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Division 22 Executive Committee Meeting
August 6, 2015 • 1:00-3:50 pm
Toronto, CANADA • Intercontinental Toronto Centre Hotel • Caledon Rm

DRAFT MINUTES

In attendance (SEE APPENDIX A):

Voting members in attendance: Gitendra Uswatte, Kathleen Brown, Joseph Rath, Kim Gorgens, Linda Mona, Abbey Hughes, Glenn Curtiss, Eun-Jeong Lee, Stephanie Reid-Arndt, Beth Rush, Carrie Pilarski

Non-voting persons in attendance: Lisa Brenner, Bradley Daniels, Samantha DeDios-Stern, Jennifer Duchnick, Heather Glubo, Robert Karol, Angela Kuemmel, Kimberly Monden, Laurie Nash, Janet Niemeier, Dan Rohe, Michele Rusin, Jennifer Sanchez, Marcia Scherer, Chrisann Schiro-Geist, Connie Sung, Marlene Vega, Stephen Wegener

Via telephone: Aaron Turner

1:00-1:10 Call to Order, Welcome and Introductions, Attendance (Dr. Uswatte)

- **Approval of minutes from last meeting (February 2015, San Diego, CA)**
- **Request for additions to agenda**

President Uswatte called the meeting to order at 1:07pm, offering preliminary comments on Division's response to Hoffman Report (see July 21, 2015, EC Teleconference Minutes). All in attendance were invited to sign letter regarding Hoffman Report as a show of unity. Dr. Monden will scan and post signed copy to Division website (SEE APPENDIX B).

Participants introduced themselves.

MOTION. Approval of February 2015 EC and May 2015 EC Teleconference minutes.

Motion for approval by Dr. Uswatte. Motion approved unanimously.

MOTION. Approval of Agenda: Dr. Scherer asked to add update on SIG item to agenda. Dr. Uswatte proposed reordering first two agenda items to accommodate guest from CIRP.

Motion for approval by Dr. Brenner. Motion approved unanimously.

MOTION. Approve two minute limit on statements/presentations to be lifted at discretion of President: Motion for approval by Dr. Brenner. Motion approved unanimously.

1 **SCHEDULED AGENDA ITEMS (first two items reordered):**
2

3 **1:10 – 1:40 International Committee Report (Dr. Schiro-Geist)**
4

- 5 • Presentation by Merry Bullock, Senior Director, APA Office of International Affairs.
 - 6 • Office of International Affairs serves as APA's touch point for international
7 information, activities, and initiatives within APA. "International face of APA."
8 Leads outreach and interaction with APA's international members and affiliates,
9 coordinates APA's participation and representation in international venues, facilitates
10 exchange with national psychology associations and global policy bodies.
 - 11 • Can facilitate attendance of APA members at international meetings and international
12 exchanges. Can provide grants for international visitors to come to convention. ECPs
13 most likely to get the grants. Information is on Office website:
14 <http://www.apa.org/international/resources/index.aspx>
 - 15 • Office can facilitate Division's collaborations. Recommendations for best practices
16 across Divisions soon will be posted on Office's website.
 - 17 • Formal memorandum of understanding with national psychological associations of 16
18 countries from Australia to UK, in which we promise to talk and interact. MOU
19 partners receive APA Monitor and are invited to convention. We get their newsletters.
20 APA governance attends their national meetings.
 - 21 • Building structural relationships: This year Office is sending delegation to Mexico
22 and Colombia and hosting delegation from Cuba (full expenses paid). Next year:
23 delegation to South Africa. Such relationships help APA to direct international policy.
 - 24 • CIRP is trying to develop competencies for doing international work.
 - 25 • International Newsletter is available via listserv. Sign up (website above). Just one
26 newsletter every month.
- 27
- 28 • Discussion of proposal for hosting Israeli rehabilitation psychologists as part of exchange
29 with Israeli RP association (**see May 22, 2015, EC Teleconference Minutes**).
 - 30
 - 31 • Dr. Schiro-Geist led discussion. International Committee is meeting tomorrow to
32 further develop proposal. US is too big to cover entire country in one visit.
33 Considering options such as east coast only
34

35 Dr. Reid-Arndt asked what would be brought back to Division from the exchange? Dr. Schiro-
36 Geist: Delegation members would share what they learn. Dr. Bullock offered some possible
37 examples from past exchanges: Shared symposia at international conferences and shared articles
38 in each other's newsletters. Dr. Bullock also pointed out that there is a grant open to Divisions
39 (Dyad grant for innovative programming = \$1K). APA already has MOU with Israel.
40

41 Dr. Schiro-Geist reiterated that if we do the proposed exchange with Israel, we will do it for the
42 interest of the Division. Not just intended as a one time event, but will use this as a pilot to see
43 how international exchanges in general would work for the Division.

44 Dr. Curtiss inquired about costs. Dr. Schiro-Geist estimated travel expenses about 1K each, so
45 approximately \$2K for two, etc. Accommodations would be provided by Israeli hosts. When

1 hosting visitors to the US, institutions would be asked to be generous in offering
2 accommodations. May be some potential with CIRP for funding.

- 3
- 4 • *Proposed Action:* Approval of proposal for hosting Israeli psychologists **DEFERRED**
- 5

6 **1:40 – 1:55 Consideration of Proposal for Critical Care SIG (Dr. Uswatte for Nancy Merbitz)**

- 7 • *Proposed Action:* Approval of formation of Critical Care SIG
- 8

9 Dr. Uswatte presented proposal for Dr. Merbitz, so Dr. Brown chaired this section of the EC
10 meeting. Dr. Uswatte reviewed the 5 points for evaluating SIG proposals, as well as key points
11 of the petition for Critical Care SIG. Final version of petition for Critical Care SIG was
12 circulated on EC listserv (**SEE APPENDIX C**).

13
14 Dr. Rush asked, regarding Point C for evaluating SIG proposals, Do current bodies meet needs?
15 Dr. Uswatte: New SIG would cross science/practice/advocacy, so doesn't fit any one current
16 Committee or SIG.

17
18 Discussion of pros and cons of Division having many SIGS (How many SIGS do we want?
19 Where does it end?).

20 Dr. Brown offered that a SIG is can be seen as a sign of Division's commitment to a topical area.
21 Use it as an avenue to engage new members in an area not traditionally engaged. SIG can either
22 evolve and become more formal (e.g., a Committee) or disband.

23
24 **MOTION: Approve formation of Critical Care SIG.**

25 Motion for approval by Dr. Uswatte. Motion approved unanimously.

26
27 **ACTION: Dr. Uswatte appointed Nancy Ciccolella as founding Chair of Critical Care**
28 **SIG.**

29
30
31 **2:00 – 2:15 Discuss Implications of VA Travel Moratorium for Division (Drs. Brown and**
32 **Kuemmel)**

- 33
- 34 • VA has imposed 3-year moratorium on travel to meetings for employees
- 35 • Discuss implications and how Division might respond to this change in support for travel by
- 36 VA, which affects a large number of our members
- 37

38 Dr. Brown led discussion of 3-year moratorium, noting that it is a particular concern with RP
39 conference given that many Division members work at VA Hospitals. She noted that
40 traditionally psychologists have had institutions pay travel expenses, but private practitioners, for
41 example, have paid their own expenses for years.

42
43 Dr. Brenner asked if there really is a 3-year moratorium. Dr. Mona: No moratorium, 3-year
44 statement is incorrect. There actually are exceptions that allow travel.

1 Dr. Curtiss asked clarification about what “approved travel” means (funded travel expenses?
2 Time off?)

3 Dr. Mona explained that although requesting administrative absence for travel recently may have
4 become more difficult; travel expenses have not been funded for past 5 years.

5 Dr. Brenner further noted that approval for foreign travel could be more difficult. Varies by
6 specific VA.

7 Dr. Curtiss pointed out unless there is a direct patient care benefit—no administrative absence
8 will be granted according to memo from VA central office.

9 Dr. Rusin asked if can we get specifics about constitutes “direct patient care benefit.”

10 Dr. Mona pointed out that, for example, PVA conference is exempt from VA travel restrictions:
11 PVA is powerful within VA system.

12

13 Dr. Uswatte asked if can we get specifics to provide guidance for Division members. For
14 example, would a task force help with VA-employed Division members planning travel to
15 RP16? Perhaps develop a letter about “direct patient care benefit”?

16

17 Dr. Duchnick suggested so much of VA travel policy is site specific that guidelines might not be
18 helpful. Dr. Mona agreed that a task force would not be a good investment of Division’s time.

19

20 **ACTION: Dr. Brenner will monitor VA travel policy and revisit in October for new**
21 **budget year, if it makes sense to revisit.**

22

- 23 • VA wants to change how Sunil Sengupta Student Travel Awards are given (i.e., provide
24 payment up front for travel and hotel rather than reimburse students after travel has taken
25 place). Need to discuss implications of that change. These awards have recognized
26 excellence in research and supported attendance of our midyear meeting by students

27

28 Dr. Kuemmel: Communication with VA regarding the awards has improved. They have asked
29 for performance data. Possibility that approved funding that students are depending on might be
30 pulled.

31

32 Dr. Uswatte asked if Division can help if funding was pulled from students.

33 Dr. Rusin noted that there are 6 travel awards. Division could not afford it. BOM not inclined to
34 start precedent.

35

36 **ACTION: Dr. Kuemmel will monitor situation and Dr. Brenner will help navigate the VA**
37 **system as needed.**

38

39

40 **2:15– 2:25 Membership Committee Report (Dr. Duchnick)**

- 41 • Discuss trends in membership numbers

42

43 Dr. Duchnick led discussion (SEE APPENDIX D). Increase in membership: 78 new members.

44 Dr. Wegener: Where did we get them? What are their characteristics?

45 Dr. Duchnick: Membership Committee needs to review and get a better understanding of
46 numbers.

1 In 2014, 1/3 of Division membership was early career (age 34 and under) and 1/3 was moving
2 into life-status age range. Dr. Brenner inquired about 2015 members. Dr. Duchnick: We'll get
3 numbers at the end of year.

4
5 Dr. Kuemmel noted that a survey of ECP membership could be useful in improving things like as
6 ECP section of website

7
8 **ACTION: Task Force created to undertake survey of and address ECP member needs.**
9 **Drs. Kuemmel, Daniels, and Nash volunteered. Dr. Kuemmel or Daniels will Chair (TBD)**

- 10
11 ■ Approve continuation of membership incentive program for 2016
12 ● Report on synchronization of listserv membership with Division membership

13
14 Dr. Duchnick: Essentially only half the membership is on listserv.

15
16 Discussion of Announcement and Discussion listserv. Keith Cooke has noted that members
17 often complain if they are signed up for Discussion listservs automatically.

18
19 Option to have an Announcements (only) listserv: All members would be automatically enrolled
20 in Announcements listserv, whereas members would have to opt in to the Discussion listserv.
21 Cross-posting would be rare. Dr. Rath noted that Division 17, for example, uses Announcement
22 listserv for one monthly announcement from Division President.

23
24 Dr. Rohe noted that FRP would like a Division Announcement listserv, "Just let people know
25 where we are in fundraising and things like that."

26 Dr. Uswatte noted that Announcement only listserv could be used for periodic announcements to
27 try to engage our membership.

28
29 **Proposed Action:** Approve set-up and use of an Announcements only listserv in addition to our
30 regular Discussion listserv.

31
32 Dr. Wegener: Amend motion to: Approve set-up and use of an Email-Distributed
33 Announcement List in addition to our regular Discussion listserv (Announcement list technically
34 isn't a listserv, as the communication is unilateral)

35
36 **MOTION: Approve set-up and use of an Email Distributed Announcement List in addition**
37 **to Division regular Discussion listserv**

38 Motion for approval by Dr. Rush. Motion approved unanimously.

39
40 **The following two items were DEFERRED FOR LATER DISCUSSION**, due to meeting running
41 behind schedule:

- 42
43 ● *Proposed Action:* Approve policy to undertake synchronization with help of Division Services
44 office every 2 years
45 ● Discuss impact of increasing number of Life Status members on APA & Division dues

- 1 ○ Full Life Status requires age ≥ 65 and APA membership for ≥ 29 yrs.
- 2 ○ Such members don't pay any 22 fees except for journal, if they choose, and a \$6
- 3 newsletter fee (The latter doesn't appear to be relevant any longer).

4

5 **2:25 – 2:50 Advancing Our Role in Movement to Promote Psychologists as Healthcare**
6 **Providers (Dr. Brown)**

- 7
- 8 • Presentation by Dr. Douglas Tynan, Director of Integrated Healthcare & Associate Director
- 9 APA Center for Psychology & Health

10

11 Office interfaces with health care provider organizations. Very important to implant idea that

12 psychologists add value.

13

14 Dr. Monden: Q Regarding Briefing Sheets. A: This is a project that he inherited. Office is

15 understaffed. Two Briefing Sheets were posted yesterday (Pressure Sores and Liver

16 Transplants). “Need to figure what people want before more briefing sheets are created.”

17

18 Established successful connections with pediatrics and family medicine, so that physicians turn

19 to APA for information. Office is starting a twice annual newsletter in January. To get RP

20 involved, think from perspective of how psychologists add value at low cost (e.g., increase

21 patient satisfaction).

22

23 Dr. Brown: H&B codes used by nurses and psychologists primarily, so psychologists are going

24 to get dropped. Requested that everyone respond to recent email survey from AMA about H&B

25 codes. Dr. Curtiss noted VA is a huge user of H&B codes.

- 26
- 27 • Update on national meeting on pain treatment strategies (Dr. Brown)

28

29 Dr. Brown led discussion and thanked Tim Elliott for bringing meeting to our attention (**see May**

30 **22, 2015, EC Teleconference Minutes**). Meeting convened by DHHS, 1.5 day, 25 attendees. Dr.

31 Brown was only psychologist in room. She already had reached out to APA Governance saying,

32 “This is a national forum, we really need to be there.” 17 consumer groups all in room. 15

33 anesthesiologists (“think they own pain management”).

34

35 Dr. Brown wants to bring issue to larger APA governance and address how we, as psychologists,

36 can contribute to national strategy on pain. (**SEE APPENDIX E**)

37

38 Dr. Rohe notes that this is a major opportunity: “Mayo Clinic calls it Pain Rehabilitation, but

39 they don't know they are RPs.”

