
2009 Presidential Task Force on the Future of Psychology Practice Final Report

This document represents the work of the Presidential Task Force on the Future of Psychology Practice. The Task Force planned and convened the Presidential Summit on the Future of Psychology Practice held in San Antonio, TX, on May 14-17, 2009. The Presidential Task Force and Summit were collaborative efforts and opportunities for strategic thinking about the future of psychology practice.

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Executive Summary

Psychological practice in the 21st century requires that we change our traditional ways of practice and create a vision to take advantage of the new possibilities in society. In response to the changing practice environment James H. Bray, Ph.D., created the Future of Psychology Practice presidential initiative. Dr. Bray convened the Presidential Task Force on the Future of Psychology Practice (Task Force) in 2008 to address practitioners' needs and create a new vision for the future of psychology practice. The goals of the Task Force centered on identifying:

- ⇒ Opportunities for future practice, based on an emerging science, to meet the needs of an increasingly diverse public;
- ⇒ Strategies and tactics to effectively address these opportunities;
- ⇒ Sustainable partnerships to implement new opportunities for practice and to develop a common public policy agenda.

Future Opportunities for Practice

The Task Force recognized that there are boundless opportunities for the practice and application of psychological science. However, it identified two future directions that hold significant promise: integrated health care, and applications of psychology in a range of industrial/organizational (I-O) settings.

Both of these build on existing endeavors, but the Task Force adds a new commitment and focus to these efforts. The practice of psychology has a multiyear history of evolving toward an identity as a health care profession. In 2000, APA endorsed a revised mission statement that asserts that the mission "shall be to advance psychology as a science and profession and as a means of promoting health and human welfare"; earlier, in 1995 the Practice Directorate, under the direction of the

Committee for the Advancement of Professional Practice (CAPP), established the Primary Care Task Force, that recommended steps to integrate psychology and primary care; the Current Procedural Terminology (CPT) psychological and neuropsychological testing codes were developed in 2002; in 2005, then-APA president, Ron Levant, focused one of his presidential initiatives on Health Care for the Whole Person; and, in 2007 then-APA president, Sharon Stephens Brehm, focused one of her presidential initiatives on Integrated Health Care for an Aging Population. Today, there are a growing number of training and practice opportunities around the country. The Task Force supports this trend and notes it is time to make a clear commitment to our identity as a health care profession as differentiated from solely a mental health profession.

The Task Force also recommends greater articulation of historical opportunities in applying psychological knowledge to fields as diverse as performance enhancement, public safety, family law, forensics, and human resource management. The Task Force recommends a strong commitment to growth areas, such as emerging treatments for serious mental illness, geropsychology, workplace safety, and media psychology. It has been exciting to learn of the many effective, innovative ways psychologists are practicing in these areas. The Task Force supports and recommends that these be given more recognition and support.

"It is a balancing act...you have to be actively cultivating what is good about the traditional practice that you have, and at the same time, you will need to build-up a future practice...that is the challenge strategically."

Ian Morrison, Ph.D., The Second Curve Meets the Flat World, 2009 Presidential Summit on the Future of Psychology Practice.

Presidential Summit on the Future of Psychology Practice: Collaborating for Change

To achieve its goals, the Task Force planned and convened the Presidential Summit on the Future of Psychology Practice (Summit) in San Antonio, TX, on May 14-17, 2009. The purpose of the Summit was to engage participants in an agenda-setting meeting that would inform the work of the APA and the American Psychological Association Practice Organization (APAPO) to meet the needs of practitioners and the future of psychology practice.

The Task Force felt that a Summit would coincide well with the recent work done by the APA Council of Representatives on vision and mission statements for the organization (*See Appendix E*). The goals and objectives outlined by the APA Council of Representatives provided an important foundation for the recommendations contained in this report. Also, many of the recommendations provide support for the growth and strategic direction of the American Psychological

Association Practice Organization (APAPO) and its work on behalf of practicing psychologists (*See Appendix F*). The Task Force recommends that the APA Board of Directors reviews and accepts the report with the specific request that the Board identifies a process that will assign responsibility for the monitoring and follow-up of the recommendations in the report.

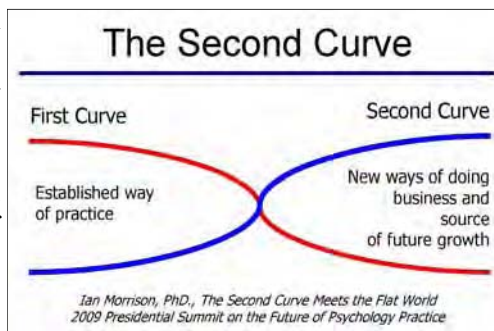
In addition, the Task Force recognized that a central consideration for the Summit was the need to plan for a future of psychology practice that will meet the needs of an increasingly culturally and demographically diverse society. Lastly, the Task Force envisioned a Summit that could provide a forum by which leaders in the practice of psychology would join forces to articulate a series of recommendations grounded in the biopsychosocial model and reflecting a commitment to science and its application to practice.

Moving to the Second Curve: Key Drivers of Change and Recommendations

Participants in the Summit reflected on the dynamic forces impacting the profession and moving psychologists from traditional first curve ways of practice to new and innovative second curve practices. The Summit, with its focus on the dynamic second curve, was designed to be a nodal event for the profession, much like what the Boulder and Vail conferences did for psychology education over the past 60 years.

The Task Force identified the following key drivers of change currently impacting the profession: economic challenges, new scientific knowledge, increasing global awareness, changes in healthcare systems, changing demographics, need for accountability measures, impact of technology, and the need to re-envision education and training.

In making its recommendations, the Task Force included initiatives that address the need for appropriate compensation and reimbursement; that advance the capacity to demonstrate accountability; that encourage practice in integrated and primary care settings; that emphasize and prioritize the roles of culture and diversity in the practice of psychology; that address barriers to practice across state lines and national borders; that enhance the public's understanding of psychology and the practice of psychology; that assist members in the use of technology; that broaden the applications of psychological knowledge in organizational settings; and that support the re-envisioning of education and training.



The Task Force synthesized the ideas and recommendations of the Summit participants, all of whom were invited leaders in the practice of psychology, and leaders from other professions considered critical stakeholders and potential partners to the practice of psychology. While all recommendations are listed in this final report, the Task Force has highlighted recommendations deemed as priorities for the APA and the APAPO. The Task Force noted where recommendations coincided with the APA and APAPO strategic goals and objectives (See Appendix E and F).

Economic Viability

Economic viability is essential to maintain and grow as a profession (APA Strategic Goal #2; APAPO Strategic Goal #1).

- Ensure the inclusion of psychologists in the physician definition of Medicare.
- Advocate with government entities, employers, and insurers for adequate and appropriate reimbursement for services and competitive salaries.
- Collaborate with other organizations to offer business of practice learning opportunities to ensure culturally competent practitioners who are able to meet marketplace expectations and needs.

Accountability Measures

Psychologists must demonstrate accountability for work performed.

- Advance an expedited APA governance process for the development of treatment guidelines.
- Develop a framework for the collection and use of outcome measures for psychological services.
- Create practice guidelines that reflect the measurement of outcomes related to performance (I-O).

Integrated and Primary Care

Psychological practice in the 21st century requires that psychologists consider changes in traditional ways of practice and take advantage of the new possibilities for expanding practice in the future (APA Strategic Goal #2; APAPO Strategic Goal #3).

- Develop innovative training opportunities for multi-disciplinary training to assist psychologists to work in integrated, primary and collaborative care settings, plus patient-centered healthcare home (also known as the medical home or health home).
- Create innovative tools that allow psychologists access to the research bases of health promotion, disease prevention, and the management of chronic diseases.

Mobility and Licensure Barriers

Provide psychologists the ability to practice and provide services across state lines and national borders.

- Partner with the Association of State and Provincial Psychology Boards (ASPPB) to reduce barriers for cross jurisdictional practice.
- Support State, Provincial, or Territorial Psychological Associations' (SPTAs), and other key stakeholders (e.g., National Register) advocacy efforts to eliminate mobility and licensure barriers.
- Develop resources to support applied psychologists who want to be licensed, such as I-O psychologists.

Public Education and Branding

Increase and enhance the public's interest and understanding of psychology and psychological practice (APA Strategic Goal #2, 3; APAPO Strategic Goal #2).

- Develop an operational definition of “psychology” and “psychologist” that can be used in public education and branding campaigns.
- Provide sufficient funding for APA public education campaigns to reach significant publics.
- Collaborate with other health care organizations on public education campaigns that increase and enhance the public's understanding of health promotion and the health care professions.

Use of Technology

Train psychologists to use and integrate technologies to provide quality services (APA Strategic Goal #2, 3; APAPO Strategic Goal #3).

- Advocate for appropriate protections in legislation related to the use of technology (i.e., Electronic Health Records).
- Assist members to transition to the use of electronic health records.
- Collaborate with technology companies or organizations to provide web-based learning opportunities on the use of technology for networking and service delivery.

Education, Training and Lifelong Learning Opportunities

Re-envision education and training (APA Strategic Goal #2, 3; APAPO Strategic Goal #2, 3).

- Support and encourage the collaboration of psychology education and training councils on re-envisioning education and training that is competency-based and meets marketplace needs.
- Support and develop continuing education courses that reflect business of practice issues, leadership development, an understanding of cultural diversity, social and public policy.
- Seek parity for the education and training of professional psychologists in federal training funds.
- Integrate into psychology education and training an understanding of the key challenges impacting the profession, such as, the need for multi-cultural competence, accountability measures, new scientific knowledge, and changes in healthcare systems.

As stated at the summit, “¡Lo que ocurrió en San Antonio, no puede permanecer en San Antonio!

What happened in San Antonio cannot stay in San Antonio!”

Introduction

Psychological practice in the 21st century requires that we change our traditional ways of practice and create a vision to take advantage of the new possibilities in society. In response to the changing practice environment James H. Bray, Ph.D., created the Future of Psychology Practice presidential initiative. Dr. Bray convened the Presidential Task Force on the Future of Psychology Practice in 2008 to address practitioners' needs and create a new vision for the future of psychology practice.

Task Force members, which began meeting in July 2008, represented a diversity of practice areas, APA divisions and governance groups. During its meetings, the Task Force discussed the broad focus of the Task Force and the need to be mindful of the expectations of the practice community related to its work. Additional topics discussed during the July 2008 meeting included the need to formulate recommendations on policies related to practice for consideration by the APA Council of Representatives, and recommendations that could inform the strategic plan of the APA Practice Directorate and APA Practice Organization (APAPO).

Consistent with the APA strategic plan, Task Force members agreed that a major focus of its work was to create a vision for the future of psychology practice. The Task Force also hoped to identify new opportunities and possibilities to assist practitioners in creating

“Psychological practice in the 21st century requires that we change our traditional ways of practice and create a vision to take advantage of the new possibilities in society.”

Task Force July 2008 Meeting

new models of practice for today and the future.

The goals of the Task Force centered on identifying:

- ⇒ Opportunities for future practice, based on an emerging science, to meet the needs of an increasingly diverse public;
- ⇒ Strategies and tactics to effectively address these opportunities;
- ⇒ Sustainable partnerships to implement new opportunities for practice and to develop a common public policy agenda.

To achieve its goals, the Task Force planned and convened the Presidential Summit on the Future of Psychology Practice: Collaborating for Change.

Presidential Summit on the Future of Psychology Practice: Collaborating for Change

Task Force members identified the Summit as an opportunity to encourage forward thinking in psychology practice, create a cultural shift in thinking about the practice of psychology, and create venues by which the practice community could be responsive and proactive. The scope of practice identified by the Task Force to be addressed during the Summit included health services psychology and other forms of applied psychological practice.

Task Force Advisory Listserv

In planning the Summit, the Task Force sought input from the broad and diverse practice community. Task Force members envisioned the convening of a Summit as a collaborative effort among partners in the practice community and strategically invited guests from other professions and entities that would provide an opportunity for critical thinking about the future.

In the Fall of 2008, the Task Force invited APA Divisions, State, Provincial, or Territorial Psychological Associations (SPTAs), and other interest groups to select a liaison to participate in a listserv. Liaisons were asked to participate in listserv discussions on a variety of topics regarding practice (both concerns and solutions) and to inform and generate thoughts on future opportunities and innovations for practice. Each of the liaisons was asked to be the conduit of information, thoughts, and concerns between the group they represented and the Task Force regarding the initiatives and products both before and after the Summit.

The Task Force posed questions and encouraged responses as well as original ideas, topic stimulators, and innovative ideas for practice. What resulted was an interactive dialogue among the listserv participants that contributed to the themes and focus groups of the Summit.

Three specific questions were posed to the liaisons:

1. If we could change one thing to enhance the practice of psychology in the next year, what would it be?
2. What do you think are the priorities for psychologists practicing in private and public settings?

3. What resources are needed to address the priorities effectively?

A summary of the responses discussed on the listserv to each of these questions is presented below.

If we could change one thing to enhance the practice of psychology in the next year, what would it be?

Responses to this question fit into several major categories:

- ⇒ Training
- ⇒ Reimbursement
- ⇒ Advocacy
- ⇒ Marketing/Public Education/Public Relations
- ⇒ Humanitarian Efforts
- ⇒ Practice Issues

Training

Liaisons highlighted the importance of training programs that have a focus on competency-based practice, multi-cultural competence, advocacy, and technology. They also emphasized the need to address the disparity in number of graduates, quality internships, and job placement.

Reimbursement

Reimbursement issues were a major concern of listserv participants, who endorsed the need to advocate more vocally for higher insurance reimbursement. In addition, participants expressed a high level of interest in universal health care.

