



The Tablet

Editor-in-Chief: David S. Shearer, PhD, MSCP
Editor: Judi Steinman, PhD

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The Editors



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



Judi Steinman, PhD
EDITOR

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>

President's Column



**Steve Curtis, PhD,
NCSP, MSCP**

DIVISION 55 PRESIDENT
2024

Dear Division 55 members,

I am excited to be President of Division 55 this year. David Shearer, PhD, MSCP, is now Past President, and Lynette Pujol, PhD, MSCP, is President-Elect. Board Members and Committee Chairs are listed on our website at <https://www.apadivisions.org/division-55/index>. I thank everyone on the board and committees for their time. Serving members and being part of a division with incredible colleagues and prescribers is a pleasure. For those of you who do not know me, I am a Licensed Psychologist in the states of Washington and New Mexico. I am also a Nationally Certified School Psychologist (NCSP) and a Certified Prescribing Psychologist in New Mexico. I provide psychological services at Lifespan Psychological Services, PS, on Bainbridge Island, WA, and prescribing services in Family Medicine of Memorial Medical Center in Las Cruces, WA. I am also an Affiliate Faculty Member of the PsyD Clinical Psychology Program (APA approved) at Antioch University, Seattle. My training and practice have focused on working with children with neurodevelopmental, behavioral, and emotional challenges. I have commuted monthly to New Mexico to prescribe since 2017, initially under the mentorship

of Marlin Hoover, PhD, MSCP. I am incredibly passionate about Prescriptive Authority for Psychologists (RxP) and grateful to have become a prescriber. I thank Alliant University, Judi Steinman, PhD, Dr. Hoover, John Andazola, MD, my colleagues in New Mexico, Jude Bergkamp, PhD, Fred Walters, MD, my colleagues in Washington State, and my family for their incredible support.

My goal this year is to keep the momentum for RxP going. When two colleagues (Hoffman and O'Leary-Sloan) and I published a recent article, see <https://psycnet.apa.org/record/2022-58802-001>, we thoroughly read the published literature written since RxP's foundation. We studied critical writings by DeLeon, Fox, Sammons, Ax, Levine, McGrath, Muse, Shearer, and others. We learned that APA officially

“Our ultimate goal is to effectively help more needy people who would not have had services otherwise.”

officially endorsed RxP in 1995 under considerable controversy by those inside and outside our field. After an incredible amount of faith and grit from our founders and colleagues, almost 30 years later, we now have over 300 prescribers, over 1000 psychologists with prescription training, and six APA-designated psychopharmacology programs with the University of Colorado, Denver, starting one in the fall (<https://www.apa.org/education-career/grad/designation>). We have RxP training guidelines (<https://www.apa.org/about/policy/rxp-model-curriculum.pdf>), and legalization of RxP in seven states (New Mexico, Louisiana, Illinois, Iowa, Idaho, Colorado, and Utah), US territory in Guam,

President's Column

land and other federal jurisdictions. We have psychologists with prescriptive authority working in the military, the Indian Health Service, other government agencies, hospitals, and outpatient facilities. RxP is also becoming international, as noted by Beth Rom-Rymer, PhD, “Psychologists in at least 15 other countries are now enthusiastically involved in the prescriptive authority movement” (<https://www.apa.org/monitor/2023/06/prescriptive-authority-psychologists>). As an example, Mureriwa and colleagues have published an article about the case of RxP in South Africa (<https://purerims.smu.ac.za/en/publications/psychopharmacology-the-case-for-prescribing-psychologists-in-south-africa>). We have shown our critics that we are safe, have increased access to care, and are effective. Researchers have found that legalizing RxP saves lives (<https://www.cato.org/blog/new-evidence-prescribing-psychologists-can-save-lives>).

Psychologists with prescriptive authority are like other prescribers but different in a big way. We have extensive training in psychopharmacology. However, we are also psychologists first and prescribers second. This means we can provide traditional psychological services when prescribing alone is not indicated or is insufficient. Seeing my doctoral students in my psychopharmacology courses embracing RxP with minimal aversion to the topic is incredible. Times have changed, the initial resistance to RxP has decreased, and the winds are blowing in our favor. I am excited about the potential ABPP in Clinical Psychopharmacology, which will bring even more appreciation of RxP by others. Derek Phillips, PsyD, MSCP, ABMP, Lynette Pujol, PhD, MSCP, and others are working hard on the ABPP application process. At this stage in the RxP movement, we must thank our founders and colleagues who have fought so hard for RxP for this fantastic opportunity. Let's take the ball and keep running! Our ultimate goal is to effectively help more needy people who would not have had services otherwise. We should never lose sight of this.

My second goal is to have a successful APA conference in Seattle this year. One of our outstanding doctoral students at Antioch University, Seattle, Yulia Shtareva, MA, is the Convention Program Chair. We are focused on the next steps of RxP, including ways to promote RxP as part of the solution to the mental health crisis, maintain our identity as psychologists first and prescribers second, increase our knowledge base of clinical psychopharmacology practice, and improve our ability to work with an increasingly diverse population of patients. We encourage doctoral students and early-career psychologists to become involved with RxP and Division 55. Please come to Seattle in August, and we will show you a good time! We have tasty coffee or herbal tea, fish, scenery, cool weather in the summer, music, good people, and plenty of places to explore. Our waterfront has undergone an extensive transformation over the past few years, which is remarkable. If you want to help with the convention, please let Yulia know. We also want to continue the growth of Division 55 by increasing our membership of early-career psychologists and all psychologists interested in RxP. Another of our outstanding students, Anna Lee, is the Membership Chair. If you would like to join Division 55, please get in touch with her at alee7@antioch.edu.

My third goal relates to my interest and expertise in providing psychological and prescribing services to neurodiverse children. I plan to explore collaborative opportunities with Division 16 (School Psychology) and the National Association of School Psychologists (NASP). As a Nationally Certified School Psychologist (NCSP), doctoral-level school psychology (considered Health Service Psychology) training is a perfect foundation for training in pediatric prescribing. Other school psychologists, like George Kapalka, PhD, MS, would surely agree. Please let me know if you are interested in helping me achieve this goal.

Thank you for listening to me; I value your input. You can reach me at this address or via my cell phone at 206-714-8905. Take care and talk to you soon!

Sincerely,
Steve Curtis, PhD, NCSP, MSCP

Past President's Column

It was my great honor to serve as your President of Division 55 in 2023. I deeply appreciate all the support I received from so many of you over the year. Many of you shared your hard-earned wisdom and helped me grow as an individual and leader.

2023 was an exciting year to be part of Division 55 and the national RxP movement! Dr. Jin Lee and her team ushered in Colorado as the sixth state to authorize prescriptive authority for psychologists. Division 55 boasted over 1000 members for the first time, and the Division fielded an amazing slate of presenters at the APA Convention in Washington, DC.

Your Division 55 Board of Directors voted to sponsor an American Psychological Foundation (APF) Antisemitism Research Fund; Dr. Derek Phillips and Dr. Lynette Pujol continued their work on the application for an ABPP (board certification) in Psychopharmacology; and, we partnered with the American Academy of Clinical Psychology (AACP) who created and delivered, under the leadership of Dr. Gery Rodriguez-Menendez, the first annual Psychopharmacology Leadership Summit in March 2024.

“We owe a debt of gratitude to many who put blood, sweat, and tears into this movement and yet never had the opportunity to prescribe.”

Dr. Judi Steinman and I, and our amazing publishing team including Shira Service, Teresa Juarez, Rita Rivera and David Benitez, brought our Division newsletter, The Tablet, back to life and into the 21st century.



**David S. Shearer,
PhD, MSCP**

DIVISION 55 PRESIDENT
2023

Dr. Pat DeLeon and his team on the Fellowship Committee led the charge on bringing more eligible Fellows into Division 55. Not only did Dr. DeLeon help usher in many deserving candidates, but he also spearheaded an effort to posthumously award Fellowship to those who have done so much in the past to move RxP forward.

Dr. Robert Ax, who has been championing RxP for many years, wrote an article for The Tablet (Summer, 2022) that outlined the argument for APA-accredited doctoral programs requiring a three-credit psychopharmacology course. The Division used Dr. Ax's article to develop our position statement supporting this course of action. Division 55's current President, Dr. Steven Curtis, introduced a discussion about requiring psychopharmacology courses at the annual meeting of the National Council of Schools and Programs of Professional Psychology ([NCSPPP](#)).

In all, 2023 was a positive year for the prescriptive authority movement for psychologists. Frankly, I was just lucky to be the President during such a productive time. I never lose sight of the fact that every positive development in the prescriptive

Past President's Column

authority movement not only depends on the energy and commitment of today's leaders but has its roots in the work that was done by those who came before.

We owe a debt of gratitude to many who put blood, sweat, and tears into this movement and yet never had the opportunity to prescribe. And that, perhaps, is the main point of this column; that I am deeply grateful for those who have made it possible for me to work for the last 15 years as a prescribing psychologist, to those I have had the great fortune to collaborate with as we continue to move the needle forward on prescriptive authority, and to the dynamic and diverse new members of our community who will lead the charge in the near future.



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First-time non-
student members:
\$25 for the first
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Membership
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Article Review: Pharmacotherapy for Alcohol Use Disorder: A Systematic Review and Meta-Analysis

Reviewed by: Christine Machado-Denis, PSYD, MSCP

Alcohol Use Disorder (AUD) is seen in approximately 28 million individuals ages 12 and older in the United States (National survey on drug use and health, 2020). However, in 2021 only an estimated 0.9% of people with alcohol use disorder received AUD specific pharmacotherapy.

The current study was completed through a systematic review and meta-analysis to compare efficacy of available pharmacotherapy for alcohol use disorder (AUD). There are currently three FDA approved drugs for AUD (acamprosate, naltrexone available in oral and injectable formulations, and disulfiram). There are additional medications used off-label for the treatment of AUD including: baclofen, topiramate and gabapentin.

The study found the highest strength of evidence for oral naltrexone 50 mg per day and acamprosate. Studies that compared naltrexone 50 mg per day and acamprosate did not establish superiority of either medication. Naltrexone 50 mg per day was associated with a moderate strength of evidence for reduction of return to drinking, percentage of drinking days and return to heavy drinking compared to placebo. Studies of acamprosate demonstrated moderate effects for reduction in return to drinking, percentage of drinking days and reduction in return to any drinking compared to placebo. There is limited evidence to support efficacy of disulfiram. Studies of topiramate showed moderate strength of evidence compared to placebo for reduction in percentage of drinking days, heavy drinking days and drinks per day. However, topiramate was associated with increased adverse effects. Studies examining baclofen and gabapentin displayed low strength of



evidence and were identified as insufficient or of low benefit. Ten of the 118 studies reviewed combined pharmacotherapy with psychotherapeutic interventions.

