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These are exciting times for those interested in prescribing psychology. In this edition of *The Tablet* you will read original articles on topics that cover guidelines for the use of ketamine, a review of non-stimulant medications for ADHD, and others. Dr. Pat DeLeon, often regarded as the grandfather of prescribing psychology, offers up wisdom and insights in our Legislation and Advocacy section. In this *Tablet* you will learn about the goals and direction of Division 55’s Diversity Council. Also, Division 55 is offering up some amazing content for the APA 2021 Convention, which will take place virtually this year. Take a look at the schedule and plan on attending some of these impressive learning opportunities. Finally and sadly, Dr. Glenn Ally offers a fitting tribute to Dr. James W. Quillin, a hugely influential figure in the prescribing psychology community who recently passed.

This is only a sample of what you will find in this edition. Please take time to give us feedback on these newsletters. This is YOUR Division and YOUR newsletter; help us provide the content you want to see.

David S. Shearer, PhD and Judi Steinman, PhD

If you have questions or comments you can email davidshearer.rxp@yahoo.com

Have an article that you’d like published in *The Tablet*? Have a case vignette that you’d like to share with Division 55 members? Please contact David Shearer, Editor in Chief at davidshearer.rxp@yahoo.com
Happy summer, 55! With over half of 2021 now behind us, this year has proven to be extremely busy for the Division. Your Board of Directors has continued to meet every month to discuss the pressing issues that are relevant to clinical psychopharmacology, the RxP movement, and to the Division itself. In addition, the APA 2021 virtual convention is fast approaching, which will be full of Division 55 programming, including our annual business meeting, awards ceremony, and social hour. Our schedule of convention programming has been distributed on the Division listserv and Division Facebook page. We hope to see you there!

As always, let me offer some highlights of the Board of Directors’ ongoing projects.

As previously reported, the Division 55 Board of Directors submitted an initial, “brief proposal” to the American Board of Professional Psychology (ABPP) to create a new ABPP specialty board. This proposal was approved out of committee and then went to the full ABPP Board of Trustees for a vote on June 19, 2021. Dr. Marlin Hoover and I gave a presentation on our proposed specialty to the Board of Trustees, but unfortunately our proposal failed to pass by the smallest possible margin.

Please know that we have not given up and plan to resubmit an application as early as 2022. More information will be forthcoming.

Based on feedback from our members, we are moving forward with creating 3 chapters (special interest groups) of Division 55: pediatric, geriatric, and international. These chapters are in the process of organizing and will be formally voted on by the Board of Directors soon. Stay tuned for how to join!

Division 55’s application to renew our APA CE sponsorship approval was denied. We have received positive feedback regarding how to improve our application and are looking into hiring a consultant to assist us with our next CE application.

Division 55 is in very good financial health! Particularly due to the pandemic’s forcing us to be more virtual, we have had very few expenses in the past 16 months. We are currently exploring ways to invest some of our assets to ensure our long-term financial health.

For at least the 5th year in a row, our membership is at a record high! Current membership is at 830, up from 737 in 2020, which is a nearly 12% increase. Over 200 of our 830 members are student affiliates, indicating a very healthy influx of the next generation. We will continue to make our membership a top priority.

As always, I want to express my sincere thanks to everyone who works tirelessly on these and other projects for our Division. I also invite other members to become involved as well to help further our movement. Please stay well and I hope to “see” you soon APA 2021 convention!
Ketamine is a dissociative anesthetic that has analgesic, hypnotic and amnestic effects without producing a loss of consciousness (Gao, et al., 2016). It was first used in humans in 1965 and was subsequently employed as a field anesthetic during the Vietnam War by the U.S. military (Corrsen & Domino, 1966). A derivative of phencyclidine (PCP), ketamine has historically been used for induction and maintenance of anesthesia in special circumstances, to include patients who are in shock or hypotensive, those with life-threatening bronchial constriction or unstable hemodynamics and in obstetric patients and in children with burns (Gao et al., 2016). It is currently used for other anesthetic purposes, as a recreational drug of abuse, and has been tested in a variety of clinical conditions to include asthma, migraine headache, intractable pain, and psychomotor agitation in emergency settings (Sassano-Higgins et al., 2016). In addition to clinical trials in treatment resistant depression (TRD; see McIntyre et al., 2020 for a review), small trials have been conducted in psychiatric conditions such as PTSD (e.g., Feder et al., 2014), bipolar disorder (e.g., Caddy et al., 2015) and OCD (e.g., Bloch et al., 2012). Treatment in TRD has been most studied in intravenous (IV) and intranasal formulations and yielded the most positive results compared to other psychiatric disorders thus far (McIntyre et al., 2021). Esketamine (Spravato), the intranasal formulation, was FDA-approved for TRD in March 2019 and for suicidal ideation in 2020. This article is a brief review of ketamine and a summary of a recently published expert consensus panel on its use in TRD.

Pharmacodynamics

Ketamine is a racemic mixture of two enantiomers; S-ketamine and R-ketamine. The S (+) isomer has a 3- to 4-fold higher affinity at the NMDA receptor, greater analgesic potency, and fewer psychomimetic effects than the R (-) isomer (Xu & Lei, 2014; Zanos et al., 2018). It has affinities for multiple receptors to include N-methyl-D-aspartate (NMDA), opioid (μ, μ-2, κ, and δ), alpha-amino-3-hydroxy-5-methyl-4-isoxazole propionic acid (AMPA), D-Serine, glutamate, monoamine transporters (NE, SE, DA, DA2 and 5-HT3), cholinesterase, nicotinic (α7, α4 β2), muscarinic (M1-3) and sigma (σ1, σ2) receptors, mammalian target of rapamycin (mTOR), brain-derived neurotrophic factor (BDNF), GABAΑ, and mTORC1 (McIntyre, et al., 2021). Exactly how it works in depression is unknown, but its actions at NMDA, AMPA and opioid receptors may be most relevant. Ketamine is a potent antagonist at the
Phencyclidine site of the N-methyl-D-aspartate (NMDA) receptor where it inhibits γ-aminobutyric acid (GABA)-ergic interneurons. This inhibition causes a burst of glutamate, which activates ionotropic AMPA receptors and begins a signaling cascade that in turn, results in an increase in brain-derived neurotropic factor (BDNF) and P13-AKT-mammalian target of rapamycin (mTOR; McIntyre et al., 2021). The rapid antidepressant effects of ketamine may also be mediated by non-NMDA mechanisms and is an ongoing area of study (Alshammari, 2020).

**Pharmacokinetics**

Bioavailability of oral ketamine is low (approximately 16%-29%; Zanos et al., 2018), so it is usually administered through other routes. Intravenous (IV) dosing for TRD is generally 0.5-1.0mg/kg over 40-60 minutes twice weekly for 2 weeks (Sassano-Higgins et al., 2016). Intramuscular and subcutaneous bioavailability is 90-95% with similar dosing as IV. Intranasal delivery has a bioavailability of 30-50%. It is dosed at 56 mg on day 1 (28 mg per device, given 1 spray per nostril), then 56 mg or 84 mg twice a week for 4 weeks during the induction phase and 56 mg or 84 mg weekly or every 2 weeks in the maintenance phase depending on response (Puzantian & Carlat, 2020). Sublingual and transdermal formulations exist, but dose ranges are not established (McIntyre et al., 2021).

Ketamine is highly lipophilic and is rapidly absorbed; onset after IV is approximately 30 seconds (Sassano-Higgins et al., 2016). It is metabolized by CYP 3A4 and CYP 2B6 to norketamine, then to hydroxynorketamine and dehydronorketamine (Zanos et al., 2018). The distribution half-life is approximately 10 minutes (Sassano-Higgins et al., 2016) and its elimination half-life is 2-4 hours (Zanos et al., 2018). The majority of the drug is eliminated completely within 24 hours, but repeated administrations elongate this time and prolonged effects may be caused by active metabolites (Zanos et al., 2018).

**Side-effects, Contraindications & Efficacy**

Common side-effects of esketamine (Spravato) are dissociation (depersonalization and derealization), increased blood pressure for approximately 4 hours, and impairment in cognition and driving ability (Puzantian & Carlat, 2020). A hypertensive crisis is a serious but rare side-effect of esketamine. In the U.S., esketamine (Spravato™) is a Schedule III drug and a Risk Evaluation and Mitigation Strategy (REMS) is in place. Therefore, a clinic must be certified to provide this treatment (Puzantian & Carlat, 2020). Common side-effects of ketamine (Ketalar™) are initial increases in blood pressure, confusion, blurred vision, poor coordination, and feeling dissociated. Blood pressure elevations should be kept less than 180/110 during IV infusions (Sanacora et al., 2017). Serious but rare side-effects at higher doses include delirium, respiratory depression and dream-states (Puzantian & Carlat, 2020).

In a meta-analysis of side-effects in 60 trials of ketamine for TRD, the most common acute side-
effects were psychotomimetic or dissociative, elevated blood pressure, headache, dizziness, and blurred vision. There were not enough studies to determine the long-term side-effects (Short et al., 2018). However, more than 20% of people who use ketamine recreationally develop urological toxicity. Long-term use of ketamine may also cause liver and biliary tract injury (Short et al., 2018). Individuals who abuse ketamine over a long period of time report abdominal cramping (commonly referred to as K-cranps), lower urinary tract symptoms, cognitive impairment, delusional thinking, and persistent dissociative and depressive states (Sassano-Higgins et al., 2016).

Contraindications for ketamine use are aneurysmal vascular disease or a history of intracerebral hemorrhage (Puzantian & Carlat, 2020), poor exercise capacity, any disease with risk of acute cardiac demand, respiratory or cardiac depression, and baseline tachycardia or bradycardia (Sanacora et al., 2017). Treatment should also be avoided in patients taking CNS depressants, including benzodiazepines, opioids and alcohol, MAOIs and psychostimulants (Puzantian & Carlat, 2020). Potential for abuse also exists, so patients should be screened and monitored. Patients taking drugs metabolized by CYP P450 3A4 and CYP 2D6 or herbal preparations or supplements need review and possible discontinuation prior to ketamine administration. Additionally, efficacy has not been firmly established for individuals 65 years of age or older (McIntyre et al., 2021).

Ketamine offers a rapid antidepressant response, within hours to 1 day, with effects lasting approximately 4-7 days and repeated infusions elongating the response for weeks (Salvadore & Singh, 2013). Other evidence shows 50% of patients have a decrease in symptoms within 40-120 minutes, lasting for 10-14 days (Newport et al., 2015). Ketamine and esketamine are thought to be comparable in efficacy, but there are few head-to-head studies (McIntyre et al., 2021). Both drugs are expensive. Ketamine joins clozapine and lithium as the third drug with antisuicidal properties. Wilkinson et al. (2018) found a single dose of IV ketamine reduced suicidal ideation within 1 day for up to 1 week. The effect of ketamine on suicide attempts or death by suicide has not been studied or determined (Trivedi, 2018).

Consensus Statements
As availability of ketamine hydrochloride infusions grew without the oversight of the FDA, the American Psychiatric Association Council of Research Task Force on Novel Biomarkers and Treatments provided initial guidance to clinicians after a review of 7 placebo-controlled, double-blind, randomized studies of ketamine in mood disorders (Sanacora et al., 2017). A 2021 international expert opinion reviewed properties of ketamine and extends guidance for the use of IV and intranasal ketamine for TRD (McIntyre, 2021). The 2021 expert opinion is specific to IV and intranasal ketamine since there is insufficient empirical evidence to provide guidance for other formulations, although other formulations are used in practice. TRD is
defined as failure of two antidepressants during the index episode, but where ketamine falls in treatment algorithms, such as before or after a trial of ECT or repetitive transcranial magnetic stimulation (rTMS), is not established.

A checklist for use of ketamine and esketamine is provided in the expert opinion that covers patient selection, appropriate setting for treatment, personnel and monitoring requirements. Aside from contraindications discussed above, the expert opinion on patient selection is that as long as major depressive symptoms are primary, ketamine may be considered (McIntyre, 2021). The authors indicate that ketamine may be safe for treatment for depression with comorbid disorders, including substance abuse, and some situations thought to be contraindicated (e.g., small trials have shown safety of administration with MAOIs), although the provider should proceed with caution (McIntyre et al., 2021).

