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AMERICAN SOCIETY FOR THE ADVANCEMENT OF
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The Tablet

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Fall Division 55 Conference

Psychopharmacology Update Conference, October 23-24, 2014

Division 55 is holding a continuing education conference this fall in Austin, Texas. The division is co-sponsoring the University of Texas Psychiatric Pharmacology Update Conference (<http://www.utexas.edu/pharmacy/ce/conferences/psych/>) that provides valuable information on new medications and applications of psychotropic medications. Psychologists Morgan Sammons, James Bray and Laura Avila will be presenting at the conference. See the flyer inside this issue for more information. REGISTRATION IS NOW OPEN.

Illinois Passes New RxP Authorizing Legislation

The Illinois Psychological Association, under the leadership of Drs. Beth Rom-Rymer and Terry Koller, successfully passed a bill that was signed by the Illinois governor that grants appropriately trained psychologist's prescriptive authority. This makes Illinois the third state to authorize psychologist's prescription rights. Congratulations to the Illinois Psychological Association for this much needed accomplishment to address the unmet needs for mental health care for the residents of Illinois.

President's Podium

Victory for Prescriptive Authority for Psychologists, APA Convention, and Division 55 Fall Conference

James H. Bray, PhD
President, Division 55



James H. Bray, PhD

They said it couldn't be done. But after 12 years of hard work, persistence and a never give up attitude, Illinois became the third state to pass legislation that authorizes psychologists to prescribe psychotropic medications. On June 25, 2014 Illinois governor Pat Quinn signed the bill created by the Illinois Psychological Association under the leadership of Beth Rom-Rymer and Terry Koller that gives appropriately trained psychologists the authority to prescribe psychotropic medications. This achievement is monumental as it was done in the home turf of the American Medical Association and in a collaborative effort with the AMA and psychiatry. In addition, the bill

now makes it possible to obtain psychopharmacology training during the pre-doctoral training, rather than post-doctoral.

Other states are following suit with pursuing prescriptive authority. New Jersey, under the leadership of Bob McGrath, is making progress in passing a bill in their legislature. It is expected that the bill will be passed in Fall 2014. The Texas Legislature commissioned a study on mental health shortages. Without consultation from the Texas Psychological Association (TPA), the report concludes: "Federal programs (Caccavale, Reeves, & Wiggins, 2012) and the states of New Mexico and Louisiana have granted prescriptive authority to psychologists trained in psychopharmacology. Similar initiatives have recently been considered in New Jersey and Illinois, passing one legislative body in each state before stalling in the other. Responsible role expansion should continue to be considered" (Texas Department of State Health Services, 2014, p. 20). In addition, the *Houston Chronicle* (June 13, 2014) independently published an editorial recommending: "And allowing psychologists to write prescriptions, as they can in New Mexico and Louisiana, would make a better business climate for professionals."

James H. Bray is the President of the American Society for Advancement of Pharmacotherapy (ASAP), Division 55 of the American Psychological Association, and the 2009 President of the APA. Address correspondence to James H. Bray, PhD, Department of Family and Community Medicine, Baylor College of Medicine, 3701 Kirby Drive, Suite 600, Houston, TX 77098. Email: jbray@bcm.edu.

TPA is gearing up to pursue this opportunity in the next Legislature in 2015. I will be President of TPA during that year and look forward to making Texas one of the next states to pass prescriptive authority legislation. Just as a reminder, Hawaii and Oregon passed legislation to give psychologists prescriptive authority,

but the governors of each state vetoed the bills after heavy lobbying by the medical community. However, with health care reform, the increased awareness of the importance of mental health treatments, and the shortage of psychiatrists and other prescribers, we have new opportunities to pursue prescriptive authority—that is the basis of the reports from Texas.

