Division 22 Executive Committee Meeting
February 22, 2018 • 6 PM – 9 PM CT
Dallas, Texas • Westin Galleria • Ft Worth 1

To join the Meeting via Conference Call:
+1.888.240.2560 (US Toll Free)
Conference ID: 3708360076

AGENDA

In Attendance:

**Voting members in attendance:** Michelle Meade, Joseph Rath, Lisa Brenner, Janet Niemeier, Marlene Vega, Paul Perrin, Jennifer Duchnick, Carrie Pilarski, Kim Gorgens, Linda Mona, Ferzeen Patel, Madison Mackenzie, Carol Rosen, Eun-Jeong Lee

**Non-voting members in attendance:** Catherine Wilson, Jacob Chan, Meredith Williamson, Efrat Eichenbaum, Mary Brownsberger, Laurie Nash, Dawn Ehde, Jacob Bentley, Lisa Betthauser, Michele Rusin, Daniel Rohe, Glenn Curtiss, William Stiers, Erin Andrews, Bradley Daniels, Robert Carol, Scott McDonald, Barry Nierenberg, Terrie Price, Abbey Hughes, Chris Rackley, Aaron Turner, Monica Kurylo, Evan Smith

6 PM - 6:10PM: Call to Order, Welcome and Introductions (Dr. Meade), Attendance (Dr. Smith)
- 6:05pm Call to order (Dr. Meade)
- Participants introduced themselves
- Attendees sign-in to roster
- **MOTION:** Approval of EC minutes from last meeting (August 2017, Washington DC)
  - Passed without objection

**SCHEDULED AGENDA ITEMS**

6:10 – 6:30p  Treasurer’s Report (Dr. Monden)
- Dr. Meade gave the report since Dr. Monden’s flight was delayed
- Plan to review the past year, provide updates and future directions
- The division is in good strength
- Present revenue is greater than the expenses by more than $6,000
- We must consider that we made a commitment to the management company next year which will be funded partly by this greater than expected revenue
- Higher than projected CE revenue
- Projected expenses were lower than actual expenses
- Divisional balance of $230k
- Budget summary is broken down in the agenda book
- Expansions of liaisons at the APA level; we want to make sure there is sufficient funding and support for these positions
- Discussion of 2018 Budget
  - Beginning with FY 2017 numbers
  - Lower number of dues than expected in 2017
    - Dr. Brenner: Initiated discussion regarding the allocation of funds to sending the journal of RP to member (economical, environmental implications).
    - Discussion about the $6500 used for the journal
    - Dr. Ehde: used as a benefit to members initially. Many members may have preference for internet.
      - Supportive access. Get feedback from the members.
    - Mary: tied to the dues amount. Membership should be one of the key voices in the discussion. Make sure that members are getting benefited.
    - Dr. Meade: task force to look at this issue? Dr. Ehde agrees.
      - Come back at the August meeting to report on this issue
      - Who will lead this task force?
        - Membership – Dr. Eichenbaum, Dr. Duchnick, Dr. Ehde, others?
    - Dr. Meade: Adding a category for the management company will be coming up (Michelle)
    - Dr. Meade: Education and training – we are open to a multicultural conference but will need to plan.
    - MOTION: Awards committee request: increase $450 to $600
      - Motion passed without objection
    - MOTION: Move funds ($200) allocated for Deafness Sig plaque at APA $200 to the Award committee
      - Dr. Wilson: No contact with the Sig Chair
      - Motion passes without objection
    - ECP SIG: we will wait until they present
- Dr. Betthauser: ECP Sig funding (i.e., Social and Hospitality suite coverage for APA18) Dr. Meade: right now we don’t have this included in the budget
  - Social hour cost was $5000, with EC members fronting the money.
  - We have $3750 allocated so far for next year
  - Drs. Gorgens, Brenner and Meade agree that this is an important outreach effort for the division