The expert opinion stipulates that ketamine should be administered in a general or specialty setting where an available provider has advanced cardiac life support training (ACLS). Sufficient and interdisciplinary staff are suggested. A physical is recommended prior to beginning treatment with measurement of body mass index. During treatment, patients should have cardiovascular, hemodynamic, respiratory monitoring, and measures of electrocardiography and oxygen saturation. A setting that is comfortable for the patient is desirable due to dissociative and psychotomimetic effects. Psychometric measurement of depression before and after infusion should be given as a minimum and other measures of well-being, anxiety, dissociation and psychotomimetic effects and psychosocial functioning are recommended (McIntyre et al., 2021). Patients should remain in the clinic the prescribed amount of time according to Risk Evaluation and Mitigation Strategies (REMS) requirements based on the country and/or until there are stable vital signs, a clear sensorium and reduction of dissociative and psychotomimetic effects. Patients should not operate a motor vehicle after treatment, resuming only after achieving at least one night of sleep. Evidence supports safety and efficacy of esketamine over 1 year for adults with TRD and is unknown for IV ketamine due to lack of long-term efficacy, safety and tolerability studies.

Summary

Ketamine is a fast-acting treatment option for adults with TRD and suicidal ideation, although much is left to be known. Mechanisms of action in depression, dosing for some formulations, long-term side-effects, abuse liability in patients receiving ketamine treatment and whether ketamine prevents suicidal behavior as well as suicidal ideation are all open questions. Whether ketamine will be a viable approach over longer periods of time also remains unknown. Research with ketamine will likely continue to increase to address these open questions. Providers of ketamine treatment would likely benefit from reviewing the guidance of expert
consensus panels (i.e., Sancora et al., 2017; McIntyre et al., 2021).

References:


While the epidemic of autism spectrum disorder (ASD) affects approximately 1 per 68 individuals, its cause or causes are poorly understood (Zablotsky et al., 2014). While significant gains have been made in understanding pathophysiology, neuroanatomical abnormalities and neurocognitive deficits associated with ASD, a clear biological marker has not been found. There is no single gene or genetic cause that has yet to be identified that explains more than a very small percentage of ASD cases. Consequently, virtually all intervention, whether behavioral, pharmacological or educational target symptoms, skill deficits or environmental support systems. Most medications used to treat ASD symptoms are used off-label with the exception of the selected antipsychotics used to treat irritability; risperidone and aripiprazole.

Recently, as reported in Annals of Clinical and Translational Neurology, a small phase I/II, clinical trial, led by Robert Naviaux, MD and a team of researchers from UCSD, Rady’s Children Hospital, and Alliant International University was conducted to evaluate the safety, pharmacokinetics, pharmacometabolomics and efficacy of low-dose suramin, an antipurinergic medication (Naviaux, 2014). The rationale for the study was hypothesized and based on earlier research that suggests there is a basic cellular response to metabolic perturbation or stress that is shared by all children with ASD. This is called the cell danger hypothesis (Naviaux et al., 2014). Aspects of the cell danger response (CDR) are also referred to as the integrated stress response. Mouse studies showed that purinergic signaling played a critical role in maintaining the cellular response to integrated stress (Naviaux et al., 2014; Naviaux et al., 2013; Naviaux et al., 2015). Moreover, this cellular response could be treated by antipurinergic therapy.

Five matched pairs of male children between the ages of 5–14 years with ASD were randomized to receive a single, intravenous infusion of suramin (20 mg/kg) or saline. The primary outcomes were Autism Diagnostic Observation Schedule-2 (ADOS-2) scores and Expressive One-Word Picture Vocabulary Test (EOWPVT). Secondary outcomes were the Aberrant Behavior Checklist, Autism Treatment Evaluation Checklist, Repetitive Behavior Questionnaire, and Clinical Global Impression.
Questionnaire. Unexpected and adverse events were recorded as they occurred and graded in severity according to the National Cancer Institute Common Terminology Criteria for Adverse Events v4.03 (CTCAE) scale. Monitoring also included daily scripted phone calls in the first week, then 4 weekly calls until the exit examinations at 6 weeks. Each child received a neurological examination by a board-certified pediatric neurologist at base-line and at the end of the study. An independent data safety monitoring board (DSMB) reviewed the data and IRB communications for the study.

No serious toxicities (CTCAE grades 3–5) or peripheral neuropathy were observed. Free cortisol, hemoglobin, white blood cell count (WBC), platelets, liver transaminases, creatinine, and urine protein showed no differences between children who received suramin and placebo. However, all five children who received suramin developed a self-limited, evanescent, asymptomatic, fine macular, patchy, morbilliform rash over 1–20% of their body. This peaked 1 day after the infusion and disappeared spontaneously in 2–4 days.

Blood levels of suramin were 12 ± 1.5 lmol/L (mean ± SD) at 2 days and 1.5 ± 0.5 lmol/L after 6 weeks. The terminal half-life was 14.7 ± 0.7 days. Metabolic effects of suramin resulted in a decrease of the cell danger response and restored more normal metabolism. Purine metabolism was the single most changed pathway. Suramin increased healthy purines such as AICAR, which is an activator of the master metabolic regulator AMP- dependent protein kinase (AMPK). 1-Methyl-adenine (1-MA) was also increased. 1-MA is derived from 1- methyl-adenosine, a recently recognized marker of new protein synthesis and cell growth. Suramin decreased other purines in the plasma such as cAMP and dGDP. Improvements in 1-carbon, folate, methionine, and cysteine metabolism were also found. Seventy-five percent of the pathways changed in ASD were also changed by suramin treatment in the mouse models of ASD.

ADOS-2 comparison scores improved by -1.6 ± 0.55 points (n = 5; 95% CI = -2.3 to -0.9; Cohen’s d 2.9; P 0.0028) in the suramin group and did not change in the placebo group. EOWPVT scores did not change. Secondary outcomes also showed improvements in language, social interaction, and decreased restricted or repetitive behaviors.

Interpretation: The safety and activity of low-dose suramin showed promise as a novel approach to treatment of ASD in this small study.

References


*This article was submitted originally for publication in the Tablet in 2017*
Collaborative practice between a scientist-practitioner trained psychologist (Boulder Model) with additional post-doctoral masters-level training in psychopharmacology is valuable in both prescribing and consulting with psychiatrists and other medical professionals. The benefit of consultation is revealed in a case of a patient with schizophrenia who has been prescribed clozapine (Clozaril) and developed neutropenia.

During morning rounds, two psychiatrists were discussing options for treating neutropenia in a patient who was prescribed clozapine. It was revealed that the patient had experienced significant behavioral improvement on clozapine but little to no response to other agents. It is known that some of the adverse effects of taking clozapine include neutropenia and agranulocytosis, both of which require careful monitoring and management.

One option would be to discontinue the only medication that has worked for this patient to address the neutropenia. One of the psychiatrists asked if anything “could reverse neutropenia?” The other psychiatrist replied with confidence: “nothing reverses it when it’s due to clozapine.”

Discontinuing the only medicine that worked for a patient’s schizophrenia seemed drastic.

Patients who benefit most from clozapine for treatment of schizophrenia, it would be important to know if prescribers could continue clozapinetreatment despite the patient developing neutropenia and what, if any, specific adjunct therapies would be recommended. The attending psychologist who had studied psychopharmacology with the University of Hawai’i Master of Science in Clinical Psychopharmacology program was aware that neutropenia can be reversed with the use of lithium and provided the published articles supporting the use of lithium carbonate as an adjunct agent to address neutropenia (Anand et al., 2009; Ghaznavi et al., 2008; Aydin et al., 2016; Paton and Esopp, 2005; Yadav, Burton, Sehgal, 2016).

While the mechanism by which lithium increases the neutrophil count and total WBC is not completely understood (e.g., Paton, and Esopp, 2005), several proposed mechanisms have been suggested such as demargination (e.g., Small et al., 2003) as well as stimulation of GM-CSF Granulocyte Macrophage Colony Stimulating Factor (GM-CSF) (e.g., Ozdemir et al., 1994).

The psychiatrist, upon seeing support from the literature provided, placed the patient on lithium carbonate, gradually increasing the dose before reintroducing clozapine. The patient made a full recovery without further signs of neutropenia. This collaborative problem solving approach spared the patient from further suffering, failed attempts at ECT, decreasing the patient’s hospital stay and enabled the patient to discharge to the least restrictive environment. Indeed there was a safe
way to reverse neutropenia while allowing the patient to stay on clozapine therapy (Anand et al., 2009; Ghaznavi et al., 2008; Aydin et al., 2016; Paton and Essop, 2005; Yadav et al., 2016).

Unique opportunities exist for scientist-practitioner psychologists to help close the gaps in care and to use their unique training to problem solve complex medication challenges. This case highlights the need to better understand the benefits of collaboration between psychiatry and psychology to improve patient care. In addition, scientist-practitioner trained doctoral-level psychologists, with additional post-doctoral training in psychopharmacology, should be recognized as equal partners in the care of psychiatric patients, since they are uniquely trained to manage patients with complex psychiatric presentations. While some may use examples like this case as a reason not to allow psychologists prescriptive rights, this case clearly illustrates that an attending psychologist can not only understand the complex pharmacology and pathophysiology underlying the serological consequences of clozapine therapy, but also can take a leadership role in resolving the problem and helping with medication-related problems that arise in hospitalized patients.

References


*This article was submitted originally for publication in the Tablet in 2017
Introduction: This article describes Dr. Ryan Ernst’s path to becoming the first prescribing psychologist in Iowa. Dr. Elizabeth Lonning, who led the effort to pass RxP legislation in Iowa, provides commentary specific to Iowa throughout the article in italics.

We have all been through at least one of those experiences where you get to the end and look back and say, “I am glad I did that but I would never want to do it again”. Completing the requirements of RxP training to licensure has certainly not been one of those experiences. If I had the time, I would do all the training over again as there is so much useful information to learn. From the first day of psychopharmacology class in January of 2017 with the Alliant MSCP program to the first day I was legally able to write a prescription, which was June 21, 2021, each milestone along the way has been very enjoyable. There was not a single time I thought, “What the heck have I gotten myself into?” Another midwest cohort for the New Mexico State University program is ready to start this fall and there is still time to register. All APA designation training programs meet Iowa law requirements.
at that time I realized just how different the rest of my career was going to be. In addition to receiving the MSCP degree from an APA designation program, Iowa requires 600 patient contacts for clinical assessment and 400 hours/100 different patients for practicum. Iowa's law was passed prior to the new APA MSCP program designation guidelines so our language comes from the prior designation criteria. The 600 patients contacts can be done concurrently with the 400/100 so as not to add to the amount of time needed to complete this supervised training.

As a neuropsychologist now with RxP training, I find the scope of my practice to be much broader than before. Honestly, at times in the past I found the practice of neuropsychology to be limited. I would provide a clinical interview, testing, and a written evaluation that usually would describe the severity of one's deficits, the impact of limitations inherent to those deficits and recommendations for symptom relief and functional improvement. We offered some interventions such as computer based cognitive rehabilitation programs, neurofeedback, virtual reality neurorehabilitation, and we did explore some new interventions such as transcranial direct current stimulation and near-infrared spectroscopy. The research behind such interventions is quite fascinating and in some cases, very promising, but typically those interventions are difficult to incorporate into clinical practice due to barriers of insurance reimbursement, mainly. I also saw patients with possible dementia and found working with that population to be rewarding though limited as far as assuming a typically consultative role. The culmination of my work would either indicate the patient had dementia, did not have dementia or had some other illness masquerading as such. From the training received through the psychopharmacology program, the expansion of my role as a neuropsychologist has been tremendous. At this time, I am much more comfortable evaluating the medications patients are prescribed to discern whether there may be a culprit that could be responsible for cognitive inefficiency presenting as memory impairment. I am much more comfortable evaluating patients' medical history to identify alternative explanations to account for the presenting problem of memory impairment. I am able to conduct a full neurological examination from the training I received and order laboratory work; a totally new experience and one I find of great value through the process of performing an evaluation for the differential diagnosis of dementia. I am able to order imaging to evaluate the structural integrity of the brain without having to rely upon someone else to do so based upon their schedule or preferences. And, in the unfortunate circumstances where a diagnosis of dementia is confirmed, I am able to follow along with the patient for medication management and for the first time, find myself to be taking a lead role in patient treatment, rather than a consultative role. So, at this point some of you may be thinking, "Congratulations, you are a quasi-neurologist." However, that is not the case as RxP training expanded my role as a psychologist and did not change my role. Once a psychologist has completed the degree, the supervised training
mentioned above and passed the PEP, they are eligible to apply for a conditional prescribing status which allows for the type of work Dr. Ernst discusses. The conditional prescribing psychologist still requires supervision but it takes a different format (as laid out in our administrative rules) than the direct supervision hours required prior to receiving the PCP status.