- 40
- 41 ○ *Proposed Action:* Form Division Task Force to pursue continued collaboration with
- 42 National Pain Strategy group

43

44 **MOTION: Approve formation of a task force to advance interests of Division related to**

45 **the National Pain Strategy**

1 Motion for approval by Dr. Brown. Motion approved unanimously.
2

- 3 • Update on activity of Interdivisional Healthcare Committee, Anton Presidential
4 Summit on psychology in primary Care, McDaniel Presidential Summit on integrated
5 healthcare (Dr. Brown for Drs. Brown, Glueckauf, and Nierenberg)
6

7 Dr. Brown led discussion on IHC (SEE APPENDIX F). Ways to get reimbursed for evidence-
8 based care. Psychiatrists got in earlier (both ApA and AMA have lots of \$ and lobbyists) and
9 CMS needs to get the message that the one medication-based model is not the only model. Need
10 to discuss other models before talking about reimbursement.
11

12 Series of videos on IHC for psychologists who do not have training in IHC. Will be on Division
13 38 website. Discussion for dissemination strategy to include RP. Dr. Brown is trying to insert
14 language that RP starts at acute care. She wants to ensure that chronic disease and conditions are
15 associated with Division 22.
16

- 17 • Status of work with APA Center for Psychology and Health to develop briefing series on role
18 of RP in healthcare (Dr. Monden).
19

20 As Dr. Tynan reported above, the briefing sheet series is on hold. Dr. Monden will follow up
21 periodically.
22

23 2:50 – 3:00 Communications Committee Update (Dr. Monden)

- 24 • Report on transition from old to new website
25 • Discuss whether to update color scheme and logo.
26

27 Dr. Monden led discussion (SEE APPENDIX G). Successful transition to new website.
28 Offered major kudos to Brent Womble: “Not enough credit for his involvement.”
29 Congratulations all around to Dr. Monden and the CC for the vastly improved new Division
30 website.
31

32 Dr Monden: Next priority is to update education and training pages.
33

34 Discussion about color scheme/logo. Is there an official Division color scheme?

35 Dr. Lee always recognized Division color as blue. Dr. Rath noted that ECPs have responded
36 “yuck” to what’s perceived as mustard yellow/brown.

37 Dr. Brown provided some history—Division color always had been blue, but for 25th
38 anniversary, it turned to gold. Dr. Nash suggested that recognizable Division color scheme is part
39 of branding. Makes us more visible. Dr. Gorgens noted that updated image would be useful to
40 have for CE materials.
41

42 **ACTION: Dr. Monden and Communications Committee can update colors, but not**
43 **change logo otherwise until rebranding completed.**
44
45

1 3:00 to 3:10: Break (All): (Scheduled 2:25 – 2:35)

2 Dr. Turner joined meeting via telephone

3
4 3:10 – 3:15 Council of Representatives Report (Drs. Gorgens and Mona)

5
6 Dr. Gorgens: Specialty recognition by Council: “No push back at all.” Congratulations all
7 around to everyone who worked on this. Special acknowledgement to Bill Stiers.

- 8
9
 - Update on, and discussion of, APA response to findings of Hoffman Report

10
11 Dr. Gorgens: Total cost of Hoffman report: \$4.3 million, projected to total \$5 million when all
12 remaining invoices are accounted. APA has \$61 million in reserve.

13 Council approved blue ribbon task force on ethics. Including establishment of Chief Ethics
14 Officer. To report in one year.

15 Dr. Mona: APA/Council unlikely to get to much else for a long time.

16 Division will have town hall on these issues so hold comments: Saturday at 6pm in Hospitality
17 Suite, following APA town hall from 3-4.

18
19 3:15 – 3:35 Treasurer’s Report (Dr. Turner)

- 20
21
 - Update on 2015 budget

22
23 Dr. Turner led discussion of budget (SEE APPENDIX H).

- 24
 - “Normal budget cycle. On target.”
 - 35K budgeted income
 - In black because of CE fees coming in.

25
26
27
28 How much money for special projects?

29
30 Consider our 3 sources of funds:

- 31
32
 1. \$25K in cash (always start with money and pay bills at end, like checking account). Cash
33 on hand anticipated to be 1-3K, after books are closed.
 2. \$15K in short-term investments, like savings.
 3. \$168 in long-term investments.

34
35
36
37 Total = approx. \$210K.

38
39 Dr. Brenner: What is plan for LT investment \$?

40 Dr. Rohe: Bulk of \$ is from sale of journal. Invested in moderate risk stocks and bonds.

41 Okay to use it for expenses like retreats, etc.

42 Always need to have at least 2 years operating income in the bank (i.e., never below \$70K)

43
44 Dr. Wegener: Think of it as a capital fund. Used for Baltimore Conference, for example

45

1 Dr. Turner: Dividends contribute to annual operating budget. LT asset that yields short-term
2 benefits. Serves function of endowment.

3
4 Dr. Turner noted that over his term as Treasurer, we only added to budgeted expenses, never
5 took any away.

6
7 Dr. Uswatte: Is there any rule for split between return to fund and distribution to operating
8 expenses?

9 **ACTION: Dr. Turner will investigate and report back to EC.**

10

11 Science and Mentorship Committee reports dropped due to meeting running behind
12 schedule (**SEE APPENDICES I & J**).

13

14 **3:35– 3:41 FRP Update (Dr. Rohe)**

15

16 FRP has \$116K in endowment. Brings in \$10K annual.
17 \$5K goes to dissertation awards. Good publicity for Division.
18 Now giving \$1K annually to SLN.
19 \$1.5K annually to RP conference. Annual report is on webpage. .
20 “A few reliable donors, starting to work on small donors.”

21

22 **3:41– 3:46 Journal Report (Dr. Wegener)**

23

24 Journal report circulated to EC this week.
25 4th year with this editorial team.
26 Turnaround time for submissions down to 40 days from 45 days.
27 Takes 16 days on average for reviewers to agree to do review, but only 26 days for review to be
28 completed.
29 104 submissions last year, projected to increase to 148 this year.

30

31 Two special sections in development.
32 Turned over ¼ of editorial board; some terms were over 5 years long.

33

34 Every issue now has clinical science piece, completed in conjunction with Science Committee.
35 Just started doing podcasts—for one article in per issue to be posted on website.

36

37 **3:46-3:50 Addition to Scheduled Agenda Items: AT SIG action item**

38

39 **MOTION: Approve doing a survey of Division members about knowledge and needs**
40 **regarding assistive technology.**

41 Motion for approval by Dr. Scherer. Motion approved unanimously

42

43 **3:50– 3:53 Update on APA 2015 (Drs. Sung and Vega):**
44 **(SEE APPENDIX K).**

45 Division programming consists of 3 papers and 22 posters
46 Obtained 4K in sponsorship for conference.

1 Dr. Vega took lead on planning fundraiser at Sign's Restaurant.
2 Active Hospitality Suite programming.

3
4 **3:53 – 3:55 Update on RP2016 (Drs. Rusin and Brown for Dr. Jutte):**
5 **(SEE APPENDIX L).**

6
7 Dr. Rusin: Plan to start conference on Friday with Diller lecture.
8 Dr. Brown: Survey membership about preferences for social activities and format of
9 presentations (symposia, data blasts, etc.).
10 RP 2017 will be in Albuquerque/
11

12 **3:55-3:58 Passing of President's Gavel from Dr. Uswatte to Dr. Brown 3:55.**

13
14 Dr. Brown offered thanks and appreciation to Drs. Brownsberger and Uswatte, and success of
15 triumvirate model of president, past-president, and president-elect.

16
17 Noting that ECPs report little wiggle room for opportunities for engagement, triumvirate model
18 should be model for every committee.
19

20 Plans to better organize our nominations to committees/and liaisons to committees, and continue
21 to advance psychology of chronic illness and disability with other organizations.
22

23 **3:58 – 4:10 Strategic Planning Update (Dr. Brown)**

- 24 • Update on activity of Task Force on Strategic Planning for Division
25 ○ *Action:* Accept recommendations of Task Force
26

27 Dr. Brown led discussion of Task Force recommendations (SEE APPENDIX M)
28 Dr. Rohe noted that the recommendations are "exactly what reserves were meant for."
29

30 **MOTION: Approve Division begin process of hiring consultant to facilitate process of**
31 **rebranding.**

32 Motion for approval by Dr. Brown. Motion approved unanimously.
33

34 **MOTION: Approve hiring a marketing consultant after the work of the strategic planning**
35 **consultant is completed.**

36 Motion for approval by Dr. Brown. Motion approved unanimously.
37

38 **MOTION: Approve expenditure of up to \$15K for the above two tasks.**

39 Motion for approval by Dr. Brenner. Motion approved unanimously.
40

41 Dr. Uswatte: Address specific source of \$ over EC listserv.
42

43 **Motion to adjourn.**

44 Meeting was adjourned at 4:10pm
45

46 Minutes taken by Joseph Rath, Division 22 Secretary

APPENDICES

Appendix A: Attendance Roster

Appendix B: Division Open Letter Response to Hoffman Report

Appendix C: Final Petition Critical Care SIG

Appendix D: Membership Committee report

Appendix E: National Pain Strategy report

Appendix F: Interdivisional Healthcare Committee report

Appendix G: Communications Committee report

Appendix H: Treasurer's report

Appendix I: Science Committee Report

Appendix J: Mentorship Committee Report

Appendix K: APA 2015 Program Committee Report

Appendix L: RP16 Conference Chair Report

Appendix M: Strategic Planning Task force Report

Appendix N: **REPORTS, NO ACTION, NO DISCUSSION**

Student Leadership Network (SLN) (Hughes)
Section 1 (Kaufman)
Section 2 (Pilarski)
Practice Committee (Signoracci)
CE Committee (Gorgens)
Diversity Committee (Lee, Perrin)
Psychologists with Disabilities SIG (Andrews)
Awards Committee (Kuemmel)
Education & Training Committee/BEA (Stiers)

Liaison Reports

CDIP (Stump)
BPA (Signoracci)

APPENDIX A

ROSTER

NAME	ROLE	VOTING?	Attending
Uswatte, Gitendra	President	Yes	Yes <i>GU</i>
Brown, Kathleen	President-Elect	Yes	Yes <i>KBS</i>
Brownsberger, Mary	Past-President/ Nominations and Elections Committee Chair	Yes	No
Turner, Aaron	Treasurer	Yes	No via telephone
Rath, Joseph	Secretary	Yes	Yes <i>SR</i>
Curtiss, Glenn	Member-at-Large - 2012 - 2015	Yes	Yes <i>D.C.</i>
Dong, Natalie	Member-at-Large - 2012 - 2015	Yes	No
Lee, Eun-Jeong	Member-at-Large - 2013 - 2016	Yes	Yes
Merbiz, Nancy	Member-at-Large - 2014 -2017	Yes	Yes
Reid-Ardnt, (Arnett) Stephanie	Member-at-Large - 2014- 2017	Yes	Yes <i>SA</i>
Rush, Beth	Member-at-Large - 2013 - 2016	Yes	Yes <i>PAUR</i>
Gorgens, Kim	Rep to Council	Yes	Yes <i>KR</i>
Mona, Linda	Rep to Council	Yes	Yes <i>Juan</i>
Drake, Krystal	Early Career Rep	Yes	No
Hughes, Abbey	Student Rep/Student Leadership Network Chair	Yes	Yes <i>AB</i>
Lahey, Sarah	Section 1: Pediatrics, President	Yes	No
Pilarski, Carrie	Section 2: Women, President	Yes	Yes
Scherer, Marcia	Assistive Technology SIG Chair	No	Yes
Thew, Denise	Deafness SIG Chair	No	
Johnson, Erica	ECP SIG Chair	No	
Andrews, Erin	Psychologists with Disabilities SIG Chair	No	NO
Kuemmel, Angela	Awards Committee Chair	No	Yes <i>AK</i>
Monden, Kimberly	Communications Committee Chair	No	Yes <i>KM</i>
Gorgens, Kim	Continuing Education Committee Chair	No	Yes <i>KAG</i>
Lee, Eun-Jeong	Diversity Committee Chair	No	Yes
Stiers, William	Education & Training Committee Chair	No	No
Niemeier, Janet	Fellows Committee Chair	No	Yes <i>JPN</i>
Schiro-Geist, Chrisann	International Committee Chair	No	Yes
Duchnick, Jennifer	Membership Committee Chair	No	Yes <i>JD</i>
Lumpkin, Jennifer	Mentoring Committee Chair	No	
Signoracci, Gina	Practice Committee Chair	No	No
Brenner, Lisa	Science Committee Chair	No	<i>3 yr</i>
Wegener, Stephen	Editor, Rehabilitation Psychology Journal	No	Yes

Jutte, Jennifer	RP16 Program Chair	No	No
Uomoto, Jay	RP16 Preconference Chair	No	
Sung, Connie	APA 2015 Division 22 Program Chair	No	Yes
Vega, Marlene	APA 2016 Division 22 Program Chair	No	Yes
Dreer, Laura	Listserve Manager	No	
Rusin, Michele	ABRP President	No	Yes - on p
Stiers, William	BEA Liaison	No	No
Signoracci, Gina	BPA Liaison	No	No
Schultheis, Maria	BSA Liaison	No	
Glubo, Heather	CAPP Liaison	No	Yes
.	CDIP Liaison	No	
Schiro-Geist, Chrisann	CIRP Liaison	No	Chris Ann
Bombardier, Charles	Consortium for SC Med Liaison	No	
Ashman, Theresa	Federal Advocacy Coordinator	No	Yes
Nierenberg, Barry	Interdivisional Healthcare Committee (IHC) Liaison	No	
Glueckauf, Rob	IHC Liaison	No	
Johnson, Erica	Psychology in the Workplace Network (PWN) Liaison	No	
.	Rehab Summit Liaison (ACRM group)(No longer exists?)	No	
Curtiss, Glenn	RP Synarchy Rep	No	Yes

Laurie Nash Mentorship Committee Chair No Yes
 Marcia Scherer, AFBIG No Yes
 Dan Roke ~~ABRP~~ FOUNDATION FOR REHAB PSYCHOLOGY NO YES
 Bradley Daniels - Inc. Memb. comm co-chair No Yes
 Jennifer Sanchez RP member No Yes
 Samantha DeDios-Stern Incoming Student Rep. NO Yes
 Robert KAROL - RP MEMBER NO YES

Ψ DIVISION OF REHABILITATION PSYCHOLOGY

Division 22/American Psychological Association

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An Open Letter to APA Division of Rehabilitation Psychology Members and Affiliates

August 4, 2015

Dear Friends,

These are troubling days for psychologists, our Association, and the field. The Hoffman Report makes clear that the American Psychological Association (APA) has represented us dreadfully on the question of whether and how psychologists can be involved in the enhanced interrogation procedures put into practice by the Bush administration after 9/11. The APA's actions abetted the infliction of harm to individuals subject to interrogation, silenced dissenters, and damaged the reputation of our field. Shock, anger, and dismay cross our hearts and minds.