- Budget Requests
  - Others:
    - Dr. Gorgens: Representing the CE Committee. Investment on technology to talk about point of sale of CE on the website. $500 to $1000 could make this happen.
      - Dr. Meade: a management company could help track this process and fiscal piece.
      - Dr. Brenner: This is not on the RFP for the management company but needs to be
      - Dr. Gorgens: CE and Membership committee with SIGs (ECPs). Split oversight while living in the CE committee.
        - 1. Behind a paywall – pay for video
        - 2. Technology to score a posttest after the video
        - 3. Make a certificate for completion
      - Dr. Brenner: Conference planning committee can help to edit. Zoom software is not fancy and is easily usable.
      - Drs. Brenner, Gorgens, and Meade in agreement that this should be discussed with the management company, once hired. This will be a part of how we prioritize this money, earmarked to support this effort.

6:30 - 6:35  Update on RP18 Conference (Drs. Bentley & Price)
- Large breath of programs and posters
  - 2 tracks for preconference
    - 52 for pain; 22 for APA
- 285 people registered for RP18 (hoping for 300)
- Dr. Price: Sponsorships – goal was $30k. Still waiting to get final numbers.
- Dr. Meade: Thanks to Drs. Bentley and Price
RP19 will be in Orlando, FL Ann Marie Warren Program Chair from 2/7 – 2/10 at the Hilton Lake Buena Vista

- Dr. Meade: This location came out of information from membership survey responses
- Dr. Mona: easily accessible for people with disabilities
- Dr. Price: Thanks to others for their vetting of other cities

6:35 - 6:40 Update on APA Convention Program 2018 (Drs. Betthauser & Ellois)

- Report is in the agenda book.
- We need to think about increasing the membership of the APA Membership Convention Committee (currently 2).
  - Dr. Monden: Program chair, past program chair, chair elect, student chair has been done in the past
- Dr. Vega: social media can be a way that the membership committee can promote.
- Dr. Meade: Suggested specific roles and tasks in mind for recruitment. Committee can be 6-8 rather than 2 (perhaps a role for FRP).

6:40 –6:55 ECP SIG (Drs. Patel & Hughes)

- Dr. Patel: developed a needs assessment
- Pipeline to add membership – people get excited at the conference but we tried setting up positions to capitalize
  - Created roles:
    - Recruitment and employment
    - Collect and condense job postings on listserv
    - Dr. Meade: Is this a member benefit or is there a financial consideration? What are other groups doing?
    - Dr. Hughes: APA psych career listserv is for fee but with information you can find elsewhere. Beneficial for EC members as a digest
    - Another potential position: interface between ECP sig and membership committee
    - Secretary position: for monthly conference calls with SLN and internally
    - Webinars: webinars for those who cant make it to the conference (2 per year maybe)
    - Trial these and see what works. People will get more involved if they know that positions are there.
- Job Fair
  - Every email asked how much does job fair cost.
    - Thinking about charging $30 to fund other ECP activities.
    - Dr. Meade: what is the cost of logistics (tables etc.)?
    - Dr. Brownsberger: approximately $100
- SLN - people at Nova are already creating webinars. Maybe we could coordinate.
  • Student listserv: perhaps when we get the management group
  • Would help to target students/trainees
  • Dr. Hughes: another listserv may not solve the problem, but adding a pre-fix to each student-specific email could help people to sort. Adding another listserv is an additional cost.
  • Facebook group did not gain traction
  • Dr. Stiers: we don’t want to add a burden that will interfere with the primary process. Organizations could provide fees with less burden.
    ◦ Drs. Kurylo and Meade: make it voluntary, not mandatory. Perhaps include a “recommended contribution”.