Division 55 Programs at the APA Convention

The division, under the leadership of Neal Morris, has organized an exciting program for the next APA convention that will be held August 7 to 10, 2014 in Washington, DC. Neal was recently elected President of the Division for 2016, in large part due to his dedication and hard work for the division. I will give an address on “The Future of Prescribing Psychologists in the Era of Health Care Reform.” There will be symposia on working in integrated health care systems and primary care and a multi-discipline case presentation and discussion. We will also be offering a lunch, sponsored by psychopharmacology training programs for early career psychologists and graduate students. Plan on joining us for our social hour on Friday evening where we will honor this year’s Division award winners. There will be an party in the Division 55 Hospitality Suite on Friday evening to celebrate our successes this year.

Fall Division 55 Continuing Education Conference

The division is co-sponsoring the University of Texas College of Pharmacy Psychotropic Medication Update Conference to be held October 23-24, 2014 in

Austin, Texas (<http://www.utexas.edu/pharmacy/ce/conferences/psych/>). Prescribing psychologist Laura Avila is on the program committee for this conference. This is an outstanding conference to learn about new medications and issues in pharmacotherapy.

I plan to make random phone calls to members to find out your thoughts and ideas about how we can make the division better and more effective. So if you get a call from me, you will know why I am calling. Engage,

get involved—this is your division. You can reach me at jbray@bcm.edu or 713-798-7752.

References

- Bray, J. H. (2010). The future of psychology practice and science. *American Psychologist*, 65, 355-369.
- Bray, J.H., Goodheart, C., Heldring, M., et al., 2009 Presidential Task Force on Future of Psychology Practice. (2009). *Future of psychology practice: Collaborating for change*. Report of the APA 2009 Presidential Task Force on the Future of Psychology Practice. Retrieved from <http://www.apa.org/pubs/info/reports/future-practice.aspx>
- Caccavale, J., Reeves, J. L., & Wiggins, J. (2012). *The impact of psychiatric shortage on patient care and mental health policy: The silent shortage that can no longer be ignored*. American Board of Behavioral Healthcare Practice.
- Texas Department of State Health Services. (2014). *The mental health workforce shortage in Texas*. Pursuant to House Bill 1023, 83rd Legislative Session, February.

The division is co-sponsoring the University of Texas College of Psychotropic Medication Update Conference to be held October 23-24, 2014 in Austin, Texas.



American Society for the Advancement of Pharmacotherapy

Division 55 of the American Psychological Association

PROGRAM FOR THE APA CONVENTION, AUGUST 7-10, 2014

Subject to change without notice

Day	Time	No.	Description	Participant	Discussant	CE Monitor	Note
Thursday	9 am - 9:50 am	1504	Paper Session- 1/2 split Genes & Drugs	J. Read	N. Morris		
Thursday	9 am - 9:50 am	1504	Paper Session- 1/2 split Drugs in Trauma	R. Foltz	N. Morris		
Thursday	9 am - 9:50 am	1504	Genes & Drugs and Drugs in Trauma	J. Read and R. Foltz	N. Morris		
Thursday	10 am - 11:50 am	1008	Sym-Enhanced job & training opportunities	R. McCue, J. Fordiani, D. Billingsley	W. Burns		Discuss-J. Rey, L. Walker
Thursday	11 am - 12:50 pm	1171	Conversation Lunch - Training Programs*	McGrath, Tulkin, Levine, Steinman	J. Bray		FREE lunch for ECPs/others*
Thursday	2 pm - 3:50 pm	1094	Sym-Integrating RxP into Primary Care	R. Rinaldi, D. Shearer	J. Bray	Monitor	
Friday	9 am - 9:50 am	1018	Presidential Address-Future of RxP ...	James Bray	M. Tilis	CE Monitor	
Friday	3 pm - 4:50 pm	1148	Business Mtg/Exec Comm ... &	J. Bray			
Friday	5 pm - 6:50 pm		RxP Program Designation Comm Report	J. Comaty			
Saturday	8 am - 9:50 am	1151	Social Hour & Division Awards		J. Bray		FOOD
Saturday	8 am - 9:50 am	1165	Skil-A Grand Rounds, Integrated Healthcare	Boland, Boyd, Cha, Crandal & 6 others	M. Hoover	CE Monitor	
Saturday	8 am - 9:50 am	1115	Discussion-Legislative Advocacy	Rom-Rymer, Greenspan, Bos, McGrath, Veikonis	J. Bray		
Saturday	10 am - 10:50 am	1414	Skill- Psychopharm for Sleep Disorders	N. Morris		CE	
Saturday	11 am - 12:50 pm	1009	Skill-Psychopharm: Depression & Anxiety	S. Dutton, D. Shearer	Dutton/Shear	CE Monitor	
Saturday	1 pm - 5 pm	1023	Poster Session (see below)				