I find such liberty in being able to use the many tools available whether it is behavioral modification, cognitive therapy and even an early love of mine, existential psychotherapy, integrated into the medical evaluations and interventions available through RxP training. Also, during the years practicing as a neuropsychologist I somewhat fell out of the practice of psychotherapy and experienced subsequent anxiety about my rusty psychotherapy skills. As we know, exposure is the best intervention for anxiety and exposure is certainly what I have experienced, now working at a rural hospital setting where the needs of the community are broad and diverse. In reassuming the role as a general clinical psychologist, it has been very rewarding to evaluate, diagnose and treat people of all different ages for varying conditions. Whether that be psychological and cognitive testing for the diagnosis of ADHD, the treatment of anxiety associated with one’s life tragedies, or the unfortunate and firm hold bipolar I disorder has on a person’s life, utilizing the combination of psychometric testing, psychotherapy and now medication intervention, has been by far the most enjoyable experience of my career so far. Whether engaged in medication reduction for an intellectually disabled person with autism or changing the diagnosis of someone with chronic PTSD who has been mistakenly treated for bipolar disorder for many years, the role of a prescribing psychologist is exactly what I hoped it would be. Our training as psychologists with a sound foundation in assessment, as patient listeners, as ultra-pragmatic thinkers, as humble practitioners, as believers of the potential for human change, with respect for the mind and not just the brain, and now with a sound foundation in psychopharmacology, prescribing psychologists in my opinion should not considered just another prescriber of psychiatric medication, but as a profession with a unique set of skills and training. I think what Dr. Ernst describes here is exactly how to discuss with other psychologists how RxP enhances the practice of psychology and does not take away from what a psychologist already does. When talking to those that opposed our legislation, we would often mention the idea of ‘unprescribing’ and using other psychological interventions instead, which Dr. Ernst’s experience fully supports.

If there is a word I can use to describe my experience of being a prescribing psychologist it is “grateful”. I am grateful for the opportunity to earn the trust of patients to assist them with their psychological and physical health. I am grateful for those who put in the decades of work it took to make the pursuit of prescription privileges a reality for practicing psychologists. I am grateful for those in our field who are willing to share their enthusiasm, time and knowledge with others in the field, especially young psychologists or those
aspiring to enter the field. I am grateful for Iowa. These are wonderful times in the history of the practice of psychology and spreading our passion is a key to attracting others into the profession. I believe RxP can be a big component of this as it drastically expands the role of practicing psychologists and, subsequently, can be more attractive to a greater number of aspiring college students. If you have been considering enrolling in a RxP program, quit wasting the time and energy of considering and start planning on how to make it a reality. When you get to the other side, I very much doubt there will be any regrets. If anyone would like to connect with either of us about this process, please do not hesitate to contact us. Iowa's law is SF2188 and our administrative rules specific to RxP are under Chapter 244.
when one of the 6.1 million children in the United States with Attention Deficit Hyperactivity Disorder (ADHD) seeks treatment, their medical provider has a few options (CDC 2020). They may suggest their patient seek behavioral treatment, pharmacological treatment or a combination of the two, all of which have their benefits and challenges. Additionally, of the 6.1 million children with ADHD, 62% took medication for their illness making understanding the pharmacological treatment of this illness paramount (CDC 2020).

Currently, the medications available for pharmacological treatment of ADHD are separated into two classes, stimulants such as methylphenidate and d-amphetamine or non-stimulants such as guanfacine or atomoxetine (Bello, 2015). Both treatments are associated with improving common symptoms of ADHD, however stimulant treatments for ADHD are reported to have a high addictive potential, and are therefore labeled as Schedule II drugs (London, 2016; Jasinski et al., 2008). They are also commonly used illegally with 1.6 million people in 2014 reporting non-medical use of these medications (Center for Behavioral Health Statistics and Quality, 2015). In this article, I will summarize the current literature on non-stimulant options for the treatment of ADHD to highlight the potential costs and benefits of utilizing these medications.

Stimulant Medications

Stimulant medications have been deemed effective going as far back as 1937 and are currently considered the first line of treatment for ADHD (Stevens et al., 2013). This class of medications can be broken down into two groups, amphetamines and methylphenidates, and are shown to be highly effective in treating childhood, adolescent and adult cases of ADHD (Stevens, 2013). However 10 to 30% of patients receiving stimulant medication found it to be ineffective (Banaschewski et al., 2004). These medications also put patients at risk for considerable side effects including decreased appetite, headaches, sudden recurrence of ADHD symptoms, sleep problems, edginess, dry mouth, and an elevated abuse potential (Stevens, 2013). Additionally, stimulant medications are considered problematic for patients with Tourette’s syndrome, as these medications may increase or precipitate vocal tics (Lowe et al., 1982). The potential consequences of taking this class of medication have increased interest in alternative treatments, especially for patients at risk of abusing medication or patients with complicating comorbidities.
Non-Stimulant Medications

While there are ways to manage the side-effects associated with stimulant medications, non-stimulant options are reported to have a milder side-effect profile which may be more desirable to patients and prescribers (De Sousa & Kalra, 2012). These medications are also less likely to be abused by patients and are therefore not considered controlled substances by the FDA (De Sousa & Kalra, 2012). Current FDA-approved non-stimulant options for treatment of ADHD include norepinephrine reuptake inhibitors and alpha-2 noradrenergic agonists (Budure et al., 2005).

Norepinephrine Reuptake Inhibitors:

Atomoxetine

In April 2021, viloxazine, a new NRI was approved by the FDA to treat ADHD in children. Because this approval is so recent the majority of the current literature focuses on atomoxetine. Atomoxetine is generally used for patients with co-occurring disorders that may be exacerbated by stimulant medications (De Sousa & Kalra, 2012). And for those concerned about its efficacy, atomoxetine is reported to have similar, if not equal, efficacy to methylphenidate, a popular stimulant medication (Heiligenstein & Spencer, 2000).

Pharmacodynamics of Atomoxetine

Atomoxetine is a norepinephrine reuptake inhibitor (NRI), and therefore increases levels of this neurotransmitter by blocking presynaptic norepinephrine transporters (Ledbetter, 2006). It has a low affinity for 5-HT serotonin and dopamine receptors and does not increase dopamine levels within the nucleus accumbens or striatum, lessening its potential for abuse (Heil, 2002).

Pharmacokinetics of Atomoxetine

The pharmacokinetics of atomoxetine are widely studied and there have been no differences in response due to gender or age (Banaschewski et al., 2004). The medication is taken orally and reaches peak plasma concentration 1-2 hours after administration with a half-life of 5-6 hours (Sauer, Ring, & Witcher, 2005). Due to its short half-life, atomoxetine is generally taken 2 times per day to maintain a therapeutic dose (Sauer et al., 2005). Atomoxetine is metabolized by the CYP2D6 enzyme, absorbed and then excreted through metabolites present in urine (Sauer et al., 2005).

Alpha-2 Noradrenergic Agonists

These drugs are FDA approved to treat ADHD as they have shown potential in being used as a combination therapy with stimulants to help those who are non-responsive to stimulant medication alone (Sallee, 2010). Previously, the alpha-2 noradrenergic agonists guanfacine and clonidine were not used in treatment of ADHD due to their rapid metabolism (Sallee, 2010). However, extended-release formulations of these drugs have addressed that problem. It is not uncommon to see both stimulant and these non-stimulant medications used concurrently (Sallee, 2010). These drugs may also be used for monotherapy.
Guanfacine

Guanfacine is a drug commonly used to treat high blood pressure, however it is also approved by the FDA to treat ADHD in patients ages 6-17 (Mayo Clinic, 2020). It is effective in treating a multitude of ADHD symptoms including inattention and impulsive behavior, mainly due to its effect on the prefrontal cortex (Mayo Clinic, 2020). In a double-blind, placebo-controlled study, guanfacine was found to have a significant effect on ADHD symptoms in comparison to placebo (Biederman et al., 2008).

Pharmacokinetics of Guanfacine

The elimination half-life for guanfacine is approximately 17 hours and it is rapidly absorbed by the gastrointestinal tract. Due to its extended half-life, this medication is ideally taken one time per day, and the steady-state concentration is generally reached in around 4 days (Kiechel, 1986). It is mostly excreted through urine and is metabolized by the CYP 3A4 enzyme (Schoretsanitis et al., 2019).

Pharmacodynamics of Guanfacine

Guanfacine works at the postsynaptic space by stimulating the alpha-2a adrenergic receptors in the prefrontal cortex, thereby improving working memory and attention. It is also a more selective alpha-2a adrenergic agonist as compared to clonidine (Alamo, Lopez-Munoz & Sanchez-Garcia, 2016).

Clonidine

Clonidine is similar to guanfacine in that it is an antihypertensive medication. It is known to help with symptoms such as insomnia, aggression, and self-injurious behavior. It is available in an oral tablet, extended-release oral tablet and a transdermal patch (Banas & Sawchuk, 2020). Clonidine may also cause significant sedation (www.drugs.com).

Pharmacokinetics of Clonidine

Clonidine reaches a steady-state plasma level at approximately 2 hours after administration (Keränen & Nykänen, 1978) Its effects can last from 8 to 12 hours and it can be taken twice daily (Kario, 2018). However, the metabolism of clonidine is poorly understood ("Clinical pharmacokinetics of Clonidine," n.d.). It is currently believed that the medication is metabolized predominantly in the liver by the CYP2D6, CYP1A2, CYP3A4, CYP1A1, and CYP3A5 enzymes ("Clinical pharmacokinetics of Clonidine," n.d.).

Pharmacodynamics of Clonidine

Clonidine is an adrenergic alpha2-agonist and was found to stimulate receptors in the locus coeruleus, potentially contributing to its sedating effects ("Clinical pharmacokinetics of Clonidine," n.d.). It also has an effect on the ventromedial and rostral-ventrolateral areas of the medulla that helps regulate blood pressure, making it an effective antihypertensive ("Clinical pharmacokinetics of Clonidine," n.d.).

Discussion

After reviewing the current literature regarding non-stimulant treatments for ADHD it is evident these medications are effective treatments for many
symptoms of ADHD. Additionally, these medications lessen the risk of a patient becoming dependent. Stimulant medication such as methylphenidate and d-amphetamine have effects likened to common drugs of abuse (i.e., cocaine and methamphetamine) (London, 2016). Considering that the vast majority of patients treated for ADHD are under 18 years old, this may be problematic (Data and Statistics About ADHD November 2020). According to the American Psychological Association’s Monitor on Psychology, stimulant drugs are also associated with many dangers. These drugs have been linked to poor judgment, a lack of ability to adapt to novel situations and impulsivity (American Psychological Association, 2011). Such potential problems might be avoided with the use of non-stimulant medications. Additionally, due to non-stimulant drugs being unscheduled, they are less problematic to prescribe than stimulant medications. Another potential advantage is that non-stimulant drugs cost significantly less than stimulant medications which may make them more affordable to those in underprivileged populations. Racial and ethnic variabilities must also be accounted for, as Asian populations were found to be more likely to experience elevated reward-related effects from stimulant medications due to a genetic variation (Leventhal et al., 2016).

In conclusion, while more robust research is needed, non-stimulant medications for ADHD should be considered as a first-line treatment for ADHD in patients with a substance use disorder and some medical comorbidities. The lower cost, low side-effect profile and general efficacy of non-stimulant medications for ADHD make them a first choice for many of our patients.

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In this article the role of the Division 55 Diversity Council and its current aims for 2021 will be presented. The Diversity Council currently has the following members: Drs. Deepan Chatterjee, Janelle Fisher, Troy James, Nekeisha Johnson, Daniel Kaplin, Edward Korber, Derek Phillips, Judith Steinman, and Virginia Waters; our student representative is Rita Rivera, from Albizu University in Miami, Florida. The Diversity Council is meeting on a bimonthly basis and has the following aims:

- Preparation and dissemination of a Diversity Policy Statement for Division 55; and
- Attract and retain underrepresented demographic sectors within Division 55 for membership; and
- Promote the development of multicultural competencies, and competencies for individual diversity within the division; and
- Incorporation of diversity research and looking at the science behind race, ethnicity, culture and individual diversity.

