EXPENSES	\$311,825
APA Contribution	-\$55,000
TOTAL FUNDING SOUGHT	\$256,825

Timeline

Activity	Month												
	Jul '14- Apr '15	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Pre-funding activities													
Initial planning for Summit													
Identify possible funders and seek outside funding													
Establish Advisory Group													
Identify and invite keynote speakers													
Preparation for Summit													
Ongoing Advisory Group planning meetings													
Identify and invite professional healthcare													
association and organizational partners													
 Identify and invite panelists 													
 Identify and invite international participants 													
 Identify and invite US-based participants 													
Complete travel logistics (e.g., hotel and airline reservations)													
Secure reception location and catering													
Finalize Summit agenda													
Work with speakers to finalize content													
 Finalize conference technology needs and secure services 													
• Summit (November 2-5, 2015)													
Post-Summit Activities													
Solicit feedback from Summit participants													
Prepare Summit proceedings													
Disseminate Summit proceedings													
Post-video production of key presentations													
Prepare and test web-based CE products													
Deliver CE online trainings													
Final Report to funder													



January 14, 2015

Gitendra Uswatte, PhD, President Division 22 - Rehabilitation Psychology University of Alabama – Birmingham CPM 712 1530 3rd Ave S Birmingham, AL 35294-0002

Dear Dr. Uswatte:

As the 2015 President of the American Psychological Association it is my pleasure to share with you the attached proposal for my Presidential Summit entitled, **Global Approaches To Integrated Care: Translating Science And Best Practices Into Patient-Centered Health Care Delivery.** The Summit will take place in Washington, DC on November 2-5, 2015. The purpose of this letter is also to share with you the sponsorship opportunities for assisting in funding the Summit.

The American Psychological Association (APA) is fully committed to ensuring the success of the Summit, including through financial support of \$55,000 and in-kind contributions. While we are awaiting responses from additional possible funders for the Summit, we wanted to reach out to your Division to explore the possibility of providing funding for the Summit.

This Summit will include an international invited audience of leaders representing a wide range of disciplines including psychology and other health care professions. Participants representing different professions, settings and countries will be invited to consider global approaches, innovative models and best practices in integrated health care delivery. Accordingly, the Summit will address shared challenges and opportunities for addressing global health issues, including models of integrated care, education and training of the workforce, evidence based practice, health disparities, measurement, the social determinants of health, plus emerging technologies to enhance patient engagement.

I hope your Division will join me and the APA Board of Directors by making a significant contribution to the Summit*. Contributions may be tiered at the following levels:

Sponsor Levels

Platinum: \$10,000 and above
Gold: \$5,000 - \$9,999
Silver \$2,500 - \$5,000
Bronze: \$1,000 - \$2,500
Donors: Up to \$999

We hope that this exciting Summit is of interest to your Division and we would be pleased to provide any other information you might request. Please do not hesitate to contact Dr. Elena Eisman at eeisman@apa.org with any questions.

As the scale of the event depends on additional funding I would appreciate knowing by March 2 if funding from your division is possible. Thank you in advance for consideration of my request for financial support for the Summit,

Sincerely,

Barry S. Antan

Barry S. Anton, Ph.D., ABPP

President, American Psychological Association

Mary Ann McCabe, Ph.D., ABPP- Chair Program Planning Committee

*Please note that due to the focus on diversity of countries and disciplines necessary for success of this Summit, sponsorship does not mean representation, however key content of the Summit will be webcast and posted for wide distribution to your members.

From: Mary Ann McCabe [mailto:mamccabe@cox.net]

Sent: Friday, February 20, 2015 12:30 PM

To: 'Gitendra Uswatte'

Cc: Eisman, Elena; mamccabe@cox.net

Subject: RE: Div 22 participation in Integrated Health Care Summit

Hi Gitendra,

I am sorry for the delay – I just returned to e-mail. Thank you for your interest in the summit.

I am copying Elena Eisman on this, since she is overseeing our outreach to divisions and sponsors. She is able to respond to potential sponsors (including divisions) about what each level of sponsorship entails.

I am chairing the planning committee but will not be choosing participants personally. We have a limit on 100 participants and a number of psychologists (from the planning group, APA leadership and panelists) are already committed without any additional invitations. Once the necessary diversity of disciplines, health professionals, policymakers, and countries is met — which is *key to the success of the summit* — then sponsors could be approached for recommendations for who else could be invited. By necessity we need to be thoughtful about the number of psychologists if we are to achieve the summit goals.

We do expect to turn to the biggest sponsors first for nominations/recommendations of participants once we have the needed diversity.

Please note that we made a decision early on - for a number of reasons - to focus on **primary** care settings (rather than all integrated health care settings).

I hope you will be in touch with Elena with any further questions and thank you for discussing the possibility of sponsorship with your board!

Best regards,

Mary Ann

Mary Ann McCabe, Ph.D., ABPP

President, Society for Child and Family Policy and Practice

Associate Clinical Professor of Pediatrics

George Washington University School of Medicine

Affiliate Faculty in Psychology

George Mason University

APPENDIX F

Communications Committee Annual Report RP 2015 – San Diego CA 2/26/15

Chair: Kimberley Monden

Co-Chair: Eric Hart
Listserv Manager: Laura Dreer
Social Media Rep: Erica Johnson

Advisors: Lisa Brenner

Mary Brownsberger

Kim Gorgens Joseph Rath

Jennifer Stevenson Gitendra Uswatte

Committee Members: Krystal Drake, Brent Womble, Terra Sanderson, Mia Bergman, Tanecia Blue

Executive Summary:

The Communications Committee has been very productive over the past six months as we have worked toward increasing our social media presence, updating the content and interface of the Division 22 website, establishing the Member Highlight/Division 22 Rockstar initiative, and working closely with the RP15 Planning Committee to develop the conference program. We continue to hold scheduled monthly calls with both chairs (Kimberley Monden and Eric Hart) and all members and advisors of the committee.

Completed Projects:

- 1. Updated and re-organized content on the Division 22 website including the landing page and the Leadership, Publications, and About sections of the website.
- 2. Updated information for all committees, sections, and SIGS and added those that were not formerly represented on the website including the Diversity, Practice, & Mentoring Committees.
- 3. Creation and completion of the RP15 conference program.
- 4. Implementation of the Member Highlight series.
- 5. Creation of a standardized website update submission form that is now available on our website.

Onaoina Proiects:

- 1. Division 22 website maintenance.
- 2. Updating and clarifying the *Career & Education* page of our website.
- 3. Compiling and posting a working draft of a list of essential readings in RP.
- 4. Maintaining Division 22's presence on social media and increasing engagement with our followers.
- 5. Maintenance of the Division's listery.

Future Plans

Over the next six months the Communications Committee will be working toward establishing a relationship with the APA Center for Psychology and Health to bring awareness to the field of Rehabilitation Psychology by way of developing a briefing series on the role of RP in health care. We will also be working toward building a clearinghouse of resources that will be available on the Division 22

website. To reflect the Division's initiative to promote involvement of ECP members, it is high priority to establish an ECP section on our website.

Action Items:

The Communications Committee seeks executive approval to:

- 1. Design and maintain our own website. Please refer to additional documentation reflecting the inefficiencies involved in maintaining of our current website hosted by APA.
- 2. Create a website taskforce within the Communications Committee whose responsibilities would entail either communicating with the APA webmaster and maintaining our current website or building a new website pending Executive Committee approval.

Respectfully Submitted, Kimberley R. Monden, PhD Chair, Division 22 Communications Committee

Division 22 Website Tracking

Request	Date Submitted	Date Followed Up	Date Posted
Update Communications Committee information	6/16/14	6/19/14	6/30/14
		6/23/14	
Update Membership Committee information	6/16/14	6/19/14	6/23/14
Various aesthetic updates	6/23/14	6/24/14	7/1/14
Add newsworthy event to carousel	6/26/14		6/30/14
CECP call for nominations & APA Fellows Committee	6/26/14		Never posted
call for nominations			
Add newsworthy event to carousel	7/3/14	7/11/14	Never posted
List of post-doctoral training programs	7/1/14		7/24/14
FRP annual report	7/1/14		mid July
Various updates to landing page	7/11/14	7/14/14	7/24/14
Add link to archived information hosted on APA	7/14/14	7/22/14	7/24/14
Communities			
Various updates to landing page	7/22/14		7/24/14
Add APA 2014 and RP 2015 information	7/30/14		7/31/14
Updates to the FRP section	9/5/14		9/12/14
News & Events update	9/8/14	9/15/14	9/17/14
Correction of committee information	9/9/14		9/9/14
Update of committee information	9/10/14		9/10/14
Add APPIC information to Career & Education	9/11/14	9/15/14	9/17/14
Add APPIC link to Career & Education	9/16/14		9/17/14
Updates to Education & Training Committee	9/17/14	9/23/14	9/24/14
Correction of various typos and incorrect information	9/17/14		9/17/14
Add Practice Committee	9/23/14		Oct
Add President's Message to landing page	9/24/14		9/29/14
Add newsworthy event to carousel	10/8/14		10/10/14
Add Diversity Committee	10/10/14		10/15/14
Remove outdated content on carousel	10/10/14		10/15/14
Updates to About page	10/17/14		11/20/14
Updates to Publication page	10/17/14	11/21/14	12/23/14
		12/4/14	
		12/22/14	
Various updates regarding Member Highlights	10/23/14		10/24/14
Updates to post-doc training sites	11/10/14	12/4/14	n/a
Add standardized website update form	11/13/14		11/14/14
Member Highlight (Div22 Rockstar)	11/4/14	11/19/14	11/20/14
Updates to FRP page	11/19/14	12/9/14	12/11/14
Remove "call for proposals" and insert link to ABRP	12/4/14	12/22/14	12/23/14
conference page			
Add Mentoring Committee	12/22/14		1/9/15

^{*}Follow-up required
*Untimely posting

Please note that follow-up is required due to no confirmation of receipt of email and/or estimated time to post.

APPENDIX G

Membership Committee Annual Report February 2015, San Diego, CA

Executive Summary

Our efforts have been directed toward increasing membership, via different incentives and through increasing visibility of the division. Primarily, we have initiated provision of a free 1-yr membership to those APA members expressing interest in the division when renewing their APA dues, beginning for membership year 2015, with a longer term plan to evaluate the number who convert to paid memberships in comparison to baseline data. Through December 2014, we have received 13 requests from professionals for division information through this mechanism (12 APA Members, 1 Associate Member) and they have been provided with trial memberships. Other incentives and efforts are described.

Past Year

In the past year, the committee has explored opportunities for membership incentives and initiated a new incentive for the 2015 membership year. Nonmembers who express interest in the division when renewing their memberships with APA will automatically be provided with a free trial membership, with welcome information provided by the membership committee. We held another membership incentive during the APA convention in Washington, DC. A raffle was held and publicized for a free new membership. Announcements regarding the raffle and describing the division were made at each division sponsored or co-sponsored talk to increase visibility of the division. Members of the committee coordinated with APA staff and our journal editor, Dr. Wegner, to reach out to individuals who have previously published in our journal via email letter with a twofold invitation: 1) consider joining Division 22 if not already a member, and 2) consider submitting articles for publication in the future. We also coordinated with our division representative to send email reminders to our division membership regarding apportionment ballot votes. Additional reminders were sent via the listsery, in efforts to maintain our representation on council. We have coordinated with Section 1 to facilitate a survey to members regarding continued interest in the pediatric issues. We reached out to other interdisciplinary organizations serving rehabilitation professionals (i.e., AASCIP) to explore opportunities to recruit from their membership. The committee met quarterly via teleconference. Our new co-chair, Carey Pawlowski, came on board and will transition to chair in August 2015.