Split Paper Session, Thursday, 9 am to 9:50 am

Response to Psychotropic Interventions in Severely Disturbed Youth: Does Trauma Make a Difference? Robert M. Foltz
Genes and Drugs: Are Genetic Profiles Effectively Informative of Psychotropic Medication Regimens? Joan B. Read

Poster Presentations, Saturday, 1 pm - 5 pm

The Value of Psychopharmacology Training for No-Prescribing Behavioral Providers Working in Primary Care - Hoover & Carly
Dimensions of Attitude Importance as Predictors of Psychologist's Position on RxP - A. Ross [Alliant]
Teacher's Acceptability of Off-label Antipsychotic Treatment: does Framing Matter? - A. Dovi [U. Houston]
Theoretical and Conceptual Perspectives of D-Cycloserine in Treating PTSD - D. Harris [Fielding Grad U]
FDA Psychotropic Drug Safety Summaries: Prenatal, Perinatal and Pediatric Warnings & Cautions - T. Kybiszyn [U of Houston]
Effects of the Non-stimulant, Strattera, On Core Symptomatology of ADHD in Youth: A Meta-analysis - J. Gayleard [Towson U]

HOSPITALITY SUITE: Division 55 will co-host in the Grand Hyatt with Division 18 (Public Service). There will be content presentations, food, and a video project -- recording the origin and history of clinical psychopharmacology training and prescribing psychologists in the voices of those who set goals and lead the way.

*FREE LUNCHEON for prospective training students and potential members on Thursday, 11:00 am to 12:50 pm. This is focused primarily on Early Career Psychologists (ECPs). The Training Directors of the leading Clinical Psychopharmacology Programs will be there to answer questions and discuss their program and the value of becoming RxP trained.

www.division55.org | Join Division 55 at www.apa.org/divapp



Psychiatric Pharmacotherapy Update

October 23 & 24, 2014 • Austin, Texas

CONTINUING PHARMACY EDUCATION • COLLEGE OF PHARMACY • THE UNIVERSITY OF TEXAS AT AUSTIN

The University of Texas College of Pharmacy, in partnership with the **APA Division 55**, welcomes you to the 2014 Psychiatric Pharmacotherapy Update CE event, taking place at the DoubleTree by Hilton in Austin, Texas on October 23-24. The Psychiatric Pharmacotherapy Update traditionally provides 15 hours of CEU's on current trends in mental illness treatment for pharmacists, physicians, psychiatrists, psychologists, advance practice nurses, counselors, and social workers.

"The annual psychopharmacology update has been a great resource providing me with the latest research and clinical practice guidelines that I have been able to incorporate into my work with patients and other providers as a prescriber and consultant."

- Laura Avila, Ph.D., Clinical Health Psychologist, Brook Army Medical Center



Addressing Psychiatric Pharmacotherapy Topics Important for Today's Practice

This conference's goal is to improve the quality of care delivered to people with mental health problems by providing timely and clinically useful information for the practicing clinician. Conference speakers focus on the practical application of neuroscience principles and evidence-based approaches for the treatment of serious and persistent major psychiatric and neurologic disorders, including depression, schizophrenia, bipolar disorder, and dementias. Participants are provided with treatment advances in the psychiatric pharmacotherapy of children, traumatic brain injury, substance abuse, and an update on new psychotherapeutic uses of existing agents and new psychotropic agents that will impact your practice in the next year.