Limitations:

- Clinical trials with less than 12 weeks of follow-up from the time a medication was initiated were excluded from the analyses.
- Long-term data about adverse effects was not available.
- Of the studies included, 3 studies reported that less than 90% of participants met criteria for alcohol use disorder.
- Some studies combined participants that met criteria for both AUD and depression which can create additional confounds in determining efficacy of the therapies.
- Most studies likely included moderate to severe AUD pts and thus utility of these medication in mild AUD is uncertain.
- Limited age range for effect- 40-49 years, thus for younger and older individuals efficacy of these medications is uncertain.
- Race and sex included majority white males and no study specified any other gender other than male or female.

Article Review: Pharmacotherapy for Alcohol Use Disorder

Bottom line:

Acamprosate and oral naltrexone 50 mg are effective treatments for AUD and should be considered, especially in combination with psychotherapy. Yet, AUD pharmacotherapy is often not offered to patients and remains underutilized by providers.

Clinical Relevance:

Assessment of substance use disorders is paramount to provide effective and comprehensive health care. Many patients encounter systemic barriers that limit their access to intensive substance use rehabilitation programs. Stigma and provider discomfort and/or limited knowledge of substance use disorders and available treatments may contribute to the limited access to AUD medications. Providing the option of AUD pharmacotherapy for patients with moderate or severe AUD may be the first step towards wellness a patient can easily access on their path to recovery. Provision of naltrexone or acamprosate can help mitigate risks of disease progression and the development of comorbid illnesses stemming from AUD such as cardiovascular disease, hypertension, liver cirrhosis, fetal alcohol syndrome, anemia, osteoporosis and cancer.

Pharmacotherapy for Alcohol Use Disorder: A Systematic Review and Meta-Analysis

McPheeters, M., O'Connor, E., Riley, S., Kennedy, S., Voisin, C., Kuzniak, K., Coffey, C., Edlund, M., Bobashev, G. & Jonas, D. (2023). JAMA, 330(17), 1653-1665

BOOK SUMMARY

Preserving the Etchings of the Mind: Aging, Dementia, & Hearing Loss

By Jamie Wilson, PhD, ABN, ABPP



The following is a summary of the newly released book written by Division 55's own Dr. Jaime A.B. Wilson, a prescribing psychologist residing in Olympia, WA. Several members of Division 55 have also reviewed the book. Their reviews are appended at the end of the summary and excerpt below.

Embark on a captivating journey into the intricate world of dementia in *Preserving the Etchings of the Mind: Aging, Dementia, & Hearing Loss*. Using storytelling to captivate attention, Jaime's book opens with a relatable family trip, setting the stage for exploring memory's vulnerability to aging and disease. A metaphor is eloquently weaved in: much like dust and human touch erode ancient petroglyphs, plaques and tangles in the brain erase connections to memories. The book deftly describes common forms of dementia, demystifying their causes in a way that resonates even with those unfamiliar with medical terminology.

Unveiling a hidden risk factor, the book emphasizes the link between hearing loss, social isolation, and cognitive strain. Rooted in Jaime's experiences as a clinician specializing in patients with hearing loss, this revelation applies universally, urging readers to consider the impact of hearing loss on cognitive health – a 24% increased risk associated with later cognitive decline!

The book's engaging narrative is both well-referenced and enlightening. Jaime's voice is a constant companion as he skillfully weaves amusing anecdotes and quotes into his teachings. This journey, guided by the author's notion that learning is enhanced when one is engaged and enjoying the process, is both educational and pleasant. Ultimately, Jaime's work invites readers to appreciate the intricate dance of memory, the impact of hearing loss, and the steps that can be taken to nurture cognitive well-being.

Book's Listing Click Here!

Following is a brief excerpt from the book taken from the section on nootropics – medications that can enhance cognition or memory. Specifically, the excerpt below focuses on future possibilities in terms of the current research with nootropics (for more information on the book, including the "Look Inside" feature, please see the book's listing on Amazon).

Some evidence is beginning to arise that suggests that low doses of lithium may significantly delay the onset of dementia. The studies found that patients with mood disorders who took lithium had a lower incidence of dementia than similar patients who were not prescribed lithium.⁹⁷

Prior lithium studies have found that communities with lithium concentrations in drinking water have lower suicide rates than the general population average.⁹⁸ These findings have prompted at least three investigations of lithium concentrations in drinking water and the incidence of dementia.⁹⁹⁻¹⁰¹ Of the three studies, two found a correlation supporting lithium's protective effects against dementia. The one negative study had average lithium exposures at unusually low levels.

Book Summary: Preserving the Etchings of the Mind

Although we have some evidence suggesting an antidepressant effect with low-dose lithium, more studies are needed to confirm these exciting findings. Further studies will help to ensure other evidence of lithium's antidepressant protective effects and its safety for use. Fortunately, a study is underway that examines what appears to be lithium's promising antidepressant potential. 102 (References cited are included following the review commentaries below.)

Selected Book Review Commentaries for Preserving the Etchings of the Mind

In *Preserving the Etchings of the Mind*, Dr. Wilson delivers an exceptional review of the dementia risk factors, including that of hearing loss. He addresses the all-important issue of medical conditions that, once addressed, resolves the underlying dementia-like condition. Dr. Wilson also provides tools, evidence-based insights, and pharmacological options for reducing the risk of cognitive decline and leading healthier lives today.

-Dr. David S. Shearer, Ph.D., MSCP, ABMP

Dr. Wilson is at the forefront of the latest research on hearing and brain health. It is with great confidence that I recommend him and this book to assist with behavioral and pharmacological interventions for maximizing brain health.

-Dr. Brandon Henscheid, Psy.D., MSCP

This book provides an excellent update on the most common types of brain disorders underlying dementia and also takes a deep dive into understanding the relationship between hearing loss and dementia. This is a common yet not often discussed topic within dementia science. This book also provides up-to-date recommendations on pharmaceutical as well as behavior approaches in maintaining optimal cognitive functioning. A practical book for both the layperson and professional.

-Dr. Ryan Ernst, Psy.D., MSCP, ABN

This book is scientifically based, delightfully readable, and full of up-to-date information. Not only will you learn about different types of dementias and risk factors but also about treatments, including lifestyle changes and current pharmacotherapy. I know of no other book on dementia that is as informative and as easy to read. Dr. Wilson encourages readers that it is never too late to start doing something about dementia and shows you where to start. And that, my friends, is worth its weight in gold.

-Dr. Lynette Pujol, Ph.D., MSCP

This book helps to clarify the hearing loss and dementia connection while also providing current trends in behavioral and pharmacological options to improve our odds of staying mentally sharp. The book is well written and flows very nicely, providing a background on dementia. Dr. Wilson's style of writing is informative, but the writing is relaxed, with good examples that are easily relatable and will keep the reader's interest. He does not burden the reader with jargon but provides a logical connection between dementia and hearing loss. Highly recommend.

-Dr. Randall L. Tackett, Ph.D.

Excerpt References

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Research & Travel Grant Announcements

The Division 55 Research Council announces two winners of the Student Research Grants in Psychopharmacology. They are:

Haniya Siddiqui for “Cross-sectional legal mapping study of current state laws controlling clinical psychologists’ prescribing authority for behavioral health care patients.”

Haniya Siddiqui’s study is based in legal epidemiology research. The project involves a review of the extant state laws to create a policy brief on the current status of state laws and the policy concerns of different stakeholders. This review will guide a codebook, used in legal epidemiological research, for recording salient features of RxP laws. Critical differences among state laws will be codified so researchers can use it to conduct analyses of casual links between different aspects of the laws and measured health outcomes.

Jack Krizizke for “A phenomenological exploration of intravenous ketamine-assisted psychotherapy for treatment-resistant depression.”

Jack Krizizke’s study involves semi-structured interviews with subjects who have undergone a course of IV ketamine for treatment resistant depression. Interviews will be transcribed verbatim and analyzed with a phenomenological approach to identify themes that form what the subject believes to be transformative dimensions of their experience. Participants will be offered the opportunity to provide feedback on their transcripts and/or the themes developed from coding. These data will inform future research in this area regarding what parts of treatment are most meaningful and lead to behavioral and/or attitudinal change.

Division 55 Research Council Promotes Research in Psychotherapy

Student Research Grants

Winners receive \$2000 to assist in completion of their research. We had excellent submissions this year and we would like to thank those who submitted applications, our three reviewers and the Division 55 Board of Directors for supporting research grants for students.

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.



Division 55 2023 APA Convention



Creating Memories ...



**Join us in
Seattle
August 8th-
10th!**

**Help Us
Create
More
Memories!**

**We have a great
lineup of
presentations for
APA in August.**

Just a few of the topics include:

Our growing Division

Novel Psychotropics: New Drugs, New Directions

Overprescribing Psychotropic Medications to Pediatric Patients

Safety and Efficacy of Prescribing Psychologist in New Mexico Underserved Communities

Diagnostic and Psychopharmacological Considerations in the Care of Trans and Gender Diverse People

Utilizing Genetics in Personalized Medication Management for Treatment-Resistant Depression

We have two discussions of great importance that we hope you will attend:

Update on our application for ABPP Board Certification in Clinical Psychopharmacology

Update on Practice Guidelines Regarding Psychologists' Involvement in Pharmacological Issues

The complete schedule and author list will be in the July Tablet!

Legislation and Advocacy: Pat DeLeon Blogs

By Pat DeLeon, PhD, MPH, JD

“I THOUGHT LOVE WAS ONLY TRUE IN FAIRY TALES”

Visiting The Hill: Katherine McGuire, APA’s Chief Advocacy Officer, reflecting on APA/APA Services’ Council of Representatives Hill Day: “We are excited and proud to have had over 40 members of APA’s Council of Representatives and Board of Directors in meetings with members of Congress and their staff on February 22nd, as part of the association’s first ever Council Hill Day to translate Council policy into action. Council members participated in over 90 meetings on Capitol Hill. During these meetings, they urged their members of Congress to: co-sponsor the Youth Mental Health Research Act (H.R.5976/ S.3060) that advances the Council Resolution on Child and Adolescent Mental and Behavioral Health; support \$341 million in Fiscal Year (FY) 2025 for the Department of Labor’s (DOL) Wage and Hour Division to investigate and combat child labor violations to advance recommendations in the Council Resolution on Developmental Risks and Opportunities in Adolescent Employment; and support \$30 million in FY25 for the Graduate Psychology Education Program (GPE) to advance the Council Resolution on Advancing Health Equity in Psychology.