The purpose of this letter is to share principles held in consensus by the Executive Committee (EC) that will guide us in working with our colleagues throughout APA on identifying and taking the right path forward. The letter is not meant to prescribe your views or even that of individual EC members. We expect that some will hold narrower or broader sets of views than outlined here or will even disagree with specific elements. You will also note that this letter, in some parts, stops short of endorsing specific actions. This reflects a wide range of views on the EC about whether adequate deliberation and fact finding has taken place to permit action on several fronts.

Here are ten principles.

1. The APA ethics code and policies, as well as the practices of all psychologists, must respect fundamental human rights as enshrined in the United States Constitution and the United Nations Charter, Universal Declaration of Human Rights, and Convention Against Torture and Other Cruel, Inhuman, and Degrading Treatment or Punishment. It is important to note here that APA has moved a long way in this direction already by passing several ethics resolutions after the 2005 APA Report on Psychological Ethics and National Security (PENS). See <http://arpapsych.com/analysis-of-apa-hoffman-report-good-governance-by-linda-woolf/>.

2. Psychologists who abetted or took part in torturing others need to be subject to action by the APA Ethics Board, state licensing boards, or both.
3. APA staff and elected representatives who have committed ethics violations or misled the Board of Directors or Council of Representatives must be held accountable.
4. Any who stand accused are entitled to due process before being subject to disciplinary action or censure.
5. Our Association needs to apologize to and recognize the courage of the psychologists who were attacked for standing up to the objectionable PENS Report recommendations
6. The APA needs to improve procedures for preventing the U.S. or other governments from having undue influence on APA policies and actions.
7. Our Association needs to improve procedures for preventing conflicts of interest from adversely affecting actions by APA governance and staff
8. Findings in the Hoffman Report regarding the subversion of APA governance by staff reflect a wider problem with inadequate priority given to the views of members by APA. The governance structure, staff policies, and entire culture at APA need to be changed so that APA priorities reflect the values and views of its members and that APA staff are much more responsive to member needs. Although the changes to the Council of Representatives made by the Good Governance Project might not be the answer, a reversion to the previous unwieldy Council structure, which took policy making largely out of its hands, would be a step in the wrong direction.
9. Standing APA policies and procedures need to be respected in accomplishing the above until the policies and procedures are changed through appropriate channels.
10. The needs and concerns of student and early career professionals, who represent our next generation of leaders, require special weight given that any changes made will most affect those for whom the bulk of their careers lies ahead of them.

There are also lessons from the Hoffman report findings for Division 22. We plan to (a) revisit our guidelines for handling conflicts of interest when setting up committees and task forces, (b) identify structures and procedures to reduce the likelihood of groupthink taking place, and (c) institute policies to promote regular changes in leadership positions. The Board of Managers and Program Committee for Rehabilitation Psychology 2016 and our Continuing Education Chair are already considering programming to address some of the ethical questions raised by the Hoffman Report findings.

We encourage you to join us in working to set APA on the right path. Our Council of Representatives members, Drs. Linda Mona and Kim Gorgens, have already shared several ways for your voices to be heard on the Division listserv and website, including writing Drs. Mona and Gorgens via drlindamona@gmail.com. In addition, we encourage you to attend the APA-wide town hall planned in Toronto, to give input to and join APA committees, and run for APA offices so you can influence APA actions in this and other areas. We also encourage you to join Division 22 committees to shape our ongoing advocacy with APA. All of us also need to give more care to

whom we elect to APA offices, including President, and push for a more direct role for members in selecting the Board of Directors and other officers now appointed by the Council or other parties. We do not pretend that finding the right way forward will be quick, smooth, or easy.

APA was founded in 1892. Today, over a century later, APA resembles a mature tree with deep roots and a wide canopy of branches thanks to the efforts, large and small, of many generations of psychologists. Yet, close inspection reveals that the soil has eroded around some roots and that a putrid fungus has infected others. We can be the generation of caretakers that turns away in disgust and lets the massive structure that is APA wither and die. Or, we can be the generation that carefully repacks the soil and applies the medicine that heals the rot, creating the basis for another century of growth, perhaps in directions that we cannot imagine today.

Respectfully yours,

The APA Division of Rehabilitation Psychology Executive Committee

MGBRD

Janet P. Heimer

~~_____~~

Michèle J. Anson

Allyson Hughes

Sumant R. D'Souza

o/f/z

~~_____~~

Bradley J. Daniels, Ph.D., ABPP

Kim A. Mow, Ph.D.

William J. Schum

Jennifer J. Duchnick, Ph.D., ABPP

Kathleen Starna, PhD

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Lam Minh Anh, PhD ABPP

Kim Miller, PhD

Joseph Roth, PhD

Debra Curtis, PhD

~~_____~~
PHD ABPP

APPENDIX C

Petition to establish a Special Interest Group for Rehabilitation Psychologists serving patients during and after critical care ("SIG for Critical Care and Rehabilitation Psychology"):

- A large proportion of patients coming to post-acute rehabilitation (including IRFs and SARs) have experienced critical illness and treatment in a critical care setting.
- There is a burgeoning literature on the persisting effects of critical illness and critical care, with cognitive and emotional morbidities being very common.
- Thus, the Rehabilitation Psychologist is encountering many patients after critical care whose ability to participate in and benefit from rehabilitation is affected by cognitive impairment above and beyond their primary diagnosis, and by acute psychological trauma. Understanding critical illness and critical care can thus be considered a core competency of Rehabilitation Psychologists, even those who do not directly consult to critical care settings.
- Some Rehabilitation Psychologists are consulting in critical care settings, a few are based in critical care, and a number of pioneers have begun to publish and present about their experiences and findings, thus far in journals other than Rehabilitation Psychology, but there is a special topics section of our journal that is underway.
- There was a very well-attended and well-received workshop in 2014, and there was extensive representation of this topic in this year's workshop on PTSD.
- The benefits of Rehabilitation Psychologists' services to ICU/CC units:
 - o With shorter lengths of stay, the opportunity to be involved earlier in the patient's hospitalization allows for greater impact of our services,
 - Very basic education during this environment can have a huge impact, e.g helping family understand delirium, supporting Nursing in setting up ICU diaries since the "blanks" in patients' memories otherwise can cause future distress and psychological morbidity.
 - Helping impact decisions by PM&R physicians regarding who will benefit from inpatient rehabilitation (vs subacute vs home)
 - Continuity of care, promoting the patient's participation in "early rehabilitation" during critical care, and preparing the patient for subsequent rehabilitation in whatever setting is next.
 - A positive relationship with a Rehabilitation Psychologist from the outset helps the patient and family plan to utilize this resource during later portions of their journey with disability, including community re-entry.
 - So, critical care settings offer the opportunity to benefit many more patients, and increase the visibility of and demand for Rehabilitation Psychology
 - o A SIG could help educate and socialize Rehabilitation Psychologists to thrive in critical care settings. Service provision in the critical care setting requires some specialized knowledge and some psychological preparation to enter and function in this environment. It involves new colleagues and literature. The SIG could prepare more Rehabilitation Psychologists to 'market' themselves to critical care settings within their healthcare systems, i.e to open doors.
 - o Research topics and collaborations abound within and after critical care.

- The proposed SIG uniquely meets a set of needs not currently addressed by existing bodies within Division 22.
 - o There is no existing committee or task force with a focus on Rehabilitation Psychology and critical care.
 - o Activities of the proposed critical care SIG will span the areas of research, practice, education, and advocacy. So, alternatives such as establishing a subcommittee of the Practice Committee to focus on psychological interventions in critical care would not accomplish all the purposes of the SIG.
 - o Activities proposed for the critical care SIG are long-term and open-ended, thus a Task Force would not be an adequate vehicle to accomplish the aims of the SIG.

Petitioners: Nancy Ciccolella (who has agreed to serve as Founding Chair if requested by the President), Nancy Merbitz, Kirk Stucky, Lester Butt, Jennifer Jutte and Ann Marie Warren

Thank you for your consideration of this proposal.

APPENDIX D

Membership Committee Report August 2015, Toronto, ON

Executive Summary

Our efforts have been directed toward increasing membership, and our membership numbers have increased slightly in May 2015 and June 2015 compared to this time last year. 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. We received 15 requests from professionals for division information through this mechanism, and they have been provided with trial memberships. We have also worked with listserv moderator (Laura Dreer) and division services representative (Keith Cooke) to make our listserv membership consistent with our membership directory. As a significant number of our members are Early Career Psychologists, we have identified this group as an important source of information to guide future membership efforts.

Recommendations/Action Items:

1. Continue membership incentive for 2016. Estimated expense based upon this previous years' numbers was approximately \$800 (in cost of journal); actual cost for past year was \$293
2. Repeat practice every 2 years of working with division services representative to maintain consistency between listserv and membership role.
3. Survey of Early Career Membership regarding needs, similar as to what have been done by other divisions, to better identify ways of retaining ECP members and/or making ourselves marketable to new ECP members. The Executive Committee may wish to create a task force for this purpose.

Past 6 months

The committee met quarterly (3/23/15 & 6/22/15) via teleconference. We welcomed two new members Efrat Eichenbaum and Wanda McIntyre; and Jennifer Bogner left the committee. The committee has examined our Division membership profile (2014) and found a bimodal distribution of members in terms of age: 30.4% of membership is aged 34 or younger; 34.7% is 65 or older. Most common other APA divisions to which our members also belong are: 40-Clinical Neuropsychology (50.1%); 38-Health Psychology (14.4%); 12-Clinical Psychology (7.5%); 42-Psychologists in Independent Practice (6.5%).

We continued to provide welcome information from the membership committee to new members gained through membership incentive (via division services representative) with information related to listserv, Facebook, Twitter, other benefits of membership, etc. We explored the reason for the loss of 2 fellow members lost between 2013 & 2014 and discovered that they were automatically dropped from membership in the Division due to nonrenewal of APA dues for the previous 2 years. However, by the time the committee was made aware of this, a time period of over 2 years had lapsed since nonrenewal. At end of 2014, we also lost 48 members due to auto-resignation secondary to nonpayment of any APA dues. We also coordinated with ABPP to obtain registration information from the midwinter conference in order to identify opportunities to reach out to professionals with rehabilitation interests who are not already members of the division. It appears that a total of 52 non-Division 22 members attended the conference, 20 of whom were students, and 11 of whom presented (including poster presentations).

Future Plans

Carey Pawlowski, will transition to committee Chair in August 2015. In the coming months, we will investigate ways to reach out to members lost to the division through non-renewal of APA dues. Carey

Pawlowski will represent our interests and perspectives on the CODOPAR Life Status Member task force as they consider the shift of proportion of membership into life status category and how this is impacting division membership. Theresa Ascherman will reach out to new members who joined through our membership incentive and encourage them to become paying members, with a reminder of all the benefits that Division 22 brings. Carey Pawlowski and other members will identify RP conference presenters and attendees who are not members and will reach out to them via email with encouragement to join the division. Jennifer Duchnick will coordinate with Division Services to track the percentage of incentive memberships who converted to paying memberships from 2015-2016, and compare to historical numbers without incentive (11 of 110; 10%). If an ECP survey task force is created, a representative from membership committee will coordinate with task force to better identify ways in which to retain/reach out to ECP members.

INFORMATION REGARDING MEMBERSHIP IN COMPARISON TO PREVIOUS YEAR

Membership Type	Total 2014	YTD May 2014	YTD May 2015
Affiliate --Continuing	54	53	62
Associate --Continuing	8	8	8
Life Status Associate --Continuing	1	1	7
Life Status Fellow --Continuing	20	13	18
Life Status Member --Continuing	61	65	72
Life Status With Pub --New	0	2	1
Fellow --Continuing	62	61	59
International Affil --Continuing	3	3	3
Member --Continuing	653	638	627
Member --New	46	38	39
Student Affiliate --Continuing	40	39	49
Student Affiliate --New	106	96	112
TOTALS (paid memberships)	1053	1017	1042
	\$23,530.50	\$22,583.50	\$23,303.00
Free Memberships			
Life Status Associate (no journal)	8		7
Life Status Fellow Continuing	20		18
Life Status Member Continuing	61		72
APA Member Continuing			5
APA Member New			9
Life Status With Pub --New			1

Comparison of the YTD numbers from June 2014 in comparison to June 2015 found that the slight increase in members continues. As of June 2015, we had 1074 total members (\$24, 326.50) in comparison with 1037 in June of 2014 (\$23,117.00).

Respectfully Submitted on 7/15/15,

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

APPENDIX E

National Pain Collaborative Meeting

Crystal City, VA ~ June 29-30, 2015

On behalf of the Division, I attended the National Pain Collaborative meeting last month which was focused on development of a plan for implementation of the National Pain Strategy. Thanks to Tim Elliott who alerted us and advocated for a Division 22 representative to attend the meeting.

