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President’s Message
Robert McGrath, Ph.D.

Hello ASAP members and RxP folks!

I have since learned it’s an old line, but it was new to me when one of the sponsors of the Tennessee RxP bill told me “there are two things you don’t want to see being made: sausage and laws.” I am reminded of this line each spring as we take stock of how RxP bills have fared in the most recent legislative sessions. It is amazing that any bill ever gets passed, and I look back with admiration at our forebears, who ultimately achieved licensure in all 50 states.

Over the last year, bills have been introduced in eight states (Hawaii, Wyoming, Connecticut, Oregon, Tennessee, Georgia, Missouri, and Illinois). A bill was also introduced in New Mexico to clarify the formulary for prescribing psychologists. The bill in Hawaii made the most progress this year, clearing the House as well as the Senate Health Committee. In the end, the Senate Consumer Protection and Housing Committee decided to request independent analysis of the issue by the Legislative Reference Bureau, with a report expected before the next legislative session. Considering the figures now coming out of Louisiana and New Mexico concerning the safety of prescribing psychologists, objective analysis can only help the cause. Kudos to Jill Oliveira-Berry, Robin Miyamoto, and the rest of the team in Hawaii for their good work.

Despite some success, a few people have expressed dismay to me over the failure to pass any additional legislation in the last two years. I think those feelings are reasonable, but I respond to them with a hackneyed line of my own: Earthquakes start underground. I remember Mike Sullivan once saying that after the first three states awarded optometrists prescriptive authority, there was a lapse of seven years before the next state came on board. Yet today optometrists have some form of prescriptive authority in all 50 states. I know personally that interest is building across the country. New RxP committees are forming as we speak at the state and federal levels. A recent lawsuit, Walker v. State of California, charges the State of California with failing to meet the mental health needs of incarcerated individuals, and presents prescriptive authority for psychologists as a means for remedying the situation. To learn more about the suit, you can find many of the documents at www.division55.org/Pages/CalifCase.htm.

Another truism about earthquakes is that they can come on fast. Two years ago, Missouri seemed just to be beginning down this road. Jerry Morris recently commented on the isterve how what has been accomplished so far:

“We have a very fine bill that no one in psychology is opposing (took us years to get certain well-identifiable factions to quit sniping RxP and most practice efforts), no one in the legislature had problems

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Editor’s Column
Jeff Matranga, Ph.D., ABPP, M.S.

Lt. Fegan’s Rescue, Teamwork, and the End Zone

Jim Fegan, M.D., is a doc that you would want on your side and on your healthcare team. I had the pleasure of working closely with Jim for several years on an interdisciplinary rehabilitation and pain team and we are friends to this day. He is a physical medicine doc with his own permanent disabilities. Jim used to strongly emphasize the value of the common goal or mission and he had an equally strong distaste for the turf battles and internecine wars that can crop up on any interdisciplinary team. When it came to succeeding with a patient, Jim would discourage an overly rigid sense of boundaries and would frequently say: “Get the ball to whoever can get it to the end zone.”

In the early years, Jim did not say much about the origins of his own disabilities. We all knew a few basics. We knew that he had been shot down from his F4 on a mission over the Tchepone region of Laos on January 17, 1969 and that he hit the canopy on the ejection, causing most of his injuries. He later told me that in those years, the ejection itself killed approximately 1 person per year and injured many more. Jim has a fused knee, nerve damage and atrophy to his right upper extremity, and difficulties with his left upper extremity. We knew that he had been through a dozen orthopedic surgeries.
THE CASE OF THE BEFUDDLED TRUCK DRIVER

Sorry if this sounds like a lead-in to an Agatha Christie novel, but thought you perhaps would find one of my cases an interesting one. It points out the very nature of diagnostic dilemmas, as well as pharmacological issues relevant not only from an individual but also a regulatory standpoint.

A forty-two year-old truck driver, whom we shall call John, was referred from neurology for evaluation and treatment recommendations. John drove an ”18-wheeler” overnight for a major shipping company, and had an extremely good driving record. He admitted to no use of recreational drugs or alcohol, and the family history was unremarkable for substance abuse and mental illness. He was married and the father of two children.

One night, having pulled out of his terminal at 10:30 pm, he got onto the local interstate and shortly thereafter described having a feeling of being “disconnected”. He sensed some momentary confusion and began to sweat profusely. There were no other symptoms, and the episode passed within a minute or two. When it recurred a few nights later, John called in sick and went to see his doctor the next morning.

His physician gave him a thorough physical exam, ECG, blood work including thyroid, and found nothing wrong. The episodes recurred at varying times, and John started to become anxious and fearful, associating his problems with driving. He was referred to a neurologist who ordered a brain MRI, which came back negative. He was then sent to the outpatient unit of a major rehabilitation hospital for a series of tests to examine his vestibulocochlear mechanisms to rule out inner ear disease or dysfunction. These also were negative. He was then referred to my office, at which point he became even more convinced that he was “going nuts” as he put it, which he confided that he had been thinking ever since the “thing first happened.”

The psychological clinical interview prompted John to remark that “none of the other doctors ever asked me these questions.” “These questions” involved his home and job environment, his stressors, relationships with family and bosses, and any other sensations he may have experienced during his “episodes” as he called them. It became clear that there was a lot of work stress and that he had been feeling more pressured by his supervisor. Finances were tight, so the option of bidding for a day shift was out of the question, as pay was less. John admitted he felt trapped. Plus…he was now having episodes even when he wasn’t driving! Just thinking about driving the truck switched them on.