“We are thankful for the leadership and support of APA President Cynthia de las Fuentes who led this initiative, which was the first Congressional advocacy experience for many Council members. This effort effectively translated APA Council policy to advocacy and demonstrated the impact psychologists can have through sharing their professional experiences to support APA priorities.”

Exciting Progress: Nan Klein, who received APA’s Lifetime Advocacy Award during the 2024 Practice and SPTA Leadership Conference for her decades of outstanding and selfless service: “Utah will become the seventh state to allow psychologists to have limited prescribing privileges following passage of SB.26 in



the 2024 legislative session, which ended Friday, March 1. The Governor is expected to sign the bill since the legislation is based on an initiative he announced during his inauguration speech in 2021. Ostensibly as an effort to address the ‘mental health crisis’ in Utah, the Governor requested the legislature to establish the Office of Professional Licensure Review (OPLR), created in 2022, to review every professional license granted in Utah, starting with behavioral health licenses in order to ‘eliminate barriers to behavioral health care access created by the licensing process.’ OPLR conducted its review from December 2022 through October 2023. During an initial meeting with OPLR, I, the Utah Psychological Association (UPA) Director of Professional Affairs (DPA), and Kirt Cundick, then UPA President, mentioned that some states include RxP, prescription privileges, in the scope of practice for psychology. OPLR apparently took note. OPLR’s review of psychology, social work, mental health counseling, marriage and family therapy, substance use disorder counseling, music therapy, and recreation therapy resulted in a series of recommendations which were all incorporated in SB.26, including RxP.

Legislation & Advocacy: Pat DeLeon Blogs

“I THOUGHT LOVE WAS ONLY TRUE IN FAIRY TALES”



“There are a number of troubling parts of SB.26, including establishing an ‘uber’ Behavior Health Board under which psychology will be regulated by non-psychologists, including the insurance industry, music therapists, bachelor-level ‘psychology extenders,’ consumers, etc. While we wrote the original RxP language in SB.26, that language was substantially modified to the present formulary limited to prescribing only SSRIs, and the confusing language regarding training hours. OPLR, along with the Senate sponsor of the bill, were very committed to retaining RxP in the bill, despite the first Senate vote only yielding 11 ‘yea’ votes of 29 total votes, due to the opposition to RxP by the Utah Medical Association. The Senate sponsor was able to convince the single Republican physician in the Senate to propose an amendment limiting prescribing to SSRIs. With this amendment being proposed by the outspoken physician opponent to RxP, the amendment and the bill eventually passed unanimously. SB.26 passed the House unanimously 70-0 on February 28. OPLR has already contacted us to begin discussions to clarify the training hours and other language. The bill takes effect May 1, 2024.”

UNIVERSITY of HAWAII MĀNOA

The University of Hawaii’s Visionary Investment In The Future -- Kamal Masaki: “At the John A. Burns School of Medicine (JABSOM), we were the fourth medical school in the country to have Geriatric Medicine get full department status. The Department of Geriatric Medicine is a nationally designated John A. Hartford Foundation Center of Excellence in Geriatrics, one of only 25 in the country. We have over 75 geriatricians and 35 other interdisciplinary faculty in our department. We also house a Division of Palliative Medicine, with over 30 faculty who are board certified in hospice and palliative medicine.

“Our department provides many education programs. We have one of the larger and more established Geriatric Medicine fellowship programs in the country, with 7 funded positions and 214 graduates. Our graduates have taken many leadership positions in Hawaii, the mainland US, and Asia. Many have gone into academic or research careers. We have created curriculum in geriatrics for every year of medical school, culminating in a required 4-week rotation in geriatrics and palliative care for 4th year medical students at JABSOM. . We provide training in geriatrics for residents in Family Medicine and Internal Medicine, as well as other medical specialties. In the past 2 years, we have created curriculum in geriatrics for Nurse Practitioner students from the University of Hawaii, Hawaii Pacific University, and Chaminade. We provide training in geriatrics for allied health professionals and students. Our faculty play leadership roles in interprofessional education with students from JABSOM and schools of nursing, pharmacy, public health and social work. We have had many educational grants over the past 30 years, the most recent being the Geriatrics Workforce Enhancement Program (GWEP) grant from HRSA. We also provide training for lay audiences on geriatric topics, and the department chair serves as the director of JABSOM’s mini-medical school on healthy aging.

“Faculty in the department also participate in research and quality improvement, in partnership with community hospitals. This provides a rich academic environment for faculty, fellows and other trainees. Our clinical practice is part of the Queen’s University Medical Group, which provides care to frail older patients in many settings: outpatient consultations, inpatient consultations, home-based primary care for home bound patients, and long-term care in nursing homes and assisted living settings. Community service is very important to us, with many faculty volunteering their time with community organizations.”



“I THOUGHT LOVE WAS ONLY TRUE IN FAIRY TALES”



An Important and Growing Awareness: From the perspective of having served on Capitol Hill for nearly four decades and attending numerous Congressional health hearings, it is refreshing to see how during the past decade science and the Department of Defense (DoD) have gradually developed an appreciation for the importance of the behavioral sciences and bringing “lessons learned” from research directly to the field (i.e., translational medicine) in a timely fashion in order to effectively address potential health issues. In contrast, I recall one year pointing out to one of the military services that their health testimony before the Senate Appropriations Committee contained the same spelling errors as it did the previous year – it was identical, suggesting that nothing had changed over that period of time.

This February, the Senate Armed Services Committee held a hearing on Traumatic Brain Injury and Blast Exposure Care. The Rand Corporation testimony noted that for the past eight years they had supported DoD’s Blast Injury Research Coordinating Office. Repeated exposure to low-level military occupational blasts (both in combat and in training) can result in subconcussive injuries which are not immediately detectable and would not qualify as a TBI (traumatic brain injury). TBI has been called the “signature injury” of both Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) with upwards of 20% of service members returning from deployment suffering a TBI. Studies have shown that the cumulative effect of low-level blast exposure can cause symptoms similar to TBI. These can include: cognitive impairments, sleep disturbances, depression, panic attacks, and PTSD. However, only recently has the research community started conducting longitudinal studies.

One reason for the lack of evidence on the relationship between low-level blast exposure and its effects is the difficulty of diagnosis. It is not one single event that causes an issue but rather the cumulative effect of repeated exposure thus complicating injury recognition. Further, symptoms typically do not manifest immediately and the injury is vastly underreported among service members. One study of over 5,000 soldiers found that of those who reported a concussion, only 52% sought medical care. Sixty-four percent of those who did not seek care did not think the injury required care and 18% were concerned that reporting might have negative repercussions on their careers. One can assume that care-seeking is even lower for low-blast exposure. One of Rand’s most interesting recommendations was embedding researchers within training and deployed units which was felt would significantly enhance data collection and the understanding of the real-world impact that repeated low-level blast exposure has on service members.

The testimony of the Assistant Secretary of Defense for Health Affairs Lester Martinez-Lopez, along with that of several of his colleagues, provides a framework for bringing the best of the behavioral sciences to the active duty environment. “We will inform the Committee about the Department’s initiatives to understand the causes and impact of brain injuries, support ongoing training of medical professionals, inform the development of treatment protocols, and improve cognitive and physical performance of the warfighter. The [DoD’s] primary mission is to defend the Nation. Fulfilling this mission means warfighters need the ability to make expedient and effective decisions on the battlefield. Promoting brain health and mitigating the impact of traumatic brain injury (TBI), in all its forms, is a top priority.... Warfighter brain health represents the physical, psychological, and cognitive status that affect a warfighter’s capacity to function adaptively in any environment and impacts readiness, operational capability, and mission effectiveness.”

Legislation & Advocacy: Pat DeLeon Blogs

“I THOUGHT LOVE WAS ONLY TRUE IN FAIRY TALES”

The Assistant Secretary further opined: “The future security environment and expected battlespaces are becoming more and more complex.... We are expanding pre-deployment neurocognitive testing to a broader program for the whole of DoD to identify, monitor, and manage warfighters who suffer cognitive effects from brain exposure or injuries. The expansion of the cognitive monitoring program will improve DoD’s ability to manage and excel the total health of the warfighter and impact overall readiness.... The Department is moving from clinical and research insights to continuously updating policy and guidance as more information is gained to enhance Warfighter Brain Health....

[DoD] delivers a holistic patient centered interdisciplinary TBI model of care. Behavioral health services draw upon the disciplines of psychiatry, psychology, and social work. Additional services may draw from neurology, sleep medicine, pain management, and rehabilitation services such as balance and vision therapy to name a few.” As Robin McLeod stressed during the Practice and SPTA Leadership Conference, psychologists have an unprecedented opportunity to provide visionary leadership at the highest level. The question is: Will our future leaders accept this societal responsibility? To which I would also add: When will nursing’s future leaders step forward? “Then I saw her face, now I’m a believer” (The Monkees).

Aloha,

Pat DeLeon, former APA President -- Division 55 –
March, 2024



**Questions?
Comments?
Article Ideas?
Vignettes to Share?**

**Contact
Us!**



davidshearer.rxp@yahoo.com

The Path to RxP Passage in Utah: A Road Less Traveled

By Nanci Klein, PhD

Of the many takeaways over the past 25 years for passing RxP legislation, perhaps the most compelling one is that there is no prescription for getting a bill through the process. Each state's experience is unique; Utah's is no exception.

Initiated by the Utah Psychological Association (UPA), Utah first ran an RxP bill in 2011. That bill was met with the predictable litany of dire predictions of death and disaster from the Utah Medical Association (UMA), effectively killing the bill in its first committee hearing. The very act of introducing RxP legislation in 2011 created such hypervigilance on the part of UMA that its only concern about PsyPact legislation in 2017 was whether or not prescribing psychologists credentialed in other states would be able to prescribe in Utah (they can't; PsyPact passed).

“SB 26 passed the House unanimously 70-0 on February 28, and was signed by the Governor on March 19, 2024.”