Background: The Interagency Pain Research Coordinating Committee (IPRCC), under the National Institute of Neurological Disorders and Stroke (NINDS) Office of Pain Policy, was charged by the Office of the Assistant Secretary for Health and Human Services (HHS) to create a comprehensive population health level strategy for pain prevention, treatment, management, and research. A draft National Pain Strategy, created in 2013, reflects input from scientific and clinical experts, pain patient advocates and the work of many offices across the Department of Health and Human Services, Department of Defense, and Department of Veterans Affairs. (<http://iprcc.nih.gov/docs/DraftHHSNationalPainStrategy.pdf>) It includes objectives and plans related to key areas of pain and pain care, organized in six sections: 1) Population Research, 2) Prevention and Care, 3) Disparities, 4) Service Delivery and Reimbursement, 5) Professional Education and Training, 6) Public Education and Communication.

For the development of a plan for implementation of the strategy, HHS invited input from a broad range of individuals and organizations with interests in advancing the fundamental understanding of pain and improving pain-related treatment strategies. Some examples of these organizations include, but are not limited to the following: caregivers and health system providers (*e.g.*, physicians, physician assistants, nurses, pharmacists); researchers; foundations; health care, professional, and educational organizations/societies; insurers and business groups; Medicaid- and Medicare-related organizations; patients and their advocates; pharmaceutical Industry; public health organizations and state and local public health agencies.

In the National Pain Strategy report, each section contains a statement of “the problem” and then provides objectives and strategies for remedying that problem. From my perspective, some of the Report’s most important objectives are to:

- Foster the collection of more and better data for all populations, including developing metrics for measuring progress. Good solutions always start with good facts. Currently there is no national database related to pain. It was recommended for HHS to direct CDC to collect such data.
- Determine and analyze the benefit and cost of current prevention and treatment approaches and create incentives for using those treatments with high benefit-to-cost ratios.
- Develop standardized and comprehensive pain assessments and outcome measures intended to increase functionality. Move beyond 1-10 pain scales. DoD is developing and integrating into the EHR the PASTOR, taken from some of the PROMIS instruments. PCORI very much interested in this effort.
- Acknowledge and address biases in pain care; biases that are implicit, conscious or unconscious. Seventeen consumer advocacy groups related to pain management have banded together to form the Consumer Pain Advocacy Task Force (CPATF).
- Demonstrate the benefit of interdisciplinary, multi-modal care, including behavioral health, for

chronic pain. Pain is a complex issue that requires complex solutions. Much discussion centered around the issue that although the efficacy data is there, e.g. Turk's work, reimbursement models and insurance approvals limit the development of interdisciplinary programs.

- Align reimbursement with care models that produce optimal patient outcomes. Both public and private payers are critical to reform.

The PAINS Project is now requesting signatories for the adoption of 4 core messages below that have been modified from the CPATF recommendations. These messages would then be used across all advocacy and legislative efforts and in concert with a call for HHS to release the report and Congress to provide adequate funding for its implementation.

1. Chronic pain is a real and complex disease that may exist by itself or be linked with other medical conditions.
2. Chronic pain is an unrecognized and under-resourced public health crisis with devastating personal and economic impact.
3. Effective pain care requires access to a wide range of treatment options including biomedical, behavioral health and complementary care.
4. Denying care to people with chronic pain is unethical, immoral and can lead to unnecessary suffering, depression, permanent disability and even suicide.

Action Item: Form task force for continued collaboration with PAINS Project around implementation of National Pain Strategy.

Thank you for the opportunity to represent the Division's interests in pain management at the meeting.

Respectfully submitted,

Kate Brown, Ph.D.

Kathleen S. Brown, Ph.D.

Division 22 Representative, National Pain Strategy Implementation Meeting

Interdivisional Healthcare Committee (IHC)
Division 22
2015 Annual Report

Several topics of importance to Division 22 have been addressed since the IHC's mid-year meeting in New Orleans, LA and in the subsequent months leading to the annual APA convention. These topics include:

- 1. Incorporation of Biopsychosocial Model within Social Security Disability Insurance: Update on American College of Occupational and Environmental Medicine Initiative**
- 2. H&B Utilization in Medicare, Missouri Medicaid H&B Restrictions and ACA-required**
- 3. APA, Society of Behavioral Medicine, IHC, and Division 38 H&B Survey**
- 4. Update on Clinical Practice Guidelines: Inter-Professional and APA Developments**
- 5. Collaboration between the APA Center for Psychology and Health and the IHC**
- 6. APA's Evidence-based Practice Policy: Review and Brainstorming Session**

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 from the mid-year meeting and subsequent initiatives:

1. ACOEM/Social Security Administration Research Initiative

The history of the American College of Occupational and Employment Medicine (ACOEM) research project was reviewed. The Social Security Administration (SSA) has concerns about their approach to disability benefits. The ACOEM is encouraging the SSA to consider a biopsychosocial/ interdisciplinary approach with a strong functional orientation. This would include a significant role for psychology. ACOEM appreciated the IHC's feedback on their letter to the SSA. The final ACOEM letter will be forwarded to the Senate Finance Committee. There appears to be bi-partisan support for efforts to reduce SSA costs. ACOEM would like to do a demonstration project of a biopsychosocial / functional model of care (i.e. apply the guidelines ACOEM has developed in this population). A "Center of Excellence" model for the research proposal may be adopted. ACOEM would like to work with the IHC and APA to demonstrate buy-in for the biopsychosocial model from the field of psychology.

2. Update on H&B Utilization in Medicare, Missouri Medicaid H&B Restrictions and ACA-required Brief Behavioral Screening

H&B codes: While utilization data are dated, H&B is billed much more frequently in Medicaid. It was hypothesized that master's level providers at CMH centers are using the codes. Our field has not been invested in improving the situation of increasing code value. High use would drive review of code values, but use is flat and a review process therefore, is unlikely. Discrepancy of reimbursement persists among intervention codes (e.g., psych vs H&B), worse for assessment. Reminder, revaluing codes is very complicated. It was noted that three Medicare carriers are now reimbursing H&B codes for social workers, despite Medicare specifically not allowing Social Workers to bill the codes.

Missouri Medicaid: Director of MO Medicaid has decided that for psychologists (and social workers) to be in a "medical home" and bill H&B, they should have specialized training. They are looking at paying H&B at \$20/unit for psychologists. All codes have utilization limitations (some quite small). APA agenda is to get psychologists into Medicaid in addition to addressing the restrictions anticipated in MO. The IHC will help to look at Medicaid/H&B in other states.

Brief Behavioral Screening: Medicare has said they will reimburse screening services, but not a money maker (\$4.12 per screening episode). Specific measures are provided. Physicians, nurses, & psychologists will be reimbursed. Key question: "Are psychologists even aware of this?" This is coming from ACA "Meaningful Use" mandate and there is a list of conditions that need to be screened. Positive mental health screen should prompt a primary care provider to make a "mental health" referral, though this is not necessarily a psychology referral. This level of care is not really related to us – but provides an opportunity to tell medicine "here's where we can help you."

Discussion ensued, including questions: If we implement standardized measures, what then? What is a screener? What do they screen for (example, common vs. costly conditions.)

ACTION: IHC members reviewed a handout on screening vs. assessment and provide feedback to the Center for Psychology and Health. Feedback was directed at answering the question: "Is it useful for APA to develop a tool to differentiate between assessment vs. screening by non-psychologists? In what ways might it be helpful/not helpful?"

ACTION: A subcommittee was organized and subsequent met to develop a document providing guidance for institutions for using screening tools in everyday practice (e.g., PHQ2).

3. H&B Survey: Update

There are plans to publish a report focusing on the H&B survey data (survey on H&B code use cosponsored by Division 38 and SBM), though there are limitations with the methodology that will need to be considered. Question was asked: "What direction should we go in?" Short white paper through State associations may be the most expedient method for getting the word out. Publication in a scientific journal could easily take 2 years, and by that time the information could be obsolete. IHC members agreed there is need for accessible, basic educational materials to use in advocacy efforts.

4. Update on Clinical Practice Guidelines: Inter-Professional and APA Developments

It's a long process to publish clinical practice guidelines. Handouts were circulated on standards for systematic review and on guidelines in the pipeline. Draft PTSD guideline coming in first half of 2015. A second guideline development panel is working on depression in older adults. Guideline for childhood obesity (physical activity, nutrition) is in the works. Lynn noted that APA has been asked to become a partner with US Preventive Services Task Force, which also is developing guidelines for treatment of childhood obesity (in primary care settings), along with other guidelines.

Process: Handout provided that describes the ways that APA may be requested to collaborate in guideline efforts. These range from an invitation for a psychologist to participate on a committee to develop a guideline, to a request that APA provide comments on a guideline created by another group, or endorse an existing guideline. If another entity asks APA to endorse or collaborate on guidelines, APA requires that IOM best practice policy for creating guidelines is followed. A problem with APA's involvement in endorsing others' guidelines is that there is no system or policy for prioritizing such requests (i.e. how to handle many requests when resources are limited). Other questions include, who in APA is going to review the requests? And, how does the work get done (how are resources allocated/ used)? Reviewing is time-consuming. Some other factors for consideration: method of review (quality), relative importance of the topic to psychology, other requests for review, level of involvement by APA (labor intensity), financial costs, and level of control over the end product.

ACTION: IHC created a subcommittee to consult with the Practice Directorate on processes for determining when and how to collaborate with other organizations and how to endorse external guidelines are fleshed out.

5. Center for Psychology and Health's Integrative Care Grant RFP: IHC Consultation

APA is seeking evidence of healthcare cost offsets associated with the provision of psychological services. Generally speaking, APA has been unable to find published information newer than 1996 about cost-offsets due to psychology services (one example found addressed utilization among mothers who have developmentally delayed infants). This is a very serious gap in this form of research. APA will announce a Small Grants RFA with the intention of obtaining evidence of the benefits of providing psychology services. This could include efficiencies, reduced costs, increased access, improved outcomes, patient satisfaction, etc. The thinking behind the RFA is that there are data already available, but not analyzed or published (e.g. EMR data, billing data). Doug does not envision supporting prospective trials. This RFA is expected to be released in the next 45 days. The group discussed the issue of studies comparing outcomes among masters vs. doctoral level providers and it was felt that these data won't help psychology to build its business case. IHC members provided feedback that it is difficult to tell the scope of the project from the RFA. It should at least include the maximum amount for each award, or the total amount of award money available in the document. \$50k total may be distributed and amounts of \$5-6K, or perhaps \$12-\$15k are likely to be the range for individual proposals. Also, having some concrete examples in the RFA may be helpful so that the proposals will meet APA's needs.

6. APA's Evidence-based Practice Policy

APA's policy statement on evidence based practice echoes the IOM; the policy says that evidence based practice relies on best available evidence, clinician expertise, and patient values and preferences. Questions were directed at the activities APA could or should do with regard to EBP. For example, in disseminating information - should APA devote an edition of AP to the topic? Is there something APA needs to do to implement EBP?

Discussion ensued on how evidence-based practice is used within and without the profession of psychology, in current practice and in the future. Private practitioners will be looking for low-cost or free resources. An example of divergence from EBP in chronic pain patients was provided - you have to start by working through hostility about the referral to psychology and set appropriate expectations for treatment. EBP will be important in PCMHs. Also, there is need to align EBPs with accreditation practices. It was noted that the US Department of Education has requirements that constrain flexibility of training programs. It was noted that there are plans for revamping all of medical education (and noted that there is a place for psychology in this). "Network medicine" refers to breaking things down into organ systems; how things work in the body. Using this approach, trainees can see how disease processes are linked and the influence of social/environmental factors. It was noted that clinicians will

use apps to identify evidence-based treatments. Psychologists can educate patients about available services. Need a way for people to access evidence review materials (e.g. Cochrane Reviews).

Respectfully submitted,

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

APPENDIX G

Communications Committee Annual Report APA 2015 – Toronto, ON

Chair: Kimberley Monden
Co-Chair: TBD
Listserv Manager: Laura Dreer
Social Media Team: Erica Johnson
Amanda Childs
Zina Trost
Coralynn Long

Advisors: Lisa Brenner
Mary Brownsberger
Kim Gorgens
Jennifer Jutte
Gitendra Uswatte

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

Executive Summary:

Since EC approval of the creation of an independent website in February 2015, a Website Task Force consisting of both members and non-members of the Communications Committee (CC) was established. [Website Task Force Members include Brent Womble, Joshua McKeever, Coralynn Long, and Jerrold Yeo.] The website is anticipated to go live prior to the APA Convention. In addition to creating a new website, we have continued to update content on the current website hosted by APA, increase our social media presence, and work closely with both the APA 2015 and Rehabilitation Psychology 2016 planning committees. The CC holds scheduled monthly calls with all members and advisors to the committee.

Completed Projects:

1. Creation and launch of the Division's independent website. This included a thorough review of content to ensure the new website contains the most updated and accurate information.
2. Design, creation, and dissemination of advertising materials for the Rehabilitation Psychology 2016 conference.
3. Increased social media presence by establishing a social media team. Members are responsible for daily posts.
 - a. As evidence of the team's effectiveness, in July 2014 our Facebook page had 135 likes. At the time of this report, we have 555 likes and increased engagement with our posts. We also have 478 followers on Twitter.
4. Reconciliation of the Division 22 listserv to include only active members [Laura Dreer in collaboration with the Membership Committee.]

Ongoing Projects:

1. Division 22 website maintenance.
2. Updating and clarifying the Career & Education page of our website.

3. Maintaining Division 22's presence on social media and increasing engagement with our followers.
4. Maintenance of the Division's listerv.

Future Projects:

1. Collaboration with the practice and science committees to create clearinghouse of rehabilitation psychology resources to post on our website.
2. Establish 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.
3. 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:

None

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

APPENDIX H

August 2015 – APA Division 22 Treasurer's Report

This report summarizes the current status of Division 22 finances and reviews the 2015 budget to date.

Budget figures presented reflect revenues and expenses received and processed by the treasurer through July 15, 2015. The information presented remains to be fully reconciled with the APA Division Accounting Office.

Division 22 has received \$2000 from ABRP for proceeds from Rehabilitation Psychology 2015 in accordance with the MOU governing the conference.

Using available figures for 2015, present revenue (\$35,538) is greater than expenses (\$11,589), with a difference of \$23,949. It should be noted that there are additional expenses not yet paid (e.g., journal fees which were \$5,031 at the end of last year, additional travel expenses through the end of the year, and expenses associated with APA) that will increase the expenses at the close of year. Examination of expenditures and income for the year to date suggests that the Division will likely have enough annual income to cover expenditures again this year, though the margin will be small. Please see revenue and expenses sections for additional detail.

