

The Tablet



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In This Issue

Editors Note	2
<i>David S. Shearer, PhD, MSCP, ABMP and Judi Steinman, PhD</i>	
Past President Column	3
<i>Peter Smith, PsyD, MSCP</i>	
President Column	4
<i>David S. Shearer, PhD, MSCP, ABMP</i>	
Articles	
Collaborative Psychopharmacology	6
<i>Cherie B. Ruben, PhD, ABMP</i>	
State Legislative Update	7
<i>Judi Steinman, PhD</i>	
Federal RxP Initiatives	11
<i>The Ad Hoc Federal Prescriptive Authority (RxP) Working Group</i>	
Announcements	
Development of DIV 19 Ad Hoc RxP Committee	16
Research Grant	17
Division 55 Council Highlight LASAC	18
<i>Judi Steinman, PhD</i>	
Legislation and Advocacy	19
<i>Pat DeLeon, PhD, MPH</i>	
Profiles in Prescribing Psychology	25
<i>Jin Lee, PsyD, MSCP, BCB</i>	
Obituaries and Tributes	27
<i>Tribute to Virginia Waters Phd, MSCP by Ed Korber, PhD</i>	
Division 55 News	30
Annual APA Convention: Washington, DC, August 3-5	
DIV 55 Program and Schedule	32
List of 2023 DIV 55 Board Members	33
Interesting Links	34
Division 55 Candidate Statements	
President-Elect	35
<i>Lynette Pujol, PsyD, MSCP, Marcus VanSickle, PhD, ABPP, MP, and Gretchen Boules, PsyD, MSCP</i>	
Treasurer	36
<i>Julie Price, PsyD, MSCP</i>	
Member at Large	37
<i>Rethel E. Gill, PsyD and Brian Seavey, PsyD, ABPP, MSCP</i>	

Click to Jump
to Sections

2023
Spring

A Word From The Editors



David S. Shearer,
PhD, MSCP
EDITOR-IN-CHIEF



Judi Steinman, PhD
EDITOR

We are pleased to be publishing this edition of The Tablet amidst so many developments. You will hear from the outgoing President, Dr. Peter Smith, and the incoming President, Dr. David Shearer (one of the co-editors of your newsletter). You will learn about the multiple states introducing RxP bills this year and next. In this issue, Dr. Rueben will introduce you to the term “Collaborative Psychopharmacology”, you’ll be able to read Dr. Pat DeLeon’s musings about psychology, and learn how Dr. Jin Lee came sweeping into the RxP spotlight in Colorado. We also say goodbye this year to a dear friend and colleague, Dr. Virginia Waters.

You have probably noticed the updated look and interface of The Tablet. The Tablet Publication Team has added four new members who are responsible for bringing our newsletter into the current century. We are pleased to welcome and recognize the talents of Shira Service, BFA, Teresa Juarez, MEd, Rita Rivera, MS, and David Benitez, MS.

The RxP movement seems to be reaching a new inflection point. Opportunities, positive news, supportive research and new developments are sometimes coming so quickly its hard to keep up at times. Whether this is a watershed moment for RxP or merely the front edge of an ebbing and flowing tide, we are likely to remember the events of 2023 for some time to come. We hope you enjoy this edition of The Tablet.

David Shearer, PhD, MSCP
Judi Steinman, PhD



Questions?
Comments?
Article Ideas?
Vignettes to Share?

**Contact
Us!**



davidshearer.rxp@yahoo.com

Past President's Column



**Peter Smith, PsyD,
MSCP**

DIVISION 55
PRESIDENT 2022

In this day and age, and with recent news about the progress of RxP across multiple states, I had several ideas to write about as Past-President. I took a bit of time and this is what percolated and rose to the top.

For advocates of RxP, we get used to long periods of silence before learning of promising developments. We can see this recently with the news from across the country of multiple RxP bills being submitted. At times we don't have new developments to report, then in what seems like a sudden burst, new research gets published or we hear about another initiative. For those of us who have been around this movement awhile we get used to this ebb and flow.

“ When the surface looks calm,
remember the work under the
surface continues. ”

However, and upon further reflection, I have come to believe describing this phenomena as “ebb and flow” does not capture the nature of what is actually happening. I would propose a different metaphor that may help us to understand what happens and what our efforts are producing. Let me attempt to break this down a bit more.

When we talk about nothing happening, we are often referencing that we are not seeing developments breaking from the surface of day-to-day life. I think the last part of that phrase is key, “seeing developments.” What we see is only on the surface (the ebb and flow), but what is underneath is always more active and hidden from (outside) perspective. The churning and development of momentum is often missed by those on the surface. However, for those who are on the water they can sense when a wave is developing. For those on the beach or a pier we may only see the movement when the wave breaks and begins to crash.

So what is causing that break from the surface “ebb and flow”? My understanding is that when a wave is larger than the distance from the water's surface to the ocean floor...that is when it begins to be visible to others. In our world of legislative advocacy, the approaching wave may be seen as different legislative session begin and end dates. However, that doesn't mean the wave started at that time. The waves begin much earlier and for many of us, begin much smaller, but small waves often meet with other waves and amplify each other before breaking the surface and crashing upon a beach. As such, and in my opinion, the use of a crashing wave is more apropos for what we do and what we have seen.

Often we only see the outcome of our efforts when the wave peaks above the deceptively quiet surface. We don't see the wave, no matter how big, until it rises above and is larger than the available depth of water. I truly believe we are now seeing the outcome of years of work and this points to the continued need to keep working, keep churning, and keep pushing. We need to create waves in all of our spheres of influence (states, federal, APA, clinical, research, and teaching). We need to keep pushing and the waves will break, meet and amplify our efforts in our favor. Persistence pays off! When the surface looks calm, remember the work under the surface continues.

President's Column



David S. Shearer,
PhD, MSCP
DIVISION 55
PRESIDENT 2023

Dear Colleagues:

It is an honor and a privilege to serve as your President of Division 55 in the year 2023. I approach this task with a mixture of humility and excitement. I am humbled by the amazing work of those who have done so much for our profession and specialty over the last three decades. The road to expand our scope and change the landscape of psychology has been a difficult one. The enthusiasm of the early 2000's when New Mexico and Louisiana passed their laws gave way to a frustrating decade of high hopes and many bills that almost passed (recall the disappointment when Oregon and Hawaii were vetoed at their respective governor's desks). We were rejuvenated by the passage of bills in Illinois, Iowa and Idaho. The momentum from those successes have led us to this year, during which we have up to 8 states running RxP bills. As of the writing of this article Colorado has become the 6th state to pass prescribing psychology legislation.

The road ahead will be filled with challenges, but as long as we do not give up we will also see victories. Our lobbyist in Washington State told me that scope of practice bills are the hardest to pass. But they DO PASS and we are not alone in this fight. Nurse practitioners continue to work to expand their scope and even work to hang on to independence in some states. Other non-physician professions are seeking to expand their scope of practice just as we are; clinical pharmacists, midwives, optometrists, and naturopaths to name a few.

“ Together we can join the other pioneers in RxP who have helped forge a new chapter in the field of psychology. ”

This is an exciting time to be a member of Division 55. Being part of a developing specialty has its ups and downs, but the raw exhilaration of taking part in the making of the history of psychology is worth the effort. Just last year our Division posted over 1000 members for the first time. Clinical psychopharmacology was recently recognized as a specialty by APA. Division 55 is now offering grants for research to support and encourage the publications in psychopharmacology. Now that we are a full-fledged specialty with APA we are pursuing board designation through the American Board of Professional Psychology (ABPP). These are just a few of the positive stories of RxP in 2023.

Our goal in Division 55 is to ride this momentum to further expansion and success. If you read the last Tablet you will have seen Dr. Bob Ax's article promoting a campaign to have APA enforce the recommendation that every APA accredited doctoral program require a 3 credit psychopharmacology course. Division 55 will be working on this as well as updating the Practice Guidelines Regarding Psychologists' Involvement in Pharmacological Issues for APA, developing and publishing a Policy and Procedures Manual, attracting and retaining underrepresented demographic groups within the Division, continuing to pursue the expansion of RxP into federal agencies such as the Veteran's Administration (VA) and Bureau of Prisons (BOP), and supporting individual states in their pursuit of prescribing psychology.

Together we can join the other pioneers in RxP who have helped forge a new chapter in the field of psychology. We can rest assured that ultimate beneficiaries of all this effort will be the countless people across the country who will ultimately have access to safe and effective psychopharmacological treatment.

OUR MISSION

Division 55 of the American Psychological Association, was created to enhance psychological treatments combined with psychopharmacological medications.

- The division promotes the public interest by working for the establishment of high quality statutory and regulatory standards for psychological care.
- Division 55 encourages the collaborative practice of psychological and pharmacological treatments with other health professions.
- The division seeks funding for training in psychopharmacology and pharmacotherapy from private and public sources such as federal Graduate Medical Education programs.
- Division 55 facilitates increased access to improved mental health services in federal and state demonstration projects using psychologists trained in psychopharmacology.

<https://www.apadivisions.org/division-55/about>

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*until 1/2024

Collaborative Psychopharmacology: Naming What Many of Us Do

By Cherie B. Ruben, PhD, ABMP

I would like to introduce a term called “Collaborative Psychopharmacology.”

Collaborative Psychopharmacology can be defined as the practice of psychologists who have received advanced training in psychopharmacology, and work cooperatively with prescribers regarding medication treatment options, but do not prescribe the medication themselves. One focus of APA’s Division 55, The Society for Prescribing Psychology, has been to promote state and federal legislation allowing prescriptive authority for psychologists. However, training in psychopharmacology can be as beneficial for the purpose of providing medication recommendations as it can be for obtaining the privilege of prescribing.

In order to practice Collaborative Psychopharmacology a psychologist must have training that can range from Level 2 to Level 3 competency as defined in the Practice Guidelines Regarding Psychologists’ Involvement in Pharmacological Issues (APA, 2011). Per these Guidelines Level 1 competency is required to obtain a credential to prescribe in a state or federal institution that permits prescriptive authority for psychologists. Level 2 refers to the level of competency required to actively collaborate in medication decision making. Finally, Level 3 refers to a level of knowledge that permits sharing of information about medication, but not active engagement in shared decision making.

Gaining an increased competency to collaborate about medications promotes an additional component of Division 55’s mission. That is, not just to advocate for prescriptive privileges, but to encourage psychologists who are educated about psychopharmacology to utilize that knowledge to facilitate appropriate medication choices for their clients. Those with this specialized education should be prepared to assist in medication planning, especially for underserved individuals who cannot access providers with specialty training in psychopharmacology.



Using the term “Collaborative Psychopharmacology”, rather than Level 2 or 3 competency, will more accurately define our expertise in psychopharmacology, particularly in the 44 states and other settings that do not have prescriptive authority for psychologists. Up to 25 states have issued opinions about the degree to which psychologists may be involved in psychopharmacological matters.

In summary, I would propose this concept developing in two general ways: (1) adoption of the phrase “Collaborative Psychopharmacology” to describe the practice of providing information about medication, or engaging in shared decision making about medication, with prescribers; and, (2) greater acceptance of this practice as a valuable reason to receive psychopharmacology training, regardless of whether the state in which one resides has prescriptive authority for psychologists.

Reference

American Psychological Association Division 55 (American Society for the Advancement of Pharmacotherapy) Task Force on Practice Guidelines. Practice guidelines regarding psychologists’ involvement in pharmacological issues. *American Psychologist*, 66(9), 835-849. <https://doi.org/10.1037/a0025890>

State Legislative Update: Arizona, Colorado, Hawaii, Idaho, Iowa



Arizona had bipartisan approval at the senate health committee; however, as we moved into the house health committee we had to complete significant bill revisions. We worked with the Arizona board of psychology (BOPE) and the medical boards in Arizona. The boards were most concerned about their need for financial support, structure, and time to add in prescribing psychologists to their functioning. We found the medical board most supportive related to building in the requirements. In addition, we had significant opposition from the Arizona Psychiatric Consortium who also had misinformation about the bill. We met with them several times and rewrote the bill to align and meet their concerns. We felt we were able to meet all concerns and considerations and rewrote the bill as a striker; however, at the end hour to move through the health house committee, our bill was taken by another legislator as a striker for another bill. This was out of our control. We did not have support to go against this move as the legislators and health house committee wanted the medical parties who filed opposition to change to filing neutral in order to hear the bill. Since there was not enough time to fully have them review the changes of our striker to meet filing date requirements for the house, we are now planning to meet with them during this year and enter 2024 legislation with a bill with filed neutrality or support from the medical entities. We are confident we can use this 2024 year to ensure we meet all of their considerations, concerns, and move forward together collaboratively. Here is a recent news article about our AZ efforts: <https://archive.ph/3pDNT>

- Lesley Manson, Arizona Psychological Association President



See Dr. Jin Lee's article on page 25 for a full update on **Colorado** becoming the sixth state with prescriptive authority for psychologists. -[Click to jump to page 25](#)



Mahalo to Division 55 members for all of your efforts to move **Hawaii's** SB677 forward this session. After much nail biting and jokes about the need for valium/martinis/sleep, neither Senator Dela Cruz nor Keolokalole (chairs of the Ways & Means and Consumer Protection committees) called the bill. The deadline for bills to be heard was March 3rd.