The Covid-induced national recognition of a “mental health crisis” (already widely known by behavioral health practitioners pre-Covid) catalyzed Utah's executive and legislative branches to focus on ways to address behavioral health treatment access issues. In his 2021 inaugural speech, the Governor requested the legislature establish the Office of Professional Licensure Review (OPLR) to review every professional license granted in Utah, starting with behavioral health licenses. Created by statute in 2022, OPLR's mandate was to “eliminate barriers to behavioral health care access created by the



licensing process.” Interestingly, in 2023, Libertas Institute, a 501(c)3 non-profit “think tank” located in Lehi, Utah, pursued introducing an RxP bill modeled after Idaho's statute, independent of any communication with or input from UPA.

OPLR conducted its review from December 2022 through October 2023. During its invited meeting with OPLR to discuss the Utah Psychologist Licensing Act, UPA mentioned that some states include RxP in psychology's scope of practice. OPLR took note, investigated the current status of RxP, and included prescribing privileges for psychologists in its final recommendations to the Governor and the legislature. RxP language amending psychology's scope of practice in Utah was drafted by UPA and included in SB 26 in the 2024 legislative session. Despite UMA's intense opposition to the RxP section of SB 26, the Senate sponsor was strongly committed to maintaining all of OPLR's recommendations in the bill. UMA was then given the opportunity to amend RxP bill language in multiple

The Path to RxP Passage in Utah: A Road Less Traveled

meetings with OPLR without any inclusion, input, or consultation with UPA, resulting in confusing language on training sequence. It is expected that the rule-making process will clarify practica requirements.

SB 26 passed favorably out of committee, but received only 11 of 29 “yea” votes on the Senate floor. The Senate sponsor was then able to convince the single Republican physician in the Senate to propose an amendment limiting prescribing to SSRIs only in order to pass SB 26 with all OPLR recommendations intact. SB 26 passed the House unanimously 70-0 on February 28, and was signed by the Governor on March 19, 2024.

Utah’s road to becoming the seventh state to allow psychologists to prescribe was not the route so often traveled by other states. However, Utah’s experience offers a lesson in reading when political momentum is on your side, when your battles can be fought by others, when to lean in, and when to get out of the way.

What does Division 55 have to offer? Awards!



Division 55 Student Grants in Psychopharmacology



Educator of the Year



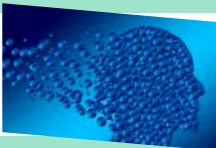
Distinguished Contribution to the Advancement of Pharmacotherapy at the National Level



Distinguished Contribution to the Advancement of Pharmacotherapy at the State Level



John D. Preston Award for Outstanding Contributions to Clinical Psychopharmacology



Major Caraveo National Service Award



Patrick H. DeLeon Prize for Outstanding Student Contribution to the Advancement of Pharmacotherapy



Passage of SB127 in New Mexico

By George M. Kapalka, PhD, MS, ABPP



Dear colleagues:

On behalf of the Board of the State Psychologist Association of New Mexico (SPA NM), the organization for prescribing psychologists in New Mexico, I am thrilled to announce that SB127 was signed into law by Governor Grisham. It is the culmination of years of effort by prescribing psychologists in New Mexico to improve some of the aspects of our RxP law and practice.

By way of background, over twenty years of practice in New Mexico, prescribing psychologists have been providing safe and effective services. But our RxP law and regulations had shortcomings. For example, our formulary was restricted, we were not able to administer injectable medications, and we were not able to supervise psychologists completing supervised experiences, thus greatly restricting the pipeline of new prescribers seeking RxP in New Mexico. Over the last 20 years, with the efforts of prior SPA NM board members and tireless advocacy by some prescribing psychologists in our ranks, we were able to pass some incremental improvements. But the obstacles listed above remained.

In 2022, SPA NM Board accepted the challenge and developed a bill which addressed these issues. That bill also proposed to move prescribing psychologists under the jurisdiction of the medical board, in the hope that being regulated as a medical profession, we would be able to practice prescribing in accordance with medical practice (i.e. psychiatric) standards.

While the New Mexico legislators supported that bill wholeheartedly – in fact, it passed unanimously – the governor pocket-vetoed the bill. SPA NM Board was informed that the reasons for this had nothing to do with the bill or our profession, but because of on-going disputes between the governor and the Board of Medicine the governor felt that at this time moving another profession under their regulatory oversight was not appropriate. The governor also promised to work with us to develop a bill that may accomplish what we seek and be acceptable to her.

As politics go, other matters took precedence in state governance. The SPA NM Board approached the governor's office repeatedly, but it was not until late 2023 that the Governor agreed to meet with us. After the meeting, there were additional delays before the SPA NM Board finally received word that the governor would support a streamlined version of the previous bill, and we would remain under the jurisdiction of the Board of Psychologist Examiners.

It was, therefore, on very short notice that SB127 was developed in time to be introduced at this year's short legislative session. It is a slimmed-down version of the bill that was pocket-vetoed the year before. The bill passed all legislative committees as well as full floor votes, and we are thrilled to announce that the governor signed it last week. The bill accomplishes most of what we hoped.

Passage of SB127 in New Mexico



First, the bill dispenses with the need to specify a formulary for prescribing psychologists, and instead states that our prescriptive practice will be "consistent with the standards of practice for clinical psychopharmacology". This is a significant improvement over the language that previously defined our practice. Instead of indicating which agents we can prescribe, this broadens the scope of our practice to that of "clinical psychopharmacology" which more closely resembles the practice of other psychiatric prescribers. The bill also allows us to "prescribe drugs for the management of or protection from side effects that are a direct result of psychotropic medication," albeit in consultation with the patient's medical health care professional (which must take place within 21 days).

Regarding oversight of our practice, the bill established a committee composed of two prescribing psychologist members of the board (or their designees) and two members of the New Mexico medical board (or their designees) to evaluate licensing complaints against prescribing psychologists and report its findings and recommendations to each board for appropriate action. This can potentially improve the timeliness of reviews of complaints related to prescriptive practice. In the past we have had examples of prescribers needing review and adjudication more expeditiously to protect the public. This joint committee is expected to act much more quickly, since its members are prescribing/medical professionals. Regarding the membership of the Board of Psychological Examiners, the bill now states that two of the five professional members will be prescribing psychologists. Once again this is a major improvement, since in the past we have had periods during which no members of the psych board were prescribers, and therefore our prescriptive practice was entirely governed by non-prescribers.



The bill also broadens the definition of "supervising clinician" to now include "a licensed physician, osteopathic physician, prescribing psychologist who has at least four years of independent experience prescribing psychotropic medication to treat behavioral and emotional conditions and mental illness, nurse practitioner, psychiatric nurse practitioner or clinical nurse specialist who is supervising a psychologist in the prescribing of psychotropic medication." This adds prescribing psychologists with at least four years of experience as independent-level prescribers to the list of "supervising clinicians" for a psychologist who is undergoing RxP training. At first glance, it may appear that this only allows prescribing psychologists to supervise conditional prescribing psychologists. However, elsewhere the bill changes the supervision for both 80 hour and 400 hour practica from requiring a "supervising physician" to "supervising clinician" as per the definition stated above. This opens the door to prescribing psychologists (with 4 years experience), who are now included in the term of "prescribing clinician", to supervise psychologists during practica. This item will need to be clarified in rule promulgation.

Finally, the bill allows us to "prescribe and administer psychotropic medication injections"... "upon completion of board-approved training." We have always been able to prescribe injectable psychiatric medications, however we are unable to administer them. This limited access to injectable medications for our patients, since finding someone to administer a medication prescribed by someone else was a major obstacle. SB127 allows us to administer injectable psychotropics after we complete additional training to be specified by the Board (i.e. the 4 member committee described above). It is apparent that the language above may require us to undergo the additional training before we can prescribe these

Passage of SB127 in New Mexico

agents. We have always been able to prescribe injectables, and this law, when developed and discussed with legislators, did not intend to restrict that. This item will be clarified during rule promulgation.

Rarely, if ever, do bills accomplish everything one hopes for. On balance, however, SB127 greatly improves RxP practice in New Mexico and brings our practice much closer to the standards of psychiatric prescribers. New Mexico prescribing psychologists are grateful for the time, expertise, and dedication of many among us who contributed to this effort, and especially for the leadership provided by Dr. Jo Velasquez (our past president) and Dr. Leslie Dozzo (our current president), and the members of our Legislative Committee - Dr. Robert Mayfield, Dr. John Courtney, Dr. Brock Frost, and Dr. Christina Vento.

George M. Kapalka, PhD, MS, ABPP
Clinical & Prescribing Psychologist
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Program Director, MS in Clinical Psychopharmacology
Distinguished Professor, California School of Professional Psychology
Alliant International University



Hello All,

Under the leadership of our current President Leslie Dozzo, our Lobbyist Linda Seigle, our sponsoring Senator Dr. William Soules, SPANM Executive officers Thomas Thompson, treasurer, John King, secretary, George Kapalka, MAL, Robert Mayfield, MAL and myself, past president with additional support and expertise of John Courtney, Brock Frost, and Christina Vento we are thrilled to announce the signing of NM SB 127 by NM Governor Lujan Grisham late yesterday afternoon. This update to our RxP law carries a significant expansion in the scope of practice of New Mexico psychopharmacologists in our state. We are deeply humbled and grateful for all the hard work by generations of NM prescribing psychologists before us. Onward and upward my friends.

Thank you,
Jo Velasquez, PhD, MSCP

Division 55 Profiles: Alan Ostby, PhD, MSCP



Why Work with the Indian Health Service?

Working as a Prescribing/Medical Psychologist for the Indian Health Service (IHS) has been a great experience both personally and professionally. The IHS is very supportive. For those clinical psychologists who are thinking of expanding to a prescribing career or have recently completed the Postdoctoral Masters, IHS offers a pathway for full licensure in an integrated healthcare setting.

In private practice as a clinical psychologist, I had relationships with a number of psychiatrists to whom I referred my clients. Most of my clients were on medications. There was a barrier between psychotherapy and psychopharmacology, although some psychiatrists were at least willing to consider my clinical observations about the effectiveness of the medications they were prescribing. In some ways, I was out on an island in the private practice, which can be very isolating.

As a prescribing/medical psychologist with IHS, suddenly, I could daily confer with medical doctors, nurse practitioners, pharmacists, order laboratory tests, etc. All of the professionals in IHS welcome prescribing/medical psychologists, and they seek us out as resident experts in psychopharmacology. In

addition, there are many resources within our Electronic Health Record for research articles, medication profiles, etc., that are at our fingertips for ongoing learning.

