

## **#1 Div44 Endorsement: ROSIE PHILLIPS BINGHAM**

### *1. Why I am seeking endorsement of Division 44:*

I have been a member of Division 44 and an ally to the LGBTQ community for many years. Throughout my life and my career as a psychologist, I have placed high value on the wide range of diversity within my family and colleagues. My experience as an African American woman who grew up in poverty and with members of my family who are a part of the LGBT community or who have had disabilities shape my attitudes and beliefs. I understand that marginalization is not specific to one aspect of a person's identity, but applies to multiple aspects, including race/ethnicity, disability, gender identity, and sexual orientation. I believe in humanity, equality, human rights and social justice. It is primarily for these reasons that I am a member of each of the identity divisions, and why endorsement by these divisions, including Division 44, means so much to me.

### *2. Evidence of a record of commitment to advancing lesbian gay, bisexual and/or transgender issues in education and training:*

I am one of the founders the National Multicultural Conference and Summit (NMCS). While Divisions 17, 35, and 45 were the initial conveners of the Summit, it became immediately apparent that we were missing an essential aspect of diversity—we were missing the participation of Division 44. Without Division 44, the multicultural element of the conference was simply not complete, so we added the Division as one of the major hosts by the second NMCS, and that planning team continues to this day.

When I served as Vice President for Student Affairs at the University of Memphis we initiated Safe Zone Training. To date we have educated nearly 1,000 individuals. I put into practice my commitment to ensuring that the University was a welcoming and affirming place for students of all aspects of diversity, including sexual and gender minorities. I made the Stonewall Tigers (the University's student group focused on LGBTQ issues) an official part of the Office of Multicultural Affairs. We now have a program in place to examine the feasibility of a establishing the service as an independent office focused on LGBTQ programs, services, and activities. The staff in the Office of Multicultural Affairs is conducting programming and collecting data regarding staffing, budgets, and services from similar kinds programs across the U.S. This work already has increased the visibility of LBGTQ students and programs among students, faculty and staff. LGBTQ issues are now a standard part of a group that focuses on Critical Conversations at the University. Within my department of Counseling, Educational Psychology and Research, I am proud that this affirming environment has led to a richly diverse student body, with student affiliates of all of APA's identity divisions, including Division 44.

During the years that I have served in leadership and governance positions in APA, I have insisted that APA adopt a culture of affirmation that includes LGBTQ people. My commitment to affirmation is reflects my constant and persistent commitment to equality for all people and the celebration of diversity.

### *3. Statement of commitment to include LGBT issues in psychology during presidential term.*

In the current political climate, the hard-won rights and even the safety of LGBTQ people are under assault as was evident in the attack on the Pulse night club in Orland last June. It also is evident in the recent roll-back of Title IX rights for transgender students that were established by President Obama. These and other events have increased anxiety among many LGBTQ people. Now, more than ever, psychology needs to stand firm with the LGBTQ community, in solidarity, but also as a leader.

As APA President, I will ensure that APA takes a visible public position of supporting LGBTQ people, and actively advocating for further advancement of actions and policies that ensure and advance safety and civil rights for all. Psychology has much to contribute to addressing these issues. We have solid research that confirms that LGBTQ people experience adverse health consequences as a result of both overt and subtle bias, discrimination and attacks. In fact, APA is perhaps the organization best poised to advocate on behalf of LGBTQ people because we speak from a solidly scientific foundation. We have done so in multiple ways, from policy statements to practice guidelines for LGB and TGNC people, to *amicus curiae* briefs. We have a new sense of urgency - we need to be more vigilant, to strengthen and broaden our approaches, and to respond more decisively in our advocacy for LGBTQ people. I promise to act proactively to garner the collaborative efforts of various parts of the APA community and other groups to advocate on behalf of LGBTQ people and I will invite all psychologists to join with me in this critically important work at this profoundly important time.