Future Plans

In the coming months, we will be continuing efforts to increase membership. We plan to reach out to psychologists who are not division members but are presenting at RP 2015 with a personal email message, inviting them to join the division. We will be in communication with the conference chair and organizers to explore opportunities to reach out to nonmember conference attendees in a similar manner. The letter to authors in *Rehabilitation Psychology* will be sent twice annually. Committee members will be in contact with the communications committee to explore opportunities to use the online membership application process to gather more information to build our knowledge of where new members are coming from, to better refine our future efforts at recruiting. Over the next year, we will monitor the number of free new 1-year memberships provided as part of our membership incentive and track costs. Longer term plan is to evaluate the success of this incentive in converting to paying members, by comparing to baseline data prior to incentive, to evaluate the utility of the current incentive and consider its maintenance or alternatives.

INFORMATION REGARING MEMERSHIP IN COMPARISON TO PREVIOUS YEAR

Membership Type	2013	2014
AffiliateContinuing	41	54
AssociateContinuing	8	8
Dues Exempt AssociateContinuing	4	1
Dues Exempt FellowContinuing	12	20
Dues Exempt MemberContinuing	59	61
Dues Exempt With PubNew	1	0
FellowContinuing	64	62
International AffilContinuing	2	3
MemberContinuing	692	653
MemberNew	56	46
Student Affiliate Continuing	57	40
Student Affiliate New	99	106
TOTALS (paid memberships)	1095	1053
	\$24,540.50	\$23,530.50

Respectfully Submitted on 1/13/14,

Jennifer Duchnick, Ph.D., ABPP Chair, Division 22 Membership Committee

APPENDIX H

APA Division 22 Treasurer's Report for 2014 Presented to the APA Division 22 Executive Committee January 23, 2015

This report summarizes the current status of Division 22 finances, reviews the 2014 budget to date and proposes a preliminary budget for 2015.

Budget figures presented are from statements received in a preliminary report from the APA through December 2014 for revenue and expenses recorded (Budget figures are contained in the Appendix to this report), and the information from statements received is supplemented by revenues and expenses received and processed through December 31, 2014.

Using available figures for 2014, present income (\$33,338) is greater than expenses (\$31,078), with a positive difference of \$2260. It should be noted that reconciliation with APA has been based upon a draft budget that is not currently finalized. Examination of income and expenses for the year to suggests that the Division has enough income to cover expenditures again this year.

Income: Projected revenue for 2014 was revised upward from 2013 to the amount of \$33,315. Actual income (\$33,338) closely mirrored this projection. Membership dues income for 2014 was \$23,530, which is 94% of what was projected for the year. The division did not receive income from RP14 this year as had been originally projected as the conference did not generate sufficient profit. CE income remains a potential area of growth in coming years as the Division has been approved to provide CEs for web-based CEs. Overall, despite year-to-year variability in income categories such as dividends, the 2014 projection appears generally appropriate to carry into 2015. Notably dues income has been adjusted downward \$2000 (to \$23,000) to reflect lower levels of income in recent years.

Expenses: Projected expenses for 2014 were \$32,725 and actual expenses (pending final verification) were \$31,078 or 95% of what was projected for the year. This discrepancy can be attributed in large part to travel budgeted for council representatives that was covered by APA. It is worthy of note that the budgeted stipend for travel, \$750 per trip, remains an ongoing challenge. Most trips exceeded this amount and excess expense in the travel category was avoided only because several trips were not completed or billed to the division. There will also be several small additional expenses yet to be tallied into 2014. Overall, it is recommended that, with some minor adjustments (e.g., journal expenses increased by \$800.00), the budget projection for 2014 be carried forward and utilized to project expenses in 2015. This recommendation depends upon resolution of identified action items below that may alter this amount somewhat.

Summary of Financial Condition

According to the most recent financial statements (Dec 2014), the Division's balance sheet has \$197,590 in assets and no long-term liabilities. These values represent an amount equivalent to approximately six years of current annual operating expenses and suggest that, at present, the Division is overall in sound shape. Although Division 22 is 'in the green' two previously mentioned facts are worthy of note: 1) part of our income is due to dividends that vary from year to year and represent a line item beyond the direct control of the division and 2) smaller than expected expenses were only due to travel budgeted but not executed. As a result, it is recommended that expenditures for the 2015 budget not exceed those established for 2014. The proposed budget is essentially balanced (income slightly exceeds expenses).

Action Items for discussion:

1) Brief Review as needed of 2015 projected budget.

Respectfully submitted,

Aaron Turner, PhD, ABPP APA Division 22 Treasurer Appendix – Projected Budget Expenses for 2015 (Preliminary)

Appendix – Projected Budget Expenses for 2015 (Pre	eliminary)			
	Codes	2015 Budget	2015 Actual	Variance
Income				
Dues	4005	23000		
Contributions	4985	0		
CE Fees	4987	2750		
Rehab Psychology Conference-Deposits	4987	2000		
Royalties	4600	50		
Advertising	4900	0		
Sales	4910	0		
Interest	4974	15		
Dividends	4977	4000		
Capital Gain/Loss		0		
Unrealized Gain/Loss		0		
Grants ('10 PVA grant \$13,470 & BEA Grant \$3000	4980	0		
Miscellaneous	4999	0		
Council of Training Specialties	1000	0		
APAGS Grant		0		
TOTAL INCOME		31815		
TOTAL INCOME		31013		
Expenses				
Publications & Communications		_		
Journal - Printing/Postage	601	0		
Journal Editorial Office	602	0		
Newsletter	603	0		
Website	563	25		
Subtotal		25		
Membership				
New member development	614	500		
Brochure Printing	611	0		
Postage/Mailing/Division Services	612	1200		
Processing Services	613	0		
Journal	845	5000		
Subtotal	0.3	6700		
		0,00		
<u>Travel</u>				
APA Presidential Initiative	642	0		
APA Council	652	0		
BAPPI	653	0		

CDIP	654	2000	
APA Liaison CAPP	295	1500	
BPA	655	1500	
BEA	624	1500	
BSA	625	750	
CRSSP	623	0	
Interdivisional Committee	656	750	
Interdivisional Leadership	626	750	
President	657	0	
Diversity Liaison	660	0	
Student Rep Travel Support	658	1500	
Early Career Psychologist	663	1500	
Miscellaneous	641	0	
Council of Specialties	662	200	
APAGS Student grant travel award	643	300	
Federal Advocacy Coord.	?	750	
Subtotal		13000	
Administration		_	
Presidential Office	651	0	
Treasurer	621	0	
Apportionment Mailing	753	0	
APA Coalition Dues	754	0	
Midwinter Business Meeting	661	0	
Executive Board Accommodations	756	0	
Awards	671	450	
Practice Award	672	0	
Miscellaneous	699	0	
Subtotal		450	
Education & Training			
Evidence Based Practice Meeting	682	0	
Multicultural Conference	885	0	
Rehab Psych Conference-Expenses	702	1000	
ABRP	703	0	
CE Renewal Fee	681	300	
Council of Training Specialties	704	0	
Subtotal		1300	
Convention		_	
Social Hour	631	3000	
Student Social Hour	629	300	

Joint Event Div 22&40	636	0	
Student volunteers	630	525	
President's Suite	632	4000	
Food in Hospitality Suite	628	0	
Honorariums: Mid Winter Keynote (ABRP)	633	0	
Lecturer: Diller (Mid Winter-Vanguard Fund)	634	1000	
Flyer	635	0	
Lecture: Rosenthal (Biannual)	673	1000	
Miscellaneous	639	0	
Subtotal		9825	
Other		ı	
Bank Service Fees	691	225	
Audio Tapes	692	0	
AT Special Interest Group	695	0	
BEA Grant disbursement-pd & disbursed in 2011	645	0	
PVA grant disbursement-paid 2010 disbursed 2011	644	0	
Subtotal		225	
TOTAL EXPENSES		31,525	
Net Income/ (Loss)		290	

APPENDIX I

Summary provided by Phil Keck

My general thoughts and summary:

Totals programs: 8

Total attendees: 17

Total awards: 3, at \$500 each (Angela Kuemmel, Carrie Pilarski, Katrina Belen)

MANY thanks for creating travel stipends for Division 22 ECP member to attend, this is a big step in 22 involvement at this conference. Disability represented reasonably well compared to Houston in 2013 and from past history (see 22 member comments below); the usual conference issues remain issues (accessibility of programs; attitudinal barriers); Overall, a good showing with quality programs by Division 22; We have room to grow in terms of involvement, attendance, and program submissions. Great job overall.



Division 22 NMCS Recap

- Silver Level Sponsor (\$1500)
- Of interest, Janet LaBreck, Commissioner of the Rehabilitation Services Administration gave keynote speech on Friday

Symposia (7, counting one pre-conference workshop)

- PRE-CONFERENCE WORKSHOP: The Sexual Oppression of Women with Disabilities
 - Julie Williams, PsyD, ABPP
 - Only a few folks signed up, no one showed up; no one informed Dr. Williams beforehand
- Developing Leaders: Considering Early Career Psychologists and Diversity
 - o Angela Kuemmel, PhD and Katharine Hahn Oh, PhD
- Abuse of Girls With Disabilitiy: International and United States Perspectives
 - Julie Williams PsyD, Carrie Pilarski, PhD, Emily Lund, MEd
- Progressing Through Stages of Culture Shift in a VA Medical Setting: Difficult Conversations Juxtaposed with Rewarding Experiences
 - O Jae Yeon Jeong; Linda Mona (VA Long Beach Healthcare System); Brian Meyer (VHA); Treven Pickett; Loretta Braxton
- Identity Affirmation, Social Activism and Disability
 - Katrina Belen, PhD
- Teach Me Disability Affirming Therapy But Don't Make Me Talk About Sex: Facilitating a
 Dialogue About Negative Beliefs Held About Sexuality and Disability in Diversity
 Training of Doctoral Psychology Trainees
 - Julie Williams (Wright State University); Daniela Linnebach-Burnworth (Wright State University);
 Lyndsay Colvin (Wright State
- Women of Color with Disabilities: Implications for Intersectionality of Disability, Gender, Ethnicity, and Race
 - Martha Banks (ABackans DCP, Inc.); Phillip Keck (Ball State University); Alette Coble-Temple (John F. Kennedy University); Catherine Wilson; Linda Mona (VA Long Beach Healthcare System)

Posters (1, with others in disability unaccounted for Division 22)

Multiple jeopardy and health disparity in functional outcomes due to TBI-related disability Joseph Rath*; Heather Glubo, NYU Langone Medical Center; Hannah Mcdermott, NYU Rusk Institute of Rehabilitation Medicine; Lucia Smith-Wexler, NYU Rusk Institute of Rehabilitation Medicine; Coralynn Long, NYU Rusk Institute for Rehabilitation Medicine;

- Social Perception of Body and Beauty Standards and Its Impact on the Psychological Well-Being of People with Late Acquisition of a Disability, a Review Joanna Dziura*, Gallaudet University; Patrick Brice, Gallaudet University
- Disability As Culture: A Classroom Discussion to Prepare Clinical Psychologist trainees
 Karen Li*, ASPP, Argosy University SFBA; Courtney Avvampato, ASPP, Argosy University SFBA
- The Ableist Microaggressions Scale: Validation of a measure of physical disability microaggressions Kristin Conover*, UC Santa Barbara; Tania Israel, UCSB
- Perceptions of Health by LGBT persons living with Chronic Illness/Disability (CID): A
 Qualitative Content Analysis Franco Dispenza*, Georgia State University; Lauren Harper,
 Georgia State University; Megan Harrigan, Georgia State University; Cory Viehl, Georgia State
 University

Some Division 22 Member comments:

Hi there.... Here are some random thoughts.

There was infusion of disability-related curricula throughout NMCS 2015. (then in would include the following)

- The names of all of the disability-related presentations including the preconference workshop by Williams and the Keynote by Janet LaBreck. I would highlight the Div 22 participants.
- I would mention that during the town hall meeting, allies advocated for logistical changes in future programming to be more accommodating for people with disabilities (longer times in between sessions and microphones available in each room).

