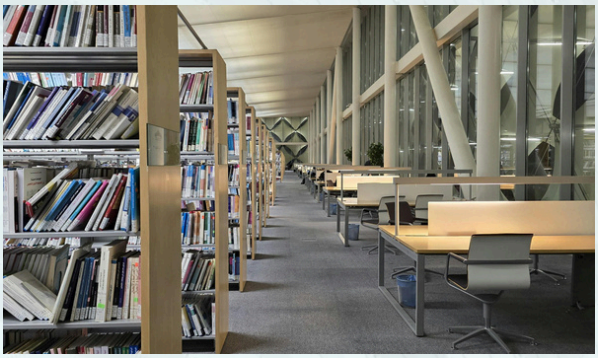
Div 18 Newsletter

2026 — Vol.1 Collaboaration in Public Service

Innovation at Work:

RESEARCHER SPOTLIGHT

Dr. Therese Todd is a Faculty Fellow at New York University's Law School. She conducts research on criminal justice and public health with the goal of transforming public safety.





Featured Article:

ACTIVE BYSTANDERSHIP ACROSS PUBLIC SAFETY

Police Psychologist Dr. Abigail Tucker discusses her role with the Active Bystandership for Law Enforcement (ABLE)® and Heroes® programs. She discussed how leadership frequently shares a sobering reality: in many jurisdictions, more than 75% of the workforce has fewer than 5 years of experience. When that is combined with a lack of "street-level" or "facility-level" experience with the unique psychological inhibitors of high-rank hierarchies, the result is a perfect storm for preventable mistakes and misconduct.

For years, "duty to intervene" policies have existed on paper. But as psychologists, we know that a policy is not a behavior. To bridge the gap between rules and reality, Dr. Tucker and her colleagues at 'ABLE' and 'Heroes' have implemented an evidence and research-informed framework to safeguard staff and the public.

➤ Want to join a section Listserv?

All APA listservs are by choice; they have a standing "opt-in" policy, rather than automatically subscribing members.

If you're receiving this, you're already subscribed to the larger Division PUBSERV listserv. If other Div 18 members are interested in joining, they need to contact:
Membership -- membership@publicservicepsych.org

To join a specific Div 18 Section's listserv, and tap into what is happening at that level, or otherwise get more involved in a particular section -- here is who to contact:

Criminal Justice (CJ) section -- CJ@publicservicepsych.org
Community & State Hospital (CSH) section -- CSH@publicservicepsych.org
Police and Public Safety Psychology (PPSP) section -- PPSP@publicservicepsych.org
Veterans Affairs (VA) section -- VA@publicservicepsych.org
Student section -- Students@publicservicepsych.org

Also availble in this issue

Lived Experience
A patient at state hospital shares a poem about his experiences with mental health.

Student Contribution
Alex Ray the graduate student chair of the Criminal Justice section shares a look at CBT for Psychosis

Out of the Silos
Dr. Robert K. Ax discusses several historical examples of Div 18 collaboration with other sections Dr. Ax also looks at future directions of collaboration across specialties looking at places for advocacy and research.

Researcher Spotlight

DR. THERESE TODD



What does a typical work day look like for Dr. Todd?

Dr. Todd's days vary. Like many in academic positions, she spends time writing manuscripts and IRB protocols, attending various meetings, and working on ongoing studies at various stages of the research process. She also attends trainings to enhance her skills as she prepares for the academic job market.

How does Dr. Todd contribute to public service?

Dr. Todd's research seeks to impact change in the criminal legal system to improve outcomes for people whose lives are affected by system involvement, particularly those with serious mental illness. A primary area of Dr. Todd's research focus is on improving the response to mental health crises, seeking ways to respond to these situations without law enforcement and building an evidence base for non-police alternative first response systems. In an increasing number of jurisdictions, mental health providers, EMTs, and/or peers with lived experience respond to behavioral health crises and can effectively and safely deescalate these situations. Dr. Todd seeks to reducing the need for police to respond to mental health crisis situations—as she notes, "mental health crises should be treated as a public health concern, not a criminal one."

What is Dr. Todd's favorite part of her job?