Advocacy

In the area of advocacy, liaisons recognized

the need to support advocacy efforts and to find ways to educate psychologists on why such support is important to the future of psychology practice. Additionally, psychologists commented on finding ways to keep insurance companies out of practice issues.

Marketing/Public Education/ Public Relations

The need for effective branding of the profession was strongly recommended. Many participants expressed a desire to expand public education efforts to highlight the importance of self-awareness and change so that the public will see how psychology can change their everyday lives. Some participants also suggested that psychologists change from being labeled as mental health providers to being branded as health care providers.

Humanitarian Efforts

A challenge was issued for psychologists to be more socially responsive.

Practice Issues

Participants discussed working for prescriptive authority and uniform standards for all states; collaborating and joining community-based networks; and being innovative and looking outside of our typical systems and roles as strategies and tactics to enhance psychology practice in the future.

What do you think are the priorities for psychologists practicing in private and public settings?

Three major themes emerged in response to this second question:

Business of Practice Issues

Practitioners outlined the need for business management training both at the graduate and continuing education levels. Streamlining and simplifying paperwork for practicing psychologists was listed as a practical step.

Scope of Practice Issues

Practice can be enhanced by addressing antitrust issues to assist psychologists in negotiating fees with managed care companies. The need for greater independence of action within public service work settings was an additional scope of practice issue.

Practitioner Issues

Key themes related to practitioner issues included learning new approaches to old problems, being flexible, need to be culturally competent, and conducting practice from the evidence-based and best practice approaches.

What resources are needed to effectively address the priorities?

Liaisons listed marketing/public relations/public education as a critical resource and discussed how new mottos and logos can attract the public's attention. Using current technologies (e.g., simulations, on-web learning experiences) to build skills was also identified as a way to enhance psychologists' growth and practice. Some participants suggested APA offer a central clearinghouse/database of critical evidence on clinical issues as membership benefit.

Presidential Summit on the Future of Psychology Practice: Collaborating for Change

The Presidential Summit on the Future of Psychology Practice: Collaborating for Change, held May 14-17, 2009 in San Antonio, Texas, was a transformational event. The purpose of the Summit was to engage participants in an agenda and priority-setting meeting to inform the work of the APA and the APAPO to meet the needs of practitioners and the future of psychology practice.

The Summit was a vehicle for consideration of new models, settings and partnerships for psychological practice; expanded thinking about practice trends; and conceptualizations of practice that cross traditional lines. The Task Force used the findings from the Summit to develop clear recommendations outlined in this report for our diverse practice community.

Planning the Presidential Summit on the Future of Psychology Practice: Collaborating for Change

The Summit brought together 150 thought leaders from psychology, business, consumers of services, economics, insurance, medicine, and politics. The Summit with its focus on the dynamic second curve of practice, was designed to be a nodal event for the profession, much like what the Boulder and Vail conferences did for psychology education over the past 60 years.

Identifying Delegates

Attendance was set at a size that would facilitate accomplishment of its goals. There

were 150 delegates, drawn from APA divisions and governance groups, state associations, the Committee for the Advancement of Professional Practice (CAPP), APAPO, other practice associations (such as primary care medical groups), government entities, education and training organizations, consumers, insurers, and businesses. Divisions and State, Provincial, or Territorial Psychological Associations (SPTAs) were asked to nominate delegates to participate in the Summit based on criteria for insuring diversity. These criteria included gender, ethnic diversity, professional development level (e.g., early career to senior levels), and content expertise (evidence-based practice, science applications).

An innovation of the Summit was to invite guests who represented other organizations, businesses and consumers of psychological services. Representatives from the American Nurses Association, Society for Human Resource Management, National Alliance on Mental Illness, National Association of Community Health Centers, Gerontological Society of America, and the National Center for Primary Care at Morehouse School of Medicine, to name a few. In addition, guests representing the following companies also attended: United Behavioral Health, Blue Cross/Blue Shield, and Pearson. *See Appendix A for list of delegates.*

Summit Description

The following paragraphs provide a synopsis of the keynote addresses presented during each of the three days of the Summit. *See Appendix B for the Summit program.*

Day 1: What We Share

Dr. James Bray began the first day with a presentation on the future of psychology practice. Dr. Bray's presentation was followed by a thought-provoking presentation, entitled *Second Wave Meets Flat World*, by futurist, Dr. Ian Morrison. Dr. Morrison provided a presentation that focused on how in every business there are two curves: a) the first curve which is the one that businesses do well and are comfortable with; and b) the second curve which is a new way of doing things that is dramatically different from the first. To succeed, each business will have to manage and balance the needs of both curves.

Dr. Norman Anderson, Chief Executive Office of the APA, addressed health disparities and the importance of overcoming disparities to ensure our future as a just and healthy profession and society. Ann McDaniel, vice-president of the Washington Post Companies, was the featured evening speaker and provided a close-up view of President Obama's administration and plans for health care reform.

Day 2: Drivers of Change

Dr. Carol Goodheart began the second day with a presentation on the economics of psychology practice. Dr. Richard Frank, a health economist, followed Dr. Goodheart with an overview of the changes in funding for health and mental health care. He pointed out that while health care costs as a percentage of the gross domestic product (GDP) have increased over the past 20 years, mental health care costs have remained stable as a percentage of the GDP. In addition, Dr. Frank described an increase in the use of psychotropic medications, by both psychiatrists and other physicians, while payments for psychotherapy have declined (*See Appendix C*). He emphasized that psychology economics is a strong reason for the profession to continue to seek prescriptive authority. He recommended that psychology explore opportunities in psychosocial services.

Tillman Farley, MD, a family physician, spoke about his model of integrated community health care that places behavioral health squarely in the primary care model. Janet Reingold, media and marketing expert, discussed the branding of a profession and the need to distinguish psychology from other mental or behavioral health disciplines.

Day 3: Steps to Change

Dr. Margaret Heldring began the third day with a presentation on the future of practice, entitled *The Future Begins Yesterday*. She was followed by Elizabeth Gibson, Ph.D. Dr. Gibson, a consulting psychologist, described how she helped transform the Best Buy Corporation from a bankrupt company to a leading retailer in America. Dr. Gibson also addressed how one could apply the principles of change to transforming the profession of psychology. Dr. Katherine Nordal, APA Executive Director for Professional Practice, spoke about the organizational structure and initiatives of the Practice Directorate and the APAPO.

Workgroups

Each day, after hearing the foundational viewpoints of the speakers, small work groups met to continue the work of the Summit. Participants were encouraged to think big, bold and outside the box.

Work groups addressed questions such as:

- ⇒ What are priorities for our constituents?
- ⇒ What are the pathways to get there?
- ⇒ What partnerships should we develop?
- ⇒ What economic challenges present future opportunities?
- ⇒ What will be the impact of cross-cutting changes in the future of psychology practice in regards to diversity, science and technology developments, and partnerships?

Issues to be Addressed

Numerous issues emerged at the Summit, some of which formed the basis of the recommendations for this report. The next several pages represent a discussion of those issues. A series of articles and editorial columns were also published describing the Summit and the issues that emerged. *See Appendix D for the articles and editorial columns.*

Need to ensure economic viability

Economic viability is essential for a profession to survive. Common themes heard throughout the Summit included the need to support advocacy efforts by the APA and APAPO for adequate and appropriate reimbursement for services and competitive salaries; the need to support advocacy initiatives related to reimbursement by SPTAs; and the need to collaborate with other relevant organizations on developing business of practice initiatives that meet marketplace expectations and needs, such as, inclusion in the patient-centered healthcare home model (also known as the medical home or health home).

Need to be accountable

Whether we like it or not, there are changes in health care payments and reimbursements that require practitioners to demonstrate accountability for their work. This was a clear message from the insurance, business and legislative delegates at the summit.

The profession has the opportunity to define how we should be evaluated by developing psychology treatment guidelines and outcome measures. Psychiatry has developed guidelines that are used by the insurance

industry to determine treatment and guide reimbursement. According to the insurance and legislative delegates, there are currently no guidelines for psychotherapy and psychological services. Our profession has long resisted developing these guidelines, but the time has come to define psychological treatment practices and outcome measures, or others will do it for us.

Need to collaborate in integrated and primary care

As summit speaker Frank DeGruy, MD, a family physician said, “Mental health care cannot be divorced from primary medical care, and all attempts to do so are doomed to failure.” It is becoming increasingly clear that healthcare reform will include a greater emphasis on primary care and prevention of chronic diseases. It is critical that psychologists are included in the patient-centered healthcare home models (also known as the medical home or health home) that are being developed to revitalize primary care. These are both areas where psychologists can make major contributions, but will require that we partner and practice with primary care physicians and nurse practitioners. Most practicing psychologists have not been trained to work in these settings and in the busy style of primary-care medicine. It is one of our most promising future practice opportunities.

Need to reduce barriers for cross jurisdictional practice

A clear concern voiced by Summit participants was the need for the profession to address and eliminate barriers to practice across state lines and national borders. Entry into practice in the U.S. is regulated by licensing authorities within each jurisdiction. The ability to practice across jurisdictions is currently possible for a number of professions, such as nursing, and psychologists need to be able to provide services across state lines and national borders. Partnering and collaborating with relevant international organizations will be critical to the success of psychologists practicing across national borders.

Need for public education and branding of the profession

Increasing and enhancing the public's interest and understanding of psychology and psychological practice is essential. As psychologists we know that many chronic health problems, such as diabetes, hypertension, and obesity are caused by psychosocial and lifestyle problems. Psychologists have much to offer to prevent these problems and help people better manage their chronic health problems. There are important social determinants of health that psychologists must understand and address.

Public education campaigns can provide information on prevention of health problems and enhance the health of our population. Additional financial and staffing resources are needed to develop a branding initiative that will heighten awareness of the benefits of psychology and psychological practice.

Need to use and integrate technology into practice

Technology, such as electronic health records, is increasingly used in the delivery and reimbursement of services. Government systems and insurers are increasingly supporting and utilizing technology to document service delivery and provide reimbursement. Many other health care professions utilize technology in ever expanding ways for streamlining assessments and service delivery. In addition, technology will facilitate the ability to practice across state lines and national borders.

Need to re-envision education and training

Practitioners are still being trained for the "first curve" -- traditional practice. To thrive in the future, psychologists will need to re-envision education and training that will take advantage of new practice opportunities outside of traditional psychotherapy practice.

Re-envisioning education and training will mean adding new elements and skills, plus embracing best practices and fostering interdisciplinary training. Based on the discussions at the Summit, training students to think broadly and function uniformly in the biopsychosocial model will provide a firm foundation for future practice. Graduate students and Early Career Psychologist (ECP) delegates at the Summit highlighted the disparities in the length of time to degree, increased amounts of education related debt compared to previous generations, and the need for additional training post-graduation to meet marketplace demands. Preparing students to meet the needs of an increasingly culturally and demographically diverse society are also integral to "second curve" education and training.

A Clear Agenda for the Future

Following the Summit, the Task Force met in September 2009 to review and synthesize the many recommendations that arose from the Summit, and to prepare a final report.

The Task Force members recognized that a primary outcome of the Summit was to develop a clear agenda for the future of our multi-faceted and diverse practice community. Psychological practice in the 21st century requires that we change our traditional ways of practice and create a vision to take advantage of the new possibilities in society and live up to our promise to help society.

In addition to the recommendations that are included in this report, the Task Force members believe that achieving the following are specific examples that, upon realization would represent progress for psychology and society. Clear goals matter. What would it mean to achieve the following by 2015?

- ⇒ Appointment of a psychologist as the US Surgeon General;
- ⇒ Election of psychologists as legislators in 30 states;
- ⇒ Participation of more than 50% of psychologists in the political process via giving, consulting, and campaigning, and running for office;
- ⇒ Realization of a psychology work force that is a reflection of the demographics of the population;
- ⇒ Employment of 20% more psychologists in key administrative positions in health care systems;
- ⇒ Employment of a psychologist as a team member in every primary care practice setting;
- ⇒ Employment of psychologists as active members and consultants to agencies that are tackling global problems like environmental change, war, natural and manmade disasters, displacement, famine;
- ⇒ Attainment of the public relations goal of having 8 out of 10 members of the public able to identify three core competencies of a general psychologist;
- ⇒ Development of “psychtube”, as a medium that is visited daily by more than a million people worldwide; and
- ⇒ Requirement of psychology graduate students to take 20% of their courses and practica in cross training with medicine, nursing, law, journalism, and public affairs.

Recommendations

Task Force members recognized that there must be change in order for the profession to survive and thrive. Summit attendees and listserv participants echoed the need for change. After reviewing the numerous priorities and major themes discussed by participants at the Summit, The Task Force identified the following key drivers of change currently impacting the profession: economic challenges, changing demographics, new scientific knowledge, increasing global awareness, need for accountability measures, changes in healthcare systems, impact of technology, and the need to re-envision education and training.

In preparing its report, the Task Force sought to formulate a set of recommendations that could reflect a balance that met current priorities of practitioners and identified future opportunities for practice.

The Task Force used the following criteria in formulating its recommendations:

- ⇒ *the recommendations needed to address how to meet the key drivers impacting the need for change;*
 - ⇒ *the recommendations needed to influence the future of professional practice, but build on those aspects that represent what is good and valid about traditional practice;*
 - ⇒ *the recommendations needed to reflect the current strategic planning initiatives of the APA and APAPO;*
 - ⇒ *the recommendations would only address health services psychology and organizational psychological practice.*
-

Recommendations for moving forward:

Economic Viability Recommendations

Economic viability is essential to maintain and grow as a profession (APA Strategic Goal #2; APAPO Strategic Goal #1).