Inter-Professional CE Program

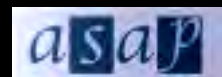
• **Pharmacists • Psychiatrists • Physicians • Nurses • Psychologists • Social Workers •**

Who Should Attend

Pharmacists, psychiatrists, physicians, nurses, psychologists and social workers who specialize in or have an interest in neuropsychiatric disorders and wish to enhance their awareness and knowledge of the most recent advances impacting contemporary practice.

In Partnership With

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



Event Website

<http://www.utexas.edu/pharmacy/ce/conferences/psych/>

Division 55 News

Election and Award Winners Announced

Election Results

The following were announced in June as the winners of the Division 55 officer elections:

- President-elect — Neal R. Morris, EdD
- Secretary — Morgan T. Sammons, PhD
- Member-at-Large — Alan J. Lincoln, PhD
- APAGS Representative — Joseph Walloch

We congratulate them and thank all those who ran for office and those who voted in the elections.

Award Winners Announced

The Awards Committee is pleased to announce the following winners of the Division 55 awards for 2014:

- Distinguished Service at the State Level
Ray Folen, PhD
- Distinguished Service at the National Level
Beth Rom-Rymer, PhD
- The Caraveo Award
Johna Hartnell, PhD
- The DeLeon Award
Andrew Davis, PhD

Deadlines for *The Tablet*

The Tablet is published in April, July, and November. Deadlines for the issues are March 15, June 15, and October 15. Submit your articles to the Editor, Nicholas Patapis, PsyD, at npatapis@gmail.com.

Dr. Gilbert O. Sanders Wins Gold Medal Award for Life Achievement in the Practice of Psychology



Gilbert O. Sanders, EdD

The American Psychological Foundation (APF) announced that Gilbert O. Sanders, EdD, Division 55 Past President, is the 2014 winner of its Gold Medal Award for Life Achievement in the Practice of Psychology.

Dr. Sanders has served as the point person for developing integrated programs of psychology and medicine in Viet Nam, Alaska, California, and Germany. His leadership in psychotherapy and psychopharmacology earned him the rank of Captain, the highest rank authorized for psychologists in the USPHS. His contributions in the US Public Health Service, the military and as a civilian have improved fitness for duty of government personnel, reduced costs, improved healthcare for the military and their families. His lifetime of achievements in the practice of psychology has served as a model for healthcare services for our United States civilian population.

APF provides financial support for innovative research and programs that enhance the power of psychology to elevate the human condition and advance human potential both now and in generations to come. The Gold Medal Award recognizes life achievement in and during contributions to psychology. Only one award is given each year in each category—Science, Application, Public Interest, and Practice—and is considered the highest award given by APF.

Perspectives

Here Comes the Sun

Patrick H. DeLeon, PhD
Former APA President



Patrick H. DeLeon, PhD

I recently had the opportunity of meeting with graduate students and several faculty members at Purdue University where I obtained my doctorate. Long time RxP supporters Chuck Faltz and former APA President Jack Wiggins are also Boilermakers, as is APA journal editor extraordinaire Michael Roberts. My sincerest appreciation to Don Lynam and Chris Agnew for making

this visit possible. It was truly special to be able to visit once again with Cliff Swensen, my major professor. Two of the messages which I shared with our next generation were that every one of the prescribing psychologists that I have met has been very pleased with their decision to obtain this extra training even though, almost without exception, it was at their own personal expense. And, that in my judgment, almost all of those colleagues who are adamantly opposed to psychology obtaining this clinical responsibility do not work with those patient populations who would benefit from our expertise—especially in ensuring that appropriate medications and dosages are utilized. Providing *quality* care has always been the underlying issue.