6:55 – 7:15 Practice Committee (Drs. Nash & Karol)
- Dr. Nash: introduction and thanks to Dr. Karol in co-chair role
- Clarification of roles to the division and membership roles (Drs. Karol, Press, Peters).
  ◦ 2-day strategic planning meeting to address this. Need to get commitment to move things forward and get products made.
- Recently, PC was working on identifying someone for a CODAPAR grant and draft a response for the CRSPP response
- Dr. Meade: Elicit feedback during this meeting. Joint responses and individual (d22) response to make the most political impact.
- Dr. Karol: Division 40 response
  ◦ Thanks to Drs. Nash and Meade
  ◦ The draft has been sent out to the EC. Request edits. The final product needs to come from D22 or the EC.
  ◦ Dr. Curtiss: one response from board of directors coordinated from the responses from all other entities. More strength from multiple responses. Individual members have the right/duty to review these. This would have a big impact on practice, billing and reimbursement.
  ◦ Dr. Karol – Division 40 provided a 90 page response
    • The big issue is their assertion that NP is in part responsible for intervention. We highlight our strength in intervention.
    • This was very difficult to write due to overlap
  ◦ Drs. Brenner and Stiers: emphasized importance of not conceding cognitive testing, as it is in the purview of rehab psych. They can use the word neuropsychological testing, but not “cognitive”
  ◦ Dr. Karol: we did not emphasize this, but we can
Final comments are due on MARCH 6th

Drs. Nash and Brenner: NP response does not delineate the training that goes into the intervention. We should emphasize that this should match the RP competencies.

Dr. Nash: should this transfer back to the education committee?

- Dr. Meade: right now the education committee is too small. The lead for the practice committee should lead this one and provide a final draft.
  - Drs. Meade and Wilson: Please provide a cheat sheet (summary of D40 document) to the membership so that we can write letters quickly

Dr. Curtiss: membership needs the summary from the EC. Boiler plate will detract from value of individual comments. Dr. Meade: will cover this in business meeting on Sunday and will mention in presidential address

Dr. Perrin: Could be helpful to use their words to describe the inconsistency

Dr. Karol: 1- reassess that cognitive assessment is included in rehab psych (shared competency with RP, NP and health psych)

Dr. Brenner: Requested commitment from EC members to respond individually this since it is so important (i.e., erosion of practice)

Dr. Stiers: interventions for our particular population (disability and chronic health conditions), not interventions in general. This is very clear from our training guidelines. It does not exist in their training guidelines, but appears in this D40 document.

- CODAPAR Grant – approved with Division 56 trauma psychology
  - Division 22 is listed in the grant as participating
  - We agreed to supply to the grant a representative to develop trauma assessment training videos for high risk populations
  - 4 videos. Dr. Mona was able to move it forward. Dr. Andreskiin has stepped forward to do this as well. Many thanks from the EC.
  - Video for trauma assessment in people with disabilities will be coming out soon.

- CACREP – master’s level psychologists
  - Nothing to report

7:15 – 7:25 BPA Liaison (Dr. Karol)

- Next meeting is shortly. Clinical practice guidelines in the pipeline. PTSD, obesity, depression, child obstructive behavior. Focus on specific disorders.
- Do we want to propose clinical practice guidelines for disability groups. These are very expensive but we can propose this as a line item. There is uncertainty about the process, but gauging interest and ability.
  - Dr. Mona: takes about 10 years to pass. We could certainly look at that, but nothing urgent around it.
  - Dr. Karol: I’ll keep bringing it up
  - Drs. Meade and Gorgens: Practice committee should likely take primary ownership. Drafts come to council just before meeting for us to approve or comment. BPA will be in the know 2 years prior to that. Dr. Karol: will continue to monitor drafts

- Dr. Brenner: I am a champion on CPG. It’s a huge endeavor and effort. VA has really good clinical guidelines for TBI. Perhaps we publicize what is already out there.