I would mention the attendance of many psychologists with disabilities and rehabilitation allies attended the conference. APA Div 22 participants convened formally and informally throughout the conference in order to strategize new ways for disability multicultural issues to be infused into this conference. There was much discussion about the ways in which Div 22 might consider an increase in funding support so that disability issues could be more represented at these meetings. I would also mention great appreciation to Div 22 for supporting travel funds for members to attend this event.

I was amazed that the APA staff person who was on staff when asked to set up a mike for our panel began arguing with Dr. XXX. In a few minutes were had an example of microaggression happening. "The room is small you do not need a mike." Dr. XXX, "The room is small but this is a disability presentation and there may be participants who are hearing impaired." "It will take time to set up a mike, are you sure you need a lapel mike?" Dr. XXX, "Yes we have presenters who cannot hold a mike." Response was to argue with Dr. XXX over asking for the accommodation and blaming the panel for not asking for this accommodation earlier which of course we had asked for it. We used this encounter to demonstrate how Microagressions are experienced daily for persons with disability. The panel all who are members of Div. 22 Section 2 were outstanding on the modeling of how one can address these statement in everyday life.

Comment [pk1]: Disability programs, not sure of Division 22 member status

It was great seeing you at NMCS! I am sorry I did not get a response to you to forward to President G last week, but I do want to say that I am very proud of the division 22 representation at NMCS. With the number of Division 22 members there, it felt like a minireunion. Not only were there a lot of presentations given by members of Division 22, but I am always impressed by the way in which the friendly, supportive, and outgoing nature of Division 22 members supports social and professional connection.

Thanks to you, Phillip, for being a big part of the Div 22 representation and connections at NMCS.



CoR Semi-annual Report – RP 2015 (San Diego, CA 2/26/15)

UPDATES FROM AUGUST 2014 COUNCIL MEETING

- APA membership down across all categories except 'lifetime' (which is up 41% over 5 years)
 - o What is APA doing?
 - APA is planning a random member survey
 - o Why did you join?
 - Did APA membership meet your expectations?
 - Fall member recruitment campaign
 - Build data warehouse
 - o What is the 'penetration rate'?
 - 39% doctoral level, 40% graduate students
 - o APS is facing similar challenges
 - Most Divisions are losing members
 - Many Divisions are populated by non-APA members
- Watch the Monitor for Science Directorate updates
 - o Needs pilot testing for health service provider survey
- Orders of business
 - o Approved policy on the Interrogation of Criminal Suspects
 - o Approved policy for Boards and Committee to have an ECP seat (with special thanks to Div 22 Angela Kuemmel for making it happen)
 - o Approve Engaging New Talent in APA Governance
 - Add an asterisk to ECP applicants
 - o Approve Changes to the Sunset of the C(3) functions for CAPP
 - CAPP to become a committee of the APAPO (with special thanks to Div 22 members Kate Brown and Monica Kurylo)
 - o Consent agenda
 - Council approved the UN Convention on the Rights of Persons with Disabilities (with thanks to Div 22 Joseph Rath)
- See draft minutes attached—will be ratified at February 2015 Council Meeting

UPDATES FROM LISTSERVE AUGUST 2014-PRESENT

- In early September 2014, an APA CoR e-mail thread was initiated by a state representative to discuss the relevance of budgeting council money towards diversity training for both council and the APA Board. The initial post was in favor of no longer allocating budgetary funds for this type of training given that diversity issues in psychology has been discussed thoroughly throughout the last several years. Much discussion ensued both in favor and opposed to continuing the budgetary support for diversity training. Dr. Mona and Dr. Gorgens, as Division 22 Representatives, responded publicly to the list and to individually solicited e-mails in favor of supporting the continuation of yearly diversity training for both council and the APA Board. This issue is to be discussed further at the February 2015 CoR meeting.
- The petition for a *Society for Technology and Psychology* division of the American Psychological Association did not receive sufficient votes to be approved by APA Council. The group has now incorporated as a non-profit, interprofessional coalition called the *Coalition for Technology and Behavioral Science* (CTiBS). Since February, they have garnered active support for collaborative initiatives with leaders of two established APA divisions (Division 22 being one of them) and two other leading, national mental health associations who see the need for active technology leaders to unite across divisions and disciplines. The re-defined CTiBS mission then, is to advance innovation, implementation, education and consultation in clinical and educational technology throughout the behavioral sciences.

Respectfully Submitted on 1/15/15,

1868

Kim A. Gorgens, Ph.D., ABRP and Linda Mona, Ph.D., ABRP

Council Representatives, Division 22

APPENDIX K

APA 2015 Program Committee Report February 2015, San Diego, California

Executive Summary

This year, we received many high quality submissions. With assistance from 40 volunteer reviewers, we have successfully completed the peer-review process with consistent decision for which proposals to accept. Notifications of proposal acceptance were sent to each submitter/presenter. Also, confirmed Division 22 programming was submitted to APA in late-January for scheduling.

To briefly summarize, a total of 13 proposals were accepted for concurrent sessions (6 symposia, 6 paper sessions and 1 skill-building session) whereas 22 proposals were accepted for poster session. See below for the specific titles of the 13 presentations. In addition, we received requests from 16 other divisions which would like to be co-listed on our programming.

More great news to share: our President-Elect, Kate Brown, shared that Division 22 was recognized as the leader in interdivisional programming given our success this year as the division with the most accepted!

Titles of Presentations for Division 22 Programming

Symposium:

- 1. Optimizing Patient Outcomes: The Role of Psychology in Applying A Network Medicine Model
- 2. Barriers, Treatment and Psycho-Social Aspects of Disability: Lessons in Care From Across Nations
- 3. Veterans with TBI: Vocational Issues, Rehabilitation Needs, and Accommodations
- 4. Disability Issues across the Psychology Lifespan
- 5. Telepsychology Guidelines and Competencies: Focus on Rehabilitation
- 6. Sport and Disabilities: Experiencing Soccer, Baseball, Volleyball, and Wheelchair Racing

Paper Session:

- 1. Technologies to Support Successful Aging with Disabilities: A Framework for Design
- 2. Vocational Illness Management and Recovery: A Process Evaluation
- 3. Hidden Client: Working with Caregivers of People with Chronic Illnesses
- 4. Taking Steps: Understanding "Community" as Defined by Individuals with Psychiatric Disabilities
- 5. Telemedicine to Treat Neurocognitive Disorders: Time, Distance, and Cost Benefits
- 6. Behavior Determinants among Cardiac Rehabilitation Patients Receiving Educational Interventions

Skill-building Session:

1. Neuroplasticity and Mindfulness Practices: Elevating the Field of Rehabilitation

Future Plans

Next, we will move on with identifying/soliciting sponsors as well as planning for hospitality suite activities. I will contact those who will be assisting with these planning activities soon with more details to follow.

Respectfully Submitted on 1/14/15

Connie Sung, Ph.D., CRC Chair, APA 2015 Division 22 Program Planning Committee

APPENDIX L

Division 22 RP15 Conference Chair

Report – February, 2015

Chair: Gina Signoracci, Ph.D.

Planning Committee Members: Lisa Brenner

Kate Brown

Mary Brownsberger

Bruce Caplan Krystal Drake Dana Dunn

Pamela Fitzpatrick Rhonda Franger Kim Gorgens Abbey Hughes Jaqueline Kaufman Trisha Kirkhart Anna Kratz Angela Kuemmel Eun-Jeong Lee Michelle Meade

Kimberly Monden (Designed Physical Program)

Carrie Pilarski Julia Poritz Terrie Price Joseph Rath Michele Rusin Marcia Sherer

Jennifer Stevenson (Preconference Chair)

Marlene Vega

Gitendra Uswatte (Division President

ACTION ITEMS: Finalize program, finalize sponsors, and hold event.

INFORMATION ITEMS:

The Rehabilitation Psychology 2015 Conference, themed *Innovations in Rehabilitation Psychology*, will be held from February 26 to March 1, 2015 at the San Diego Marriott Mission Valley located at 8757 Rio San Diego Drive, San Diego, CA 92108-1620.

The planning committee broke new ground this year by creating a program based on peer-reviewed submissions. We were successful in creating a program with two lines of preconference programming (Technology in Rehab Settings and PTSD Treatment in Rehab Settings [Please see report by Dr. Stevenson for full details] and design a full program allowing attendants to obtain up to 6.75 CEs during the PTSD Preconference, 6.5 during the Technology Preference, and approximately 18 during the main conference making this an excellent learning opportunity for

rehabilitation psychologists. Further, the planning committee, along with division leadership, was focused on putting our value of students and Early Career Psychologists into action and worked with representatives of both cohorts to create a half day of programming to meet their stated needs.

In an effort to facilitate the business of the conference, the fee structure was changed to increase fees and offer discounts to presenters. Further, we did away with fee waivers. As of this date we continue to receive new donations and sponsorship. Please see most current copy of the program attached to this document.

http://abpp.org/files/page-specific/3574%20Rehab%20Conference/RP%202015%20Program.pdf

Finally, in terms of transparency and organization, all conference related communication with potential attendees, submissions, etc and documents to be created and stored in google drive. Doing so allowed for one location with easy access by planning committee members and archiving of needed materials.

It has been my pleasure to serve as conference chair and, along with division leadership, to explore new strategies to grow the conference and involve our ever-growing and diverse membership in its planning and execution.

Thank you for this opportunity to serve the division.

Respectfully,

Gina Signoracci, Ph.D.

APPENDIX M: REPORTS, NO ACTION, NO DISCUSSION

Early Career Psychologist (ECP) Special Interest Group (SIG)

Erica K. Johnson, Ph.D., Chair Krystal Drake, Ph.D., Co-Chair January 2015

ACTION ITEMS: None.

DISCUSSION ITEMS: None.

INFORMATION ITEMS:

- 1. A co-chair was named in 2014 (Krystal Drake, Ph.D., concurrent ECP representative to the Executive Committee).
- 2. We are currently recruiting for a new Co-Chair, as Dr. Drake will assume the role of Chair in 2015. The vacancy will be announced through the Division listserv and social media outlets.
- 3. APA changed the definition of ECP to an individual within 10 years of receipt of degree (formerly, within 7 years). The SIG has aligned itself with this definition.
- 4. The following Mission Statement and Goals have been developed for the SIG:

The mission of the Division 22 Early Career Psychologist Special Interest Group (ECP SIG) is to bring together rehabilitation psychologists who are early career members and/or those members who work with and mentor early career rehabilitation psychologists to represent and advocate for the professional development needs and interests of this highly diverse group.

Goals of the ECP SIG:

- a) Work closely with the ECP Rep to align strategic objectives, particularly related to Division and SIG membership.
- b) Serve as a resource and advocate for ECP representation within all Division 22 task forces, committees, and subcommittees.
- c) Advocate and promote financial awards/discounts to support attendance at the Division 22 Mid-Winter Meeting and APA Conventions.
- d) Partner with Section 2, the Membership Committee and other similarly aligned groups within Division 22 to increase ECP member access to quality mentoring.
- e) Promote the issues related to early career development in Division 22 activities and initiatives.
- f) Serve as a professional networking resource for ECP members.