If you have a minute, please mahalo Senator Joy SanBuenaventura for her continued support of RxP. She has introduced RxP bills for the last three sessions. Her email address is sensanbuenaventura@capitol.hawaii.gov.

Mahalo
Judi Steinman
Hawai'i Psychological Association RxP Subcommittee Chair



Idaho currently has 8 prescribing psychologists with 5 being provisional prescribing psychologists. There are a handful more preparing for the PEP exam currently. The Idaho State University (ISU) MSCP program enrollment is currently at 12. We have admitted 5 so far for Fall 2023, but have just started the admission process.

In the Fall of 2022, ISU welcomed two active duty US Navy Clinical Psychologists as MSCP students, LT Sydney R. Hoover, Psy.D. and LCDR Eric R. Neumaier, Ph.D., ABPP. The Navy psychologists are enrolled through the Duty-Under-Instruction (DUINS) program. The COVID-19 had a significant impact on the development of the ISU and US Navy training program with the development of a hybrid-model of learning. This model requires occasional travel to campus during the program while taking live, synchronous classes at a distance. The Navy psychologists will be in Idaho for the summers completing clinical training at the ISU Integrated Mental Health Clinic. In the ISU MSCP program, military and civilian students are enrolled in classes together, which has been beneficial to all.

- Eric Silk, Idaho State University MSCP program director



On Friday, April 28th, **Iowa** Governor Reynolds signed into law HF 183 which removes several barriers in our original prescriptive authority law.

So, as of July 1, 2023, the following changes will be in effect:

--the language " in the 5 years immediately preceding application for a conditional prescribing certificate" will be removed allowing those who have completed training prior to 5 years ago will be eligible to become a prescribing psychologist in Iowa.

--the requirement of 'board certified' will be removed from the description for supervising physicians so now, physicians who are not board certified will be eligible to supervise.

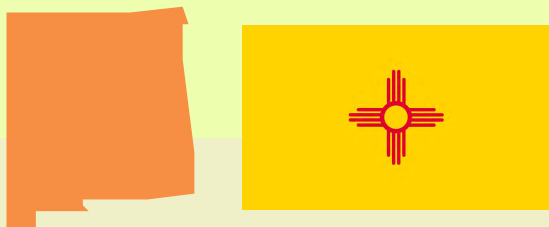
--the language of 'primary care physician' has been changed to 'primary care provider' so those people who see a NP or PA for their primary care can be seen by a prescribing psychologist.

Our Governor is not allowing new administrative rules right now so will keep you posted on how that may impact the new law.

This is great news for Iowa! And we welcome anyone who would like to move here----we need you!!

Bethe
Elizabeth Lonning, PsyD, MSCP
Director of Professional Affairs-IPA

State Legislative Update: New Mexico



As many of you know, the **New Mexico** State Psychologist Association (NM-SPA - representing the interests of prescribing psychologists) recently began working on a bill in collaboration with our medical colleagues to bring the practice of Prescribing Psychologists under the New Mexico Board of Medicine (NM-BOM). This relocation to the NM-BOM is similar to the change pursued in 2010 in Louisiana, wherein the Louisiana Academy of Medical Psychology (LAMP) worked cooperatively with medicine and the Louisiana State Board of Medical Examiners (LSBME) to bring their practice under that state's board of medicine. NM-SPA's reasons for exploring a change began more than a year before the bill was written. Constraints in our practice included an unreasonably limited formulary to treat psychiatric illnesses or to protect patients from treatment side effects, a prohibition from administering LAI's [Long Acting Injectables], an inability to supervise our own, et al., all resulting in our desire to make changes in the regulatory language governing our practice.

Simultaneously with the above we became acutely aware that the board of psychology in New Mexico faced limitations that made it difficult for it to properly regulate the practice of prescribing psychology. These limitations included, but were not limited to: financial/resource constraints, a lack of investigative authority/expertise, and no codified requirement that any member of the board be licensed to prescribe. In addition, the board of psychology's limitations in knowledge led to a large number of prescribing psychologists in New Mexico receiving unnecessary and unfounded threatening letters regarding their prescribing of controlled substances, those letters demanding an immediate response on part of the accused under threat of severe consequence.

Consequent to the above, the board members from NM-SPA authorized exploring the possibility of moving the practice of prescribing psychology under the NM-BOM,

but only after it had explored with legal, legislative counsel, and legislators the possibility of altering the construction of the board of psychology and our governing language. Complex factors resulted in opinions that any attempt to alter the board of psychology would be costly and ultimately unsuccessful.

After many meetings with representatives of the NM-BOM, the NM-SPA board authorized working cooperatively with the necessary parties to craft mutually agreeable language that would relocate the practice of prescribing psychology under the NM-BOM, while simultaneously expanding our scope to include the ability to supervise those in training; allowing us to treat patients with significant needs for 60 days before they established a PCP relationship; a continued requirement for collaboration between prescribing psychology and PCP/specialists; allowing for the administration of injectables; and the removal of the current formulary constraints (thus allowing us to treat side effects both prophylactically and treatment-induced adverse events/SE). Finally, possibly most important to the future development of prescribing psychology in New Mexico, our practice is no longer tied to specific, enumerated activities. Rather, our practice is to be reflective of that of the practice of the field of clinical psychopharmacology, allowing us to evolve with the science/field without having to semi-regularly return to the legislature to seek scope expansion.

While it was the intent of the NM-BOM and NM-SPA to bring the entire practice of prescribing psychology (including the general practice of psychology for those licensed to prescribe) under the NM-BOM as it is in Louisiana, the director of the NM-Regulation and Licensing Department required that, for the time being, we would have to agree to maintain licenses under RLD *and* with the NM-BOM. We accepted this compromise, knowing in advance that we would have to develop MOU's (memorandums of understanding) to make certain that no prescribing psychologist faced "double jeopardy" should they experience a license complaint. With this, we had support from RLD, the New Mexico Psychological Association, the New Mexico Medical Society, and the NM Board of Medicine. The amount of resistance from Psychiatry was minimal and easily overcome.

State Legislative Update: New Mexico, Pennsylvania, Texas



As of this writing, SB117 has unanimously passed every vote (Senate Health and the Judiciary committees, the Senate floor, the House Health and Judiciary committees, and the House floor). We now await the governor's decision to sign or pocket veto SB117. We anticipate her signing shortly and we have no reason to believe that she will veto the bill. Should the governor sign SB117 into law, it will not go into effect until mid-2024. After the bill is signed into law, members of NM-SPA will work collaboratively (a requirement of SB117) with the NM-BOM to write the rules/regs. Of note, SB117 provides for mandatory NM-BOM licensure for all those licensed to prescribe by the NM-Board of Psychology Examiners at the time of enactment. There should be no surprises for those psychologists licensed to prescribe in New Mexico.

I'm sure that some of you may have questions re: the impact of such a change and, after the governor signs the bill (or vetoes it), the NM-SPA board and members of the legislative committee will be happy to address them directly. Until then, we wanted to provide this update, as we know that many of you have been awaiting the outcome of our movement which was, by necessity, orchestrated quietly. Ultimately, it is our hope that New Mexico will continue to lead the way in the advancement of RxP; however, we also know that each state has its own needs and limitations and that there is no "one size fits all" approach. We support everyone in this shared pursuit.

John Courtney, PsyD, MSCP
NM-SPA Legislative Committee Chair

R. Brock Frost, Ph.D., MSCP, ABPP-CN
NM Legislative Committee Member

“

I am excited to inform Division 55 that NM prescribing psychologists are now able to prescribe suboxone. John Courtney has been working on this on/off for 4 years. We are grateful for his perseverance and hard work. He proves to us it truly takes only one.

-Jo Velasquez, current President of New Mexico State Psychologist Association for Medical and Prescribing Psychologists,

”



See Pat DeLeon's article on page 21 for an update from **Montana** -[Click here to jump to page 21.](#)



Pennsylvania's RxP bill is House Bill 1000. We have a prime sponsor, Representative Dan Frankel (D) from Allegheny County. March 30, 2022, House Bill 1000 has bipartisan support from 18 representatives. Although it has already been formally introduced, HB 1000 will be sent directly to the Professional Licensure Committee in the next several weeks. If it does not move out of committee quickly, we will ask for a hearing.

Pennsylvania's legislative session experienced a slow start due to contested elections in the House of Representatives. We have only had regular order in the House for the past six weeks.

We are reaching out to numerous community groups and professionals to support our cause. We are also networking with select house members who are part of the Future Caucus.

- John Gavazzi, PA Psychological Association RxP committee



What's happening with the **Texas** RxP Bill? Over three million (3.3) Texans lack access to a psychiatrist and 95% of the counties in TX have a shortage of mental health providers. A prescriptive authority bill for psychologists in Texas (HB 343) was introduced by Representative Vikki Goodwin on November 14, 2022 and was referred to the Public Health Committee on February 23, 2023. Members of the Texas Psychological Association's RxP Division, chaired by Dr. Cheryl Hall, are working with TPA lobbyists to educate lawmakers about this bill. The bill would require psychologists to complete a training program in psychopharmacology, pass the Psychopharmacology Examination for Psychologists (PEP), complete 2000 hours of practice under the supervision of a physician and notify the patient's primary care provider when modifying a medication protocol. Psychologists authorized to prescribe must also maintain liability insurance and complete 10 hours of pharmacology education each year. Visit the Texas RxP website (texasrxp.org), which includes answers to commonly asked questions and real stories. Stay tuned for videos from a variety of professionals (and even a patient) discussing RxP. - Cheryl Hall

State Legislative Update: Vermont, Washington, Wyoming



Vermont update:

With 7 consecutive years of RxP bills in the Vermont legislature, the Vermont House Committee on Health Care allowed one hour to hear a walk-through of the current bill H.428 (link to recording https://www.youtube.com/live/ltEFb_w9sjE?feature=share)

A confluence of factors resulted in this first ever hearing in committee on RxP in Vermont. The Office of Professional Regulation received an application for a "Sunrise Review" process from the Vermont Psychological Association, which produced, in the Fall of 2021, a series of public comment sessions from proponents and opponents of this initiative. The Board of Psychological Examiners, housed within the Office of Professional Regulation simultaneously voted to not support the 2021 version of the bill, with the caveat that they may support a future bill so long that it more closely modeled the Illinois RxP bill. So, in 2022, that RxP bill died at the end of the session and 2023 produced a new bill with language almost identical to the 2014 Illinois bill.

Although we are prepared for continued opposition from many of our physician group colleagues, we feel there is a groundswell of support from some key legislators, the Board of Psychological Examiners, and the Office of Professional Regulation. We hope more testimony will be taken before the end of the 2023 session. This will allow us to garner the necessary support during the summer and fall of 2023 and allow for successful passage of an RxP bill here in Vermont in 2024! The support from Division55 has been invaluable. It infuses us all with the needed energy to continue to expand access to prescribing psychologists in more and more states and eventually, nationwide. As of late April, VT was awaiting the House Committee on Health Care to take testimony before end of Leg. session in May.

-Rick Barnett, PsyD



Washington State's RxP bill made it to the House Healthcare and Wellness Committee where it was schedule for a hearing. The bill had great and varied support; of note the Washington Department of Health (DOH) reversed their position on the bill and testified in support. Unfortunately, the bill sponsor did not feel she had the votes to get moved out of the committee this year, but fully intends to bring the bill back in 2024.

-David Shearer
Washington State Psychological Association RxP
Committee Chair



Wyoming was able to get PSYPACT passed in the last session. We tried to get RxP on the so-called "interim topics" list, but it was delayed and didn't come out this year as it normally does. We made a last ditch effort to get RxP on that list to keep the ball rolling but it wasn't listed specifically. That's not surprising for a couple of reasons, the main one likely being that our next session in 24 will be a 20 day "budget" session. Bills presented in those sessions are supposed to be budget oriented and they require a two thirds super-majority on introduction, just to get referred to committee. That's a really high bar to meet and I don't think we would get there, even if we had a sponsor. Another reason is that Wyoming just had a scope of practice bill involving optometrists and ophthalmologists, which by all accounts was painful for legislators (I observed the whole thing and I didn't think it was that bad but these "turf war" bills tend to stir people up). We're setting our sights on our next full legislative session which will convene in January of 2025. We have a lot to do to prepare for that, but I'm optimistic as there is a lot of focus on mental health needs in our state right now and the Governor is invested in making some changes

- Hollis Hackman
Wyoming RxP Update

Federal Sector RxP: Crisis, Opportunity, Necessity. The Veterans Administration and the Federal Bureau of Prisons

By The Ad Hoc Federal Prescriptive Authority (RxP) Working Group¹

The psychology prescriptive authority (RxP) initiative's greatest success to date has been in the federal sector, consistent with the stated goal of its early supporters of improving access to care for underserved patient populations (Ax, Bigelow, Harowski, Meredith, Nussbaum, & Taylor, 2008). The Defense Health Administration (DHA) authorizes prescribing psychology positions within the Department of Defense (DoD). So does the Commissioned Corps of the U.S. Public Health Service (PHS). Prescribing psychologists of the PHS Commissioned Corps have provided care to Native American patients through the Indian Health Service. At this time the U.S. Department of Veterans Affairs (VA) and the Federal Bureau of Prisons (BOP) remain the largest federal agencies with patient care missions that have not authorized RxP positions.

