President’s Message
Robert McGrath, Ph.D.

Note to self: presidents of divisions of APA should purchase whirlwind insurance. Maybe it’s because psychologists’ involvement in psychopharmacotherapy is evolving so quickly, maybe it’s because there are so many people with so many good ideas out there, maybe it’s because I hate to say no to any of those ideas, and maybe it’s all three, but since the moment I took over as the president on January 1, it’s been a constant rush of things to do and decisions to be made. Let me try to catch you up to speed on where things are.

• I’m sure you’re all aware our second midwinter meeting in San Diego was a big success. I’d like to thank Howard Rubin, Matt Nessetti, and our Executive Director, Ruth Helein, for the countless hours they put into making it a success. Great food, good times, a little education, what could be wrong? The location was beautiful, the sessions were top-notch, and I think the feeling of collegiality was strong and solid. Now, work begins for next year.

• For those of you who weren’t able to attend, I’m pleased to say that all daytime sessions were videotaped, and we will be making those available for CE credit at home as soon as possible. Look for the special mailing of the order form in the near future.

• One presentation that was particular interesting was provided by John Caccavale. Most of you are probably aware that in his position as President of the California Society of Clinical Psychopharmacologists, John has long been working on a suit that would require the State of California to award prescriptive authority to appropriate-trained psychologists. Such a suit has now been filed in U.S. District Court. The suit potentially has important implications not only for psychologists interested in prescribing, but also for the state’s authority to forbid certain practices by appropriately trained professionals. You can view materials relevant to the proceedings at our website, http://www.division55.org/Pages/News.htm. I hope you’ll take the time not only to look at them, but to think about and discuss this approach.

• In addition to the DVDs, we are working on a second product for division members. Many of our members depend every day on one of the many clinical pharmacology desktop/PDA products that are currently available. Epocrates, Lexi-Comp, and their competitors have become an essential tool for optimal practice, particularly for those who are already prescribing. The costs for these programs can be substantial, however. I have convened a task force with the charge of reviewing the available packages, choosing one or several that meet the needs of our membership, and negotiate a contract that will allow a substantial discount to members of the division. This group has just started their work.

• Last year we published our draft practice guidelines in the Tablet. Those are now being assigned to an APA board, probably Board of

Editor’s Note
Stephen Rudin, EdD

Doggone it...just when I made it through the Holiday season, my peace of mind was once more jostled. No, it wasn’t the fact that our home in frozen New England was sold. And it wasn’t the fact that my wife and I were leaving the Boston area after having spent most of our lives here. And it wasn’t the fact that I was now going to reinvent myself in a new professional setting when most guys my age are busy with retirement! No....it was none of these things. It was a comment from an area physician that “rattled my cage.”

His comment clearly indicated that the internet isn’t a very private place at all, and he was bemused by the fact that a house divided against itself cannot stand, and that the push for prescriptive authority was no doubt doomed to failure because there obviously was unrest in the ranks. Psychologists couldn’t even pull together for the common good and a common goal. They couldn’t agree on designations, training requirements, or much of anything for that matter. Why, here in Massachusetts (not to mention elsewhere in the country), the word was out that psychology as a profession wasn’t even united behind the notion that fellow psychologists should even seek prescriptive authority as a specialty.

So here I sit, a member of the first cohort of PPR
graduates, having completed a preceptorship, taken and passed a national examination, received a diploma rather than a degree, taken hundreds of hours of continuing education courses sponsored by not only PPR but medical schools and CME programs (who also offer APA-approved c.e. credits for psychologists), watching debates as to whether I’m as good as my colleagues who have, or will have, masters degrees.

Now, I teach at two institutions of higher learning, both of whom offer post-doctoral Masters degrees in psychopharmacology. I think back to the years when I taught in the Nursing program at Boston University, and the debate raged as to whether a “diploma RN” was as good as a “degree RN.” Research and desire for further education aside, it appeared to me that the paper doesn’t make the nurse, nor should it discredit a significant number of certificate program psychologists who paved the way for what others now enjoy. Isn’t it interesting that, as a PPR graduate, I am teaching in the Masters programs!