- Ensure the inclusion of psychologists in the physician definition of Medicare.
- Advocate with government entities, employers, and insurers for adequate and appropriate reimbursement for services and competitive salaries.
- Advocate with government entities and insurers for psychologists to receive compensation and reimbursement for services equivalent to physicians in all health care settings.
- Explore barriers in state statutes to the establishment of businesses related to integrated health care, and if appropriate, support State, Provincial, or Territorial Psychological Associations' (SPTAs) advocacy initiatives.
- Collaborate with other organizations to offer business of practice learning opportunities to ensure culturally competent practitioners who are able to meet marketplace expectations and needs.
- Prepare a workforce analysis of psychologists employed in health care and organizational psychological practice.

Recommendations

Accountability Measures Recommendations

Psychologists must demonstrate accountability for work performed.

- Advance an expedited APA governance process for the development of treatment guidelines.
- Develop a framework for the collection and use of outcome measures for psychological services.
- Create practice guidelines that reflect the measurement of outcomes related to performance (I-O).

Integrated and Primary Care Recommendations

Psychological practice in the 21st century requires that psychologists consider changes in traditional ways of practice and take advantage of the new possibilities for expanding practice in the future (APA Strategic Goal #2; APAPO Strategic Goal #3).

- Develop innovative training opportunities for multi-disciplinary training to assist psychologists to work in integrated, primary and collaborative care settings, plus patient-centered healthcare home (also known as the medical home or health home).
- Create innovative tools that allow psychologists access to the research bases of health promotion, disease prevention, and the management of chronic diseases.

- Advocate to end mental health carve-outs.
- Collaborate with other health care organizations to offer training opportunities for psychologists and other healthcare professionals interested in working in primary care settings.

Mobility and Licensure Barriers Recommendations

Provide psychologists the ability to practice and provide services across state lines and national borders.

- Partner with the Association of State and Provincial Psychology Boards (ASPPB) to reduce barriers for cross jurisdictional practice.
- Support State, Provincial, or Territorial Psychological Associations' (SPTAs), and other key stakeholders (e.g., National Register) advocacy efforts to eliminate mobility and licensure barriers.
- Develop resources to support applied psychologists who want to be licensed, such as I-O psychologists.
- Review mobility and licensure requirements of other relevant professions to achieve an understanding of practice across state lines and national borders.
- Collaborate with relevant international organizations to enhance the opportunities for psychologists to practice across national borders.

Recommendations

Public Education and Branding Recommendations

Increase and enhance the public's interest and understanding of psychology and psychological practice (APA Strategic Goal #2, 3; APAPO Strategic Goal #2).

- Develop an operational definition of “psychology” and “psychologist” that can be used in public education and branding campaigns.
- Provide sufficient funding for APA public education campaigns to reach significant publics.
- Dedicate financial resources to explore new media that can be accessed and used to improve the public's understanding of psychology and the application of psychological science to daily living (e.g., Facebook, Twitter).
- Collaborate with other health care organizations on public education campaigns that increase and enhance the public's understanding of health promotion and the health care professions.

Use of Technology Recommendations

Train psychologists to use and integrate technologies to provide quality services (APA Strategic Goal #2, 3; APAPO Strategic Goal #3).

- Advocate for appropriate protections in legislation related to the use of technology (i.e., Electronic Health Records).
- Assist members to transition to the use of electronic health records.
- Develop and update current guidelines related to the use of technology and new media.

- Create and disseminate information to members on utilizing technologies to document the delivery and reimbursement of services.
- Collaborate with technology companies or organizations to provide web-based learning opportunities on the use of technology for networking and service delivery.

Education, Training and Life Long Learning Opportunities Recommendations

Re-envision education and training (APA Strategic Goal #2, 3; APAPO Strategic Goal #2, 3).

- Support and encourage the collaboration of psychology education and training councils on re-envisioning education and training that is competency-based and meets marketplace needs.
- Integrate into psychology education and training an understanding of the key challenges impacting the profession, such as, the need for multi-cultural competence, accountability measures, new scientific knowledge, and changes in healthcare systems.
- Seek parity for the education and training of professional psychologists in federally funded training programs, such as, Graduate Medical Education (GME).
- Encourage training in the biopsychosocial model to reflect interdisciplinary and collaborative care.
- Support and develop continuing education courses that reflect business of practice issues, leadership development, and an understanding of cultural diversity, social and public policy.

First Name	Last Name	Degree (Ph.D., MBA, etc)
Mary Karapetian	Alvord	Ph.D.
Norman	Anderson	Ph.D.
Barry	Anton	Ph.D., ABPP
Gonzalo	Bacigalupe	Ph.D.
Allyson	Baker	Psy.D.
David	Ballard	PsyD, MBA
Cristina G.	Banks	Ph.D.
Laura	Barbanel	Ed.D.
Cynthia D.	Belar	Ph.D.
Rosie Phillips	Bingham	Ph.D.
Judith	Blanton	Ph.D., ABPP
Bruce	Bobbitt	Ph.D.
Joan	Brannick	Ph.D.
James	Bray	Ph.D.
Sharon	Brennan	Ph.D.
Susanne	Bruyère	Ph.D.
Paul	Burney	Ph.D.
Charles D.	Callahan	Ph.D., ABPP
Wanda J.	Campbell	Ph.D.
Chris	Carr	Ph.D.
Jean	Carter	Ph.D.
Armand R	Cerbone	Ph.D.
Jim	Cook	Ph.D.
Helen	Coons	PhD, ABPP
Stewart	Cooper	Ph.D.
Paul	Craig	Ph.D.
Mary Beth M.	Cresci	Ph.D., ABPP
Michael J.	Cuttler	Ph.D.
Jessica Henderson	Daniel	Ph.D.
Frank V.	deGruy	M.D.
Pat	DeLeon	PhD, JD, MPH
Stephen T.	DeMers	Ed.D.
Rosalind S.	Dorlen	Ph.D.
Louise	Douce	Ph.D.
Marla	Eby	Ph.D.
Elena	Eisman	Ed.D.
William	Emmet	
Edna	Esnil	Ph.D.
Tillman	Farley	M.D.
Ross	Flowers	Ph.D.
Richard	Frank	Ph.D.
Frederick J.	Frese	Ph.D.
Joan	Freund	
Michi	Fu	Ph.D.
Randy	Georgemiller	Ph.D.
Elizabeth	Gibson	Ph.D.

Cindi	Glidden-Tracey	Ph.D.
Joseph	Gone	Ph.D.
Rose	Gonzalez	MPS, RN
Glenn E.	Good	Ph.D.
Carol	Goodheart	Ed.D.
Jerry	Grammer	Ph.D.
Steve	Gravenkemper	Ph.D.
Mary	Gregerson	Ph.D.
Robert	Gresen	Ph.D.
Peter	Hackes	
Rebecca S.	Hage Thomley	Ph.D.
Douglas	Haldeman	Ph.D.
Gary	Hawley	Psy.D.
Margaret	Heldring	Ph.D.
Paul	Herndon	M.A.
Gordon	Herz	Ph.D.
Lucy	Homans	Ed.D.
Tammy	Hughes	Ph.D.
Yo	Jackson	Ph.D.
Larry C.	James	Ph.D.
Erica	Jarrett	Ph.D.
Vanessa K.	Jensen	Ph.D.
Josephine	Johnson	Ph.D.
Suzanne	Johnson	Ph.D.
Nadine	Kaslow	Ph.D.
Jennifer	Kelly	Ph.D.
Barbara	Krimgold	BA
Lawrence	Kutner	Ph.D.
Shamin	Ladhani	Psy.D.
Michael	Lardiere	LCSW
Lane	Lasater	Ph.D.
Jean	Lau-Chin	Ph.D.
Elaine	LeVine	Ph.D., ABMP
Jo	Linder-Crow	Ph.D.
Jeffrey J.	Magnavita	Ph.D., ABPP
Jennifer J.	Manly	Ph.D.
E. Mario	Marquez	Ph.D., ABMP
Richard	Martielli	Ph.D.
Bridget	Martin	PsyD
Jana	Martin	Ph.D.
Sara	Martin	
Mary Ann	McCabe	Ph.D.
Ann	McDaniel	Master's of Studies in Law
Susan H.	McDaniel	Ph.D.
Thomas	McNeese	MEd, MA
Nancy	Molitor	Ph.D.
Bret	Moore	Psy.D.

Olivia	Moorehead-Slaughter	Ph.D.
Alison	Morgan	Ph.D.
Ian	Morrison	Ph.D.
James	Mulick	PhD
Michael	Murphy	Ph.D.
Richard	Nagle	Ph.D.
Mark	Nelson	
Gilbert	Newman	Ph.D.
Barry	Nierenberg	Ph.D.
Katherine	Nordal	Ph.D.
George	O'Neill	Ph.D.
Konjit	Page	MS
Ronald	Palomares	Ph.D.
Thanos	Patelis	Ph.D.
Ruperto	Perez	Ph.D.
Suzanne	Perles	DPhil
Stephen	Pfeiffer	Ph.D.
Randy	Phelps	Ph.D.
Timothy	Popanz	Ph.D.
Sanford M.	Portnoy	Ph.D.
Antonio	Puente	Ph.D.
Janet	Reingold	
Robert	Rella	Ph.D.
Pam	Remer	Ph.D.
Celiane	Rey-Casserly	Ph.D.
Emil	Rodolfa	PH.D.
David	Rollock	Ph.D.
Hendrick	Ruck	Ph.D.
David	Rudd	Ph.D.
Bill	Safarjan	Ph.D.
Dianne S.	Salter	Ph.D., J.D.
Michele	Saunders	DMD, MS, MPH
Karen	Saywitz	Ph.D.
Jonathan	Schwartz	Ph.D.
Peter L.	Sheras	PhD, ABPP
Sandra	Shullman	Ph.D.
Glenn	Smith	Ph.D.
Bill	Strickland	Ph.D.
Cynthia	Sturm	Ph.D.
Noreen	Sugrue	
Henrie	Treadwell	Ph.D.
Robert O.	Valdez	Ph.D.
Vicki	Vandaveer	Ph.D.
Gary	VandenBos	Ph.D.
Melba	Vasquez	Ph.D.
Steven	Verney	Ph.D.
Trudy	Vincent	

Laurel Bass	Wagner	Ph.D.
Pauline	Wallin	Ph.D.
Kendra	Weaver	Ph.D.
Eve G.	Weber	Ph.D.
Jon	Weil	Ph.D.
Lawrence G.	Weiss	Ph.D.
Michael	Wertheimer	Ph.D.
Richard	Wexler	Ph.D.
Mary O'Leary	Wiley	Ph.D.
Steven	Williams	Ph.D., SPHR
Ed	Wise	Ph.D.
Frank C.	Worrell	Ph.D.
Karen	Zager	Ph.D.
Antonette	Zeiss	Ph.D.
Donna	Zook	Ph.D.

AMERICAN PSYCHOLOGICAL ASSOCIATION

**2009 PRESIDENTIAL SUMMIT ON THE
FUTURE OF
PSYCHOLOGY PRACTICE****COLLABORATING FOR CHANGE****May 14-17, 2009****Westin Riverwalk Hotel, San Antonio, Texas**

Welcome!

I am pleased to welcome you to the Summit on the Future of Psychology Practice. You are participating in a landmark effort to move the practice of psychology forward in the 21st century. As we engage in health care reform and deal with economic change, it is clear that collaboration is the path for the future.

Whether it is integrative healthcare, leadership development, access to health care, public health, eliminating health disparities, working with business and industry, or applying psychological science, the future belongs to innovation and cooperation among stakeholders for a healthy and productive society.

We are excited and pleased that you are a voice at this groundbreaking Summit.

*James H. Bray, Ph.D.
President
American Psychological Association*

WELCOMING RECEPTION**THURSDAY, MAY 14, 2009, 6:00 PM—7:00 PM****Hidalgo Ballroom**

Friday, May 15, 2009

7:00—8:00 AM
Hidalgo Foyer

BREAKFAST

We request that you complete your meal prior to the Welcoming at 8:00 AM.

8:00—8:30 AM
Hidalgo Ballroom

WELCOMING REMARKS AND SUMMIT OVERVIEW

The Future of Psychology Practice

James Bray, Ph.D.

2009 President, American Psychological Association



8:30—9:15 AM
Hidalgo Ballroom

PLENARY SESSION

Second Wave Meets Flat World

IAN MORRISON, Ph.D.

Author, Consultant, Futurist



Ian Morrison, Ph.D., is an internationally known author, consultant, and futurist specializing in long-term forecasting and planning with particular emphasis on health care and the changing business environment. Dr. Morrison has written, lectured, and consulted on a wide variety of forecasting, strategy, and health care topics for government, industry, and a variety of nonprofit organizations in North America, Europe, and Asia. He has spoken to a range of audiences from the boards of Fortune 100 companies to the Chinese Academy of Social Sciences in Beijing. Dr. Morrison has worked with more than 100 Fortune 500 companies in health care, manufacturing, information technology, and financial services. He is a frequent commentator on the future for television, radio, and the print media.

9:15—10:00 AM
Hidalgo Ballroom

PANEL DISCUSSION

10:00—10:30 AM

Break
with refreshments

10:30—12:00 PM
Hidalgo Ballroom

PANEL & OPEN DISCUSSION

12:00—1:00 PM
Hidalgo Ballroom

LUNCH

Friday, May 15, 2009

**MID-DAY KEYNOTE**

Racial and Ethnic Health Disparities and Their Implications for Psychology Practice

Norman Anderson, Ph.D.

Chief Executive Officer
American Psychological Association

Norman B. Anderson, Ph.D., is the Chief Executive Officer of the American Psychological Association (APA). As CEO, Dr. Anderson oversees both the corporate and professional management of the association. Dr. Anderson's research and writing on the effects of stress on biology and risk for hypertension have received several awards from scientific societies.

1:00—1:45 PM
Hidalgo Ballroom

Break

1:45—2:15 PM

BREAKOUT GROUPS

Participants will be asked to discuss priorities for psychology of the populations served by our guests. Please see Addendum A for group room assignments.

