Division of Rehabilitation Psychology

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1. **How could you, as APA president, address the issue of including disability in the definition of diversity in the applied sense (e.g., development of cultural competency in disability among psychologists)?**

Disabled persons of all ages have been unduly harmed during the pandemic; it has been one of the glaring inequities we have witnessed. I think this raises the urgency and the need for enhancing the visibility and the capacity of psychology to help. *Outside of APA*, I would build on the momentum of public attention to issues of diversity and equity and strengthen/forge new partnerships on behalf of disabled persons. If it is not already included, disability (and intersectionality) should be part of the work APA is doing with the Biden/Harris COVID-19 Health Equity Task Force.

I would increase APA communications work with psychological science about the wellbeing and needs of disabled persons. Considerations of disability and ableism should also be included consistently in APA communications regarding other topics (e.g., the future of work, technology, social connectedness, and the impact of discrimination). The ADA just passed its 31st anniversary; I would welcome the chance to celebrate a future anniversary of this landmark legislation alongside other health professions and advocacy groups, calling attention to social justice related to persons with disabilities for both the public and policymakers.

Within APA, I would seek to collaborate with Division 22 and the Office of the Chief Diversity Officer (Dr. Akbar) to raise awareness of the need to include disability in all our conversations about diversity. The APA *EDI Framework* can be a vehicle for this and rehabilitation psychologists can play a prominent role. Another vehicle can be the Guidelines for Assessment of and Intervention With Persons With Disabilities which (I believe) are under revision. I requested to serve as the reviewer for a proposed revision of these guidelines while a member of the Board of Educational Affairs. Admirably, these had largely withstood the test of times since they were approved in 2011. Yet there were a few important areas to update (e.g., persons with multiple disabilities, intersectionality with other types of diversity). One of the other possible enhancements that caught my attention was strengthening cultural competency regarding disability in our education/training programs. Another area was the generalizability of the guidelines for clinical supervision (rather than limited to practice). When a revision of these guidelines is approved as policy, they can be used effectively for education and training by sharing them widely with the Council of Chairs of Training Councils (CCTC), division leaders, governance members, APA members, and other related health professions, and they can inspire new CE and

convention programming. They can also be utilized to update other APA resources that relate to persons with disabilities (e.g., fact sheet on SES and Disabilities). Finally, it will be important to ensure that disability is included in the diversity aims of the CCTC Social Responsiveness in Health Service Psychology Education and Training Toolkit: https://www.appic.org/Portals/0/downloads/TrainingDocs/CCTC_Socially-Responsive-HSP-Ed-Training.pdf

2. What do you see as health service psychology's role in health care reform efforts and legislative advances, particularly as they affect those with disabilities and chronic health conditions?

As a pediatric psychologist who is active in public policy, health care reform has been an area of emphasis for me. My clinical specialization has always been with chronic medical and genetic conditions, neurological diseases and injuries (e.g., brain tumors, TBI), and physical disabilities; therefore, I am astutely aware of the landscape for access to behavioral health services for these populations. As a member of the National Academies of Science, Engineering and Medicine Forum on Children's Wellbeing, I have led and participated in public workshops - with staff of federal agencies and state policy organizations and interdisciplinary scholars - dedicated to children and families with special health care needs and promoting behavioral health through health care reform.

Psychological science and practice need to be positioned within a public health framework, expanding to include *prevention* of behavioral health conditions. This is particularly true for children and adults who may be vulnerable to heightened, chronic stress due to disabilities and chronic health conditions. I believe that there is critical opportunity to advance their wellbeing through integrated primary care - which could provide nearly universal access to behavioral health screening, health promotion, prevention, and triage to specialty care.

To be effective in advancing health care reform, however, we need to partner with other health professions. Advances in health care reform will simply not happen if we go it alone. This work will be iterative. I am heartened to see the recent growth in APA's partnerships and effectiveness on many policy issues; this could easily include the best interests of people with chronic health conditions and disabilities. There is quite a bit of traction recently (e.g., Department of Labor) with enforcing mental health parity. This, too, will be helpful for many people with disabilities and chronic health conditions.

3. How can psychology meet the needs of our largest minority consumer, the nearly 1 in 5 individuals in the U.S. who have a disability?

One of the common themes across my priorities is to *begin early* and *aim for long-term change*. I believe that we need to build the health service psychology workforce with (1) specialization in working with people and families with chronic health conditions and disabilities; (2) cultural competency in all forms of disability; and (3) ability to train other

mental health providers and other health professionals using psychological science related to living with a disability or chronic medical condition.

Regarding the first aim, we should introduce young people to psychology careers that include work with disability – careers in science, practice, interprofessional teams, advocacy, and so on. We should encourage collaboration across APA and divisions to showcase best practices in training and support growth in accredited programs with this specialized training. We could explore where an introduction to chronic health conditions and disability ties into high school and undergraduate psychology courses. Regarding the second aim, we need to enhance training cultural competence and cultural humility regarding disability issues and ableism in health service psychology training across the career span. Regarding the third aim, APA is a leader in interprofessional training, and it is becoming more widely embraced. Heightened attention should be paid *across health professions* to psychosocial issues facing individuals with chronic health conditions and disabilities. This is particularly for those in primary care who have the potential to alter health and mental health trajectories. Yet I regularly hear of instances where health care that is excellent in other respects falls short in attunement and attention to the psychological aspects of disability.

Tiers of service could greatly expand access to needed care. In one tier, psychologists with special expertise with chronic health conditions and disabilities would serve as primary care providers while in another tier they could serve as consultants to those with more general expertise. Continued access to, and reimbursement for, telehealth would also aid access to appropriate care for some disabled persons.

Finally, APA can ensure that funding for psychological science in this area is also growing through ongoing advocacy. The NIH Office of Behavioral and Social Sciences Research (OBSSR), in its role across institutes and medical specialty areas, can be a very important partner in this goal. It is important to collaborate with APA science advocacy staff to seize opportunities to weigh in on strategic priorities of this and other funding agencies. Further, it is vital for rehabilitation psychologists to work collaboratively with the APA Advocacy Office and Advocacy Coordinating Committee when priorities are determined through member input.