Revenue: Actual revenue is likely to achieve 2015 budget projections. To date, we have already realized greater than expected revenue from our CE programs (\$3960 when \$2750 was projected), and there should be additional CE revenue by the end of the year. Membership dues income for 2015 (as of June 2015 according to APA) is \$24,327, which is 106% of what was projected for the year. This net gain in revenue is offset by a failure of our Vanguard investment to issue a dividend in the first 6 months (when it had done in 2014). To date, only one dividend payment of \$1691 has been made. Per discussion with APA division accounting services, funds are not dispersed at regular intervals, but at the discretion of the fund depending upon current performance, and thus it is difficult to predict this budget line. Assuming one additional payment of similar size, we will fall approximately \$700 behind projection in this income category, and if no additional payment is made \$2309 in this category.

Expenses: Expenses during 2015 are within expectation for this time of year. In the 2015 budget, \$11,589 of \$35,375 (32.7% of the budgeted expenses) have been charged. Many annual expenses have not yet occurred (e.g., travel to the meetings, journal fees, APA Convention expenses). However, projections with past amounts used suggest that expenses in most budget areas will not exceed budgeted lines.

Budget modifications: Several budget changes were instituted by the Executive Committee during the 2015 Rehabilitation Psychology mid-winter meeting and during a special ad hoc meeting. \$300 was allocated to the development of a Division 22 website. A pre-existing line item for reimbursing additional expenses of individuals with disabilities was assigned a specific dollar figure \$1000 for purposes of budget projection. A line item was established for funding of the student leadership network (\$2000 offset by a payment by the Foundation of Rehabilitation Psychology for \$1000). It was decided that this expense would be reviewed annually. A one-time expense of funds for a Division 22 member to attend the National Pain Collaborative Meeting was authorized for \$800. A one-time expense of funds for a Division 22 member to attend the Presidential Summit of Integrated Healthcare was authorized for \$1000. A one-time budget offset of \$2560 was taken from our checking account to cover budget expenses.

Summary of Financial Condition

According to the most recent financial statements (May 2015), the Division's balance sheet has \$208,619 in assets and no long-term liabilities. These values represent an amount equivalent to approximately five (5) years of current annual operating expenses and suggest that, at present, the Division is overall in sound shape. Given encouraging

but still limited expected increases in revenue, and variability in both sources of revenue (e.g., dividends) and expenses (e.g. travel) it is recommended that the board not propose new financial obligations at this time.

There are no Action Items at this time.

Respectfully submitted,

Aaron Turner, PhD, ABPP
APA Division 22 Treasurer

Appendix – Budget Figures for 2015 (Unreconciled)

APA DIVISION 22 REHABILITATION PSYCHOLOGY

	Codes	2015 Budget	2015 Actual	Variance
Income				
Dues	4005	23000	24327	\$ 1,327.00
Contributions	4985	1000	1000	\$ -
CE Fees	4987	2750	3960	\$ 1,210.00
Rehab Psychology Conference-Deposits	4987	2000	2000	\$ -
Royalties	4600	50		\$ (50.00)
Advertising	4900	0		\$ -
Sales	4910	0		\$ -
Interest	4974	15		\$ (15.00)
Dividends	4977	4000	1690.6	\$ (2,309.40)
Capital Gain/Loss		0		\$ -
Unrealized Gain/Loss		0		\$ -
Grants ('10 PVA grant \$13,470 & BEA Grant \$3000	4980	0		\$ -
Miscellaneous	4999	2560	2560	\$ -
Council of Training Specialties		0		\$ -
APAGS Grant		0		\$ -
TOTAL INCOME		35375	35537.6	\$ 162.60
				\$ -
Expenses				\$ -
<u>Publications & Communications</u>				\$ -
Journal - Printing/Postage	601	0		\$ -
Journal Editorial Office	602	0		\$ -
Newsletter	603	0		\$ -
Website	563	375	296.8	\$ (78.20)
Subtotal		375	296.8	\$ (78.20)
				\$ -
<u>Membership</u>				\$ -
New member development	614	500		\$ (500.00)
Brochure Printing	611	0		\$ -
Postage/Mailing/Division Services	612	1200	1468	\$ 268.00
Processing Services	613	0		\$ -
Journal	845	5000		\$ (5,000.00)
Subtotal		6700	1468	\$ (5,232.00)
				\$ -
<u>Travel</u>				\$ -
APA Presidential Initiative	642	0		\$ -

APA Council	652	0		\$ -
BAPPI	653	0		\$ -
CDIP	654	2000	2316.58	\$ 316.58
APA Liaison -- CAPP	295	1500		\$ (1,500.00)
BPA	655	1500		\$ (1,500.00)
BEA	624	1500		\$ (1,500.00)
BSA	625	750	475	\$ (275.00)
CRSSP	623	0		\$ -
Interdivisional Committee	656	750	688.03	\$ (61.97)
Interdivisional Leadership	626	750	775.6	\$ 25.60
President	657	0		\$ -
Diversity Liaison	660	0		\$ -
Student Rep Travel Support	658	1500	407.44	\$ (1,092.56)
Early Career Psychologist	663	1500	839.63	\$ (660.37)
Miscellaneous	641	0		\$ -
Council of Specialties	662	750		\$ (750.00)
APAGS Student grant travel award	643	300	300	\$ -
Federal Advocacy Coord.	637	750		\$ (750.00)
Subtotal		13550	5802.28	\$ (7,747.72)
				\$ -
<u>Administration</u>				\$ -
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	1000		\$ (1,000.00)
Awards	671	450	364.24	\$ (85.76)
Practice Award	672	0		\$ -
Miscellaneous	699	0		\$ -
Subtotal		1450	364.24	\$ (1,085.76)
				\$ -
<u>Education & Training</u>				\$ -
Evidence Based Practice Meeting	682	0		\$ -
Multicultural Conference	885			\$ -
Rehab Psych Conference-Expenses	702	1000	1000	\$ -
ABRP	703	0		\$ -
CE Renewal Fee	681	300		\$ (300.00)
Student Development (Student Leadership Network)	659	2000		\$ (2,000.00)
Council of Training Specialties	704	150	150	\$ -
Presidential Summit Integrated Healthcare		1,000		\$ (1,000.00)
Subtotal		4450	1150	\$ (3,300.00)
				\$ -
<u>Convention</u>				\$ -

Social Hour	631	3000		\$ (3,000.00)
Student Social Hour	629	300		\$ (300.00)
Joint Event Div 22&40	636	0		\$ -
Student volunteers	630	525		\$ (525.00)
President's Suite	632	2000		\$ (2,000.00)
Food in Hospitality Suite	628	0		\$ -
Honorariums: Mid Winter Keynote (ABRP)	633	0		\$ -
Lecturer: Diller (Mid Winter-Vanguard Fund)	634	1000	1000	\$ -
Flyer	635	0		\$ -
Lecture: Rosenthal (Biannual)	673	1000	1000	\$ -
Miscellaneous	639	0		\$ -
Subtotal		7825	2000	\$ (5,825.00)
				\$ -
<u>Other</u>		-		\$ -
Bank Service Fees	691	225		\$ (225.00)
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		\$ -
National Pain Strategy Collaborative Meeting		800	507.65	\$ (292.35)
Subtotal		1025	507.65	\$ (517.35)
TOTAL EXPENSES		35,375	11588.97	\$ (23,786.03)
NET INCOME / (LOSS)		0		\$ -

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 conduct a second satisfaction survey with current mentors and mentees in an effort to assess the current needs of participants. We will continue to work toward recruiting mentors and mentees across the career span within the Division. Recruitment will continue to occur on a rolling basis as well as during the RP2016 conference.

Action Items:

1. Plan for networking opportunities at the APA 2015 conference in Toronto and for the RP 2016 conference in Atlanta to increase visibility of the program and to aid in recruitment.
2. A second satisfaction survey will be initiated in fall 2015.
3. Continue with rolling recruitment and recruitment at the RP2016 conference.
4. In August 2015, there will be a transition of the chair position and we will replace the co-chair/incoming chair position as well.

Respectfully Submitted,

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

APPENDIX I

Science Committee – APA 2015 Toronto – August 6

Executive Summary

This has been a busy six months for the Science Committee – main areas of focus has been on the follow projects:

- 1) Tear sheets – collaboration with Rehabilitation Psychology and RIC - I page review of measure of interest
 - a. May Issue – PHQ-9 and SCI (Bombardier - Lead)
 - b. August Issue - WHO-QOL and TBI (Raskin – Lead)
 - c. Next up – Ehde – Chronic Pain
- 2) Pod Casts – Featuring an article from Rehab Psych
 - a. Hart (Interviewee) and Wegener (Interviewer) to be posted on journal and Div 22 websites
 - b. TBD - Wegner
- 3) Rehabilitation Science Spotlight – Brief report regarding an article of interest
 - February – Tessa Hart
 - March – Sarah Raskin
 - April - Chuck Bombardier
 - May - Tim Shea
 - June - Teresa Ashman
 - July - Michelle Meade
 - August - Jan Neimeier
 - September - Emily Lund

Future Plans

- 1) Members of the Science Committee with help judge ABRP dissertation awards
- 2) Continued work on projects above

Respectfully submitted on 7/6/15,
Lisa A. Brenner, ABPP
Chair, Division 22 Science Committee

APPENDIX J

Mentorship Committee Bi-Annual Report August 2015

Chair: Jennifer C.M. Lumpkin, Psy.D.
Co-Chair: Laurie Nash, Ph.D.
Past Chair: Kate Brown, 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. Completed a second match of mentors and mentees with applications received during and after the RP 2015 conference.
2. Made changes to previously established mentor/mentee relationships, as requested (on an as needed basis) by participants.
3. Maintenance of registry of mentors and mentees.
4. Dissemination via the Division 22 list serv of the results of the initial satisfaction survey.
5. Completed an interviewing skills workshop at the RP 2015 conference led by Mentorship Committee members.

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 conduct a second satisfaction survey with current mentors and mentees in an effort to assess the current needs of participants. We will continue to work toward recruiting mentors and mentees across the career span within the Division. Recruitment will continue to occur on a rolling basis as well as during the RP2016 conference.

Action Items:

1. Plan for networking opportunities at the APA 2015 conference in Toronto and for the RP 2016 conference in Atlanta to increase visibility of the program and to aid in recruitment.
2. A second satisfaction survey will be initiated in fall 2015.
3. Continue with rolling recruitment and recruitment at the RP2016 conference.
4. In August 2015, there will be a transition of the chair position and we will replace the co-chair/incoming chair position as well.

Respectfully Submitted,

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

APPENDIX K

August 2015, Toronto, ON, Canada

Executive Summary

The 123rd APA Convention will be held from August 6th to 9th, 2015 in Toronto, ON, Canada. Division 22's Hospitality Suite will be at InterContinental Toronto Centre Hotel, Suite #314. This year's emerging themes include: (1) Neuroplasticity & rehabilitation; (2) Vocational intervention & community integration; and (3) Applying interdisciplinary & rehabilitation psychology principles in healthcare.

This year's Convention is a record-breaking year for Division 22. Please see most current copy of the program brochure which can be downloaded from: <http://www.tinyurl.com/Div22Program>.

Kudos to the entire program planning committee: *Jan Tackett (Past Chair), Marlene Vega (Chair-Elect), Abbey Hughes (Student Chair), Krystal Drake (ECP Chair), Teresa Ashman (Poster Chair), Kimberly Monden (Sponsor Chair), Angela Kuemmel (Award Chair), Jennifer Sanchez (Coll. prog. D22 Rep), Eun-Jeong Lee (Coll. prog. D22 Rep), Jacob Chan (Coll. prog. D22 Rep), Gloria Lee (Coll. prog. D22 Rep), Catherine Wilson (Coll. prog. D22 Rep), Michelle Meade (Coll. prog. D22 Rep), Fong Chan (Science Chair), Lisa Brenner (Science Chair), Annemarie Connor (Student Coordinator), Dan Eagle (Student Coordinator), Gitendra Uswatte (President), Kate Brown (President-Elect), and Mary Brownsberger (Past-President)*. Also, thanks to Amanda Child for promoting the conference through social media. Finally, my gratitude should go to all the volunteer reviewers, hosts, and student volunteers.

Collaborative programming – We participated in collaborative programming with a total of 10 presentations. We, therefore, are recognized as the leader in interdivisional programming given our success this year as the division with the most accepted interdivisional presentations!

Divisional programming – We have 13 paper sessions (6 symposia, 6 paper sessions and 1 skill-building session) and 22 poster presentations in divisional programming. 40 volunteer reviewers conducted a blinded peer-review. We received requests from 16 other divisions who would like to be co-listed on our programming.

Poster session – A new format of poster session is implemented to engage presenters, members, ECPs, and Fellows, and to stimulate discussion. To briefly review: posters are placed physically and thematically together in groups of about 4-5 posters within the poster session (**Saturday, August 8, 1-1:50pm**). The presenters, as a group, will take turns presenting in front of his/her poster to the group for about 5 minutes and perhaps having a short discussion.

Hospitality suite programming – Thanks to Marlene Vega (Program Chair-Elect) for her leadership! There will be 20 different exciting events carried on at the suite from Thursday, August 6th to Saturday, August 9th. Some highlights of suite programming include: Celebration of the 25th Anniversary of the ADA and the National Association of Deaf (NAD) representative will attend it.

Sponsorship – We received just over \$4000 to support Division 22's *Hospitality Suite* and *Social Hour*. Special thanks to our sponsors: The University of Alabama at Birmingham, Shepherd Center, and Michigan State University.

Fundraiser with Signs Restaurant – This year, there is a fundraiser in collaboration with Signs restaurant in Toronto. Funds will go to the Canadian Association of Deaf (CAD). Founder of Signs restaurant (Anjan Manikumar), representatives from both the CAD (Frank Folino) and the NAD (Steve Lovi) will attend the Div 22 & ABRP Social/Awards Ceremony. A group of our members will visit Signs together at 8PM that evening (after the Social Hour). Many thanks to Marlene Vega and Denise Thew (chair of SIGD) for making this possible!

