



Academy of Psychological Clinical Science

President	Past President	Secretary	Treasurer	Executive Committee At-Large Members
Tom Oltmanns	Howard Berenbaum	David Sbarra	Adele Hayes	Joanne Davila, Beth McQuaid, Linda Craighead

2015 APCS Member Business Meeting Minutes Thursday, May 20, 2015 New York Marriott Marquis, New York Chelsea Meeting Room

Present (42 total; in sign-in order): Linda Craighead (Emory), Stew Shankman (UIC), Tom Oltmanns (Wash U), Beth McQuaid (Brown Internship), Don Fowles (Univ Iowa), Steve Miller (Univ of Georgia), Debi Bell (Univ of Missouri), Mitch Prinstein (UNC Chapel Hill), Michael O'Hara (Univ of Iowa), Sherryl Goodman (Emory), Doug Samuel (Purdue), Kelly Klump (Michigan State), Allison Harvey (UC--Berkeley), Hill Goldsmith (Univ of Wisconsin), Michael Pogue-Geile (Univ of Pittsburgh), Melanie Dirks (McGill Univ), Lee Llewellyn (Univ of Virginia), Bethany Teachman (Univ of Virginia), Gayla Margolin (USC), Tom Bradbury (UCLA), Teresa Treat (Univ of Iowa), Bob Simons (Univ of Delaware), Janet Polivy (Univ of Toronto), Mary-Frances O'Connor (Univ of Arizona), David Sbarra (Univ of Arizona), Marc Atkins (UIC Internship), Tim Strauman (Duke), Bob Levenson (UC-Berkeley; PCSAS), Adele Hayes (Univ of Delaware), Dick McFall (Indiana Univ; PCSAS), Bill Hetrick (Indiana Univ), Nicole Allen (Univ of Illinois Urbana Champaign), Jose Soto (Penn State), Dianne Chambless (Univ of Pennsylvania), Connie Hammen (UCLA), Elizabeth Yeater (Univ of New Mexico), Susan Evans (New York Presbyterian-Weill Cornell Internship), Luke Hyde (Univ of Michigan), Tom Widiger (Univ of Kentucky), Risa Weisberg (VA Boston HCS Internship), Aprajita Mohanty (SUNY Stony Brook), and Greg Kolden (Univ of Wisconsin Internship)

Additional Participants: Jacqueline Wall (APA CoA)

- I. Welcome remarks: Tom's heart is warmed by so many people in attendance. This could be a new record.
 - a. APCS was created to promote and preserve a clinical science approach to training scientists.
 - b. Member programs belong, and our organization is unique b/c we have both doctoral programs and internships working together. How can we foster ways to communicate and stay in touch?
 - c. Special thanks to Doug Samuel for representing APCS on the APS Program Committee.
 - d. APS is one place APCS Member programs (and their students) can attend to hear about the integration of clinical science into larger happenings across psychological science.
 - e. Special thanks to the EC members and Dave Smith, who represents APCS on CoA.
- II. Approval of Minutes from 2014
 - a. Teresa Treat moved that we accept the Minutes.
 - b. The 2014 Minutes were approved by a unanimous vote.

- III. Tom notes that we will be holding elections for President (who will serve a President Elect term year, then a three-year term as president), Treasurer, and a Member at Large position. Nominations are welcome and needed.
- IV. Membership report (Tim Strauman): We now have 62 doctoral programs and 11 internships. In the past 12 months, we received one new member application, and it is currently under review.
- V. Treasurer's Report (Adele Hayes)
- a. Balance at \$83,051; Revenue 2014-2015: \$25,200; Expenses 2014-2015: \$30,520 (considerably larger than 2013-2014), with notable expenses to PCSAS, Delaware Project, internship summit (Chicago), APS Clinical Science Forum (travel), ABCT meeting.
 - b. Upcoming expenses: \$10,000 to PCSAS, the business meeting, the anniversary celebration, and the 2016 clinical science forum.
 - c. Need to make a couple of minor improves to the automated payment system (e.g., add spot to identify name of program when a payment is being made so that we can identify the source of the payment).
 - d. Tom commented on the APCS budget: We should be doing things, being active, and being present, and using our funds to make APCS known.
- VI. APCS Program at APS (Doug Samuel)
- a. Bootzin Memorial → APCS Anniversary Celebration.
 - b. Many of the cross-cutting symposia have good representation of clinical science/mental health.
 - c. RDoC Symposium.
 - d. Clinical Science Rising Starts.
 - e. The Future of Diagnosis- e.g., the Software Model of Psychiatric Diagnosis.
 - f. Traits in Clinical Science.
 - g. Looking forward: Doug is excited to take suggestions to broaden the clinical program at the 2016 meeting.
 - h. Marc Atkins: Can we post the program on our website to remind people about the clinical events at APS?
- VII. Expanded Committee Structure (led by Tom Oltmanns)
- a. We need to think about how we're going to get our students and junior colleagues involved in APCS. How do we get more young people involved? Thinking that APCS is only for DCTs is too limited and limiting. We need broader participation.
 - b. APCS created PCSAS. This is a major achievement—people are talking about PCSAS and it has taken on a life of its own. APCS now has a role for keeping PCSAS alive.