If, as is in the case of other professions, we wish to look to the future and move toward uniform credentialing standards for those of us seeking prescriptive authority, that’s fine in my opinion. But it is not fine to disenfranchise those of us who, thanks to Sam Feldman having “gotten there first,” have gone on to continue our professional growth, use the knowledge we have gained, and win the respect of physicians and patients all over this country.

We can’t see the nursing profession discarding excellent RNs just because they went to some of the finest hospital nursing programs in the country. We shouldn’t see our own profession divided. PPR graduates are like all other graduates...you get out of a program what you put into it, and you become proficient only if you have the desire, drive, talent and know-how.

And finally, while I remain perched on my little soapbox (it’s tricky, because soap boxes are now made of cardboard, not wood), a reminder to our fellow psychologists who may not yet belong to Division 55 (let them read this)... I remember, many years ago, when psychology as a profession felt that neuropsychology as a professional specialty would “divide” the profession, and that neuropsychologists would “get all the money.” Funny, but I guess the world is really big enough for any psychologist to explore existing specialties if he or she chooses to do so.

So, folks, at a time of year when we’ve been hearing about peace amongst our fellow men and women, whadd’ya say we start pulling together. Let’s take care of our own. Let’s draft legislation which provides for those of us who took the only available road to get to our destination. Let’s gain support from within our profession. And finally, though it’s a bit late, may I wish each and every one of you the Healthiest and Happiest New Year EVER, and, as Johnny Carson might have said, “May the Bird of Paradise” let you pass the PEP on the first try, and allow prescriptive authority legislation to pass overwhelmingly wherever and whenever it is introduced!
The Division 18/CSPP-Alliant International University
Public Service Psychology RxP Training Program

Division 18 (Psychologists in Public Service) of the American Psychological Association (APA) and Alliant International University have joined forces in an unprecedented effort to improve access to treatment for citizens who need mental health services. The division has over 1000 members, who work in applied settings including prisons and jails, veterans hospitals, state and provincial mental hospitals, community mental health centers, Native American service settings, or with police and public safety agencies.

As psychologists working with some of our nation's most underserved patients, Division 18 members know how helpful prescriptive authority could be for these individuals. Among the public service settings (state and county facilities, prisons, Indian Health Services, Veterans Administration, etc.) in which many Division 18 members work, the shortcomings of the mental health delivery system are critical. A Division 18 Psychopharmacology Task Force found that among an estimated 4305 public service psychologists, only .6% to 2.3% (25-100) had undergone or were pursuing advanced training in Psychopharmacology (Aaronson, et. al, 2000). The Task Force recommended development of public service training programs, incentivization for psychopharmacology training for psychologists (RxP), and the establishment of an organization for prescribing psychologists in public service (Taylor, 2000). In 2003, the Division issued a request for proposals, "Preparing Public Service Psychologists for Prescribing Psychotropic Medications," to identify an educational partner for this initiative. In a competitive review process, California School of Professional Psychology-Alliant International University was selected as the educational partner for this initiative. The Division 18/CSPP-Alliant International University partnership will train 100 psychologists who work in public service settings to prescribe psychotropic medications.

The five-year project includes the following:
• Providing 100 psychologists with a 450-hour academic program leading to a Postdoctoral Master of Science
• Providing a structure through which these graduates can verify medically supervised practicum experiences with 100 patients
• Program evaluations to determine the success of the program, both in terms of increased quality of care provided by the graduates, and the impact of the program on the institutions in which the graduates work

About The Program:
The Master of Science Program consists of 432 hours of academic classes, plus an 18-hour Continuing Education course that is a review for the PEP (Psychopharmacology Examination for Psychologists). Subsequent to the completion of the academic portion of the training, students are awarded the M.S., but will then be required to complete a clinical practicum, consistent with the APA model training program for prescriptive authority (1), and then to pass the Psychopharmacology Examination for Psychologists (PEP) developed by APA. Further, since the goal of this initiative is to train public sector psychologists who will use their skills on behalf of underserved patients, successful applicants must commit to continuing to work in a public sector agency for two years after completion of their training. Once trained, these psychologists will be able to deliver comprehensive mental health care to underserved populations.