Her favorite part always changes because there are so many things to enjoy. Currently, it is using community engaged research methodologies to integrate members of the community into every stage of the research process as experts of their own experience. The populations we study are not just subjects, but to enhance our research rigor and validity it is essential to incorporate persons with lived experience of our study topics in the design, execution, and dissemination of research as well.

What type of training prepared Dr. Todd for this position?

Dr. Todd earned a PhD in clinical psychology from the CUNY Graduate Center through John Jay College of Criminal Justice. She also holds an M.Phil. in Psychology from the CUNY Graduate Center and an M.A. in Forensic Psychology from John Jay College. During her graduate training, she completed multiple clinical externships that involved interactions with the people and systems that are the focus of her research. Dr. Todd found these experiences crucial to informing her research. As she described, "It is helpful to work in the systems that we try to understand." In addition, Dr. Todd completed a research internship at the Vera Institute of Justice and gained training in qualitative research methods.

Advice for those interested in a similar career

Dr. Todd recommends seeking out experiences, such as trainings, conferences, and internships to gain skills and opportunities that may not be part of one's formal graduate training. In addition, she recommended seeking out "mentors and colleagues who support not only your work, but your personhood." This helps build a network of individuals who can provide professional guidance as well as social support. Lastly, Dr. Todd noted that as public service psychologists, we have a unique opportunity to shape our careers in ways that can look vastly different from one another. There is no right or wrong path, even though it may often feel like there is always more to be done.

If you are a researcher who would like to be considered for a future Researcher Spotlight, please contact the Division 18 Science Partner, Dr. Jennifer Eno Louden jlenolouden@utep.edu.

Active Bystandership Across Public Safety

LESSONS LEARNED FROM CROSS-DISCIPLINARY TRAINING IN LAW ENFORCEMENT, CORRECTIONS, AND FIRE/EMS

ABIGAIL S. TUCKER, PSY.D., ABPP

In the high-stakes corridors of correctional facilities, on the frantic scenes of medical emergencies, and during the split-second decisions of patrol work, a single moment can define a career or end a life. As a psychologist working in the public sector, I am well aware of the stressors that plague these professions.

Throughout my work delivering training across the country, I have seen the elevated risks of suicide, the creeping shadows of burnout, and the erosion of institutional knowledge as a post-pandemic workforce undergoes a massive generational shift.

In my role with the Active Bystandership for Law Enforcement (ABLE)® and Heroes® programs, leadership frequently shares a sobering reality with me: in many jurisdictions, more than 75% of the workforce has fewer than 5 years of experience. When I combine this lack of "street-level" or "facility-level" experience with the unique psychological inhibitors of high-rank hierarchies, the result is a perfect storm for preventable mistakes and misconduct.

For years, "duty to intervene" policies have existed on paper. But as psychologists, we know that a policy is not a behavior. To bridge the gap between rules and reality, my colleagues and I at ABLE and Heroes have implemented an evidence and research-informed framework to safeguard staff and the public.

The Legal and Ethical Mandate: An Evolving Landscape

While it is important to note that case law is never static, the legal obligation of public safety professionals to intervene is well settled. In law enforcement, this duty has been upheld since Byrd v. Brishke (1972), with subsequent case law emphasizing the prevention of harm and the mitigation of individual liability (Figueroa v. Mazza, 2016; Yang v. Hardin, 1994).

The correctional field has seen similar, often tragic, instances of this mandate being reinforced. In 2022, the Department of Justice announced the sentencing of a former Alabama Department of Corrections lieutenant for failing to intervene while a subordinate assaulted unresisting, handcuffed inmates. More recently, this can be seen with the investigations into the New York State Department of Corrections regarding the death of Robert Brooks.

New precedents continue to emerge in the fire and EMS sectors as well. Including the widely scrutinized Marion County Fire Department incident in Florida. A case where responders allegedly engaged in violent hazing and failed to intervene. Which has gone on to illustrate how inaction can create significant legal exposure while simultaneously eroding organizational culture and public trust (Assunção, 2025). All of these scenarios underscore a haunting truth: the bystander's silence is often as damaging as the actor's violence.