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I spoke with the neurologist at some length, reviewed the background, and tallied up his symptoms: sudden onset, feeling dissociated or disconnected, sweating, feelings of going crazy, and suggested to him that perhaps we were looking at panic attacks, particularly since the first episode occurred while driving. He seemed puzzled, because the symptoms “didn’t look like a panic attack”…after all, there was no paresthesia, no hyperventilation, etc. Together we looked at the symptoms for panic attacks in the DSM-IV-TR. Sure enough, John had sufficient symptoms to warrant
the diagnosis. But the symptoms were different—they weren’t the symptoms of a “typical” panic attack.

I suggested that we had better take him out of work on medical leave and try treating him with medication. The neurologist started him on alprazolam .25 mg tid to stop the panic attacks, along with sertraline 25 mg qd. Over the next two weeks, in addition to cognitive-behavioral therapy, his sertraline was titrated to 100 mg. Two weeks later he was tapered from the alprazolam by 1/2 tablet every three or four days as the sertraline was increased to 200 mg qd. He reported no anxiety from the medications at any point, and started driving his own truck (not a tractor) at night on the interstate to prove to himself that he was not going to have any “episodes.” His sertraline was eventually lowered to 150 mg qd which relieved a bit of tiredness he had been experiencing.

He returned to work and when last seen after termination had no further attacks. Rehearsing a repertoire of alternative strategies coupled with a return-to-work letter thanking his supervisor in advance for his “understanding and assistance in returning John to work,” gave John a handle on his work issues. He was being followed by the neurologist for his sertraline.

A number of issues are contained in this scenario. Perhaps the first reinforces the notion that as psychologists, particularly those of us trained in psychopharmacology, we really do need to know which questions to ask. I remember thinking to myself that John’s tests probably utilized close to $10,000 of health insurance payments if not more. Despite being occasionally frustrated with the limitations of the DSM, we also need to re-read many of the diagnostic criteria to remind ourselves that there really isn’t such a thing as a “typical” disorder, and that every person is unique. We also should remember that John was an interstate truck driver and held a CDL (commercial driving license) which is issued by examination and has conditions which apply to both state and federal laws. He could not drive a truck while on benzodiazepines. Even his need for sertraline had to be documented and explained. A phone consult with the local occupational medicine group proved to be a very valuable fifteen-minute chat, as I learned about what medications could and could not be on board a driver, and what the DOT physical examination required by way of explanatory letters from the patient’s health care providers.

Lastly are the thanks and respect from the neurologist, who commented that my training must have been very good, and that my suggestions on medication were “on the mark.” As a reward, he proceeded to send me some of the most complex cases I have had to see in a long time!

I hope you have found this case interesting. I feel that it reinforces the manner in which we can build bridges with other health care providers as well as using our diagnostic skills to enhance access to pharmacotherapy and bring help to our patients in a more timely manner.
Presidential Statements

A message from our Division President:

The level of commitment the president of APA brings to the movement towards prescriptive authority is obviously an issue of great weight for the members of this division. Accordingly, we offered each of the five candidates for the position of APA president-elect the opportunity to write a statement for this issue of the Tablet, so you can get a better sense of their attitudes towards RxP. We asked them to address three issues in particular:

• Their opinions about psychologists pursuing prescriptive authority.

• What they think of the association’s work in support of prescriptive authority to this point: Whether the association has done enough or too much, and what the association could have done better.

• What specific plans they have to support the quest for prescriptive authority during their presidential year.

Below are their responses to this request. You should know that the Board of Division 55 has officially endorsed James Bray as its #1 candidate for APA president-elect. You should also know that, while he has not requested our formal endorsement, Steve Ragusea is the only other candidate who is a member of the division.

Bob McGrath, Ph.D., President

ROSIE P. BINGHAM, PH.D.

I am supportive of prescriptive authority. In fact this question has been answered by the work of psychologists in the military and the passing of laws in New Orleans and New Mexico. The models are there for prescribing.

APA has done a good job of supporting states that have pursued prescriptive authority. The grants through CAPP are very helpful. The praise from New Orleans and the gratitude expressed by my colleagues from Tennessee demonstrate that. Each year at the State Leadership Conference, prescriptive authority is on the agenda. The CEO flies out on a moment’s notice if his testimony is needed to bolster a case before relevant groups.

APA could increase awareness that improvement in quality of care can happen when psychologists have the ability to prescribe. The Association needs to provide strategic updates about prescribing to key legislators at the state and national levels. Those updates should be evidenced-based data that comes from a collaboration between scientists and practitioners.

What more should APA be doing in order to help psychologists pursue prescriptive authority? That is the question I will be asking individuals, SPTAs, each of the directorates and various boards and committees within APA. I will continue to enthusiastically support the work of CAPP and SPTA associations. We will use the Presidential column in the Monitor to bring attention to our success and provide direction for where we need to go. If we include a diverse group of people and “if we don’t quit, we will win” (Ally, 2003).

JAMES H. BRAY, PH.D.

1. Your opinions about psychologists pursuing prescriptive authority.

I have been a strong and active supporter of psychologists obtaining prescriptive authority since the beginning of the movement. I will bring this perspective as APA President. I see psychologists gaining prescriptive authority as a natural outgrowth of adopting a biopsychosocial model of practice.

In my work with family medicine physicians and residents, I do training on psychopathology, psychotropic medications and their applications in primary care. Many physicians are often surprised that I cannot prescribe, since I teach them how to use the medications. It is my intention to gain prescriptive authority in Texas in the near future.

2. What do you think of the association’s work in support of prescriptive authority to this point? Have they done enough or too much? What could the association have done better?

It is APA policy to help psychologists gain prescriptive authority. I was a member of the Board of Educational Affairs and the APA Council of Representatives when this policy was created. In 2005 the APA Council reaffirmed that gaining prescriptive authority is a top priority of the association.

APA has provided significant support for gaining prescriptive authority. Given the resources of the association, we can do more, since this is a top priority of the association. APA also needs to work with other psychology organizations, such as the National Register and NCSPP, to ensure that we have one policy for education, training, and practice.