American Psychological Association (APA) policy supports RxP for psychologists (APA, 1995; Martin, 1995). It does not prioritize the location of practice, and the focus to date has largely been on state RxP activities (e.g., enacting authorizing legislation) and the interests of private/independent practitioners. Obscured by this state of affairs has been the fact that the VA and BOP have patient care missions within and across states and large populations of both providers and patients.

As some APA staff came to appreciate the importance of institutional practice, and because advocates within the VA and BOP drew attention to the value of RxP within these agencies, there has been some increased attention paid to them. During the last several years, individual staff members with the Advocacy and Government Relations offices have been involved in VA issues to the extent that their assigned duties interfaced with APA's other agendas. Eventually a staff member in the Advocacy Office was assigned responsibility for APA's interests related to the VA, and in that capacity attended to RxP issues as one of her duties. However, she left and more than a year passed before a replacement was hired. While RxP in the VA continues to be a focus of this office, it is unknown where it stands among the current priorities (APA, 2023). RxP in the BOP is not presently among the assigned functions of the current Advocacy Office staffer.

Veterans Health Administration

The Department of Veterans Affairs (VA) serves 9 million enrolled veterans annually at its 1298 facilities, including 1113 outpatient sites and 171 medical centers (Department of Veterans Affairs, 2022). These facilities collectively comprise the Veterans Health Administration (VHA). The VA states that "nothing is more important than supporting the health and well-being of the Nation's Veterans and their families," noting the central importance to this goal of ensuring timely access to high quality, evidence-based mental health care (Department of Veterans Affairs, 2023).

VA Secretary Denis McDonough has stated that suicide prevention was the agency's "number one priority," but acknowledged that "we're not where we need to be" in terms of scheduling veterans for appointments in a timely manner (McNamara, 2022). The need for qualified mental health care providers is clear. Between 2001 and 2019 the rate of suicide among veterans increased nearly 36% (Jones, 2022). These rates are at the highest level in history, over 6000 veterans per year. Among veterans who had deployed to Iraq and Afghanistan, 14-16% had PTSD or depression (Inoue, Shawler, Jordan, & Jackson, 2022). Among veterans receiving primary care, 17 % were identified as experiencing depression and 15 % were diagnosed with anxiety (Finnegan & Randles, 2022).

Given the need, why has the VA not authorized positions for prescribing psychologists? One can look in at least two directions. First is those VA psychologists identifying as leaders. Despite the fact that psychologists in the military and in certain states were prescribing and documenting the safety and efficacy of their treatments, psychology leadership in (what was then called) the VA's Office of Mental Health Services (OMHS) did not pursue any RxP training or authorization for initiatives which might have allowed for a workforce comparable to prescribing colleagues in the Department of Defense. In his invited testimony to the U.S. Senate Committee on Veterans' Affairs (2012), Dr. Kevin McGuinness stated that when a formal request for an RxP demonstration project was submitted to OMHS, the information supplied by OMHS to the decision-making group of VHA Chief Officers and Network Directors was not only unsupportive but also seriously flawed.

Federal Sector RxP: Crisis, Opportunity, Necessity. The Veterans Administration and the Federal Bureau of Prisons

This resulted in the VHA Executive Decision Memo in 2008 denying the request. That Executive Decision Memo in its entirety, including the flawed and unsupportive background information, can be found among the attachments to Dr. McGuinness's Congressional testimony to the U.S. Senate Committee on Veterans Affairs (2012). There is no documented instance to date, despite decades of successful prescribing in the military, of VHA psychology leaders advocating for prescriptive authority within the agency.

The second direction is to look to APA's efforts. The information in the Overview section has summarized APA's efforts on behalf of VA psychologists to date. The one additional effort that should be noted was by Division 55 (notably not any specific office or program of APA) when Dr. McGuinness accepted the invitation to put written testimony before the U.S. Senate Veterans Affairs Committee (McGuinness, 2012). In 2019 APA changed how advocacy would be conducted by establishing a governance group, the Advocacy Coordinating Committee, charged with setting priorities for advocacy efforts and the use of resources for the Association (APA, 2019). The Military and Veterans section of the advocacy website (APA, 2021) addresses the "interests of practicing psychologists" in those branches of government. Among the listed advocacy issues in 2021 was a "focus" on "advocat[ing] to obtain prescribing authority for VA psychologists" (APA, 2021). However, in the recently released advocacy priorities for 2023 no specific mention of RxP was made (APA, 2023). Accordingly, the degree to which APA will make securing prescribing authority for VA psychologists a specific priority in the foreseeable future remains questionable.

A Crisis in the Federal Bureau of Prisons

While incarceration rates in the United States have decreased slightly over the last decade (Carson, 2021), they remain at extremely high levels. The nation still confines a greater percentage of its population than any other country in the world (World Population Review, 2022). In this country, African Americans are incarcerated at a rate five times greater than whites while the incarceration rate for Hispanics is nearly three times that of whites (Carson, 2020). Nor are VA and BOP patient populations mutually exclusive. According to the most recently available figures, more than 9,000 U.S. military veterans are housed in federal prisons (Maruschak, Bronson, & Alper, 2021). The prevalence of mental illness among prisoners is regularly reported as higher among persons in American prisons (Prins, 2014, Al-Rousan et al., 2017) than for those in the general U.S. population (National Institute of Mental Health, 2022).

The Federal Bureau of Prisons (BOP), the nation's largest prison system (Carson, 2020), has recently experienced a series of scandals, resulting in the forced resignation of the director and his replacement by Colette Peters, who notably was recruited from outside the agency (Benner, 2022; Durbin, 2022; Thompson & Shapiro, 2022; Thrush, 2022; Weiser, 2021). The fact that this position has typically been filled by candidates from within the top ranks of the agency suggests that in this instance someone with no direct ties to the BOP was needed to restore its institutional integrity.

For a brief period during the 1990s, there was interest within the BOP in implementing RxP. This initiative was abandoned in the face of pressure from the American Psychiatric Association (Ax, 2015). More recently, there was reportedly an attempt to conduct an RxP demonstration project which was terminated just prior to its implementation (J. Steinman, personal communication, February 16, 2023).

Proposed Action Steps

We believe that collaboration is the key to success in the federal sector. Accordingly, this is an invitation to all APA entities, but especially the Advocacy and Government Relations Offices, and the Practice and Public Interest Directorates, to identify and collaborate with prospective allies – divisions within APA and others, e.g., NGOs such as NAMI and veterans' groups – in support of a renewed and reenergized federal RxP initiative. APA should devote significant additional staff resources to promoting federal sector RxP, starting with the VA and BOP.

In particular, we advocate the involvement of the Public Interest Directorate. Adding RxP to the Public Interest Directorate's duties and responsibilities is entirely consistent with its mission statement:

The Public Interest Directorate applies the science and practice of psychology to the fundamental problems of human welfare and social justice. Through education, training and public policy, promote equitable and just treatment of all segments of society; encourage the advancement of equal opportunity; foster empowerment of those who do not share equitably in society's resources (American Psychological Association, 2022).

Federal Sector RxP: Crisis, Opportunity, Necessity. The Veterans Administration and the Federal Bureau of Prisons

- As a community, RxP advocates should seek out allies in both the VA and BOP, including executives and line staff, as well as elected representatives in Congress. In particular, identify existing and prospective RxP champions at the highest levels of government: elected officials and bureaucrats in a position to advocate for RxP and defend rank and file advocates in these agencies against the political pressure that will inevitably be brought to bear on them. APA should be willing to serve as a legal resource for agency advocates, whether they are executives or line staff psychologists, who are subjected to retaliation for their involvement in RxP.
- In light of the ongoing crisis in the BOP and the fact that there are thousands of veterans incarcerated in federal facilities, the Advocacy Office's involvement with RxP should include coordinating with the VA's Veterans Justice Program, in particular the Health Care for Re-Entry Veterans' portion of that program. By extension, this could (and should) also involve the BOP as a means of promoting mental health services, including continuity of care with respect to prescriptions for psychotropic medication, to veterans being released from federal prison.
- Enlist state RxP advocacy networks to seek out prospective supporters in the U.S. House and Senate.
- APA is in an excellent position to reconstitute the Council of Federal Agency Psychologists (CFAP), which it once hosted, with RxP as its initial top priority. Along the same lines, our professional organization should recruit a work group of current and former VA and BOP psychologists known to be RxP advocates who can be available for consultation and strategic planning. This could be done through Division 18, Division 19, Division 55, and informal networks of RxP supporters who have practiced in these agencies.
- Study past failures, such as the attempts within the BOP to promote RxP. What should be done differently going forward?
- Emphasize that prescribing psychologists in the VA and BOP could practice in facilities with hard-to-fill positions such as in rural areas and across agencies, utilizing the advantages conferred by working on federal reservations, and consistent with RxP's foundational rationale of promoting access to health care for underserved patients. Telehealth and PSYPACT could further leverage the value of inter-agency federal RxP across distance. Slots could initially be filled by PHS Commissioned Corps prescribing psychologists until there are enough RxP-qualified agency psychologists to fill those positions.
- APA and/or Division 55 should collect, analyze and publish the data from decades of prescribing in the federal sector, and thereby further documenting that RxP is safe and effective. (In this regard, see "Critique #5" and "Response to Critique #5" in Curtis, Hoffman, & Sloan [2022] for a brief review of relevant literature.)
- Learn from our nurse practitioner and optometrist allies, and from other non-physician health professionals. How did they expand their respective scopes of practice and what lessons are relevant to RxP in the federal sector? Seek out coalition opportunities with prospective supporters among other independent health care professions, veterans' groups, and prisoners' rights groups.
- The RxP training pipeline is a critical component of federal sector RxP. Once again, activists should seek grants for VA and BOP psychologists to obtain RxP training, consistent with the Division 18-Alliant Public Service RxP Training Project of the 2000s. There must be sufficient numbers of prescribing psychologists in these agencies to justify the time, money and political capital that will be invested in this initiative by VA and BOP RxP champions. Advocacy efforts should also emphasize the potential for these agencies to support in-house RxP training.
- All RxP supporters must understand and appreciate the potential of the VA and BOP facilities as training sites. The Veterans Health Administration currently has 120 post-doctoral residency positions and 126 APA-accredited internships. The BOP has 13 APA-accredited internship programs (Association of Psychology Postdoctoral and Internship Centers, 2023). These programs are operated partly as recruiting vehicles for their respective agencies, and could serve as a meaningful component of the RxP training-to-practice pipeline. Consider the possibility of inter-agency collaboration and synergy in this regard. For instance, those graduating from the dual-degree (PsyD-MSCP) program at The Chicago School of Professional Psychology with all their academic training completed for RxP could take an internship in a federal facility where RxP is authorized and then perhaps move on to prescribing in the military or in the Commissioned Corps of the Public Health Service. Ideally, however, many would stay on with the VA or BOP as early-career prescribing psychologists.

Federal Sector RxP: Crisis, Opportunity, Necessity. The Veterans Administration and the Federal Bureau of Prisons

Conclusion

APA has had staff members whose responsibilities included monitoring veterans' issues. Their duties have sometimes involved RxP advocacy and oversight, although not as a primary duty. To date, such efforts as there have been to authorize RxP in the VA have been unsuccessful. Prioritizing RxP on behalf of the VA and BOP makes sense because of the patient care demands on both federal agencies, because there are thousands of veterans in the federal prison system, and because the current crisis within the BOP constitutes a particular opportunity in this respect. Inadequate prisoner-patient care is both a public health and a diversity concern. Prisoners are among the least powerful in our society, commonly poor and non-white, with many suffering from serious and persistent mental illness. A broad collaborative effort will bring together RxP advocates from these agencies in common cause.

We submit that it is in the interests of many APA departments and directorates, including but not limited to, the Advocacy and Government Relations Offices, the Practice Directorate and the Public Interest Directorate, to advocate for RxP in the VA and BOP. Collaboration across and beyond APA is key. Advocacy must not be siloed. This is in no way an argument for reducing APA's support for RxP on behalf of the VA. Rather, it is a call for an expansion, empowerment, and prioritization of the overall federal RxP mission and the BOP's proper place within it.