2:15—3:30 PM
Madero
Encino
Sabino
Carranza

**Break
with refreshments**

3:30—4:00 PM

SUMMIT WITHIN A SUMMIT FOCUS GROUP

Specifically invited attendees will participate in a focus group discussion on how psychologists can collaborate with other professionals to address common goals and priorities in service delivery systems.

4:00—5:15 PM
Carranza

ROUNDTABLES

Participants will be asked to identify future opportunities and how to get there. Please see Addendum B for group room assignments.

Hidalgo
Madero
Encino
Sabino

RECEPTION

6:00—7:00 PM
Navarro B

**DINNER KEYNOTE**

*Inside the White House:
From 41 (President G.H.W. Bush) to 44 (Barack Obama)*

Ann McDaniel

Senior Vice President—Washington Post Company
Former Managing Director and Washington Bureau Chief of *Newsweek Magazine*

7:00 PM
Navarro B

Ann McDaniel became a Vice President of The Washington Post Company in September 2001; she was named a Senior Vice President in 2008. She is also Managing Director of Newsweek magazine, and oversees two of the company's other units: The Gazette Community Newspapers and The Herald. In addition to her operational responsibilities, Ms. McDaniel oversees all aspects of human resources for the company and its affiliates.

Saturday, May 16, 2009

7:00—8:00 AM
Hidalgo Foyer

BREAKFAST

We request that you complete your meal prior to the Plenary at 8:00 AM.

8:00—8:15 AM
Hidalgo Ballroom

PLENARY: INTRODUCTION

The Future of Psychology Practice: Key Drivers of Change

Carol Goodheart, Ph.D.

President Elect, American Psychological Association



8:15—9:15 AM
Hidalgo Ballroom

PLENARY SESSION

RICHARD FRANK, Ph.D.

Balancing the Treatment Portfolio in Mental Health Care

Margaret T. Morris Professor of Health Economics
Department of Health Care Policy
Harvard Medical School



Richard G. Frank, Ph.D., is the Margaret T. Morris Professor of Health Economics in the Department of Health Care Policy at Harvard Medical School. He is also a research associate with the National Bureau of Economic Research. Dr. Frank is engaged in research in three general areas: the economics of mental health care, the economics of the pharmaceutical industry, and the organization and financing of physician group practices.

TILLMAN FARLEY, M.D.

Extreme Collaboration

Medical Services Director
Salud Family Health Center



Tillman Farley, MD is currently the Medical Services Director of Salud Family Health Centers, a migrant/community health center with clinics across north and northeast Colorado. Dr. Farley is interested in integrated primary care and health disparities research, particularly as it applies to immigrant populations. Dr. Farley has implemented a variety of successful integrated care models in practices in New York, Texas, and Colorado.

9:15—10:00 AM
Hidalgo Ballroom

INVITED RESPONSES & OPEN DISCUSSION

10:00—10:30 AM

————— **Break** —————
with refreshments

Saturday, May 16, 2009

ROUNDTABLES

Participants will be asked to identify economic challenges and future opportunities for specific areas of psychology practice. Please see Addendum C for group room assignments.

10:30—12:00 PM
Madero
Encino
Sabino
Carranza

NETWORKING LUNCH

12:00—1:15 PM
Hidalgo Ballroom

ROUNDTABLES

Participants will be asked to discuss the impact of cross-cutting changes on the future of psychology practice: diversity, science and technology developments, and partnerships. Please see Addendum D for group room assignments.

1:30—2:45 PM
Madero
Encino
Sabino
Carranza

**Break
with refreshments**

2:45—3:00 PM

ROUNDTABLES

Participants will be asked to discuss the next steps to achieve priorities. Please see Addendum D for group room assignments.

3:00—4:15 PM
Madero
Encino
Sabino
Carranza



KEYNOTE

How to Brand a Profession

Janet Reingold
President,
Reingold, Inc.

4:30—5:15 PM
Hidalgo Ballroom

Janet Reingold is president of Reingold, Inc., a full-service consulting firm that offers strategic communications services to a broad spectrum of clients including professional associations, government agencies, corporations, universities, nonprofit organizations, public interest groups, and foundations. For 25 years, Ms. Reingold's firm has helped organizations and communities advance new ideas, capture new markets, and shape public opinion.

DINNER ON YOUR OWN

Sunday, May 17, 2009

7:00—8:00 AM
Hidalgo Foyer

CONTINENTAL BREAKFAST AVAILABLE

We request that you complete your meal prior to the Plenary at 8:00 AM.

8:00—8:15 AM
Hidalgo Ballroom

PLENARY: INTRODUCTION

The Future Begins Yesterday

Margaret Heldring, Ph.D.



8:15—9:00 AM
Hidalgo Ballroom

ELIZABETH GIBSON, Ph.D.

Transformational Change Strategies Processes

RHR International, Inc.



Elizabeth Gibson, Ph.D., joined RHR International in 1991. During her tenure at RHR, she has worked with both public and private sectors in retail, international marketing and trading, advertising, entertainment, manufacturing, financial services, health care, and municipal governments. In 2000, Dr. Gibson and Dr. Dora Summers-Ewing founded KnoWorks®, a new division of RHR International that specializes in large-scale organizational change, learning, and knowledge management projects.

9:00—9:45 AM
Hidalgo Ballroom

KATHERINE NORDAL, Ph.D.

Implementing a Practice Agenda

Executive Director, Practice Directorate
American Psychological Association



Katherine Nordal, Ph.D., is Executive Director for Professional Practice at the American Psychological Association. Dr. Nordal received her Ph.D. in psychology from the University of Mississippi in 1976. Prior to coming to APA, Dr. Nordal was in full-time independent practice for 28 years. Dr. Nordal's clinical interests included: learning, behavioral, and emotional disorders in children and adolescents; neuropsychological assessment; brain injury in children and adults; and, civil forensic psychology.

9:45—10:15 AM
Hidalgo Ballroom

INVITED RESPONSES & OPEN DISCUSSION

10:15—10:45 AM

Break
with refreshments

10:45—12:30 PM
Hidalgo Ballroom

SUMMIT REVIEW

A distillation of priorities, pathways, partnerships, and plans for follow up will be presented for open discussion.

Acknowledgements

This type of event could not be possible without the generous financial support of numerous organizations and donors.

Also, my thanks to the Task Force Members and APA staff for their hard work and support!

James H. Bray, Ph.D.
2009 President, American Psychological Association

Contributors (\$10,000)

APA Division 42: Psychologists in Independent Practice

Contributors (\$7,000)

Pearson

Contributors (\$5,000)

APA Division 22: Rehabilitation Psychology
APA Division 39: Psychoanalysis
APA Division 40: Clinical Neuropsychology
Association of State and Provincial Psychology Boards

Contributors (\$2,000)

APA Division 29: Psychotherapy
APA Division 43: Family Psychology

Contributors (\$1,500)

APA Division 14: Society for Industrial and Organizational Psychology
Association of Practicing Psychologists

Contributors (\$1,000)

APA Division 16: School Psychology
APA Division 31: State, Provincial and Territorial Psychological Association
APA Division 55: American Society for the Advancement of Pharmacotherapy
California Psychological Association
The Wright Institute
Anonymous Contributor

Contributors (\$500)

APA Division 13: Society of Consulting Psychology

Contributors (\$250)

Illinois Psychological Association
North Carolina Psychological Association

Contributors (\$100)

Guam Psychological Association

Contributors (\$50)

Indiana Psychological Association

Baylor College of Medicine, Department of Family and Community Medicine (LCD projectors and laptops)

Task Force Members

James H. Bray, Ph.D (Chair)
Carol D. Goodheart, Ed.D. (Co-chair)
Margaret B. Heldring, Ph.D. (Co-chair)
Robert Gresen, Ph.D.
Gary Hawley, Psy.D.
Tammy L. Hughes, Ph.D.
Jennifer Kelly, Ph.D.
Jana N. Martin, Ph.D.
Susan H. McDaniel, Ph.D.
Thomas D. McNeese, M.Ed., M.A.
Emil Rodolfa, Ph.D.
Sandra L. Shullman, Ph.D.

APA Staff

Katherine Nordal, Ph.D.
Randy Phelps, Ph.D.
Cynthia Belar, Ph.D.
Joan Freund
Beth Nichols-Howarth, MSW



The American Psychological Association has contracted with Reisman-White, LP, for conference planning services.

Schedule At A Glance

Thursday, May 14, 2009

6:00—7:00 PM Opening Reception

Friday, May 15, 2009

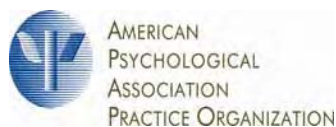
7:00—8:00 AM Breakfast
 8:00—8:30 AM Welcome and Summit Overview: James Bray, Ph.D.
 8:30—9:15 AM Plenary Session: Ian Morrison, Ph.D.
 9:15—10:00 AM Panel Discussion
 10:00—10:30 AM Break
 10:30—12:00 PM Questions and Open Discussion
 12:00—1:00 PM Lunch
 1:00—1:45 PM Mid-day Keynote: Norman Anderson, Ph.D.
 1:45—2:15 PM Break
 2:15—3:30 PM Breakout Groups
 3:30—4:00 PM Break
 4:00—5:15 PM Roundtables
 6:00—7:00 PM Reception
 7:00 PM Dinner Keynote: Ann McDaniel

Saturday, May 16, 2009

7:00—8:00 AM Breakfast
 8:00—8:15 AM Plenary Introduction: Carol Goodheart, Ed.D.
 8:15—9:15 AM Plenary Session: Richard Frank, PhD., and
 Tillman Farley, MD.
 9:15—10:00 AM Questions and Open Discussion
 10:00—10:30 AM Break
 10:30—12:00 PM Roundtables
 12:00—1:15 PM Networking Lunch
 1:30—2:45 PM Roundtables
 2:45—3:00 PM Break
 3:00—4:15 PM Roundtables
 4:30—5:15 PM Keynote: Janet Reingold

Sunday, May 17, 2009

7:00—8:00 AM Breakfast
 8:00—8:15 AM Plenary Introduction: Margaret Heldring, Ph.D.
 8:15—9:00 AM Elizabeth Gibson, Ph.D.
 9:00—9:45 AM Katherine Nordal, Ph.D.
 9:45—10:15 AM Questions and Open Discussion
 10:15—10:45 AM Break
 10:45—12:30 PM Summit Review and Follow-up Plans



Balancing the Treatment Portfolio in Mental Health

Richard G. Frank
Harvard University and NBER

Health and Mental Health Care Spending

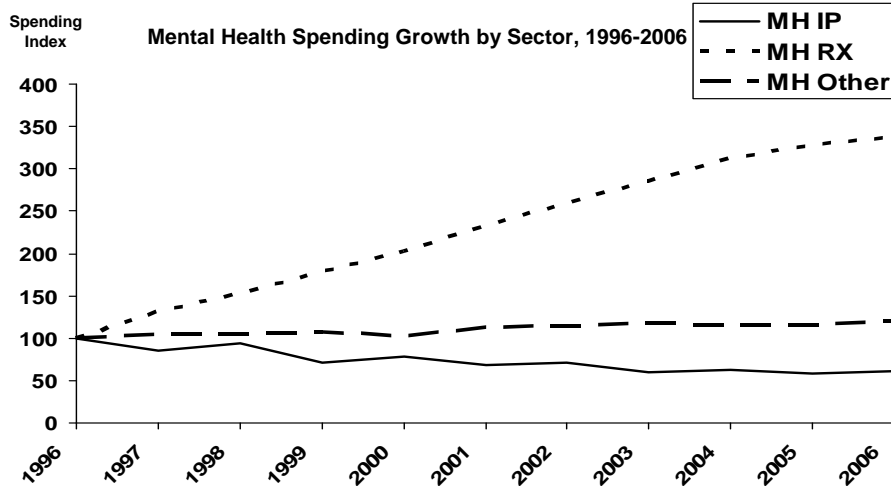
National Health and Mental Health Spending 1970-2003				
	1970/1	1990/1	2000/1	2003
Nominal Health Spending	\$74.9 b	\$714.0b	\$1353.6b	\$1732.4b
Nominal Mental Health Spending	\$8.96b	\$48.9b	\$85.4b	\$100.3b
Health as % GDP	7.0%	12.3%	13.8%	15.8%
Mental Health as % GDP	0.84%	0.82%	0.84%	0.91%
Sources: Levine and Levine 1975, Mark et al 2007, Mark et al 2005, CMS National Health Expenditures Data Historical Tables www.cms.gov/nationalhealthexpenddata/oz_nationalhealthaccountsistorical.asp				

Level and Share of Spending in General Medical Settings

	1986		2003	
Gen Hospital Non-Specialty	\$2.4b	(7%)	\$9.3b	(9.3%)
MD General Medical	\$1.1b	(3.0%)	\$3.9b	(3.9%)
Total General Medical	\$3.5b	(10.1%)	\$20.4b	(20.3%)
Psychotropic Drugs	\$2.2b	(7.0%)	\$23.9b	(23.2%)

Source: Mark et al (2007) Psych Services

Patterns of Spending Growth Reflect Evolving Treatment



Source: MEPS; 1996 – 2006

Spending index constructed through regression analysis, available in online appendix. 100 represents mean spending in 1996 for each group. Regression included sex, race/ethnicity, region of the country, MSA status, health and mental self-reported status and age as controls. Reported values are the regression analysis coefficients on each year with 1996 normalized at 100 as a three year average.

Monitor on Psychology
Volume 40, No. 1 January 2009



Dr. James H. Bray
APA President

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PRESIDENT'S COLUMN

Changing for the better

Print version: page 5

These are truly times of change. This year brings our country, APA and psychology hope and great opportunities for creating positive change and brighter futures for our members and society. But how will our transformation look?