I was elected twice as member at large of Division 55 and currently serve as the Division treasurer. I got involved with Division 55 with encouragement from Ron Fox. One of the most important lessons I learned from Ron is that when we circle the wagons to always shoot outwards and not at each other. This is a perspective I will bring as APA President. We need to work together to support all psychologists—those who want to prescribe and those who chose not to.

3. What specific plans you have to support the quest for prescriptive authority during your presidential year?

a. Ensure that APA continues to make prescriptive authority for psychologists a top priority and demonstrates this by providing significant resources to pursue this goal. I will make sure that this issue remains on everyone’s radar screen and a top priority.

b. Complete the update of APA policies regarding training in prescriptive authority. I fully support the work of the new APA Task Force on Psychopharmacology Curricula. We should have the report by the time I am president and I will work to implement the recommendations of the task force.

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Presidential Statements
continued

3. Expand and implement the work on prescribing to children and adolescents. This is an under-studied area and one that our medical colleagues are missing too. Children and adolescents are not little adults and we need to insure that their unique needs are considered by prescribing psychologists.

ALAN E. KAZDIN, PH.D.
Yale University School of Medicine

1. Your opinions about psychologists pursuing prescriptive authority.
Prescription authority (RxA) is absolutely essential to ensure public access to psychological care and the full range of pertinent treatment modalities among psychologists. Already, many non-physician providers (e.g., dentists, nurse practitioners, nurse midwives, optometrists) have such privileges that encompass all 50 States. RxA among psychologists is in place already on a small scale and available data suggest psychologists execute these privileges well. There is momentum I intend to accelerate.

2. What do you think of the association’s work in support of prescriptive authority to this point? Have they done enough or too much? What could the association have done better?
APA has made excellent progress, following the pioneering work Pat DeLeon before, during, and after his Presidency of APA and along with other Presidents (e.g., Ron Fox, Phil Zimbardo, and others). Each has added incrementally to advance RxA and strengthen the infrastructure of APA to support the movement. Successes are slow but the snowball is growing. I shall retain the laser-like focus to increase RxA among the States and also address: training access and requirements, graduate training to foster student interest in research underlying medication effects, ethical guidelines raised by RxA, and guidelines in relation to special conflict of interest situations (e.g., drug detailers).

3. What specific plans you have to support the quest for prescriptive authority during your presidential year?
I plan to:
a. Work closely with State, Provincial, and Territorial Psychological Associations (STPAs) to facilitate exchange of information about progress and reports (e.g., Commonwealth Fund) that can help make the case;
b. Be available personally to assist State organizations, Task Forces, and legislative bodies, as needed;
c. Mobilize and strengthen resources within APA (e.g., relying on multiple Directorates) and society at large (e.g., patient advocacy groups) to convey the need for RxA; and
d. Convene a conference with the Department of Defense graduates with RxA, training directors, leadership of Divisions 55 and 31 (STPAs) and APA Directorate leaders to chart next steps.

I have been in a medical school for 14 years, have directed inpatient and outpatient services, have been directly involved in and authored medication trials, have worked with physicians and pharmaceutical agencies, have co-authored medical school guidelines for faculty-drug company interactions (Academic Medicine, 2006, 81), and direct a clinic in which consultation about medications is routine. These pertinent experiences will help make me an effective, informed, credible, and vigorous advocate (please see http://votekazdinapa.yale.edu).

NORA NEWCOMBE, PH.D.

APA is a large and complex organization that serves many constituencies. I believe that the staff of APA, headed by a very capable CEO, does a fantastic day-to-day job of monitoring and addressing the concerns of the various groups of psychologists who comprise APA. My aim in running for President is to provide a unifying face and voice for several over-arching issues: relating science to practice and public policy; organizing “big picture” activities that reduce the fragmentation of our discipline; and, delineating appropriate ways to make evidence-based decisions.

Because I am committed to this vision, I have decided to concentrate on these themes in my campaign rather than comment on all of the many particular questions that form a part of the ongoing work of this largely well-functioning organization.

STEPHEN A. RAGUSEA PSY.D., ABPP

During doctoral study at Baylor in 1976, three of us wrote a paper in which we boldly opined that properly trained psychologists should prescribe psychoactive medications. “Clearly, if psychologists can meet existing service needs without loss of quality, they should be allowed to do so.” That was my position then and it is my position now. Indeed, I was one of the first members of Division 55.

The genius of Pat DeLeon’s political solution was the development and funding of the DOD Demonstration Project. The fact of ten psychologists actually prescribing medications safely and effectively created an undeniable reality that initiated unstoppable momentum.

APA thoughtfully supported this effort, and appropriately put considerable power, money, and staff time behind the DOD Project and all that has followed. From my perspective, nothing in our game plan should change substantially. We keep moving forward!

The fact that psychologists are now prescribing safely and effectively in multiple states is undistorted reality. Organized psychiatry’s worn-out old scare tactics are as bogus now as they were when the identical statements about psychologists were used against our independent licensure 40 years ago. Our own colleagues who fear how prescribing may change the profession are similarly echoing concerns that once came from academia 40 years ago when university faculty would testify that psychologists weren’t competent to treat patients and that allowing them to so would undermine the academic rigor of the science.

People always fear change. Our destiny is to live up to the challenge, not run from it.