Respectfully submitted,

Eica K Johnson

Early Career Psychologist (ECP) Representative to the Executive Committee

Krystal L. Drake, Ph.D. Serving 2-year Elected Term 2013-2015 January 2015

ECP Representative Activities:

- 1. Attendance and participation as the Division 22 ECP representative at the APA annual convention in Washington, DC
 - a. Served as the Division 22 representative during APA's Committee on Early Career Psychologists poster session regarding division engagement
 - b. Attended and participated at the APA Early Career Psychologist Leadership Network (ECPLN) meeting
 - c. Hosted an ECP social hour in the hospitality suite
- 2. ECP representative on the Division 22 2015 Mid-winter Meeting Programming Committee
 - a. Peer review of submissions
 - b. ECP-specific programming/activities developed includes:
 - i. Welcome Happy Hour on 2/26/14
 - ii. Networking Dinner on 2/27/14
 - iii. Discussion re: transitions on 2/28/15
 - 1. **Title**: Oh the Places You'll Go: Navigating Professional Transitions
 - 2. Speaker: David Cox
 - iv. Interview Skills Workshop in collaboration with student representatives and mentoring committee on 2/28/14
 - v. ECP SIG breakfast roundtable led by Erica Johnson on 3/1/14
 - c. Organized the breakfast roundtables
- 3. Serving as ECP representative on the 2015 APA Convention Programming Committee
 - a. Peer review of submissions
- 4. Served as a member of the Mentoring Task Force
 - a. Appointed Sarah Heinz as the ECP representative to the Mentoring Committee

Ongoing Goals and Activities:

- 1. Monitor ECP SIG activities
- 2. Maintain liaison relationship with the APA Committee on Early Career Psychologists (CECP)
- 3. Maintain current roster of Division 22 ECP members

ECP Rep Report - January 2015

- 4. Contribute to Division 22 social media, networking, and publication outlets
- 5. Collaborate with student leadership to examine the Divisional needs/retention issues of our ECPs
- 6. Maintain formal ECP involvement with Rehabilitation Psychology Mid-Winter and Division 22/APA Convention planning committees

DISCUSSION ITEMS: None

ACTION ITEMS: None

Respectfully submitted, Krystal L. Drake, PhD

Mentorship Committee Bi-Annual Report RP 2015 – San Diego CA 2/26/15

Past Chair: Kate Brown, Ph.D.

Chair: Jennifer C.M. Lumpkin, Psy.D.

Co-Chair: Laurie Nash, Ph.D. Early Career Member: Sara E. Heinz, Psy.D. Trainee Member: Efrat Eichenbaum, Ph.D.

Member-At-Large: Beth Rush, Ph.D.

Communications Committee Member: Kimberley Monden, Ph.D.,

Executive Summary:

2014 was the inaugural year for the Division 22 Mentorship Committee. We developed under the guidance, vision, and leadership of Dr. Kate Brown and the Mentorship Committee Task Force. We were established as a formal committee in 2014. The purpose of the Division 22 Mentorship Committee is to form and manage an organized network of professional rehabilitation psychology mentors across the career lifespan, to mentor identified mentees in career development and professional growth. Providing mentorship opportunities serves to promote the mission and objectives of Division 22, as well as to respond to the need from mentees across the lifespan for enriched training, networking, and professional development opportunities in the field of rehabilitation psychology.

Completed Projects:

- 1. Development of the Mentorship Committee Manual.
- 2. Development of the Committee and assignment of initial Committee Members.
- 3. Development of registry of mentors and mentees.
- 4. Initial recruitment and vetting of Division 22 mentors and mentees.
- 5. Matching of mentors and mentees.
- 6. Provided mentors and mentees an agreement describing the Mentorship Program as well as the rights and responsibilities for each role.
- 7. Dissemination of information via the Div 22 Communications Committee (i.e., website posting, Facebook announcements).
- 8. Initial assessment of mentors' and mentees' feedback and needs via online survey.
- 9. Initial development of mentorship programming, both formal and informal, for Division events (i.e., Annual Rehabilitation Psychology Conference, Annual convention of the American Psychological Association).
- 10. Assigned a Committee member to the Awards Committee.

Ongoing Projects:

- 1. Ensure the sustainability of the program, and expand the Program for future members.
- 2. Maintenance and necessary revisions to Mentorship Manual.
- 3. Maintain up-to-date mentorship database.
- 4. Continue to identify and vet qualified mentors and mentees for the program.

- 5. Continue to provide guidance and structure for Mentors and Mentees, with modifications as needed.
- 6. Assist Mentors and Mentees with problem-solving related to the mentoring process, including further matching or re-matching, or professional issues related to the field of rehabilitation psychology.
- 7. Bi-annual survey of mentors and mentees to evaluate satisfaction and needs.
- 8. Disseminate information from needs assessment, and action plans as needed.
- 9. Increase visibility and dissemination of information to Division 22.
- 10. Continue to hold quarterly meetings to address the working issues of the Committee.
- 11. Annually identify Committee Members to maintain tasks and provide communication and feedback to the Executive Committee.

Future Plans

Over the next six months, the Mentorship Committee will be working toward relaying information from needs assessments for mentors/mentees, and conducting satisfaction surveys. We will strive to continue to recruit, advertise, and emphasize the importance of quality mentorship in Rehabilitation Psychology across the career span. Recruitment will continue to occur on a rolling basis as well as during the RP2015 conference.

Action Items:

- 1. A networking dinner at RP2015 is anticipated to provide opportunities for mentors and mentees to meet in person, as well as provide information to individuals who may be interested in being a mentor or mentee.
- 2. Survey results from the initial satisfaction survey completed by mentors and mentees will be disseminated via the Division 22 listserv.
- 3. A second survey will be initiated in May 2015 (six months after completion of the initial survey).
- 4. An interviewing skills workshop will be led by members of the mentoring committee during the RP2015 conference.

Respectfully Submitted,

Jennifer C.M. Lumpkin, Psy.D., ABPP (Rp), Chair, Mentorship Committee

Laurie Nash, Ph.D., ABPP (Rp), Co-Chair, Mentorship Committee

Section 1 – Section Information

<u>Contact Info</u>: Division 22, section 1, Jacqueline Kaufman, PhD, president, 734.936.7066, jagk@umich.edu

Membership Numbers: 46 members

Section 2 – Activities

Special Projects: Due to concerns with a long period of flagging membership and involvement in the section efforts were made to develop a better understanding of the continued desire for section 1 services. Outreach to members in various forms occurred including both directed discussions with members/nonmembers of the section as well as a formal survey. A survey was sent to the Division 22 membership with a small response (N=22). Of the respondents, 62% endorsed being involved in pediatric clinical and/or research activities, with 25% of those individuals being involved in pediatric care 50% or less of their time (the remaining 75% nearly all/all of their time in these activities). Nearly all respondents felt there was a value in having section 1 (95%) with remaining respondents neutral. There were several responses with similar themes related to queries about why the section would be of value. There was a general appreciation that pediatric populations are unique in both their experience of illness, injury and disability as well as their needs clinically from a developmental perspective. The other key themes that emerged was a desire to have connection with others who do similar work, and the desire to have resources available to providers for the unique needs of pediatric providers.

<u>Planned Initiatives:</u> Section 1 is currently working to focus efforts on developing transition resources for providers in rehabilitation psychology/Division 22 as well as health providers more broadly. This initiative was decided specifically because of the lower membership numbers and numbers of Division 22 members with direct interest in pediatric specific topics. Transition planning affects patients on both the pediatric and adult care domains and includes not only school associated issues but also transitioning into vocational services and independent living in the context of having a disability. Transition planning as a general process has more global applications (e.g. military rehab – transitioning from military service to civilian life, adjusting to a newonset disability such as SCI and transitioning into new vocational settings and the home environment, etc.). Section 1 hopes to create a general framework in the context of pediatrics and young adults with expansion opportunities easily included.

Advocacy

Did the section conduct any lobbying activities to influence Federal, State or Local legislation or encourage others to do so in collaboration with APA, the APA Practice Organization (APAPO) or otherwise? **No**

Has the section published any position or policy statements during 2014? **No Development**

Did the section amend or make any changes to its Bylaws, organizing documents or rules of governing its affairs, e.g. regulations, operating agreement, articles of incorporation or constitution in 2014? **No**

Did the section membership structure change or were any new membership categories created during 2014? **No**

Did the section form any new committees in 2014? No

Respectfully Submitted,

Jacqueline Kaufman, PhD

Division 22, Section 2 (Women's Issues In Rehabilitation Psychology) Annual Summary Report of 2014

Officers From 08/2014- 08/2015

President: Carrie Pilarski

Past President: Catherine Wilson Membership Chair: Rhonda Franger

Membership 2014

International Affiliates 1
Members 43
Student Affiliates 107

Section 2 Projects and Activities in 2014

2014 Rehabilitation Psychology (Division 22) Mid-year Conference Programming

- Section 2 sponsored two poster awards
- Section 2 collaborated with the Division 22 Diversity Committee, Special Interest Group of Psychologists with Disabilities, student representatives, and representation of a presenter from Division 45 to sponsor the following Program: "Micro-aggressions panel presentation and workshop" involving Martha Banks, PhD., Alette Coble-Temple, PsyD., Phillip Keck, MA., Eun-Jeong Lee, PhD, CRC, LCPC, and Catherine Wilson, PsyD, ABPP.
- Section 2 offered wellness programming involving mindfulness meditation and gentle yoga
- Section 2 hosted a networking dinner
- Section 2 leadership hosted a Breakfast Round table

2014 APA Conference Programming

- Section 2 utilized the Division 22 Hospitality Suite to host Mindfulness Meditation Sessions
- Section 2 did not sponsor a poster award at APA this year

Phone Workshop Series

Spring 2014 Phone Conference Call for discussion on Micro-aggressions

Other activities

- Updated list serve for Section 2, and initiated communication with members
- Nominated Dr. Barry Nierenberg for the mentoring award for Division 22 in recognition of the leadership, mentorship and support that he has provided to women within the section, division and field.

Section 2 Initiatives and Activities for 2015

National Multicultural Conference and Summit Programming

Section 2 leadership was involved in collaboration with members from other divisions and governance committees representing the following topics of importance for the section

- "Women of Color with Disabilities: Implications for Intersectionality of Disability, Gender, Ethnicity, and Race" by Martha Banks, Phillip Keck, Alette Coble-Temple, Catherine Wilson, and Linda Mona
- "Abuse of Girls with Disability: International and United States Perspectives" by Julie Williams, Carrie Pilarski, and Emily Lund

2015 Rehabilitation Psychology Mid-year Conference Programming

- Section 2 will sponsor an award for the poster that best reflects the mission of the section
- Section 2 is collaborating with the Psychologists with Disabilities SIG to sponsor the following conference program: <u>Disabled Women: Reproductive Rights and Parenting</u> by Megan Kirshbaum, PhD, Founder and Executive Director of Through the Looking Glass and Co-Director of the National Center for Parents with Disabilities & their Families
- Section 2 will host a Networking Dinner for RP2015 that joins with the SIG of Psychologists with Disabilities
- Section 2 will host a Breakfast Roundtable Discussion

2015 Quarterly Phone Workshops

- Themes identified for 2015 address "Professional Development Issues Across the Professional Lifespan"
 - January presentation by Drs. Kate Brown and Mary Brownsberger on "Professional Service: When to get involved, how to get involved and at what level—thinking strategically to enhance outcomes given setting"
 - o May and October calls planned with dates, topics, and presenters still to be finalized

Inter-divisional projects as part of 2015 APA Programming

Section 2 recognizes that Women's Issues in Rehabilitation certainly intersect with other areas of diversity and has worked closely on disability issues as women or girls with disabilities are often "doubly discriminated"

Section 2 president is involved in accepted Division 22 programming that represents a collaborative and inter-divisional effort with various groups within 22 (Section 2 and SIG on Psychologists with Disabilities) and Division 12, 17, APAGS, and CDIP on the topic of "Disability Issues Across the Psychology Lifespan"

Division 22 Education and Training Committee

Report – February, 2015

Chair: William Stiers, Ph.D., ABPP (RP)
Member: Pamela Fitzpatrick, Ph.D., ABPP (RP)

Early Career Member: Philip Uy, Ph.D.
Student Member: Meredith Williamson

ACTION ITEMS: none.

INFORMATION ITEMS:

APA Activities in Support of Psychology Education

Dr. Stiers has continued to serve as the Division liaison to the APA Board of Educational Affairs, and to monitor the activities of the APA Education Directorate. The following information comes from those activities.

