

Eric Butter, PhD

2023 Candidate for APA President Elect

Campaign Commitments and Presidential Priorities

The following is a slightly edited version of the APA Caucus Endorsement Form for Presidential Candidates that was completed to help APA's Council of Representatives understand the commitments and priorities of each candidate for President Elect.

Provide information on any current or recent APA service (e.g. Board of Directors, Council of Representatives, boards and committees, task forces).

I have contributed more than 20 years of service to APA. I have been a leader in my state association (Ohio; Public Education Coordinator), home division (D33 Intellectual and Developmental Disability/Autism Spectrum Disorder; ECP rep, member-at-large, membership chair, Practice Guidelines Committee Chair, & Council Rep), and at higher levels of APA governance serving two terms on Council and then as Chair of the Council Leadership Team (3 year cycle). During my time on the APA Board of Directors, I was the liaison to the Board of Professional Affairs, Board of Advancement of Psychology in the Public Interest, and the American Psychological Foundation. I served as liaison on multiple Committee of these boards. I also served on other work groups including the "Future of Work" workgroup and the "Board Evaluation" workgroup. Over the past several years, I am grateful to have helped APA to make tough decisions during a tough time.

Memberships in APA Divisions; State, Provincial and Territorial Associations; Ethnic Psychological Associations.

Ohio Psychological Association

Division 12 (Section VIII: Association of Psychologists in Academic Health Centers (APAHC)

Division 16 School Psychology

Division 33 Intellectual and Developmental Disabilities/Autism Spectrum Disorder

Division 37 Society for Child and Family Policy and Practice

Division 53 Society of Clinical Child and Adolescent Psychology

Division 54 Society of Pediatric Psychology

Specific experience or qualifications:

My leadership skills have been honed in the most complex of professional environments. I have been a strong **executive leader for APA** and I'm a national leading **healthcare executive** of the nation's largest psychology department in pediatric healthcare. I am also a **scientific leader**, chairing the international "Autism

Care Network” which is a research, clinical, and learning health network of more than two dozen leading academic medical and research centers focused on autism and neurodiversity.

All of these contexts provide complexity, controversy, and unpredictability in daily operations as well as challenges and missed opportunities for promoting diversity, equity, and inclusion. All of these contexts also provide colleagues and collaborators who are passionate, hard-working, smart, and committed to a common, higher order goal.

These experiences have readied me to lead with authenticity, bravery, curiosity, and humility. Most directly, my tenure as Council Leadership Team Chair was focused on building bridges across fractured constituencies, focusing on facilitating Council’s relationship with their President. I emphasized civility, connection and collaboration and championed how Caucus involvement and Caucus leadership were ways to facilitate the best work of Council.

Professional Affiliation

Chief of Psychology and Director of Behavioral Health, Nationwide Children's Hospital

Professor, Department of Pediatrics (primary) and Department of Psychiatry (joint), College of Medicine and Department of Psychology (joint), College of Arts and Sciences, the Ohio State University, Columbus Ohio.

Practicing Psychologists Interests

1. Please describe your accomplishments and experiences in advancing applied and professional psychology, and the interests of practitioners.*

As a healthcare executive leading one of the nation’s largest psychology programs, I’ve been a job creator, hiring more than 100 psychologists in the past decade and supporting a training program that developed hundreds over this time period. I have been an advocate for compensation, reimbursement, and scope of practice protection within my health system but also within public, insurance, and government contexts. I am a clinical scientist and researcher, focused on developing evidence based treatments and novel ways to disseminate and support implementation faster than ever before, supporting better practice for tough to treat populations.

Also, as a healthcare executive, I see the value of applied psychologists and their work in all the corners of our society. I work regularly with our corporate psychologists developing our hospital’s leadership training, DEI initiatives, and employee wellness programs. I have worked with Chief Human Resources Officer who was a psychologist. I created and sustained more than

a dozen jobs for doctoral level psychologists in my hospital who are working in applied roles whether in administration, professional development, or prevention programs who have no revenue generating expectations for clinical care.

I have been and will continue to be a loud and sometimes obnoxious supporter of the practice applied interests of professional psychologists.

2. What are the most significant concerns facing professional psychology in the next 3 years, and if you win your election, how would you translate these issues into goals that you hope would advance applied and professional psychology's interests?

The last few years have clarified the key issues facing psychology, and our society. The pandemic, our social reckoning with racism, political discord dividing families and communities, the ongoing consequences -- acute and chronic -- of climate change, the rapid social change at work, in school, through social media, and even in the institutions that organize our society, the distrust sown by anti-science sentiments and disinformation, and the massive health and healthcare disparities impacting so many in our country are all key issues facing psychology. Through all of this, psychological distress in America has been exacerbated to levels never seen before.