Titles of Presentations for Division 22 Programming

Collaborative Program:

1. Addressing Employment Issues and Work Related Concerns among Underserved Populations
2. Technology-Mediated Interventions for Underserved Older Adults and their Family Caregivers
3. Interventions of Trauma: Youth, Women, Those with Serious Mental Illness, Forensic Populations
4. Integrating Career Counseling and Psychotherapy with Different Populations
5. Bringing Best Practices to Underserved Populations -- A Biopsychosocial Approach to Treating Trauma
6. Negotiation Skills for Psychology Leaders in Academic Health Centers and Health Systems
7. Connecting the Lines -- Fostering Cultural Competency at the Intersection of Diversities
8. Exploring Future Directions for PTSD Research in Military Populations
9. Internship Prep Workshop for Rehabilitation, Health, and Neuropsychology Students
10. Effective Consultation With Medical Staff -- Consideration for Integrate Health Care Delivery Models

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 Plan:

In terms of organization and sustainability, a cookbook for APA program planning has been developed and convention-related materials and documents have been created and stored in a shared Google drive folder. Hopefully, this will allow future program chairs to have easy access and continue to accumulate useful materials.

It has been my great pleasure to serve as Program Chair and, along with Division leadership. Thank you for this opportunity to serve the Division.

Respectfully Submitted on 7/15/15

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

Marlene Vega, Ph.D.
Program Chair-Elect, APA 2015 Division 22

APPENDIX L

Division 22 RP16 Conference Chair

Report – August, 2015

Chair: Jennifer E. Jutte, MPH, PhD
Preconference Chair: Jay Uomoto, PhD

Planning Committee Members:

- Meghan Beier
- Hilary Bertisch
- Kate Brown (Div 22 President Elect)
- Bruce Caplan
- Krystal Drake
- Dana Dunn
- Kim Gorgens
- Abbey Hughes
- Jaqueline Kaufman
- Trisha Kirkhart
- Angela Kuemmel
- Rachel LaHoda
- Eun-Jeong Lee
- Gillian Mayersohn
- Kimberly Monden
- Christina (Tina) Paul
- Carrie Pilarski
- Terrie Price
- Joseph Rath
- Michele Rusin
- Marcia Scherer
- Gina Signoracci
- Samantha DeDios-Stern
- Connie Sung
- Marlene Vega
- Catherine Wilson
- Gitendra Uswatte (Div 22 President)
- Jerrold Yeo

Program/Brochure Creative Team:

- Kim Monden (Chair, Communications Committee Lead)
- Brent Womble (Co-lead)
- Karen Freed
- Shawn Powell
- Jennifer Sanchez

INFORMATION ITEMS:

The call for proposals was submitted through a variety of listserves including APA Divisions 22, 31, 38, 40, 55, 56. The deadline initially was June 15, but was extended until June 30. We began the peer review process on July 7 with a deadline for reviewers of July 31.

The Rehabilitation Psychology 2016 Conference theme is “Rehabilitation Psychology Across the Spectrum of Care” and will be held from February 18-21, 2016 at the Hyatt Regency Atlanta, 265 Peachtree St NE, Atlanta, GA 30303.

We continued the great results obtained via peer review during RP 15, by continuing with a peer review process for submissions again this year. We received 41 submissions with requests for >100 hours of programming. The peer review process has been very well-received among students, ECPs, and mid-to-late career professionals, researchers and educators. At this point, we are considering several options for preconference programming and will provide that update at a later date. We expect to have at least 1, if not 2, preconference workshops along with a very full main program following peer review. This year, we have focused on expanding the realm of rehab psychology and received proposal submissions from colleagues in pediatric, cardiac, critical care, and psychiatric rehab, in addition to our ‘typical’ rehab partners (e.g., TBI, SCI).

We will be addressing ABRP competencies within the conference content, and in accordance with the MOU. In order to provide further guidance on preferences by which some of these competencies may be included in programming, a survey will be administered to the Division 22 membership and reviewed by the conference committee to further define programming priorities.

In an effort to continue to facilitate the business of the conference, the fee structure will remain the same as RP15 and we will continue to offer discounts to presenters (oral and poster). We will not offer fee waivers to presenters.

For transparency and organization, all conference-related emails and documents are stored in a gmail account and Google drive. Doing so has 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 and ABRP, to explore new strategies to create the most engaging, dynamic and well-attended rehabilitation conference and involve our ever-growing and diverse membership in its planning and execution.

Thank you for this opportunity to serve the Division.

Respectfully submitted,

Jennifer E. Jutte, MPH, PhD

APPENDIX M

Division 22 Strategic Planning (SP) Task Force Report

A special thank you to the SP task force members; it's been a privilege to work with each of you: Mia Bergman, Lisa Brenner, Mary Brownsberger, John Corrigan, Bradley Daniels, Jennifer Duchnick, Efrat Eichenbaum, Karen Freed, Narineh Hartoonian, Robert Karol, Clare Kubiesa, , Jennifer Lumpkin, Nancy Merbitz, Joseph Rath, Stephanie Reid-Arendt, Tim Shea, Aaron Turner, Jerrold Yeo

Process: Three teleconferences and multiple email exchanges to clarify discussion and action item points

Action Item: The Task Force recommends that Division 22 begin the comprehensive strategic planning process in a two step process. First, in 2015, hire a consultant, familiar with working with Associations, to facilitate strategic planning and rebranding. This initial consultation would culminate in a strategic planning retreat with identified external stakeholders prior to convention in Denver in 2016.

- Scope of work would include 'front work' to work with the task force to develop the agenda and talking points and to identify external stakeholders.
- Retreat would need to be at least one day and likely two, to really hammer out the multiple facets.
- Outcome would be a strategic plan that clearly identifies who we are, what we do, how we are distinct from other sub-specialties, and where we are going (i.e., what tables we need to be at, key strategic initiatives). Deliverables include solidifying our mission, vision, prioritized goals, action plan, and decision about rebranding and Division name change.

The second part of the process would involve the hiring of a separate marketing consultant to help us get the message out about who we are, what we do, etc. Deliverables, e.g. increase recruitment by X% and have developed X more mediums of communication that result in X hits within x months, need to be defined. This consultant would not be solicited until the strategic planning effort is complete. Partnering with business schools or other agencies was recommended.

Estimated Budget: A total of \$15,000 was estimated between the two consultants.

Background: Please see the minutes below for the breadth of our discussions of each of the teleconferences on 4/10/15, 5/26/15 & 7/6/15. Members were provided all of the materials from the SP meeting at RP15 in February 2015, the Division's 2006 strategic plan the CRSP application for Rehabilitation Psychology.

Primary task force recommendations as priorities for the Division:

1. Hire strategic planning consultant
 - See action item above
2. Further develop the public and membership face of the Division across different mediums/platforms to clearly & more widely communicate about RP and RP psychologists which also will aid recruitment of new members.
 - Communications, Science & Practice Committees have been taking the lead on website and social media offerings to highlight rehabilitation psychology
3. Develop leadership pipeline w/ APA and other organizations to ensure that RP is at the necessary health care "tables".

- Formalize the nomination process for APA and APAPO Boards and Committees and other recommended 'health care tables' to systematically ensure that Division members are nominated for appropriate positions;
- Gather Division members together at Consolidated meetings to develop synergy in promoting Division 22's interests APA-wide.

Respectfully submitted,

Kate Brown, Ph.D.

Kathleen S. Brown, Ph.D.

Chair, Division 22 Strategic Planning Task Force 2015

Division 22 Strategic Planning Task Force Conference Call Minutes

4/20/15

Attended: Lisa Brenner, Kate Brown, Mary Brownsberger, Efrat Eichenbaum, Robert Karol, Joseph Rath, Stephanie Reid-Arendt, Tim Shea, Jerrold Yeo

Not able to attend: Mia Bergman, Karen Freed, Jennifer Lumpkin, Aaron Turner

Discussion initially focused on the goal of this task force with outcome of 2-3 recommendations to the Division EC in August;

The consensus of the group immediately agreed about the recommendation for **hiring a consultant, with a discussion about the similarities and differences of strategic planning, rebranding and marketing to identify focus of the consultation.** Discussion ensued about the purpose, scope and goals of the consultation.

Draft recommendations to be further refined:

1. Hiring a consultant, with a discussion about the similarities and differences of strategic planning, rebranding and marketing to identify focus of the consultation. Continued discussion needs to identify the parameters and goals that the rebranding process is to achieve.
 - a. Need to better differentiate ourselves from specialties with shared competencies, e.g. neuropsychology, health, gerontology, etc.
2. Further develop the public and membership face of the Division across different mediums/platforms to clearly & more widely communicate about RP and RP psychologists which also will aid recruitment of new members.
3. Develop leadership pipeline w/ APA and other organizations to ensure that RP is at the necessary health care "tables".

Action items:

1. Task force to review CRSP application for Rehabilitation Psychology to insure uniformity message of the specialty of Rehabilitation Psychology.
2. Schedule another meeting in late May to continue discussion.

Division 22 Strategic Planning Task Force Conference Call Minutes

5/26/15

Attended: Mia Bergman, Kate Brown, Mary Brownsberger, John Corrigan, Jennifer Duchnick, Efrat Eichenbaum, Karen Freed, Robert Karol, Nancy Merbitz, Joseph Rath, Tim Shea

Not able to attend: Lisa Brenner, Bradley Daniels, Narineh Hartoonian, Clare Kubiesa, Jennifer Lumpkin, Stephanie Reid-Arendt, Aaron Turner, Jerrold Yeo

Discussion initially focused on the purpose of this task force, the merging of the Division Renaming TF into this group, and reflections on the 3 recommendations that were proposed from our last conference call in April.

Draft recommendations from last call:

4. Hiring a consultant, with a discussion about the similarities and differences of strategic planning, rebranding and marketing to identify focus of the consultation. Continued discussion needs to identify the parameters and goals that the rebranding process is to achieve.
 - a. Need to better differentiate ourselves from specialties with shared competencies, e.g. neuropsychology, health, geropsychology, etc.
5. Further develop the public and membership face of the Division across different mediums/platforms to clearly & more widely communicate about RP and RP psychologists which also will aid recruitment of new members.
6. Develop leadership pipeline w/ APA and other organizations to ensure that RP is at the necessary health care "tables".

The recommendations were reaffirmed by the group as priorities for the Division.

Discussion then focused on discussing the scope of work for the consultant. Ideas discussed included:

- Identify need to differentiate RP in order to market ourselves across all settings and levels and to let prospective rehab psychologists and employers know who we are.
- Identify ways to best describe ourselves, focusing in on key elements to make ourselves better known.
- To the public - better understanding of the people who use our services; the multiple populations we serve; how to package what we do; how to transfer what we do to public/consumers
- To other health care professionals – integration of RP within and across all health care tables
- To trainees – to help them choose our specialty
- A name is a part of that – what we call ourselves as a Division is important in this
- Branding of RP is different than branding of the Division. What does the Division do to help RPs get there? What can the Division do for me?

- We need recognition, i.e. seat at multiple tables.
- What would help differentiate us and our message from other specialties?
- Need more distinction between other Divisions within APA
- Leverage our abilities first with seats at the table off the organizations that will further our interests and later bring APA into the fold
- Look at results vs. causes
- What are the roles within healthcare we want to target?
- Within healthcare, other professions, e.g. SW, nursing, are chosen as cost less; it's not about who does what the best.
- Which employers want to hire us? How to increase the pool?
- Look at market driven success
- Do what neuropsychology did to develop their prestige – developed billing codes, specialty marketing
- Focus on RP's unique services, i.e. pre-surgical evals, functional cognitive evals, SCS, DBS, partnering with other MDs, to carve out niches within our specialty
- Distinguish from neuropsychology by the interventions we provide and our focus on function and a more holistic understanding within communities
- Outcome driven on the intervention side – follow the dollars of insurers and in managed care; what will they pay for? Is that what we provide?
- How do we define the value added benefit we bring to the market and how do we get paid for it?
- Who is the 'they'? Payors
- What do we think we bring "value added"? How do we then show the payors and the employers this?
- Within the new health care market of provider, financier and patient, it can leave out the patient. Another position is to take the stance of defender of recipient of our services by taking the patient/consumer side.
- RP brings the patient's voice to the team and other HCP's; increased adherence has financial implications
- Focus on Medicare and reducing hospitalization readmissions by highlighting expertise in adherence
- Focus on VA healthcare to engage the VA leaders and RP psychologists in the VA and their interests; does the VA psychology leadership group (AVAPL) have an RP presence? Many angles where VA engagement could be driven

Ultimately, the group defined the consultant's scope of work by answering the questions:

How would we know that we had a successful fulfillment of a contract? What's the outcome desired? And the deliverables?

- It's in the marketplace that we want to differentiate ourselves, primarily with other medical professionals, health care leaders, employers, payors, and government agencies, including VA.
- What do we think we bring "value added"? Who do we want to be and will they pay for it? With the ACA, need to focus on the gatekeepers of where the money goes and how it is going to be distributed. Who's got the money? And who is willing to hire?
- We need to have a seat(s) at the table(s) so that we can have more influence and say.
- Name of Division is important to this.
- Students, ECPs, other psychologists are not our focus, akin to as we "build it and they will come"
- Have consultant actually help us implement one or two things all the way through rather than 10+ recommendations; this is where contracts typically fail in deliverables as they stop too soon

Division 22 Strategic Planning Task Force Conference Call Minutes

7/6/15

Attended: Mia Bergman, Lisa Brenner, Kate Brown, Bradley Daniels, Jennifer Duchnick, Narineh Hartoonian, Clare Kubiesa, Nancy Merbitz, Joseph Rath, Stephanie Reid-Arendt, Tim Shea

Not able to attend: Mary Brownsberger, John Corrigan, Efrat Eichenbaum, Karen Freed, Robert Karol, Jennifer Lumpkin, Aaron Turner, Jerrold Yeo

Two issues were discussed that could inform our decisions: the Rehabilitation Psychology CRSP application has been accepted by APA and now needs to be approved by the Council of Representatives in August. The CRSP application specifically addressed how Rehabilitation Psychology is unique as a specialty as compared to those who may share some competencies, e.g. Divs. 20, 38 and 40.