The Science of Silence: Why Policy Isn't Enough

Why do people stand by and watch harm happen? This is the central question I explore with participants. We move beyond simple "compliance training" by grounding our work in foundational psychological research. We challenge trainees to grapple with the findings of Latané and Darley (1970) on the diffusion of responsibility and the Milgram (1963) experiments on obedience to authority. By discussing the ethical distress experienced by Milgram's subjects, my colleagues and I help responders recognize that the pressure to remain silent within a hierarchy is a powerful

biological urge to remain a member of the ingroup, not a character flaw. I invite my colleagues to recall our shared understanding that punitive-based learning is largely ineffective; therefore, active bystandership is not a finger-pointing exercise for those who fail to intervene. It is a journey into understanding the "why" behind human behavior so we can move responders from mere self-awareness to concrete, skill-based action.

One of the most profound shifts in these programs is the redefinition of loyalty. In traditional public safety culture, loyalty often means "having someone's back" by covering for their mistakes. I work to transform this into the concept of Constructive Loyalty: the idea that the most loyal thing you can do for a peer is to prevent them from making a career-ending mistake. Even medical students who are deeply immersed in clinical science, ethical training, and the gravity of how their actions affect others consistently share with us the significant challenges they face when providing peer feedback regarding potential harm. To address this, we piloted the Heroes health service-focused module at the Anne Burnett Marion School of Medicine at Texas Christian University. During this program, experienced physicians shared "I wish I knew then what I know now" narratives regarding missed interventions. These stories urge the next generation of providers to prevent foreseeable harm, thereby safeguarding both their own professional integrity and the public's trust in the medical profession.

Evidence-Informed Outcomes: ABLE and Heroes

The impact of this training is no longer theoretical; it is increasingly supported by emerging research (Isaza, 2025; Kurtz & Tucker, 2023) and is rooted in a mixed-methods approach that uses qualitative feedback, practitioner experience, and training-volume metrics.
Since 2020, the ABLE project has seen unprecedented growth:

- 432 ABLE agencies across 43 U.S. states and 3 Canadian provinces.
- 3,169 instructors trained.
- 169,000+ officers at ABLE agencies serving over 181 million community members.

The Heroes program (launched in 2023) has expanded into corrections, fire, EMS, and healthcare. To date:

- Seven Correctional/Criminal Justice Agencies and Three Fire/Rescue/EMS agencies have adopted the curriculum.
- One State Criminal Justice Training Academy uses the program to train all correctional officers in the state.
- Just under 1,000+ Agency Instructors and over 20 National Instructors are now active.

My colleagues and I have closely monitored Train-the-Trainer (T4T) feedback in Heroes (n = 600+), and the data suggest a high level of buy-in:

- 94% "very satisfied" with the effectiveness of National Instructors.
- 84% "strongly agree" they will apply what they learned.
- 83% "strongly agree" that the training engaged students in collaborative learning.
- 90% "strongly agree" they see a need for this training in their line of work.

At the Anne Arundel County (Maryland) Detention Facility, they measured knowledge and the frequency of active bystander behavior before the implementation of Heroes and one year after. The results showed significant improvements in staff perceptions of the intervention. Superintendent Christopher Klein summarized the goal perfectly: "The purpose of active bystandership is to prevent harm and save careers and maybe even the lives of the people we work with."

Area Measured	Pre-Avg	Post-Avg	Change
Value placed on intervening (10-pt scale)	8.82	9.33	**0.52**
Comfort intervening: Peer-to-Peer (5-pt scale)	3.49	4	**0.51**
Comfort intervening: Other contexts (5-pt scale)	3.58	4	**0.42**
Agency value on intervention (10-pt scale)	7.89	8.12	**0.23**

The most moving data points are often the anonymous reflections from the trainees themselves. One agency instructor in corrections shared this after a session with my colleagues, Ian and Mike:

"I wanted to thank you for the time and effort you put in to produce a great class. To be honest, I was asked if I wanted to attend the training and was a little hesitant. I feel all training is beneficial, so I decided to say yes. I was truly unsure what the class was about and assumed it was a 'snitch class' or something about reporting misconduct. Ian and Mike (Heroes National Instructors) did an amazing job at the beginning of class to make the participants aware of what the class is really about. What I took from that was the class is about us, our partners and how to intervene prior to or early on to mitigate mistakes or misconduct. Hopefully when I instruct, I can relay the fact I was hesitant at first as well and how I bought into the program based off what I saw in the training. Throughout the course I was able to gain even more passion in the HEROES program and how it could assist my partners and the department."