While psychological conditions have increased, access to high quality care has not. So many people go without a diagnosis or treatment. When people do find someone who can help them, most wait much too long to see a psychologist. Once in treatment, our track record for keeping people in treatment and really benefiting from intervention is not great. So much of our practice remains under-informed by our science and too many applied psychologists are under-valued or not invited for their contributions. APA is positioned to answer America's call for help, but it will require that we change how we see ourselves as psychologists. Psychology and psychologists can embrace a paradigm shift to being leaders in population health. Across our field, our scientists, applied psychologists, and health service psychologists are bringing our nation's best thinkers forward to solve some of our biggest problems. My primary motive while APA president would be to protect, sustain, and expand our professional and scientific roles in healthcare, education, and every applied setting where we work. The success and nurturance of who we have been will give momentum to the added dimension of being leaders in population health initiatives. We lead in this or we risk others leading in this with our science and practice constructs. *Population health is every psychologists' business.* I will make sure of it.

3. What is your position on the efforts to reform Council: The Council Effectiveness Implementation Oversight Task Force and the Policy and Planning Board Proposal?

I fully support the work of Council Effectiveness Implementation Oversight Task Force and look forward to implementation of their recommendations that are approved by Council. I will support the execution of any recommendation passed by Council and I am already doing so. For

instance, I'm currently helping to establish the recently passed Council Liaison program. This is role I wanted to have.

I did NOT support the Policy and Planning Board proposal. As the Chair of the Council Leadership Team (CLT), I stood in clear and public opposition to the proposal to restructure APA's Council of Representatives by the Policy and Planning Board (P&P). Though my opinion was clear, I was not unsympathetic to the ideas behind the P&P proposal to make a smaller, more agile governing body for APA. However, agility in governance at the sacrifice of full representation of the SPTAs and our specialty Divisions was a non-starter in the conversation for me. I was willing to hear all sides of this issue and find productive ways forward. However, limiting the influence and eliminating the voices of SPTAs and Divisions on Council was not something I could support. My clear but humble opposition to the P&P proposal led to an invitation and negotiation for me to be a liaison to P&P as they were continuing to advance their proposal to Council. I attended their meetings as well as the extended meetings during Consolidated. As a liaison, I was able to listen to P&P's deliberations, anticipate for them the objections of Council and our broader SPTA and Division constituencies, and offer ideas about a way forward for P&P. The Policy and Planning Board ultimately withdrew their proposal to restructure Council and we continue the work of making Council a more efficient but still representative policy making body of APA.

I stand for a "representation-first" governance model of APA. Having served two terms on Council and as Council Leadership Team Chair, I know better than anyone how challenging a large, representative body like APA's Council of Representatives is to navigate and produce results. Yet, APA is a big, diverse scientific and professional, member organization. Representation matters. The geographic representation matters, so our SPTAs need to be represented. Diversity within our discipline matters, so our Divisions need to be represented.

4. APA is currently engaged in issues that directly impact the practice community. What is your position on the role people with masters' degrees in psychology should have in the profession of psychology and how will that impact the role of doctoral psychologists in the profession?

Psychology will always be a doctoral level profession and discipline. Human behavior is too complicated, our models of understanding human behavior are necessarily complex, and the critical thinking skills needed to integrate psychological intervention with medical intervention must be flexible and creative. Only doctoral level training can assure this happens for practitioners. However, doctoral level health service psychologists cannot (and should not) address our nation's mental health needs alone. We will reach more people, help more people, and create more opportunities for psychology and psychologists if we expand our workforce to include Master's degree professionals. I support a "collaborating psychologist" work-supervision and consultation model between doctoral level psychologists and master's level psychology practitioners. I also support the engagement of community mental health workers to support our population health initiatives. The challenge of meeting the suffering of those suffocating in this mental health crisis will always demand as many doctoral level providers as we can train. We should be committed to training more and doing so as efficiently as possible.

This is a “quality issue”; we must have doctoral level providers. We also need to train extenders at the Master’s level. This is a “numbers” issue; we need help to reach everyone.

State/Provincial/Territorial Representatives Interests

1. List your goals for service in the office for which you seek endorsement.

My sentinel goal as APA President would be to create an “everyday APA” that is available to every one of our members every day for everything that matters to them. My intention for leadership would be to advance APA’s strategic plan, not my own goals. However, I know that as a member organization, APA’s interests are advanced when more of our members participate. Therefore, the health of our SPTAs is a central factor in the impact that APA can have for and with our members and on our public. Elevating the success and impact of our SPTAs seems to be a needed focus of the next several years.

2. List State/Provincial/Territorial issues you plan to address, if elected.

I think it is best for *each* SPTA to identify the issues of greatest concern to them. As President, I’m committed to developing an “everyday APA” that listens to those issues and would use the power, resources, and bully-pulpit of APA to advance every one of our SPTAs on everything that matters to them. **Everyday. Everyone. Everything.** This is my approach to leadership.