IHS has yearly training funds for our clinicians. For example, IHS has sent me to the APA Annual Conferences and many other trainings, as well as purchased online trainings.

IHS has great benefits that significantly increase the total compensation far beyond the listed salary. In addition, there are possible bonuses of recruitment, relocation, and annual retention. There are generous programs of school loan repayment.

There are many opportunities for employment both at the IHS and in Tribal Health Departments. Increasingly, Tribal Governments are assuming control of individual functions of IHS, e.g., behavioral health departments, or of entire IHS programs. This process has been facilitated by the Indian Self-Determination and Education Assistance Act of 1975 (Public Law 93-638), "...To provide for the full participation of Indian tribes in programs and services conducted by the Federal Government..." I include this information to

Division 55 Profiles: Alan Ostby

Why Work with the Indian Health Service?

recommend that any psychologists who are thinking of working with IHS also consider employment with Tribal Health Departments.

I have worked for ten years as a Clinical and Prescribing Psychologist for the Indian Health Service (IHS) in Montana and Wyoming, after having earned the Postdoctoral Masters in Psychopharmacology at Alliant University. Previously, I had a private practice for twenty years, first as a Licensed Clinical Professional Counselor, and then as a Clinical Psychologist. I was somewhat of a professional student, having earned a Masters of Science in Human Development from Montana State University in Bozeman, Montana, and a Masters of Arts in Political Science/Psychology from Yale University. I also spent a semester at the London School of Economics and semester at the University of Madrid, Spain. My Doctor of Philosophy Degree is from Pacifica Graduate Institute in Carpinteria, California.

It took a few years detour when I restored the dilapidated Victorian mansion of the first pharmacist in the Montana Territory, built in 1886, and then graduated from the Billings School of Auctioneering and did antique, art, and estate auctions for a few years before returning to academics. Growing up, I read histories of the West, such as *Bury My Heart at Wounded Knee* and the biography of the artist Charles M. Russell. I always wished that I had been born about 1800-1850, so immersing myself in antiques was a way of reliving that era.

When I was looking for a site to do the two years of supervised prescribing with the New Mexico Conditional Prescribing License, the only possible location within many hundreds of miles was on the Fort Peck Reservation, where I was born and raised. So, after having left Wolf Point, Montana, at seventeen years of age in 1974, in an amazing twist of fate I returned after forty years to my original home to work with the IHS, walking the same familiar streets that I had walked as a youth!

It would be remiss not to include the importance of the pleasure of association with prescribing psychologists in Division 55, whose professional and personal support is greatly appreciated.

I am available to help anyone with questions about working with the IHS. My phone number is: 406 698-5977. My email is Alan.Ostby@ihs.gov.

“

Until one is committed, there is hesitancy, the chance to draw back, always ineffectiveness. Concerning all acts of initiative and creation, there is one elementary truth the ignorance of which kills countless ideas and splendid plans that the moment one definitely commits oneself, then providence moves too. All sorts of things occur to help one that would never otherwise have occurred. A whole stream of events issues from the decision, raising in one's favor all manner of unforeseen incidents, meetings and material assistance which no man(woman) could have dreamed would have come his(her) way. Whatever you can do or dream you can, begin it. Boldness has genius, power and magic in it. Begin it now.

-Johann Wolfgang Von Goethe

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The Psychopharmacology Leadership Summit: Outcomes and Recommendations for RxP Expansion

By Gerardo Rodriguez-Menendez, PhD, ABPP, MSCP



Abstract

A robust research finding is that at least 40% of persons with mental disorders cannot access needed mental health services. In particular, there is a national need for patient access to pharmacotherapy. As a means of furthering the national prescriptive authority movement for psychologists (RxP), the Psychopharmacology Leadership Summit (Summit) was hosted virtually by the American Academy of Clinical Psychology, in partnership with Division 55 – Society for Prescribing Psychologists; The Chicago School; and the Illinois Association of Prescribing Psychologists. The Summit took place this past March 14th & 15th from 10:00 am – 7:00 pm EST. There was a total of 231 registrants (i.e., psychologists and students), of whom 170 (73%) attended the event. The Summit focused on three key areas for RxP strategic planning and development: (a) Legislative Affairs; (b) Clinical Practice; and (c) Education and Training. Additionally, on each day of the Summit, a strategic planning session was held in each key area, with a fourth strategic planning group devoted to and entitled, “Student Needs.” This article provides a follow-up to the Summit in terms of outcomes and lessons learned. Strategic planning recommendations for the field’s growth are discussed.

Key words: patient access; prescribing psychology; prescriptive authority; education and training

The American Academy of Clinical Psychology (AACP) held the Psychopharmacology Leadership Summit (Summit), which took place virtually on Thursday and Friday, March 14 and 15th, 2024 from 11:00 am – 7:00 pm EST. I have the honor and privilege of serving as the president of the AACP and as the chair of the Summit Conference Committee. I have been asked to provide an overview of the Summit for the Tablet. What follows is a description of the Summit’s purpose; how it was organized; what were the results; and the lessons learned.

The principal aim of the Summit was to have a seminal conference for the coordination of strategic planning RxP efforts in the areas of:

- A. Legislative Prescriptive Authority;
- B. Education and Clinical Training; and
- C. Clinical Practice Issues

The Summit was also an effort to partner with key stakeholders in the field of clinical psychopharmacology. To this end, the AACP partnered with The Chicago School; the Illinois Association of Prescribing Psychologists and Division 55 - Society for Prescribing Psychology of the American Psychological Association (APA). The Summit was sponsored by the following organizations (that included all six APA designated programs): The Chicago School, Alliant International University; Fairleigh Dickinson University; Drake University; Idaho State University; New Mexico State University; and The Trust.

Hosting the Summit was a complex endeavor, taking considerable time and effort, which at times seemed to be an overwhelming amount of work. Apart from coordinating the production and uploading of the 30 presentation applications for CE approval, multiple planning meetings occurred to make the event delivery as efficient as possible, and following up with partners, sponsors and presenters as appropriate. Marketing and promotion efforts were extensive. The AACP BOD developed a data set containing key contacts in state

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psychological associations and abroad. The AACP BOD contacted a majority of state psychological associations to provide flyers about the Summit. AACP promotional efforts also included the use of LinkedIn. In the last 90 days, 1,407 contacts were reached via posts. The Summit was shared with various psychology groups on LinkedIn Eblasts. Twenty-two eblasts were sent over the last 3 months regarding the summit to 1,070 contacts. Speakers were contacted via LinkedIn to share the event on their page. A variety of APA divisions were contacted to disseminate the Summit flyer to their memberships. The Summit Flipbook was clicked on 3,064 times.

Similarly, our generous event sponsors shared the Summit flyer with their contacts: The Chicago School; Alliant International University; Fairleigh Dickinson University; Drake University; Idaho State University; New Mexico State University; and The Trust. For example, the Office of Continuing Education at The Chicago School circulated information through their constant contact database, which has over 27,600 persons. Announcements are also included in The Chicago School newsletters to faculty, staff, and students and posted to its website in upcoming programs.

Each day commenced with a Welcome Message, followed by a Keynote Address. Concurrent presentations in each of the three areas were given over the two-day conference period for a total of 28 symposia. (The Summit consisted of 30 symposia, but due to a blizzard impacting the northwest and technical difficulties, 28 symposia were held). Attendees could attend up to 10 presentations from any of the three topic areas for CE credit.

During my welcome messages on Days 1 and 2, I related how my experience in consulting has taught me that there are many similarities between how the brain functions and how corporations and organizations should function. There are even similarities between neurons and human beings. A single neuron isn't very powerful and can't do very much by itself resting at a mere -70 mv, as typically described in neuroscience textbooks. Similarly, individual human beings one can't do very much, and I likened it to Tom Hank's in the movie *Castaway*. Furthermore, while one cluster of neurons can perform a given function, the real magic

happens when there is connectivity among various clusters of neurons. Corporations often have difficulty understanding the importance of how interneurons and parallel pathways create circuits leading to efficient systems. Hence, we can learn much from the brain and apply this to effective organizational functioning. Within the context of RxP, the fact remains that we have powerful entities who oppose the RxP Movement, both within our profession, and certainly outside psychology from other professions with considerable financial resources. Therefore, it behooves RxP supporters to leverage the strength we do have through effective strategic planning.

During her keynote address on March 14th, Dr. Beth Rom-Rymer discussed her vision for meeting the challenges of APA, which included her goals as APA President-Elect. She stressed the need for identifying evidence-based and evidence-informed treatments for improved patient outcomes. Similarly, she addressed the importance of identifying empirically based initiatives to combat the pandemics of racism, police brutality, and to support all social justice initiatives. An overriding theme of her keynote address was the need to use our effective scientific evidence to contribute to the eradication of global health disparities and to achieve health equity for all. Dr. Rom-Rymer proposed that the most efficacious route to greater patient access to comprehensive, integrative, mental health care was to incorporate the use of telehealth and other technologically innovative strategies coupled with broadening the scope of practice for psychologists to include prescriptive authority.

Dr. Robert (Bob) McGrath presented his keynote address on Friday, Day 2, which focused on the quantitative evidence to date on the impact of psychologists as prescribers. The available literature collectively suggests that prescribing psychologists are: (a) knowledgeable; (b) respected by peers; (c) safe and effective; and (d) increasing pharmacotherapy access to individuals from traditionally underserved populations. Several studies now suggest that RxP is associated with lower suicide rates and fewer all-cause deaths due to mental disorders. It was further proposed that state legislators must be informed that research findings consistently indicate that the failure to authorize RxP is potentially harming their constituents.

The 30 symposia for CE credit presented at the Summit are displayed in Table 1 Clinical Practice Symposia; Table 2 Legislative Affairs Symposia; and Table 3 Education and Training Symposia.