- Dr. Karol: There is a behavior analyst board outside of APA. They are claiming that only behavior analysts can supervise, train other behavior analysts. BPA is trying to figure out what to do.
  - Doctoral level is the level for psychologist. BPA has a working group to provide input to the counsel about Master’s level clinicians. My sense is that APA will get involved since if they stay away, the concern is that the master’s level training can expand clinical purview.
  - Dr. Gorgens: master’s level licensing is being granted on a state by state basis. She recommends addressing this major shift. We can help outline a scope of practice for master’s level and doctoral level rather than clashing without intersection.
  - Dr. Meade: in the interest of time, this discussion was concluded

- Dr. Stiers: Briefly added that EPPP part 2 begins in 2 years.

**7:25 - 7:40 Break (All)**

**7:40 – 7:50 Science Committee (Dr. Smith) and BSA Liaison (Dr. McDonald)**

- Dr. McDonald: Stand for science program
  - What can we do to promote science with policy makers?
    - Federal advocacy coordinator perhaps creating a webinar
    - Dr. McDonald will follow up with them and report back
  - Dr. Gorgens: reminder of advocacy training on Saturday at 12:45
  - Dr. Brenner: March for Science. Coordinated D22 response for this year.
  - Dr. Mona: Raised the issue of access to marches and limited participation. Share this on our lists so that we can be inclusive. Dr. Brenner: Suggested posting pictures of themselves supporting to increase viewers.
Dr. Smith: provided report and updates on Science Committee, including recent NIDILRR RFI coordinated response from Division 22, Rehab Science Spotlight under the leadership of Dr. Bison, and tear sheets to continue in the journal of RP
- Proposed Science Committee chair transition with co-chairs (junior and senior)

7:50 – 7:55  Journal Report (Dr. Ehde)
- Dr. Ehde: Will be learning a lot about APA journals this year as it is a transitional year
- Appointed 2 associate editors (Drs. Perrin and Kratz)
- New incoming board. I think we need the perspective of ECP and Mid-career. 50% are women. I want to diversify the board as much as possible.
- Figured out how to review manuscripts, recruit reviewers, internal operations.
- Internal efforts: reduced review time from 2.2 to 1.1 months. Need to continue to turn things around quickly.
  o Majority of reviewers have turned in things early.
  o Some still lag. We are working to keep authors informed.
- 53% of invited reviewers have agreed. This speaks to the community we have.
- Future: 1 call is now out for a special section
  o Possibility for chronic pain, suicidality
  o Plan to continue with clinical outcome measures (“tear sheets”)
  o Goal is to solicit science and reviewers. Plan to recognize exemplary reviewers.
  o Dr. Perrin: Invited ideas for improvement and manuscripts

7:55 – 8:10  Bylaw updates and revisions (Dr. Meade)
- 2010 was the last amendment review. Notification and vote is required by membership. Today, bylaw updates were made by the task force. This was done in accordance with APA policy.
  o Review of changes (Overall, lots of tweaking)
    ▪ Consistent with branding, changed name. Added mission from strategic planning. Vision statements added. No change to membership section aside from reinstatement (nobody will be required to pay back dues).
    ▪ EC board
      • Student rep description was updated
      • ECP rep updated
      • Updated chairs of committees language
      • Removed statement about midyear conference
    ▪ SIG
      • Updated SIGs
• Helping to maintain connection between committee and SIGs but with different agendas. This allows for flexibility.
  ▪ Clarification of student rep again
  ▪ Clarified term “transition”
  ▪ Changed the word “constitution” to “Bylaws”
  ◦ MOTION: Motion to approve these bylaw changes so that we can send out to members within 90 days
    ▪ Motion passed without objection or abstention
  ◦ Relationship between Committees and EC Board
    ▪ Living document that is posted now
  ◦ Thanks to all the committee chairs for submitting to the agenda
    • Role of Members-at-Large
    • Other issues