Stephen A. Ragusea Psy.D., ABPP
www.raguseaforapa.com
Division 47: Exercise and Sport Psychology
PRESENTS
The 28th Annual Running Psychologists’ APA 5K “Ray’s Race and Walk”
RUN FOR RESILIENCE
Saturday, August 12, 2006

The annual race and walk at the 2006 New Orleans Convention of APA will be held on Saturday morning, August 12, in Audubon Park at 7AM. The Park is approximately 4 miles from most of the major hotels. Buses will transport participants to and from the race. Maps to the race site and details regarding bus pick up will be available at the Division Services Booth at the convention. Awards with a special New Orleans theme will be given to the overall men’s and women’s winners and to the top three in each 5 year age group, from under 25 to over 75. The top three male and female finishers who hold membership in Division 47 will receive awards. The top three finishers who are current or past Psi Chi or National Psi Chi Council members also will receive awards. To honor the exhibitors at our meeting who provide excellent raffle prizes for us, a special award also will be given to the highest finishing male and female exhibitor. Pre-registration will run until July 31st - which means that the entry form and fee must be received by that date. Please give us all the requested information including age and gender so that the race numbers can be labeled and results tabulated accurately. THE ENTRY FEE FOR PRE-REGISTERED RUNNERS (who are not Div. 47 members) IS $20.00, which includes a commemorative shirt, raffle chance, and post-race refreshments. PAST July 31st, CONVENTION AND DAY-OF-RACE REGISTRATION FEE IS $25.00. Pre-registration for students is $15.00 and convention student registration is $25.00. PLEASE pre-register to help us avoid too many convention and day-of-race registrations and to assure that you receive a t-shirt. Shirts only guaranteed to those who pre-register. Make your check payable to: Running Psychologists.

Division 47 members receive a discounted pre-registration entry of $15 as a value-added benefit of division membership. If you are an APA member and wish to apply for division membership with this entry form, check the block on the form below and remit the discounted entry fee ($15) plus the Division dues ($24 for members, $14 for associates, $10 for student affiliates). We will forward your application to APA for processing.

You may pick up your race number and shirt at the business meeting of Running Psychologists on Friday morning at 8AM (see the program for room number) or at the APA Division Services booth in the main Convention Area, beginning Thursday morning. The Annual Pre-Race Pasta Dinner will be held on Friday evening, August 11th. Please visit Division Services Booth at the convention for details regarding exact time and location. Mark your entry form to reserve a place at the dinner or sign up at the convention.

Awards and t-shirts will be created by local artists and $1 of each participant’s race fee will be donated to a local charity.

I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Running Psychologists, Division 47 and the American Psychological Association, the City of New Orleans, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, and recording, or any other record of this event for any legitimate purpose. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

Signature ____________________________ Date ____________________________

Make Check payable to: Running Psychologists. Receipt before July 31st: $20; Students and Div.47: $15. On-site/Convention race registration: $25 for all participants.

Please return to: Ethan Gologor, 353 E. 78th St. Apt. 15A, NY, NY, 10021. Email: puereternis@hotmail.com

Sponsors: APA Insurance Trust • Psi Chi • American Psychological Association - Divisions 47, 19, 38 & 50


☐ APA Member ☐ Student ☐ Friend/Dependent ☐ Sponsor ☐ Exhibitor

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I WANT TO JOIN DIVISION 47 ☐ Y / ☐ N APA Status: ☐ Member ☐ Fellow ☐ Assoc ☐ Stud. Affiliate ☐ APA Member # ____________________________

I accept all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Running Psychologists, Division 47 and the American Psychological Association, the City of New Orleans, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, and recording, or any other record of this event for any legitimate purpose. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

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Please return to: Ethan Gologor, 353 E. 78th St. Apt. 15A, NY, NY, 10021. Email: puereternis@hotmail.com
An Open Letter: APA in New Orleans

Dear Division 55 Member,

The APA convention is important not just as a time to learn and mingle, but as a time to let loose a little. So it wasn’t a big surprise to me when the convention in Toronto, with concerns about SARS raised in the news every day, was one of the less successful conventions. As we look forward to New Orleans this summer, I would be equally unsurprised if many of you who normally attend the convention are having similar concerns about whether you want to go. 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 back 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. Plus, there will be several opportunities for you to help personally to participate in the rebuilding of New Orleans, one of which will be described below.

Of course, we’re going to be having a lot of those learning, mingling, and letting loose opportunities as well. But more than ever, this is a chance to make a contribution just by showing your face. I hope you all—and I mean all—will be there with us to celebrate the rebirth of one great city.

We have been hard at work trying to make this summer’s APA convention one of the best programs we’ve offered so far. On the next three pages you will find our current schedule of activities for New Orleans. You can pull this four-page section out of the Tablet, and bring it with you to the convention as a guide. Please look through it, and plan to attend our sessions when we meet this summer!

Robert McGrath
President, Division 55
APA Convention – New Orleans

Division 55 Schedule of Events
APA Convention
New Orleans, August 8-13, 2006
A four-page spread to bring to the convention with you.

TUESDAY, AUGUST 8TH

Community Service Day in New Orleans with Baptist Crossroads
Light construction work on new and renovated homes. Help rebuild New Orleans.

When: 8:00 AM – 5:00 PM
Where: Transportation will be provided from The New Orleans Marriott to the worksite
Fees: $15 to cover lunch and beverages
Meal: Lunch and water will be provided

If you can, bring workboots (sneakers acceptable), long pants, hat, sunscreen, a hammer, measuring tape, construction pencil, and/or any other “light tools” that you might have.

To register for the Community Service Day, please go to www.division55.org.

WEDNESDAY, AUGUST 9TH

A New Paradigm for ADHD
Pre-Convention Workshop with Russell Barkley, Ph.D.

When: 8:00 AM – 5:00 PM
Where: To be announced
Fees: Non-Division 55 members: $200
Division 55 members: $175
Non-Division 55 student members: $135
Division 55 student members: $125
On-site registration: $225
CE: 7.5 hours

Division 55 will be sponsoring a full-day pre-Convention Workshop at an APA hotel, yet to be announced, 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.