Regarding the first aim (preparation and dissemination of a diversity policy statement), Dr. Steinman obtained the APA diversity policy statement for comparison. We are developing a policy statement that captures the spirit of Division 55, that incorporates our mission statement and reads as follows:

**Division 55, representing its members who are educators, practitioners and researchers in the field of Clinical Psychopharmacology is committed to and respects both individual and cultural diversity. The mission of the Diversity Council of Division 55 is to provide our members and the populations that they serve with diversity competencies to promote the successful application of multicultural, pharmacotherapeutic and individual diversity-specific awareness, knowledge and skills in human interactions. The Council is committed to increasing diversity-based competencies for those who specialize as Applied Clinical Psychopharmacologists.**

**We recognize that all individuals are cultural beings and that diversity incorporates a broad spectrum of dimensions including race, ethnicity, language, sexual orientation, gender, age, disability, class**
status, education, religious/spiritual orientation and other cultural elements.

Given the mission of the Diversity Council, it would be important to add advocating for the needs of unrepresented sectors who frequently experience health care disparities, thereby compounding their difficulties to access mental health care services. In 2013, there were 45,580 actively practicing psychiatrists in the US to meet the needs of over 300 million persons, with at least 40% of the workforce practicing in exclusive fee for service private practices, accounting for the second highest cash-only practice rate among medical specialties after dermatologists (National Council for Behavioral Health, March 28, 2017). Moreover, given the impacts of institutionalized racism that have been a central part of US history over the past several hundred years, it is of vital importance to add that as a profession, it behooves us to adopt the science-based model of race, and that to combat racism, the best approach is through education and advocacy.

Attract and Retain Professionals from Underrepresented Demographic Sectors

Based on the Division 55 Diversity Survey that was circulated in 2020, it was found that the division is lacking in African American and Hispanic/Latin representation. Hispanics/Latins and African Americans account for approximately 32% of the US population (US Census Bureau, 2019). In contrast, in Division 55 these racial/ethnic groups account for less than 10% of division members. Therefore, if we wish for our society to have access to health care services, then we must be culturally inclusive as a division and as exemplified in our division membership.

Emphasis on Developing Multicultural and Individual Diversity Competencies

Multicultural and individual diversity competencies seek to promote the successful application of multicultural and culture specific abilities in human interactions in three broad cultural domains: (a) awareness; (b) knowledge; and (c) skills. Specifically, multicultural awareness entails the objective perception of one’s behavior, and that of others, within a cultural context of circumstances. Examples include: (a) having an accurate awareness of oneself as a cultural being, and an awareness of one’s own cultural values and biases; (b) being aware of how worldview and cultural backgrounds influence human interactions and may promote stereotypes; and (c) being aware of one’s limits of competency and expertise (i.e., knowing when to refer a patient or client of a different culture to a practitioner with greater expertise).

Multicultural knowledge refers to acquiring factual information about specific cultures. Examples of multicultural knowledge competencies include: (a) being knowledgeable of one’s racial and cultural heritage; (b) acquiring culture-specific knowledge about the racial and cultural heritage of the social groups one is providing clinical services for; (c) understanding the impact of racism, discrimination, oppression, power, and privilege on various social groups; (d) knowledge of the legal and ethical aspects of multiculturalism (e.g., Title VII of the Civil Rights Act of 1964, Health Insurance Portability and
Accountability Act of 1996 [HIPAA], the APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations, among others); and (e) being knowledgeable about clinical resources and guidelines pertaining to the treatment of mental disorders in diverse populations. As an example, many practitioners are not aware that the DSM-5 is published in a variety of languages. Therefore, practitioners providing services to multicultural populations (or supervising students providing services to such groups) should be familiar with available diagnostic, assessment, and treatment resources for these groups. Moreover, it is incumbent for practitioners to learn and use the correct professional terminology (i.e., psychological jargon in a given language) when providing psychological services to non-English speakers.

Finally, multicultural skills refer to the successful application of multicultural competencies in human cross-cultural interactions. Specific multicultural skills entail: (a) seeking out educational, and life experiences to improve one’s understanding and effectiveness in fostering positive interactions with persons of different cultural backgrounds; (b) actively seeking consultation from diverse groups served; (c) respecting the language preference of one’s client and ensuring that accurate translations occur as needed; (d) examining traditional psychological practices for their cultural appropriateness; (e) modeling behavior that promotes the principles of tolerance, inclusion and pluralism; and (f) finding ways to engage in public advocacy to dismantle social obstacles as part of one’s professional responsibilities.

**Tie-In with Research**

We understand the importance of following the science to prevent the spread of infection as a result of the COVID-19 pandemic. Similarly, with race and ethnicity, we should follow the science. Hence professional psychology would do well to adopt a science-based model of race, as opposed to a sociocultural model. The latter has generally prevailed in professional psychology. The weakness of the sociocultural model include that it is an arbitrary and archaic model and that it is largely based on classifying humans according to their phenotypical characteristics. As such, the sociocultural model was used to justify the existence of slavery based on these differences, and hence, the model is associated with oppression, power, and privilege. Apart from promoting stereotypes, the sociocultural model is historically inconsistent, uses the language of layperson, and promotes high expressed emotion. In contrast, the science-based model of race is objective and verifiable. It focuses on genetic similarities, is historically accurate, and fosters the use of the language of science. Finally, a scientific model of race promotes reasoning and understanding. To facilitate this effort, the Diversity Council will partner with the Division’s Research Council to dissemination of high-quality, evidence-based research related to the causes of and treatments for mental illness and substance use disorders.
In closing, it is evident that the world is getting smaller and that the acquisition of multicultural competencies will become a key life skill in the 21st Century. Therefore, the Diversity Council will seek to provide the Division with: (a) a body of recommended clinical resources and guidelines for providing psychopharmacology consultations and treatment to diverse populations; (b) disseminate this information among psychologists at the state and national level; and (c) place an emphasis on skills or competency development.

References


The 2021 Practice Leadership Conference (PLC) – “COVID-19 Recovery and the Future of Practice,” Weekend One: The annual APA PLC conferences have always been one of the highlights of my professional year. Last year’s event, under Sandra Shullman’s Presidency, ushered in the nation’s horrific COVID-19 Pandemic. As always, I especially appreciate that Dan Abrahamson, and this year Madeline Boening, have been most gracious in inviting and recognizing psychology and nursing graduate students from the Uniformed Services University (USU). This year’s first-ever virtual PLC conference, enthusiastically opened by APA President Jennifer Kelly, was held over two consecutive weekends. Nearly 700 colleagues registered! Most appropriately, during the first weekend, important Health Equity/Health Disparities, Racism, and Social Justice issues were highlighted. This was APA’s 38th annual event, almost all of which I have had the pleasure of attending. Although I definitely did miss the interpersonal interactions, PLC was exciting and wonderfully inspirational.

Jared Skillings, Chief of Professional Practice: “PLC is one of the most important events of the year. It gives APA and SPTA leaders a chance to connect and work together on critical issues facing our profession and society. One thing we have learned is how virtual meetings can be more inclusive. In the past, PLC had to limit the number of students, early-career psychologists, and diversity delegates due to financial constraints. But not this year! We were able to invite every member of every board of every state, province and territory. Now I want to take a step back in time to last year’s PLC. We were just becoming aware of this new virus, so we spent the weekend elbow-bumping, no physical distancing, no masks. Do you remember when we thought this would be over in two weeks.”

Echoing an important theme, recently raised by former APA President Joe Matarazzo at our USU health policy seminar – “I feel proud to be a psychologist and you should too. Very proud. I am proud that every single one of you have given everything you have during this very difficult year. Some themes that have emerged this past year. The first theme – is The Power of Relationships. We have all experienced tremendous anxiety, grief, and loss this past year. The second theme for reflection – Injustice. The deaths of George Floyd, Breanna Taylor, and other Black, Indigenous, People of Color are part of what our Past President Sandy Shullman referred to as a ‘Racism Pandemic.’ More efforts are clearly needed for diversity, equity, and inclusion.

“The last theme, as we discussed last year – Telehealth and Advocacy. For two years we had been talking about how telehealth and PSYPACT were psychology’s blue ocean – important new areas to explore. But I could not have predicted how rapidly and effectively our profession would make that change. Telehealth allowed us to keep the doors of our practices open and provide care to the communities we serve in a safe way. I am proud to say that psychologists led the way nationally – even among other health professions -
Virtual Conferences Are Increasingly Expanding: Major Christy Anne Velasquez, USAF, NC, (USU Nursing Graduate Student): “I was one of 12,000 global attendees at the Future of Nursing Campaign for Action virtual event last month. It was inspiring to hear all of the accomplishments that happened over the last ten years since the release of the Institute of Medicine (IOM)’s Future of Nursing report. To me, the most outstanding achievement was the academic progression in my home state of Hawaii. Laura Reichhardt, Director of the Hawaii State Center for Nursing and co-chair of the Hawaii Action Coalition, shared Hawaii’s successes. One of Hawaii’s priorities is to build educational capacity. Through the Academic Progression in Nursing (APIN) grant, higher education and diversity in the nursing workforce were achieved. Innovative interventions that increased Hawaii’s number of nurses with Bachelor of Science in Nursing (BSN) degrees include collaborating with universities and community colleges to create a shared RN to BSN program, establishing on-site learning in various specialties to create diversity, and gaining buy-in from employers to provide incentives for nurses to return to school and attain their baccalaureate degree.

“Before these interventions, Laura Reichhardt expressed that less than half of the nurses in the rural community had a BSN. Now, over 50% of nurses hold a BSN degree or higher. In addition, in 2010, 59% of RNs held a BSN degree or higher, which jumped to 79% in Hawaii in 2019. The development of this highly educated and skilled nursing workforce back in my hometown will help ensure that communities receive access to safe and high-quality care. Nursing across all levels is more relevant now than ever, as we meet a global challenge such as the pandemic. I enthusiastically wait for the next recommendations by the National Academy of Medicine (formally the IOM) to help guide our nurse leaders, advocates, and trailblazers as we constantly strive to deliver the best patient care possible for the next ten years.”

An International Perspective on RxP: Beth Rom-Rymer: “On February 20th and 21st, the International Movement for Prescriptive Authority for Psychologists (IMPAP) sponsored its first International Conference on Prescriptive Authority. I am co-chair of IMPAP, along with Jury Ricardo Gomez Garcia and Matheus Teles Gomes De Araujo. Gomez Garcia was a prescribing psychologist in Cuba for 10 years in the 1970’s and was the founder of the first Clinical Psychology Service at the General Hospital in Cuba in 1973. He is the current academic director at the Health and Education Teaching and Research Institute (IPESE) in Brasilia, Brazil. De Araujo is the Research Director at the IEPSE. He does research and Neuropsychology, Biological Psychology and Behavioral Science. He is also a Ph.D. student in Neuroscience at the University of Alabama, Birmingham.

“There were 33 presenters at the International Conference from all corners of the world: The U.S., Brazil, Canada, The UK, The Netherlands, Norway, South Africa, and Taiwan. Each spoke about emerging Prescriptive Authority Movements in their countries. From the U.S., all of the prescribing states were represented: Idaho, Illinois, Iowa, Louisiana, and New Mexico. From Illinois, newly licensed prescribing psychologists spoke about their emerging, integrative practices as prescribing psychologists. And, two Illinois graduate students, who have already earned their MSCPs (Master’s degree in Clinical Psychopharmacology), spoke about their commitment to their training as prescribing psychologists. I am very proud of our efforts together. We now will be paying close attention to the mental and behavioral health marketplace. I ask you to look into the future. Let’s envision one year from now – how will you apply the lessons you’ve learned to make an impact in your practice, in your community, or in your state?”
psychologists and providing care for underserved populations. U.S. military prescribing psychologists, from Texas and Bahrain, spoke about their leadership initiatives as prescribers in the military. One LT. Commander spoke about her current training to become a prescribing psychologist at the Chicago School of Professional Psychology and how she will be integrating her prescribing practice into her leadership roles in the Navy.

"Leila Ellis-Nelson talked about the Illinois research initiative, that she is directing, under the aegis of The Illinois Association of Prescribing Psychologists, to assess the effectiveness of prescribing psychologists. This is an initiative that we have been wanting to undertake since the earliest years of states’ passage of prescriptive authority legislation. I am thrilled with her leadership and our collaborative work to provide empirical data on the distinctive practices of prescribing psychologists. Finally, the energy at this meeting, with more than 85 participants, was ebullient! It is quite exciting to experience the connections with psychologists, around the globe, as we see the burgeoning numbers of psychologists who are prescribing, training to prescribe, and initiating a movement in their countries for legal authority to prescribe. It is the dawning of a new day."