Table 1
Clinical Practice Symposia

Title	Speaker
The Power of Prescribing Psychologists to De-Prescribe	Roger G. Clark
Overprescribing in Pediatric Psychopharmacology	George M. Kapalka
Psychotropic Management of Treatment Resistant Depression	David Shearer
Prescribing Psychology in the Public Health Service	Anthony Tranchita Gonzalez
New Drugs and New Directions in Psychopharmacology: The 2023-2024 Edition	Lynette Pujol
Integration of Psychopharmacology Into Your Practice as a Prescribing Psychologist	Daniel G. Morjal
The Use of Precision Medicine in Psychopharmacology	Muneer Ali
Prescribing Psychotropic Medications Safely and Effectively: Understanding Common, Rare, and Severe Side Effects	David Shearer

Table 2
Legislative Affairs Symposia

Title	Speaker
APA & the Pursuit of RxP: How Past Efforts Have Shaped Current APA RxP Policies including RxP Model Legislation to Support Future Successes	Deborah Baker
The Colorado RxP Success & Legislative Update	Jin Lee
Hawaii & Florida Legislative Efforts	Judi Steinman
Vermont Legislative Update	Rick Barnett
Furthering the Washington State RxP Legislative Effort	David Shearer
Current Research on Prescribing Psychology: Advancing Towards Evidence Based Policy	Phillip Huges
Remember the Alamo: Texas: RxP Legislative Update	Cheryl Hall
Global RXP Efforts	Beth Rom-Rymer, et al.
PA Legislative Update	Anthony Ragusea
Iowa RXP: Struggles and Successes	Elizabeth Lonning

Table 3
Education & Training Symposia

Title	Speaker
Highlighting the Harm of Implicit and Explicit Biases: An Ethnopsychopharmacology Study of Black and African Americans of the Diaspora Being Diagnosed	Rethel Gill
Ethnopsychopharmacology: Meeting the Needs of Hispanic/Latin Populations	Gerardo Rodriguez-Menendez
Ethnopsychopharmacology: American Indians	Alan Ostby
An Overview of MSCP Psychopharmacology Programs	Gerardo Rodriguez-Menendez, et al.
How to Review for the PEP	Christopher Rossilli
Developing Rotations for Clinical Certification & Licensure	Dina Glaser & Gerardo Rodriguez-Menendez
Meeting the Psychopharmacology Training Gap in APA Accredited Programs	Robert Foltz & Kenneth Fogel
ABPP Board Certification in Clinical Psychopharmacology: An Update	Derek Phillips & Lynette Pujol
Meeting the Needs of the LGBTQ+ Population When Providing Pharmacotherapy	Claudia Mosier
Greenlights for Financial Growth and Why It's GOOD	James Childress

During each day, 1.5 hours of the Summit was devoted to strategic planning work group breakout sessions in the three key areas (i.e., legislative affairs; education and training; and clinical practice). A fourth breakout session was devoted to “Students for RxP.” Attendees were asked to attend the same work group session over the two-day period. Day 1 of the breakout sessions focused on brainstorming strategic actions for the development of the field in the respective topic area. Each group had an assigned chair and secretary to facilitate the workgroup discussions. Day 2 of the workgroup sessions refined the strategic planning recommendations for further RxP development. The chairs and secretaries for the strategic planning sessions were led by:

1. Legislative Affairs: Deborah Baker - Chair; Tony Ragusea Secretary
2. Clinical Practice: George Kapalka – Chair; Casey McDougall - Secretary
3. Education and Training: Judi Steinman – Chair; Chris Rossilli – Secretary
4. Student Needs: Rita Rivera -Chair; — Gerardo Rodriguez- Menendez- -Secretary

There were a total of 231 registrants (i.e., psychologists and students), of whom 170 (73%) attended the Summit. (It is quite common to have more registrants than attendees in online webinar offerings.). We are presently awaiting our invoices for expenses incurred, however, the event generated \$4,675 in registration revenue, and \$9,000 in sponsorships for a total of \$13,675. The sponsors for the event were all the designated MSCP Programs (The Chicago School, Alliant International University, Fairleigh Dickinson University, Drake University, Idaho State University, New Mexico State University) and The Trust. Twenty percent (20%) of proceeds will go toward MSCP student scholarships.

Despite blizzards, difficulties with time zones, and problems with internet connectivity, 28 of 30 CE presentations were offered. In general, the symposia proceeded quite smoothly and efficiently. A majority of the attendees were Division 55 members, but interestingly, the Summit resulted in over 50 new memberships with the AACP. Consequently, the Psychopharmacology Leadership Summit benefitted Division 55 and the AACP membership.

The Psychopharmacology Leadership Summit: Outcomes and Recommendations for RxP Expansion

The results of the strategic planning sessions are being presently being summarized by the chair and secretary. These summaries will be shared with the BODs of Division 55, IAPP, and other RxP organizations as appropriate for strategic planning RxP efforts.

For those who were unable to attend the Psychopharmacology Leadership Summit, or for those who would have liked to attend other sessions, home study CE packages will be available for:

1. Legislative Affairs Sessions - \$50
2. Clinical Practice Sessions - \$50
3. Education and Training - \$50
4. Any 10 presentations - \$50.
5. All 28 presentations for \$150

It is clear that the RxP Movement would benefit from strategic planning to develop synergy by coordinating the efforts of the various RxP professional societies. As an example, the SPA Spring Conference was held the weekend prior to the Summit. It is likely that having both conferences back-to-back in the first and second weeks in March affected the attendance of both events. It follows that part of the RxP strategic planning efforts should incorporate a semiannual meeting between the leadership of the various RxP organizations.

The principal aim of the Psychopharmacology Leadership Summit was to attract 500 attendees to the event. Whereas this aim was not accomplished, the Summit was a highly successful event. Notwithstanding, for future planning there are a number of challenges that will need to be addressed if there is to be another Summit. A principal factor that we must overcome is bystander apathy. Despite having an organized promotional campaign and that Division 55 has approximately 1,000 members, the Summit had only 231 registrants, of whom 170 (73%) attended the event. Similarly, the program directors of the various APA designated MSCP programs not only obtained sponsorships from their respective universities, but also promoted the Summit among their students. It is important to note that 20% of all net proceeds were for MSCP student scholarships, and MSCP students were provided a 50% registration discount (amounting to \$25). Yet of the 200 actively

enrolled MSCP students in the six programs, only 46 (28%) attended the Summit. As noted, the principal purpose of the Summit was to conduct RxP strategic planning. For this reason and to encourage attendance, the four strategic planning sessions were planned during the middle of each day. However, many attendees chose not to attend the four strategic planning sessions in favor of taking an extended break from the Summit and returning for the remaining CE sessions to be offered each day. This group behavior was in direct opposition to the primary purpose for having the Summit in the first place. I am grateful to the attendees who did participate in the strategic planning sessions and provided their input for planning and future strategic actions, as this will be of benefit to the profession. In retrospect, if there is to be a summit next year, this would be ideally organized by the leadership of the various RxP societies, who are in the best position to promote the event among their memberships. Synchronization of efforts among the RxP societies will invariably lead to a better coordination of efforts, and, ultimately, greater attendance to the event. This stated the first Psychopharmacology Leadership Summit was a vital step to accomplishing this end.

In closing, on behalf of the AACP I wish to thank our partners, The Chicago School; APA Division 55 - Society for Prescribing Psychology; and the Illinois Association of Prescribing Psychologists. We also wish to thank our Summit sponsors for their generous contributions, which made the Summit possible: The Chicago School; Alliant International University; Fairleigh Dickinson University; Drake University; Idaho State University; New Mexico State University; and The Trust. Special thanks are extended to Dr. George Kapalka, my fellow co-conspirator and fellow AACP Board member; our Summit Conference Committee, particularly Robin Parsons, AACP Executive Director, Dr. Rita Rivera and Catrena Almonte; and Dr. Christine Whit and Lida Benson of The Chicago School CE Office. We are especially thankful for the contributions of Drs. Beth Rom-Rymer, Robert McGrath, David Shearer, Lynette Pujol, Steve Curtis, Judi Steinman and Derek Phillips for their invaluable support and participation. Finally, and most importantly, we wish to thank our wonderful cadre of presenters for their outstanding contributions in making the Summit so successful.

The Psychopharmacology Leadership Summit: Outcomes and Recommendations for RxP Expansion

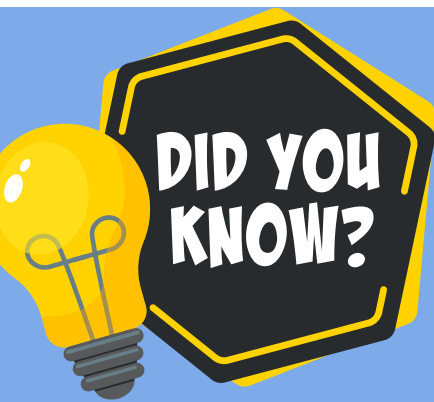
For information about the Psychopharmacology Leadership Summit or the home study packages, see the following links:

The Psychopharmacology Leadership Summit: [Psychopharmacology Leadership Summit \(heyzine.com\)](https://heyzine.com/psychopharmacology-leadership-summit)

The Summit Home Study Packages: <https://tcspofficeofce.com>

Correspondence concerning this article should be addressed to Gerardo Rodriguez-Menendez, Ph.D., A.B.P.P., M.S.C.P., P.O. Box 561853 Miami, Florida 33256

The views expressed herein are those of the author and do not reflect the official policy or position of The Chicago School or APA Division 55 Society for Prescribing Psychology.



Ketamine's Leap from Fringe to Mainstream in Depression Treatment

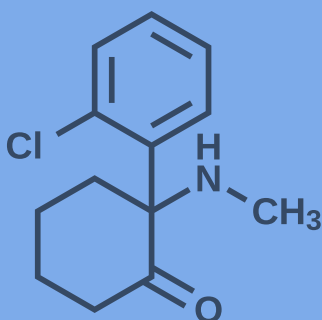


"A new study involving 74 participants has demonstrated significant promise for intravenous ketamine in treating severe depression and bipolar disorder, conditions often resistant to traditional therapies.

This research indicates that after just three ketamine infusions over 11 days, 52% of the participants achieved remission, with half of those frequently experiencing suicidal thoughts witnessing a dramatic decline in such impulses."

-Neuroscience News

MORE INFO



Division 55

Candidate Statements



Elizabeth Lonning
PhD, ABPP, MP

**Division 55 President-Elect
Candidate, 2024**

Dr. Lonning received her doctor of psychology degree from the University of Northern Colorado in August, 1993. Since that time she has resided and practiced in Davenport, Iowa. She and several colleagues created Psychology Health Group, a group of independent practitioners in May, 1997. She now is sole owner and a practicing psychologist there. During her time in Iowa, Dr. Lonning has served on the Executive Council of IPA in a

variety of positions over a period of almost 20 years including the office of president in 2002. She has completed her post-doctoral master's degree in clinical psychopharmacology from Fairleigh Dickinson University in 2010 and serves as the chair of the Psychopharmacology Education Committee for IPA. In this role she led the effort to pass legislation in 2016 allowing advanced trained psychologists prescriptive authority in Iowa, just the 4th state to be able to have this privilege. In addition, she serves on the Board of Directors for Division 55 as Member At Large, Co-Secretary for the Training Director Council for Division 55 and APA's RxP Designation Committee as Vice Chair. Since 2021, Dr. Lonning has been the Director of Professional Affairs for the Iowa Psychological Association.

