**Minutes for APCS General Meeting**

**May 26, 2011**

**Attending:**  Ryan Beveridge, Howard Berenbaum, Jack Blanchard, Diane Chambless, Larry Cohen, Jill Cyranowski, Melanie Dirks, Don Fowles, Tim Fowles, Stacy Frazier, Kilys Haner, Allison Harvey, Dan Klein, Bob Knight, Greg Kolden, Lee Llewellyn, Gayla Margolin, Rich McNally, Beth McQuaid, Tom Oltmanns, Lisa Onken, Dave Sbarra, Ken Sher, Varda Shoham, Tim Strauman, Teresa Treat, Tom Widiger, Rick Zinbarg

**Minutes approved**.

**Nomination Process for New Officers**. Tim Strauman is heading the nomination process this year. Attendees were asked to give Tim names of nominees or let him know they are willing to volunteer. The open positions are Secretary and one Member at Large slot, replacing Knight and Cyranowski.

**Treasurer’s report**. Balance as of end of April, 2011, was $68,228.97. Income in 2010-2011 was $24, 800. Expenses were $16,364.36. Main expenses were 2010 business meeting, APS conference costs, support to PCSAS, corporation fee, Survey Monkey fee, attending CBT in Psychology Task Force meeting, APCS-NIMH meeting, and bank fees.

Anticipated Income in 2011-12 is $24,800 with probable expenses of $26,625.

**Membership Committee report**. There is now a standing membership committee. One program currently under review. There was discussion of the lag on renewal reviews of programs. There was a suggestion that renewal could be in tandem with PCSAS accreditation.

**Delaware Project.** Working conference on science based dissemination of evidence based treatment. The concept has evolved to include the whole sequence from basic science to treatment development, efficacy and effectiveness evaluation, to evidence-based dissemination. 31 Academy programs have nominated people to participate in the project. Contributions are coming in from NIH institutes including NIDA, NIMH, OBSSR (NIH-wide) and others including U Delaware and APCS. The project is now focused on training in intervention science. Title “Clinical Science Training: From Intervention Development to Implementation” Outcomes are expected to include papers and resources for programs wishing to expand training in intervention science.

**Future efforts of APCS**. Howard presented theme for break out sessions later in the morning of thinking about future efforts of APCS, sharing training methods, transforming training in clinical science, moving the annual meeting from focus on business of the organization to content issues in clinical science and training in clinical science.

**Collaborations with other organizations**. Tim reported on meeting with ABCT regarding cognitive therapy training. Working on a white paper on aspirational guidelines for what should be included in training programs that claim to provide training in cognitive therapy. Tim is heading up a research subgroup.

The clinical science forum this afternoon is an example of the collaboration of APCS, APS, and SSCP. APS will be starting a clinical science journal with a translational focus. APS has been working with NSF to change the policy regarding funding of clinical science students.

SSCP is involved in development of clinical guidelines through the APA process. There is some good involvement of clinical science people in the process. SSCP is providing new awards for excellence in clinical science. The issue of SSCP independence from APA may be brought up again this year. There was discussion of the pros and cons of the affiliation with APA especially with regard to a home for science-oriented clinicians who may not find APS meetings useful. ABCT was suggested as another alternative meeting place.

NIH/NIMH. Varda is working with NIMH on increasing attention to science of behavior at NIMH. She will be staying another year in that appointment.

**Increasing Number of Internship Program in APCS**. Members were asked to nominate potential Academy internship programs and Howard will invite them to apply. UCSF, U Miss, Duke Medical School, Mass General, McLean Hospital, VA Puget Sound, Cornell, Northwestern Memorial Hospital, UCLA, UCSD, VA Martinez. It was also suggested that APCS consult with Toni Zeiss about suitable VA internship programs.

Part of this process is to use a different internship application form because the current process is basically designed for doctoral programs. With some minor editing the application was adopted by the EC.