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## **#2 Div44 Endorsement: RAYMOND DIGIUSEPPE**

### *1. Why I am seeking endorsement of Division 44:*

As psychologists, we are committed to helping all people receive the respect they. All attempts to define any group of people as less deserving or innately less worthwhile creates a society of repression that harms everyone. I have always been committed to the idea that all people have equal worth and equal potential. Without an active affirmation of the rights of any marginalized group, we participate in the prejudice against them. This has just been a core value of my life, worldview, and my approach to psychological practice.

In my experience, everyone has family members who are LGBT individuals. In my life, I have had LGBT relatives in four generations. I have noticed substantial changes in societal attitudes and acceptance of LGBT individuals from the 1950s to the present. I have seen how the reduction of prejudice and the affirmation of worth has improved the lives of people close to me. Despite these positive changes, more needs to be done to promote the development and quality of life of all LGBT individuals. The acceptance of LGBT individuals is personal for everyone.

Division 44 represents a vibrant, intelligent, moral force in psychology promoting the values of all people. As I share this value for psychology and strongly value your endorsement.

*2. Evidence of a record of commitment to advancing lesbian gay, bisexual and/or transgender issues in education and training:*

I have always had a commitment to working with LGBT individuals. Early in my career, I was one of the few psychologists working at a large medical center that willingly treated transgender youth. The social pressure and stigma they experienced touched me and I worked hard to help their families accept them and for the clients to affirm their worth and not define themselves by the negative attitudes of others.

Later in my career, I directed graduate programs in school psychology. We created the first graduate course in psychological diversity – titled Cultural Diversity in Psychological Services – before such courses existed at other universities and were required by New York State for licensure in Psychology. LGBT content was a key component of this course. As an educator of school psychologists, I helped my students realize that many LGBT youth who were bullied were classified as disabled and placed in out-of-district special education programs. This segregation and stigmatization was something I taught students to identify and stop.

As a graduate program director for 14 years, followed by serving as department chairperson for 13 years, and as a continuing member of our department's personnel committee, I have worked to hire and promote psychologists from diverse underrepresented groups. External reviews of the St. John's University's Psychology Department have repeatedly commented on our successful ability to recruit and retain diverse faculty and graduate students. I am most proud of my participation in this accomplishment that demonstrates a commitment to diversity.

I have not done research in LGBT issues. My active area of research is in anger. In a small way, I have ensured that our participants have the option to select from multiple possible choices of sexual identity for themselves and their romantic partners. I noticed that this small change in survey design has led to positive discussions of sexual orientation among the students and has encouraged the students to offer hypotheses about LGBT issues. I believe that small changes can lead to positive attitude changes among students and can advance our scientific knowledge of LGBT issues.

*3. Statement of commitment to include LGBT issues in psychology during presidential term.*

As APA president, I would actively promote the values and agenda of Division 44 and work for the inclusion of LGBT individuals in all aspects of our association and society.

The APA Safe and Supportive Schools Project and the Promoting Resiliency for Gender Diverse and Sexual Minority Students in Schools are impressive programs designed by Division 44 in collaboration with the Division 16 (School Psychology). I would work to ensure that such resources are part of the curriculum of all school psychology programs.

I would work to see a similar set of resources created by the collaboration of Div 44 and Division 14 (the Society for Industrial-Organizational Psychology – SIOP) for psychologists who work in industry.

I would also work to insure that transgender issues are more recognized. I perceive that this group is often left out of discussions and programs.

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### **#3 Div44 Endorsement: STEVEN HOLLON**

#### *1. Why I am seeking endorsement of Division 44:*

I am seeking the endorsement of Division 44 because I think I can do things that will benefit both the LGBTQ communities in particular and psychology as a discipline in general. With respect to the LGBTQ community, I will do everything I can to make sure that the American Psychological Association (APA) works to preserve the protections currently afforded under existing hate crime legislation and to support adding to, rather than eliminating, protected groups. The so-called “religious freedom” initiatives supported by the Trump administration allow people to actively discriminate against the LGBTQ communities and the APA needs to be ready to file amicus briefs in support of the LGBTQ communities. Transgender individuals in particular have been targeted by these initiatives and we need to be sure that their protections are preserved. I have supported my LGBTQ friends and colleagues in academia and in the profession broadly. I do not like to see anyone pushed around and I have been fierce in my support of my female colleagues and students when it comes to sexual harassment. I would do the same for anyone in the LGBTQ communities. That is just the world I want to live in.