Far from being the “public health hazard” that organized psychiatry predicted, our prescribing colleagues in New Mexico, Louisiana, and the federal system have done an outstanding job. Former APA and Division President Ron Fox notes: “As of December 31, 2013 when I was chair of the APA Insurance Trust,

I can attest to the fact that prescribing psychologists do NOT have to pay higher premiums for professional liability insurance as the Trust deemed an increase unnecessary; and, because the Trust policy provides insurance to cover expenses related to licensing board complaints I know that there have been no complaints or actions taken by state licensing boards regarding prescribing abuses by appropriately trained psychologists.” Another visionary former Division President, Bob McGrath, who is spearheading the New Jersey RxP legislative effort, estimates that 1750 colleagues have already completed their advanced psychopharmacology training. Working at the Uniformed Services University of the Health Sciences (DoD), we would be particularly interested in having those veterans who have completed their RxP training share their experiences with APA’s Heather Kelly, who is working on a relevant VA agenda [hkelly@apa.org].

SAMHSA

During its deliberations on last year’s budget for the Substance Abuse and Mental Health Services Administration (SAMHSA), the Senate Appropriations Committee expressed its concern regarding the current utilization of psychotropic medications for children. “The Committee has become increasingly concerned about the safe, appropriate, and effective use of psychotropic medications and children, particularly children in foster care settings. According to a December 2012 GAO report, an alarming 18 percent of foster children are prescribed psychotropic medications, compared with 4.8 percent of privately insured children. The Committee strongly encourages SAMHSA to establish meaningful partnerships with Medicaid, the foster care program, medical specialty societies, and treatment



centers to develop new strategies for treating this vulnerable population. The Committee would like an update in next year's congressional justification on the steps SAMHSA has taken to promote the most effective and appropriate treatment approaches, including the use of evidence-based psychosocial therapies instead of, or in combination with, psychotropic medications."

During this year's budget justification, SAMHSA reported: "SAMHSA has taken a significant leadership role to address the safe, effective and appropriate use of psychotropic medication in children and youth. The agency has collaborated extensively with the Administration on Children and Families (ACF) and the Centers for Medicare & Medicaid Services (CMS) to address this issue for children in foster care; has partnered with professional groups to create more stringent guidelines related to prescribing and medication oversight practices; and has worked closely with parents and youth to improve consumer decision-making with regards to the use of medications. Below reflect a number of activities and developments that SAMHSA has been engaged in to address the issue.

"SAMHSA supported the American Academy of Child and Adolescent Psychiatry's (AACAP) development of guidelines on issues that community agencies should address when prescribers are considering the use of psychotropic medications. Titled, 'A Guide for Community Child Serving Agencies on Psychotropic Medications for Children and Adolescents,' this document provides information to community agencies about safely and effectively prescribing psychotropic medications, describes the phases in treatment when medication could be considered part of an overall treatment plan, and provides information about the use of community based alternatives that child serving systems and agencies should consider in addition to psychotropic medications. SAMHSA has also collaborated with AACAP to support a Child and Adolescent Psychiatry Fellow at SAMHSA one day a week (20% FTE). For the past four years each Fellow has undertaken a project to improve psychiatric service delivery, connect with community agencies and organizations, and identify evidence-based treatment strategies. Perhaps one of the most significant advances SAMHSA has helped to support has been the development of a Youth Advisory Group at AACAP that provides advice, guidance and information about medication use and empowers youth to make their

own informed decisions regarding using medications. One accomplishment supported through this youth group was the development and expansion of the AACAP website as a resource to youth and families. Via a simple click on the 'families and youth' toolbar on the AACAP homepage, youth and families can obtain a wealth of resources that include a section on how to choose a child and adolescent psychiatrist; 'Facts for Families' on a wide range of topics; a patient education section that provides information about mental health conditions; and an entire section dedicated to youth resources. Going forward, SAMHSA will be continuing its efforts to address the importance of using psychotropic medications safely and effectively in collaboration with AACAP.

"In addition to the work with AACAP, SAMHSA has also supported efforts by the Center for Health Care Strategies of the Robert Wood Johnson Foundation to provide technical assistance on strategies to improve oversight of psychotropic medication use in foster children. The technical assistance has included a webinar series, 'Psychotropic Medication Use among Children in Foster Care: Technical Assistance Webinar Series.' As part of this series, in September of 2013, a webinar was held titled, 'The Use and Financing of Non-Pharmacologic Evidence-Based Practices: Alternatives to Psychotropic Medications.' Evidence-based psychosocial interventions were identified that may offer a more comprehensive and cost-effective means of addressing behavioral health and social challenges experienced by children and youth in foster care, as well as other child populations with significant behavioral health challenges. SAMHSA also supported the Center for Health Care Strategies recently released 'Faces of Medicaid Analysis,' which identified areas to improve behavioral health treatment, including the use of psychotropic medications and alternative approaches.