The theme of my presidential year is creating a new vision and future for our association, profession and the people we serve. Among those changes is creating APA's first strategic plan in its 114-year history, ably led by APA CEO Norman B. Anderson. This plan will enable us to examine everything APA does and to decide how we need to transform to meet the current and future needs of our diverse members and the public we serve.

My major initiatives for this year focus on three areas: the Future of Psychology Practice, the Future of Psychological Science Education and Psychology's Contributions to Ending Homelessness. I have set up task forces for each group:

- The Task Force on the Future of Psychology Practice will address current issues in the practice of psychology and identify models and policies for the future. Psychological practice in the 21st century requires that we change our traditional ways of practice and create a vision to take advantage of the new possibilities in society. The co-chairs of this task force with me are Carol Goodheart, EdD, and Margaret Heldring, PhD. The task force will identify priorities, resources, key partnerships and roles for various groups to implement our agenda. We will focus on challenges practitioners in private and public settings must meet to serve the needs of our changing and diverse population. The scope of practice includes health services psychology and other forms of practice, such as business consulting and community services that address public health.

To expand the work of this task force, we are having the Presidential Summit on the Future of Psychology Practice, May 14–17 in San Antonio. Through the summit, we will engage the broader practice community to recommend strategic initiatives that will guide the work of APA and the APA Practice Organization. The summit will assemble psychology leaders and other professionals who are critical stakeholders in the practice of psychology. Please see our Web site for further information and to provide input to the task force's work:

<http://forms.apa.org/president>. We also plan to webcast parts of the summit so more APA members can participate in this process.

- The Task Force on the Future of Psychological Science Education will identify the changes needed in graduate and

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postgraduate psychological science training and education to keep our discipline productive and vibrant. Much of our research, especially federally funded research, requires us to work in multidisciplinary ways, yet we often train our future scientists in psychology silos. Jack Dovidio, PhD, and Suzanne Bennett Johnson, PhD, are co-chairing this group, which will identify the best education and training models, determine the resources needed, and identify the barriers to implementing change and partnerships to further our agenda.

- The Task Force on Psychology's Contributions to Ending Homelessness will address psychological factors that contribute to homelessness and the influences and interventions that help both children and adults overcome these problems and resume productive and healthy lives. Homelessness is once again on the rise, and it is time for psychologists to shine a light on some of our most vulnerable adults and children and see how we can contribute to improving their lives. In addition, the group will identify resources needed to address these factors and implement these interventions.

I hope to personally speak with many of you during this year. If you get a phone call or an e-mail from the APA president, I am calling to see how APA can better serve your needs. These are truly exciting times, and I want all of you to engage with us and contribute to developing our future. Contact me anytime: [James H. Bray, PhD](#).

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Monitor on Psychology
Volume 40, No. 5 May 2009



Dr. James H. Bray
APA President

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The 2009 APA Presidential Task Force and Summit on the Future of Psychology Practice is a collaborative effort and opportunity for strategic thinking about our future.

PRESIDENT'S COLUMN

A Summit on the Future of Psychology Practice

Print version: page 5

Psychology is at an important juncture and is in the process of evolving and changing to meet the needs for education, science and practice in the 21st century. Psychologists have much to offer our nation, but the future requires that we change and adapt our practices. The central question is how does traditional psychotherapy need to evolve to remain a viable and vital mental health resource?

With health-care reform once again on the national agenda, we cannot afford to be left out of these reforms and we need to ensure that psychology is included in any national changes. We need a clear agenda for our future that addresses current issues and pathways for the future.

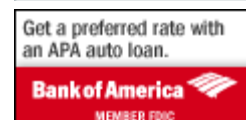
As we consider changes in psychological practice, we need to balance the needs of the current generation of psychologists with those of our early career psychologists and graduate students. The needs of these groups may be different, as older psychologists tend to provide traditional psychotherapy, but newer practices become more integrated into general health-care settings and rely on technology. In addition, the current generation of psychologists does not reflect the nation's ethnic diversity, while the next generation needs to include the increasingly diverse and multicultural nature of our nation.

The 2009 APA Presidential Task Force and Summit on the Future of Psychology Practice, to be held May 14–17, is a collaborative effort and opportunity for strategic thinking about our future. The task force is chaired by myself, APA President-elect Carol Goodheart, EdD, and Margaret Heldring, PhD. The task force also includes Bob Gresen, PhD; Gary Hawley, PsyD; Tammy Hughes, PhD; Jennifer Kelly, PhD; Jana Martin, PhD; Susan McDaniel, PhD; Thomas McNeese; Emil Rodolfa, PhD; and Sandra Shullman, PhD. The task force has been working since 2008 to address these issues.

The summit's goal is to engage the broader practice community in an agenda- and priority-setting meeting to inform the work of the APA Practice Directorate and the APA Practice Organization. We are assembling leaders in the practice of psychology and other professionals (other practice associations, government entities, training organizations, consumers, insurers and businesses) to identify:

- Opportunities for future practice to meet the needs of a

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diverse public.

- Priorities for psychologist practitioners in private and public settings.
- Resources needed to address the priorities effectively.
- Partnerships and roles to implement the priorities.

This summit will be a vehicle for consideration of new types of psychological practice, settings and partnerships for practice; expanded thinking about practice trends; and conceptualization of practice that cross traditional lines. We will develop a clear agenda for our diverse practice community. In so doing, there is promise for greater resource development and synergy of effort among practice leaders and organizations.

The summit will be of great interest to many APA members in diverse types of practice, as well as those who train practitioners and those who conduct research related to the practice of psychology. Therefore, we are making the summit accessible to all psychologists via a delayed webcast on APA's Web site.

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Presidential Summit on the Future of Psychology Practice: Collaborating for Change

May 14-17, 2009
San Antonio, Texas

This landmark summit brought together 100 psychologists and 50 other experts to begin shaping a new vision for psychology.

Several forces are challenging the relevance of the traditional 50-minute intervention. These include changing economics, scientific and technological advances, increasing diversity and collaborations with other professionals.

To thrive, psychologists must embrace new opportunities and find new ways of using their skills. This summit was the first step in crafting a new road-map for the profession.

Video: Welcome address

[Watch a brief summary of the Summit highlights by clicking here.](#)

[See the welcome address from APA President James Bray by clicking here.](#)

Members-only video coverage

APA members and affiliates can also watch videos of the [summit's keynote addresses](#). See what's coming from futurist Ian Morrison, PhD. Learn how to brand a profession from consultant Janet Reingold. Hear from APA's leaders. And much more. Thanks to Pearson for making the online distribution of these videos possible.

Having trouble logging in? Click the back button and enter your member number without the hyphen for the user-name and your last name in lower-case letters for the password. Still having trouble? Visit your [myAPA page](#) and look for the photo below in the "APA Governance" area of your myAPA page.



More about the Summit

[Read the APA Monitor on Psychology article about the summit.](#)

[Read a column by APA President and Summit Co-chair James H. Bray, PhD.](#)

[Share your thoughts about psychology's future.](#)

[See the list of summit participants](#) (PDF).

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Is your psychology education preparing you to practice in the real world?

How do psychology practitioners need to change to remain viable and vital?

By Sara Martin

That was the question addressed by 150 participants at the 2009 Presidential Summit on the Future of Psychology Practice, held last weekend in San Antonio.

The meeting is the first step in a long-term effort to position psychology practitioners for success in a changing world. Two of the meeting's take-away points:

- **Practitioners are still being trained for traditional practice**, but the days of reimbursement for 50-minute sessions may be dwindling. To thrive in the future, psychologists will need to redefine training and embrace best practices and interdisciplinary experiences.
- **Psychologists need to be ready for change**. To grow into the future, practitioners must be open to changing the way they practice, even as they leave behind something familiar and beloved. They need to put on their entrepreneurial hats and seek out opportunities where they can use their broad skills in human behavior.

These ideas, and many, many more, will be part of the summit's task force report due out this fall. In fact, said APA President James Bray, PhD, this summit is just the beginning of a process that will be built on in a variety of ways, including a two-hour session at [APA's 2009 Annual Convention](#) and through summit co-chair Carol Goodheart's work as APA President next year.

"This is not going to end with this meeting," said Bray. "We are very well-positioned for the future."


To share your thoughts on the future of psychology practice, visit <http://forms.apa.org/president>.


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APA Practice Summit Focuses on Moving Psychology Forward

By Communications Staff

June 29, 2009 — Collaborating for change. Guided by this theme, 100 psychologists and 50 thought leaders from other disciplines including insurance, politics and medicine joined forces in mid-May to begin shaping a vision for psychology's future in light of health care reform, demographic and economic shifts, and other changes affecting psychology practice.

The event was the landmark 2009 American Psychological Association (APA) Presidential Summit on the Future of Psychology Practice in San Antonio. The summit was organized by the Task Force on the Future of Psychology Practice, chaired by APA President James H. Bray, PhD, President-elect Carol D. Goodheart, EdD, and Margaret Heldring, PhD.

Dr. Bray described the summit as providing a "vehicle for considering new types of psychological practice and expanded thinking about practice trends" – for example, involving non-traditional settings and partnerships, and growing implementation of technology and evidence-based practice. Dr. Goodheart helped set a framework for dialogue by identifying four key "drivers of change": economics; advances in technology and science; increasing diversity of the U.S. and the psychology workforce; and strength in collaborative relationships with other professionals.

Other key presenters included:

- Ian Morrison, PhD, author and futurist, whose opening day plenary address illuminated factors that cause shifts from established to new ways of doing business.
- APA Chief Executive Officer Norman Anderson, PhD, who focused on racial and ethnic health disparities and their implications for practice, including opportunities for psychologists to help eliminate these disparities.
- Richard Frank, PhD, a health economist at Harvard University, who discussed access to mental health services and other trends in health care, as well as the cost-effectiveness of expanding investments in psychosocial care.

Additional non-psychologists who participated as presenters helped lend diversity of experience and perspective to the summit. Tillman Farley, MD, director of medical services at Salud Family Health Centers in Colorado, spoke to the preponderance of behavioral and psychosocial issues involved in visits to primary care physicians in their community health center and the important roles of behavioral health providers in delivering integrated care.

APA Executive Director for Professional Practice Katherine C. Nordal, PhD, spoke about the American Psychological Association Practice Organization's (APAPO) strategic planning process and related issues and activities including health care reform, reimbursement and scope of practice.

Throughout the summit, participants shared a wealth of ideas and suggestions in breakout sessions. They addressed priorities for practice, how psychologists can partner with other professionals on shared goals for health service delivery systems, the impact of demographic and other changes on the future of psychology practice, and pathways for pursuing opportunities for professional psychology. Dr. Heldring's wrap-up presentation showcased summit highlights reflecting the breakout group discussions and presentations.

The sentiment of Dr. Bray and other summit participants is reflected in the mantra, "What happened in San Antonio can not stay in San Antonio." To that end, the organizers are quickly pursuing next steps.

The Task Force on the Future of Psychology Practice is synthesizing ideas and recommendations and blending them with both the APA and APAPO strategic planning processes.

APA members may learn more about the summit and view presentations online at <http://www.apa.org/practice/summit.html>. Additional coverage will appear in the July-August 2009 issue of APA's *Monitor on Psychology*.

Members who attend APA's 2009 convention in Toronto will have a chance to hear about the summit and future plans in the presidential program, "The Future of Psychology Practice," on Friday, August 8, from 10:00 a.m. to noon.



Monitor on Psychology
Volume 40, No. 7 July/August 2009



A new day for practice

At a historic summit, psychology practitioners took a first step in defining how to adapt to a fast-changing world.

**By Sara Martin
Monitor staff**

Print version: page 18

It's not a message all practitioners want to hear, but it has to be said: The traditional model of psychology practice, focused on a 50-minute intervention, has to embrace new opportunities to stay relevant in the long term. In today's changing marketplace, with another round of health-care reform in the works and demands for accountability rising, psychology practitioners need to take a hard look at their skills and devise new ways of thriving.

That was the message that emerged from the 2009 Presidential Summit on the Future of Psychology Practice, a landmark event held May 14–17 in San Antonio, Texas, that gathered 100 psychologists and 50 leaders from other professions to begin shaping a new vision of the profession.

"Psychology is at an important transition point and is in the process of evolution and change," said summit chair and APA President James H. Bray, PhD. "With advances in neuroscience, genetics, collaborative health care and international business opportunities, we're more relevant than ever and we need to take advantage of these possibilities."

The summit was sponsored by a variety of groups. For a full list, go to www.apa.org/practice/summit.html.

Identifying the 'second curve'

Psychology practice is going through a process that all professions and businesses eventually confront, said summit keynote speaker Ian Morrison, an internationally known author, consultant and futurist.

In every business, he said, there are two curves: The first is the one you already do well and you're comfortable in; the second is a new way of doing things that is dramatically different from the first.

To succeed, you have to manage both curves—keep doing what works while developing the opportunity. And that's a tough balancing act, said Morrison.

"If you jump too soon from that first curve, you walk away from

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all that profit, all the revenue, from the old business," he said. "But if you don't start building the second curve, you're not going to be a performer in the 21st century."

IBM is an example of a business that has mastered second-curve transitions brilliantly, he said. Their first curve was adding machines. Then they went to mainframes, then to PCs, then client servers, then software. Now they're on to consulting.

To help determine what psychology's next curve should be, APA President-elect and summit co-chair Carol D. Goodheart, EdD, outlined the four dominant forces that will drive the future of psychology practice:

- Changing economics.
- Advances in technology and science.
- The increasing diversity of the nation and its work force.
- Collaborations with other professionals.