I. <u>Precollege and Undergraduate Education in Psychology:</u>

APA Office of Precollege and Undergraduate Education http://www.apa.org/ed/precollege/index.aspx

High School Psychology

Teachers of Psychology in Secondary Schools (TOPSS) http://www.apa.org/ed/precollege/topss/index.aspx

National Standards for High School Psychology Curricula http://www.apa.org/education/k12/national-standards.aspx

Guidelines of Preparing High School Psychology Teachers http://www.apa.org/education/k12/teaching-guidelines.aspx

High School Psychology Resources

- Psychology Unit Lesson Plans
- Resource Manual for New Teachers of High School Psychology
- Videos for High School Psychology Teachers
- Online Psychology Laboratory

Community College Psychology

Psychology Teachers at Community Colleges (PT@CC)

http://www.apa.org/ed/precollege/undergrad/ptacc/index.aspx

Community College Psychology Resources

- Online Psychology Laboratory
- Adjunct Faculty Resource Manual

Undergraduate Psychology

Undergraduate Education in Psychology http://www.apa.org/ed/precollege/undergrad/index.aspx

Guidelines for the Undergraduate Psychology Major http://www.apa.org/ed/precollege/about/psymajor-guidelines.aspx

Principles for Quality Undergraduate Education in Psychology http://www.apa.org/education/undergrad/principles.aspx

Strengthening the Common Core of the Introductory Psychology Course http://www.apa.org/ed/governance/bea/intro-psych-report.pdf

II. Graduate and Postgraduate Education

Competency Initiatives in Professional Psychology http://www.apa.org/ed/graduate/competency.aspx

- A Practical Guidebook for the Competency Benchmarks
- Final Report of the APA Task Force on the Assessment of Competence in Professional Psychology
- Revised Competency Benchmarks for Professional Psychology
- Competency Assessment Toolkit for Professional Psychology
- Resources Related to Students with Competence Problems
- Interprofessional Professionalism Collaborative

Internship Support

APA has developed an internship stimulus package that has set aside up to \$3 million over three years to help qualified, non-accredited internship programs take the steps necessary to become APA-accredited. APA is giving priority to programs that seek to increase their number of internship positions, that serve historically underserved populations and that prepare psychologists for working in the 21st century health-care system, such as primary-care settings and community health centers. The awards could potentially add 500 new internship positions over the three-year period.

(http://www.apa.org/monitor/2013/03/internships.aspx)

As of the end of 2014, \$2 million has been granted to programs (an average of \$20,000 each to 100 internship programs) to help them gain APA accreditation. It is anticipated that an additional \$500,000 will be granted in 2015. The remaining \$500,000 will be used to develop informational resources and consulting services to programs seeking APA accreditation, and to pursue regulatory reform to allow interns to bill for services.

Division 22 Education and Training Committee Activities

The Committee has completed the following activities during the last year.

III. Survey of Rehabilitation Psychology Postdoctoral Training Programs

An updated survey was completed of all psychology post-doctoral training programs in the U.S. which include a component of Rehabilitation Psychology, and information on these programs was sent to the RP list-server. It will also be listed on the Div 22 website after some technical problems are resolved.

Dr. Stiers is working with the Council of Rehabilitation Psychology Postdoctoral Training Programs to enroll members in the Council and begin the process of formal recognition for training programs meeting the Baltimore Conference Guidelines.

IV. Specialty Recognition

The Committee worked with the Rehabilitation Synarchy and Division 22 leadership to re-write and re-submit the petition for recognition of Rehabilitation Psychology as a specialty to the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology.

V. <u>Rehabilitation Psychology Reading List</u>

The Committee has agreed to undertake an updating of the Division 22 Rehabilitation Psychology reading list.

Respectfully submitted,

William Stiers, Ph.D., ABPP (RP)

APA DIVISION 22

PRACTICE COMMITTEE REPORT

February 1, 2015

CHAIR: Shane Bush, Ph.D., ABPP, Long Island, NY

MEMBERS

Mark Barisa, Ph.D., ABPP (Federal Advocacy Coordinator), Dallas, TX Scott Barton, Ph.D., Charleston, SC Martha Brownlee-Duffeck, PhD., ABPP, Columbia, MO David Cox, Ph.D., ABPP, Chapel Hill, NC Pamela Fitzpatrick, Ph.D., Dallas, TX Gina Signoracci, Ph.D. (Board of Professional Affairs rep), Denver, CO Heather Glubo, Ph.D. (CAPP rep, also early career), New York, NY Amber Gerber, Psy.D. (early career), Eau Claire, WI Philip Uy, Ph.D. (early career), East Lansing, MI

EXECUTIVE SUMMARY

The Practice Committee has been busy with a diverse set of activities that address multiple aspects of practice in rehabilitation psychology. These diverse activities have in common the collection and dissemination of practice-related information and materials to division members, other psychologists, and the public. The coming year will bring continued efforts by the committee to meet the needs of practitioners and the patients and other persons that they serve.

ACTIVITIES

Informed by D22's Purpose (http://www.apadivisions.org/division-22/leadership/bylaws.pdf) and the Practice Committee's directives (http://www.apadivisions.org/division-22/leadership/leadership-manual.pdf, pp. 115-116).

- 1. Continued to reconstitute the committee by adding more senior members (Scott Barton & Martha Brownlee-Duffeck).
- 2. Informed Executive Board and membership of the activities of BPA, CAPP, and Federal Advocacy (Although these representatives/liaisons are members of this committee, it was requested that their reports be submitted independent of the committee).
- 3. Information was gathered to inform the committee's recommendation for the Practice Award, to be offered when requested by the board.

- 4. Began discussions with Drs. Wegener, Rusin, and Uswatte about possibly using ABRP practice sample cases for case studies in the division's journal *Rehabilitation Psychology*.
- 5. Disseminated some practice-related information and materials to the division membership via the listsery.
- 6. Planning practice-related breakfast roundtables for the RP15 conference and beginning discussions with the conference committee about activities for the RP16 conference.
- 7. Integrating and updating a RP reading list.
- 8. Provided information about the committee for the website.
- 9. Offered nominations for APA Advisory Steering Committee for Development of Clinical Practice Guidelines.

ACTION PLAN

Will continue to address the above issues, with a primary focus on gathering an disseminating practice-related information and resources.

BUDGET

No funds are requested. No revenue is expected to be generated.

MOTIONS FOR EXECUTIVE BOARD

None at this time.

Science Committee Board Report – January 29, 2015 Submitted by Lisa A. Brenner, Ph.D.

During the fall of 2014, efforts were undertaken to re-invigorate the Science Committee. Since that time the following has taken place:

- Division 22 Membership was surveyed re: priorities for this Committee (see attached results)
- 15 individuals (in addition to Brenner) interested in serving on the Committee were identified
 - o A Google Calendar has been sent to all individuals who expressed interest, with a plan to have a kick off meeting in February
- The Science Committee will be meeting via the Round Table format on Saturday morning during the mid-winter meeting
- Members of the Science Committee (Brenner, Scott McDonald, Ph.D. Richmond VAMC, James Jackson, Ph.D., Vanderbilt University) will be working with the Editor of Rehabilitation Psychology, Stephen Wegner, Ph.D., and Linda Erlich Jones, Ph.D., RN (Rehab Institute of Chicago) to produce "Clinical Outcome" Tear Sheets which will appear in the journal four times per year.
 - o The first edition of this re: the PHQ-9 and SCI has been written by Charles Bombardier, Ph.D. and is under review by the Committee.



CE Semi-annual Report – RP 2015 San Diego, CA 2/26/15

This has been another busy six months for the Division's CE programming. Since my report at APA 2014 (August, 2014) we have sponsored the CE activities for this conference (2015 Mid-Winter Rehabilitation Psychology Conference) as well as the CE for the PVA Summit, the ASCIP conference, ACRM and a workshop from the Denver Research Institute. Our three enduring distance programs with the National Center for Disaster Medicine & Public Health continue and we have a second series of online CE courses launching soon with Vista LifeSciences. The courses will focus on understanding the proper use of computerized tests, using and administering the Automated Neuropsychological Assessment Metric (ANAM), and interpreting test results. ANAM is the neurocognitive assessment tool of choice for NASA, Department of Defense, and many other organizations. Each course will provide between 1 to 3 credits. All told, since February, the CE program educated more than 1676 of our colleagues and generated more than \$2750. You will find a summary of the completed 8/2014-2/2015 CE activity on the next page.

In the coming six months we will continue our existing partnerships with PESGCE, a commercial CE provider interested in online education. Recall that PESGCE is hosting the *National Center for Disaster Medicine & Public Health: Psychosocial Impacts of Disasters on Children and Radiation Disaster Issues in Children* online program with our CE sponsorship. We are pleased to also be collaborating with Vista LifeSciences and the Colorado Department of Labor and Employment.

The CE Committee remains committed to generating revenue and visibility for the Division. Division leaders have indicated an interest in making Rehabilitation Psychology articles available for CE review online and we continue to work with the Communications Committee to assess the feasibility of delivering that service (including but not limited to point of sale capabilities, real-time delivery and scoring of post-test material and generation of certificate on demand). Presently it does not look like the APA website infrastructure will support that endeavor. Partners like PESGCE can make that and conference sessions (for example) available online for a fee. We have delayed additional conversation in that area given our present budget. We will continue to explore other opportunities for additional revenue as appropriate. In the meantime, together with this fabulous team (Dr's Rath, Carter and Gontkovsky) and the support of the executive committee, the CE programs can be expected to have another banner year.

Respectfully Submitted on 1/14/15,

Kim A. Gorgens, Ph.D., ABRP Chair, Division 22 CE Committee

8/2014-2/2015 APA Division 22 (Rehabilitation Psychology) Continuing Education Activity Summary

Title of Activity	Number of CE Credits	Date(s)	Number of Psychologist Participants	Number of Non- Psychologist Participants	Activity Format	Co-Sponsored
National Center for Disaster Medicine & Public Health: Tracking and Reunification of Children in Disasters	1.0	10/13- Present	4	289	Н	National Center for Disaster Medicine & Public Health Knowledge & Learning
National Center for Disaster Medicine & Public Health: Psychosocial Impacts of Disasters on Children	1.0	10/13- Present	4	70	Н	National Center for Disaster Medicine & Public Health Knowledge & Learning
National Center for Disaster Medicine & Public Health: Radiation Disaster Issues in Children	1.0	10/13- Present	4	28	Н	National Center for Disaster Medicine & Public Health Knowledge & Learning
Paralyzed Veterans of America Summit 2014	18.5	8/26- 8/28/14	10	309	С	Paralyzed Veterans of America (PVA)
Association for Spinal Cord Injury Professionals Annual Pre-Conference	9.5	8/31/14	14	95	С	Association for Spinal Cord Injury Professionals (ASCIP)
Association for Spinal Cord Injury Professionals Annual Conference	20.75	9/1/14- 9/3/14	22	591	С	Association for Spinal Cord Injury Professionals (ASCIP)
Co-occurring TBI and Mental Health Symptoms	3.5	9/5/14	5	76	W	Denver Research Institute
American College of Rehabilitation Medicine 2014	TBD	10/8- 10/11/14	34	101	С	American College of Rehabilitation Medicine (ACRM)
ABRP and APA Division 22 Rehabilitation Psychology 17 th Annual PRE-Conference	TBD	2/26/15	6.75		С	American Board of Rehabilitation Psychology
ABRP and APA Division 22 Rehabilitation Psychology 15 th Annual Conference; Translating Research into Practice	TBD	2/27-3/1/15	18.0		С	American Board of Rehabilitation Psychology

Vista LifeSciences	1.0-3.0	Spring		Н	Vista LifeSciences
Automated		2015			
Neuropsychological					
Assessment Metric E-					
course training					
Colorado Department of	7.25	3/26/15		W	Colorado Division of
Labor and Employment,					Workers'
Division of Worker's					Compensation
Compensation					
Level I Physician					
Accreditation Seminar					

Diversity Committee Report

February 2015

Chair: Eun-Jeong (EJ) Lee

Co-Chair: Paul Perrin

Members: Juan Carlos Arango, Jacob Chan, Anthony Lequerica, Phillip Keck, Melody Mickens, Preeti Sunderaraman, Krystal Drake, Sandra Fitzgerald, Sonya Kim, Clair Kubiesa, Jennifer Sanchez, Connie Sung, and Catherine Wilson

Activities:

- The number of committee members has been increased (6 members → 15 members)
- The committee structure (e.g., chair term, communication channel, research activities)
 - o Chair: Paul Perrin agreed to serve as a chair. His term started right after APA convention as a co-chair.
 - o Chair term: Two years (one year as a co-chair and one year as a chair)
 - o Communication channel: Bi-monthly teleconference/Google drive
- Research/Presentation
 - Submitted collaborative division proposal with Division 40 (leading division), Division 45, 19, CEMA, CDIP: "Connecting the lines: fostering cultural competency at the intersection of diversities" for 2016 APA convention. The proposal has been accepted. Linda Mona will be a presenter from Div 22.
 - Plan to present "Redefining disability: diversity, multiculturalism, and intersectionality" at the mid-year conference (Presenters: Sonya Kim and EJ Lee from Diversity Committee).
- Survey Task Group (EJ Lee, Jacob Chan, Philip Keck, Paul Perrin, and Connie Sung)
 - o Had monthly meetings to draft survey items.
 - o Consulted with Division 22 members who were involved with "the guidelines for assessment of and intervention with PWD".
 - o Developed survey items based on APA guidelines.
 - o Included demographic questions and Multicultural Counseling Knowledge and Awareness Scale (MCKAS).
 - o Plan to come up with the final version of survey in February 2015 and conduct the survey study after getting the board's approval.