If I had to speculate, I suspect the issue of greatest concern to a majority of SPTAs as organizations is funding their operations, activities, and advocacy efforts. It is not clear to me what APA’s vision for supporting SPTAs has been. We seem to be in a need a long-term idea of what the future state of healthy, sustaining SPTAs will be. With a newly updated strategic plan coming forward in the years ahead, I would like to lead APA in having a robust vision for the success of SPTAs in service of our collective goal to make a safer, healthier, and more inclusive society. With a Presidency focused on an APA that is present “everyday”, for “everyone” of our SPTAs, for “everything” that matters to them, I would like to tackle this visioning of the future success of SPTAs.

And, if I had to speculate the issue of greatest concern to SPTA members is related to business of practice issues. APA’s Practice Directorate and Board of Professional Affairs has had effective and close relationships with SPTAs and have had a record of accomplishments in recent years that have protected and advanced many business of practice issues that are important to SPTAs. I would like to understand that success, the gaps that exist, the next challenges we should face, and the changes we can imagine that will further our practice communities. I’d also like to think of a way for our SPTAs to be more for the psychologists in their jurisdictions who are scientists and who work in applied settings. I value how the APA Practice Directorate is working proactively to create positive change on business of practice issues. I’d like to see us do similar things for psychologist educators, scientists, and applied psychologists in our jurisdictions.

3. What leadership positions have you held in your State/Provincial/Territorial Association?

It was my time in leadership roles within an SPTA that demonstrated for me the impact one can have in service to APA, SPTAs, our members, and our public. My SPTA service, though short and focused, influenced all of my subsequent choices to serve in elected and appointed leadership roles for APA. It has also influenced the reasons that I'm running for APA President-Elect, my campaign focus on "Everyday. Everyone. Everything", and my commitment to advancing our work in population health.

In the earlier years of my career, specifically 2008 to 2011, I was part of the leadership team with the Ohio Psychological Association (OPA). I was member of the OPA Board of Directors as the appointed Public Education Coordinator (PEC). Prior to this role, I had served as an alternate Federal Advocacy Coordinator for a Division. In both roles, I was able to join the "Ohio" contingent at several State (Practice) Leadership Conferences. These roles and this activity was where and when I began my higher level governance work for APA. Prior to this activity, I was an ECP representative within my home Division (33, Intellectual and Developmental Disabilities/Autism Spectrum Disorder).

The Ohio Psychological Association has always had great leaders, depth in leadership, and a strong influence within our state. Though serving over the past decade with APA, I have been able to support OPA's work locally as a healthcare executive in Columbus Ohio, recruiting and hiring more than 100 psychologists and socializing them toward OPA. More directly, I've been able to coordinate OPA's and APA's legislative advocacy goals at the Ohio state house through our hospital system's government relations office, CEO's office, and media relations team.

Recently, I have continued to attend Practice Leadership Conference when invited (most recently 2023) and was part of the "think tank" that assisted in planning the "reboot" of PLC after the pandemic. As a liaison from the APA Board of Directors to the PLC planning group, I was able to participate in discussions that would help to energize and sustain both PLC and APA's relationships with SPTAs. This planning meeting was a pivotal moment in my perspective of the stake that APA has in assuring that SPTAs be as strong as they can be. I was grateful to be there.

I do have a more recent and direct set of activities that supported SPTAs. In 2022, I found my own values and feelings about APA aligned with the interests of SPTAs more than ever. As the Chair of the Council Leadership Team (CLT), I stood in clear and public opposition to the proposal to restructure APA's Council of Representatives by the Policy and Planning Board (P&P). Though my opinion was clear, I was not unsympathetic to the ideas behind the P&P proposal to make a smaller, more agile governing body for APA. However, agility in governance at the sacrifice of full representation of the SPTAs was a non-starter in the conversation for me. I was willing to hear all sides of this issue and find productive ways forward. Limiting the influence and eliminating the voices of SPTAs on Council was not something I could support. My clear but humble opposition to the P&P proposal led to an invitation and negotiation for me to be a liaison to P&P as they were continuing to advance their proposal to Council. As a liaison, I was able to listen to P&P's deliberations, anticipate for them the objections of Council and our broader SPTA constituencies, and offer ideas about a way

forward for P&P. The Policy and Planning Board ultimately withdrew their proposal to restructure Council and we continue the work of making Council a more efficient but still representative policy making body of APA.

I stand for a “representation-first” governance model of APA. Having served two terms on Council and as Council Leadership Team Chair, I know better than anyone how challenging a large, representative body like APA’s Council of Representatives is to navigate and produce results. Yet, APA is a big, diverse scientific and professional, member organization. Representation matters. The geographic representation matters that our SPTAs matter.