The Role of the Public Service Psychologist

As psychologists, we are guided by the APA ethical principles of Beneficence and Nonmaleficence—the obligation to act for the benefit of others and do no harm (American Psychological Association, 2017). We are also called to the principle of Justice, ensuring that all persons have access to high-quality, psychologically informed services.

The training landscape in public safety is at risk due to budget constraints and limited access to training grounded in psychological science. We must recognize that even if you do not work directly in police, corrections, or fire/rescue, or healthcare/hospital settings, active bystandership has life-saving implications for all of humanity. For those looking to dive deeper into these concepts, I highly recommend two seminal texts: Dr. Ervin Staub's The Roots of Goodness and Evil and Dr. Catherine Sanderson's Why We Act. Both provide essential frameworks for understanding how to move from passive bystander status to active intervention.

I call on all of us as psychologists, those working in or alongside public safety, to learn more and advocate strongly for these models. We know that a rule or a law (e.g., the "duty to intervene") is not enough to overcome the social inhibitors that prevent a peer from stepping in. People need quality training to unpack these psychological concepts and build the skills to overcome them. This cross-disciplinary approach reinforces our unique role as psychologists in guiding organizational change, advancing ethical practice, and enhancing safety across the full spectrum of public-service professions.

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Want to hear more about Active Bystandership?

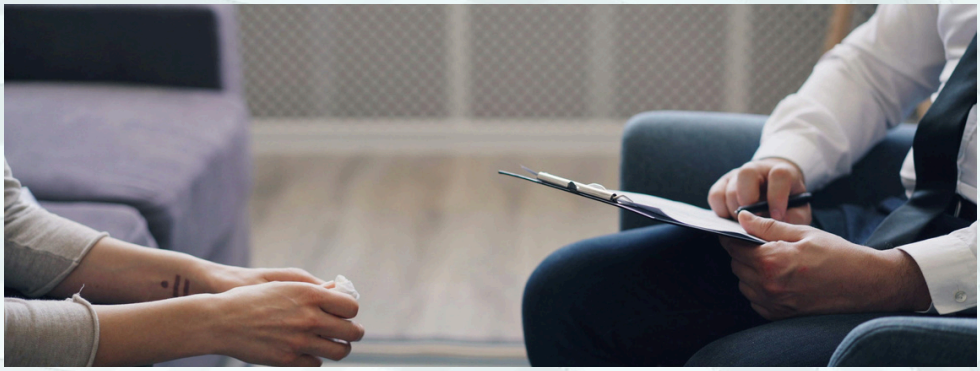
Dr. Tucker is scheduled to record a podcast on the topic with Div 18. Listen in to hear her direct thoughts about duty to intervene, the role of psychology in practice, and her research.

Abigail S. Tucker, Psy.D., ABPP, is a licensed psychologist in Denver, Colorado, board-certified in Police and Public Safety with the American Board of Professional Psychology. She is an adjunct faculty member at Colorado State University Global and Nova Southeastern University. Dr. Tucker is a national training instructor for the Active Bystandership for Law Enforcement (ABLE) Project and co-founder of Heroes Active Bystandership Training. Dr. Tucker, a native of Lehigh Valley, Pennsylvania, holds a B.A. in psychology from Loyola College, Maryland, and an M.S. and Psy.D. in Clinical Psychology from Nova Southeastern University.

Who am I to judge them, I see people who come from all walks of life,
Everybody is unique in their own way, we were made just right,
The beautiful…yes, it's in the eyes of the beholder,
The understanding, the friends who let you cry on their shoulder,
The wise…Even in the times of turmoil,
The brave, the confident, ones that soar,
I never thought I would be around people who have some of the same struggles as me,
But the imperfect is perfect,
If you ask me how my journey was then,
I'll tell you, "It was worth it."