Questions arose about how the decision was made for this to be an interim plan prior to the start of a much larger, more comprehensive strategic planning effort to guide the Division through the next decade, a project currently proposed to start in 2018-2019, with implementation in 2020. Mary responded via email afterwards that prior to the effort started at RP14, our strategic plan hadn't been updated since 2006. The targets of the process started in 2014 were to identify key strategic projects that we needed to initiate and accomplish over the short haul (1-3 years), and at the same time start laying the groundwork for a more comprehensive effort that would carry us through the next decade. As this project evolved, in conjunction with Gitendra's presidential priority of renaming the division, it appears that this may indeed be the time for that larger strategic planning effort to encompass the larger questions being raised regarding our identity, rebranding and how we continue to be most relevant. It was also the consensus of the group that this process actually be the start of the more comprehensive process, with rebranding, marketing and identifying key leadership partners as some of the end results. We also discussed the need to capitalize the APA convention's presence in Denver next summer for a possible strategic planning retreat given the potential of members' university-affiliated resources.

Discussion continued around the initial draft recommendations:

1. Hiring a consultant and defining scope of work; what's the desired outcomes?

Mary had provided feedback from a consultant she has worked with who recommended a potential two step consultant process: 1. One consultant to facilitate strategic planning and rebranding retreat - ideally to be held at APA 2016, when external stakeholders are more likely to be available. Scope would include 'front work' to work with the task force to develop the agenda and talking points, and to identify external stakeholders it would be important to have in the room. Retreat would need to be at least one day and likely two, to really hammer this out. Outcome would be strategic plan that clearly identifies who we are, what we do, how we are distinct from other sub-specialties, and where we are going (i.e., what tables we need to be at, key strategic initiatives); 2. Then a separate marketing consultant, with a different skill set, to help us get the message out about who we are, what we do, etc. This would not be solicited until the strategic planning effort is complete. A total of \$15,000 was estimated between the two consultants.

It was discussed to choose a consultant who is specifically familiar with working with Associations. We are the experts of who we are; the consultant should help us articulate how best to define that for others, who is it that we want to be certain is more aware of what we do, and what misconceptions about us do we need to fix and to whom. The seats at the table come because the identified groups know who we are and what we do. Differences expressed about who to target, e.g. the gatekeepers of ACO's vs. consumers. We may not know what we don't know.

For the strategic planning/branding part, outcomes are softer; but we need to solidify our mission, vision, prioritized goals, action plan, and decision about rebranding.

For the marketing consultant, we can have more specific deliverables, e.g. increase recruitment by X% and have developed X more mediums of communication that result in X hits within x months.

2. Further develop the public and membership face of the Division across different mediums/platforms to clearly & more widely communicate about RP and RP psychologists which also will aid recruitment of new members.

See above.

3. Develop leadership pipeline w/ APA and other organizations to ensure that RP is at the necessary health care "tables".

Prior feedback:

John - The audiences we would like to be making this differentiation are those making financially relevant decisions, particularly healthcare leaders including in the VA and executives of new entities created by the Affordable Care Act, as well as traditional fee-for-service insurers. (Note, I have left out CMS and employers who are not otherwise healthcare leaders.)

Efrat – Include this as an outcome measure, e.g., "develop leadership pipeline to attain X positions represented by Division 22 members in Y organizations". This may tie into our goal of identifying relevant "tables." If we are able to connect the leadership pipeline aim with the aim of demonstrating value to payors, that might make for an even more compelling goal.

Nancy – identified potential tables to be at:

The U.S. Preventive Services Task Force (help them integrate more efforts for secondary and tertiary prevention; help them make a clearer call for involvement of psychologists in implementing their recommendations):

<http://www.uspreventiveservicestaskforce.org/>

The Agency for Healthcare Research and Quality (help them realize the skills and interests of Rehab Psychologists in Quality Improvement, program evaluation, and a range of research methodologies):

<http://www.ahrq.gov/>

The Institute for Healthcare Improvement (help them see the light to include Rehab Psychologists in all levels of healthcare improvement, including integration into various medical practices; encourage Rehab Psychologists to join IHI in collaboratives – small scale but aggregated data-gathering projects for local improvement in a range of settings, also known as “rapid cycle change”):

<http://www.ihl.org/Topics/PFCC/Pages/default.aspx>

<http://www.ihl.org/education/IHIOpenSchool/Courses/Pages/Practicum.aspx>

And, helping to represent APA at the table re: the ICF.

END

APPENDIX N: REPORTS, NO ACTION, NO DISCUSSION

APA Division 22 Rehabilitation Psychology Student Representative/Student Leadership Network Committee Report to the Executive Committee, APA Convention, August 2015, Toronto

Action Items: None

Discussion Items: None

Informational Items:

This has been another exciting and productive six months for students in Division 22 and the Division 22 Student Leadership Network (SLN).

- Our interdivisional grant, funded by the Committee on Division/APA Relations (CODAPAR) was completed in May 2015. The primary goal of the grant was to develop a toolkit for students interested in Rehabilitation Psychology, Clinical Neuropsychology, and/or Health Psychology. The *Webkit for Interdisciplinary Health-service Psychology Trainees* is available at www.wihpt.com.
- The SLN continues to grow and has 10 active chapters. Each chapter has contributed to the Division 22 listserv and is planning educational events within their home institutions. Our Chapter at Fielding University, a distance learning graduate program, has enlisted 14 student members across the county and is having monthly meetings to support education in rehabilitation psychology.
- The SLN hosted its first webinar on 4/2/15, entitled, "Planning your education and training in Rehabilitation Psychology." The presentation was led by Drs. William Stiers, Philip Uy, and Meredith Williamson. We will plan for a second webinar this fall.
- Earlier this year, the Executive Committee and the Foundation for Rehabilitation Psychology each voted to support the development of the SLN, offering a combined \$2000. Funds are being used to support Campus Chapter events and broader program development.
- The student representative 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 broaden student involvement in Division 22.
- Starting in August, Abbey Hughes will transition to Past Student Representative and Samantha DeDios-Sterm will transition to Student Representative. Two new Student Members (TBD) will be appointed by the SLN Committee. Eun-Jeong Lee, PhD, will continue to serve as the SLN Committee full member.
- We are fortunate to award 3 student volunteers with travel grants to the 2015 APA Convention: Annemarie Connor, Amanda Panos, and Lisa Looney. Each volunteer will dedicate 7 hours of service to Division programming.

Respectfully submitted on 7/20/15,

Abbey Hughes, PhD
Student Representative to the Executive Committee

Section 1 – Section Information

Contact Info: Division 22, Section 1, Sarah Lahey, PhD, President, 904.345.7609, sarah.lahey@brooksrehab.org

Membership Numbers: 47 members

Section 2 – Activities

Executive Summary: Since the last report at APA (August, 2014), our energies have been focused in the following general categories: 1) increasing pediatric content at the 2016 Rehabilitation Psychology Annual Conference and 2) increasing membership and involvement in the section through continued outreach to new Division 22 members and members of other professional organizations.

- 1) The executive committee of Section 1 hopes to increase the pediatric presence at the Division 22 annual conference through the submission of proposals targeting special issues and the rehabilitation needs of children and young adults with disability. Specifically, symposia proposals were submitted covering the areas of transition planning across the lifespan, ethical dilemmas and the role of the rehabilitation psychologist, as well as pediatric concussions in hopes of creating non-stop pediatric and lifespan conference programming.
- 2) We have initiated an effort to make contact via email to all of the newly identified Division 22 Campus Chapters in order to introduce Section 1 and encourage participation for those interested in pediatric rehabilitation. Additionally, efforts have been made to establish a mutually beneficial and collaborative relationship with outside professional organizations (i.e., American Congress of Rehabilitation Medicine Pediatric and Adolescent Task Force/Networking Group; APA Division 40) in order to increase Section 1 membership and improve the connection with others who do similar work. The goal is to plan future initiatives for special projects (see below). Measurement of the effects of these outreach projects is ongoing.

Planned Initiatives: Section 1 plans to continue outreach efforts to Division 22 members and outside professional organizations. Success of these efforts will be measured not only by increased membership numbers of the Section, but more importantly in the manifestation of completed projects. Potential projects include the maintenance of a quarterly Section 1 Newsletter, an online resource page centered on transition planning for practitioners across the lifespan, and the creation of a pediatric/lifespan track at the 2017 Rehabilitation Psychology Annual Conference.

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**

Publications/Social Networking

Does the section have a journal? Yes/**No**

Is the section in the process of developing a journal? Yes/**No**

Is the division developing a book or book series? Yes/**No**

Social Networking: Indicate which of the following are used by your section: APA Communities

Do your social media sites have rules governing participation of persons on these sites? **N/A**

Respectfully Submitted,

Sarah Lahey, PhD

7/02/2015

Division 22, Section 2 (Women's Issues In Rehabilitation Psychology) Executive Summary Report from January 2015 to August 2015

Officers

President: Carrie Pilarski

Past President: Catherine Wilson

Membership Chair: Rhonda Franger ending term in August, Meghan Beier to begin in August

President-Elect: in the election voting process, to be announced in July and will begin term in August

Executive Summary: Section 2 Projects and Activities Jan. 2015 to August 2015

Section projects have focused mainly on promoting education of women's issues through collaborative programming at the NMCS 2015, RP 2015 Conference, and APA convention. Educational opportunities aimed to address member interests or topics of concern have been undertaken through development of the current phone workshop series. Networking and support is provided at conferences and through efforts to communicate via the Section 2 listserv. Section 2 has also been involved in providing feedback on related Division or APA Policies, and at the same time advocating for women's issues. The following outline summarizes activities.

January 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

February 2015 Rehabilitation Psychology (Division 22) Mid-year Conference Programming

- Section 2 collaborated with the Division 22 Special Interest Group of Psychologists with Disabilities to sponsor the following Program: **Disabled Women: Reproductive Rights and Parenting** 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 hosted a Networking Dinner along with the SIG of Psychologists with Disabilities with the topic for discussion: Managing multiple personal and professional roles
- Section 2 hosted a Breakfast Roundtable Discussion
- Section 2 sponsored one poster award

August 2015 APA Conference Programming

- Section 2 president was 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”

Phone Workshop Series

- Themes for 2015 address “Professional Development Issues Across the Professional Lifespan”
 - January 22, 2015 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”
 - June 12, 2015 presentation by Alan Goldberg, PsyD, JD on “Professional Wills and Retirement”

Practice Committee Report

Executive Summary

The Practice Committee has recently undergone a leadership change. Shane Bush, PhD, ABPP is no longer serving as chair and Gina Signoracci, PhD has been selected in this role. The Practice Committee met via teleconference on June 24, 2015. During that meeting we reviewed most recent Practice Committee report to Executive Committee as well as the function and duties of the committee as outlined in the Division's leadership manual. During initial discussion, two primary concerns (1: Scope of Practice for Rehabilitation Psychologists including recognition/inclusion regarding neuropsychological assessment were raised by committee members and 2: Current billing/coding practices in light of move to DSMV and Affordable Care Act) identified as foci moving forward.

Future Plans

The committee plans to approach Division 22 leadership in an effort to collaborate/coordinate efforts to address scope of practice issues for Rehabilitation Psychologists both within and outside of the division. The committee supports inclusion of RP16 programming to educate Rehabilitation Psychologists about current billing practices and will facilitate proposal submission for consideration at RP16.

Respectfully Submitted on 6/26/15,



Gina Signoracci, PhD, Denver, CO
Chair, Practice Committee



**CE Semi-annual Report – APA 2015
Toronto 8/6/15**

This has been another busy six months for the Division's CE programming. Since my report at RP 2015 (February, 2015) we have sponsored the CE activities for another 12 programs. Our three enduring distance programs with the National Center for Disaster Medicine & Public Health continue and we are sponsoring the CE for an online course being developed with Vista LifeSciences as well. **All told, since February, the CE program educated nearly 3500 of our colleagues and we are over our revenue projections.** You will find a summary of the completed 2/2015-8/2015+ 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. We have a planned increase in CE fees for 2016 (see below) and are working with the Education Committee to develop the infrastructure to support the exchange of undergraduate/graduate/post-graduate teaching materials for rehabilitation psychology (someday also High School). This taskforce is working first with Brad Daniels to support the design of the first undergraduate syllabus for that purpose. He has agreed to share the final product in a library hosted by the new website. 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.