"Some people freeze in the face of these kinds of challenges, but these forces also present opportunities," said Goodheart. "It is not enough to illuminate the future and say that these forces will change things. We need a roadmap to get there."

Providing an economic map was keynote speaker Richard Frank, PhD, the Margaret T. Morris professor of health economics at Harvard Medical School. First, Frank offered the good news: Access to mental health care in the United States has improved over the past 40 years, driven in part by institutional and policy changes, including Medicare and Medicaid. Overall treatment rates, for example, have increased from 12 percent in 1990–92 to 20 percent in 2001–03. "We still have a ways to go, but we have made some strides forward," Frank said.

But what hasn't changed is the amount spent on mental health care. While the United States spent 7 percent of its gross domestic product on health care in 1970, and spends more than 17 percent today, the country spent 0.84 percent on mental health care in 1970, and today, it's not much higher at 0.91 percent. Overall, the United States spends more money on mental health care because the nation's GDP has grown, but most of that new money has been spent on psychotropic medications, not psychological services.

Can that imbalance be corrected? Possibly, said Frank, but it won't be easy. Expanding psychosocial services in a cost-effective way, he said, will depend on two factors: The degree to which treatments are evidence-based and the skills and training of those who deliver that care "so that it realizes the potential that was seen in the laboratory."

Keynote speaker Tillman Farley, MD, has set up clinics that provide such cost-effective psychologist services. He directs medical services at Salud Family Health Centers in northern Colorado, which offers what he calls a "primary-care model of mental health." Patients see physicians and mental health care providers all in the same time and space—no waiting for an

appointment if a provider spots a mental health concern. Overall, he reported, 70 percent of his mental health providers' time is spent on such activities as screening, interventions and follow-up phone calls, and only about 30 percent on traditional, hourlong therapy. In fact, many of the centers' psycho-educational interventions last only 5 to 15 minutes.

"It doesn't make sense that all psychological issues need 50 minutes," he said.

Other keynote speakers who offered insights on the issues confronting practitioners included:

- APA CEO Norman B. Anderson, PhD, who discussed racial and ethnic health disparities. "Minority patients get lower-quality assessments and treatments," he said—and that is an opportunity for psychologists to make a difference in the future.
- Communications strategist Janet Reingold, who urged psychology to brand itself to raise awareness and understanding of psychologists' many roles, from health promotion to crime prevention to transportation safety. "If a car company can sell fun and a soda company can bottle optimism, then psychology can generate joy," said Reingold.
- APA Executive Director for Professional Practice Katherine Nordal, PhD, who gave an overview of the advocacy issues her directorate is pursuing on behalf of psychologists, particularly health-care reform. Nordal emphasized that psychologists need to be accountable for the services they provide. "It's all going to be about outcomes, evidenced-based practice and pay-for-performance," she said.
- Organizational consultant Elizabeth Gibson, PhD, who said it won't be easy for practitioners to adjust to these new realities. They will face a sense of loss, confusion, a mistrust of others and a fear of letting go of their old ways of practice. "But you don't need to let go of everything," she said. "We need to ask what are we like when we're at our best and how can we preserve that?"

(All of the summit's keynote addresses can be viewed on APA's Web site at <http://members1.apa.org/governance/practice-summit.html>. In fact, the summit chairs had hoped to web cast the entire event live, but budget challenges prevented that.)

Next steps

Throughout the summit, participants broke into groups to discuss the factors that are changing psychology practice. Summit co-chair Margaret Heldring, PhD, summarized the summit's major ideas, culling from 70 hours of lectures and breakout groups what she called a "treasure trove of creativity and imagination."

Among the major themes she reported were:

- **The sun is about to shine on primary care, but it will change us.** As psychologists prepare to grow into the future, they must be open to the change process, even as they leave behind something familiar and beloved.

• **Practitioners are still being trained for the "first curve"—traditional practice.** So to thrive in the future, psychologists will need to redefine training. That doesn't mean foregoing all the wonderful ways psychologists are currently trained, Heldring said. But it does mean adding new elements, embracing best practices and getting interdisciplinary training.

• **At issue is whether we will be able to live up to our promise to help society.** "That is, after all, our mission," Heldring said.

All of these ideas and many more will be part of the summit's task force report due out this fall.

In fact, said Bray, the summit is just the beginning of a process that will be built on in a variety of ways, including a two-hour session at APA's Annual Convention in Toronto, Aug. 7, at 10 a.m.–noon; an ongoing survey of psychologist's thoughts on the future of the profession at <http://forms.apa.org/president>; and through summit co-chair Carol D. Goodheart's work as APA president next year.

"This is not going to end with this meeting," said Bray. "We are very well-positioned for the future."

What participants said

On the final day of the summit, the conference chairs asked participants to sum up their "Aha!" moments, Twitter-style: in 140 characters or less.

Here's a sampling:

- "Make the profession increasingly valuable to society, and the rewards will follow."
- "We need to expand beyond clinical practice."
- "Talk more with others, especially those we serve."
- "We push our creativity by working with other professionals."
- "We need to hang together, or we'll hang separately."
- "We have an obligation to change."

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Monitor on Psychology
Volume 40, No. 7 July/August 2009



Dr. Cynthia Belar
APA Executive Director for
Education

SPEAKING OF EDUCATION

Putting the summit's ideas into action

Print version: page 80

The 2009 Presidential Summit on the Future of Psychology Practice highlighted numerous opportunities to apply psychological science and serve societal needs (see "[A new day for practice](#)"). But the summit's special focus on psychology's role in our nation's health system and the health-care reform process was particularly noteworthy. Throughout the weekend, summit speakers and participants repeatedly underscored the importance of psychology's involvement in integrated care, including primary care.

That was particularly rewarding for me, as it became clear that the practices many psychologists have devoted their careers to developing are now being recognized as mainstream by organized psychology. Indeed, it has been through the integration of science and practice in many academic health centers that the knowledge base that has fostered this expansion of practice has developed over the years. Summit participants also underscored the importance of our education and training systems to be relevant to 21st century health care and our commitment to lifelong learning if we are to maximize our potential for contribution.

It was over 30 years ago that I first addressed what is transportable from traditional clinical psychology training—what needs to be added and what needs to be subtracted in order to prepare psychologists for broader roles in health (*Professional Psychology*, 1980). Later, after I gained considerable experience in developing integrated care services and related training programs, I wrote about implications for graduate education and training (*Professional Psychology*, 1989) and challenges for psychology in collaborative models (*Professional Psychology*, 1995). Many of the issues raised then are as relevant today—and I was certainly not alone in raising them. In fact more than 10 years ago APA published the report "Interprofessional Health Care Services in Primary Care Settings: Implications for the Education and Training of Psychologists" (www.apa.org/ed/samhsa.pdf).

We currently have multiple examples of psychology education and training in integrated care, including primary care, at the doctoral, internship and postdoctoral levels. Some have been made possible through funding by the Graduate Psychology Education program in the Bureau of Health Professions—a program APA initiated in 2002 to support interdisciplinary training of health service psychologists. But we do not have enough of these programs to meet national needs. Nor do we have a

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sufficient number of practicing psychologists in community health centers to help create the needed training opportunities in those settings. Just as psychology's involvement in academic health centers is integral to our future in health research and practice (see *Monitor*, www.apa.org/monitor/julaug07/soe.html), psychology's full participation in community health centers is integral to our role in this nation's developing primary-care system.

These issues are ones of at the core of psychology's identity as a health discipline and profession. We've been through a period where some programs have perhaps focused more on the training of psychotherapists than on the education and training of broad-based expertise in cognition, emotion and behavior in their sociocultural context. The risk here is that those programs will produce technicians who may be quickly outdated. One point I have consistently made is that psychology is a discipline known for "giving away" techniques that it has developed, which is a problem only if our marketing is premature or if we cease to develop these techniques. Psychology education and training have distinctive features that include the measurement of behavior and research skills. I still believe our future in health care is very dependent upon our skills in program development, evaluation of services and quality improvement efforts.

Now it's time to revisit our education and training to make sure it includes core scientific psychology, its application to health and the attention to advocacy that will ensure psychology's role in the nation's health-care system. I look forward to our upcoming Education Leadership Conference on Preparing Tomorrow's Health Workforce.

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2009 Presidential Summit on the Future of Psychology Practice: Collaborating for Change

by James H. Bray, PhD, Carol Goodheart, PhD and Margaret Heldring, PhD

Reprinted from June 2009 APA Division Listserv

What happens when you bring 150 thought leaders from psychology, business, consumer groups, economics, insurance, medicine, and politics together to transform the practice of psychology? The [Presidential Summit on the Future of Psychology Practice](#), held May 14-17, in San Antonio, Texas, did just that and was a transforming event to move the practice of psychology forward in the 21st century. Jeffrey Magnavita, PhD, a Div. 29 delegate to the Summit, summed up his experience at the summit this way: "It was awesome, inspiring, frustrating, challenging, generative and hopeful." The summit is part of the 2009 Presidential Initiative on the Future of Psychology Practice.

The summit's goal was to engage the broader practice community in an agenda- and priority-setting meeting to inform the work of the APA Practice Directorate and the APA Practice Organization. We assembled leaders in the practice of psychology and related professionals from other practice associations, government entities, training organizations, consumers, insurers, and businesses to identify:

1. Opportunities for future practice to meet the needs of a diverse public.
2. Priorities for psychologist practitioners in private and public settings.
3. Resources needed to address the priorities effectively.
4. Partnerships and roles to implement the priorities.

The summit was a vehicle for consideration of new forms, settings and partnerships for psychological practice; expanded thinking about practice trends; and conceptualizations of practice that cross traditional lines. The Task Force will use the findings from the summit to develop clear recommendations for our diverse practice community.

There were a number of outstanding keynote addresses. Day 1 included a thought provoking talk by Dr. Ian Morrison, a futurist, who discussed how businesses change. Morrison stated that in every business there are two curves: The first curve is the one you already do well and you're comfortable in. The second curve is a new way of doing things that is dramatically different from the first. To succeed, you have to manage both curves -- keep doing what works while developing new opportunities. Dr. Norman Anderson addressed health disparities and the importance of overcoming them in our future work. We had a wonderful talk after dinner by Ann McDaniel, vice-president of the Washington Post Companies. She gave us an update on the Obama administration and plans for health care reform.

Day 2 included talks by a health economist, Richard Frank, PhD, on the changes in funding for health and mental health care. He pointed out that while health care costs as a percentage of the GNP have increased over the past 20 years, mental health care costs have stayed stable as a percentage of the GNP. In addition, there has been an increase in the use of psychotropic medications, by both psychiatrists and other physicians, while payments for psychotherapy have declined. This is a strong reason for psychology to continue to fight for prescriptive authority.

Tillman Farley, MD spoke about his model of integrated community health care that places behavioral health squarely in the primary care model. Janet Reingold, media and marketing expert, discussed how to brand the profession and distinguish psychology from other disciplines. On Day 3 Elizabeth Gibson, PhD, a consulting psychologist, described how she helped transform Best Buy from a bankrupt company to a leading retailer in America. The principles she described are applicable to transforming the profession of psychology.

The real work of the Summit occurred in small work groups. The work groups were urged to think big and outside the box. Work groups addressed questions such as:

- * What are priorities for our constituents?
- * What are the pathways to get there?
- * What partners should we develop?
- * What are the economic challenges that present future opportunities?
- * What will be the impact of cross-cutting changes in the future of psychology practice in regards to diversity, science & technology developments, and partnerships?

Here are some of the issues that emerged at the summit, especially in light of national health care reform.

Practitioners are still being trained for the "first curve"—traditional practice. To thrive in the future, psychologists will need to redefine training and take advantages of new practice opportunities outside of traditional psychotherapy practice. That doesn't mean foregoing all the wonderful ways psychologists are currently trained, but it does mean adding new elements, skills, embracing best practices and getting interdisciplinary training.

The need to collaborate in primary care. As summit speaker Frank DeGruy, MD, said, "Mental health care cannot be divorced from primary medical care, and all attempts to do so are doomed to failure." It is becoming increasingly clear that health-care reform will include a greater emphasis on primary care and prevention of chronic disease. These are both areas that psychologists can make major contributions. This will require that we partner and practice with primary care physicians and nurse practitioners. Most practicing psychologists have not been trained to work in these settings and in the busy style of primary-care medicine. It is one of our future practice opportunities.

The need to be accountable. Whether we like it or not, there are changes in health care payments and reimbursements that require practitioners to demonstrate accountability for their work. This was a clear message from the insurance, business and legislative delegates at the summit. We have the opportunity to define how we should be evaluated by developing our own psychology treatment guidelines and methods to assess our work. Psychiatry has done this. Their guidelines are used by the insurance industry to determine treatment and reimbursements. According to the summit's insurance and legislative delegates, there are not any for psychotherapy and psychological services. We have long resisted developing these guidelines, but the time has come to define psychological treatment practices, or others will do it for us.

Health promotion and prevention. The focus on primary care also opens opportunities for

prevention of health problems and enhancing the health of our population. Many chronic health problems, such as diabetes, hypertension, obesity, are caused by psychosocial and lifestyle problems. Psychologists have much to offer to prevent these problems and help people better manage their chronic health problems.

Creating and nurturing partners for change. One of the innovations of the summit was to have a significant number of invited guests who represented other organizations, businesses and consumers of psychological services. They are open and interested in partnering with the APA in our advocacy efforts. These relationships need to be nurtured and strengthened in our future.

Future Plans

The Task Force on the Future of Psychology Practice will synthesize the ideas and recommendations from the summit. The Task Force will recommend them to the Committee for the Advancement of Professional Practice and into the APA strategic planning process and policy changes for the association. You can watch portions of the summit on the APA webpage, <http://www.apa.org>. You can also learn more about the summit during a lunch at the COR meeting on Wednesday August 5 or a 2-hour session at the APA Convention, Friday, August 7 from 10 AM-12 noon.