"SAMHSA was also one of the sponsors of an Administration on Children, Youth and Families conference and dialogue about the appropriate use of psychotropic medication for foster children. SAMHSA provided training to nearly 100 early career child and adolescent psychiatrists on community and public sector psychiatry, systems of care and youth and family engagement. As part of SAMHSA's ongoing commitment, SAMHSA will maintain its meaningful partnerships with other federal agencies, guilds and

organizations to further the important agenda to address psychotropic medication use in America's children and youth."

There can be no question that SAMHSA's efforts to be responsive to the Committee and to the needs of our nation's children, including those placed in foster care, is highly commendable.

We would ask, however: Where is psychology's voice/presence? We

are confident that those colleagues who specialize in serving children and who have completed their RxP training could contribute significantly to addressing this national need. Yet, one of Hawaii's

most rural, and perhaps smallest, federally qualified community health center (FQCHC) on the island of Lanai recently applied for a HRSA behavioral health integration grant which would, among other needed services, provide for part-time child and adolescent psychiatry services utilizing telehealth/telemedicine, at the request of their psychology staff, estimating that approximately 10 patients a year will need these services. If psychology is unwilling to focus upon national and pressing local priorities, others will; especially as President Obama's Patient Protection and Affordable Care Act (ACA), with its emphasis upon integrated care, is systematically implemented. Long time health psychology visionary Susan McDaniel reports: "I had a nice surprise last week. As part of promoting psychology as essential to health, I have done two episodes on the nationally-syndicated PBS show on health called 'Second Opinion.' The directors are very in tune with a whole person approach to health, and always have a multidisciplinary group of professionals along with a patient, focused on some specific health problem. I've done one on Grief, and then one 5-minute spot on the show on Teen Depression. The show heard last week that this episode on Teen Depression won a Telly award (a national award for the best in television programming)."

Meaningful Journeys

"Reflections of a Peace Corps Volunteer—A Decade Later. Tempus fugit, time indeed seems to have the

habit of proceeding on a logarithmic path. Could it really be almost a decade since I completed Peace Corps service in Guatemala? Yes, it is so, time to reflect once again on that experience. Many questions come to mind. How did I get there? What was it like? What do I tell other people about the Peace Corps?

"I was in Washington, DC on September 11, 2001, when the terrorists crashed into the Pentagon. I watched the smoke from the roof of my condo. Then and there I resolved to do my enlistment in the Peace Corps."

"I had been retired from 37 years active duty in the U.S. Army. The last 20 years of my Army career was as an operational psychologist. For five years I had a great retirement, crewing on sailboats in Hawaii, Mexico and the Caribbean and backpacking in Europe and New Zealand. I thought about how fortunate I have

been in life. I decided maybe it was a good time to give to others for the many blessings I have received. I was around when John F. Kennedy founded the Peace Corps. I greatly admired the idea of the Corps. I went on line and applied.

"I was in Washington, DC on September 11, 2001, when the terrorists crashed into the Pentagon. I watched the smoke from the roof of my condo. Then and there I resolved to do my enlistment in the Peace Corps. I knew at age sixty-six, the Army would probably not allow me back on active duty. I decided the best thing I could do for my country and for others was to accept the invitation I had received from the Peace Corps to serve in a Healthy Schools Project in Guatemala.