- The mid-year conference activities: Social network dinner and a breakfast round table session to promote the committee activities (Jennifer Sanchez).

Action item: None

Deafness Special Interest Group (SIG)

Denise Thew, Ph.D., MSCI Chair February 2015

ACTION ITEMS: None.

DISCUSSION ITEMS: None.

INFORMATION ITEMS:

- 1. I am currently recruiting for a Co-Chair, to help with the social media and networking aspect
- 2. A nomination form for the Larry Stward Award will be announced through the Deaf Eval listery that is moderated by Dr. Robert Pollard (co-founder of this SIG). This award will be given during the 2015 APA Convention. We will review the nominations and select the awardee during May 2015.
- 3. Announcement for Deafness SIG social event during the 2015 APA Convention will also be announced through the DeafEval listserv once the date and time has been determined.

Goals of the Deafness SIG:

- 1. Serve as a professional networking resources for members
- 2. Promote the issues related to deafness in Division 22 activities and initiatives.
- 3. Serve as a resource and advocate for Deafness SIG representation within all Division 22 task forces, committees, and subcommittees.

Respectfully submitted,

Denise Thew, PhD, MSCI

Fellows Committee Report

2015

Fellows Committee met and approved the single candidate who applied for this year. The next step is for approval by Council. We will also be forming a task force (headed by Kate and myself) to develop guidelines for consideration of our more clinically-focused members.

Respectfully Submitted February 12, 2015

Marcia Scherer, Ph.D.

Chair, Fellows Committee

Secretary Report

February 2015

Summary

Secretary role and responsibilities transitioned from Lisa Brenner (2011-2014) to Joseph Rath (2014-2017). Continued and extended previous work toward archiving and maintaining Division records.

Activities

Oriented to tasks and responsibilities of Communications Committee (Kimberley Monden, Chair; Eric Hart, Co-Chair).

Continued project of archiving Division documents to APA Communities, spearheaded by Lisa Brenner and Meghan Barnhart.

Updated relevant Division documents to reflect current terms and officers, including Division stationary, current officers, RPSynarchy, and ballot history.

Updated name on "apa.div22" Google Drive to "RP Annual Conferences."

Archived RP2014 CE materials to dedicated folder on "apa.div22" Google Drive.

In consultation with RP2015 Program Chair (Gina Signoracci) developed plan to provide a secure, centralized repository for records related to CE credits, etc.:

- Use "rehabpsych15" address for email and documents related RP2015 through end of current conference
- Transfer all RP2015 files to dedicated folder on "apa.div22" Google Drive, after RP2015 wrap up
- Use "apa.div22' email address for RP programing going forward, with records deposited in a dedicated folder at conclusion of conference

Future Plans

Archive available records of all past Division conferences to apa.div22 Google Drive: https://drive.google.com/?authuser=0#my-drive

Update, maintain, and archive relevant Division documents to APA Communities: http://www.apacommunities.org/community/division-22 rehabilitation psychology

Psychology in the Workplace Network Liaison

Erica K. Johnson, Ph.D. January 2015

ACTION ITEMS – None.

DISCUSSION ITEMS - None.

INFORMATION ITEMS - The Psychology in the Workplace Network (PWN) resumed its annual business meeting (which the Division 22 liaison attends) as of 2013. The 2014 meeting, held in April, focused on Network development, social media and marketing, the PHW Award program, and technical guidance for state representatives with award programs in place.

The 2015 meeting scheduled for April in Washington DC. The agenda is TBD.

Division 22 members are invited to follow the Psychologically Healthy Workplace Program on Facebook at https://www.facebook.com/healthyworkplace.

I am currently involved in drafting blog posts for the PWN related to psychology in the workplace and disability—both of which can be defined and discussed broadly. I welcome any interest and input from Division 22 members focused on vocational rehabilitation, disability management practices, diversity in the workplace, workplace accommodation, and workplace wellness for people with disabilities. Please contact me to discuss collaborative social media opportunities. I can be reached by email at ericajohnsonphd@uwalumni.com.

Respectfully submitted,

Eica K Johnson

Div 22 Liaison Report to APA 2015 Spring Consolidated Meeting February 26-March 1, 2015 Prepared by Nannette Stump PhD Div. 22 Liaison

Current Div 22 Leadership President: Gitendra Uswatte

Past President: Mary Brownberger

Treasurer: Aaron Turner Secretary: Joseph Rath

Joseph Rath and James Werth are no longer serving on CDIP and will be greatly missed. We are pleased to have Jennifer Reesman from Kennedy Krieger Institute and Marcie Zinn from Stanford University joining us. Carrie Pilarski assumed her role as CDIP chair.

Throughout the year CDIP List Serve, regular conference calls, Spring and Fall Consolidated Meetings provide venues for exploring continued efforts toward intersecting disability with other areas of social relevance such as aging, maltreatment of children, access to health care, education, research, employment and sexuality. Looking to 2015 efforts toward furthering integration, accommodation and universal design are paramount to maximizing success within the disability community.

Division 22 Updates:

- 1) Accessibility and Universal Design continues to be at the forefront of determining facilities in which to hold conferences. Data collected on accessibility from the 2014 APA meetings suggested the preconference walk through had an overall positive impact on meeting disability needs. Structurally, minimum standards are met as evidenced by unsafe curb cuts. It was recommended that a walk through for APA 2015 be completed.
- 2) CTiBS (Coalition of Technology in Behavioral Science), an interdisciplinary group interested in using evidenced-based technology in behavioral health care has asked for a representative from CDIP. The committee has expressed interest in this area but yet to identify a representative.
- 3) CDIP supported COA's efforts toward the adoption of the Resolution on the 2015 White House Counsel on Aging.
- 4) The Brochures intended to assist parents and students with disabilities transition to colleges and universities continues to be updated.
- 5) Carrie Pilarski received an award from the Multi-Cultural Summit and was asked to present at this year's conference.

- 6) Dana Dunn established a Blog on disability issues that can be found on Division 22 website.
- 7) A dialogue among CDIP members and several other committees began exploring ways APA could recognize the 25th Anniversary of the passing of The Americans with Disabilities Act.

Signoracci: Div 22 BPA Liaison Meeting Notes 11.3.14

Items determined by the liaison as being of particular interest for Div 22 are highlighted below in green with notes included for items discussed. Any items that are highlighted without accompanying notes were not discussed during times when the liaison was permitted to be present. Minutes for all agenda items discussed by BPA during these meetings are available through the BPA.



FINAL AGENDA

Board of Professional Affairs Meeting @ APA Fall 2014 Consolidated Meetings

THURSDAY, OCTOBER 30, 2014

8am-5pm



Board of Professional Affairs 2014 Strategic Planning Retreat APA Capitol View Conference Center, 12th Floor/Rooftop Boardroom 750 First Street, NE, Washington, D.C. 20002 Telephone: (800) 374-2721 or (202) 336-5500 BPA members & invited guests only. Casual attire. Meals provided. Please sign in with Security in the Lobby (ground level.) Metro accessible. Parking available on site.

8am Breakfast

Buffet style breakfast

8:30am Board of Professional Affairs Retreat

12-1pm Luncheon

Buffet style lunch

1pm Board of Professional Affairs Retreat

5pm Adjourn

5-6pm BPA Retreat Reception

APA Capitol View Conference Center

12th Floor/Rooftop, 750 First Street, NE, Washington, D.C. 20002

FRIDAY, OCTOBER 31, 2014

7am-8:30am Breakfast State Room (Lobby Level)

7:30am-10am Registration 2nd Floor Foyer

8:30am-9:30am



Opening - APA Plenary Session (Mandatory)

APA President's Update / APA CEO's Update

State Room (Lobby Level), Renaissance Mayflower Hotel 1127 Connecticut Avenue, NW, Washington, DC 20036

9:30am-9:45am **Break**

Board of Professional Affairs Fall Meeting

9:50am

Massachusetts Room (2nd Floor), Renaissance Mayflower Hotel

No. Item Type Subject Lead Minute Writer Where to Find Facilitator(s) Materials

Signoracci: D	oiv 22 BPA Liais	son Meeting Notes 11.3.14			
1.	Discussion 10 minutes	Chair Welcome & Group Introductions	Cooper	Staff	BPA-1
2.	Discussion 5 minutes	Agenda Review /BPA Policies & Procedures/Rules of Order & Minute Preparation	Cooper	Staff	BPA-2
3.	Discussion 10 minutes	BPA Chair's Report (Stewart E. Cooper, PhD)	Cooper	Staff	BPA-3
4.	Discussion 5 minutes	Updates and policy developments from Board of Directors / Council Meetings	Cooper	Staff	BPA-4
5.	Action 2 minutes	BPA Spring 2014 Unapproved Meeting Minutes	Cooper	Staff	BPA-5
6.	Action 2 minutes	BPA Executive Committee (EC) Unapproved Minutes	Cooper	Staff	BPA-6
7.	Discussion 3 minutes	Using the APA Strategic Plan as a Framework for Item Discussion and Action	Rey-Casserly	Rey-Casserly	BPA-7
8.	Discussion 15 minutes	CAPP Chair's Report (<i>Monica F. Kurylo, PhD</i>)	Cooper/Kurylo	Reddy	BPA-8
9.	Discussion 15 minutes	APA Practice Executive Director's Report (<i>Katherine C. Nordal, PhD</i>)	Cooper/Nordal	Reddy	BPA-9 & Handouts
11:15am		Priority Items			
	Discussion 30 minut		Cooper/Budd	Budd	BPA-10

BPA and CAPP continue to work closely together regarding their concern that Master's level clinicians are independently practicing "psychology" and APA holds this term to be regulated and reserved to practice by psychologists. The position is that master's level clinicians ought to be supervised by licensed psychologists when performing certain duties. The current document, created from collaboration between BPA and CAPP, was not made available to all attendees and therefore a list of duties thought to be appropriate for Master's level clinicians is not provided here. On whole, there are concerns about protecting the value of doctoral level psychologists while also respecting the scope of practice of existing, licensed, Master's level clinicians. It was moved that a subgroup be formed to continue work toward creation of a full position statement that would then be vetted through the larger APA governance process.