The impact of this summit has the potential of bringing a sea change to the practice of psychology. The ideas and recommendations from the summit need to be implemented at all levels of our profession to make a real difference. As stated at the summit, "¡Lo que ocurrió en San Antonio, no puede permanecer en San Antonio! What happened in San Antonio cannot stay in San Antonio!" ?

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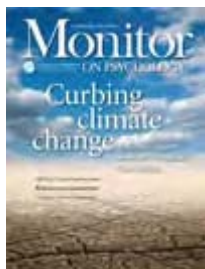
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Embrace the future

In his presidential address, James H. Bray lays out the opportunities for psychologists in research and practice.

By Sara Martin
Monitor staff

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It's a remarkable time for psychologists: Some form of health-care reform seems likely, technology is transforming the way every psychologist works and the nation is becoming ever more diverse. Those factors and more are creating great opportunities for psychologists in research and practice alike, said APA President James H. Bray, PhD, in his presidential address during APA's 2009 Annual Convention.

In the realm of practice, one of Bray's priorities was hosting the 2009 Presidential Summit on the Future of Psychology Practice, where 150 thought-leaders from a variety of fields began to shape a new vision for the profession. (See article on page 66 for more summit details.) Through that event—and his experience as APA president—Bray has identified several ways that practitioners must change to prepare for the opportunities ahead.

Practitioners, he said, will have to:

- **Expand the focus of practice.** Providing psychotherapy is, of course, just one of practitioners' many skills, but the public often doesn't know that. "Ask someone on the street, 'What is a psychologist?'" and most people will say that they either don't know or that we are mental health professionals." It's time to get the message out that psychologists can help people in a vast array of domains, said Bray, from guiding business and industry through global change to helping employers maintain psychologically healthy workplaces.
- **Provide integrated health care.** The future health-care system will demand that psychologists practice side-by-side with medical colleagues, said Bray. The nation's top health problems are linked to psychosocial and lifestyle problems—issues that are not effectively addressed by the medical profession. "We are the profession who knows the most about human behavior and how to change it," he said.
- **Integrate technology into practice.** The emerging health system will require psychologists to use electronic health records (see article on health information technology, page 64) and other technologies to document psychological interventions. Practitioners will need the knowledge and skills to communicate to a variety of health professionals, all the while protecting confidential patient information, Bray said.
- **Apply scientific evidence to practice.** Evidence-based

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treatments will also be vital. Psychology practitioners will need to integrate findings from many different research areas—from neuroscience to family process research—into their work with clients.

- **Be accountable.** Upcoming changes in health-care payments and reimbursements will require practitioners to show that their services work, he said. As a result, practitioners must develop practice guidelines and methods to assess their outcomes. "We have long resisted developing these guidelines, but the time has come to define psychological practices—or others will do it for us," said Bray.

- **Meet the needs of our diverse society.** Understanding cultural differences is critical to providing high-quality care. Psychologists must be properly trained to work with different populations, he said.

Psychological scientists also have tremendous opportunities at their doorstep, said Bray.

The growth areas for researchers include:

- **Multidisciplinary research.** "It's rare now that NIH will fund a grant that is done by a 'siloed' group of psychologists," said Bray. But, he emphasized, while multidisciplinary research is our future, "It does not require that we give up our identities as psychologists."

- **Behavior and climate change research.** During the convention, APA's Council of Representatives approved a report that's "eagerly awaited" by the U.S. Congress: APA's Task Force on the Interface Between Psychology and Global Climate Change report details the ways psychologists can help change people's behaviors to protect the planet. (See article on page 24.) "Congress is expected to allocate billions of dollars to [this area,]" he said. Psychologist and Rep. Brian Baird (D-Wash.) has introduced H.R. 3247 to create a social and behavioral sciences program within the Department of Energy. The legislation will be on Congress's agenda this fall.

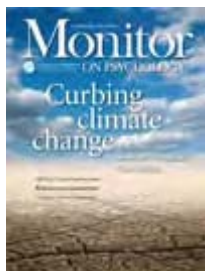
- **Other timely research.** Health-care reform efforts will increasingly require comparative effectiveness research. Policymakers and others will also seek psychologists' studies on health and patient safety. And work on the behavioral aspects of genetic research will continue to be in demand.

- **Securing psychology's place in basic science.** Bray has created the APA Presidential Task Force on Psychology as a STEM discipline. The goal of the group—chaired by Yale University's Jack Dovidio, PhD—is to define psychology clearly as a STEM (Science, Technology, Engineering and Mathematics) discipline. Without such recognition, psychology is at risk for losing funding from such key groups as the National Science Foundation.

"We are at an important fork in the road," said Bray. "While psychology has before it great opportunities for the future—and is well positioned to take advantage of them—it will require the field to change."



Monitor on Psychology
Volume 40, No. 9 October 2009



Roadmap for change

An APA task force previews its recommendations for transforming psychology practice to meet the demands of a new world.

By Sara Martin
Monitor staff

Print version: page 66

Psychology practitioners' future success will require them to make big changes—such as developing treatment guidelines and revamping the way the public sees them—according to preliminary recommendations from the 2009 Presidential Summit on the Future of Psychology Practice Task Force.

The recommendations, announced during an APA 2009 Annual Convention symposium, follow up on the May Presidential Summit on the Future of Psychology Practice in San Antonio, where 100 psychologists and 50 leaders from other fields met to shape a new vision for psychology. (See July/August *Monitor* for a [full summit report](#).)

The task force is now building on the summit ideas and encouraging further input from all psychologists as it finalizes its recommendations this fall.

"We have great opportunities for the future, and psychologists are well-positioned to take advantage of them, but it will require that we change the way we operate," said APA President James H. Bray, PhD, who with APA President-elect Carol D. Goodheart, EdD, and Margaret Heldring, PhD, led the task force.

Among the group's recommendations were calls for psychologists to:

- **Develop treatment guidelines.** "By not having them, we are shooting ourselves in the foot," said Bray. Such guidelines—principles to promote best practices—will demonstrate to policymakers and the public that psychologists' treatments have a strong, evidenced-based foundation. APA will appoint a committee of top researchers and science practitioners who will work with the association's governance and staff to oversee the process for developing treatment guidelines. That process will include identifying, selecting and reviewing treatment guidelines and selecting panel members and other technical experts. Goodheart emphasized that the guidelines would be flexible: "A treatment guideline is not a manual," she said. "It has to be useful and adaptable."
- **Develop models for integrated care.** With health-care reform efforts focused on the revitalization of primary care, psychologists are perhaps better positioned than ever to improve patient care by promoting healthy behaviors and helping people better manage their conditions. To succeed in the new system,

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psychologists will need to develop integrated care models, just as the Department of Veterans Affairs did in the 1990s when it revamped its health-care system, said task force member and VA psychologist Robert Gresen, PhD. "In the VA, you find a psychologist basically anywhere you see treatment—in cardio rehab, the spinal cord injury program, nursing homes, and the list goes on and on," he said.

- **Address the mobility and licensure barriers.** With the growth in telehealth as well as the work psychologists do for multistate, even multinational companies, the nation's patchwork of licensure requirements are becoming increasingly troublesome for practitioners. "To sum up licensure in three words, it's education, experience and examination, and there's no consistency in any of those things across any of our jurisdictions," said task force member Emil Rodolfa, PhD. To allow psychologists to practice in different regions, he said, psychologists must determine how to increase consistency across licensing boards—a significant challenge since all practitioners are trained differently.

- **Market psychologists' uniqueness.** Psychologists are in danger of being lumped together with other mental health professionals, said Bray. Task force member Tammy L. Hughes, PhD, urged the symposium attendees to think about the value psychology provides people they serve and the public at large. "Stop talking to yourselves and start sharing your ideas," she said.

- **Revamp psychology's training programs.** Graduate programs are still training for traditional practice, not the new world psychology finds itself in, said Heldring. "Our training programs are fantastic, but they are training for a fading way of doing things," said Heldring. "We're going to have to undergo a pretty major overhaul of how we train if we are going to be involved in systems that are new to us."

Members of the 2009 Presidential Summit on the Future of Psychology Practice Task Force

APA President James H. Bray, PhD (chair)
 APA President-elect Carol D. Goodheart, EdD (co-chair)
 Margaret B. Heldring, PhD (co-chair)
 Robert Gresen, PhD
 Gary Hawley, PsyD
 Tammy L. Hughes, PhD
 Jennifer Kelly, PhD
 Jana N. Martin, PhD
 Susan H. McDaniel, PhD
 Thomas D. McNeese, MEd, MA
 Emil Rodolfa, PhD
 Sandra L. Shullman, PhD

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APA Vision Statement

The American Psychological Association aspires to excel as a valuable, effective and influential organization advancing psychology as a science, serving as:

A uniting force for the discipline;

The major catalyst for the stimulation, growth and dissemination of psychological science and practice;

The primary resource for all psychologists;

The premier innovator in the education, development, and training of psychological scientists, practitioners and educators;

The leading advocate for psychological knowledge and practice informing policy makers and the public to improve public policy and daily living;

A principal leader and global partner promoting psychological knowledge and methods to facilitate the resolution of personal, societal and global challenges in diverse, multicultural and international contexts; and

An effective champion of the application of psychology to promote human rights, health, well being and dignity.

APA Mission Statement

The mission of the APA is to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives.

APA Goals and Objectives
Approved by Council August 2009

GOAL	OBJECTIVES
1. Maximize organizational effectiveness	<p><i>The APA's structures and systems support the organization's strategic direction, growth and success.</i></p> <ul style="list-style-type: none"> a. Enhance APA programs, services and communications to increase member engagement and value; b. Ensure the ongoing financial health of the organization; c. Optimize APA's governance structures and function.
2. Expand psychology's role in advancing health	<p><i>Key stakeholders realize the unique benefits psychology provides to health and wellness and the discipline becomes more fully incorporated into health research and delivery systems.</i></p> <ul style="list-style-type: none"> a. Advocate for the inclusion of access to psychological services in health care reform policies b. Create innovative tools to allow psychologists to enhance their knowledge of health promotion, disease prevention, and management of chronic disease; c. Educate other health professionals and the public about psychology's role in health d. Advocate for funding and policies that support psychology's role in health e. Promote the application of psychological knowledge in diverse health care settings; f. Promote psychology's role in decreasing health disparities; g. Promote the application of psychological knowledge for improving overall health and wellness at the individual, organizational, and community levels.
3. Increase recognition of psychology as a science	<p><i>The APA's central role in positioning psychology as the science of behavior leads to increased public awareness of the benefits psychology brings to daily living.</i></p> <ul style="list-style-type: none"> a. Enhance psychology's prominence as a core STEM (Science, Technology, Engineering and Mathematics) discipline; b. Improve public understanding of the scientific basis for psychology; c. Expand the translation of psychological science to evidence-based practice; d. Promote the applications of psychological science to daily living; e. Expand educational resources and opportunities in psychological science.

APAPO MISSION AND VISION
2/1/09

MISSION

The mission of the APAPO is to advance, protect, and defend the professional practice of psychology.

VISION

APAPO is the resource of choice for professional psychologists.

APAPO is influential and respected in shaping sound healthcare and organizational system design, policy, and legislation.

APAPO promotes psychology as a culturally competent, valued, and respected profession.

APAPO advances the public understanding of psychologists as professionals who are guided by a strong scientific knowledge base and ethical principles and are uniquely qualified to promote health and positive functioning in diverse settings.

APAPO advocates for the availability and accessibility of psychological services and confronts abusive and restrictive policies and practices that limit practitioners' ability to deliver services.

APAPO Goals and Objectives
2/1/09

Goal 1. Powerful Advocate: Educate and effectively influence policy makers, institutional leaders, and the public on the role and value of professional psychology.

Objectives:

1. Preserve the doctoral degree as the standard for entry into the profession.
2. Seek appropriate levels of compensation for psychological services.
3. Promote universal access to behavioral healthcare services.
4. Protect and expand the scope of practice.
5. Expand prescriptive authority for psychologists.
6. Expand marketplace opportunities for psychologists.
7. Enhance consumer understanding of the value of psychology and psychological services.
8. Expand partnerships and coalitions by collaborating with other professional organizations.
9. Protect the privacy of electronic health data.
10. Increase effectiveness and breadth of outreach to Congress.

Goal 2. Practitioner Community: Expand professional networks, build professional identity, and promote career satisfaction and success.

Objectives:

1. Promote the “brand” of psychology to build professional identity.
2. Collaborate with SPTAs and APA divisions to develop shared initiatives.
3. Create a welcoming “home” for professional psychologists at APAPractice.org by enhancing information sharing, networking and peer-to-peer communications.

Goal 3. Member-Centered Resources: Utilize market research and other data to improve value to members and increase awareness of APAPO resources.

Objectives:

1. Evaluate existing products and services and develop new resources.
2. Increase the use of multiple communication mechanisms to enhance the delivery of information and resources to members.
3. Disseminate models of innovative and successful practices.
4. Expand grassroots connections with members through the APA Convention and other events.

Goal 4. Operational Excellence: Promote efficient business practices that ensure financial and organizational success.

Objectives:

1. Identify and develop new sources of non-dues revenue.
2. Enhance recruitment, retention, and recognition to reduce staff turnover and improve employee performance.
3. Initiate regular review of programmatic functions and budgetary allocations for alignment with strategic plan.
4. Expand cross-program collaboration by using existing expertise and building new leadership opportunities.

WHAT IS A PRACTICING PSYCHOLOGIST?