To register for the Barkley workshop, please go to www.division55.org. Limited on-site registrations will be available.

THURSDAY, AUGUST 10TH

Symposium: From the Frontlines— Prescribing in New Mexico
9:00 AM – 10:50 AM Morial Convention Center Meeting Room 260
Chair: Elaine S. LeVine
Participants: Stuart Kelter, Thomas Thompson, Mario Marquez, Steven Michael Cobb, Richard Krusen
CE: 2 hours

Symposium: Overcoming External and Internal Resistance to Psychologists’ Prescribing
11:00 AM – 12:50 PM
Morial Convention Center Meeting Room 355
Chair: Robert D. Younger
Participants: Warren C. Lowe, Samuel W. Sentell, Mario Marquez, James W. Quillin, Robert D. Younger

Symposium: Prescriptive Authority Legislative Strategies—Ideas to Share
1:00 PM – 2:50 PM
Morial Convention Center Meeting Room 281
Chair: Kathleen M. McNamara, PhD
Participants: Elaine S. LeVine, Robin E.S. Miyamoto, Lance T. Laurence, Glenn A. Ally
CE: 2 hours

Paper Session: MMPI/MMPI-2 and Prescribing Medication
3:00 PM – 3:50 PM
Morial Convention Center Meeting Room 241
Participant: Alex B. Caldwell

Symposium: Overcoming External and Internal Resistance to Psychologists’ Prescribing
11:00 AM – 12:50 PM
Morial Convention Center Meeting Room 355
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CE: 2 hours

Paper Session: MMPI/MMPI-2 and Prescribing Medication
3:00 PM – 3:50 PM
Morial Convention Center Meeting Room 241
Participant: Alex B. Caldwell

Symposium: Pursuing Prescriptive Authority—Taking Data to the Legislature
2:00 PM – 3:50 PM Morial Convention Center Meeting Room 285
Co-chairs: Clark D. Campbell, Susan Patchin
Participants: Amanda Turlington, Lisa Jones, Tami Hoogestaat, Debra Horn, James Mours
CE: 2 hours

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APA Convention – New Orleans
continued

Symposium: Transcultural Psychopharmacology in the Real World
4:00 PM – 5:50 PM
Morial Convention Center Meeting Room 264
Chair: Elaine O. Mantell
Participants: Anita B. Brown, Elaine S. LeVine, Pamela K. Planthara, Elaine O. Mantell

SATURDAY, AUGUST 12TH

Symposium: Becoming Prescribing Psychologists—The Practicum Experience
9:00 AM – 10:50 AM
Morial Convention Center Meeting Room 346
Cochairs: Beth N. Rom-Rymer, Elaine S. LeVine
Participants: Jeff Matranga, Ray Leugers, Lazaro Garcia, Shirley Gruen

Education and Training Committee Meeting
9:00 AM – 10:50 AM Div. 55/18 Hospitality Suite
Open meeting

Symposium: Informed Consent for Prospective Psychologist Prescribers
11:00 AM – 12:50 PM
Morial Convention Center Meeting Room 276
Chair: Robert D. Younger
Participants: Darla M. Burnett, Marlin C. Hoover, Vickie R. Brewer, Glenn A. Ally, John R. Erbeck

Pediatric Populations Committee Meeting
2:00 PM – 2:50 PM Div. 55/18 Hospitality Suite
Open meeting

Business Meeting
3:00 PM – 3:50 PM New Orleans Marriott Hotel Balcony K

Presidential Address
4:00 PM – 4:50 PM New Orleans Marriott Hotel Balcony K
Participant: Robert McGrath

Social Hour
5:00 PM – 6:50 PM New Orleans Marriott Hotel La Galeries 1

SUNDAY, AUGUST 13TH

Symposium: RxP Training and Primary Care—Evolving Collaborative Roles in Medicine
8/13 Sun: 8:00 AM – 9:50 AM Morial Convention Center Meeting Room 243
Cochairs: Wendy Stock, Steven R. Tulkin
Participants: James W. Quillin, George M. Kapalka, Robert D. Younger, Telford I. Moore
CE: 2 hours

Workshop: Great Imitators—Differentiating Medical from Psychological Disorders in Clinical Practice
11:00 AM – 12:50 PM
Morial Convention Center Meeting Room 244
Participant: Matthew B.R. Nessetti, PhD, MD

CE programs are sponsored by the Association for the Advancement of Pharmacotherapy (Division 55). The Association for the Advancement of Pharmacotherapy is approved by the American Psychological Association to offer continuing education for psychologists. The Association for the Advancement of Pharmacotherapy maintains responsibility for the programs.

American Society for the Advancement of Pharmacotherapy
Division 55, American Psychological Association

Division 55 is very proud to sponsor a variety of exciting “outside the box” programs at APA New Orleans 2006

Community Service Day in New Orleans with Baptist Crossroads:
Light construction work on new and renovated homes. Help rebuild New Orleans!

When: Tuesday, August 8th, 8 a.m.–5 p.m.
Where: Transportation will be provided from The New Orleans Marriott to the worksite
Fees: $15 to cover lunch and beverages
Meal: Lunch and water will be provided
Special Instructions: Bring workboots (sneakers acceptable), long pants, hat, sunscreen, a hammer, measuring tape, construction pencil, and any other “light tool” that you might have.

Pre-Conference Workshop with Russell Barkley, Ph.D.
“A New Paradigm of ADHD”
The enormously interesting, dynamic, and erudite Dr. Barkley will compel you to reconfigure your paradigm of this disorder.