"Thirty-nine of us gathered in Miami to process and to travel to Guatemala to begin fourteen weeks of training for the Peace Corps. Of the 39 volunteers, 29 completed the full two year tour. Each volunteer had to live with a local family during training to learn Spanish and to learn the culture. I was blessed to live with a wonderful family, with whom I maintain contact. I have returned to Guatemala to visit them. The Peace Corps does an excellent job in training volunteers in language, technical skills and cultural interaction. The Peace Corps nurse clinicians do a superb job in teaching individual preventive care and self-care. They impressed upon us that you are to a great extent responsible for your own health. If any of us required definitive care, the Peace Corps ensured



the best doctors in Guatemala treated us. After completing training, we took the Oath of Service from U.S. Ambassador John Hamilton.

“I was fortunate in being assigned to Santiago Atitlan, a Mayan village on the shore of Lake Atitlan. An awed Aldous Huxley described the Lake as ‘too much of a good thing.’ As *Lonely Planet* states: ‘Simply put, Lago de Atitlan is one of the world’s most spectacular locales, period.’ The grinding poverty of many of the people is in sharp contrast to the surrounding beauty. The Mayan people of the Central Highlands probably suffered the most during the tragic 36 year civil war in Guatemala.

“As a psychologist, I really appreciated the behavioral objectives of our Healthy Schools program. The major objective was to have the children practice good health habits in school on a daily basis. For example, we strove for at least 80 percent of the students brushing their teeth after the school snack. And yes, we had to figure out little games to teach the kids how to brush properly. For some students, it was the first time in their lives that they had a tooth brush. If a school met the long list of behavioral objectives, it would be certified as a ‘Healthy School.’ This certification increased the school’s prestige in the community. In addition, it also helped in obtaining international assistance. We started out teaching and we trained the teachers in instructing health material. We encouraged them to adopt experiential learning techniques as opposed to straight lecture. We conducted workshops, where teachers would create their own material and games. Another dimension of our job was to work with the parents, local authorities, and nongovernmental organizations (NGOs) to improve sanitary conditions in the schools and in the village. We ended up with one of the few rural schools in Guatemala that has running potable water, clean bathrooms and even toilet paper. The kitchen now has a propane stove instead of a wood fire with the dangerous emission of smoke.

“Most days were good. And then there were the other days. I remember a day of stumbling over my Spanish words, hoping the children could understand me. At the same time, I was trying to unobtrusively scratch my flea bites and hoping to control the diarrhea until recess. That was the day at long last when I

could consider myself a *real Peace Corps volunteer*. Fortunately days like that were rare. Most days you were happy to be doing what you were doing. Living in the village and becoming part of the community was a great experience. The Mayan people have respect for the family, especially the elderly. At times, the life of a volunteer could be frustrating, but most of the time it was as they say in Spanish *vale la pena*, very worthwhile. In many ways, for someone trained in psychology, a tour in the Peace Corps becomes a living laboratory. You can see the results of schedules of reinforcement and what modeling and role play can accomplish. You learn a lot about group dynamics and cross-cultural communications. And you learn a lot more about others and yourself and what you value.

“This January’s *Monitor* had an excellent article about retirement. The Peace Corps could be a great experience for any psychologist during retirement. Also for a young man or woman who just finished their undergraduate work, the Peace Corps could provide the opportunity to serve others and to mature. One of the best things that happened to me during my tour was that many of the younger volunteers asked me for assistance in planning their future. Every volunteer, who wanted to return to school for an advanced degree, got accepted into a program. Most universities are very Peace Corps friendly. We had an electrical engineer who was in the environmental protection program and who is now a physician. Another volunteer from the Healthy Schools program went back to law school and specialized in international law. She is now assisting indigenous people world-wide. The young volunteers I had the privilege of working with were just what John F. Kennedy had in mind, when he founded the Peace Corps. My advice about the Peace Corps—if you are thinking about doing it, just do it” [Ernie Lenz].

Retired VA psychologist and now psychology historian and sage fiction writer, Rod Baker: “When you mentioned the person in retirement who said that he thought he still had something to pass on, I remembered one of my favorite stories an elderly gentleman passed on to me was his lament: ‘Now that I know all the answers, no one asks me the question.’ Looking forward to seeing you at APA.” It is all right. Aloha.



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