- c. In the Bylaws, there were four committees, but the only one that is particularly active right now is the Membership Committee (MC). Tom proposed that we add people to MC.
- d. We also had a wonderful meeting in Chicago linking the doctoral and internship programs. This led Tom to think about changing the name of the Education Committee to become the “Emerging Training Issues” Committee. That committee could be composed of people currently leading the discussions regarding the future of internships and clinical science training.
- e. Tom also proposes two other committees: “Engagement and Participation” with the goal of getting member programs to participate in the annual meeting and to get their students involved. It’s important to teach people about how the clinical science movement emerged; this may help people get engaged.
- f. Finally, Joanne Davila has agreed to chair a “Collaboration and Partnerships” Committee. For example, Joanne organized a PCSAS session at CUDCP. The goal would be for APCS to be more systematic and present within other organizations, including APPIC, COGDOOP, ABCT, and so on. Members of this committee would plan ahead to encourage discussions and presentations about PCSAS at meetings of these other organizations.
- g. Discussion emphasized the value of these initiatives; the Academy has been terrific about allowing programs to be aspirational; how do we relate to people in our communities—e.g., our state psychological associations; concerns were expressed about the “build up” of the committee structure; Allison Harvey: there’s a time famine, and we should be careful about how we spend our time. Are committees the best way to connect to the younger generation? Could the entre be via the science instead of the committee structure? SSCP is working on public outreach and this might be a way to join with the Academy. Bill Hetrick: COGDOP does not seem especially aware of the clinical science movement, but APCS now has three COGDOP EC members (Deanna Barch, Greg Miller, and Bill Hetrick), which will be useful in helping spread the word.

VIII. Update on PCSAS (McFall and Levenson)

- a. With Dick Bootzin’s passing, Bob Levenson accepted the position as President of the PCSAS Board. Replacing Bob as Secretary is Tim Baker. Sherryl Goodman is a new clinical scientist representative on the Board, and there is a new student member as well, Mindy Shreiner.. Jill Hooley now chairs the Review Committee.
- b. Presently: 28 PCSAS accredited programs. Dick and Bob encourage all Academy programs to consider becoming accredited by PCSAS.
- c. PCSAS’s goal is to serve as a magnet that attracts programs that are doing good clinical science training; we have the distinction of being evaluated (by external reviews) as doing good clinical science. This process advances the larger goal of influencing the field and making clinical science part of the broader public health mission.
- d. The VA now recognizes PCSAS—in December 2014. this was approved at all levels of the VA. Now, they have to submit this approval for external VA labor approval. The PCSAS initiative is embedded in the complete revision of the VA policies and practices. There is support for this initiative from the budgetary committee in the U.S. House of Representatives.

- e. Licensure: Two states have passed legislation recognizing PCSAS licensing parity (Delaware, then Illinois). The approach has been largely a grassroots effort, but there is progress on many different fronts.
- f. Internship: PCSAS believes this is a critical gate. APPIC is aware of PCSAS but has not yet altered the proposed 2017 match policies requiring CPA and APA accreditation to enter the match. This is a high priority for us.
- g. Support from other organizations—e.g., the Academy, APS, SSCP, ABCT, and SRP have all recognized PCSAS.
- h. Levenson: Opened with a picture of the group who met in Bloomington for the 1994 meeting. In our rush to set-up PCSAS, we haven't done well enough to thinking about the future. **Now is the time to think about the next generation.** Who will populate this picture going forward? The future is here. We need to repopulate the Board of PCSAS with a younger generation of folks.
- i. Also discussed by Levenson was the issue of scope: What is enough PCSAS accredited programs? How many is enough? Are we close? Or, do we build a more inclusive model? Might the internships be interested in the elements of PCSAS? How will the next generation of leaders define the scope?
- j. What is the “end game?” An important part of our effort is to defend the cause. How are we going to coexist with CoA or PsyD programs, those who might use the tools produced by the PCSAS programs? What will our peaceful coexistence be like down the road—what will that look like? Levenson: “We need to have discussions with the relevant players so that we can ultimately become partners, with other organizations doing what they do and us doing what we do.”