There are reasons for optimism on behalf of federal RxP expansion. Notably, the VA has rescinded its ban on optometrists performing Lasik laser surgery (American Optometric Association, 2020), possibly indicative of a more general openness to the appropriate expansion of scope of practice by other non-physician health care professions.

Serving underserved patient populations is the moral and ethical foundation of the RxP initiative. That it has been and continues to be a meaningful part of providing safe and effective patient care is clear. If it weren't, the federal agencies that presently utilize prescribing psychologists would have eliminated those positions in light of the political pressure to do so. RxP could and should – we maintain that it *must* – constitute a meaningful part of the solution to the BOP's ongoing health care problems. Bringing RxP to the VA and the BOP, and then to the Immigration Health Service Corps and all other federal agencies with patient care missions, is an opportunity that must not be missed.

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Federal Sector RxP: Crisis, Opportunity, Necessity. The Veterans Administration and the Federal Bureau of Prisons

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¹The Ad Hoc Federal Prescriptive Authority (RxP) Working Group

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Division 19 and Division 55 Coordinate on a Military RxP Committee

In February 2023 Dr. Marcus VanSickle, in coordination with Dr. David Shearer, proposed the development of a Military Psychology RxP Committee to the Board of Directors of Division 19 (Military Psychology) of APA. LCDR VanSickle is currently serving in the US Navy as a medical (prescribing) psychologist and is a Member-at-Large of Division 19's Board. Dr. Shearer is a civilian prescribing psychologist working for the Department of the Army and is President of Division 55. The formation of an RxP (ad hoc) Committee, renewable on an annual basis, was approved by the Division 19 Board. The vision for this Committee includes inter-divisional coordination between Division 19 and Division 55 and advocacy for policy and practice related to RxP.

The goals of the Division 19 RxP (ad hoc) Committee are to 1) promote scientific, outcome-focused research on safety and efficacy of RxP in the military, 2) promote awareness and financial support of education and training programs for RxP in the military, 3) increase collaboration among RxP psychologists within the Department of Defense (DoD) and state systems, and 4) policy advocacy for RxP in the Veteran's Administration (VA) and DoD, including uniformed approaches to credentialing.

The need for such a committee is clear. At this point an up-to-date uniformed service (Air Force, Army, Navy, Public Health Service, Coast Guard) database of prescribing psychologists, psychologists with prescriptive authority who do not prescribe, or those within the training pipeline does not exist. There is also an absence of a centralized communication mechanism regarding RxP in the uniformed services. This has left prospective prescribing psychologists in the military (civilian or active duty) having to rely on known associates or to "re-invent the wheel" to obtain licensure and privileges as a prescribing psychologist; each of which may lead to unnecessary gatekeeping.

Further, a lack of uniformity among the branches, and within the branches by facility, for privileging is also a barrier. Each military service has used its own set of criteria used for approving appropriately trained psychologists to prescribe.

This is further complicated by an increase in states permitting prescriptive authority, but authorizing licenses with varying privileges and limitations.

Presently, no single organization exists to inform policy or advocate for cohesion across military treatment facilities. The likely expansion of prescriptive authority to VA and Federal Bureau of Prison settings amplifies the urgency to establish such a body. We believe the Division 19 RxP (ad hoc) Committee will play an important role as a central organization that maintains an up-to-date database of RxPs in the military and serves as a key policy advisor to the Defense Health Agency and, eventually, the VA and BOP. In the absence of such an organization, policy makers will make decisions based on information from advisors who may have little understanding of prescriptive authority for psychologists or who may represent a narrow or skewed viewpoint.

The first members of this Division 19 RxP Committee are Dr. Marcus VanSickle, Dr. David Shearer, Dr. Amanda Wills, Dr. Judi Steinman, Dr. Kristen Kochanski, Dr. Eric Neumaier, Dr. Jamie Frank, Dr. Kouri Akagi, Dr. Keen Liew, Dr. Rita Wood, and Dr. Julie Price. Division 55 is grateful for Division 19's support and recognition of RxP as an important component of military psychology. We in Division 55 look forward to coordinating and working with Division 19 on advancing prescribing psychology in the uniformed services.



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Student Research Grants Winners

The Research Council would like to thank three expert reviewers for judging submissions and the Division 55 Board of Directors for funding this endeavor

David Benitez, MS | *Albizu University*

Clinical Efficacy of Select Gabaergics as Candidates for Drug Repositioning in the Treatment of Subjective Tinnitus

Rachael Crandall | *Ferrum College*

Prescribing Psychology and Quality of Care: A Comparative Analysis

Kory Hardcastle | *Antioch University*

Constructing Culturally-Focused Psychopharmacological Treatments for Co-occurring Substance Use and Mental Health Disorders Among Indigenous (American Indian) Adolescents

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Are you a student with an idea for research in psychopharmacology? Apply for a \$2000 grant to fund your thesis, dissertation or psychopharmacology project. Applications are due on February 15th of every year, with an announcement of two winners on April 1st. Find the application and more information on the Division 55 website at: <https://www.apadivisions.org/division-55>.

Student Travel Awards

If you are a student and have a poster or presentation accepted for APA, Division 55, your submission will be considered for a travel award. Four students will receive \$250 to assist with costs of attending APA. Awards are presented at the Division 55 meeting at APA.

Council Report: LASAC

By Judi Steinman, PhD

This spring, we had eight states with RxP bills in various stages of consideration by state legislators across the country. As we now know, Colorado became the sixth state to pass RxP legislation and three others – Washington, Hawai'i and Arizona – made significant advances for their respective bills.

All of this activity called for some level of coordination so that each state got their need for testimony and support met. In some instances, our state teams from Colorado and Washington state had advanced notice as to when live testimony would be heard and they could schedule presenters ahead of time. Other states such as Arizona and Hawai'i, however, did not have that luxury and were under the gun to get people to submit written testimony 48 hours in advance of a committee hearing, sometimes with multiple states needing testimony on the same day.

The Division 55 Legislative and Social Action Committee (LASAC) was formed to address these sorts of issues. The inaugural meeting of LASAC was held February 7, 2023. Representatives from states with active legislative efforts were invited: CO, AZ, HI, VT, WA, PA and TX. States eager to pursue legislation including Nebraska and Michigan were represented and someone from each of the five prescribing states were invited as well.

In addition to those states moving Prescriptive Authority legislation forward in 2023, updates were provided regarding efforts to modify existing RxP rules in Iowa, Illinois and New Mexico. Iowa (Bethe Lonning), for example, sought to change language in their original rules to no longer limit coordinating practitioners to physicians. Iowa also made efforts to remove the five year limit for MSCP degree conferral, thereby expanding the pool of candidates who are eligible for licensure. Louisiana (Joe Comaty) can now recommend medical marijuana and Illinois (Derek Phillips) is seeking a number of changes in: Medicaid reimbursement for Prescribing Psychologists; removing the age limit of patients; remove Schedule II limitations (other than opioids).



As more and more states achieve prescription privileges, Division 55's LASAC will serve to coordinate efforts around the country. We also plan to support social action efforts germane to prescriptive authority and clinical psychopharmacology. Anyone interested in participating in LASAC can contact Judi Steinman at judi.steinman@yahoo.com. The next LASAC meeting will be in May.

Legislation and Advocacy: Pat DeLeon Blogs

By Pat DeLeon, PhD, MPH, JD

"IF YOU WAKE UP AND DON'T WANT TO SMILE.
OPEN YOUR EYES AND LOOK AT THE DAY"

A Vision of the Future: Barbara Van Dahlen and her spouse Randy Phelps have built a tech company (WeBeLife.com) and launched a free App to improve emotional health and well-being. Their WeBe App teaches users and family members about evidence-based elements that affect their well-being to help them better care for themselves and their loved ones. The App provides a simple mechanism that takes 1-2 minutes daily for users to track six factors affecting their well-being: relationships, emotional experience, spirituality, physical health, activity, and sleep. Each of these elements is modifiable through the user's behavior, a critical requirement for the user's success using the WeBe platform. The evidence base across these combined elements is voluminous, with each having a well-established track record demonstrating its impact on well-being.

The WeBe model also capitalizes on the powerful effects of social support on mental and physical health. The effects of social support on mental health are well known, with an evidence base that extends over well more than 40 years. WeBe increases social support by allowing the user to create a "pod" – a safe and private online space for users to share their personal ratings and well-being information within a small, select group of one to four hand-selected trusted individuals. Pod members also track and share their ratings as well within the pod, which serves as a private support group for all.

Their WeBe App also promotes well-being and supportive communications through messaging channels with user-controlled privacy settings, closed affinity groups for sharing well-being information with like-minded individuals, and a broader communications channel for fostering community well-being.

The hope is the WeBe will help individuals and their loved ones harness the positive power of social connection, improve their overall well-being, identify those in need of additional support, and direct those who may be struggling to appropriate care and resources. In 2008, Randy served as Interim Executive Director hosting the 25th APA Practice Organization State Leadership Conference Leading Change: Advocating for Psychology Practice. Those present will warmly recall David Ballard's most impressive third annual Psychologically Healthy Workplace Awards ceremony, where psychology has made a real difference over the years.



Interprofessional Education (IPE): One of the hallmarks of the Uniformed Services University (USU) is the active engagement of faculty and students in Interprofessional Education. For integrated care to effectively exist, it is important that the health professions expose their students, early on in their training, to the contributions, language, and culture of the other professions. Psychology faculty Abby Diehl: "The singular truth of the universe can be encompassed in two words: 'everything changes.' As an educator, I insist on designing experiences to develop critical thinking and innovation skills for learners in my courses. An inter-professional medical educational environment is key. Learners are able to take diverse perspectives and work as a team as they prepare for a simulated behavioral health military exercise (e.g., Bushmaster). Collaboration experiences are both crafted and modeled. For the behavioral health military education at USU, I work with the School of Medicine and Graduate School of Nursing faculty to achieve together what we cannot do alone. The future of behavioral health training is now and it is happening at USU. In a constantly changing global environment, what other choice do we have but to both model and train creative collaboration?"

Brent Donmoyer, Psychiatric Nursing faculty: "It all began with To Err is Human: Building a Safer Health System (IOM, 1999) and continues today through the Agency for Healthcare Research and Quality (AHRQ) and their focus on building High Reliability Organizations (HROs), with strong leadership focused on safety, building teams across specialties, and improving communication between these professionals. In the U.S. Military there is a saying 'train as you fight,' for medical professionals 'train as you practice.' Inter-Professional Education (IPE) should be the standard, not the exception. At USU, where nursing and psychology are just across the quadrangle, we are constantly looking for ways to improve or increase IPE learning opportunities, one being the hallmark event, the Bushmaster Practicum; simulated medical training, with live simulated patients in an austere setting.

Legislation & Advocacy: Pat DeLeon Blogs

"IF YOU WAKE UP AND DON'T WANT TO SMILE. OPEN YOUR EYES AND LOOK AT THE DAY"

This exciting event has been occurring for decades, one of the more recent additions has been the Behavioral Health element (BH@BM), an IPE learning experience for students of the Psychiatric Mental Health Nurse Practitioner program and Clinical Psychology program

[<https://usupulse.blogspot.com/2018/10/bushmaster-prepares-mental-health.html>]. The IPE nature of this practicum/training is essential to the development of military mental health providers, team members in a complex unique population where collaboration is key to patient care and safety. It should be essential and the standard for all medical education!"

The Critical Importance of Unanticipated Opportunities:

Hawaii -- Ray Folen, HPA Executive Director: "During the Little League World Series this August, the ESPN announcers frequently attributed the Honolulu team's outstanding performance to a philosophy the team embraced throughout the season. On the back of the team jersey, in lieu of the player's name, was the simple formula 'WE>ME'. It was this focus on collaboration and teamwork that the coach believes was key to the team's world title win.

"Taking a lesson from these 12-year-olds, HPA has engaged collaboratively with a number of health care stakeholders, to include allied health care professions and organizations like the Hawai'i chapters of Mental Health America, AARP, National Association of Social Workers, the Hawai'i Primary Care Association, Hawaii Nurses' Association, Association for Marriage and Family Therapy, Parkinson's Association, and the State Council on Mental Health. The value of this effort became abundantly clear during the 2022 legislative session.

"The philosophy embraced by the Little Leaguers tends not to find its way into state and national legislatures, unfortunately. As one of the primary initiatives for 2022, our coalition introduced legislation to add telephone-based mental health services into the definition of 'telehealth'. The intent of the bill was to improve access for care for those who did not have the bandwidth, funds, skills or capacity to effectively utilize video-based technologies. This included patients located in rural areas, the poor, the elderly and those with physical limitations. The bill received overwhelming support from health care providers and the community at large. The only opposition came from the insurance companies. Given the tremendous community support for the bill, a key legislator found himself in a difficult position -- either provoke the ire of the community or that of the insurance companies.