Participants’ Perspective: Bethe Lonning -- "Iowa now has an application for Conditional Prescribing Psychologist Certificate (CPC) on the licensing website and on the IPA website on the RxP tab (which is under Resources). We will have our first CPC within the month and by the end of 2021, I expect there will be another three CPCs. With COVID, getting supervision hours has added an extra challenge but those psychologists pursuing this training have been diligent and have preserved to get those hours in! The first Midwest cohort from New Mexico State University (NMSU) will graduate in the fall. The relationship between St. Ambrose University in Davenport, Iowa and NMSU will be renewed in the fall so a Midwest cohort is again possible. This means the in-person training through NMSU can be done on the campus of St. Ambrose eliminating potential hardship for traveling to New Mexico, come to Iowa instead. The RxP Committee of the Iowa Psychological Association is working on keeping RxP training on the forefront of peoples’ minds, reaching out to resources to create more options for the supervision part of training and providing support/information for those pursuing this training to make the process as smooth as possible."

Steve Ragusea -- "Via Zoom, I had the opportunity to participate in the first IMPAP, organized by Beth. We were able to hear about progress advancing RxP from psychologists all over the world, including but not limited to psychologists from Canada, England, Norway, South Africa, Brazil, and the United States. We heard from folks who are already safely and effectively prescribing, as well as folks who are working to pass legislation, as we are here in Pennsylvania and Florida. The meeting was a concrete sign of the maturation of the RxP movement that started 40 years ago and which I supported while in graduate school. We have been working on RxP for a long time."

An Important, If Not Historical, Public Health Perspective: Our current COVID-19 Pandemic crisis should not have caught the nation by off guard. In May, 2006, HHS Secretary Michael Leavitt testified before the U.S. Senate: “Over the past five years, the Department of Health and Human Services has worked to make America healthier and safer… (B)udgets are – investments in the future…. It protects the health of Americans against the threats of both bioterrorism and a possible influenza pandemic…. We are proposing new initiatives, such as expanded Health Information Technology and domestic HIV/AIDS testing and treatment that hold the promise for improving health care for all Americans. We are continuing funding for Presidential initiatives, including Health Centers, Access to Recovery, bioterrorism and pandemic influenza…. We must also continue to prepare against a possible influenza outbreak…. It is vital that this funding be allocated in the most effective manner possible to achieve our preparedness goals, including providing pandemic influenza vaccine to every man, woman and child within six months of detection…. The President’s FY 2007 budget also provides more than $350 million for important ongoing pandemic influenza activities such as safeguarding the Nation’s food supply (FSA), global disease surveillance (CDC), and accelerating the development of vaccines, drugs and diagnostics (NIH).” The application of technology was a passion for Secretary Leavitt who was “committed to unleashing the power of technology to improve the quality of care, reduce mistakes and manage costs” of health care. “YMCA…. YMCA” (Village People). Aloha
**Our Councils**

Division 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 Division 55, to provide information and services relating to diversity to Division 55 membership, and to provide representation within APA on the intersection of diversity and psychopharmacotherapy within APA governance. The purpose of the **Division 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.
“In the Jungle, The Mighty Jungle” (March 2021)

Pat DeLeon, PhD, MPH, former APA President

Practice Leadership Conference (PLC), Week Two – “Telehealth and Health Equity”: APA President Jennifer Kelly and Chief Advocacy Officer Katherine McGuire hosted a most impressive discussion by former U.S. Senate Majority Leaders Tom Daschle and Trent Lott, both of whom earlier served as Senate staff members. Today, for the third time in our nation’s history, the Senate is equally divided, 50-50. Their messages for psychology stressed the importance of showing up and being present, to not assume that elected officials understand the nuances of your expertise, share personal stories to leave lasting memories; and perhaps most importantly, develop personal relationships. Social media today definitely makes these messages especially timely. When asked whether one should run for public office, both Senators were most encouraging – “Never met anyone who regretted that decision.” The extremely positive experiences of our next generation of leaders, which were vividly described during Kate Brown’s “Everyday Advocacy: Make it a Habit,” definitely reinforced that message.

The small group discussion on prescriptive authority (RxP) was well attended, with approximately 55 participants. An underlying public policy/political message noted was significant social change is always a marathon and enacting legislation represents just one important step. Throughout the second week of the conference, over 300 colleagues, from around the nation, actively participated in this first-ever Virtual Event. Former APA Presidents James Bray, Sandy Shullman, and Tony Puente were ever-present, as was President-Elect Frank Worrell. I greatly appreciate the support of Dan Abrahamson in making these visionary events available for the psychology and nursing graduate students at the Uniformed Services University.

Beth Rom-Rymer: “It was an honor to be asked to speak about the progress that Illinois has made with Prescriptive Authority, at our 2021 PLC. Deborah Baker chaired the session with grace and good humor, as always. (It’s hard to believe that we were all together, in person, last year, anxious about the rumors of a highly contagious and infectious disease, but unaware of the significant, long-lasting crisis that was soon to befall our global community.) Bethe Lonning and Derek Phillips, my wonderful partners in this Movement, were also invited to speak about their outstanding achievements. So much to say! So many questions from the audience to answer! This experience reminded me of a similar panel in Orlando, at Division 55’s very first national conference on Prescriptive Authority, in 2005. Anita Brown, the third President (2003) of Division 55, and one of the first 10 military psychologists, from the early 1992 DOD training cohort, talked about the weightiness of prescribing for the first time and Elaine Foster, also one of the first military prescribing psychologists, talked about her patients who didn’t understand why she couldn’t prescribe for them, once they had left military service, but continued to need psychological treatment, as Veterans. As the 2004 Division 55 President, I was one of the 2005 conference organizers and couldn’t help but be inspired and moved by the work of our prescribing pioneers. Anita was in our session on Sunday, as was Kathy McNamara, another remarkable psychologist, who has been a life-long advocate for Prescriptive Authority and has dedicated her career to working with Veterans and their families and the people of Hawai’i. So good to pay tribute to the pioneers and embolden the next generations of prescribing psychologists and legislative advocates!”

A reoccurring topic that was discussed both weekends was the importance of psychology appreciating the growing significance of licensure mobility. Alex Siegel (ASPPB) reported that there were currently 15 states which have adopted PSYPACT, with the District of Columbia also succeeding right after PLC. Close to 6,000 psychologists have applied for Authorization to practice under the auspices of PSYPACT, with an additional 16 states pursuing legislation and several additional states expressing interest. Deborah Baker pointed out that the APA Council of Representatives has endorsed this approach.

One of the questions raised was whether enactment would allow clinicians from other states to compete for a limited number of potential clients. The simple answer was “They already are” and from a population-based perspective, “So many in need are unable to access a qualified
therapist in a timely fashion.” Notwithstanding, the Kaiser Family Foundation recently reported: “A year into the pandemic, telehealth has become widely accepted. Some states are now looking to make permanent the measurers that have fueled its growth. But with it have come unintended consequences, such as a rise in fraud, potential access problems for vulnerable groups and conflicts between out-of-state and in-state health providers.”

Licensure mobility goes beyond psychology -- Clinical Pharmacy (Lucinda Maine, Chief Executive Officer, American Association of Colleges of Pharmacy): “This week, the Delegates for the 2021 Virtual American Pharmacists Association (APhA) House of Delegates passed multiple statements on multistate licensure. Here are four of the statements that are now APhA policy: * APhA advocates for the continued development of uniform laws and regulations that facilitate pharmacists, student pharmacists, and pharmacy technicians’ timely ability to practice in multiple states to meet practice, and patient care needs. * APhA supports individual pharmacists’ and student pharmacists’ authority to provide patient care services across state lines whether in person or remotely utilizing appropriate telecommunication or other telehealth technologies in accordance with harmonized state pharmacy practice acts and regulations. * APhA supports consistent and efficient centralized processes across all states for obtaining and maintaining pharmacist, pharmacy intern, or pharmacy technician licensure and/or registration. And, * APhA urges state boards of pharmacy to reduce administratively and financially burdensome requirements for licensure while continuing to uphold patient safety.”

Anthony Ragusea: “Just another COVID anniversary reminder -- almost a year ago exactly when the nation went into lockdown, a group of intrepid, dedicated members of the APA had just completed their meetings with legislators on Capitol Hill as the capstone event of the annual PLC. For the uninitiated, PLC is primarily geared towards existing leadership within state psychological associations as well as aspiring leaders, and as such is really open to anyone, including students, who are interested in learning about legislative advocacy and taking on leadership roles within psychology. A year after COVID started, on March 15, PLC wrapped up as an entirely online event. The difference had some real advantages: the event was free to attend (and no travel expenses!) and was spread across two weekends to help minimize workweek interruptions. Creative use of virtual tools allowed for a remarkable semblance of the kind of inter-state social mingling and networking that typically happens at PLC conferences.

“Attendees enjoyed presentations by some of APA’s finest, including President Jennifer Kelly and CEO Arthur Evans. Ex-Senators Tom Daschle and Trent Lott answered audience questions and reminisced about a time when the Senate was a much more functional organization, inspiring us to expect better things from our government and reminding us that ‘better’ is something that is very achievable. Without a formal education in psychology and family systems, these men intuitively understood the powerful impact of small, structural interventions like having people from opposing parties eat together and informally socialize together, away from the pressures of cameras and social media, as ways to incentivize respect and cooperation. The next day, hundreds of attendees from around the country were unleashed onto the internet to meet virtually with approximately 300 legislator offices, a truly impressive number. Their goal was to lobby for continuing some of the regulatory and reimbursement changes to providing telehealth-based services that began as temporary changes during COVID but would benefit providers and patients as long as they can possibly be maintained, as well as promote an increase to funding for APA programs that help train psychologists. The Graduate Psychology Education fund helps support the training of psychologists in locations that will help underserved populations, while the Minority Fellowship Program helps diversify the profession of psychology by reducing the financial barriers to graduate education that are more often faced by people from historically marginalized populations. So PLC attendees not only benefit from networking and learning from the experiences of impressive leaders and researchers, they get to apply what they learn and in so doing also help promote issues of vital importance to the profession of psychology on a large scale. Not a bad way to spend a wintry weekend!”

Reflections on Public Service: For decades, Leon Billings was a special colleague. “Public Service: A Gift that Keeps on Giving. In the fall of 1962, I needed to decide what course my life would take. My father, who edited a liberal weekly
newspaper in Montana, gave me some advice: ‘If you want to change the world, you won’t do it in Montana. Go to Washington, DC. That’s where you can make a difference. A little more than three years later, I joined a subcommittee staff of Senator Muskie of Maine. Thus began my career in public service. I helped craft the Clean Air Act and Clean Water Act. I worked with Senator Baker of Tennessee when they opened the Highway Trust Fund for investments in mass transit. I helped convince Senator Jackson of Washington State to shape the National Environmental Policy Act as a basis for environmental advocacy rather than a means to defend environmental degradation.

“For 15 years I worked as the staff director of Senator Muskie’s environmental subcommittee, as his Senate administrative assistant, and finally as his chief of staff during the nine months he served as Secretary of State. The political leaders whom I most respected made the idea of public service appealing: so much to do; so little time; so few committed to the goals. Writing the nation’s environmental laws opened whole new horizons. Not only was there a clean slate on which to write the laws, there were brilliant public policy-oriented Senators and Congressmen who invited ideas and who respected creativity. There was no place in Washington, D.C. where there was greater opportunity to do something new, different and, some would even say, radical than on Capitol Hill.

“We created a whole new way for government to function. These laws required public participation in every phase of development of environmental rules; in the implementation; and in the enforcement. Our environmental laws would now authorize citizen suits, provide for judicial review, and insist upon public comment. Frequent and aggressive Congressional oversight supported those policies. Perhaps the most important, the most unique, and the most enduring is the citizen suit provision. For the first time ordinary Americans and their organizations could force government to perform the functions required by law.

“My tenure on Capitol Hill would one day lead me to the seventh floor of the State Department. Not only did I derive the benefits of exposure, on a sixteen hour-a-day basis, to a group of committed, talented men and women, but I was also taught a decision making-process totally different than Capitol Hill. It was the quality and dedication of the people who served in our career foreign service that I found most rewarding. Within the State Department there were some of America’s finest foreign policy minds gathered to serve one mission: project the United States in a complicated, frustrating, and often hostile world. Here were people who daily put their lives on the line in places around the world to make it safer for our children and theirs.

