APA DIRECTORATES KEY POLICIES AND PRESIDENTIAL INITIATIVES SURVEY

By: Antonio E. Puente, Angela Sekely, & Hana Kuqabara

Introduction

The American Psychological Association (APA) is the largest scientific and professional organization representing all psychologists and psychology in the United States. Currently, APA has approximately 130,000 members with a large variety of interest areas. However, over the past several years, an increasing amount of members have dropped out of APA. The possibility exists that this alarming trend is due to the fact that APA may not be representing its membership in the most robust way possible. In order to attempt to gain a better understanding of this circumstance, two surveys were completed.

Methods

Two surveys were sent out to through an e-mail list of 6,024 individuals, of which the approximately 72% were APA members during the spring of 2014. The e-mail system was MailChimp and the survey system used was Survey Monkey. A total 184 individuals completed the Key Policies Survey and 427 individuals completed the Presidential Initiatives Survey.

Participants: Key Policies Survey

Participants were evenly distributed between genders with 51% (93) being female and 49% (90) being male. The age range of participants was 19-88 (M_{age} = 52, SD_{age} = 14). Education levels varied with 74.60% (135) having their Ph.D., 9.90% (18) having their Psy.D., 4.40% (8) having their M.A./M.S./M.B.A., 5.50% (10) having their B.A., and 5.50% (10) having other. Areas of interest also varied with 83.40% (151) interested in practice, 51.40% (93) interested in academic, 44.20% (80) interested in research, 30.90% (56) interested in administration, 26.50% (48) interested in public service, and 5.00% (9) interested in other.

Procedure: Key Policies Survey

The survey was sent out on March 15th, 2014 and was titled, "APA Directorates Key Policy Survey". After some demographic questions, the survey contained different key policies in relation to four areas: education, practice, public interest, and science. Individuals were asked to rank these areas according to how important they thought they were in relation to the future of psychology. Each question contained the key policies involved in one of the four areas. Each of these policies had a drop box next to it displaying numbers corresponding to the amount of options given, allowing the individual to rank order them.

Results: Key Policies Survey

The key policies were rank ordered in the following way (see table 1, table 2, table 3, and table 4).

Participants: Presidential Initiatives Survey

Participants were slightly female dominant with 55% (236) being female and 44% (187) being male. The age range of participants was 18-89 (M_{age} = 51, SD_{age} = 14). Education levels varied with 66% (280) having their Ph.D., 11% (48) having their B.A./B.S., 9% (36) having their M.A./M.S., 8% (32) having their PsyD, and 6% (28) having any other level of degree. Areas of interest also varied with 70% (296) interested in practice, 50% (210) interested in academic, 39% (164) interested in research, 26% (109) interested in administration, 20% (86) interested in public service, and 11% (45) interested in other.

Procedure: Presidential Initiatives Survey

The survey was sent out on February 14,2014 and was titled, "APA Presidential Initiative Survey". After some demographic questions, there were 12 different initiatives that the ten most recent APA presidents had chosen listed in which the participant was asked to rank on a scale of 1-12 (1 being most important, 12 being least important.

Results: Presidential Initiatives Survey

The presidential initiatives were rank ordered in the following way (see table 5).

Discussion

In terms of Key Policy Survey issues across the four APA directorates, the following were ranked as most important: federal practice and research spending, physician definition in Medicare, mental health service issues in an aging population, and federal spending for psychological research according to this sample of APA members. The Presidential Initiatives Survey results indicated that integrative health care was ranked the most important. However, the number and breath of initiatives reflects the diversity that APA has historically enjoyed. While this is a limited sample since the emails come from the contacts with the senior authors, it is a window to begin to understand what is important to psychologists and APA members.

Table 1: Key Policy Areas in Education

Ranking	Topic
1	Federal practice and research spending
2	Community health centers for underserved
3	Graduate psychology education and funding
4	Shortage of qualified mental health professionals
5	Improving teaching and learning
6	Recruiting health care professionals for NHSC

APA DIRECTORATES

[Continued from page 26]

Table 2: Key Policies in Practice

Ranking	Topic
1	Physician definition in Medicare
2	Medicare payment
3	Behavioral health information technology

Table 3: Key Policies in Public Interest

Ranking	Topic
1	Mental health service issues in an aging population
2	Health care reform
3	Mental health of children, adolescents & families
4	Advocacy issues for a disabled population
5	Reducing health care disparities in ethnic minorities
6	The role of psychology in trauma, violence and abuse
7	Health care, educational and social issues of the impoverished
8	Advocacy for women's issues
9	The role of psychology in HIV and AIDS
10	Lesbian, gay, bisexual and transgender issues

For more information about the survey results, please go to www.puenteforpresident.com.

Table 4: Key Policy Areas in Science

Ranking	Topic
1	Federal spending for psychological research
2	Collaboration with the National Institutes of Health
3	Peer review and scientific funding from federal agencies
4	Military service members, veterans, and their families
5	Clinical issues involving substance abuse disorders

Table 5: Presidential Initiatives

Ranking	Topic
1	Integrative healthcare
2	Translating science for the public
3	Education/engagement for next generation
4	Psychological services to military
5	Attracting/retaining academicians and scientists
6	Addressing obesity
7	Service and science of homelessness
8	Promoting diversity
9	Psychological science and public policy
10	Psychology of immigration
11	IRBs and psychological science
12	Psychology and interrogation

WORKING WITH TRAUMA

[Continued from page 25]

can have on trainees, be able to recognize symptoms, probe for countertransference and resistance, and help supervisees seek out or develop protective factors. Further research into the actual effects of supervision on the protection of trainees from developing secondary trauma symptoms would help supervisors know more about how to best structure supervision in these settings. Additionally, with the weight of having to protect trainees from the negative effects of trauma work, supervisors should be sure to protect themselves and consider seeking supervision or consultation so that they can best perform their supervisory role.

References

Bober, T. & Regehr, C. (2006). Strategies or reducing secondary or vicarious trauma: Do they work? *Brief Treatmentand Crisis Intervention, 6*, 1-9. doi: 10.1093/brief-treatment/mhj001

Brockhouse, R., Msetfi, R. M., Cohen, K., & Joseph, S. (2011). Vicarious exposure to trauma and growth in therapists: The moderating effects of sense of coherence, organizational support, and empathy. *Journal of Traumatic Stress, 24*(6), 735-742. doi: 10.1002/jts.20704

Etherington, K. (2009). Supervising helpers who work with the trauma of sexual abuse. *British Journal of Guidance & Counselling, 37*(2), 179-194. doi: 10.1080/03069880902728622

Hernández, P., Engstrom, D., & Gangsei, D. (2010). Exploring the impact of trauma on therapists: Vicarious resilience and related concepts in training. *Journal of Systemic Therapies, 29*(1), 67-83. doi: 10.1521/jsyt.2010.29.1.67

Ladany, N., Friedlander, M. L., & Nelson, M. L. (2005). *Critical events in psychotherapy supervision: An interpersonal approach.* Washington, DC: American Psychological Association.

Voss Horrell, S. C., Holohan, D. R., Didion, L. M., & Vance, G. T. (2011). Treating traumatized OEF/OIF Veterans: How does trauma treatment affect the clinician? *Professional Psychology: Research and Practice, 42*(1), 79-86. doi: 10.1037/a0022297

Wells, M., Trad, A., & Alves, M. (2003). Training beginning supervisors working with new trauma therapists: Arelational model of supervision. *Journal of College Student Psychotherapy, 17*(3), 19-39. doi: 10.1300/J035v17n03_03