Caucus for the Optimal Utilization of New Talent

1. In which specific ways do you support the mission of COUNT?

As Council Leadership Team Chair, I was able to support the council orientation program and the great leadership that CLT members have provided for the past several years in on-boarding our newest Council members.

I have also been a full-hearted champion of Council’s Caucuses. The health and development of Council’s Caucuses was a signature issue for me. I still think that our Caucus structure, function, and utilization is far from optimize. As APA President, I would use my term to continue to advance the contributions and utilization of Council’s caucuses.

2. Please describe how you meet the COUNT criteria for endorsement.*

It is important for us to provide a forum for newly elected representatives to Council of Representatives in order to increase their individual and combined effectiveness on COR, and COUNT does this. As CLT Chair, I was single-minded that Caucus involvement is critical to our representatives to having impact during their service on Council. Through my time in CLT leadership, I was always eager to promote the initiatives of newly elected members of Council and to support their work. The work of the Council Effectiveness Implementation Oversight Taskforce and CLT’s support of this work is creating new mechanisms for increasing each COR member’s active involvement in each phase of the governance process. In an effort at promoting the election of new and diverse people to serve COR, I was deliberate in several instances during my term to expand leadership opportunities either through promoting Caucus leadership roles or most recently in the selection process for the Council Liaison Oversight Committee, which will support Council’s engagement with APA’s boards and committees. In all my selection and mentoring processes for COR members, I have promoted diversity considerations.

I recognize that I’m in a privileged position as current Past-CLT Chair to recognize the work we are doing and not yet doing to promote COUNT’s mission. In so many ways, this mission has been central to my everyday work for APA and Council for the past 2 ½ years.

3. If you win this election, how will you work to support COUNT's mission?

Two critical initiatives need on-going support. I would like to support the enhancement of our mentoring programs that CLT has begun. I would also like to further elevate the impact of Councils caucuses.

More directly, I would like to convene a group of thinkers, problem solvers, innovators and creators to engage Divisions and SPTAs in promoting pathways for those who could be Council Reps to further increase the diversity of Council representatives.

Child, Adolescent and Family Caucus

What have you done already and what are your future plans to address clinical practice, research, education and/or policy issues related to children, adolescents and families?*

I am a pediatric health system executive. I am Chief of Psychology and Director of Behavioral Health at Nationwide Children's Hospital and a Professor of Pediatrics, Psychiatry, and Psychology at the Ohio State University College of Medicine in Columbus, OH. I am also a clinical researcher, clinical educator, and pediatric health equity advocate. My professional identity is rooted in the Child, Adolescent and Family Caucus and have served on the CAF executive board for several years in the past.

With more than 20 years of service to APA, I have learned to lead in the context of extremely complex, politically charged systems. I've been effective in building dozens of hospital-based clinical programs, hiring hundreds of child psychologists, clinicians, and psychologists-in-training, and creating models of systems of care for hard to treat pediatric populations. I have learned to lead with authenticity, bravery, curiosity, and humility.

Additionally, I've always led from a health and public health context. Early in my career I was the Public Education Coordinator for the Ohio Psychological Association, highlighting for me the important role psychology has in population health initiatives. I have held multiple executive board positions for my home division (33) focused on the healthcare needs of a marginalized population, those with intellectual and developmental disabilities. I lead a psychology faculty that find their APA homes and who are leaders in Divisions 53 and/or 54. I've led at higher levels of APA governance serving two terms on Council and as Chair of the Council Leadership Team as well as serving on the APA Board of Directors. During that time, I have been a liaison to the Board of Professional Affairs and the Board of Advancement of Psychology in the Public Interest. Both of these posts allowed for me to contribute to and learn from work that was impacting child, adolescent and family issues in psychology.

Still, the most critical thing I've learned after more than 8 years at the highest level of APA governance, is that there isn't enough inclusion of child and family issues in the policy work of

the Association. I recognize, actually, that there is too little voice given to child and family issues in APA.

I'm also highly invested in education, training, and clinical research. Professionally, I am a clinical community child and pediatric psychologist. I have been a clinician scientist with a twenty-year robust federally funded research program focused on autism and neurodiversity as well as other healthcare populations (e.g. ADHD, anxiety) and concerns (anti-science/pseudoscience interventions, payment models, cost-effectiveness treatment research). I've led in research networks and federally funded multi-site research projects. I am currently the Chair of an international learning health network focused on improving care for neurodiverse and autistic persons. I lead a large clinical training program that has more than 40 psychologists-in-training in pediatric and child psychology programs annually.

As a healthcare executive, I lead one of the nation's largest pediatric behavioral health services. My leadership team has built a comprehensive system of care with a large professional psychology training program. Our clinical services reach 550,000 children across Ohio's rural and urban communities. I have oversight of a national movement focused on destigmatizing children's mental health problems which deploys free resources across the US (see www.OnOurSleeves.org). I've led health equity, diversity, and inclusion efforts within my institution and has been a supportive leader for EDI initiatives begun by APA. We support health promotion and prevention programs in some of the poorest neighborhoods in Columbus, rural outreach to thousands across Ohio, and in hundreds of schools.