IX. Iowa Licensing Initiative (Teresa Treat)

- a. Primary change in Iowa is at the level of the licensing regulations (not at the level of the actual law).
- b. Identifying stakeholders → Government relations, VAs (and DCTs there), the state psychological association (IPA).
- c. Teresa's group approached the Iowa Rules and Regulations Committee, and they are in discussions right now about reviewing the regulations.

X. Update on CoA and the Standards of Accreditation (Debi Bell and Jacqueline Wall from CoA)

- a. Discussed the CoA Leadership Team. Dave Smith holds the Academy seat on CoA. This is an important role, and the seat is very important for keeping science in focus on the CoA. The BSA seat also is important to keep filled.
- b. APA now has 1,001 accredited programs – the major growth is in internships.
- c. The new SoA will be in place for Spring 2017 site visit.
- d. Now CoA has the IRs out for public comment, three currently relevant to our programs:
 - i. Discipline specific knowledge (formerly B&G)

- ii. Profession Wide Competencies
- iii. Direct Observation
- e. At the end of 2015, there'll be no more training on the G&P—everything will be geared toward the SoA.
- f. Sept 1, 2016, accept first programs under the new SoA.
- g. Programs should start reading the SoA now
- h. Public comment on the IRs available until June, 2015.

XI. Discussion of meeting about Internships and the Future of Clinical Science Training (Tim Strauman, Marc Atkins, and Greg Kolden)

- a. The Chicago Summit: Vision for a future of clinical science training. How can training be improved? What our ultimate goals. The primary intent: Take the temperature of the field (and the two kinds of member programs) to see if there was interest in moving forward with a larger-scale discussion of the future our training in clinical science. For example, conversations between doc and internship about conversations on “individual training trajectories”—how can we move forward to improve that?
- b. The history of this meeting emerged from a discussion of how to get internships more involved; this started with the “open suite” discussion at ABCT in Philadelphia.
- c. Seven of 11 of the Academy internships attended the Chicago summit.
- d. Beth McQuaid: The main goal of the Chicago Summit was about how to make training more continuous over the entire course of doctoral education. What happens in that Feb-July period—how can that time be used to help create educational continuity?
- e. Greg Kolden: Part of the interesting discussion was around the question of “ways to be a clinical scientist.” For example, there’s a conflict between the VA mission (directly serving the health of veterans) and the VA’s involvement in the Academy. If you take a role as an implementer of clinical science (vs. being a producer of knowledge) are you still a clinical scientist?
- f. Beth McQuaid: The meeting gave us pause to reflect on the communication with doctoral programs. A different kind of letter with request for details... Internship to doc programs: What would you like us to focus on?
- g. Tom Oltmanns: Greg Smith of KY was there in Chicago to discuss their “captive” internship at Kentucky. How do you integrate the internship piece directly. Kentucky has applied for APA accreditation. At Kentucky, funding for the positions was a key issue in their discussion with APA.
- h. Tim Strauman: A nice element of the Chicago discussion was that this meeting began with a conversation around internships—from the internships’ perspective, what should the doctoral training look like? This is a very good and important question, according to Tim.

- i. Marc Atkins: We need larger systematic reforms—internship is not working well for many people. This is a moment of urgency. We need new ways to do this, and Marc thinks PCSAS should get involved in this discussion right away to start thinking more seriously about the continuity of training.
- j. Greg Kolden: If we have a mechanism for connecting internships to doctoral programs to do better training, then the internships will come to APCS and join us. This is part of the movement to recruit more internship programs into the Academy.

XII. The Delaware Project (Marc Atkins)

- a. Atkins, Beveridge, and Craske are meeting regularly to focus on dissemination and implementation (D&I) science as a training goal.
- b. There is a huge need to help programs with training in D&I.
- c. The delawareproject.org website is up and running and looks great; rather quickly, this has become a useful resource for D&I materials.
- d. Continued questions around what the DP will come to be in time (e.g., can it help link programs to resources?; Can it help support programs with students have D&I?).
- e. Many excellent opportunities and initiatives looking forward. Focus of DP: How do we get programs to link-up with each other?

XIII. New Business

- a. There was no new business.

The meeting adjourned at 11:59am.