When: Wednesday, August 9th, 8 a.m.–5 p.m.
Where: APA Hotel To Be Announced
Fees: Non-Division 55 members: $200
Division 55 members: $175
Non-Division 55 student members: $135
Division 55 student members: $125
On-site registration: $225
CE: This program is sponsored by the American Society for the Advancement of Pharmacotherapy (Division 55). The Association for the Advancement of Pharmacotherapy is approved by the American Psychological Association to offer continuing education for psychologists. The American Society for the Advancement of Pharmacotherapy maintains responsibility for the program.

To register for the Community Service Day or the Russell Barkley workshop, please go to www.division55.org. Limited number of on-site registrations will be available.
Registration Form
Division 55 (American Society for the Advancement of Pharmacotherapy)
APA Convention
August 2006

☐ I would like to register for Community Service Day
Light construction work on new and renovated homes with Baptist Crossroads, an affiliate of Habitat for Humanity. If you would like to participate, please send $15 to cover lunch and beverages.

☐ I would like to register for the Barkley workshop
A New Paradigm for ADHD (7.5 hours of CE credit)
☐ I am a Division 55 member ($175)
☐ I am a Division 55 student member ($125)
☐ I am a student but not a member of Division 55 ($135)
☐ I am a psychologist practicing in a hurricane-stricken area ($135)
☐ I am not a member of Division 55 and not a student ($200)

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If paying by check, please make checks payable to: Division 55

Credit card type
☐ Visa ☐ MasterCard

Credit card number
Expiration date
Authorized signature
Date

Please mail to: Division 55, 2615 Amesbury Road, Winston-Salem, NC 27103

CE program is sponsored by the American Society for the Advancement of Pharmacotherapy (Division 55). The American Society for the Advancement of Pharmacotherapy is approved by the American Psychological Association to offer continuing education for psychologists. The American Society for the Advancement of Pharmacotherapy maintains responsibility for the programs.
APA Convention – Other Activities Division 55 Supports

**APA Annual Convention • DIVISION 18 PROGRAM SUMMARY**

**Discussion (N):** Wounded Healer—15 Miles From Ground Zero  
8/10 Thu: 8:00 AM - 8:50 AM  
Morial Convention Center  
Meeting Room 334  
Cochair  
Stephanie J. Schacher, PsyD  
Katerina Spei, PsyD

**Symposium (S):** Implementing Evidenced-Based Practices—The Impact of a Recovery Orientation  
8/10 Thu: 9:00 AM - 9:50 AM  
Morial Convention Center  
Meeting Room 253  
Chair  
James R. Regan, PhD

**Symposium (S):** Improving Mental Health Services in Correctional Settings—A Research-Based Approach  
8/10 Thu: 12:00 PM - 12:50 PM  
Morial Convention Center  
Meeting Room 253  
Chair  
Dennis Combs, PhD

**Symposium (S):** Managing Segregation Populations—Toward Effective Clinical Practice, Research, and Training  
8/10 Thu: 1:00 PM - 1:50 PM  
Morial Convention Center  
Meeting Room 334  
Chair  
Philip R. Magaletta, PhD

**Symposium (S):** Deployment to Re-Employment—Serving Employment Needs of Those Who Served  
8/10 Thu: 2:00 PM - 3:50 PM  
Morial Convention Center  
Meeting Room 334  
Cochair  
Nathan D. Ainspan, PhD  
Walter E. Penk, PhD

**Conversation Hour (N):** Implementing Evidenced-Based Practices in the Public Sector—Lessons Learned  
8/11 Fri: 8:00 AM - 8:50 AM  
Morial Convention Center  
Meeting Room 283  
Chair  
James R. Regan, PhD

**Symposium (S):** General Systems-Based Practice—Narrowing Psychiatric Hospital—Community, School—Family Divide  
8/11 Fri: 9:00 AM - 9:50 AM  
Morial Convention Center  
Meeting Room 284  
Chair  
Tamar Z. Harel, PhD

**Symposium (S):** Drug-Use Disorders and Service Utilization Among Federal Offenders  
8/11 Fri: 2:00 PM - 2:50 PM  
Morial Convention Center  
Meeting Room 254  
Cochair  
Ben Wheat, PhD  
Philip R. Magaletta, PhD

**Symposium (S):** Recovery in Mental Health—Paradigm Shift and Systems Transformation  
8/11 Fri: 3:00 PM - 3:50 PM  
Morial Convention Center  
Meeting Room 349  
Chair  
Arthur C. Evans, PhD

**Symposium (S):** Treatment of Nonpsychotic Disorders in Correctional Settings  
8/11 Fri: 4:00 PM - 4:50 PM  
Morial Convention Center  
Meeting Room 253  
Cochair  
Alexander M. Millkey, PsyD  
Genevieve Arnaut, PsyD  
PhD

**Conversation Hour (S):** Internship and the Public Service Sector—Questions Answered  
8/11 Fri: 5:00 PM - 5:50 PM  
Morial Convention Center  
Meeting Room 335  
Cochair  
Monica Roy, MS  
Dolly C. Sadow, PhD

**Paper Session (N):** [Read]  
8/12 Sat: 8:00 AM - 8:50 AM  
Morial Convention Center  
Meeting Room 334

**Symposium (S):** How Do We Recruit Psychologists to Public Mental Health Service?  
8/12 Sat: 9:00 AM - 9:50 AM  
Morial Convention Center  
Meeting Room 334  
Chair  
Jennifer A. Snyder, PhD

**Symposium (S):** Outreach to Rural Providers—Improving Treatment and Quality of Life  
8/12 Sat: 10:00 AM - 10:50 AM  
Morial Convention Center  
Meeting Room 337  
Cochair  
B. Hudnall Stamm, PhD  
Phillip Massad, PhD