“As executive assistant to the Secretary of State, I was engaged on a daily basis with the effort to free the hostages taken in our Embassy in Teheran. I would not assert that I played a key role in those negotiations but I had a ringside seat. I witnessed the frustration of a President, a Secretary of State and many other public servants trying to bring about the safe return of our Embassy personnel. The American public has little appreciation for the time and effort this process required. There were no nine-to-five players. And while frustration was the order of the day, there were few complaints and no one abandoned the effort. We spent three 24-hour days sealing the deal that resulted in freeing the hostages, too late for ‘mission accomplished’ on our watch but soon enough to know that the task assigned would be completed.

“Try as I might, the challenges I have encountered in the private sector do not even come close to providing the rewards earned in public service. Perhaps that is the lesson learned from my 15 years in the Federal service: the greatest rewards aren’t the civil service benefits and the occasional bonus but the opportunity to perform a real service to the people of America. That most Americans do not know and many do not care may be frustrating but the personal rewards outweigh this fact. I left the Federal service after 15 years because Jimmy Carter was not reelected. I left the Maryland General Assembly after 12 years, because I was not reelected. I ended my service regretting only that I could not have been a public servant longer. My reward was that I knew I made a difference and that was enough for me.”

It was especially nice to see Anne Klee, Past President of the Connecticut Psychological Association, receive the Committee of State Leaders State Leadership Award at PLC. Anne personifies all that Leon described. “The Lion sleeps tonight” (The Tokens).
“I Could Have Spread My Wings and Done a Thousand Things” (March 2021)

Pat DeLeon, PhD, MPH, former
APA President

Covid-19 Recovery and the Future of Practice: Uniformed Services University (USU) psychology graduate student Keen Seong Liew, LTJG, MSC, USN: “It’s my third year attending the APA Practice Leadership Conference (PLC). Although the conference was conducted virtually, as with previous years, I enjoyed myself and the perspectives from all the presenters. The past year was tumultuous, as social injustice and the COVID-19 pandemic disrupted the rhythm in everyone’s life. It’s not surprising, then, to find that these issues and concerns were in the spotlight during the conference. What is surprising to me, however, was the optimism and hope that psychology leaders brought to the conference despite the bleak year that we had. There was a presentation about decreasing barriers to practice by considering Master’s level clinicians. The role of graduate students as leaders in APA and the larger society dominated most of the discussions about graduate students. While not in the limelight, prescriptive privileges (RxP) for psychologists continues to be a part of various small talk discussions.

“Psychology leaders continue to innovate and bring about new ways to practice and provide therapy through digital therapeutics and telehealth. We learned the concerns about equity in pay for psychologists in response to the recent CMS (Centers for Medicare & Medicaid Services) proposal for changes, the impact of these changes on insurance reimbursement, and the future policy possibilities pertaining to this matter. There were reflections on psychologists’ contributions to address COVID-related mental health issues and increase diversity and inclusivity among our ranks, as well as in society. Many more interesting topics were covered, and in them all, the message was consistent: Psychologists’ all-rounded training prove to be invaluable to society as their roles evolve with people’s needs. Whether it was taking on advocating for policy changes or taking on leadership and other responsibilities or acquiring new skills, such as telehealth and RxP, psychologists are capable of tackling complex problems presented to them in different contexts, as evident from their work this past year. Psychologists led on many fronts in helping society to adapt to a changing world, and we will continue to do so for the foreseeable future across various industries and sectors.”

Major Christy Anne Velasquez, USAF, NC, (USU Nursing Graduate Student): “I recently attended a workshop at the PLC titled The Distinctiveness of the Doctoral Degree, in which I gained valuable insight into the significance of advanced degrees. Of particular interest to me were questions posed during the discussion: What makes the profession of psychology unique from other health professions? How does having a doctoral degree meet the challenges of now and the future? What makes a doctoral degree have added value? The questions are like the ones I reflect upon daily as a Doctor of Nursing Practice (DNP) student at USU. I had to look no further than the conference’s virtual Network Lounge to find some answers.

“In the Network Lounge I met multiple people, including the panelist Catherine Grus, HPA Executive Director Ray Folen (representing my home state of Hawaii), and USU psychology graduate student Patricia Carrerno. We discussed a range of topics relating to the doctorate degree, including the broadened scope of practice, increased depth of training, and promoting awareness of the profession. Through these discussions, I was able to form answers to not only the questions posed during the workshop, but to those questions I had of my own educational track. I noticed how those topics related so closely to military nursing’s road to elevated nursing education. The discussions, and the conference, left me feeling excited, engaged, and motivated not only as a doctoral student, but also as an advocate for the doctoral degree for all nurses, including military nurses.”

The APA’s annual PLC has always been one of the highlights of my professional year and this year’s 38th conference was outstanding. APA President Jennifer Kelly, Chief Executive Officer Arthur Evans, and Chief of Professional Practice Jared Skillings were visionary, impassioned, and inspirational, with nearly 700 colleagues registering. I especially appreciate the long-time support of Dan Abrahamson and this year Madeline Boening in actively engaging the psychology and nursing students from USU in the all-important public policy/political process.
Jared Skillings -- Opening Welcome: “PLC is one of the most important events of the year. It gives APA and State, Provincial, and Territorial Psychological Association leaders a chance to connect and work together on critical issues facing our profession and society. We have learned how virtual meetings can be more inclusive. Now I want to take a step back in time to last year’s PLC. We were just becoming aware of this new virus, so we spent the weekend elbow bumping to great each other. Remember when we thought this would be over in two weeks?

“I feel proud to be a psychologist and you should too. Every single one of you have given everything you have during this very difficult year. Some themes that have emerged this past year: The first theme is the Power of Relationships. We have all experienced tremendous anxiety, grief, and loss this past year. Some of you know I lost my father to COVID about two months ago. He was a counseling psychologist who served the people of rural Southern Ohio for 40 years. It is important to recognize and sit with the grief in order to understand it. It is equally important not to get stuck in it.

“The second theme for reflection – Injustice. The deaths of George Floyd, Brenna Taylor, and other Black, Indigenous, People of Color are a part of what our APA Past-President, Sandy Shullman, referred to as a ‘Racism Pandemic.’ The last theme – Telehealth and Advocacy. We have been talking about how telehealth and PSYPACT were psychology’s Blue Ocean – i.e., important new areas to explore. But I could not have predicted how rapidly and effectively our profession would make that change. I am very proud of our efforts together. At this year’s PLC, we will learn and discuss important topics, including Health Equity, which is the focus of our wonderful APA President Jennifer Kelly, who has been a strong state and PLC leader for many years. It is our responsibility to develop strategies for improving population health and improving access to high-quality, evidence-based, and culturally-sensitive care for the people and communities we serve.”

Future Implications: Several of the issues raised during PLC have both immediate and long-term potential beneficial consequences. For example, licensure mobility is critical for providing care during the pandemic and for future expansions of practice. Alex Siegel (ASPPB): “As of March 1, 2021, in addition to the 15 states which have adopted PSYPACT, the District of Columbia will become the 16th jurisdiction within the next couple of weeks. Close to 6,000 psychologists from those 15 states have already applied for Authorization to practice under the auspices of PSYPACT. Legislation has also been introduced in Alabama, Connecticut, Indiana, Iowa, Kansas, Kentucky, Maryland, Minnesota, New Jersey, New Mexico, Ohio, South Carolina, Tennessee, and Washington. Further, several other states have expressed an interest in introducing legislation this year.” The APA Council of Representatives has recently endorsed, in principle, PSYPACT.

Interestingly from a global health policy perspective, “State licensure reciprocity has been available in Pharmacy for decades. Facilitated by the Federation of State Pharmacy Boards, it has become easier to execute with information technology advancements. That said, it is expensive for the individual pharmacist or the company that employs that professional. There is growing movement towards the state compact strategy that nursing has used for some time, but how that will facilitate practice that crosses state borders and flexibility in licensure status is still a work in progress” (Lucinda Maine, Chief Executive Officer, American Association of Colleges of Pharmacy).

APA’s Sophie Friedl has begun systematically collecting information regarding the number of prescribing psychologists and their geographical locations. At the high end, Louisiana reports between 111 and 144 prescribers, counting those who are now “inactive.” New Mexico has 51 active and 20 conditional prescribers. Illinois has eight, with Beth Rom-Rymer, who is also seeking similar information, reporting significant recognition by their insurance companies; and Idaho two. The military would appear to have at least 24 active prescribers, while updates are being sought from the USPHS and particularly from the Indian Health Service (IHS). With the initial military prescriber Morgan Sammons being the Chief Executive Officer of the National Register, that would seem to provide a logical institutional home for our colleagues banking their prescribing credentials.

Healthy People 2000: In September, 1990, then-HHS Secretary Louis Sullivan: “Americans today are taking a more active interest in their health than ever before. They are coming to realize the influence that they, themselves, can have on their own health destinies and on the overall health status of the Nation. It wasn’t always thus….”
correlation between poor health and lower socio-economic status has been well documented, but that does not make it right or inevitable." "I could have danced, danced, danced all night" (My Fair Lady). Aloha
Pat DeLeon, PhD, MPH, former APA President

The Maturing RxP Vision: In 2006, APA President Gerry Koocher proclaimed: “We can anticipate many new ethical challenges unfolding as psychologists continue to advance our science and profession to promote human health and wellbeing…. Prescribing Hazards and the Demise of Psychiatry…. Advances in psychopharmacology and the demonstrated effectiveness of prescribing psychologists, with appropriate post-doctoral training, signal the end to any claims of uniqueness or incremental quality by medical providers trained in the traditional psychiatric model…. Psychiatric residencies no longer hold much attraction for the best and brightest young physicians interested in brain functions and their relationship to mental health. The best young physicians with such interests increasingly seek additional Ph.D. degrees and specialization in clinical neuroscience.

“As psychologists with post-doctoral credentials in psychopharmacology grow in numbers, and the aging population of baby-boomer psychiatrists retire, psychiatry will disappear as a medical specialty. The hazard facing us will involve avoiding the pitfalls that 20th century psychiatry ignored. We must guard against potential loss of competence in the skills that have traditionally offered our clients incremental value: our scientific foundations in assessment, psychotherapy, and other non-medical interventions. Reaching for a prescription pad is easier than conducting a well founded assessment and expert psychotherapy. The demands of the marketplace may make it more lucrative to prescribe than to talk.”

This Winter, Beth Rom-Rymer co-chaired, via Zoom, the 1st Conference of the International Movement of Prescriptive Authority for Psychologists which, was attended, over a two-day weekend, by 80+ colleagues from 15 countries, including graduate students from the Uniformed Services University (USU). Former APA President Tony Puente and Gerardo Rodriguez-Menendez of the Chicago School of Professional Psychology were among the 25 speakers who presented at the conference, as were a number of prescribing psychologists (especially from the military). Gerardo: “Our Master of Science in Clinical Psychopharmacology (MSCP) Program began on January 8, 2018, and received the approval of its APA designation application on February 5, 2021 for a three-year period. The Program must submit a new self-study in 2023. The Program’s APA designation is also notable, given it is the only designated program that accepts predoctoral and doctoral students. To date, our MSCP Program has enrolled its 10th consecutive cohort of students. Due to the popularity of the program, numerous practitioners from other professions sought admission to increase their knowledge of psychopharmacology.

“Therefore, the MA Psychopharmacology Program was developed in May, 2019 to provide non-psychologists with general knowledge of psychopharmacology and medical conditions that are relevant to mental health care. Our MA Psychopharmacology Program is designed for practitioners and leaders who are not psychologists or psychology students, but who have undergraduate/graduate degrees in related fields. Program students include licensed clinical social workers, hospital staff, physician assistants, pharmaceutical researchers, and related fields in psychology (e.g., Mental Health Counseling, Marriage and Family Therapy, Applied Behavior Analysis). Whereas the MSCP and MA Psychopharmacology programs are separate and distinct (i.e., students from both programs do not sit together for joint courses), the same faculty consisting of MSCP psychologists, board certified physicians, and neuroscientists teach in both programs. Thus, providing a working knowledge of psychopharmacology is of fundamental importance across the range of mental health disciplines.”