In Fall semester 2006, we plan on beginning training with a small subset of the individuals admitted to this program. We would like to begin with a much larger group—with all of our accepted applicants—which is pending on qualifying for external funding. To date, more than 70 Public Service psychologists (potential students) have been certified by Division 18 to apply to Alliant International University. They are waiting for this training opportunity so they can better serve their client populations.

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Public Service Psychology RxP Training Program
continued

If you have questions about the Postdoctoral Master of Science Program at Alliant International University, please contact: Dr. Steven Tulkin or Dr. Wendy Stock (psychopharm@alliant.edu)
If you have questions about eligibility and the program admission process for the Division 18 RxP initiative, please contact: Dr. Randy Taylor (rtaylor530@aol.com)

What we are asking of YOU (Division 55 Members)

1) Endorsement by Organizations:
We are pleased to announce that Division 55 has given its endorsement to our project. We have been advised that having endorsements from groups familiar with the mental health needs of underserved populations will be extremely helpful in attracting funding for this endeavor. You can help greatly by identifying other partner organizations to endorse our grant proposal. Specifically, we seek organizations and agencies to endorse our quest to fund psychopharmacology training for 100 public service psychologists, with the goal of improving mental health services for underserved health care consumers. If you are a member of or know of such an organization, we ask you to request that an official representative of your organization or agency send us a letter of endorsement or sign the endorsement form below.
Please mail endorsements to: Psychopharmacology Program, Alliant International University, One Beach Street, San Francisco, CA 94133. Please include a short description of your organization or agency.

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Individual/Organizational Endorsement Form

I (We) endorse the Public Service Psychology RxP (Psychopharmacology) Training Program of Division 18 of the American Psychological Association and Alliant International University.

Individual____________________________________ or Organization/Agency__________________________________________
Address_____________________________________________________________________________________________________
Phone Number_________________________________ Email_______________________________________________________________
Print Name of Signatory_________________________ Title___________________________________________________________
Signature_________________________________________________ Date___________________________________________

Individual/Organizational Contribution Form

Individual____________________________________ or Organization________________________________________________________
Address_____________________________________________________________________________________________________
Phone Number_________________________________ Email_______________________________________________________________

I / My organization would like to support the Public Service Psychology RxP Training Fund. Make checks out to “Public Service Psychology RxP Fund”

I/My organization would like to contribute: ☐ $1,000  ☐ $500  ☐ $250  ☐ $100  ☐ Other
I/My organization would like to pay the tuition for one psychologist: ☐ $12,000

☐ Check Enclosed    ☐ Bill to Credit Card    ☐ Visa    ☐ MC
Card Number__________________________ Expires____________________

Mail to: Public Service Psychology RxP Fund
Alliant International University Foundation
One Beach Street
San Francisco, CA 94133

*This fund is based in and administered solely by Alliant International University. Neither APA, Division 18 nor any APA Division or member, has any official or unofficial association with the Fund. This announcement is for informational purposes only.

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Public Service Psychology RxP Training Program
continued

2) Grassroots demonstration of support through individual and organizational contributions to the Public Service Psychology RxP Fund:

In order to fund the Program’s 1.2 million dollar budget, Alliant International University has set up a restricted fund, the Public Service Psychology RxP Fund. The plan is to obtain funding from private foundations. The Fund has received its first foundation grant and will receive additional funds if we generate matching contributions. Alliant International University has obtained an initial $25,000.00 grant from the Tauber Family Foundation. The Tauber Family Foundation has further promised to give another $25,000.00 when the first $25,000.00 is matched through individual and group contributions. Many individual psychologists have already responded with financial support, but many more contributions are needed.