Academic, Scientific and Applied Research Psychology Interests

1. What have you done to further the interests of academic, scientific and applied research psychology?

Though my leadership roles within APA have not yet afforded me much opportunity to *directly* advance the interests of the Coalition for Academic, Scientific, and Applied Psychology, I have supported EVERY initiative that has come forward to Council. As CLT Chair, I was friendly to initiatives that came forward that matched the interests of the Coalition. More importantly, I was able to ask the question for every new business item "how does this impact our academic, scientific, and applied colleagues". In a very direct way, both on the Board of Directors and on CLT, I was able to support the advancement of the applied psychology specialty and thereby hopefully supporting applied research activity. Also, as a board member, I was active in voicing and supporting scientific and publishing concerns in any of our activities. But, I think much more can be done to advance the interests of our scientific community within APA.

In my professional life, psychological science is central to my life. I am a clinical scientist and researcher, focused on developing evidence based treatments and novel ways to disseminate and support implementation faster than ever before, supporting better practice for tough to treat

populations. My research lab is relatively large and includes multiple faculty investigators and more than a dozen research coordinators, fellows, and students. I'm personally concerned about research funding, having had continuous federal funding for more than 20 years for my research programs. My research interests involve interdisciplinary investigators and include both bench and applied colleagues. I have served in leadership roles in multiple research networks and multi-site research projects. I understand the complexities and challenges of publishing psychological research. I have spent more than 15 years as either a chair or reviewer for multiple federal scientific review committees each year. I "get" the issues facing our academic, scientific, and applied psychology members.

2. What would you do to further the interests of academic, scientific, and applied research psychology?

I would set as a 3 year goal to double the number of APA members who identify as scientists. I realize this is a big, hairy audacious goal. I also recognize it as a "moon shot", aspirational goal that may be hard to achieve. However, we will never achieve a goal we do not set. Some situations call for an unreasonable expectation to motivate new ideas and a committed focus. We have long said we need "to give psychology away" but we should never "drive our science away." Psychological science is the bedrock of everything we have achieved and all of our future successes will also rest upon and be connected to our science. I want to create an "everyday APA" where everyONE of our members (including academics, scientists, and applied psychologists) are engaged with APA for all the issues that matter to them. **Let's be BOLD.**

Culture, Ethnicity and Justice Interests

1. Please provide your history of involvement in addressing ethnic minority, multicultural, diversity and justice issues in psychology.

I have served on the Board of Directors and as the Council Leadership Team Chair during the development and passing of some of the most monumental and transformative APA policies that address ethnic minority, multicultural, diversity and justice issues in psychology. As a servant leader and persistent advocate, each policy initiative of the last 3 years that has promoted equity, diversity, and inclusion has been a priority for me to advance. I didn't write these policies, though in some cases I helped to revise them. I didn't in any way single-handedly advance these policies, but with each threat to their passing at the Board level, at the CLT level, and at the Council vote, I offered supportive, strategic and balanced perspective to respond to any threat to their passing. I can't take credit for any of this work but I can offer that I've been an unflappable and consistent ally. It reflects how I will lead as President. Eager to support on-going commitments to promoting an APA for "everyone" "every day" for "everything" that matters.

2. What do you view as the most important issues that APA needs to address in the areas of ethnic minority, multicultural, diversity, and justice concerns in psychology?

Access and entry to the field are the most critical issues impacting ethnic minority, multicultural, diversity, and justice concerns *in psychology*. Though there are many ways to do this, I am outlining three strategies that focus on members (not just leaders) that I will lean on as priorities:

- Expanding our training and workforce options to include practice at the Master's degree preparation level is one important initiative for us to see through.
- Advocating for and promoting expansion of loan repayment programs, both at the federal level but also in private sector settings, is important.
- Analysis of the difficulties and the barriers that psychologists-in-training who are black or Latine, and other historically marginalized groups, have to completing their professional training, getting licensed, and gaining and sustaining their desired employment setting/role through their early career years need to be done. Commissioning a study and taskforce on this will be important.

I will be a champion for these efforts.

3. If elected, please specify how you would address these issues in education/training, science, public interest and practice?

Cultivating diverse leadership is and will remain on my to-do list every day, both in my Governance roles with APA and in my professional role as a healthcare executive. In my leadership role as a Chief Psychologist for a large clinical service and pre-professional training program, my team has been able to recruit, hire, and support the professional development of diverse psychologists-in-training, psychology faculty, and healthcare leaders. I have recognized and cultivated talent for Latine, black, and Asian American psychologists and hired or promoted multiple diverse women into executive leadership roles. Equity in salary, connection to mission, promoting their voices, agency, and decision-making in leadership, and having development opportunities at every level of psychology training has been important to me and will continue to be. I would embrace the opportunity to bring this drive and many of the ideas that we have incubated in our program to APA.