Reflecting Upon The Future: Is your State one of the 15 visionary states that have joined the Psychology Interjurisdictional Compact (PSYPACT)? Alex Siegel: “As of March 1st, 2021, in addition to the 15 states which have adopted PSYPACT, the District of Columbia will become the 16th jurisdiction in the next couple of weeks. Close to 6000 psychologists from those 15 states have already applied for Authorization to practice under the auspices of PSYPACT.” “Now I long for yesterday” (The Beatles). Aloha
Pat DeLeon, PhD, MPH, former APA President

The 2021 APA Practice Leadership Conference (PLC) was entirely virtual, given the nation’s pandemic, and yet was extraordinarily exciting and visionary. APA President Jennifer Kelly and CEO Arthur Evans movingly reflected upon psychology’s responsibility for addressing today’s most pressing social issues surrounding Social Justice and Health Equity. Jared Skillings reminded us to be proud that we decided to become psychologists and of our rich heritage in responding to evolving opportunities. As always, Dan Abrahamson was extraordinarily supportive of involving graduate psychology and nursing students from the Uniformed Services University (USU).

Patricia Carreño (2LT, MSC, USA): “As a graduate psychology student at USU, this was my second time being invited to participate in the 2021 APA PLC, and it was once again a rewarding, rich experience, even though virtual due to the global pandemic. I remain forever indebted to the continued trust and mentorship of my colleagues in my abilities to contribute to the success of this field, as they allow me to fully immerse myself in these rich conferences and associated events, which has continued to shape my personal growth and development as a graduate student.

“One of the panels which resonated with me most during this year’s conference was Chair of the Advocacy Coordinating Committee Kate Brown’s panel titled Everyday Advocacy: Make it a Habit. In this panel, three racial and ethnic minority psychologists spoke candidly about their experiences with social justice and advocacy. Over the course of the discussion, the panelists shared similar messages all centered on the practice of providing psychological services itself as everyday advocacy for our patients. Arlene Noriega and Maysa Akbar’s stories in particular were fascinating and resonated with me deeply – as a second-year doctoral student in clinical psychology and an advocate for social justice in medicine, research and academia, I find myself actively resonating with the panelists’ values and incorporating some of the steps they discussed in all facets of my learning, including but not limited to my experiences in the classroom, throughout research, and my clinical work as an extern at Walter Reed National Military Medical Center.

“Notably, I found Maysa Akbar’s immigrant story to be compelling; hearing her journey provided me with hope and confidence in knowing that I can and will be able to succeed in this discipline, despite the insurmountable number of challenges and barriers that I face as a racial and ethnic minoritized student with multiple intersecting identities. As a native of Venezuela who fled my native land as a child due to political unrest and violence, I also found her story as a graduate student in a predominately White institution to be incredibly validating. They are both respected, venerated psychologists who identify as Latinx/Hispanic – they also spoke on unique experiences in their lives that ultimately shaped their development and understanding of advocacy work during their graduate studies. Arlene Noriega’s heartfelt stories on her prior work with transgender and migrant youth were incredibly powerful to hear, and Maysa Akbar provided sound, rich perspectives for consideration throughout her historic efforts through the Connecticut Psychological Association.

“Participating in the 2021 PLC provided me with much-needed skills and frameworks for me to continue incorporating advocacy into every space I occupy as a graduate student and in the future as a licensed psychologist. I look forward to attending future conventions, I remain hopeful future convention themes can center on the decolonizing of psychology; the systemic impact of racism and discrimination in our society, and how the field of psychology can be used to dismantle some of the central systemic issues affecting our patients and communities.”

Beth Rom-Rymer, who will be on the APA Presidential ballot this year: “During our discussion of Prescriptive Authority (RxP) at this year’s annual PLC, one of the key questions that we were asked was: ‘Is it necessary to bring the psychiatrists and/or medical society into alliance with you before lobbying for RxP legislation?’ Bethe Lonning (Iowa) and I agreed that it was important to offer to sit down with the psychiatrists, prior to submitting legislation to our legislators. And, it is important to sustain an ongoing conversation with our legislative
opponents (the Psychiatric Society and the Medical Society), in some form, whether it is with the medical societies’ lobbyists, legislator allies of the medical societies, or with the executive committee members of the medical societies. However, it is also important to secure legislative successes with our prescriptive authority legislation, before making major concessions. It is a complex dance in which we strive to pass important, life-changing legislation, while offering assurances to legislators and the public, alike, that what we are doing is safe and evidence-based.”

Tim Kimball (ENS, MSC, USN): “PLC provided an excellent glimpse into psychology’s ever-expanding styles of leadership. For all of the philosophies and research into the field, it seems to me that leadership as a quality is dependent upon a growth mindset. I have found that before one could truly understand and embody those multitudinous qualities that describe a ‘good leader,’ they must be willing to incorporate a sense of impermanence and fluidity into its conceptualization. One action in one context could be seen as the actions of a leader, but an overreliance on that same strategy may lead to failure in a different context. And this is an important distinction to make; there is never one single answer to the myriad of problems a leader will face. To this end, it is essential to continually seek self-improvement in authentic and personal ways – in ways that can be understood on an individual level and with a degree of honest self-reflection” (USU psychology graduate student).

A Virtual Hill Visit: Robin Miyamoto (former Hawai‘i Psychological Association (HPA) President) – “HPA was well represented this year as we conducted our annual Congressional Hill visits through the virtual platform, Soapbox. Our team included current HPA President Noza Yusufbekova, Past APA Presidential Candidate Kathleen McNamara, HPA Clinical Representative Richelle Concepcion who is also the current President of the Asian American Psychological Association, and myself. We were joined by HPA Executive Director Ray Folen and two outstanding student members, Katherina Bui and Monet Meyer. The Hawai‘i Congressional Delegation has always been a friend to psychology but this year’s issues will require strong advocacy on their part. Our HPA team requested support for the permanent expansion of audio-only tele-behavioral health services as well as the removal of the in-person service requirement under Medicare. We also requested sponsorship of the Tele-Mental Health Improvement Act (S660) which would create parity for telehealth services. While Hawai‘i is lucky to be one of only 15 states with parity for telehealth, federal legislation is necessary to support mental health needs across the country.

“Coverage of audio-only tele-behavioral health is truly a social justice issue. Prevention of these services disproportionately affects elderly, rural, and low SES patients because they have lower rates of broadband services or limited or no data plans that allow for cell phone video use. It also penalizes the elderly who may lack the knowledge and confidence to access online services. Rural communities including those on Oahu, for example Waimanalo, have very poor broadband coverage which has limited their ability to participate in healthcare, work from home, and distance learning during COVID. We shared stories of our patients who had to cancel their telehealth appointments as they approached the end of their cell phone plan cycle because they had run out of data. While the Congressional delegation was familiar with some of the issues, they were surprised to learn the extent of the problems and the effect on their constituents. We look forward to witnessing the work of Senators Schatz and Hirono, and Representatives Kahele and Case in the coming year.”

A National Tragedy: The horrendous shootings in Atlanta, Georgia once again vividly brought home to the nation the crucial PLC theme of Social Justice for all, regardless of race, sexual orientation, religion, and/or socio-economic status. On March 18, the Asian American Psychological Association (AAPA) presented testimony to the Judiciary Committee of the U.S. House of Representatives. Excerpts from AAPA statement: “As an organization whose mission is to advance the mental health and well-being of Asian American communities through research, professional practice, education, and policy, we urge policymakers to advance policy and enhance funding for (a) public messaging campaigns against anti-Asian racism; (b) the development of additional channels to track, assess, and provide referrals for victims of hate incidents, including in-language hate reporting hotlines; (c) bystander intervention trainings; (d) comprehensive, culturally and linguistically appropriate mental health, health, and other social services to address the multitude of stressors Asian Americans are experiencing, and (e) additional funding for research efforts to track and
understand the short and long term impact of anti-Asian racism and violence. These resources are needed to better document and address the harms of racism and violence, stop the surge in discrimination and violence, and promote recovery in Asian American communities.

“The Pew Research Center found that 31% of Asian Americans report that they have been the subject of racial slurs or jokes. Emerging research shows that the surge in anti-Asian racism tracks with rhetoric used by politicians and other public figures, who have referred to COVID-19 as the ‘China virus,’ ‘Wuhan virus,’ and ‘kung flu.’ Anti-Asian bias had been steadily decreasing between 2007 and early 2020, but began to increase after political officials and conservative news outlets began using this stigmatizing language. Race-based hate incidents towards Asian Americans have profound implications for their health and mental health. Racism is a chronic and acute stressor that harms health. The effects of racism on Asian Americans likely compound with other pandemic-related stressors to negatively impact mental health. We urge members of this subcommittee to bear in mind that racism and discrimination against Asian Americans did not begin with the start of the pandemic and without decisive, structural change, will persist long after the pandemic’s end.”

Public Service — A Gift that Keeps on Giving. A long-time friend and U.S. Senate colleague, the late Leon Billings: “Working for Senator Edmund S. Muskie, I helped craft the Clean Air Act and the Clean Water Act and we opened the Highway Trust Fund for investments in mass transit. As executive assistant to the Secretary of State, I was engaged on a daily basis with the efforts to free the hostages taken in our Embassy in Teheran. I was constantly reminded of what the people who serve our government do on a daily basis. I left the Federal service after 15 years because Jimmy Carter was not reelected. I left the Maryland General Assembly after 12 years, because I was not reelected. In each case, I ended my service to my country regretting only that I could not have been a public servant longer. My reward was that I knew I made a difference and that was enough for me.” “Those were the days my friend” (Mary Hopkin). Aloha
An Exciting Vision For The Future -- Senior Administration: “Today the Veterans Administration (VA) provides care at 170 Medical Centers and 1,074 outpatient sites. The 2018 VA Projection Model developed estimates there were 19.5 million Veterans in 2020 and that by 2048 the number will be 13.6 million, a 43% decline. This year, 2021, there are approximately 18 million Veterans. Nine million of them are enrolled with the VA and about 6 million actually receive care from the VA.

“In contrast, the Military Health System (MHS) provides in-patient care at 51 hospitals (currently about 16 of these hospitals are outside the Continental United States), 424 medical clinics and 248 dental clinics, worldwide. There are about 1.4 million active-duty military and 331,000 reserve component personnel. The MHS also provides health care to family members of active duty, to retired personnel and their family members, surviving family members and others identified as eligible in the Defense Enrollment Eligibility Reporting system. This care is available (with certain limitations and co-payments) now through the TRICARE health plan. In 2001, TRICARE benefits were extended to retirees and their dependents over 65 in a program called Tricare for Life system (TFL) – bringing the total population eligible for care through the MHS to about 9.5 million. Estimates now are that about 6.5 million use their MHS benefit.

“In contrast to the VA which is projected to see a 43% decline in eligible beneficiaries by 2048, the military health system beneficiary population will remain essentially constant at about 9.5 million unless there is a significant change in the size of the active and/or reserve components. Currently this appears unlikely.

“The VA has a very large and aging infrastructure. It has fixed treatment facilities in every continental state and shares facilities with the military in Alaska and Hawaii. In addition, there are a few joint VA-DOD medical facilities in some continental states. For political reasons the VA infrastructure is unlikely to shrink. Even now parts of it are not being used at capacity. Perhaps it is time to start considering opening some VA facility care to MHS eligible beneficiaries in areas remote from MHS fixed facilities but near under-utilized VA facilities?” (Harold Koenig, former US Navy Surgeon General).

NASEM: The National Academies of Sciences, Engineering, and Medicine’s (NASEM) Forum for Children’s Well-Being conducted a virtual workshop in September, 2020. APA’s Brian Smedley, along with several of his psychology colleagues, was an active participant in Re-imaging a System of Care to Promote the Well-Being of Children and Families. Highlights of the workshop: The true impacts of COVID-19 on children and families may not be fully known until after the pandemic ends, but many agree that a new system of care is needed to promote the well-being of children and families in the pandemic’s aftermath. The keynote speakers focused on addressing the need to dismantle structural racism through a systemic approach. Brian, in particular, argued for the importance of place as a way to frame race and focused on actionable opportunities to demonstrably improve conditions for health equity.