As funding from foundations is contingent on demonstrating grass roots support, Alliant is seeking contributions to this fund from psychologists, and other individuals and organizations. The following link will take you to the CSPP-AIU Psychopharmacology Program website: http://psychopharm.alliant.edu

On the CSPP-AIU Psychopharmacology Program home page is a link to more information about this project, and to individual/organizational endorsement and contribution forms.

The ultimate goal of the initiative is to inform public policy by demonstrating to public service agencies that training psychologists in psychopharmacology will result in more effective, and cost-effective, services. Our ability to demonstrate widespread grassroots support from within our field (from other psychologists) will increase our viability to compete for grants and funding from foundations. This project, if launched successfully, has the potential to change the face of RxP by demonstrating the effectiveness and utility of training public service psychologists in RxP, and in increasing professional and public acceptance for RxP across a wide range of mental health settings. Please know that your support as individual members of Division 55 is critical—with Division 55’s endorsement, will provide the impetus to allow this project to move forward.

Steven Tulkin, PhD, MS
Program Director
(415) 955-2162
stulkin@alliant.edu

Wendy Stock, PhD, MS
Associate Program Director
(415) 955-2138
wstock@alliant.edu

Visit the NEW Division website, for up-to-date information!

www.Division55.org

Postdoctoral Master of Science Degree Program in Clinical Psychopharmacology
California School of Professional Psychology at Alliant International University
One Beach Street, Suite 100, San Francisco, CA 94133-1221

*This fund is based in and administered solely by Alliant International University. Neither APA, nor Division 18, nor any Division 18 member has any official or unofficial association with the Fund.
Since I completed my FICPP in 2003, I am struck almost daily by the added value advanced psychopharmacology training has made in the quality of care I am able to provide patients. I also have become intrigued with the added value that psychopharmacology training brings to the quality of care a psychologist can deliver relative to other medical and non-medical mental health providers. These two dimensions of the quality continuum are exemplified in the case below.

A twenty-eight year old female was referred by her primary care physician for depression following a recent six-month episode of a high risk behavior pattern. At intake she was experiencing low energy, hypersomnolence, and social withdrawal. The PCP had placed her on paroxetine (Paxil) 20 mg. daily. She was also suffering extended and recurrent Posttraumatic Stress Disorder (PTSD) related to a brutal rape at age thirteen. Since she reported a family history of Bipolar Disorder and a recent high-risk behavior pattern followed by depression, I entertained the possibility of an undiagnosed Bipolar Disorder. Thus, I was on the look-out for signs of movement into hypomania since an SSRI (e.g. paroxetine) can kick off mania in a bipolar condition. The patient and I agreed that we needed to work on the unresolved PTSD in twice a week therapy using a combination of CBT and DBT approaches. She quickly impressed me as one of the most motivated and psychologically minded patients that I had seen in some time, and progress proceeded ahead of normal expectations for someone with this history. A strong therapeutic bond appeared well established.

A month went by with no signs of mania or hypomania. Up until this point, the side effects reported were mild nausea and the sexual side effect of libido loss. She also reported an outbreak of facial acne, increased and heavy discharge during menstruation, and bruising on her legs. We agreed that these could be side effects, although less common ones. In coordination with the PCP, I recommended a daily dose of 500 mg. vitamin C for the leg bruising. The PCP also placed her on omeprazole (Prilosec) for nausea and acid reflux and on doxycycline, an antibiotic, to treat the facial acne. We had now completed seven weeks of treatment, the last three weeks of which were characterized by intense emotional processing of the PTSD issues. Ten days following the start of omeprazole and doxycycline, the patient reported feeling “manic,” characterized by increased energy, diminished sleep, and internal feelings of restlessness, but no racing thoughts or pressured speech. Was I now seeing SSRI induced mania? Did a relationship issue that occurred over the weekend precipitate a return of PTSD agitation? Or, was I seeing the effects of a drug interaction between the SSRI and either the antidepressant or the acid reducer?