"The legislator ultimately embarked on the strategy of introducing another 'supportive' bill embedded with 'poison pills' that effectively produced a result directly opposite that of the original bill's intent. It allowed phone-based telehealth only in areas that did not offer the needed internet bandwidth. Thus, the elderly patient who lacked the technical skills to get a video conference going would not be covered for phone-only services if they theoretically had access to the bandwidth.

The bill would also require face-to-face contact prior to telephone-only authorization, which effectively precluded Honolulu therapists from providing needed services to patients living on the neighbor islands. The bill also specifically excluded phone-only services from the definition of 'telehealth', in direct contrast to the original bill. To say that the Hawai'i community was appalled by these changes would be an understatement.

At the same time, the architect of these changes continued to promote the revised bill as 'an improvement to access to care'. Those statements were sufficient to get the legislation passed through both legislative bodies. As one legislator subsequently told us, their breadth and depth in understanding all the bills going through the legislature is 'a mile wide and an inch deep' and this allowed the 'poison pill' to pass through the legislature primarily on the positive spin it was given.

"In response to this turn of events, our coalition came together as one voice to denounce the revised bill that was now on the Governor's desk. A press conference was held at the State Capitol; op-eds and letters to the editor were published; the Governor, Lieutenant Governor, and all of the State health-related Departments received constant communications from stakeholders in the community. In the same legislative session, a bill passed that authorized veterinarians to provide phone-only services. Our organizations' members contacted their legislators to ask for telehealth access equivalent to what their pets were receiving.

"One of the most persuasive and influential statements came in the form of an op-ed from the Hawai'i Chapter of AARP, which represents a vast number of retired and elderly community members. The editorial department of the major Hawai'i newspaper subsequently weighed in with an editorial opposing the bill. These collective efforts resulted in the Governor's veto of the bill!

"Had we not already formed these close relationships, we would not have won this battle and access to care would have suffered a major setback in our State. The coalition we have established is now set to re-introduce the appropriate telephone telehealth bills at the start of the 2023 legislative session in January. Yes, there are differences in the way our organizations view health care and, so far, having a positive collaborative foundation has helped facilitate the resolution or accommodation of those differences. 'WE>ME'."

Legislation & Advocacy: Pat DeLeon Blogs

"IF YOU WAKE UP AND DON'T WANT TO SMILE. OPEN YOUR EYES AND LOOK AT THE DAY"

Montana: During the 2007 APA State Leadership Conference, Michael Butz and George Watson presented on the Montana Psychological Association RxP experiences. (Highlights) "While the Montana Psychological Association (MPA) has had a focus on the issue of prescription privileges for licensed psychologists for some time, coming into the 2007 Legislative Session the association did not feel fully prepared to take on this issue. But, on January 2nd of this year, Senator Dan Weinberg introduced a draft bill. We were taken entirely by surprise. MPA's leadership quickly went to work to catch up with what is generally felt to be an opportunity, but an opportunity that we may not have been well prepared to capitalize on at this point in time. Our Executive Director Marti Wangen polled our membership: 88.9% Accepted psychopharmacology as a recognized proficiency area for properly trained psychologists; 90.5% Favored properly trained Montana Psychologists obtaining prescriptive authority; No respondent to the survey indicated that they would 'actively work against legislation.'"

MPA leadership had another conference call with APA's Deborah Baker and Dan Abrahamson wherein it was agreed to complete the application for emergency funds via the CAPP Grant process. February 7th, MPA chose to fully pursue this matter. Ultimately, MPA decided to support this bill in light of the very reason it was introduced; to assist in stemming the tide of the behavioral healthcare crisis in Montana. We were aware that in 1995, some licensed psychologists attempted a bill in Montana which failed to emerge from the Committee Hearing on a 9 to 6 vote. Since that time no attempts had been made in this direction. We knew that it would be stated by those opposed that psychologists did not possess the medical training required to safely prescribe. Senator Weinberg brought our Association's leadership together with Psychiatry's leadership. There were the expected objections. They simply objected to the bill on the basis of patient safety. What was most troubling to me in this exchange, as a scientist-practitioner, was that they had not read the current bill and they had not made an effort to obtain information on the recommended training psychologists receive.

"At our hearing George Watson spoke to the Board of Psychology's rationale for support. Elaine LeVine spoke authoritatively to the challenges in New Mexico and that they now have prescribing psychologists in many areas of the state, to the safety of the prescribers and the training that they receive. But, when all was said and done at roughly 5 p.m. on the 27th, fear won the day, as several Senators called this bill an experiment, continued to say it was unsafe despite the data, etc. Even so, the Bill lost on only a 20 in favor, to 30 opposed vote. MPA exceeded all of its markers for success. Parenthetically, as may be deduced. The bill did make it out of Committee, and was debated in the Senate after MPA had less than two months to work on this legislation.

"Three lessons learned were: * Work to support behavioral healthcare in your community and your state, and you will be supported in turn. * Be motivated to consider prescription privileges by the need, and persuaded by the safety involved when appropriate trained psychologists prescribe. And, * Opponents to these bills have an advantage, as creating fear only takes a moment. Creating understanding, however, requires time, education, and dialogue. MPA is proud of its effort, its leadership and members; and is thankful to all those who supported this effort." "You'll see things in a different way.... Don't you look back" (Don't Stop, Fleetwood Mac).

Aloha,

Pat DeLeon, former APA President – Division 55
October, 2022

Legislation and Advocacy

“CATCH A FALLING STAR AND PUT IT IN YOUR POCKET. NEVER LET IT FADE AWAY.”

By Pat DeLeon, PhD, MPH, JD

The 40th PLC/SLC: The Practice and State Leadership Conference (PLC) continues to be the highlight of my professional year and this March it was wonderful to meet in-person with approximately 300 colleagues in Washington, DC. The last time PLC met in-person was just before COVID-19 dramatically “shut down” the nation for nearly three years. As always, I especially appreciate Dan Abrahamson’s continuing support for inviting the psychology and nursing graduate students from the Uniformed Services University (USU) – our military’s future leaders. The energy, vision, and optimism for psychology’s future expressed by those present was extraordinary. And as always, a wide range of critical issues were discussed. Given the increasing importance of licensure mobility in this era of telehealth, Alex Siegel noted that almost all of health care professions are now pursuing the compact approach similar to PSYPACT. And, at her White House Wine Social, Katherine McGuire noted that the Psychology PAC is off to an exciting start with our colleagues having contributed over \$30,000 so far towards the ultimate goal of \$110,00 by the end of the year.

In 2007, Practice Directorate leaders Mike Sullivan, Russ Newman, and Dan published an article in Psychological Services providing the history and aspirations for what was then named the annual State Leadership Conference (SLC). Its dramatic success over time (57 colleagues attended the initial conference) reflected the growth and maturation of critical advocacy agendas for the practice community. SLC represented an impressive grass roots effort which has resulted in an ever-expanding beneficial partnership between APA and the State, Provincial, and Territorial Psychological Associations (SPTP). They reported that prior to SLC, “an atmosphere of restiveness and discontent was prevalent among many leaders of psychology’s practice community. They believed that APA was not doing enough to meet the needs of its practitioner members who were providing health care services.” In retrospect, over the years, the conferences have accomplished many of their objectives including advocacy training, networking, creating synergy, building stronger SPTAs; and equally importantly, offering a Transformative or Career Altering Experience.

Dan: “When I think about the 40-year history of PLC/SLC I marvel at the leadership that made it happen. When I attended my first PLC in 1991, I was taken by the intensity that Bryant Welch, the first Executive Director of the Practice Directorate, infused into his remarks to state, provincial, and territorial association leaders. When Russ took over the helm in Practice a couple of years later, he brought an exquisite level of strategic thinking to how to evolve the conference into a world-class leadership and advocacy training event. At its peak, the State Leadership Conference had 700 attendees.

“Katherine Nordal, the third executive director in Practice, guided the conference through a decade of challenging times, beginning with the 2008 recession. And even though the conference shrunk in size, it never lost the ‘magic’ that so many attendees mention when they talk about how attending PLC/SLC changed the trajectories of their careers. When Jared Skillings came to the Practice Directorate as the first Chief of Professional Practice in 2018, PLC was met by the world-wide pandemic less than two years later. He navigated the conference through two virtual editions before guiding its reinterpretation and re-launch this year.

“It is not an accident that PLC/SLC has survived and flourished for four decades. That does not happen without the profound vision, passion, and commitment that the Practice Directorate’s four leaders have given to this event. It has been my true honor to have been initially inspired by Bryant and then to have worked for Drs. Newman, Nordal, and Skillings to be part of the history of this grand event.”

“

When I think about the 40-year history of PLC/SLC I marvel at the leadership that made it happen.

-Dan Abrahamson

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Legislation and Advocacy: “CATCH A FALLING STAR AND PUT IT IN YOUR POCKET. NEVER LET IT FADE AWAY.”

Beth Rom-Rymer: “For me, the most exciting and gratifying experiences that I have at PLC/SLC, now, are the moments in which I can provide mentorship to our next generation of bright, curious, ambitious, and visionary leaders. Last month, I had the good fortune to meet with several students from USU, who are committed to bringing quality psychopharmacology training to their military colleagues. Hearing their expansive hopes and dreams for their future careers was thrilling. Because I set my sights on becoming a clinical psychologist, at the age of five, it gives me enormous joy to help other psychologists realize their professional dreams, through mentoring and creating training and experiential scholarship opportunities.

“For me, the most exciting and gratifying experiences that I have at PLC/SLC, now, are the moments in which I can provide mentorship to our next generation of bright, curious, ambitious, and visionary leaders.

-Beth Rom-Rymer

“I have been in the Leadership Circle for the APA PAC since 2007. I had given monies to Alliant University, from 2007-2014, to fund 22 training grants in Clinical Psychopharmacology for Native Psychologists. Since 2016, I have provided significant funds for the annual administration of the medical rotations program for Prescribing Psychology Fellows at AMITA Health/Ascension Health System, in Illinois. Also, since 2016, I have provided, through APF, 63 scholarship grants (nine per year) to graduate students and practicing clinicians for their training in Clinical Psychopharmacology. Since 2021, I have provided, through the APF and the Society of Indian Psychologists (SIP), travel scholarship grants and dissertation research grants to Native Psychology graduate students.

“As we look back on lives well lived and look forward to creating additional chapters to our own lives, I appreciate the abundant opportunities to inspire and to be inspired by all with whom I collaborate, and all who will follow and create their own flourishing careers in Psychology and other STEM areas of study and research. As Dan so beautifully stated, PLC/SLC is truly transformational.”

Cheyenne Quilter, USU psychology graduate student: “The music was bumping, drinks were flowing, and smiles were growing as the night went on. This scene was the last night of the PLC. As not only a first-time attendee but a graduate student, I did not know what to expect at the PLC, but what I received was warmth, welcoming conversations, and new mentors. The night started when a classmate and I sat at one of the tables by the dance floor and began talking with a group of psychologists pushing for prescriptive authority bills. As the conversation ended with calendar invites being typed away, a chance for mentorship started. For graduate students, I recommend attending the PLC and other conferences where you have the opportunity to talk with a diverse range of psychologists whose thoughts and current careers may inspire the next steps in your journey to becoming a psychologist. A special thank you to those mentors at the university level who continue to push for their graduate students to attend these conferences; thank you for preparing us to have a solid foundation of mentors and passion to build our careers off of.”

“For graduate students, I recommend attending the PLC and other conferences where you have the opportunity to talk with a diverse range of psychologists whose thoughts and current careers may inspire the next steps in your journey to becoming a psychologist.

-Cheyenne Quilter

The Alliance for Health Policy: During my tenure on the Hill, the Alliance for Health Policy was one of the most outstanding bipartisan forums for informing the Congress on pressing and evolving health care issues. Established in 1991 by Senators Jay Rockefeller (D) and Jack Danforth (R), it was initially staffed by a long-time Hawaii delegation colleague Ed Howard and today by Sarah Dash. The Alliance has always championed providing trusted, comprehensive education (i.e., knowledge and understanding) from a diversity of views, which are firmly grounded in evidence.

Legislation and Advocacy: “CATCH A FALLING STAR AND PUT IT IN YOUR POCKET. NEVER LET IT FADE AWAY.”

It recently released its 2022 Signature Series: Mental Health in America [<https://www.allhealthpolicy.org/2022-signature-series/>]. Highlights: “The American health care system has long struggled to effectively and holistically address mental health and substance use disorders (SUD), but in recent years these challenges have emerged as a critical national health priority for citizens and policymakers alike. Even prior to the COVID-19 pandemic, mental health was a significant source of public policy concern. The pandemic has subsequently contributed to, and laid bare, even more widespread challenges and disparities in Americans’ mental wellness.”