I am running for President-Elect of Division 55 to continue the work of advancing prescriptive authority across the United States and internationally. There have been many outstanding leaders of this Division throughout the years providing both mentoring and big shoes to fill. My hope is to continue to guide the Division in the path it has chosen, be open to new ideas as well as respecting our history and celebrate efforts of states as they work toward passing legislation!

Division 55

Candidate Statements

Ashley Norwood
PhD, MSCP

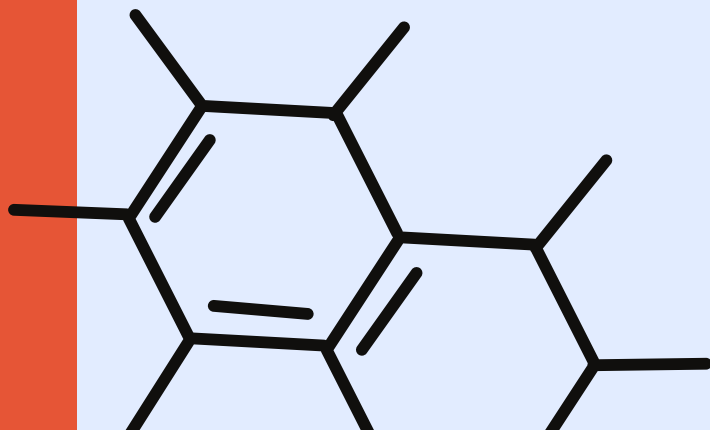
Division 55 Member-at-Large Candidate, 2024

I am excited to be considered for Member-At-Large in Division 55. As an ECP with current positions in family medicine resident training, private practice, and academia, I continually seek opportunities to hone my skills in psychopharmacology and its integration with psychotherapy. I have recently been elected to serve on the Committee of State Leaders and the APA Committee on Rural Health where I hope to help advance the important work of increasing access to care.



As a psychologist with RxP training who lives in AL and provides services to largely rural areas (IA, AL, MS), it is my goal as president of my state association to propose legislation in 2025 to help advance the RxP movement. And where telehealth services have expanded our reach, it isn't the complete answer to the prescriber shortage—especially in a county like mine where 31% of the population lives in poverty. In places like these, the choice between internet (which may provide mental healthcare) and putting food on the table will always be a losing battle in our fight against health equity.

Division 55 has provided me an inspiring and supportive atmosphere for everything from RxP training to legislation and even disseminating research. I want to help provide this same support to others and am passionate about helping to expand Division 55's reach through membership and advocacy. I am confident that my skills, experience, and dedication would be valuable assets to the group and am eager to contribute to its continued growth and success.



Division 55

Candidate Statements



Daniel Upchurch
PhD, MSCP

Division 55 Member-at-Large Candidate, 2024

Division 55 is a very exceptional organization that is the future of psychology. I wanted to obtain my degree in Clinical Psychopharmacology because I wanted to be more competent in understanding terms like pharmacokinetics and pharmacodynamics while teaching my undergraduate and graduate students. However, I learned so much more about the importance of using collaborative and biopsychosocial models.

Students within other divisions of psychology are not aware of the many opportunities this division offers. It reminds me of the old literary short story Rip Van Winkle. Rip Van Winkle was a soldier who fell into a deep sleep in the Catskill Mountains after consuming strong alcohol. When he woke up after 20 years of resting, the world had changed. His clothes and musket were old and rusted and the American Revolutionary War was over.

We must not buy into the notion that psychologists should not be able to prescribe medication and we must stay awake to combat those who try to identify ways to keep prescribing psychologists from serving the community. The fact is that there are not enough medical professionals to serve rural and underserved areas. I understand that the MAL position is a voting and working member who works on several committees within the organization. I believe that this is a great fit for me because it allows me to learn more about the field. I believe learning is the main cause of a behavior and by learning the organizational structure and being active, I can add to something that is already exceptional. When working with my students I created a strategy or method to get them active and involved in class and on campus. It's called the MEATT method, and it goes as follows:

M- Model (Everywhere we go we represent Division 55 as role models)

E- Expert (We must be competent in our respective fields so that when questions arise, we can answer them with confidence in order to recruit new members.)

A-Approachability (We must not believe that we are any better than any other division, but be open to collaboration and be willing to help others)

T- Trainer (We must be willing to teach others about Clinical Psychopharmacology at conferences and conventions, in high school, community college, undergraduate and graduate schools)

T- Traveler (We must meet students and colleagues where they are We must also accompany members who are seeking prescriptive privileges and fight with them)

If selected as a MAL representative, I will make sure that I advocate for all by being active and present.

Division 55

Candidate Statements

Toni Richard
PhD, MSCP

Division 55 Member-at-Large Candidate, 2024

I am excited to submit my nomination for the Member At Large position of Division 55. I completed my doctoral training at Nova Southeastern University, earned my MSCP at Fairleigh Dickinson University, and passed the PEP this past summer! I currently provide telehealth services in my private practice and recently began as an adjunct professor at FDU in the MSCP program. I am actively working on finding a way to complete my clinical



training to practice in the field. I believe my past board experience on the county level within the Florida Psychological Association and the Florida Initiative for Suicide Prevention will help me in a leadership position on the national level.

I am very enthusiastic and passionate about psychopharmacology. I believe there is a paucity of adequate mental health care in our country, and this field is one that needs to be further developed at a much faster pace to help fill the gaps. I am interested in getting prescription authority passed in my home state of North Carolina, but also to assist anyone interested in getting legislature started or furthered on a national level. I think it is important to help provide education on a national level of everything a prescribing psychologist is able to do, so we can hopefully gain more support as a division. This also includes the option of board certification in this field. I am happy to assist in the division's endeavors on this and to become board certified myself when able.

If elected, I hope to help the Division in whichever ways needed. Most importantly, I will work to bring more exposure to the growing field and work on legislative efforts nationally and locally. I hope to help build lasting value of Division membership, particularly for newer members and graduates within the field such as myself. In particular, solidifying mentorship and guidance for those newer graduates in need of clinical experience and training is something that is important for the field to grow and would be beneficial for many.

Thank you for your consideration. It would be a privilege to serve on the Board.



Division 55 Candidate Statements



**Caroline Williams
PhD, MSCP**

**Division 55 Member-at-
Large Candidate, 2024**

Hello everyone. Thank you for considering me for Division 55's Member-at-Large position. I have spent most of my prescribing psychology time in New Mexico, and recently moved to Texas. Since I moved out of a prescribing state, I am looking for ways to connect with the larger prescribing psychology community, and to add my interest and energy to the larger cause! I have been prescribing for 11 years in

New Mexico, and was the first person to obtain my MSCP from NMSU's master's degree program. I played an active role in supporting and advocating for the 2019 bill that made many improvements to New Mexico's prescribing psychology law. I also served on the New Mexico Board of Psychologist Examiners, and helped to re-write board regulations in response to the 2019 bill. Now in Texas, I'm adding my energy to the hard-working psychologists here, as we all focus on getting a Texas RxP bill passed! I would like to share my experiences and energy with folks around the county, by becoming more active in Division 55. Please consider voting for me for Member-at-Large.

Division 55

Candidate Statements

Page Haviland
PhD, MSCP

Division 55 Member-at-Large Candidate, 2024

I am excited about the opportunity to further contribute to the RxP movement as a Member-at-Large for Division 55. I am a provisional prescriber at a regional medical center in Idaho. I served as the President of the Idaho Psychological Association in the final year of our successful efforts to pass legislation to allow psychologists to prescribe, making Idaho the fifth state to approve prescriptive privileges. As past



President of IPA, I served as a liaison between IPA and Idaho State University assisting them in setting up the MSCP program. I was also in the first graduating class of Idaho State University's MSCP program in 2022. From these experiences, and as a provisional prescriber myself, I am well-versed in the skills needed to move RxP forward.

We have so much to do! Expand the movement into other states, work on insurance and coding issues, drive a positive narrative about prescribing psychologists in the media, work on getting ABPP board certification, seek to become a greater priority in APA as a whole and so much more!

As a prescribing psychologist and demonstrated leader in the RxP movement, I would be honored to represent you as your Division 55 Member-at-Large. Thank you for your consideration.

Division 55 Candidate Statements

Tim Pagano
Ph.D., MSCP
Division 55 Secretary
Candidate, 2024



My goal for Division 55, should I be elected Secretary, is to work alongside other division leaders and members to advocate for prescriptive authority in additional states. I also aim to increase awareness of the prescriptive authority movement among psychologists so they may understand how they may provide more comprehensive care for their clients and improve access to psychiatric services for historically underserved populations. Additionally, I hope to increase APA's advocacy for our division as it prioritizes its advocacy efforts at the state and national levels.

As a prescribing psychologist and active duty Air Force officer, I have seen firsthand the benefit prescribing psychologists have on our service members and veterans. I will take those experiences and my passion for medical psychology to support Division 55 members and the general public. I hope to serve all Division 55 members in ensuring support in advocacy, clinical training, and practice as prescribing psychology continues to grow and, most importantly, make a substantive difference in the lives of those we serve. I sincerely look forward to the opportunity to support the crucial work of Division 55 and all its members.

It is with great excitement that I submit my candidacy for Division 55 Secretary. The Division is our collective voice in the burgeoning RxP movement. We have achieved unprecedented acceptance and expansion in recent years while we address the inevitable setbacks that come with being on the frontier of change. I have complete confidence in the successful expansion of prescribing psychology and I am energized by our forward momentum. Success comes with teamwork, leadership, and dedication to our shared goal of expanding access to mental health care. It would be an honor to serve on the Division 55 board as your Secretary and contribute to our shared vision.