Paroxetine is primarily and nearly solely metabolized by the P450 liver enzyme system CPY2D6. Omeprazole (Prilosec) is primarily metabolized by CPY3A4. Some antibiotics are known to interact with paroxetine though the CPY2D6 enzyme system resulting in inhibition of metabolism of paroxetine. However, I could not find anything specific on doxycycline metabolism even in the PDR.

Two days later, the patient returned for her second therapy session of the week. Now she had obvious physical signs of fine tremor, internal feelings of physical restlessness indicating akathisia, reported muscle tension and stiffness in her shoulders and neck suggesting onset of dystonia, and muscle pain and stiffness in her arms, legs jiggling with frequent jerks and continuous chewing of the inside of her right lower lip. It appeared to me she was in the first active stage of Serotonin syndrome.

We discussed various options and proposed that she would discontinue the doxycycline starting with her scheduled evening dose, discontinue the paroxetine at least for one day,

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and temporarily discontinue omeprazole. The PCP was apprised of the situation and concurred with the plan. At our scheduled phone check-in at 6 pm the next day she reported a 75 to 80% reduction in the serotonin syndrome symptoms. The patient, PCP, and I agreed that she could restart the paroxetine the next day, but remain off the doxycycline. When I saw her four days later the only sign of agitation or restlessness was occasional lip biting. This symptom completely disappeared over the next week and she also restarted the omeprazole without a problem.

What conclusions can be drawn about added value of psychopharmacology training? First, I was prepared to recognize, research, and make recommendations regarding a drug interaction issue and at the same time rule out SSRI induced mania or return of PTSD symptoms. Further, since treatment was embedded within a psychological approach, a therapeutic relationship characterized by trust and collaboration allowed the patient to be ready and willing to report disturbing symptoms early on in their build-up. Further, I was seeing the patient frequently enough that such symptoms could be monitored and recognized well before a scheduled return to the PCP or an emergency room crisis had developed. Finally, the collaborative relationship allowed for the patient and me to jointly consider treatment options enhancing compliance and follow-through.
As the Federal Advocacy Coordinator (FAC) for Division 55 I am frequently asking for your assistance on issues important to the practice of psychology. I would like to thank each of you that have responded to my "Action Alerts" that I have posted on the Division website. Your responses have been critical in the APAPO legislative efforts in Washington.

Having worked closely with the APA Practice Organization for five years as the Division FAC, I can tell you that there is often a lot more going on "behind the scenes" that you may not hear about. So, I want to take this opportunity to let you know about the work that was done to secure new testing codes along with all of the advocacy efforts following Hurricane Katrina. I look forward to providing similar updates for you in the future.

**Testing Codes**

Psychologists providing testing services now have a more accurate way to bill as seven new Current Procedural Terminology (CPT) codes became effective on January 1. Implementation of the codes reflects a change in thinking by the Centers for Medicare and Medicaid Services (CMS), which by awarding work values to the codes is finally acknowledging that psychologists are engaged in professional work when providing psychological and neuropsychological testing services.

These changes are the result of continued advocacy by APA over the past several years. Due to concerns about the level of professional work involved in furnishing testing services, previously CMS only reimbursed psychologists for the estimated costs of practice expense, essentially overhead, and a small amount for malpractice insurance. The psychologist's time and effort in providing the service went unrecognized.

Previous attempts in 2002 and 2003 to obtain professional work values for the testing codes failed to gain approval from the American Medical Association's reimbursement committee. APA continued its efforts by engaging staff from the AMA's coding and reimbursement committees in a strategy to revise the testing codes. APA developed a proposal that more closely identified the psychologist's involvement in the testing service, thus making the codes more suitable for the assignment of professional work values.

APA gained the approval of the coding committee to revise the codes in 2004 and then used survey data from psychologists across the country to persuade the reimbursement committee to recommend professional work values for the codes in 2005. Later that year, CMS adopted the reimbursement committee's recommendations and assigned professional work values for the revised codes.