The Alliance selected Mental Health as its programmatic theme and convened a diverse group of stakeholders with a broad range of expertise, lived experiences, and ideological perspectives in an evidence-based year-long series of conversations on “What would good look like?” across the three major themes of Innovation, Delivery, and Access. Health equity implications were considered across all domains. The small- and large-group brainstorming sessions addressed: 1. What are the Hallmarks of a high functioning mental health system? 2. How does it impact our perspective when looking at these characteristics through the eyes of individual patient journeys? And, 3. What are core statements about these Hallmarks that represent shared values in the group?

The agreed upon Hallmarks were: * Radical Collaboration across health care, education, housing, law enforcement, and other social service sectors. This would especially include relevant funding mechanisms. * Innovations fostering an environment for consistent research agendas and breakthrough evidence-based mental health therapies. Innovation needs to begin with the needs of and voice of the patient. * Sustainability and Workforce, including peer mental health and SUD providers, as well as equitable access to culturally sensitive services through either a diverse workforce and/or a workforce with access to appropriate training. * Access with an emphasis on early intervention and preventive care. This would be across the patient lifespan from pediatric to end-of-life and include effective utilization of evidence-based integration of technology. * Parity/Magnitude should be a national priority with grassroots support. There should be equal prioritization of mental health and SUD on par with medical care. Further, the historical stigma for receiving care should be eliminated. * Equity, Inclusion, and Cultural Sensitivity requires eliminating disparate outcomes for traditionally underserved populations. This will establish trust for the patient and sensitivity to the social determinants of health. * Quality and Measurement require commitment to consistent quality outcomes across the ecosystem. Interestingly, many of the panelists infused their commentary with their own lived-experiences. Participating in these discussions were the Chairman and Ranking Member of the Senate Finance Committee and the Secretary of the Department of Health and Human Services. The Alliance is planning a series of programming on “What’s Next on Mental Health?” to build on its Signature Series and incorporate ongoing bipartisan efforts on mental health. For more information, please reach out to info@allhealthpolicy.org. “Save it for a rainy day (Perry Como, Catch a Falling Star).

Aloha,

Pat DeLeon, former APA President – Division 55 – March, 2023



Profiles in RxP:

Jin Lee, PsyD, MSCP, BCB

As a pediatric psychologist who has worked in several children's hospital settings, I was always part of a medical team that provided care to patients. In each setting, I have often been asked by the team about what psychotropic medications I would recommend for our patients; being a Level 3 psychologist (at the time), my go-to answer was always, "I don't know. I'm not a psychiatrist." A Level 3 competency is defined as the level at which a psychologist has enough information about psychopharmacology to provide information that might be relevant to pharmacotherapy decision makers (APA, 2011).

This seemingly ordinary conversation inspired me to think about how else I could help the team, but more importantly, my patients. This curiosity led to the discovery of other states, including our neighboring state, New Mexico, already allowing psychologists with advanced training to manage medications for patients' mental health disorders. I also met with a colleague who completed the MSCP program in the past and talked about how the additional knowledge helped her work with her team and patients. Being a life-time learner myself, it was an easy decision to further investigate the program and opportunities.

While I was going through the MSCP program at Fairleigh Dickinson University along with my colleagues, including Dr. Derek Phillips who was in my cohort, I purely enjoyed the medical aspects of the human body and the integration of psychotherapy and medicine. I was very excited to use this valuable knowledge and expertise and contribute to the team and help patients.

At the same time, my interests in expanding the scope of practice as a psychologist continued to grow, but I didn't want to do anything on a large scale, like changing policy, simply because I had zero knowledge in that area. However, I like connecting with other people, so that's what I did - connected with other psychologists and hoped that "someone" would lead a legislative effort here in Colorado. Several months went by, and I managed to gather 9 psychologists in Colorado with similar interests (I called us a "secret society" back then). We were all enthusiastic about the possibility, but no one was willing to take the lead.



I came to the U.S. at age 18 to go to college alone. All my family members were living in Japan or Korea (they still do), so taking a risk alone wasn't anything new to me. The next step for me was to invite myself to a board meeting for the Colorado Psychological Association (CPA), which I wasn't even a member of at the time, one afternoon in November 2019.

I introduced myself and simply stated my interests in expanding psychologists' scope of practice in Colorado and inquired whether CPA would support my idea. Everyone on the board seemed very stunned because my presence was not even on their meeting agenda, let alone that the topic of passing prescribing psychology legislation was such a big hurdle. The board was kind enough to let me talk for 5 minutes and said they would discuss it further and get back to me. Meanwhile, I emailed a CPA contracted lobbyist, Jeannie Vanderburg, about this idea, and she was skeptical initially because she knew a scope of practice battle is always a tough one to get through. Jeannie gave me several tasks including gathering information about unmet mental health needs in Colorado and other states' successes.

Several months went by, and I heard from the past president that I was nominated to be a board member for CPA. By then, I talked to several other folks from Div55 about a legislative effort and knew that I had to get a support from the SPA in some capacity. I decided that if I'm a board member, then the board must listen, so once again, it was an easy decision to commit to CPA in the hope of influencing more people.

Profiles in RxP: Jin Lee, PsyD, MSCP, BCB

While I was still looking for someone to lead this initiative, the first thing I did as a CPA Board member was to conduct a survey among CPA members (and non-CPA member psychologists in CO) to get a sense of CO psychologists' interests and engagement level in prescriptive authority. The result was overwhelmingly positive with more than 90% of the respondents supporting prescriptive authority. Upon the completion of the survey, it was clear that no one was willing to step up and take a lead, and since I had already invested my time and energy into this, I chose to be the leader.

“ I formed a task force (CO RxP Task Force) to materialize my “daydream” of bringing an RxP bill to Colorado. I received generous help from everyone I talked to. I can’t thank my colleagues enough for all the support they have provided. ”

I have spent nearly 4 years preparing this important legislation and am proud to say that we passed the bill across both chambers of the House and Senate early this year. Once the bill was introduced to the House on 1/19/2023, the process seemed to move at lightning speed. We had our first House committee hearing on 2/1/2023 where we spent over 6 hours debating the importance of this bill for the citizens of Colorado, and it passed with astonishing 10-1 yes votes the same day.

The bill moved to the Senate committee hearing on 2/16/2023, and after 3 hours of discussion, the bill passed the committee unanimously (8-0). At the final step, the bill moved to the Senate floor on 2/22/2023 and passed unanimously again at 31-0 on 2/23/2023. Since the bill passed on the House floor, we made several amendments, so the bill went back to the House briefly for a concurrence voting process, which re-passed at 57-5 yes votes. Then at last, the bill went to governor Polis’ desk where he signed the bill into law on Friday, March 3rd, 2023. It was a breezing 6 week process once the bill was introduced, but it sure felt like a giant mountain climb.

There were many ups and downs during this process, but I can’t thank everyone who supported this effort enough. Now that the bill is law, we are going through the rules and regulations establishment process. We are not completely done yet, but it is my hope that we will celebrate every step along the way.

Tributes

Virginia Waters, PhD, MSCP

Written by Ed Korber, Ph.D.



“The secret of happiness is this: let your interests be as wide as possible, and let your reactions to the things and persons that interest you be, as far as possible, friendly rather than hostile.

— Bertrand Russell

Virginia Waters, the little angel, started out small, but she grew to devote her life and career supporting hundreds of individuals in finding their purpose... while celebrating their self-worth. Yes... It seemed that throughout her life she was there to comfort and strengthen all of them... and all of us.

Virginia Waters PhD, also known as "Ginger" to her family and circle of friends, was a master of the art of engagement in therapy. She understood that kindness, mercy, compassion along with logic and knowledge, brought together and never failed to deliver healing

comfort when dealing with the sufferings of mankind. In her daily efforts she addressed the needs of the homeless, the anxieties of prisoners of abuse, the pains of the sick and injured who have suffered disasters, the sorrows of the bereaved, the helplessness of both the aged and very young. Yes, she was there to comfort and strengthen all of them for the sake of her faith in humanity.

Yes... Virginia was a vibrant and spiritual soul who helped countless friends, family, clients, and members of our community to find happiness throughout her half-century career as a psychologist. She would be the first to remind us that, as we remember her in our thoughts now, we should continue to discover joy in our own everyday lives to honor those memories of all who have passed before us. Yes... She told me, just before her death, that we should continue to work together to bring peace and harmony into the lives of others and to remember that our goals, which we work to achieve, will inevitably be fulfilled if we join together.



Tributes: Virginia Waters, PhD, MSCP

Virginia was born on July 5, 1946, to Richard Duer Waters and Sally Waters (née Vass) in New York, NY. attended Finch College and later obtained her doctorate in psychology from Columbia University in New York and then went on to spend her life helping people, particularly those suffering from grief.

Her professional effectiveness came from hard earned experience. As a licensed Psychologist in New York and New Jersey, for 46 years, Virginia participated on numerous professional boards, including those of the New York State Psychological Association (more recently a Member of the Presidential Task Force on Grief & Loss During Covid-19 and chair of our state RxP legislative sub-committee) and dedicated efforts within the New Jersey Academy of Medical Psychologists (Board of Directors). We also remember her for her APA and Society for Prescribing Psychology (aka div 55) work (President, 2018) during which she lobbied Congress to allow psychologists to prescribe medication.



Amazingly, for over 20 years she helped develop grief support groups alongside her good friend Patti Williams, R.N., through the First Presbyterian Church of Cranford NJ. An exemplar of cultural humility she was also involved in international efforts to help end gender-based violence both here and abroad. She also participated in APA international outreach efforts to help make the world a better place for all...always exploring new paths that others might also safely travel on their life's journey. I believe a friend summed it up best:

“I have been a colleague of Dr. Waters in Division 55 of the APA and also as a liaison between that division and the Association of State and Provincial Psychology Boards (ASPPB). In all my discussions with Dr. Waters, I found her to be kind, thoughtful, supportive, creative, warm, and above all, having such a positive attitude that was so infectious. She was always so full of energy and looking for opportunities to be helpful, especially to students and early career psychologists. Her resilience was impressive and her charm was disarming. She was overflowing with ideas and had an encyclopedic memory of key resources. I always looked forward to seeing her and having chats and discussions with her. She will be missed by so many, including her colleagues and the organizations of which she was a valuable member and leader.”

-Joseph E. Comaty, PhD, MP

Yes...Virginia Waters PhD, MScP will always be remembered by the lives she touched and by those who moved forward as a result of her care, compassion, and dedication.

Tributes: Virginia Waters, PhD, MSCP

Tribute from Cherie Rueben, PhD, ABMP

The Singing Psychologists

Virginia Waters was an inspiration. I had the pleasure of working with her on the New York State Psychological Association RxP Task Force for almost two decades. She was an excellent leader, conducting our monthly meeting with grace and humor. Aside from our commitment to pushing the prescriptive authority movement forward, she and I shared a love for singing. We put this common passion to use at the 2021 APA Division 55 meeting. She wrote all the lyrics (using psychopharmacology as an underlying theme) to be sung over several commonly known melodies from different genres. We took turns singing as we performed for our colleagues. I will never forget it and I will never forget her.



From the Official Obituary

Virginia and her husband, Sidney "Sid" George Dashevsky, welcomed their first child, Adam Michael Waters-Dashevsky, on December 14, 1981. In a cosmic coincidence, Ginger was fortunate to share this auspicious occasion with her sister, Suzanne Smirnoff, who gave birth to her third child, Christie, on the same day and within the same hour. On July 2, 1984, Ginger and Sid added to their family with the birth of their daughter, Hallie Sarah Waters-Dashevsky. Both Adam and Hallie embodied Ginger's creativity and vitality throughout their lives and reflected Ginger's loving spirit. In addition to the vibrant community she created throughout her life, Virginia is survived by her siblings, Richard Duer Waters, Jr. and Suzanne Waters Smirnoff; nieces Stacy, Christie and Cindy; nephews George and Trey; grandnieces / nephews Jake, Kellie, Cassie, Ward and Lyle; step-daughters Anne and Karen; Mark Cannon, her pillar of support for over 30 years, and her beloved dogs Ollie, Dex, Tank, and Loki. A celebration of Virginia's life was held at 11:00AM at the First Presbyterian Church of Cranford on January 7th, 2023. In remembrance of Virginia's life, the family asks that any charitable donations be made to the American Cancer Society.

Division 55 News



Iowa: On Friday, April 28th, Iowa Governor Reynolds signed into law HF 183 which removes several barriers to the original prescriptive authority law. The changes included eliminating a restriction on how recently MSCP training must be completed before applying for a conditional prescribing certificate; eliminated the requirement of being 'board certified' for supervising physicians so now, physicians who are not board certified will be eligible to supervise; and, the language of 'primary care physician' has been changed to 'primary care provider' so those people who see a NP or PA for their primary care can be seen by a prescribing psychologist.