Susan McDaniel, Helen Coons, and Carol Goodheart

Prepared for the Summit on the Future of Psychology Practice, May 2009

A practicing psychologist is a doctorally-trained professional with the knowledge and skills to foster and sustain change in individuals, couples, families, organizations, and communities. A psychologist has expertise in health, development, performance, problems, and most importantly, human behavior. This expertise is based on an extensive body of scientific evidence about individual behavior and systems change in the context of gender, race/ethnicity and culture.

Practicing psychologists have been associated with science and service since the beginnings of the profession. Lightner Witmer, who formed the first psychological clinic in 1896, highlighted the importance of evidence-based practice: “The pure and the applied sciences advance in a single front. What retards the progress of one retards the progress of the other; what fosters one fosters the other.” The expectation that professional psychologists be trained as both scientists and practitioners was adopted as policy by the American Psychological Association (APA) in 1947. Successive decades brought advances in services. Psychologists dramatically expanded their professional roles in response to the tremendous unmet mental health needs among WWII veterans. The 1960s saw many psychologists working in leadership roles to further the community mental health center movement, which ended the era of isolated mental hospitals and offered localized multidimensional care.

Today, community health centers offer similar opportunities for psychologists to work with other health care providers to design and deliver population-based, integrated care. The Freedom of Choice Act in the 1980s offered the public equal access to psychologists and physicians for private sector mental health care. In this first decade of the 21st century, the parity of mental health and physical health has finally been recognized by Congress, thus paving the way for true integrated health care and improved access to services. During this same period, psychologists took on key internal and external consulting roles in leadership and talent management and in addressing the challenges of rapid organization change in the new global marketplace.

Psychology practice evolved in innovative ways that continue today in a range of public and private settings such as health centers and hospitals, schools, corporations, governmental agencies, the military, universities, and community organizations. Depending on their context, psychologists may:

- * Implement evidence-based prevention and treatment interventions to: reduce risk behaviors and conflict, mediate problems, and promote healthy behavior among individuals, couples, families, and groups. Programs target children, teens, and adults across the life span (from infancy to our burgeoning population of older adults)

- * Enhance medical decision-making and coping, and collaboratively treat chronic illness (e.g., obesity, diabetes, hypertension, cancer, smoking, infertility), mental disorders (e.g., depression, anxiety, severe mental illness, PTSD, substance abuse) and psychosocial challenges (e.g., violence across the life span; care-giving for ill relatives).
- * Use diagnostic and treatment skills to get to the root of a patient's lack of adherence to medical treatments (e.g., medication, exercise, smoking cessation, physical therapy), due to emotional difficulties such as depression or personality problems, substance abuse issues, exposure to trauma, family problems or sociocultural differences and disparities.
- * Work to improve partnerships and team functioning among health professionals, and among corporate professionals.
- * Evaluate hospital, school, university, corporate and community program effectiveness, and produce clinical research to inform psychological interventions.
- * Transport psychological science, services, research and consultation to urban and rural communities (e.g., to medical/health homes; long term care homes; schools, small businesses and corporations; community organizations such as Boys and Girls Clubs, YMCA).
- * Develop, implement, or evaluate advanced technologies in corporate, education and health settings to improve: performance and productivity; health (e.g., genetic testing, adherence reminders); health care (e.g., online health education and treatment); communication (reminders, virtual education, electronic health records) and education (e.g., on-line education, simulation).
- * Provide consultation and assessment services to courts including traditional forensic assessments, collaborative divorce, parent coordination, and other services that promote growth and improve outcomes for people involved with our criminal justice system.
- * Work in preschool and early childhood facilities, and later schools, to identify and intervene early in children with emotional and learning problems such as ADD, autism or dyslexia.
- * Provide coaching and consultation in corporate, health, policy-making, and educational settings to promote effective leadership, communication, and complex problem solving; improve performance; and build psychologically healthy work environments.
- * Provide interventions in business and corporate settings to reduce work place stress and violence; reduce costs related to illness, absenteeism, and poor performance; and improve productivity as well as worker satisfaction.

* Consult with organizations regarding complex challenges associated with a more diverse, mobile workforce with competing work-family demands.

* Provide information to various media outlets in order to educate the public about psychological principles that improve mental and physical health.

*Promote individual and family strength, wellness, and resilience.

Now, amidst harsh economic realities and urgent social need, we join together with other professionals to support healthcare reform that provides comprehensive care for all children, teens and adults across the life span. Psychologists are committed to improving access, quality, and value in healthcare; and to promoting healthy lifestyles and advantageous social conditions in the context of healthy relationships, workplaces, and communities.

Consistent with recommendations from the Institute of Medicine (2001, 2004), we wish to collaborate with other disciplines in the interdisciplinary training of health professionals across specialties to ensure a work-force with the competencies to deliver high quality, comprehensive, integrated care. We wish to build partnerships to apply effective public health models that will reduce the burden of health, mental health and social concerns that negatively affect well being, healthcare utilization, and costs. We wish to work with businesses and corporations to enhance the health, well-being, and productivity of their employees.

Finally, we wish to lead and collaborate in the ongoing research and evaluation of outcomes in health care reform to ensure quality; effectiveness; safety; adherence; gender, cultural and geographic relevance; as well as improved patient health and satisfaction at reduced costs. We are committed to extending psychological science and service to improve the health and well being of the nation.

APA FUTURE OF PSYCHOLOGY PRACTICE SUMMIT:

IMPLICATIONS FOR I-O PSYCHOLOGY

Cristina G. Banks, PhD

Joan Brannick, PhD

SIOP Professional Practice Officer

Professional Practice Chair

Overview

APA President, James Bray, convened 150 psychologists, members of state psychological associations, and interested stakeholders outside of APA for three days (May 14-17) to discuss the future of psychology practice. We were Division 14's delegates to the Summit. Needless to say, we were not sure what to expect.

The Summit consisted of formal presentations by APA leaders and invited speakers, and of small group discussions that focused on strategic topics building upon speaker presentations and moving toward a list of ideas for changing how APA supports psychology practice in the future. The presentations were stimulating and appropriate. Ian Morrison, a futurist from the Institute for the Future, painted a view of the future that emphasized dramatic demographic changes and their implications for society in general. Norman Anderson, CEO of APA, addressed racial and ethnic disparities in the delivery of healthcare and their implications for society. Richard Frank, an economist, focused on financial and economic trends affecting healthcare availability and delivery, and their impact on the future of psychological services. Tillman Farley, a doctor and Director of a family of health centers serving the immigrant population, discussed integrated healthcare where psychologists are an integral part of the primary care visit. Janet Reingold, President of Reingold, a strategic communications marketing consulting firm, laid out the basics of how to brand (rebrand) a profession. And finally, Elizabeth Gibson, an organizational psychologist, talked through critical elements of change management. These speakers touched on many important issues to consider when formulating a strategic plan for the future of psychology practice.

Small group discussions enabled different groupings of participants to consider a series of questions that would eventually lead to a synthesis of ideas for change. We never participated in the same groups, and groups changed in composition four times to create different interactions and stimulate new thinking. In three of my groups, I was matched with delegates from other divisions, and in one other group I was matched with delegates and guests that had organizational backgrounds. Each group had a different focal topic, and discussion varied widely as a function of both topic and mix of participants. Facilitators and recorders present in each group documented discussions, and at the end of the second day, they shared their notes and impressions to generate feedback presented back to the participants on the third (final) day.

Summit Outcomes

Then came what we were all waiting for: the results of the meeting! Because there was little time between the collection of all discussion comments and the presentation of feedback to the

participants, only a brief overview was presented. The common points and trends noted in the discussion groups were the following:

1. **There is an increased need for multi-cultural competence.** This means that because we are a multi-cultural, diverse, and global society, we need to broaden our ability to communicate with and serve diverse populations.
2. **Learning and innovation are lifelong endeavors.** All professionals including psychologists have a need to acquire new knowledge and skills on an on-going basis, and psychologists are demanding training and learning opportunities beyond their formal training in order to keep up with changes in society and the environment.
3. **Technology must be more highly integrated into our practice.** Technology enabled communications and record-keeping are now a requirement for psychological practice in order to keep up with the rest of the world.
4. **The future healthcare model is integrated/collaborative care.** This means that psychologists will most likely be better integrated into healthcare delivery in the future (but the medical delivery and reimbursement structure does not support this model at this time).
5. **The future focus should be on overall health/well-being of persons rather than just their mental health.** Maintaining the health of a person should involve all aspects of life that affect health and mental health should not be considered in isolation.
6. **Prevention of health issues should have more emphasis relative to diagnosis and treatment.** This acknowledges a realization that prevention should play a bigger role in psychology practice than it does now.
7. **There is a need to view ourselves as “boundary crossers.”** This means that we can no longer stay in our individual silos and instead should reach out to colleagues in other divisions and even professions in order to work more effectively in our practices.
8. **There is a need for training across disciplines during graduate training.** This is an effort to create more broadly competent graduates of psychology training programs so that psychologists are able to adapt to and work in alternative professional environments in addition to traditional jobs.
9. **There needs to be a focus on community health/public health rather than individual health.** This means that psychologists could be contributing at a broader level and by doing so, could have greater impact on the health of society.
10. **There is an increased need for advocacy and public policy efforts.** There needs to be better representation of psychologists in the public arena in order to promote changes that allow psychologists to better serve society.
11. **Practices need to be more mobile across states and across countries.** Current state licensing rules restrict a psychologist’s delivery of services to the state(s) in which he/she holds a license. The reality is, services are very likely to be delivered across boundaries, and current rules do not reflect reality.
12. **We need to move from being internally focused to externally focused.** This means paying more attention to consumers/the public/other external stakeholders when we consider what is a valuable contribution and how to address society’s needs.

13. There is a need to partner and/or learn from others outside our fields and outside psychology.

There is value in learning from others very different from oneself in order to build greater competencies and to be effective in a greater array of environments.

We had our own take-aways from the Summit that have implications for I-Os:

- 1. We are both different and the same as healthcare psychologists.** The Summit reinforced the observation that many of the issues healthcare psychologists are having such as graduate training, public perceptions of worth, continuous need for professional training, multi-cultural competence, technology integration and cross-discipline collaboration, are ours as well. Given the rapidly changing demographics and associated changes in society needs, I-Os need to be prepared to serve these populations competently and in a broad array of environments. Graduate training should include cross-disciplinary coursework and grounding in cultural and ethnic diversity. I-Os also need to think about delivering our services in new contexts---the design and functioning of new types of organizations such as integrated healthcare, virtual networks, and extended enterprises.

I-Os are different, however, from healthcare psychologists. By and large, we are not funded by reimbursements from managed care providers; we can charge market rates and generally organizations pay us. We can find alternative sources of funding for our work; healthcare psychologists are basically restricted to individuals who can afford their services. Healthcare psychologists really do have a problem with survival if they cannot find sources of funding other than their traditional payers.

I-Os also are very familiar with demographic changes and multi-culturalism—we've had to be because our clients ARE diverse. We could be more competent in these areas, however, and we could be better at closing disparities across cultural and ethnic groups in work settings.

- 2. We have a role to play in creating a healthier society.** I-Os can work alone on this or in collaboration with healthcare psychologists. Singly, we can examine how we create programs and systems that either promote or reduce employees' health. In other words, are we thinking about the implications of the jobs we help construct, the performance measures we design, the compensation strategies we recommend, and the organizational structures we create on people's stress levels? On their work/life balance? On their ability to eat right/exercise regularly in order to stay healthy? In collaboration, we can make changes in our recommendations and in our design work that promote healthy work habits and maintain reasonable stress levels. Just as ergonomics helped us to design better work spaces to prevent injury, healthcare psychologists can help us design better workplaces to prevent unnecessary illness.
- 3. Healthcare psychologists are increasingly likely to enter our work space and do work like us.** Many times during the Summit, we heard healthcare psychologists say they are interested in

becoming an organizational psychologist (and gain steady employment). Some of these thought they could walk into these types of jobs without additional training. We already have experience with clinical psychologists functioning as organizational psychologists in organizations, and without training, they may “run into trouble” as one of our I-O colleagues put it—legal trouble—by not understanding what they are doing. I am not sure what we can do about that outside of offering the training they need to be successful. We can explain better to the public the difference between a clinical vs. an organizational psychologist (hopefully we can). Nonetheless, expect greater migration.

It is clear that I-Os need to create stronger and better ties with APA, state associations and individual clinical practitioners, and be part of the discussion of the future of psychology practice. This migration is going to happen whether we guide them or not. Perhaps we will get further in our efforts to be heard and recognized when we become part of their future plans. Sitting on the sidelines and complaining about it would be unproductive. Figuring out how each can contribute uniquely to the effectiveness of organizations and the employees who work for them is probably the right step.

- 4. I-Os, because of our training and expertise, can broaden our horizons to address big societal issues.** Based on speakers’ presentations and current media messages, there are a number of critical, difficult problems society has to address today and in the near future. Healthcare costs and delivery systems is only one of several crises our nation faces. Global warming, scarcity of water resources, economic disparities, education shortfalls and many others are issues we actually can assist in resolving. How? Each issue involves organizations that are working toward its resolution. Can these organizations function effectively? Are they led by competent leaders? Are the organizational systems (performance management, compensation, talent management and training) designed properly in order to maximize their effectiveness? Are these organizations capable of lasting organizational change? Do leaders of the change have the knowledge, skills and abilities to change others behavior significantly? These are but a few of the ways in which we as I-Os can be more broadly involved in societal issues. The Summit increased our awareness of the need for our collective participation in national efforts.

Conclusion

APA plans to collect more data at the APA convention in August 2009, analyze the data from the Summit and the convention, and then deliver a report to APA in the fall of 2009 that contains future themes/trends and recommendations for the future of psychology practice. Eventually, this information will inform APA’s strategic planning process. Regardless of what happens as a result of the summit, it is clear that SIOP needs to continue to be an active participant in APA’s discussions and plans for the future of psychology practice moving forward.