The professional work values assigned to the new codes will significantly improve the amount paid by Medicare for these services. The previous psychological and neuropsychological testing codes (96100, 96115 and 96117) were all reimbursed at an average hourly rate of $74. Under the 2006 Medicare fee schedule, average payments for outpatient testing services under the new codes will increase from 26% to 69%. For a complete list of the revised codes and their new values go to: http://www.apapractice.org/apo/payments.html

**Hurricane Relief Efforts**

In the weeks and months following Hurricane Katrina, Congress focused its attention on a wide range of proposals to provide relief to hurricane evacuees, including relief for evacuees' health care needs. In late December 2005, the Senate approved a measure to provide a 100% federal match of existing Medicaid plans for those states with evacuees. Significantly, this measure will allow states the option of expanding their Medicaid mental health services while receiving the 100% federal match for up to nine months. This program will enhance opportunities for psychologists in the affected states of Louisiana, Mississippi, and Texas, as well as in other states where evacuees currently reside that do

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**www.Division55.org**

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not normally cover outpatient psychologist services in their Medicaid programs.

This critical provision was included in the Budget Reconciliation legislation that passed both the House of Representatives and the Senate in December in the final hours of the Congressional session. Due to amendments made in the Senate, however, the Budget Reconciliation legislation must come before the House for one more vote before final passage; as of this writing a vote is predicted for early February 2006. The Practice Organization is pleased that, in the interim, state-by-state Medicaid waivers are allowing funds to be spent on mental health services not previously covered by the hurricane affected states.

Among the dozens of earlier proposals considered by Congress, one sponsored by Senate Finance Committee Chairman Charles Grassley (R-IA) and Ranking Member Senator Max Baucus (D-MT) initially appeared quite promising. Known as the Emergency Health Care Relief Act (S. 1716), the bill also sought to create a Disaster Relief Medicaid program to provide evacuees below the poverty line 100% federal payment of their health care for up to ten months.

Importantly, and at our urging, S.1716 would have required coverage for a wide range of mental health services as part of the proposed relief, including for example screening, assessment and diagnostic services, psychotherapy, rehabilitation and other therapies, medications prescribed by “health professionals,” inpatient care and other mental health services, as well as alcohol and substance abuse treatment resulting from circumstances related to Katrina, and family counseling for Katrina survivors and for first responders. The Practice Organization particularly appreciated the sponsors’ express recognition of mental health services as an important part of Disaster Relief Medicaid. This bill stalled in the Senate due to budgetary concerns, however.

The debate in Congress over the need to offer some form of health care relief to the Hurricane victims certainly presented the Practice Organization with a unique opportunity to inform members of Congress about the significant mental health repercussions of major natural disasters and the extensive volunteer relief services that psychologists have been providing “on the ground” to hurricane victims through the Disaster Response Network. In September, APA's Chief Executive Officer, Norman Anderson, Ph.D., sent a letter to the Senate, prepared by the Practice Organization, endorsing S.1716. The Practice Organization also developed and distributed widely an informational fact sheet concerning the substantial mental health needs of disaster survivors, highlighting the fact that when natural disasters cause extensive community-wide destruction and disruption—as with Hurricanes Katrina and Rita—25 to 30% of the survivors are likely to develop anxiety disorders, including post traumatic stress disorder (PTSD), depression and other clinically significant problems. The fact sheet is available at: http://www.apapractice.org/apo/pracorg/legislative/HurricaneImpact.html

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently confirmed these statistics, and is now projecting that up to 500,000 people may be in need of professional assistance as a result of the hurricanes. The SAMHSA news release is available at: http://www.samhsa.gov/news/newsreleases/051207_hurricane.htm This information has been very favorably received by Senator Trent Lott (R-MS), who suffered the personal loss of his home, and other key Members of Congress, and continues to be requested by other offices on Capitol Hill.
Division 55 Awards for 2006

Division 55 (American Society for the Advancement of Pharmacotherapy) is pleased to announce a call for nominations for the 2006 awards cycle.