Education and Training Interests

1. What have you done already and what are plans do you have to address research, education, and/or policy issues related to education and training in the field of psychology?*

In my role within APA governance, I have served in leadership for the Education and Training Caucus. I have attended multiple meetings related to the promotion and development of the Master's credential in psychology and intend to continue to support the training, scope of practice, and eventual implementation of this new professional level of practice for the field.

In my role as the chief academic officer for one of the nation's larger psychology training programs in a pediatric academic medical center, I support a training program that involves more than 40 psychologists-in-training each year. It's a massive enterprise with more than 140 psychology training faculty. I am proud of our student practicum, internship and fellowship training programs.

2. What do you view as the most important issues for APA to address in the areas of education and training in psychology?

Most critically, we need to continue to advance the Master's credential and get this job done. So many have been involved and continue to be involved in this work and as APA President I would like to celebrate their efforts and see this initiative come to full actualization. The Education and Training Caucus has been critical in moving this forward.

Additionally, I think there are a great many things we can and should do to promote access and completion of degree progression and licensure for diverse psychologists-in-training. This will be on priority for me.

Finally, as we shift to asking psychologists to consider their role in promoting population health, we need to be more explicit in how we teach and train the next generation of psychologists for this paradigm shift to come.

Applied Psychology Interests

1. If elected, how will you help ensure that the contributions and interests of psychology practiced outside mental health care practice are factored into APA activities related to education, research, practice, and public policy?

Applied psychology and applied psychologists have been under-utilized, under-valued, and under-connected at APA for far too long. Our health service psychologists (and I am one) have nothing to fear and everything to gain from a stronger, more visible and included applied psychology within APA. I will make this a priority to change the under-utilization of applied psychologists in our policy work.

2. What steps would you take (through advocacy, education, etc.) to draw applied psychologists more fully into APA's work and show where and how our skills, experience, and perspective adds value?

The key question to ask in any meeting, in any taskforce, in any governance conversation will be "Is there an applied psychologist here? If so, what do you think? If not, let's stop and go get one". I don't mean to sound silly. But, in all seriousness, applied psychology matters. Full stop. Let's work together.

3. In February 2023, Council voted to establish the Committee for General Applied Psychology, which reports directly to the Board of Directors, to represent applied psychology within APA governance. One of the key objectives of this body is to help engage applied psychologists in broadening and enhancing the impact of psychology in settings such as the workplace, centers of technology and innovation, organizations focused on safety and security, educational institutions, the media, the criminal justice system, etc. What would you do to support the development of this new committee?

There are talented and ready-to-lead applied psychologists. This committee will not need much help. Now, as full partners in APA governance, the most critical thing I see needing to happen is to build connectivity, partnerships, and over-lapping and common goals between the Committee for General Applied Psychology and every other Board and Committee that we can. Full inclusion and impact will happen with cross-influencing of work, effort, and initiatives.

Selfishly, I find applied psychologists extremely valuable to everything that I do. And, in fact, my job role has many applied components even though I work in healthcare. As President, I imagine I will build a large cohort of advisors from the applied community.

Health Care/Health Science Caucus

1. Please summarize your health-related leadership experiences and describe how your proposed initiatives for the position you seek relate to the mission of the Health Care/Health Science Caucus.

I am a health system executive. I am Chief of Psychology and Director of Behavioral Health at Nationwide Children's Hospital and a Professor of Pediatrics, Psychiatry, and Psychology at the Ohio State University College of Medicine in Columbus, OH. I am also a clinical researcher, clinical educator, and health equity advocate. My professional identity is rooted in the Health Care/Health Science Caucus and have served on the HCHS executive board and as its Chair.

With more than 20 years of service to APA, I have learned to lead in the context of extremely complex, politically charged systems. I've been effective in building dozens of clinical programs, hiring hundreds of psychologists, clinicians, and psychologists in training, and creating models of systems of care for hard to treat populations. I have learned to lead with authenticity, bravery, curiosity, and humility. I've always led from a health and public health context. Early in my career I was the Public Education Coordinator for the Ohio Psychological Association, highlighting for me the important role psychology has in population health initiatives. I have held multiple executive board positions for my home division (33) focused on

the healthcare needs of a marginalized population, those with intellectual and developmental disabilities. I've led at higher levels of APA governance serving two terms on Council and as Chair of the Council Leadership Team as well as serving on the APA Board of Directors. During that time, I have been a liaison to the Board of Professional Affairs and the Board of Advancement of Psychology in the Public Interest. Both of these posts allowed for me to contribute to and learn from work that was impacting health science and health care issues in psychology.