**CoA—Zlotlow**. US DoE moving toward more control of education by link of accreditation to federal student loans and tightening up “bright line” indicators of educational outcomes. Current focus is on regional accreditors and their institutions. Regional accreditation will ask about licensure rates for all programs that can lead to licensure. Some psychology doctoral programs are now claiming accreditation via a national accreditor of distance learning.

There was discussion of the broad and general training issue. Susan described the tension between specificity and allowing options, which is seen as unclear, confusing and risky. Susan also tried to clarify the decision process at CoA and the degree of agreement between primary and secondary reviewer, panel recommendation, and CoA decision.

Susan further argued that much of the inflexibility of the course content of broad and general training is driven by licensing board regulations which in turn define entry level to practice which is the goal of professional accreditation. There was a suggestion that CoA and PCSAS work with the licensing board group to move the boards away from checklist mentality.

CoA is looking at getting another vendor to put the review materials on-line so that all members can have access to materials. The current vendor is a couple of years behind on this project. The hope would be to also have smooth interface between annual report data and the accreditation process.

Peer review processes at CoA there is now a system in place that primary or secondary reviewer is from the same training council as the program. 90%+ of doctoral programs are so reviewed. Most exceptions are due to recusals.

**PCSAS report.** 10 programs accredited to date. 4 have been deemed eligible to apply. Others making inquiry. 15 universities are in the Founder’s Circle. PCSAS is solvent now and in the short term, but needs more Founder’s Circle members for longer term financial stability.

APCS continues to contribute $10K to operation of PCSAS. The money primarily goes to pay for PCSAS’ insurance.

CHEA has decided that PCSAS is eligible to apply for their accreditation, which is a major step in their process.

Until CHEA approves PCSAS, application fees are discounted by 50%. Thus, there is a financial incentive for programs to apply this year, since there is a good chance PCSAS will get CHEA approval by next year.

Next steps in CHEA approval. Need to write the application. Developing the policy and procedures manual as part of the application. Hoping for review at Fall, 2011 review meeting of PCSAS. Possible approval by May, 2012.

There was discussion of ways to educate internship programs about PCSAS accreditation and also to get it mentioned on the APPIC application form.

There was some open-ended discussion of the transition from dual accreditation to sole PCSAS accreditation and the role of licensure in reaching that decision.

**CoA Issues**. The main policy issue at CoA of relevance to APCS is the IR on broad and general training in psychology. Another one sets up flags for review for student turnover, faculty student ratio, and internship placement. The third one deals with proximal and distal data especially for the internship and postdoc programs.

There was some discussion of what the standard for coverage of knowledge about supervision and consultation is for doctoral programs.

**Breakout session reports**.

*Internship group*. (Cyranowski) Excited about the development of a special internship application form for potential APCS internship programs. The group also suggests more discussion between doctoral program and internships about clinical science training. Internships like being in APCS because of the quality and the science focus of applicants. Questions about internship programs becoming part of PCSAS. Concern about the usefulness of the current website for recruiting and orienting members to APCS.

*Group 1*. (Sbarra) Multi-university training grant with shared special foci. Sharing training models regarding broad and general education. How are programs preparing students for internship application process and internship experience? What are best students from our programs doing? How to move students into scientific careers? More involvement of our students in APCS meetings. Use of the undergraduate training white paper by programs. Advertising the Academy, possibly by communication with undergraduate clinical psychology textbooks.

*Group 2.* (Harvey). Sessions on motivating good health behavior. Generating ideas for potential speakers, many of them from outside of psychology. Focus on balance of negative and positive emotion and on processing of negative emotion. Internship match imbalance issues and an Academy response to the issue.

*Group 3*. (Berenbaum). Session on training grants and having agencies come to discuss training grants. Development of specialty focus for a program or a specialty track within programs. Focus on program innovation in clinical science training. Discuss proposal for NIMH RDOC initiative. Increased involvement of students, possibly in poster session. More involvement of programs in community settings. Discussion of career paths for grads of APCS programs, perhaps especially for nonacademic careers.

This last point led to spirited discussion about the way that APCS and PCSAS define success for trainees and whether those not pursuing academic careers are seen as second tier, or less successful training outcomes.