Idaho: As of the end of this legislative session, prescribing psychologists in Idaho can now prescribe buprenorphine.



Colorado, Number Six

Colorado became the 6th state to give psychologists prescriptive authority when it was signed into law on March 3, 2023.



Colorado Governor Jared Polis signing bill HB23-1071 on 3/3/2023.

Pictured above, from left:

Steven Hays, Envision You;
Representative **Judy Amabile**, Primary House Sponsor;
Cecilia Gay, CO RxP Task Force;
Jin Lee, CO RxP Task Force;
Governor **Jared Polis**;
Senator **Steve Fenberg**, Senate president & Senate sponsor;
Representative **Mary Bradfield**, House sponsor



Adding New Prescribing Psychologists:

Illinois has licensed 17 prescribing psychologists and expects to reach 20 by the end of 2023.

Iowa has 4 licensed prescribing psychologists with 4 in the pipeline.

Idaho has 7 licensed prescribing psychologists with 4 in the pipeline.



In June 2023 the proposal for a clinical psychopharmacology board certification will be presented to the ABPP Board of Trustees.



Alliant University's MSCP program will begin accepting predoctoral students next year.

Division 55

News

New Mexico prescribing psychologists can now prescribe buprenorphine (Schedule III) drugs for the purposes of Medication Assisted Treatment (MAT) of Opioid Use Disorder (OUD).

John Courtney, Psy.D., MP, provides this report first published in the New Mexico-State Psychological Association Newsletter in April 2023



In an effort to assist the citizens of NM suffering from opiate use disorders, in 2017, Christina Vento (then president of SPA) queried the NM Board of Psychologist Examiners as to whether the prescribing of buprenorphine (Suboxone) was within our scope. The results was an opinion that the use of buprenorphine was within the scope of prescribing psychology. In the end, it was that 5 year old query to the board that ultimately served as an important linchpin that resulted in the change to our DEA and board of pharmacy designations.

Unfortunately the biggest obstacle remained - we were not identified as qualified prescribers under the federal government's "X Waiver." I started working with Senator Heinrich's office to see what might be done to change this. We had previously been advised by former legal counsel that we only needed to get the NM-Board of Pharmacy to update our designation (to include schedule 3) in order to get the DEA to change our designation. They we would petition the US Sec of Health to include us in the X Waiver program. Initial attempts to have us included were fruitless and we ultimately learned that the likelihood of getting this done was zero, given that it would require, literally, an act of congress.

The problem: only a few states had given psychologists prescribing authority and even those states did not have laws that would allow MP's access to the partial agonist. Unfortunately, we had neither the money nor the clout to get this done. Serendipitously, all this changed when the

recent omnibus bill passed, thus removing the restrictive X waiver.

Never discount the opportunity presented by pure luck.

Subsequent to the removal of the X Waiver restriction, all that was left to do was to convince the NM Board of Pharmacy that suboxone was indicated for a mental health condition. My initial attempts to address this with the board's executive director revealed that she believed that suboxone was not intended for a mental health disorder. In addition to my pointing out that opiate use disorders were in the DSM and that the BoPE had already opined that buprenorphine was in our scope, Dr Steven Jenkusky from the New Mexico Board of Medicine, advocated on our behalf. He advised the director of the board of pharmacy that not only was the drug indicated for a mental disorder disorder, but that our profession should have access for the benefit of the citizens of the state. Shortly thereafter, the Board of Pharmacy changed our designation in New Mexico, thus allowing the change by the DEA as well.

While the X Waiver training requirements have been discontinued for those prescribing buprenorphine, the DEA does have its own training requirements that will need to be fulfilled before your next DEA renewal. In addition, you may find additional training opportunities on the web as well as at <https://edhub.ama-assn.org/course/302>. These courses are free and come with CMEs that can be used for your license renewal.

APA 2023 Convention

Division 55 Program

Thur 8/3

Session	Title	Time	Location	Presenters
0000	The Intersection of Health Psychology and Pharmacology: Treating AUD, Delirium & Metabolic Disorders	11:00am - 12:50pm	Walter E. Washington Convention Center, Level 1, Room 140B	Dr. Pujol
0000	Integrating Pharmacotherapy and Cultural Practice in Providing Care to Native American Communities	2:00 - 2:50pm	Walter E. Washington Convention Center, Level 1, Room 143C	Dr. Ostby
0000	Division 55 BoD Meeting	4:00 - 4:50pm	Walter E. Washington Convention Center, Level 1, Room 154A	
0000	Social Hour	6:00 - 7:50pm	Marriott Marquis, Level 4, Independence Salon A	

Fri 8/4

0000	Pediatric Anxiety Best Practices: Psychopharmacology, Psychotherapy and Exercise Therapy	10:00 - 10:50am	Walter E. Washington Convention Center, Level 1, Room 143B	Dr. Miller Clark
0000	From APA Presidency to Retirement: Tips for All Stages of Psychologists	11:00 - 11:50am	Walter E. Washington Convention Center, Level 1, Room 149B	Dr. Sells
0000	What Students Should Know About Becoming a Prescribing Psychologist: MSCP Programs Review	12:00 - 1:50pm	Walter E. Washington Convention Center, Level 1, Room 149A	Dr. Rodriguez-Menendez
0000	Advances in Pediatric Psychopharmacology: ADHD and Conduct Behavior Problems	2:00 - 3:50pm	Walter E. Washington Convention Center, Level 1, Room 143B	Dr. Kapalka

Sat 8/5

0000	Prescriptive Authority Around the Globe 2023	11:00am - 12:50pm	Walter E. Washington Convention Center, Level 1, Room 140A	Dr. Rom-Rymer
0000	What Psychologists Need to Know About Psychopharmacology	1:00 - 2:50pm	Walter E. Washington Convention Center, Level 1, Room 145B	Dr. Phillips and Dr. Shearer
0000	Division 55 Poster Session I	3:00 - 3:50pm	Walter E. Washington Convention Center, Level 2, Halls D and E	

Division 55 Board of Directors

2023

President	David Shearer, PhD, MSCP, ABMP (2023)
President-Elect	Steven Curtis, PhD, NCSP, MSCP (2023)
Past President	Peter Smith, PsyD, MSCP (2023)
Secretary	Morgan Ferris-Johnston, PsyD, MSCP (2023-24)
Treasurer	Julie Price, PsyD, MSCP (2022-23)
Member-at-Large	Lynette Pujol, Phd, MSCP (2022-24) Christopher Rossilli, PsyD, MSCP, ABMP (2022-23) Elizabeth Lonning, PsyD, MSCP (2023-25) Gerardo Rodriguez-Menendez, PhD, MSCP, ABPP (2023-25)
Representative to APA Council	Joseph Comaty, PhD, MSCP (2023-25)
APAGS Student Representative	David Benitez, MS (2023-24)

Interesting Links

Deprescribing psychotropic medicines for behaviours that challenge in people with intellectual disabilities: A systematic review
March 28, 2023

Association between insomnia and the incidence of myocardial infarction: A systematic review and meta-analysis
February 25, 2023

More Research Needed on Psychotropic-Induced Dry Mouth for Psychiatric Illnesses
Mar 24, 2023

Pill for Skin Disease Also Curbs Excessive Drinking
February 21, 2023

ACLU suit claims Alaska inmate was unlawfully given psychotropic medication against his will
March 15, 2023

Antipsychotic Drug Use in Nursing Homes Draws HHS Scrutiny
January 18, 2023

Can Pilots Fly While Taking Psychiatric Medication?
March 13, 2023

Maryland Foster System Sued Over Administration Of Psychotropic Drugs In Children
January 17, 2023

CBT and Psychopharmacological Treatment Combined with a Novel Compassion & Metacognition Approach for SPD
Mar 1, 2023

The Rebirth of Psychedelic Medicine
January 9, 2023

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Division 55

Candidate Statements



Lynette Pujol
PsyD, MSCP

Candidacy for
Division 55 President-Elect, 2023

I am humbled to be nominated for President-Elect of Division 55 by a colleague. I am a fellowship-trained health psychologist licensed to prescribe in NM and privileged to work as a full-time clinician in a large military hospital where I treat TriService Members with integrated treatment, including pharmacotherapy. My passion for our RxP movement is demonstrated through teaching, publications, and service to Division 55. I teach MSCP students in three programs and host a website and biweekly check-in for students studying for the PEP. I have written articles in The Tablet, as well as journal articles related to psychopharmacology. Since I was elected Member-at-Large for the Division 55 Board, I was asked to chair the Research Council. Under my leadership, our team established research grants for students and travel grants for student presentations at APA. Additionally, I serve as a member of the ABPP committee and analyzed survey data for our application to the ABPP Board. In my home state of TX, I am a member of the Texas Psychological Association's RxP Division (we have a bill!!) and have talked with legislators from other states about RxP. If elected as your President-Elect, you can expect a continued focus on working as a cohesive, collaborative team to accomplish the goal of moving RxP forward. We stand on the shoulders of pioneers who have labored long for some of the wins we are experiencing today. I am grateful for their efforts and this meaningful journey toward assisting people who need it most.

I am delighted to announce my candidacy for President-Elect of Division 55, the Society for Prescribing Psychology, for the 2024 calendar year. As a practicing medical psychologist with specializations in behavioral and cognitive psychology and forensic psychology, I believe I offer a well-rounded and experienced choice for leadership of our division. Further, my active involvement with multiple other APA divisions will serve as a platform from which inter-divisional progress can continue to be made.

Our current leadership, and those before them, have made fantastic strides in RxP. We have seen an explosion of activity in advancing law, policy, and practice in the last few years. APA acceptance of our specialty, progress toward board certification, and laws passed in Iowa, Illinois, and Colorado. Additionally, several other states and government entities have come closer than ever to approving RxP while even more have legislation in the pipeline.

These wins and near misses highlight the importance of leadership from Div 55 establishing a unified front in support of RxP across Federal and State levels, inclusive of State Psychological Associations and other APA Divisions. Such action requires unification in language, communication of action, and diversity in reach and engagement. These steps allow for simpler and further reaching policy advocacy, common terms for research and publication, and informed actions that work in support of all those seeking to advance our mission. My primarily goal for candidacy can be summed up simply; pushing the wheel forward, not re-inventing it. I want to build on, rather than repeat the actions of those who have fueled this movement. Having already formed one inter-divisional committee for RxP, I would seek to expand membership to other divisions and State Psychological Associations, ensuring communication and awareness of actions across the country. To promote support for policy and legislation, I would seek to move us beyond "pilot trials" and "demonstration projections" to efficacy, outcome, and satisfaction research. Additionally, I will advocate to harness technological advancement to generate a knowledge and data sharing platform, empowering others to advocate at local levels.

Most importantly, I would seek to unify us in name as Medical Psychologists in order to support unification in action. In no other area of psychology is a specialization defined by a specific action or tool, but rather, their name reflects their field of expertise. Neuropsychologists are not "testing psychologists" and Industrial and Organization Psychologists are not "hiring and firing psychologists." Such names would discount all of the scientific background and psychological expertise they bring to their disciplines. Similarly, psychologists with prescriptive authority should not be limited in name to only one of the many tools of their practice, prescribing. Unification in name will permit greater advocacy, research, policy generalization, program accreditation, and recognition for hiring and reimbursement rates, to name a few.

I recognize these are not small steps, some may even be controversial, but so was the initial advocacy for prescriptive authority. Bold steps got us here, bolder steps move us forward. If you agree, I humbly request your vote as President-Elect.



Marcus VanSickle
PhD, ABPP, MP

Candidacy for
Division 55 President-Elect, 2023

Division 55 Candidate Statements



**Gretchen Boules
PsyD, MSCP**

Candidacy for
Division 55 President-Elect, 2023

I am honored and delighted to be considered as a candidate for President of Division 55. As the Fifth Prescribing Psychologist in Illinois and as a practicing Clinical Psychologist for over 25 years, I bring a wealth of clinical experience to the table.

I work in a private practice setting as well as at Alexian Brother's Community Mental Health Center treating the underserved. I am also the Program Manager for Ascension Hospital System's only IDFPR approved Prescribing Psychology Fellowship in the state of Illinois. As one of the first graduates of the program, it is dear to my heart as I helped build the program to what it is today. I have helped mentor several of the Illinois Prescribing Psychologists who attended our training program. I am also a board member and Secretary for the Illinois Association of Prescribing Psychologists.

This is an exciting time for Division 55 as many states are actively working on legislation towards prescriptive authority. As President, I will focus on: 1) Providing leadership to expand opportunities for Prescribing Psychologists, 2) Expand membership, 3) Network and communicate with psychologists in states wanting to pass legislation for prescriptive authority. My vision for Division 55 is to help nurture its continued growth and vibrancy. As more states move forward with prescriptive authority for psychologists, Division 55 will grow exponentially.