Division 55 gives three awards on an annual basis. The first is for Outstanding National Contribution in support of advancing the prescriptive authority agenda for psychologists. Applicants should have a demonstrated track record of activities having a truly national influence on the profession. Examples may be successful passage of legislation, a sustained period of advocacy at the national level, major educational contributions, or other sustained contributions that have garnered national attention in forwarding this important milestone for the profession.

The Outstanding Contribution at the State, Provincial, or Territorial level is awarded annually to that psychologist who in the judgment of the awards board has made the most significant contribution to the prescriptive authority agenda at the state, provincial, or territorial level. Examples of such advocacy might be organizing a significant grassroots campaign to advance a piece of legislation, sustained educational efforts aimed at other psychologists, members of other professions, or members of the legislature, or organizing educational programs and other similar initiatives.

Division 55 is also pleased to offer the Patrick DeLeon Prize, in honor of former APA president Patrick H. DeLeon, PhD, JD, MPH. In acknowledgment of Dr. DeLeon’s long-standing commitment to advancing the career of young psychologists, this award is aimed at graduate students or those who have recently completed a course of graduate training. The prize will be awarded on the basis of a paper on the subject of psychopharmacology or the advancement of the prescriptive authority movement. The paper need not be published, but should substantially reflect work done while the candidate was a graduate student. If published, the student should be at least the second author. The prize carries a cash award of $500, which will be awarded along with a plaque at the Division 55 Social Hour in at the APA Annual Convention. Nomination by major professors or advisors is ideal, but self-nominations are also encouraged.

Deadline for submissions for all awards is 1 June, 2006. Please submit nominations, including papers, letters of nomination, and other attestation to Morgan T. Sammons, PhD, Division 55 Awards Coordinator, in electronic format only, via email to msammons@mindspring.com.

DON’T MISS PRE-CONVENTION INSTITUTE WITH RUSSELL BARKLEY
Beth N. Rom-Rymer, Ph.D., FICPP

A young college student comes into your office complaining of frequent headaches, restlessness, inability to concentrate, a history of uneven grades, a recent minor automobile accident, and difficulty with his relationships.

Parents bring in their 7 year old daughter who can’t sit still in your office and is having difficulty adapting to her second grade classroom. You note that her father is also fidgety and appears disorganized in his verbal presentation to you.

Attention Deficit Hyperactivity Disorder?
Wednesday, August 9th, Division 55 will be sponsoring a full-day pre-Convention workshop with the enormously interesting, dynamic, and erudite Russell Barkley. Dr. Barkley will be presenting “A New Paradigm of ADHD” which will include some results of the recent research that he’s conducted in the genome typing of ADHD. He will compel you to rethink everything you’ve been taught about this disorder.

Dr. Barkley writes:
“Clinicians are becoming increasingly aware that ADHD in childhood does not disappear over development and that 70 – 80 percent of cases persist into adolescence while 66% or more will continue to manifest the disorder into adulthood. The longer ADHD persists over development, the more likely it is to overlap with other disorders, such as oppositional and conduct disorders. The single best predictor of whether the disorder persists into adolescence appears to be the presence of other disorders. ADHD has been shown to affect most major life activities including family, peer, community, educational, and later occupational, sexual and adult social functioning.

A new theory of ADHD will be presented that provides a much more enriching, comprehensive, and dignifying view of the disorder than does the current clinical conceptualization of ADHD as an attention deficit. This view has a number of important implications for the home and classroom management of ADHD children and teens. Dr. Barkley will discuss these exciting implications and the most effective treatment strategies for use with children, teens, and adults, focusing on home, the classroom, and the workplace, while also reviewing the most current thinking in pharmacotherapy for ADHD.”