Discussion	Psychological Assessment Working	Rey-Casserly/	Rey-Casserly/	BPA-11
30 Minutes	Group Update & Discussion	Arredondo	Arredondo	

Work continues toward clarifying coding and billing for psychological screening and assessment. APA is interested in developing guidance to provide information distinguishing psychologists' unique skill sets to conduct screening and assessment and bill for these services vs. other disciplines (ex: a primary care physician billing for a depression screening conducted during an office visit). Points were raised regarding the importance of creating nomenclature such that APA clearly identifies screening and assessment as there is often confusion regarding these terms even within psychology.

12:00pm LUNCH State Room (Lobby Level)

1:00pm		BUSINESS MEETING Board of Professional Affairs Massachusetts Room (2 nd Floor),	Renaissance May.	flower Hotel	
No.	Item Type	Subject	Lead Facilitator(s)	Minute Writer	Where to Find Materials
10.	Discussion 15 minutes	Center for Workforce Studies Report (<i>Mariquita G. Mullan, PhD, Director, APA Center for Workforce Studies (CWS)</i>) (Placeholder)	Cooper/Mullan	Mays	BPA-12 & Handouts / Slides
		Cross Cutting / Other Items			
11.	Discussion 10 minutes	Task Force on Translating Psychological Science for the Public (2014 Presidential Initiative)	Mays	Mays	BPA-13
12.	Action 10 minutes	Association Rule Change for Inclusion of ECP's on APA Boards and Committees	Reddy	Reddy	BPA-17
	Action 15 minutes	Implementation Work Group Recommendations Regarding Se on APA Boards and Committees	Cooper/Franklin rvice	Franklin	CC-02

There was significant discussion regarding how people get involved in governance including ECPs. BPA wants to take more time to think about and draft their position/proposed process.

Action	New Haven Competencies	Budd	Budd	CC-03
10 minutes	(Trauma Competencies)			

This item was moved to consent agenda/discussed and approved.

Action	Guidelines for Post-Doctoral	Rey-Casserly	Rey-Casserly	CC-04
10 minutes	Training in Rehabilitation Psycho	ology		

On whole, this document was supported and BPA supports moving it forward. The only concern raised was specific to language on page 22/23 of the guidelines regarding Procedures item 3.3 about assessment of neuropsychological functioning. The expressed concern was that using the word "neuropsychological" may be misleading as not all rehabilitation psychologists are neuropsychologists. Drs. Monica Kurylo, David Cox, and I all contributed to the position that there was likely intention between using "assessment of neuropsychological functioning" vs "neuropsychological assessment" in the document given the focus on functioning by our discipline. Dr. David Cox reminded that all specialties are bound by their scope of competence and as such, and specifically related to this proposal, the proposal does not suggest that rehabilitation psychologists would be functioning beyond their scope. He also raised the point that all training programs must now work with revised competencies and that the current document was created with previous competencies.

The concern regarding use of "neuropsychological" appeared to be the only one about the proposal. There was question if the proposal needed to be revised with the current APA competencies to which Drs. Monica Kurylo, David Cox, and I encouraged movement forward with the proposal as submitted and not hold it up due to this or because of the concern regarding use of the word "neuropsychological". Dr. Monica Kurylo suggested that BPA provide recommendations about potential language changes. Dr. Rey-Casserly indicated that the feedback would include recommendation to use the term "cognitive functioning" where it applies rather than

minutes

Action

30

minutes

17.

Development of BPA Slate

Descriptions & Slate

Discussion

neuropsychological functioning and to qualify the meaning of that term.

	Action Modifying the Com <i>minutes</i> the Board of Educa	•	Arredondo	CC-05
This item was	s moved to consent agenda/	discussed and approved.		
13.	Action Standards and Crit Approval of Sponse Continuing Educat Psychologists	ors of	Arredondo	CC-06
	Action Criteria for the Rec minutes Organizations that in Specialties and Professional Psycl	: Provide Certifications Proficiencies in	Coons	CC-07

This history of this item is about what credentials members may list in the membership directory. The document outlines the criteria for which organizations are recognized by CRISP. The draft included a couple of revisions: 1) that the individual must have gone through an APA or CPA doctoral and internship program and 2) that APA will only accept credentials by organizations approved by CRISP. The recommendation was made for the training timeline included in this proposal should match the timeline used by Council (2018 for internships and 2020 for doctoral programs). Dr. David Cox reported on the perspective from ABPP and that there seems to be confusion between the facts that CRISP approves criteria for organizations that recognize individuals vs. criteria for individuals themselves. He suggested that the document be reread and revised such that it is clear that this document is about CRISP approving organizations and the "listing" of specialty credentials in the membership directory. Dr. David Cox will share the recommendations prepared by ABPP with BPA for this document.

14.	Action 10 minutes	Resolution on Violent Video Games	Reddy	Reddy	CC-08
	Action	Resolution on the 2015 White	Franklin	Franklin	CC-09
This item	10 minutes was moved Discussion 30 minutes	to consent agenda. Discussion with P&P on "Psychology's Voice in the Major Issues of the Day" (2:30pm Time Certain w/P&P)	Cooper/P&P Representatives	Budd	BPA-21
3-3:15pm		Break			
3:15pm		EXECUTIVE SESSION			
16.	Action	APA Distinguished Professional Practice and Student Awards	Budd	Budd	Awards Books

Cooper

Staff

ES-25

Signoracci: Div 22 BPA Liaison Meeting Notes 11.3.14

18.	Discussion 30 minutes	BPA 2014 Retreat Follow Up (Placeholder)	Retreat Planning Subcommittee/ Cooper	Arredondo/Mays/ Zeiss	ES-26
19.	Action 15 minutes	Selection of BPA Chair for 2015	Cooper	Staff	ES-27
4:45pm		Preparation for Conference Committees & Open Meetings	Cooper	n/a	Handouts
5-6:30pm		Conference Committees & Open Meetings Various Meeting Rooms, Renaissance Mayflower Hotel Washington	As assigned	n/a	n/a
6:30pm		Adjourn for the Day			

		SATURDAY, NO	OVEMBER 01, 20	14	
7:30-9:0	00am	Breakfast State Room (Lobby I	Level)		
9:00am		BUSINESS MEETING Board of Professional Affairs Massachusetts Room (2 nd Floor)	, Renaissance Mayflo	wer Hotel	
No.	Item Type	Subject	Lead Facilitator(s)	Minute Writer	Where to Find Materials
	Discussion 5 minutes	Updates - Open & Conference Committee Meetings	Cooper	n/a	n/a
20.	Discussion 20 minutes	APA President's Remarks to BPA (<i>Time Sensitive @ 9:10-9:30am</i>)	Cooper/Kaslow	Reddy	BPA-28
21.	Discussion 20 minutes	APA President-Elect's Remarks to BPA <i>(Time</i> <i>Sensitive @ 9:30-9:50am)</i>	Cooper/Anton	Reddy	BPA-29
10-10:1	5am	Break			
10:15ar	n	Priority Items and New Business			
22.	Discussion 25 minutes	Professional Psychologist Competencies to Serve a Diverse Public Draft Stmt. (Conscience Clause)	Zeiss	Zeiss	BPA-30

noracci:	Div 22 BPA Liais Info 5 minutes	Update on Resolution in Support of International Statistical Classifications of Diseases (ICD)	Franklin/Mays	Franklin/Mays	BPA-31
24.	Info 5 minutes	Status Report on NBI 25B. Independence of Psychologists	Coons	Coons	BPA-32
1am		Priority Items and New Business			
25.	Action 30 minutes	Update on Policy Recommendations on Association Rule 30.8 (Issue of Endorsement)	Cooper/Staff	Zeiss/Staff	BPA-33
26.	Discussion 15 minutes	COLI and P&P's Joint Recommendation to Clarify Endorsement of Inter- Organizations Work Products	Cooper/Staff	Zeiss/Staff	BPA-34
27.	Discussion 15 minutes	Cooperation with other organizations on clinical practice guideline development (Time Sensitive @ 11am- Dr. Kaslow, PD and Sci staff in attendance)	Cooper/Staff	Zeiss/Staff	BPA-35
12:00	pm	LUNCH State Room (Lobby Level)			
1:00p	om	BUSINESS MEETING (cont.) Board of Professional Affairs Massachusetts Room (2 nd Floor), Renaissance Mayflower Hotel			
28.	Discussion 15 minutes	Evidence-Based Policy Update (Division 12 Dialogue) (Time Sensitive @ 2:10 pm – Dr. Kaslow, PD and Sci staff in attendance)	Mays/Staff	Mays/Staff	BPA-36
29.	Discussion 10 minutes	Proposed Primary Care Initiative	Coons	Coons	BPA-37
		Items from Groups Reporting to BPA/Referral			

Discussion was primarily centered around wanting input and work toward a better understanding of best practices for psychologists with impairment due to illness, injury, as well as other psychiatric diagnoses to inform colleague assistance. This author shared Div 22's focus as rehabilitation psychologists and that we have

20 minutes

member of ACCA

Signoracci: Div 22 BPA Liaison Meeting Notes 11.3.14 a SIG Psychologists with Disabilities that may be able to provide information that could be helpful to them.

30.	Discussion 15 minutes	COPPS – Report of the Chair (Time Sensitive @ 1pm)	Zeiss/Hunter	Zeiss	BPA-39
31.	Discussion 10 minutes	COPPS – Report of the BPA Liaison to COPPS (Key issues, reviews, consultancies, and development projects)	Zeiss	Zeiss	BPA-40
32.	Discussion 10 minutes	Medical Necessity and Peer Review Issues	Zeiss/Staff	Zeiss/Staff	BPA-41
	Discussion 10 minutes	Review of Draft Proposed Guidel for Psychological Practice with Military Personnel, Veterans, and Families	lines Zeiss	Zeiss	BPA 41.5 or Supplemental
See BPA	43 below.				
33.	Action 10 minutes	Update/Final Review of Professional Practice Guidelines: Guidance for Developers and Users (Formerly Policy Recommendations on Criteria for Practice Guideline Development and Evaluation)	Cooper/Staff	Zeiss/Staff	BPA-42
Discussion 10 minus		Update on Evidence-Based Guidelines for Neuropsychologica Assessment and Consultation (COPPS Review)	Zeiss al	Zeiss	BPA-43
summar suggeste	rized this and	t to track amongst other busines other items (BPA- 40, 41.5, 43) in I people are coming together tow	n terms of current	status. The summar	y basically
34	Info 10 minutes	Update on NBI 25(A). Guidelines for Psychologists	Zeiss	Zeiss	BPA-44

34.	Info 10 minutes	Update on NBI 25(A). Guidelines for Psychologists Regarding the Assessment of Trauma for Adults (COPPS Review)	Zeiss	Zeiss	BPA-44
35.	Action 10 minutes	Guidelines for Psychological Practice with Transgender and Gender Non-Conforming Clients	Zeiss	Zeiss	CC-10
45. 5	Action 10 minutes	Draft Proposed Guidelines for Integrating the Role of Work and Career Into Professional Psychology Practice	Zeiss	Zeiss	Supplemental
3-3:15pm		Break			

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Signoracci:	Div 22 BPA Liai	ison Meeting Notes 11.3.14			
		New Business			
36.	Action 10 minutes	Resolution in Favor of APA Providing Support and Assistance to Military and Nat'l Security Psychs Striving to Abide by APA Ethics Code and APA Policy (NBI #23A)	Coons	Coons	BPA-46
37.	Discussion 10 minutes	Request for Endorsement: NCCHC launched its specialty certification in mental health (CCHP-MH)	Mays/Staff	Mays/Staff	BPA-47
	TBD	2014 Retreat Follow Up or 2015 BPA Convention Planning (Placeholder)	TBD	TBD	
4:45pm		Preparation for Conference Committees & Open Meetings	Cooper	n/a	Handouts
5-6:30pm	1	Conference Committees & Open Meetings Various Meeting Rooms, Renaissance Mayflower Hotel	As assigned	n/a	n/a
7:00pm					
La Chaumtere		Board of Professional Affairs Dir La Chaumière 2813 M Street, NW, Washington			