Shawn King, State Hospital Resident

Name stated by request of paitent and with ROI permissions



Student Editor Submission

Alex M. Ray, B.S.
University at Albany, SUNY

Cognitive Behavior Therapy for Psychosis (CBTp): A Very Brief Overview

Cognitive Behavioral Therapy for psychosis (CBTp) is a structured psychotherapeutic intervention developed to help individuals with psychotic spectrum disorders effectively manage their symptoms (Morrison et al., 2012). A substantial body of research supports the effectiveness of CBT-p as an adjunct to medication management. Meta-analyses show small to moderate improvements in positive symptoms, particularly delusions and hallucinations, while effects on negative symptoms and overall functioning are less robust but still promising (Berendsen et al., 2024; Wykes et al., 2008). CBT-p has also been applied in early intervention programs for individuals at clinical high risk of psychosis, where it appears to reduce the risk of transition to full psychotic symptoms and helps to alleviate distressing sub-threshold symptoms (Zheng et al., 2022).

In public service settings, CBT-p has important implications. Its structured format allows for training frontline clinicians in community mental health teamsmaking it feasible to implement in both inpatient and outpatient settings (Morrison et al., 2012). Overall, CBT-p is an evidence-based intervention that can complement pharmacological treatment. Its integration into public mental health services offers opportunities to enhance early intervention and promote psychosocial recovery.

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Out of the Silo

by Robert K. Ax, Ph.D.

I've never accomplished anything worthwhile on my own. Now, at a time when science and healthcare are both under siege, collaboration is not only desirable, it's becoming vital to us as individuals and to our profession. Change is being forced on academia and the healthcare professions. Federal funding cuts have impacted psychology training (Lostutter, 2025). Thousands of federal jobs have been lost or remain at risk, including health care positions at the Department of Veterans Affairs (U.S. Senate Committee on Veterans' Affairs, 2025). Billions of dollars of mental health grants were recently terminated. Although they were restored a day later (Mann, 2026), a great deal of uncertainty remains about the future of research in the field.

Accordingly, I was very pleased to learn that Division 18 was planning a special issue of Public Service Psychology on the theme of collaboration. I'd like to share some thoughts on its relevance to public sector/service psychologists, starting with a consideration of three collaborative initiatives of which Division 18 has been a part. My hope here is to inspire some of you to get involved with issues you believe in, find partners, and to be proactive in creating a desirable future.

Keeping our heads down and waiting until the crisis passes may be a good survival tactic, but it's not a strategy.

The Division 18 – Alliant International University Partnership

This began in 2000 and continued until 2010. During that time, funds were raised to enable more than 20 Division 18 members to obtain the MSCP degree, the academic prerequisite to prescribing psychotropic medication. For more information, read Drs. Randy Taylor and Steve Tulkin's article (Taylor & Tulkin, 2015).

Dr. Robert Ax is a member of Division 18 where he formerly served president (2001-2002). He has received the Hildreth Award for Distinguished Public Service in 2009. He spent his career working within the Federal Bureau of Prisons, where he retired in 2005.

The North American Correctional and Criminal Justice Psychology Conference (NACCJPC)

Co-founded in 2007 by three division members, Drs. Bob Morgan, Jeremy Mills, and Daryl Kroner in partnership with the Criminal Justice Section of the Canadian Psychological Association, it is the most enduring Division 18 collaboration I know of. The conference is held every four years, and the next one is scheduled for June 2027 in Victoria, British Columbia. NACCJPC is now the foremost conference of its kind in the world.

Reversing the Federal Bureau of Prisons Internship Program Withdrawal from the APPIC Match, 2025

Psychologists can collaborate out of professional self-interest as Division 18 did earlier this year with the Advocacy Office of the American Psychological Association (Evans, 2025; McGuire, 2025). The Federal Bureau of Prisons was initially forced to withdraw from the APPIC match program, but an ad-hoc group within Division 18 worked with APA's Advocacy Office and convinced DOJ to reverse the decision.