Register now by e-mailing our Division administrator, Ruth Helein, at div55@namgmt.com. The registration fee is $125 for Division 55 student members and psychologists from hurricane ravaged areas; $135 for students who are not Division 55 members; $175 for Division 55 members; $200 for non-Division 55 members.
President's Message
continued

Professional Affairs, for initial review. The first review by APA legal counsel did not identify any glaring errors, though they pointed out instances where the wording could be improved to make it absolutely clear that practice guidelines are aspirational and voluntary. I hear the process is long and torturous, but I think the result will make it clear to anyone interested that psychologists are interested in achieving an exceptional level of quality in the provision of prescriptive services.

• At last weekend’s Council of Representatives meeting, the motion passed to form a new task force that will review the model curricula for training at Levels 1-3 (from pre-doctoral to post-doctoral in preparation for prescribing). The composition of this committee will be as follows:

  2 co-chairs, appointed by Board of Educational Affairs (BEA) and Committee for the Advancement of Professional Psychology (CAPP)
  2 members appointed by BEA
  2 members appointed by CAPP
  1 member appointed by Board of Professional Affairs
  1 member appointed by Board of Scientific Affairs
  1 member appointed by Board for the Advancement of Psychology in the Public Interest
  1 member appointed by Div. 55
  1 member appointed by Div 28
  2 experts in child psychopharmacology

That is as far as things have progressed. The Board will be choosing our member shortly, and we will update you as more information emerges.

• Finally, legislative sessions are upon us, and at least four states are pushing hard this year to get RxP bills moved forward. I don’t feel comfortable naming names at this point, as most of these efforts are progressing in stealth mode. Suffice to say that in the time I’ve spent writing this column, I’ve received requests for materials to submit to legislators from two different states.

Next on the agenda: getting ready for an exciting program at APA in New Orleans this summer. I hope all of you will seriously consider joining with us. As I said on the ASAP listserve the other day, I hope that not only will all the regular attendees join us, but that those of you who haven’t been to APA in a long time will consider this THE year to come. There is a unique opportunity here to make a convention that is not just about learning, mingling, and letting loose, but also about giving to a community in need. It will be years before New Orleans will be what it once was. This year, your dollars are not just important for the city hosting the conference, they are essential. We are also looking into volunteer activities to participate in immediately prior to and during the convention to help. I hope you all—and I mean all—will be there with us to celebrate the rebirth of one great city. Look for more details about the convention in our next issue of the Tablet.
### ASAP Committee Chairs

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<td>Federal Advocacy Coordinator</td>
<td>Gilbert Sanders, Ed.D.</td>
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<td>Fellows Committee</td>
<td>Kathleen McNamara, Ph.D.</td>
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<td>Historian</td>
<td>Alan Entin, Ph.D.</td>
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<td>International Psychology Committee</td>
<td>Martin Gittel, Ph.D.</td>
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<td>Listserve Manager</td>
<td>Gordon Herz, Ph.D.</td>
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<td>Membership Committee</td>
<td>Beth Rom-Rymer, Ph.D.</td>
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<td>New Markets Task Force</td>
<td>Alan Gruber, D.S.W., Ph.D., M.D.</td>
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<td>Nominations Committee</td>
<td>Robert McGrath, Ph.D.</td>
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<td>Special Populations Committee</td>
<td>Mary Evers-Szostak, Ph.D.</td>
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<td>State Leadership Committee</td>
<td>Nancy Alford, Psy.D., MP</td>
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<td>Tablet Editors</td>
<td>Stephen Rudin, Ed.D.</td>
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<td>Web Master</td>
<td>Gordon Herz, Ph.D.</td>
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<td>Liaisons:</td>
<td></td>
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<tr>
<td>CAPP</td>
<td>Marla Sanzone, Ph.D.</td>
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<tr>
<td>CIRP</td>
<td>Elizabeth Carll, Ph.D.</td>
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<tr>
<td>BEA</td>
<td>Matthew Nessetti, M.D., Ph.D.</td>
</tr>
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</table>

**New address for Division 55 website:**
[www.Division 55.org](http://www.Division 55.org)