8:10-8:20 Requests for new liaisons, chairs and / or leadership
- Continuing Education Committee (Dr. Gorgens)
  ◦ No APA CE application due for another 4 years.
  ◦ It’s a working committee, not arduous, can help to be a legacy for someone to build a revenue stream (would likely require a multi-year commitment).
  ◦ Dr. Meade: suggestions for qualities needed by this person would be helpful. Dr. Gorgens will backchannel.
- Academy of Spinal Cord Injury Professionals (ASCIP) Liaison (Dr. Bombardier)
  ◦ 2019 or 2020 will be looking for a replacement
- Deafness SIG
  ◦ Dr. Meade: need to find out more about this SIG, given lack of responsiveness
- Assistive Technology SIG (Dr. Scherer)
  ◦ Dr. Scherer has asked to dissolve the SIG.
  ◦ Dr. Meade: I think it is important that we don’t dissolve this in an advancing world. Looking for a member to lead. Would like to revitalize this. There is interest and excitement for this and we can leverage combined expertise.
  ◦ Dr. Nash: Suggested providing this information at the presidential address to attract interest and be more transparent. Dr. Meade in agreement.
- Proposed SIG on Sexuality, Disability, and Sexual Health
  ◦ This was introduced on the listserve, with the intent to provide leadership and training around these issues.
  ◦ Several EC members contributed to this discussion, including Drs. Brenner, Brownsberger, Mona, Meade, Gorgens, and Rath.
  ◦ Drs. Brenner, Brownsberger, Mona and Gorgens: The primary concerns involved availability of person power, additional benefit to forming a SIG as opposed to being handled by existing committees and members who could then form a “grassroots” effort (as has historically been the case), longevity of creating this SIG,
better understanding of the goals for this SIG. Sex seems like a content area squarely in the domain of D22 members regardless of background and a conversation we should all have. It’s an RP competency.

- Primary reasons for the formation of the SIG were described by Dr. Meade: SIG affiliated with committees. SIGs focus on their own issues. Committees support the division. This is an opportunity to connect membership.
- Dr. Gorgens: What is so unique about our contribution to psychology is our willingness to cover this.
- Dr. Meade: How often is it addressed here? How do we ensure that it continues to be addressed in education?
- Dr. Gorgens: Yes this needs to be part of everyone’s training and purview. That seems counter to funneling into a SIG.
- Dr. Brenner: Practice and training should address sexuality within RP. Do we highlight this on our website around resources? Next time we can draw on these
- Dr. Mona: American Psychologist December article is an available resource
- Dr. Gorgens: This is an opportunity to lead our peers. Capture Dr. Mona’s lecture on zoom and put it on the website.
- Dr. Betthauser: Periscope weekend sessions if people are open.
- Dr. Rath: SIGs are an opportunity for low power groups to come together. I think this is a helpful way to think about this.
- There was no motion for the creation of this SIG.

8:20-8:50 New Business & Updates (as time allows)

- Council of RP Post-Doctoral Training Programs (Dr. Stiers)
  - Nothing to add
- Foundation of Rehabilitation Psychology (Dr. Rohe)
- Academy of Rehabilitation Psychology (Dr. Wegener)
- Interdivisional Healthcare (Drs. Nierenberg & Glueckauf)
- Rehabilitation Psychology Specialty Council (Dr. Curtiss)
- International Committee
  - 3rd phase with the Israeli Delegation to come to Dallas
  - We’d like to continue to have D22’s collaboration

8:50 – 9 PM Review / Vote on 2018 Budget (Dr. Monden)

- Dr. Meade: Not comfortable to review the budget without the treasurer here. No later than April for completion of this process.
- No objections from EC members

9:00 Adjourn

Motion to adjourn
Meeting was adjourned at 9:00
Minutes taken by Evan Smith, Division 22 Science Committee Chair
REPORTS, NO ACTION, NO DISCUSSION
Awards Committee
Communications Committee
Continuing Education Committee
Diversity Committee
Education & Training Committee
  • BEA Liaison
Mentorship Committee
Section Reports
  • 1 – Pediatric Rehabilitation Psychology
  • 2 – Women’s Issues in Rehabilitation
Special Interest Group (SIG) Reports
  • Deafness
  • Critical Care