**Paper Session (N):** [Madrid]  
8/12 Sat: 11:00 AM - 11:50 AM  
Morial Convention Center  
Meeting Room 266

continued on page 12
APA Convention – Division 18 Program Summary
continued

Symposium (S): Expanding Psychology’s Role—Addressing Urgent Community Health Care Needs
8/12 Sat: 12:00 PM - 1:50 PM
Morial Convention Center
Meeting Room 349
Cochair
K. Beth Yano, PhD
Jill M. Oliveira, PhD

Poster Session (N): Psychosocial Rehabilitation and Severe Mental Illness
8/12 Sat: 2:00 PM - 2:50 PM
Morial Convention Center
Halls E & F

Business Meeting (N): (Division 18 Business Meeting)
8/12 Sat: 4:00 PM - 4:50 PM
New Orleans Marriott Hotel
Balcony L and M

Social Hour (N): (Division 18 Social Hour)
8/12 Sat: 5:00 PM - 6:50 PM
New Orleans Marriott Hotel
Balcony L and M

Discussion (S): Staying Sane Behind Bars—Orientation for the Correctional Psychologist
8/13 Sun: 9:00 AM - 9:50 AM
Morial Convention Center
Meeting Room 346
Chair
Thomas J. Fagan, PhD

Symposium (S): Response to Disaster—Mental Health Volunteers Share Experiences and Perspectives
8/13 Sun: 10:00 AM - 10:50 AM
Morial Convention Center
Meeting Room 274
Chair
Robert D. Clark, PhD

Symposium (S): Treatment of Severe and Persistent Mental Illness in Correctional Settings
8/13 Sun: 11:00 AM - 11:50 AM
Morial Convention Center
Meeting Room 257
Cochair
Alexander M. Millkey, PsyD
Genevieve Arnaut, PsyD, PhD

Paper Session (N): [Bray]
8/13 Sun: 12:00 PM - 12:50 PM
Morial Convention Center
Meeting Room 257

Symposium (S): Ecoethological Existential Analysis of Police Complex PTSD
8/13 Sun: 1:00 PM - 1:50 PM
Morial Convention Center
Meeting Room 257
Chair
Daniel Rudofossi, PhD

Division 12 Sponsored Continuing Education Workshops

...will be offered this year in New Orleans, LA, at the New Orleans Marriott Hotel, August 9, 2006, just prior to the APA Convention.

Full-day • Wednesday, August 9 • 7 CE Credits • 9am-5pm

Second Annual Military Clinical Psychology Symposium: Posttraumatic Stress Disorder-Innovations in Research and Practice
Matt Friedman, MD, LCDR Gary Hoyt, Ph.D., Steven Southwick, MD, Andy Morgan, MD, LTCOL Rick Campise, Ph.D., COL Tom Williams, Ph.D., Ann Rasmusson, MD, CAPT Morgan Sammons, Ph.D., and Heidi Kraft, Ph.D.

Recent Developments in MMPI-2 Interpretation: The Restructured Clinical Scales and Non-K-Corrected Profile
Yossef S. Ben-Porath, Ph.D.

Treating Victims of Mass Trauma and Terrorism
Larry E. Beutler, Ph.D.

Movies and Mental Illness: Using Films to Understand Psychopathology
Danny Wedding, Ph.D.

Surviving the Politics of Academia: How to Get Tenure and Promotion
Helen D. Pratt, Ph.D.

Dialectical Behavior Therapy for Borderline Personality Disorder
Anthony P. DuBose, Psy.D.

Psychological Interventions for Patients with Heart Disease
Judith A. Skala, RN, Ph.D. and Kenneth E. Freedland, Ph.D.

Diagnosis and Treatment of Obsessive-Compulsive Disorder
Jonathan Abramowitz, Ph.D.

Advances in Evidence-Based Treatment for Bipolar Disorder
Robert Reiser, Ph.D.

For more information: div12apa@comcast.net
President’s Message
continued

with the content of the bill but rather want more information and assurance about “safety” (medicine’s big saw—but really the easiest one to address in the long haul), we had hearings in the House and Senate, have sponsors in for the long haul, have a growing and hardening statewide network of RxP activists that are increasingly organized and connecting with Legislators (one by one), are holding RxP workshops statewide and are actively seeking ways to start an in-state RxP training program and are lining up committed students for when we get one of the forerunner programs to commit, have done fund raisers and are laying out a long-term fund raising strategy, have established an ‘Eagles Club’ with minimum $1000 donors and have our first members signed up (with monthly pledge options), have commissioned an educational film fashioned after the Tennessee Film and have started a state wide petition and developed literature, and have a visible set of co-chairs (Drs. Manna and Skrade), and have an active association Board and Lobbyist in full support of the MoRxP Task Force and movement... We are on the radar screen, increasingly better funded, have a refined and systemically viable bill, and are involved in our long-range plan and campaign.”

Not bad for a start.

One of the goals of my presidency is for the division to play a greater role in this movement. We have been serving the role of a clearing-house of information for the various states. One of the best pieces of information has to do with a survey conducted among prescribing psychologists in Louisiana, that found not one serious adverse event and almost no instances where the physician disagree with the psychologist’s decision in thousands of cases.

With this goal of greater division involvement in mind, you should be aware that the division has now established a seed grant program to help state chapters get the ball rolling. These grants can be used to fund surveys of psychologists and other professionals, or to develop promotional materials. Among the conditions of the grants: any products that are funded by these grants can be freely distributed to other state and federal committees. If you have a small project for which your state chapter could use this money, please check out the Request for Proposals at www.division55.org/pdf/RFP.pdf. There are many other initiatives underway, though some of these efforts need more time underground before they’re ready to see the light of day. One of the more interesting initiatives: our media committee is currently working on a proposal to request Dr. Phil’s support for RxP, someone who could be of great help to us.

The ground is rumbling. Let’s make some sausage.