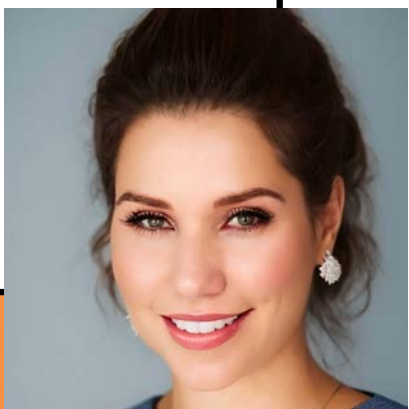
I am a licensed psychologist in Wisconsin and Idaho and board certified in Counseling Psychology. In 2021, I was selected by the Navy to attend Idaho State University's Master of Science in Clinical Psychopharmacology program. Upon completion of the program in August 2024, I will be pursuing licensure in Idaho as a prescribing

Eric R. Neumaier
PhD, ABPP
Division 55 Secretary
Candidate, 2024



Division 55 Candidate Statements

**Amanda Wills
PsyD, MSCPP
Division 55 Secretary
Candidate, 2024**



Amanda Wills, PsyD, MSCPP, is a licensed clinical and prescribing psychologist for the Defense Health Agency at Madigan Army Medical Center (MAMC) in the state of Washington. She works with active-duty soldiers in an outpatient embedded mental health clinic. Wills is an active member of the Washington State Psychological Association (WSPA) Prescribing Psychology Legislative Taskforce and the Legislative Advocacy Committee. She also serves on Division 55's ABPP Committee and assists the Research Council.

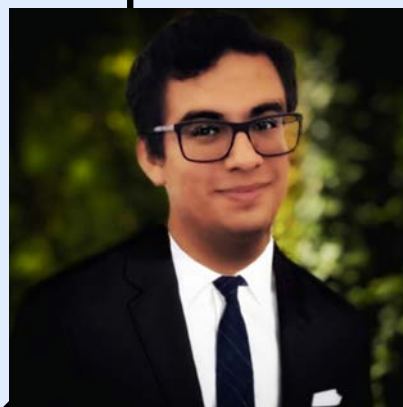
Wills served in the United States Navy for six years as a clinical psychologist. She transitioned to MAMC as a behavioral health consultant in an internal medicine clinic in 2018 and her MSCPP through Fairleigh Dickinson

University in 2022. Her professional interests include supervising and teaching psychology trainees and allied health care providers. Clinically, she enjoys working with complex and comorbid behavioral and medical health conditions and integrating psychotherapy and pharmacotherapy in clinical practice.

I am writing to express my interest in the Division 55 Student Representative position. Over five years ago, I had the opportunity to serve as an Emergency Medical Technician (EMT), and am often reminded that before standardized training in the 1970s, they were required to call a doctor before transporting a patient, and over the years they also gained access to administer some medications.

As I look toward our field, I see a striking resemblance to this liminal space in which different states are advocating for these changes. As a second-year Clinical Psychology Psy.D. student at Antioch University Seattle, I often look to advocate for change in the work that I do. Over the past couple of months, I have been working with a client who unfortunately has to wait until August to get a new psychotropic prescription. It's disheartening to see how long she has to wait to get the care she needs, however, at the same time I think experiences like this remind us how important it is for us to push for RxP. I hope that as a student representative, I can continue to illuminate the current generation of psychologists wishing to provide services to those in areas of high need.

**Brandon Ramirez
BA
Division 55
Student Representative
Candidate, 2024**



Division 55 Candidate Statements

**Kurtis Vu
BA**

**Division 55
Student Representative
Candidate, 2024**



I am driven to run for Student Representative due to my profound understanding of the pivotal role students play in advocating for RxP and our potential to influence others. As a first-year PsyD student at Loma Linda University, concurrently starting my MSCP in March, I am uniquely positioned to contribute and advocate for prescribing psychologists. My education and training will keep me current with the needs of all stakeholders, including psychologists, current prescribers, student members, other mental health practitioners, and, most importantly, patients.

If elected, I will focus on enhancing student engagement by increasing awareness of the RxP movement, fostering a community interested in its benefits, and promoting advocacy. I aim to initiate change within my community by educating my psychology program's students and faculty on the subject. Ideally, I aspire to extend this initiative by educating students in other healthcare programs within my university. Through informative presentations and dialogue, I hope to promote knowledge of RxP, creating a

ripple effect of support within the incoming healthcare workforce. I will encourage student members to champion this initiative and educate others in their communities, with the hope that this effect will resonate across the country. Additionally, I will ensure excellent communication to keep students informed on the division's activities, resources, and opportunities. Moreover, I will advocate for students, ensuring our concerns and needs are brought before the board.

I am eager to contribute to the ongoing success of Division 55 and represent the student body. Thank you for considering my candidacy.

Aloha. I am humbled to be nominated to be the Student Representative of Division 55. I am a clinical psychology doctoral student at Fielding Graduate University and a first-year student in the Alliant MSCP program. I live in a border town in Texas and my professional goal is to be a Prescribing Psychologist.

I am committed to promoting the RxP movement through my volunteer work. Currently, I am a volunteer student editor of Division 55's newsletter, The Tablet. As a Hawaii Psychological Association RxP subcommittee member, I contributed to RxP flyers, testimony, and community outreach.

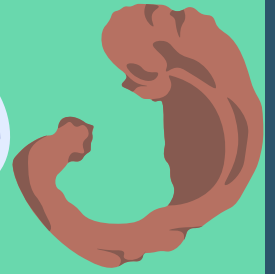
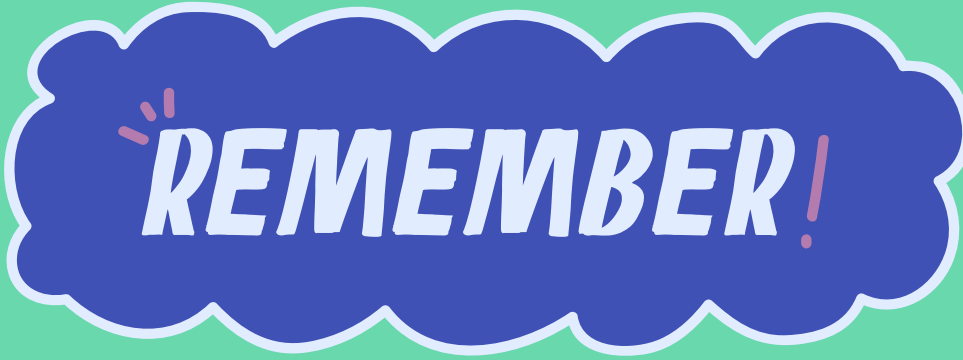
The strong collaborative skills I have developed during my studies are essential for this role. As a student representative, I will strive to foster collaboration and communication between students, the public, and the broader RxP community. I will continue to advocate for RxP--to increase its visibility and understanding among students and others. It is also valuable to listen to and represent the interests of my fellow students. I am committed to ensuring that different concerns and ideas are heard and addressed.

I am passionate about RxP and committed to making a difference. With your support, I believe we can work together to continue to advance our field and to improve mental health care. I appreciate the perseverance and guidance of those who have put so much effort into this movement. Mahalo nui loa

**Teresa T. Juarez
MED**

**Division 55
Student Representative
Candidate, 2024**





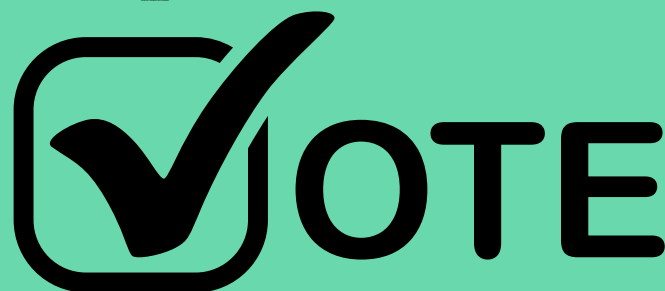
**For APA Members!
Vote for Division 55
Officers!**

Ballots will be emailed on April 15
Make your choices by May 14

Ballots can be accessed from
member profile page (my.apa.org)
using the link titled “2024 Division
and SPTA Election Ballot.”

Visit Division Elections Conducted
by APA. For additional
information.

CONTACT: ELECTION OFFICE



Division 55: Announcing the 2024 Board of Director Officers

2024**President**

Steven Curtis, PhD, NCSP, MSCP (2024)

President-Elect

Lynette Pujol, PhD, MSCP (2024)

Past President

David Shearer, PhD, MSCP, ABMP (2024)

Secretary

Morgan Ferris-Johnston, PsyD, MSCP (2023-24)

Treasurer

Julie Price, PsyD, MSCP (2024-25)

Member-at-Large

Brian Seavey, PsyD, MSCP, ABPP (2023-24)
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, CBIS (2023-24)

New Committee Chairs of Division 55

Yulia I. Shtareva, MA, LMHCA
Convention Chair



My name is Yulia I. Shtareva (MA, LMHCA), and I am completing my 4th year as a Psy.D. student in Clinical Psychology at Antioch University Seattle. I joined the Society for Prescribing Psychology last year and serve as the 2023-2024 Conference Chair under one of my professors and the current division president - Steven Curtis, Ph.D., MSCP. Dr. Curtis introduced me to the fascinating world of psychopharmacology and invited me to serve as chair during his presidency. I am truly honored to have this opportunity to learn from seasoned clinicians and medical professionals pushing psychology to exciting heights and unprecedented domains. My interest in RxP (currently) revolves around effective treatment and accurate diagnosis of ADHD, particularly for women and adults, and psychedelic therapies for depression and PTSD. As a young adult and a brand new clinician, it has also been inspiring to see how RxP is filling the gap in social issues, and I am curious to learn more about this topic at this year's conference. I hope to see you at the Div55 Social Hour or in other Div55 events at the conference!

Anna Lee, MA
Membership Chair

Hello, I'm Anna Lee, a fourth-year doctoral student at Antioch University pursuing my PsyD in clinical psychology. My interest in RxP stems from my passion for integrative care and my background as a pre-medical student. I believe that integrating psychological services with medical care can greatly benefit patients by addressing both their physical and mental health needs comprehensively. I'm eager to advocate for prescription privileges for psychologists and excited to see this field grow!





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.



The Tablet: Editorial & Design Team



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.

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 PhD student at Fielding Graduate University in Clinical Psychology with a neuropsychology concentration and a first-year student in the Alliant MSCP program. She is currently working on her dissertation and plans to use data from iNetMedRx² Inc. that Jo Velasquez, PhD, MSCP, will kindly provide. Teresa is looking forward to her defense this year.



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