Professionally, I am a clinical community child and pediatric psychologist. I have been a clinician scientist with a twenty-year robust federally funded research program focused on autism and neurodiversity as well as other healthcare populations (e.g. ADHD, anxiety) and concerns (anti-science/pseudoscience interventions, payment models, cost-effectiveness treatment research). I've led in research networks and federally funded multi-site research projects. I am currently the Chair of an international learning health network focused on improving care for neurodiverse and autistic persons.

As a healthcare executive, I lead one of the nation's largest pediatric behavioral health services. My leadership team has built a comprehensive system of care with a large professional psychology training program. Our clinical services reach 550,000 children across Ohio's rural and urban communities. I have oversight of a national movement focused on destigmatizing children's mental health problems which deploys free resources across the US (see www.OnOurSleeves.org). I've led health equity, diversity, and inclusion efforts within my institution and has been a supportive leader for EDI initiatives begun by APA. We support health promotion and prevention programs in some of the poorest neighborhoods in Columbus, rural outreach to thousands across Ohio, and in hundreds of schools.

2. How would you identify, advocate for, and promote the inclusion of issues surrounding health in the agenda of the American Psychological Association?

It remains important to call out and call in as many voices as possible to address the health disparities that exist within our nation. I am committed to making healthcare, and in particular accelerating our shift toward emphasizing, defining, and promoting psychologists' roles in population health initiatives, a central priority of APA for the next 3 to 5 years. It is consistent and surely will remain consistent with our strategic plan. It will be important to have an APA President in the years ahead to be sure these issues are front and center, wholly supported, and enthusiastically championed.

3. How would you address issues surrounding the integration of science and practice in health care?

There are too many issues impacting the integration of science and practice in healthcare to fully address in a campaign statement. Let me offer two overarching ideas.

First, APA's commitment to facilitating a paradigm shift in how psychologists view their work, not just as one-to-one health service providers but also as professionals in a system of care that is

promoting population health of communities of people, will be a critical advance toward the integration of science and practice. We can do this with more professional and private sector partnerships, strategic and values-based political advocacy, and increased accountability for our systems of care to promote clinically meaningful physical and mental health outcomes.

Second, APA can continue to close the gap between evidence based practice and actual practice and shorten the time it takes to bring evidence based treatments to effective practice implementation. We need to promote novel strategies for dissemination, combination models of care that leverage multiple treatment modalities simultaneously for patients, and extenders of psychologists care through the use of evidence based practice by community health workers and master's prepared psychologists. The mental health crisis is too big and the need for psychologists and psychology too great for us to this the way we have always done it and to continue to do this alone.

It will be important for APA to have a President that will make the most of our commitment to transition toward including a public health paradigm in our field and who can promote psychology's role as central to population health initiatives.

Public Interest

1. Please describe your commitment to the public interest, generally, and to social justice specifically. You may choose to include: research, publications, public service, and/or advocacy and APA governance activities related to public interest issues.

As a member of the Board of Directors and CLT Chair, I have spent the past three years involved in central conversations about many of our most significant public interest policy initiatives and activities. APA's "Apology to People of Color", our health equity policy, our population health policy, our racial equity action plan are just a few of the efforts that I've been engaged with, supportive of, and in some cases a meaningful contributor to their development. I served for two years at the liaison to BAPPI and several of BAPPI's committees. These roles demonstrated to me just how engaged, expert, and elucidating our elected and appointed leaders are in the public interest arenas. The things that we can be most proud of that APA has accomplished recently come from the public interest area, and I'm grateful to have been this close to so much of that work.

In my own work as Chief of Psychology and Director of Behavior Health for one of the nation's largest pediatric health systems, I have been an EDI champion. Developing and supporting several diversity and social justice committees, training programs, and wellness efforts. I speak regularly and extensively about psychology's role in our institution in promoting health equity and standing against racism. I supervise a gender diversity clinic and am engaged in supporting our gender program's clinical staff in the context of great political hostility and ambiguity in our state (like many states). I am a healthcare executive for an pediatric health system responsible for more than 550,000 children and adolescents across the state of Ohio. Within the context of

our accountable care organization, I am able to support access to care for Ohio's poorest families and am able to innovate payment models, community level prevention programming, and community based intervention efforts in schools, homes, workplaces, and primary care.

In my role as a clinical scientist, I conduct federally funded research and publish broadly on children's mental health issues broadly and in neurodiverse populations with some specialization. I've developed an exportable, effective but inexpensive treatment option for children with autism spectrum disorder that is used widely around the world. We did some of this work by focusing on entirely under-served pediatric populations.