For those interested in looking at the bills submitted this year, here are some links of interest:

MO: www.house.mo.gov/bills061/bills/hb1447.htm
GA: www.legis.state.ga.us/legis/2005_06/sum/hb923.htm
TN: www.legislature.state.tn.us/bills/currentga/BILL/HB0479.pdf
HI: www.capitol.hawaii.gov/site1/docs/getstatus2.asp?billno=HB539
NM: legis.state.nm.us/lcs/_session.asp?chamber=H&type=++&number=463&year=05
Editor’s Column continued

Over the years, Jim gradually disclosed more about the circumstances of his injury. Early this year, because of his volunteer work with handicapped skiers, his story and the accompanying 8mm film footage were “discovered” and featured on a local outdoors television program. Recently, Jim showed me the rescue footage and told me the rest of the story. He does not remember his F4 getting hit, but witnesses said they saw the F4 burst into flames and then they saw one parachute. It is believed that Jim’s F4 partner was not able to eject and was killed. Jim regained consciousness on the ground, in the weeds. He could not move his right side. It was pieced together later that in the ejection, his right arm had become wrapped around the canopy rail, the top edge of the cockpit. His injuries included eight fractures to his right arm, two thoracic compression fractures, a compound fracture of the left knee, and a left shoulder rotator cuff avulsion.

The enemy troops quickly showed up looking for him. There were two attempts to rescue Jim that failed due to heavy enemy fire. Another aircraft was shot down in the process. Darkness descended. In the night, he could hear enemy troops talking and laughing in their camp nearby and he knew they would resume their hunt for him in the morning. Jim was badly injured and knew the odds were not good.

All in all, 264 sorties or flights were flown in an effort to get Jim out of there. The next morning, around 9 am, Jim called in air strikes and eventually a “Jolly Green” helicopter hovered overhead while support aircraft covered the heavily defended and hostile area. A young airman got into the hoist, went down to Jim, administered first aid, and then the two of them were hoisted back up, highly exposed for way too long. Amazingly, with all of that teamwork and some luck and whatever else, Jim was successfully evacuated.

One other individual died in that mission and someone from the other downed aircraft lost a leg and later went through rehabilitation with Jim.

Again, 264 sorties were flown to accomplish the mission! Young Lieutenant Fegan went on to medical school, became a physiatrist, and devoted himself fiercely to other individuals who needed physical rehabilitation and another chance at life. Jim eventually resumed playing the guitar with a passion (which stimulated further functioning in his right hand, by the way), and is an avid rower and cross-country skier. Jim also took a turn as volunteer director of the Maine Handicapped Skiing program; he still volunteers some time helping handicapped individuals to learn how to ski. Jim pays visits to people who participated in that rescue, including the young airman who rode that hoist down and plucked him out of the weeds.

Of course, now it is clear why Jim so strongly valued teamwork and the need to avoid internecine warfare.

As we continue the pursuit of prescriptive authority, we have an equally clear mission. Due to shrinking numbers of available psychiatrists, large numbers of people go without appropriate psychopharmacology decision-making and care. There is a tremendous need out there and appropriately trained psychologists can help fill that void. We are currently the only mental health profession that can truly integrate medications and therapy, and we can do so based on the empirical literature and sound thinking skills.

We must keep our eyes on the prize and not be seduced into internecine warfare. We need to forget about personal glory/ego and support each other.

Every January 17th, I send Jim a note, thanking him for surviving.

And, we are all thankful to the many psychologists who worked as a team to get the ball to the end zone in the DoD project, New Mexico, Louisiana, Guam, and for getting us to first down and goal to go in a number of other states!

Jeff Matranga, Ph.D., ABPP (Health)
M.S. in Clinical Psychopharmacology
Co-Editor

If you would like to know more about Jim Fegan’s rescue, go to Google and type in: Lt. Fegan. Nothing in this editorial should be construed as implying Dr. Fegan’s opinion regarding prescriptive authority.
Dear Division 55 Members:

Some months ago, the Division 55 Board asked you to fill out a short questionnaire about your practicum experiences. At that time, we also asked your thoughts about a designation process. The APA has decided to establish a Task Force to update training recommendations in psychopharmacology, so we no longer need your thoughts about a designation process. However, now more than ever, need to know your experiences setting up a practicum so we can report that information to the APA Task Force reviewing RxP. If you have responded to the previous questionnaire, it is not necessary to respond again.

If you did not respond to the previous questionnaire, please take a few moments to complete the following and email back to me at eslevine@hotmail.com or mail to:

Elaine S. LeVine, Ph.D.
Conditional Prescribing Psychologist
1395 Missouri Ave.
Las Cruces, NM  88001

1. Member Data
Name and degree

Area of Specialization

State in which you practice: ________________________________

2. Have you completed an RxP training program?
   □ Yes   □ No   If yes, which one?

3. Have you completed a practicum in psychopharmacology?
   □ Yes   □ No

If yes, please describe that practicum in as much detail as possible.

4. Was it difficult to set up the practicum?
   □ Yes   □ No

If yes, please explain the barriers:

5. Have you found it impossible to set up a practicum?
   □ Yes   □ No

If yes, please tell us a bit about those difficulties:

6. Have you been involved in RxP advocacy in your state?
   □ Yes   □ No If yes, please describe:

   a. Which State Association Activities:

   b. Efforts of Division 55?

   c. Legislative efforts in your State?

Thank you so much for your participation in this very important survey. Please return to:

Elaine S. LeVine, Ph.D.
President-Elect of Division 55
1395 Missouri Ave.
Las Cruces, NM 88001
Or
Email at eslevine@hotmail.com
### ASAP Committee Chairs

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<td>Canadian Psychology Committee</td>
<td>Brian Bigelow, Ph.D., C.Psych.</td>
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<td>Rebecca Kayo, Ph.D.</td>
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