#### *2. Evidence of a record of commitment to advancing lesbian, gay, bisexual and/or transgender issues in education and training:*

I have not worked professionally on LGBTQ issues, but I do bring a decades-long commitment to integrating the best of science with clinical practice. My own work has focused on the treatment and prevention of depression. What we have found is that the cognitive and behavioral interventions work at least as well as medications in the reduction of acute distress and that they have an enduring effect that lasts beyond the end of treatment that no medication can match. Across a series of trials we have shown that patients treated to remission with antidepressant medications are more than twice as likely to relapse following treatment termination as patients treated to remission with cognitive therapy or behavioral activation. Moreover, my wife Judy Garber and her colleagues have shown that those same interventions can prevent initial onsets in adolescents at-risk by virtue of having depressed parents.

These findings are not unique to depression. There is no non-psychotic disorder for which psychotherapy does not work at least as well as medications or have enduring effects that medications do not have. Nonetheless, psychotherapy is losing market share to medications. As

recently as a quarter century ago, patients were twice as likely to be treated with psychotherapy as with medication. Now the percentages are reversed. With the advent of the selective serotonin reuptake inhibitors (SSRIs) general practitioners have felt comfortable putting patients with common mental disorders (depression and anxiety) on medications whereas before they did not. There has been a real change in who provides the treatment.

This is not the case in the United Kingdom (UK) where the National Health Service (NHS) has invested £700 million pounds to train therapists in a program called Improving Access to Psychological Therapies (IAPT). The difference is that the UK has clinical practice guidelines and we do not. The NHS commissions the National Institute for Health and Clinical Excellence (NICE) to conduct systematic reviews of the empirical literature that are then given to multidisciplinary panels of experts and consumer advocates to generate clinical practice guidelines. In the UK they are guided by the empirical literature and what it shows is that psychotherapy works better and is less costly than medication in the long run. In the US we are guided by the deep pockets of the pharmaceutical industry and direct to consumer advertising.

That is about to change. There is a coming trend (delayed but not derailed by the most recent election) to tie reimbursements to results. Third party payers (the federal government included) will be looking to clinical practice guidelines to determine what to reimburse. The problem is that we have nothing like NICE and the government is forbidden by law to generate clinical practice guidelines. What it can do is to generate the systematic reviews (the major portion of the expense) on which to base those guidelines. The Agency for Healthcare Research and Quality (AHRQ) is charged with generating those reviews and is simply waiting for guidance from the major professional organizations as to what topics to review. The Institute of Medicine (IOM) recently published recommendations for both how to conduct such reviews and how to formulate the expert panels to turn them into guidelines.

The American Psychological Association (APA) has just produced the first clinical practice guideline that followed those IOM recommendations. The major feature is that the guideline panels must be multidisciplinary (to offset professional bias) and include consumer advocates (to serve as a check on the professionals). I chaired the steering committee advising the APA on how to generate these guidelines and that is exactly what we did. APA Council has already approved our first guideline on the treatment of PTSD and guidelines on depression and childhood obesity will follow later this year. What we need to do now is to bring psychiatry and the other major professional disciplines into the process (if we want the AHRQ to continue to pay for the systematic reviews) and if we do this will guarantee that psychiatry cannot continue to publish "guidelines" that are biased in favor of medication treatment.

### *3. Statement of commitment to include LGBT issues in psychology during presidential term.*

I will be fierce in my defense of the LGBTQ communities (whatever APA can do we will do) and I will position the APA to draw the other professional organizations to collaborate in the guideline generation process. My plan is to keep APA at the front of the pack in terms of generating clinical practice guidelines and to draw the other major professional organizations into collaborating in the process (as the IOM recommends). If we do psychotherapy is more

likely to continue to be reimbursed (as it is in the UK) and psychology will continue to fare well as a discipline. For a profession to thrive it must serve the public well and clinical practice guidelines do.