SUNDAY, NOVEMBER 02, 2014							
7:30-9:00am		Breakfast State Room (Lobby Level)					
		BUSINESS MEETING & PLANNING SE Board of Professional Affairs Massa					
No.	Item Type	Subject	Lead Facilitator(s)	Minute Writer	Where to Find Materials		
	Discussion 5 minutes	Updates - Open & Conference Committee Meetings	Cooper	n/a	n/a		
38.	Action 40 minutes	 BPA 2015 Convention Planning Review Feedback from 2014 Convention Sessions Current Requests for 2015 	Franklin/Reddy	Reddy	BPA-48		

Brainstorm 2015 Topics

20			0 (0) (0	D. I.I.	
39.	Action 15 minutes	 Update on Central Programming Group (CPG) & Collaborative Programming Identification of key planning issues Select new BPA representative on CPG Actions & Strategies on Reduced Hours, Requests & Collaborative Progs. 	Cooper/Staff	Reddy	ES-49
40		<u> </u>	Cooper/Detroot	Arredondo/	
40.	Action 45 minutes	2014 Retreat Follow UpDiscussionNext Steps	Cooper/Retreat Planning Subcommittee	Mays/Zeiss	TBD
41.	Info 5 minutes	 Governance & Administrative Update on BPA Elections Process & Incoming Class New/Continuing Business APA Meeting Schedule 2015 and 2016 	Staff	Staff	BPA-5 ⁻

BPA Consent Agenda. At each regular business meeting, BPA members assigned to "lead" discussion of specific agenda items will be asked by the Chair for recommendations for "consent." Once approved unanimously by the whole group, these "consent agenda" items will be removed from discussion during the regular business meeting. While these items are no longer scheduled for discussion at the meeting, action on these items will be recorded in the group's official minutes.

Virtual Action Items. The items below have been <u>removed</u> from the regular meeting agenda to be acted upon either before or after the regular business meeting. While these items are no longer scheduled for discussion at the meeting, action on these items will be recorded in the group's official minutes. For further information on these items, please consult the Chair and/or staff liaison.

Item No.	Item Type	Subject	Lead Facilitator(s)	Where to find materials
42.	Action	Approval of COPPS Nominations	Staff	ES/Memo
43.	Action	Approval of ACCA Nominations	Staff	ES/Memo
44.	Action	Review and approval of Recommendations for New Clinical Practice Guidelines Advisory Steering Committee (ASC) members	Staff	ES/Memo

Signoracci: Div 22 BPA Liaison Meeting Notes 11.3.14

45.	Action	Approval of Nominations to CEMRRAT2 Task Force	Staff	ES/Memo
46.	Action	Committee on Women in Psychology Leadership Awards	Staff	CC-13
47.	Action	Call For Questions to the President-Elect Candidates	Staff	CC-01
48.	Action	Raymond D. Fowler Award for Outstanding Contributions to APA - Member	Staff	CC-12

Information Items. Unless and until BPA members petition the Chair to schedule these items for discussion during the regular business meeting, the items below will be considered "informational" and, therefore, will not be discussed during the regular business meeting. BPA members are asked to review the material in the Agenda Books for further information on these governance issues and items.

Item No.	Item Type	Subject	Lead Facilitator(s)	Where to find materials
49.	Information	Report of the Chair - ACCA	Zeiss	BPA-59
50.	Information	Report of the Chair – COPPS	Zeiss	BPA-60
51.	Information	Clinical Practice Guidelines update	Budd/Mays/Coons	BPA-61
52.	Information	Report: National Comm. on Correctional Health Care (NCCHC)	Mays	BPA-62
53.	Information	Report: Comm. on Accreditation of Rehab Facilities (CARF)	Mays	BPA-63
54.	Information	Healthy People 2020 Implementation	Mays	BPA-64
55.	Information	BPA Liaison & Mtg. Reports	Liaisons	BPA-65
56.	Information	Invited Reports: External Organizations (ASPPB; NCSPP)	Staff	BPA-66
57.	Information	BPA Annual Reports	Staff	BPA-67
58.	Information	Revision of World Health Organization's ICD-10 Mental & Behavioural Disorders	Budd	BPA-68

Division 22 Section, Liaison to Consortium of Spinal Cord Medicine

Report: January 2015

Person reporting: Charles Bombardier

The Consortium is hosted by the Paralyzed Veterans of America and is dedicated to publishing clinical practice guidelines (CPGs) in the field of SCI treatment and rehabilitation. I succeeded Don Kewman this year after he retired. Don had been the liaison for many years. However, I have been on the Consortium board since 2008 as the liaison from the Academy of Spinal Cord Injury Professionals. I was elected vice-chair of the board in May 2014, serving with the new chair, Tom Bryce, MD.

A little history is in order. Before I came on the board, Lester Butt was the ASCIP (then AASCIPSW) liaison. Lester's brainchild was to have a psychosocial CPG to replace and extend the only other psychosocial guideline on depression published back in 1998. He worked hard to promote it but he Consortium kept deferring the start of the psychosocial CPG. Lester resigned probably in part due to the fact that they never approved commencement of the CPG. When I came on the board I thought that one barrier to getting the CPG approved had to do with the fact the existing plan was an all-encompassing document. I suggested we take an incremental approach and plan a series of (at least) three smaller, well-defined CPGs: 1) Depression, anxiety and substance abuse; 2) Quality of life, family/social and community participation; and 3) Health promotion and wellness. This approach got some traction and we were approved to move forward with the first planned CPG. I formed an authoring committee. The committee was approved and we got in line behind the other CPGs that were already in the pipeline. Then the recession hit and the PVA had to cut costs so the frequency of our meetings (two per year in Washington DC plus frequent conference calls) and the resources available to work on CPGs declined. In addition, some existing important CPGs were becoming seriously outdated (e.g., pressure ulcers) so some resources were diverted to updating. Finally, there have been turnovers in leadership of the Consortium on the PVA side, further disrupting progress.

The upshot of all this is that the first of three psychosocial CPGs is still in the queue, albeit now it is next in line after the two currently underway (Deep Vein Thrombosis and Cardiometabolic). Tom Bryce is turning out to be a more assertive chair, who wants to keep things moving. He seems very committed to getting the first psychosocial CPG off of the ground as soon as this spring. Therefore, I have some confidence that the psychosocial CPG won't get bumped this time. In fact, he is asking the PVA whether the psychosocial CPG can begin before the other two are completed. For my part I have been trying to hold together the authoring committee and filling in holes when members retire and can no longer be on the committee (I have had particular difficulty getting and keeping nurses on the committee--the Consortium requires that all authors, including nurses, have expertise in SCI and a reasonable publication record--something that is quite rare among nurses).

Our next meeting is in May in Washington DC. I will find out at that time whether the first psychosocial CPG can move forward, after nearly a decade of waiting.

Federal Advocacy Coordinator Report

February 2015

Mark T. Barisa, Ph.D.

Summary of Activities:

- We got off to a slow start due to difficulties getting added to the e-mail list from the national FAC group, but this has finally been adjusted.
- Have since been able to provide forwarded messages from the national FAC group
- There has been a change in the leadership structure of the FAC group within APA and this slowed communications throughout the year.
- Have reached out to the Health Psychology FAC (Helen Coons) for collaboration – hoping to get some health/rehab psych collaborative messages out this year
- Have made connections with the NAN Legislative Action and Advocacy Committee and hope to have some collaborative information from this group as well
- Am working to identify the FAC for Division 40 to collaborate there as well
- Have been forwarding FAC action items as well as additional information obtained from the NAN-LAAC and IOPC to the Div 22 Listserve

Action Items for the Coming Year:

- Making plans to attend the 2015 State Leadership Conference as the Div 22 FAC representative
- Plans to make the collaborative relationships described above more solid and fruit producing in terms of information and calls for action
- Hope to develop a survey for Div 22 members regarding regulation and policy issues and possible need for information/advocacy
- Will look to collaborate with other committees (e.g., Practice Committee) to identify barriers to clinical care and the practice of Rehabilitation Psychology
- Continued reporting of APA action items and other information to the division through the Div 22 listserve

Respectfully submitted,

Mark T. Barisa, Ph.D., ABPP-CN

Interdivisional Healthcare Committee Division 22 2015 Mid-Year Report

Several topics of importance to Division 22 have been addressed since our 2014 annual meeting in Washington, DC and in the subsequent months leading to the Division 22's mid-year meeting. These topics include:

- 1. Collaboration between the APA Center for Psychology and Health and the IHC
- 2. APA, Society of Behavioral Medicine (SBM), IHC, and Division 38 H&B Survey: Review of Findings
- 3. Incorporation of Biopsychosocial Model within Social Security Disability Insurance: Update on American College of Occupational and Environmental Medicine Initiative
- 4. Patient-Center Medical Home Task Force
- 5. APA Clinical Practice Guidelines: Update

Rob Glueckauf and Barry Nierenberg are the IHC representatives for Division 22. Rob Glueckauf chairs this committee, which also includes representatives from Divisions 12-2, 17, 38, 40, 43, and 54, as well as liaisons from the APA Practice Directorate, CAPP, and APA Center of Psychology and Health.

Below is a synopsis of discussion from several agenda items and subsequent initiatives:

APA Center for Psychology and Health

The IHC has a long history of working collaboratively with the APA's Practice Directorate and more recently, has developed a close association with the new APA Center for Psychology and Health (CPH). This year, several members of the CPH were present at the IHC annual meeting, including Randy Phelps, who serves as the Center's Senior Advisor. CPH members shared their roles and vision. Here are some highlights:

The Center was established January 2013 with the objective of coordinating and strengthening the many efforts within the APA focused on health care. The CPH has launched its website and has begun to distribute healthcare briefing sheets authored by psychologists in divisions represented within the IHC. CPH has established an Office of Health Care Finance with a heavy emphasis on developing strategic partnerships with a wide range of relevant organizations (e.g. SBM, Geisinger, and private sector organizations). Areas of clinical focus, to date, have included obesity and integrated health care.

Other areas of focus include:

- exploring the educational needs of psychologists in healthcare settings and of those planning to move into healthcare settings
- the most effective ways to advocate for members who are in healthcare settings

- identifying the most effective organizational partnerships for advancing psychology in healthcare
- novel practice models that may increase the stature of psychologists in healthcare
- improving the ability for psychologists to be reimbursed in the evolving healthcare system
- ability of current training practices to prepare psychologists to work in healthcare settings

H&B Codes

APA anticipates petitioning CMS to review the relative value of the H&B codes; specifically, the practice expense should better reflect the complexity of this work. This task should take approximately a year to complete.

APA Clinical Practice Guidelines

Three panels are currently focusing on depression in adolescents and older adults (due out 2015), adult PTSD, and childhood obesity (due out 2016). APA is using the IOM-sanctioned processes to develop the guidelines. That is, APA selects the questions of interest, but independent research groups do the work of reviewing and rating studies for inclusion, collecting data.

Representative IHC Activities

- The IHC and CPH will look at strengths, solutions and problems faced by psychologists who are "on the ground" in integrated healthcare settings. As some Division 22 members actively practice in integrated care settings, we can gather success stories and concerns from our members that will help us with this work.
- A survey of clinicians querying use of the H&B codes and concerns was completed this year. Analyses are underway and results from the survey will be distributed next year.
- The Social Security Administration (SSA) is under significant pressure to reduce costs
 of SSDI. A medical society devoted to disability prevention is encouraging the SSA to
 adopt an integrated care model. Members of the IHC have been supporting these
 efforts as the medical society strongly promotes a biopsychosocial model and envisions
 a significant role for psychologists.

Respectfully submitted,

Rob Glueckauf, IHC Chair and Division 22 representative and Barry Nierenberg, Division 22 representative