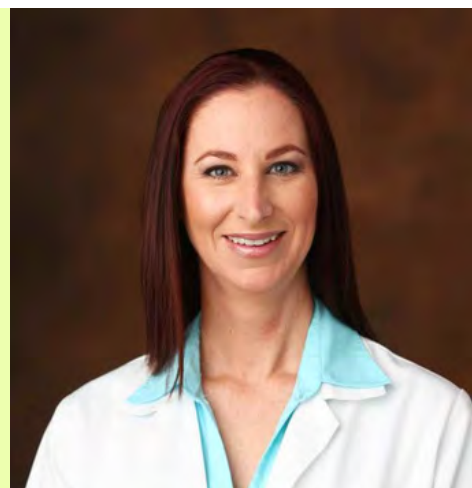
This is an exciting opportunity to serve as President of Division 55. I appreciate your vote and support.

Hola! My name is Julie Price and I am running for Treasurer of Division 55. I am a pain psychologist currently prescribing under supervision, an author, speaker, and registered yoga therapist. I am the Chief of Integrative Pain Psychology and the Director of the Chronic Pain Functional Restoration Program at Eglin Air Force Base Hospital in FL. I also serve as an Adjunct Professor at Uniformed Services University of the Health Science where I teach medical resident and nursing students on a weekly basis. I have served 2 terms on the APA Designation Committee for Postdoctoral Education and Training Programs in Psychopharmacology for Prescriptive Authority, serving as Chair my last two years. I am currently finishing a 2-year term as Treasurer with Division 55 and look forward to ongoing work with the Board of Directors.

I previously served as Assistant Professor at Vanderbilt University School of Medicine in the departments of Psychiatry and Behavioral Sciences, Physical Medicine and Rehabilitation, and Anesthesiology and was the Director of Behavioral Medicine Training/Education at the Osher Center of Integrative Medicine at Vanderbilt. I received my doctorate degree in Clinical Health Psychology from Nova Southeastern University and my Post-Doctorate Masters in Psychopharmacology from Fairleigh Dickinson University. I completed my internship at the Vanderbilt-VA Internship Consortium and my postdoctoral fellowship at Louis Stokes Cleveland DVA Medical Center.

Thank you for your consideration of my candidacy. I look forward to serving another term as your treasurer.

Julie R. Price, Psy.D., MSCP, RYT500
Board of Directors, APA Div 55, Treasurer
Chief, Integrative Pain Psychology
Clinical Director, Chronic Pain Functional Restoration Program (FRP)
Registered Yoga Therapist
Anesthesiology/Pain Medicine
96th Medical Group/SGOS/SGCJ
Eglin AFB, FL



**Julie Price
PsyD, MSCP**

Candidacy for
Division 55 Treasurer, 2023

Division 55

Candidate Statements



Rethel E. Gill
PsyD

Candidacy for
Division 55 Member at Large, 2023

It is a great honor to be nominated for Division 55 Member-At-Large position. I am currently a member of Division 55's Diversity Council. I hope you will vote for me to serve the division as a member-at-Large.

I earned my PsyD at Alliant International University (2009). I received an Honorable Mention in the Minority Fellowship Program for 2007 & 2008. The MFP is part of the Substance Abuse and Mental Health Services (SAMHS), which recognizes the potential of future minority clinicians. I am completing my M.S. in Clinical Psychopharmacology at Alliant International University (May 2023). I am currently conducting a physical assessment practicum with Dr. Stephany Hillman at START Corporation in Houma, Louisiana. This practice treats underrepresented populations: Black, Indigenous, and Whites.

My private practice services people who have been charged or convicted of sex offenses. Some have SUDs or MHDs and are part of the state Mental Health Diversion Program. I also work for a private company treating people with MHDs. Gaining prescriptive authority while advancing an ethno-psychopharmacological framework for Black, Indigenous, People of Color (BIPOC), LGBTQIA+, rural communities, and those living in poverty who often feel unseen is imperative for me.

Professor Kimberlé Crenshaw coined the term intersectionality to help explain oppression of Black women. Developing an intersectional approach to the delivering of mental health services is essential for any underrepresented population. W. E. B. Du Bois first documented health inequities 100 years ago. Now we deem these factors as "social determinants" of health. They pervade all aspects of behavioral and medical care including psychopharmacology. It is my honor to be a protector of the underrepresented, working diligently to decrease fears associated with prescribing medications to members of the BIPOC community and ensuring that we are seen, acknowledged, and heard. I look forward to serving the Society for Prescribing Psychology in this way.

Over the past 3 years, I have had the privilege to serve as the only prescribing psychologist at a military post in Colorado. During my tenure, I have seen firsthand how the augmentation of psychotherapy and psychopharmacology can facilitate life-changing benefits in a client's psychological well-being and overall quality of life. This position has promoted the opportunity to work closely and collegially with several psychiatrists, with whom I share the goal of decreasing the psychological distress of our clients. Recently, as a part of the RxP taskforce in Colorado, I have seen how intensively some professionals oppose prescribing psychology. I am running for the Division 55 Member at Large vacancy, because I know that there is a significant lack of psychotropic prescribers throughout the country, and I believe that prescribing psychologists and psychiatrists can work together to appreciably increase access to much needed medication management services for deserving clients throughout our communities. My desire is also to support the amazing efforts of those on the front lines of various RxP initiatives throughout the country to help prescribing psychology to become a reality in many more states going forward. It has been so uplifting to see the commitment of Division 55 members as they rally around the RxP cause for those in other states. I am hopeful that the momentum that we have gained over the past year will only continue to intensify. I truly appreciate this opportunity and thank you for considering my candidacy.



Brian Seavey
PsyD, ABPP, MSCP

Candidacy for
Division 55 Member at Large, 2023



Research



Continuing Education



Diversity



Training

Division 55 Councils

Div. 55 has various councils that serve an integral role in carrying out the division's mission of increasing access to quality psychopharmacotherapy through advocating nationwide for appropriately trained psychologists to prescribe psychotropic medications. Specifically, the mission of the **Diversity Council** is to promote inclusion of diversity-relevant issues in the administration of Div. 55, to provide information and services relating to diversity to Div. 55 membership, and to provide representation within APA on the intersection of diversity and psychopharmacotherapy within APA governance. The purpose of the Div. 55 **Research Council** is to promote dissemination of high-quality, evidence-based research related to the causes of and treatments for mental illness and substance use disorders. The purpose of the **Training Council** is to monitor, coordinate and ensure that training in clinical psychopharmacology includes APA requirements, current clinical practice and relevant knowledge.

Are you interested in psychopharmacology research but no longer a student?

Consider joining the Research Council!

Please contact council chair Dr. Pujol at lynette.pujol@gmail.com for more information or to attend our monthly meetings.

**Our
New
Logo!**

Many thanks to
Derek
Phillips for
creating it!



SOCIETY FOR
PRESCRIBING PSYCHOLOGY

The Tablet Editorial & Design Team



Shira F. Service

Shira graduated from The Cooper Union for the Advancement of Science and Art in 2014 and earned her Post-baccalaureate Certificate in Clinical Psychology in 2022. Since 2020, she has been a research assistant in Dr. Kristine M. Jacquin's Clinical Psychology and Forensic Neuropsychology Research Lab. Her interest in RxP will certainly accompany her on the journey to becoming a clinical psychologist, and she anticipates learning more from Division 55 at this year's APA Convention. Shira continues to conduct research and currently works at an accredited Clubhouse organization.

Teresa T. Juarez

Aloha! 🌸 As a military-connected family member moving overseas and across the states, Teresa put her educational career on hold towards becoming a clinical psychologist—until now. She is a first-year PhD student at Fielding Graduate University in Clinical Psychology with a neuropsychology concentration. She values providing services to others, from being a Statistics Graduate Teaching Assistant to participating in psychological associations, such as volunteering at the Texas Psychological Association Convention or contributing to the Hawaii Psychological Association as an RxP subcommittee member. Teresa wants to continue working with marginalized and underserved groups, so she looks forward to beginning her practicum in the Rio Grande Valley—on the US-Mexico border, at RDZ Psychological Clinic. Her educational journey will eventually lead to an MSCP. She wishes you to be well and take care!



Rita M. Rivera

Rita M. Rivera, MS, CTP, is a clinical psychology resident at Duke University and is pursuing a Psy.D. with a concentration in neuropsychology at Albizu University. She is a Certified Trauma Professional by the International Association of Trauma Professionals (IATP) and a Certified Crisis Worker by the American Association of Suicidology (AAS). Rita is the Chair of the American Academy of Clinical Psychology-Division of Graduate Students (AACP-DGS), Student Representative for the APA's Society of Group Psychology and Group Psychotherapy (Div. 49), and President of the Global Student Psychology Committee (GSPC). Her research interests include fields that explore the relationship between physiology and mental health, particularly among minoritized and underserved populations.

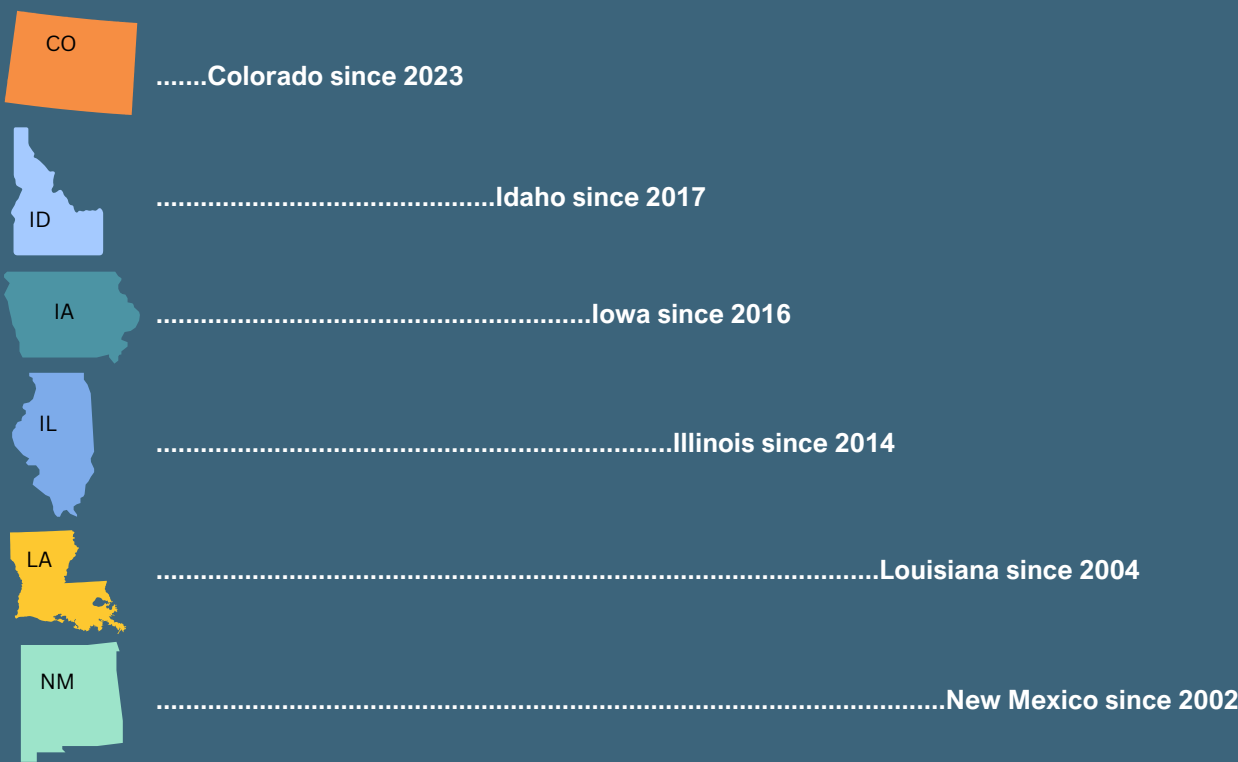
David Benitez

David Benitez, M.S. is a fourth-year Psy.D. clinician with a concentration in Clinical Neuropsychology. Aiming to specialize in Clinical Psychopharmacology at the post-doctoral level. Mr. Benitez attends Albizu University. At AU, Mr. Benitez has served as President of the Neuropsychology Society, President of the Division of Clinical Psychopharmacology, and Institutional Academic Board Student Representative. Mr. Benitez is the elected Student Representative for the APA's Society of Prescribing Psychology (Div. 55), Vice-Chair of the American Academy of Clinical Psychology-Division of Graduate Students (AACP-DGS), and Past Chair of the Florida Psychological Association of Graduate Students (FPAGS). Mr. Benitez advocates strongly in favor of integrated care and the RxP movement, APA's Division 55 The Society for Prescribing Psychology & APA's recognized specialty in Clinical Psychopharmacology.



Notice states throughout this edition of The Tablet?

These six states currently grant prescriptive authority to certain licensed psychologists.



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