Our 2016-2017 sponsor costs are listed below (payable to APA Division 22 at time of contract or in annual installments). Pricing depends on the oversight required and starts at:

For-Profit Programs

\$1500 Conference (10+ hours)
\$1000 Conference (4-10 hours)
\$500/yr Distance Education
\$500 Workshops (<4 hours)
\$100 Workshops 1-3 hours

***No Fee Programs**

\$750 Conference (10+ hours)
\$500 Conference (4-10 hours)
\$200/yr Distance Education
\$200 Workshops (<4 hours)
\$25 Workshops 1-3 hours

There is a \$50 CE application charge and a \$50 cancellation fee

Respectfully Submitted on 7/10/15,

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

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

Activity Format Codes: W – Workshop C – Conference H – Homestudy CO – Co-sponsored LS – Lecture Series IS – In-Depth Series

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	H	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	H	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	H	National Center for Disaster Medicine & Public Health Knowledge & Learning
Paralyzed Veterans of America Summit 2014	18.5	8/26-8/28/14	10	309	C	Paralyzed Veterans of America (PVA)
Association for Spinal Cord Injury Professionals Annual Pre-Conference	9.5	8/31/14	14	95	C	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	C	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	36	10/8-10/11/14	34	101	C	American College of Rehabilitation Medicine (ACRM)
ABRP and APA Division 22 Rehabilitation Psychology 17 th Annual PRE-Conference	6.75	2/26/15	88	25	C	American Board of Rehabilitation Psychology
ABRP and APA Division 22 Rehabilitation Psychology 15 th Annual Conference; Translating Research into Practice	18.0	2/27-3/1/15	207	45	C	American Board of Rehabilitation Psychology

Colorado Department of Labor and Employment, Division of Worker's Compensation Level I Physician Accreditation Seminar	7.25	3/26/15	11	29	W	Colorado Division of Workers' Compensation
CARF Program	8.75	3/7/15	54	337		
ACRM Cognitive Rehabilitation Training Manual	13.0	4/8-4/8/15	28	96	W	American College of Rehabilitation Medicine
Prevention and Management of Concussion/mild Traumatic Brain Injury (TBI) in Youth Sports	1.5	4/9/15	41	18	H	
Role of the IBHC in Diabetes Self-Management	1.5	5/5/15	43	16	Webinar	Defense Centers of Excellence for Psychological Health and TBI
Clinical Recommendation for Management of Sleep Disorders after Concussion/mild Traumatic Brain Injury	1.5	5/5/15	8	22	Webinar	Defense Centers of Excellence for Psychological Health and TBI
Suicidality & Dispositions	1.0	6/4/15	4	18	LS	Department of Veterans Affairs (ECHO) SCAN-ECHO
Prescribing Clozapine: An Overview of Risks versus Benefits and Management of Side Effects	1.0	6/11/15	0	7	LS	Department of Veterans Affairs (ECHO) SCAN-ECHO
Naloxone Rescue Kits	1.0	6/18/15	0	18	LS	Department of Veterans Affairs (ECHO) SCAN-ECHO
Women's Health Nursing in Primary Care	1.0	6/22/15	0	14	LS	Department of Veterans Affairs (ECHO) SCAN-ECHO
Brain Injury Association of Pennsylvania: MAKING THE MOST OF TODAY – PLANNING FOR THE FUTURE BIAPA	17.0	6/28-6/30/15	12	330	C	Brain Injury Association of Pennsylvania
<i>Vista LifeSciences Automated</i>	<i>1.0-3.0</i>	<i>Summer 2015</i>			<i>H</i>	<i>Vista LifeSciences</i>

<i>Neuropsychological Assessment Metric E-course training</i>						
<i>Association for Spinal Cord Injury Professionals Annual Pre-Conference</i>	<i>9.5</i>	<i>9/6/15</i>			<i>C</i>	<i>Association for Spinal Cord Injury Professionals (ASCIP)</i>
<i>Association for Spinal Cord Injury Professionals Annual Conference</i>	<i>20.75</i>	<i>9/7-9/9/15</i>			<i>C</i>	<i>Association for Spinal Cord Injury Professionals (ASCIP)</i>
<i>PTSD Psychopharmacology</i>	<i>1.0</i>	<i>11/19/15</i>				<i>Department of Veterans Affairs (ECHS) SCAN-ECHO</i>

Diversity Committee Report

August 2015

Chair: Eun-Jeong (EJ) Lee

Co-Chair: Paul Perrin

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

Activities:

- The number of committee members has been increased (15 members → 17 members)
- Research/Presentation
 - Presented “Redefining disability: diversity, multiculturalism, and intersectionality” at the mid-year conference (Presenters: Sonya Kim and EJ Lee from Diversity Committee).
 - 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 2015 APA convention. The proposal has been accepted. Linda Mona will be a presenter from Div 22.
- Paul Perrin chaired the task force to draft a letter to NMCS regarding the incidents related to presentation accessibility and accommodation issues (Task group: EJ Lee, Catherin Wilson, Carrie Pilarski, Linda Monda and Gitendra Uswatte)
- Survey Task Group (EJ Lee, Jacob Chan, Philip Keck, Paul Perrin, and Connie Sung)
 - Drafted survey items based on APA guidelines.
 - Had various feedbacks and suggestions from committee members.
 - Conducting a pilot study to collect feedbacks from student members.
 - Plan to gather more feedbacks and have a final approval from the committee before asking for the board’s approval.
- APA convention activities: Hospitality Suite meeting to discuss about chair candidates.

Action item: None

Report to the APA Division 22 Executive Committee
Rehabilitation Psychologists with Disabilities Special Interest Group
July 2015

- 1.) The SIG has 35 Division 22 members including students, in our google group list.
- 2.) SIG members have been working with RP and ABRP leadership to provide feedback about accessibility at RP 17. SIG members have also consistently provided feedback before and after each RP conference. The consensus is that the division has an increasingly inclusive and welcoming atmosphere toward disabled members. We have also consulted with the Div 22 Executive Board about accessibility issues at the upcoming convention; leadership has been very responsive.
- 3.) We have resumed our monthly conference calls in April 2015 (they were on hiatus for 6 months). We have between 4-8 participants on each call on average.
- 4.) SIG members continue to provide mentorship to colleagues and trainees around disability issues. This disability related mentorship locally.
- 5.) SIG members are collaborating with CDIP and Div 22 section 2 to plan celebrations of the 25th anniversary of the ADA, including at convention.
- 6.) Ongoing projects among SIG members are studying the experiences of disabled psychology trainees and disabled psychologists, exploring the experience of non-apparent disability, and understanding the experience of disability-related microaggressions.

**APA Division 22 Rehabilitation Psychology
Awards Committee Report
Convention Executive Committee Meeting, Toronto, Ontario
August, 2015**

I. ACTION ITEMS - (items requiring a discussion and vote)

None

II. DISCUSSION ITEMS - (items requiring discussion but not voting)

The process in which the students who received the VA Sunil Sen Gupta Travel awards at the RP conference has changed. In the past, students booked and paid for their own transportation, registration, hotel, food, and incidentals; then submitted their receipts for reimbursement. The VA RRD office has requested to pay their flight and hotel upfront, with other receipts submitted for reimbursement after the conference. The VA RRD Office has not given me any indication they will discontinue funding these awards. In fact, the VA would like to continue to fund these awards long term and have asked to work with me to establish ROI data on the student award recipients. I have asked Aaron Turner and Abbey Hughes to assist me with this task. However, changing the funding procedure could leave students unable to come to the RP conference given exorbitant high last minute flight prices; if the VA cancels approved travel funding at the last minute. I have no reason to believe this will happen; like I saw it happen to my clinical colleagues at the VA this year. However, I want the Division 22 EC and the BOM of the RP conference to be aware of this change and to discuss a plan for what we could do if this happened. The VA is not able to designate a monetary award to give to our students for their travel instead of reimbursing them.

III. INFORMATION ITEMS - (items requiring neither discussion nor vote)

A. Awards to be presented at Division 22 social hour:

Rosenthal Early Career Research: Anna Kratz, Ph.D., University of Michigan

Early Career Practice Award: Carrie Pilarski, Ph.D., Origami Rehabilitation

Harold Yuker Award for Research Excellence: Shari Wade, Ph.D. Cincinnati Children's Hospital Medical Center

Larry Stewart Award: Donna Ann Morere, Ph.D., Gallaudet University

B. Budget

Quantity

Price

Convention plaques	5	\$TBD (Approx \$120)
Certificates and jackets	10	\$TBD (Approx \$50)

Respectfully submitted,
Angela Kuemmel, Ph.D., ABPP (RP)
Division 22 Awards Chair

Division 22 Education and Training Committee

Report – August, 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:

Division 22 Education and Training Committee Activities

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

I. 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. The Committee is in the process of updating this list.

The Council of Rehabilitation Psychology Postdoctoral Training Programs has enrolled members in the Council and has begun formally recognizing training programs meeting the Baltimore Conference Guidelines.

II. 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 (CRSPPP), and CRSPPP sent this to the APA Council of Representatives with a recommendation for approval.

III. Rehabilitation Psychology Reading List

The Committee has updated the Division 22 Rehabilitation Psychology reading list and distributed this via the list-server.

Dr. Stiers has continued to serve as the Division liaison to the APA Board of Educational Affairs
Board of Educational Affairs Activities

IV. Commission on Accreditation Operating Procedures

BEA supported the adoption of the Accreditation Operating Procedures (AOP) and recommended the approval of the AOP by the APA Board of Directors. If the APA Board of Directors approves the AOP, the CoA will implement the revised AOP on January 1, 2016 with the roll out of the Standards of Accreditation.

Key changes in the AOP include: 1) accreditation of programs for up to 10 years, rather than 7 years; 2) creation of “intent to apply” status and “accredited, on contingency” for doctoral programs; 3) random assignment of internships and postdoctoral programs to one of two review cycles, instead of one of three cycles; and 4) clearer indication that site visitor selection is the responsibility of CoA, with the details of the selection of site visitors moved to an Implementing Regulation [IR]).

V. Standards and Criteria for Approval of Sponsors of Continuing Education for Psychologists

BEA approved the revised Standards and Criteria for Approval of Sponsors of Continuing Education for Psychologists.

The most significant changes occur with respect to Standard D: Curriculum Content under Criterion D1. The revisions propose that one of the four options that applicants may choose in formulating a response to this criterion be deleted, “Program content has obtained credibility, as demonstrated by the involvement of the broader psychological practice, education, and science communities in studying or applying the findings, procedures, practices, or theoretical concepts.” The rationale for this deletion is that this item is not consistent with the principles outlined in the recently approved resolution related to an evidence-based approach to both the design and content of continuing education programs.

VI. BEA Task Force on the Integration of Science and Practice in Health Service Psychology Training

BEA approved a call for nominations for the task force that will be charged to address the Health Service Psychology Education Collaborative (HSPEC) recommendation on the integration of science and practice in health service psychology training. The integration of science and practice requires HSP’s to implement evidence-based procedures, utilize a sophisticated degree of scientific mindedness, and do more than “consume” research findings.

VII. Results of 2015 Psychology Internship Match

On February 20, 2015 the results of phase 1 of the professional psychology internship match were released and show a dramatic and positive change. When the results are examined in the context of the 2012, 2013 and 2014 matches, it suggests a trend in the direction of reducing the imbalance. The number of applicants decreased to 3,928, while the number of positions increased by 183 for a total of 3,684 available positions. The number of applicants that matched was 3,239 (82%) leaving 689 applicants not matched. However, 445 positions remained unfilled. The number of positions in APA (or CPA) accredited programs has also grown from 2,361 in 2012 to 2,732 in 2015 (74% of internship positions are APA/CPA accredited). While these results are encouraging, efforts to address the imbalance must continue.

VIII. Summit on High School Psychology Education

BEA is planning to convene a Summit on High School Psychology Education in June or July 2016. At its fall 2014 meeting, the TOPSS Committee discussed the need for a national conference. Specifically, given the growing popularity of AP Psychology, and the important role high school psychology courses play in advancing the APA strategic plan, it was suggested that the planned conference could address and advance several important topics, including administrative, curricular, and instructional matters. The conference would allow teachers, faculty, and other stakeholders to discuss and recommend actions that could positively impact the teaching of high school psychology for decades to come.

A Steering Committee is drafting plans for the conference, including the format, major topics, realistic outcomes, major presenters, participants, and funding sources. The Steering Committee is also accepting applications from universities or colleges that would like to host the 4-5 day conference at their institution. Inquiries are welcome and should be directed to Martha Boenau at mboenau@apa.org or 202-336-6140.

IX. Committee on Associate and Baccalaureate Education (CABE)

CABE held their first meeting at the 2015 Spring Consolidated Meetings. CABE will broadly consider undergraduate education in psychology at both the associate and baccalaureate levels.

X. The Centralized Application Service for Graduate Psychology (PSYCAS)

This service (<http://www.apa.org/education/grad/psycas-brochure.pdf>) centralizes applications to psychology graduate schools. It is free to graduate programs, and costs students \$100 for the first application and then \$40 for each additional application. Students have to submit only 1 transcript and 1 set of recommendation letters.

Dr. Stiers has continued to monitor the activities of the APA Education Directorate.

APA Activities in Support of Psychology Education

XI. Precollege and Undergraduate Education in Psychology:

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>

XII. 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.

Respectfully submitted,

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

**DIVISION 22 LIAISON TO CDIP REPORT TO THE
PRESIDENT OF DIVISION 22
2015 Spring Consolidated Meetings
March 27-29, 2015
Prepared by Nannette H. Stump, PhD**

CHAIR: Carrie R. Pilarski, PhD

MEMBERS: Megan Carlos PhD, Dana Dunn, PhD, Jennifer Reesman, PhD, Elizabeth Mazur, PhD, Marcie, Zinn, PhD

APA STAFF LIAISON: Anju Khubchandani

SUMMARY OF RELEVANT AGENDA ITEMS

1. BIAPP called for nominations for two three-year CDIP terms to fill 2 members' expiring terms.
2. We had a lengthy discussion regarding a variety of ways in which the 25th Anniversary of ADA might be acknowledged and celebrated at the 2015 APA meetings in Toronto. The committee decided on a brief awards ceremony to recognize someone who has substantially contributed to the disability community. A call for nominations was put forth. Additionally, CDIP discussed multiple venues in which the 25th Anniversary of ADA can be recognized throughout the year.
3. An ongoing collaboration with BCA continues for the purpose of identifying and promoting accessibility for all APA sponsored meetings and conventions. Expanding on the importance of Universal Design, the committee was asked to propose a resolution that would include universal design and accessibility in areas of education, training and practice.
4. The 2015 Distinguished Contributions Award winner was selected and will be the keynote speaker for the CDIP Conversation Hour at the APA Convention.
5. The *Spotlight On Disability Newsletter* continues to be a success with an increase in readership and expansion of relevant issues that may be disability specific or intersecting with related socio-economic issues.
6. CDIP was asked to review updated revisions to the *Testing and Assessment Handbook*. The plan is to collect data from psychologists and trainees with disabilities regarding their experiences when requesting accommodations for administering standardized psychological testing.

BPA Liaison Report

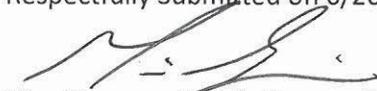
Executive Summary

APA Consolidated Meetings at which the BPA Liaison attends take place two times yearly. The most recent meeting was held March 27-29, 2015 in Washington, DC. This writer was unable to attend that session of Consolidated Meetings. Dr. David Cox who also attends the BPA meetings on behalf of ABPP stood in for this writer, however, there were no meeting agenda items directly related to Division 22.

Future Plans

This writer will continue to attend the APA Consolidated Meetings as the BPA Liaison and advocate for Division 22 on any agenda items, motions, or commentary that relate to Division 22 mission and efforts.

Respectfully Submitted on 6/26/15,



Gina Signoracci, PhD, Denver, CO
Division 22 BPA Liaison