I love APA because (and dare I say, only because) of its impact on the public. I appreciate having a guild organization that supports and promotes our practice. I appreciate APA being a scientific organization that supports and promote our clinical science and that integrates evidence based treatments into our practice. I value the way that APA is not highlighting the unique and diverse contributions of applied psychology. We couldn't sustain a field if APA was not constantly addressing education and training issues. APA is a member organization that exists to meet the needs of its members though members who are leaders in the organization. All of this makes APA special. But, to me, all of this is done to support the public interest mission of APA of improving people's lives and benefiting society.

2. What will you do, if elected, to promote public interest issues? What do you consider the main public interest concerns that you would address?

Social justice issues remain paramount in my opinion. Anti-racism, anti-sexism, LGBTQIAA+ rights, healthcare equity and access, and poverty are the main public interest concerns that I think APA is uniquely positioned to address. This could be over-whelming. However, we have been doing so much already and a key will be to continue this work, sustain momentum, and fuel acceleration of progress where possible. The one thing I think we can do that can have an impact on all of these issues is promoting the paradigm shift in the work of psychologists toward population health. Our scientists, applied psychologists, and health service psychologists can all be recruited to participate in this effort. It is an opportunity to bring all of us together to shift some of the ways we work to have an impact on these critical public interest issues. **Population health is every psychologists' business.**

Women's Interests

1. Please describe in detail, and with specificity, how you have demonstrated in the past, and/or currently, your support for women using the above criteria for endorsement.

My record on behalf of women's issues can be viewed from my time in APA leadership and in my professional role as a healthcare executive as well as a clinical scientist. I have been a member of the Women's Caucus as a member of APA's Council of Representatives. I've

supported women's issues in associated votes and in advocacy for women's issues while a member of Council and as CLT Chair as well as across my liaison roles to BPA, BAPPI, and APF. I have held a feminist psychology perspective in my leadership philosophy and actions.

In my role as a healthcare executive, I have promoted the career development of many exceptionally talented women psychologists. I have supported nominations and then participants in APA's Leadership Institute for Women in Psychology. I have hired and supported the career development of hundreds of women as early career psychologists and psychologists-in-training. I have supported the professional development and the leadership of more than 85 women on our psychology faculty. More than 95% of my leadership team are women and all have been developed and promoted from within our team. I am a scientific advisor, reviewer, and review committee Chair for several programs sponsored by the federal agency known as the Maternal and Child Health Bureau (MCHB). I have supported the evaluation of hundreds of social service programs and implementation research projects over the past 15 years focused on women and children's health and mental health. As a clinical researcher, I focus on parent-mediated intervention research for mothers raising a neuro-diverse child.

2. If you were to achieve office, in what ways would your goals reflect the importance of any or all of the following: advancing women in the profession; improving the status of women in the community, nation, or world; promoting a critical analysis of issues of sexism in the science and practice of psychology; and encouraging the development of educational models, research and training programs that incorporate attention to women's issues?

"Everyday. Everyone. Everything." This is not just my campaign slogan but is my intention for leadership if I were able to be the custodian of the APA Presidential role. I am committed to helping APA become an everyday force in the lives of every single one of our members' careers for everything that matters to them. In my previous APA Governance role as Council Leadership Team Chair, I executed my role as a servant leader with an emphasis on facilitating the relationship between APA's Council of Representatives and their President. I focused on offering sensibility, civility, and competency to the leadership ecosystem of APA. I intend to do the same if elected APA President-Elect.

The primary and central feature of the next several years for APA, while continuing to sustain and fully integrate our anti-racism, health equity, and inclusion efforts, is to promote a paradigm shift in our field to psychology's leadership of population health initiatives. Focusing on growing a movement for population health, I will work tirelessly for improving the status of women in our nation and globally. In some ways, a focus on population health is an absolutely aligned priority for promoting women's health and overall status. When women are educated, fully employed at the top of their scope and training, earning equitable wages, and have access to all healthcare services (including all reproductive healthcare services), children and families flourish, economies thrive, and society is more civil and healthier. We cannot do this work for women through population health initiatives if we are not also dismantling sexism and the continued structural biases that hold women back and down. Child care, flexibility in our training programs, scholarship, loan repayment, and diversity work place opportunities are all psychology professional-wide issues that if moved forward will support women in psychology. I

intend to be ready every day, for every ONE of our members (including and mostly our women members) to meet the needs of everything that matters to them.

How would you achieve the above goals?

Listening, first and continuously, is how I will achieve the goal of advancing women's issues, women's solutions, and anti-sexism. I ask for this endorsement with great humility. I am not a woman and cannot know the issues impacting women and women in psychology in the same way women leaders in psychology know these issues. Listening in all its forms will be important. Calling women leaders to come forward together and creating space for them to advance critical women's issues. This will include bringing people together in conversation, task-oriented workgroups, and chartered and vision-defining taskforces on women's issues. This kind of connecting people will be a hallmark of my time holding the APA Presidential role. I will do nothing alone or in a silo.