All of these initiatives started with an idea followed by partnering and then collective action!

Here are some other ways that public sector/service psychologists could get involved:

Collaborate with Division 55 (Society for Prescribing Psychology) Again and with Other Innovative Healthcare Organizations

Yes, collaborate again. The public sector is where the prescriptive authority (RxP) initiative began, and where many of those psychologists who actually prescribe psychotropic medication have practiced. Division 18 supported Division 55 in its early years, but that alliance languished, to the detriment of both divisions, in my opinion. The RxP initiative has moved forward, but very slowly, and Division 55 needs Division 18 because prescribing psychologists need training sites and a much more efficient pipeline from education to practice. No division is more involved in practicum, internship and postdoctoral training than ours is. Unfortunately, Division 55 doesn't really understand how much they could benefit from linking up with us once more, so I hope our leadership will reach out to Division 55

(I'm a member of that division, too), and if they don't, other members should. Collaboration can start anywhere!

The Coalition for Technology in Behavioral Science (CTiBS)(2024) was originally intended to be an APA division, an interdisciplinary platform and communications hub to promote innovation in behavioral science supported by electronic technology. The division effort failed, but the group reconstituted itself as a private non-profit organization. (Full disclosure: I was one of the CTiBS co-founders.) Now it's thriving and publishes an online journal. With artificial intelligence evolving by leaps and bounds, this organization has the potential to help psychology research and practice stay relevant in the 21st century. Check out this and other psychology groups involved in collaborative e-healthcare.

Collaborate to Advocate

Collaborate with and for ourselves. We've been trying for years to get a third seat on the Council of Representatives, and if every one of us took the time to vote all 10 of their 18 apportionment ballots for Division 18 we would. We could increase the volume of our voice on Council by 50 percent with that additional seat at a time when being heard is important – and maybe more difficult – than ever.

Under revised federal borrowing limits, psychology doctoral students and those in several other professional programs can take out up to $200,000 in loans, but as of this writing, limits for nursing and social work students will be set at lower levels (Kenen, 2025; McNair, 2025). Psychologists can join with our healthcare colleagues to lobby for the higher limits. Someday they'll return the favor.

Something caught my eye in researching an article I was writing about homelessness: An amicus brief filed by "57 Social Scientists with Published Research on Homelessness" in the City of Grants Pass v. Johnson (2024) Supreme Court case last year. It's the one that permitted municipalities to criminalize homelessness. I thought it was wonderful that a group of academics formed themselves into an advocacy group on behalf of the most marginalized, powerless people in our society.



Division 18 members could use their subject matter expertise on behalf of innumerable worthy causes in this way.

Interdisciplinary Collaboration for Research

We can pool limited grant dollars and collaborate with other disciplines to conduct more robust and replicable research and help end the replication crisis. For example, a recent literature review (Walton & Elliott, 2025) of cognitive-behavioral therapy programs offered in British and Welsh prison and probation services over more than a decade revealed only a "small statistically significant mean reductive effect on general reoffending" (p. 910). However, there was scant mention of obstacles participants might have faced in the community, e.g., those generally associated with poverty or the reluctance of employers to hire ex-offenders, that could have systematically suppressed more positive results of these interventions.

Much of what we do is congruent with the goals of social workers and other community-based healthcare providers, and with those who formulate and implement public policy. Interdisciplinary teamwork could permit more reliable, fine-grained follow-up analysis to identify potentially confounding variables. Community colleagues might be eager to work with psychologists who practice in facilities like prisons and hospitals to which they would otherwise have limited access. Economist team members could assess the dollar costs and benefits of these interventions, perhaps improving the programs and the arguments for continued funding.

I hope some readers will be inspired to lead an advocacy initiative on behalf of nursing or homeless persons, take responsibility for getting that third Council seat for Division 18, or initiate another collaborative effort to benefit public healthcare. Collaboration is empowering. For years, we psychologists have been admonishing ourselves to get out of our professional silos and there's never been a better time than now to walk that talk. At this fraught moment, collaboration can push back and move us forward.

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