Challenges with equity begin early in life; Black babies are still more than twice as likely to die as White babies. For every dollar made in a White household, Hispanic American households make $0.73 and Black American and Native American households make $0.59. Racial inequities in Social Economic Status (SES) are not reflective of a broken system. We have a carefully crafted system that is working exactly as it was designed, successfully implementing social policies, many of which are rooted in racism. Higher levels of economic, psychological, physical, and environmental stress have major adverse health consequences. Stressors in early life and adulthood can be passed on to future generations. For example, research showed that every police shooting of an unarmed Black male was associated with worsening health for the entire Black population in that state. A key step would be to raise the level of awareness about the extent of the problem; how racism has become embedded within our culture and how negative stereotypes develop.
Brian called attention to residential segregation, emphasizing that it set the stage for many racial inequities in other areas beside health. There is a geography of opportunity related to where people live. It is abundantly clear that a disproportionate cluster of health risks and a lack of resources predominate in the spaces where people of color live, all of which are tied to policy decisions. Segregation restricts socioeconomic mobility by creating public schools that are more under-resourced, have fewer employment opportunities, and result in small value appreciation on real estate in minority neighborhoods. African Americans are five times less likely than White Americans to live near supermarkets and more likely to live near fast food and liquor stores. Their spaces have fewer parks and green spaces and are more likely to be exposed to environmental hazards. There are various opportunities in economic systems for improvement that could contribute to reducing wealth disparities. These require innovative solutions to the current systems that begin with support at the foundation: the home.

What can be done? Brian urged a focus on prevention, particularly where people live, work, play, and study. And, there is a need for multiple strategies across sectors, including a significant investment in early childhood education. A central theme throughout the workshop was that the COVID-19 pandemic has pulled back the curtain on racial disparities within our current health system. There was a call for a New Paradigm for Improving Maternal and Child Health at the National Level. Our colleague concluded that there is an opportunity to move forward as a more equitable nation with the development of a sustained, long-term policy agenda and the simultaneous use of both place-based and people-based strategies to address structural racism for the greatest change.

**Early Career:** “With encouragement and guidance from my public policy mentor Russell Lemle, I discovered that my energy and passion for improving mental health policy was valued. I volunteered for and was selected as Division 55 (Psychopharmacology) co-chair of the APA convention committee (thanks to Neal Morris) and was subsequently elected to the Division’s Executive Board. Colleagues from these experiences helped me expand my involvement to other opportunities and provided support. For example, I applied and was chosen to be the student member for the inaugural year of the APA Advocacy Coordinating Committee, which led to writing a book chapter with former University of New Mexico President Bob Frank. My work on the APA convention was recognized by a colleague who nominated me for the APA Board of Convention Affairs. Although I was not elected, this led to an offer to join the APA Central Programming Group that provides peer review for cross-divisional programming and recommends Keynote speakers for the APA Convention.

“I found that after applying to competitive training opportunities, I was often invited to interviews where I was asked about my ‘unusual’ accomplishments. Through my APA activities I was also staying up-to-date on current events in Psychology, which helped me view myself as part of our professional community. As I took back while nearing the end of my formal training journey, it is hard to imagine who I would have become without these experiences and mentorships along the way, for example, from former APA President Tony Puente. I would strongly urge students and early career colleagues with a budding interest in public policy to become actively engaged in APA and its Divisions, and, of course, in our State Associations (Joanna Sells, Uniformed Services University (USU) graduate).”

**Enjoyable Memories of Practice Visionaries from the Past:** On June 17, 1994, APA President “Dr. Bob” Resnick and I attended the graduation ceremony at the Walter Reed Army Medical Center. Navy Commander John Sexton and Lt. Commander Morgan Sammons became the first graduates of the Department of Defense Psychopharmacology (PDP) training program, under the aegis of Ron Blanck, future US Army Surgeon General and Chairman of the USU Board of Regents. As Steve Ragusea constantly emphasizes, they proved to psychology that our profession could learn to prescribe safely, effectively, and in a cost-effective manner.

John: “It is wonderful to see the steady progression of prescription privileges (RxP). While writing that first prescription as an independent provider on February 10, 1995, I had my doubts about the survivability of psychology RxP given the intense opposition to this effort by psychiatry. Psychologists have prevailed because we saw the advantages of learning to prescribe, even though one might never acquire the certification. Those undertaking this arduous process realize the advantages of being a clinician with much deeper knowledge. We know we can
better spot the ‘psychological masquerade,’ where one in seven patients who enter counseling have an organic basis for their psychological disturbance. Those psychologists learning to prescribe look at patients differently. No matter what theoretical orientation we had as psychologists, we learned to also look at such things as a patient's hair growth, skin pallor, and breathing rate. Those on the front lines realize we have become the ‘full-service mental health provider’ in doing psychological testing, psychotherapy, and psychopharmacologic and health promotion interventions as needed. I strongly encourage any psychologist who is sitting on the fence about acquiring the skill to prescribe to step into RxP training and experience how this exponentially increases one’s skill as a clinician.

March 27, 1999. “Dear Pat: It was really a coincidence being in Hawaii at the same time you were. Once again we enjoyed the Halekulani where true service is still very much alive. Thank you for the APA Presidential Citation for the Dirty Dozen from Dick Suinn. This is the occasion of its 30th Anniversary. Interestingly, the early meeting to capture the APA Presidency was held in Honolulu. This is the original list of the very first Dirty Dozen, and although it is 14 rather than 12, it might be said that an APA dozen follows the same number as a dozen bagels in Brooklyn. Here is the list (including 3 deceased): Theodore F. Blau; Nicholas A. Cummings; Raymond Fowler; Melvin Gravitz; Ernest Lawrence; Marvin Metsky; A. Eugene Shapiro; Robert Weitz; Jack G. Wiggins; Rogers H. Wright; Francis Young. In Memorium – C.J. Rosencrans, Jr.; S. Don Schultz; Max Siegel.

“If the citation could be prepared somewhat in the fashion of the Broom Closet Society where all the names are listed together on one sheet, I would take it upon myself to have 14 copies reproduced in color, one for each member (including the deceased for whom I would locate an heir to send it to). The 11 living members have all indicated they will be in attendance, with the presentation being made on Thursday, the night before the APA convenes its convention in Boston. Ray Fowler has suggested the making of a lapel pin, an idea I understand is being implemented. Again, thanks for undertaking this. Nick Cummings.” “Where the children of tomorrow share their dreams with you and me” (Scorpions). Aloha
Pat DeLeon, PhD, MPH, former APA President

The Prescriptive Authority (RxP) Movement – A Personal View: A long-time friend and former APA Education staff member who is one of the original Department of Defense (DOD) Psychopharmacology Demonstration Project (PDP) trainees, Anita Brown: “When recently addressing the Ohio Psychological Association, with its long track record of a push for prescriptive authority, I was so happy that they are not giving up! I applaud their persistence and encourage others to continue in the same manner. I think back to my graduate and post-graduate experiences at the VAMC, Western Psychiatric Institute and Clinic, Presbyterian Hospital Chronic Pain Center and various neighborhood health centers in Pittsburgh and realize that I had already acquired a pretty solid working knowledge of behavioral medicine (now health psychology) and the impact of medications in treatment. I did not fully realize all of this until actually in the PDP training, but when as President of the Pennsylvania Psychological Association, it came time to support hospital privileges for psychologists and the DOD/PDP program, we knew this represented the future of psychology. “Other preparatory experiences I had included having staffed both the APA Task Force on Prescriptive Authority and the first two cohorts of the PDP as an Assistant Executive Director at APA in both the Practice and Education Directorates. Had I not been so closely involved with the PDP, I would never have imagined enlisting to become a Fellow when the Army ‘made me an offer I couldn’t refuse!’ What followed were experiences that altered both my professional and personal life dramatically, and opened doors in my ability to address patient needs in a more comprehensive and integrated manner. So important is the support given by colleagues in the military, the profession and my personal life – I could not have achieved any of it without that. “The PDP ended as intended with success in demonstrating that the doctoral level psychologist could train to include psychotropic medication in treatment. All ten of the graduates from that program remained as active prescribers, some for longer periods than others. I imagine that each of us has an interesting and different story to tell. Since 1999, I have stepped away from clinical work for periods of time but was able to become credentialed as a civilian prescribing psychologist in two military treatment facilities and helped to develop curricula and provide training in psychopharmacology for other psychologists. I have also honed skills in advocacy for this and other areas that created opportunities for the expansion of psychological practice. “One of the most exciting areas of growth from my perspective is the emergence of various applications of technology (eHealth and mHealth, for example) and the understanding that can be gained from data that is correctly and appropriately analyzed. Aside from my current position as the Director of Professional Affairs for the Georgia Psychological Association, my last position was with the DOD Center of Excellence for Telehealth and Technology (T2). While there we worked on very innovative and exciting tools for support of the clinician’s work in assessment and treatment and stemming from this experience my growing appreciation about ways in which we should use our many tools to shape a future direction for the profession. “We have developed some of the best approaches and skills for understanding and predicting and influencing behavior, while also considering the impacts of complex systemic and cultural influences. Although we still have roads to travel to incorporate this knowledge into our own personal behaviors and organizational procedures, as psychologists we can appreciate the value of collecting data, analyzing it appropriately and using it to evaluate and predict outcomes. I am very excited about the news from the International Movement for Prescriptive Authority for Psychologists (IMPAP) and the perspectives from long-time friends Beth Rom-Rymer and Steve Ragusea and more recent activities aimed at expanding training, measuring impact and advancing the psychologists’ authority to treat the whole person.” Anita personifies the all-important Culture of Mentorship. Reflections: Steve Ragusea, who has been a supporter of RxP since his graduate school days, recently moved back to Pennsylvania. “Psychologists have prevailed because our training model is superior to that of
psychiatry and we shouldn’t be ashamed to proclaim that fact. Psychiatrists are trained to be medical doctors. Psychologists are trained to be doctors of psychology. Past medical school, psychiatrists spend thousands of hours in emergency rooms, learning to deal with gun shots, set broken bones, deliver babies, stabilize heart attack patients, and administer steroid injections for severe cases of poison ivy. But there is research showing that 5 years post medical school, most psychiatrists no longer feel competent to conduct a basic physical exam!

“Beyond superficial exposure during their residency, psychiatrists are not trained in psychotherapy, psychological testing, family dynamics, research, group dynamics, etc. A psychologist has as many years of education as a physician, learning all of the things psychiatrists don’t. All psychologists are taught a little medicine. Prescribing psychologists learn considerably more about medicine. These specially trained psychologists have now been prescribing safely and effectively for 25 years. As once appeared in a Dear Abby column, ‘Psychiatrists are trained for a profession they don’t practice and practice in a profession for which they are not trained.’ Psychology’s training model is superior and that’s why psychiatry is dying while psychology flourishes around the world. The most important contribution of Anita’s PDP experience is that she and her colleagues proved to psychology that we can learn to safely and effectively utilize psychotropic medications in a holistic and culturally competent manner.”

Why Is It Taking So Long? Within the public policy/political world, substantive change always takes time; frequently, far longer than one might anticipate. In May, 2008, Randy Phelps, Deputy Executive Director for Professional Practice at APA, testified before the U.S. House of Representatives Committee on Veterans Affairs on behalf of RxP. “Professional psychology as a discipline was ‘born’ as a result of the needs of this nation’s returning World War II heroes, and psychologists are acutely aware of the debt we owe to those Veterans and to the brave men and women who have followed in their footsteps.... VHA is the single largest employer of psychologists in the nation, and has been for many years. Yet, VA continues to recognize the need to increase its psychology staffing levels in response to ever-increasing needs for services to Veterans....

“One of the most difficult current challenges for VHA is how to extend care into those areas, particularly in rural America, where VA facilities do not exist or are at great distance from the Veteran. One option that VHA has long resisted, but should more carefully consider, is granting expanded authority for appropriately trained psychologists to provide both psychological and psychopharmacological care to Veterans in these underserved rural areas. Experience in both states where licensed psychologists have this expanded statutory authority to prescribe (New Mexico and Louisiana), as well as a decade of data from the original DoD psychopharmacology program [PDP], have shown these practices to be safe and effective....

“Furthermore, a federal demonstration project set up nearly two decades ago has set a clear precedent that psychologists can successfully prescribe in a large federal health system.... These psychologists treated a wide variety of patients, including active-duty military, their dependents and military retirees, with ages ranging from 18 to 65. The PDP was highly scrutinized. The American College of Neuropsychopharmacology (ACNP) conducted its own independent, external review of the PDP and in 1998 presented its final report to the DoD. Likewise, the General Accounting Office (GAO) issued a positive report on the PDP. Both reports repeatedly stressed how well the PDP psychologists had performed, and noted that with prescriptive authority, psychologists were able to offer holistic, integrative treatment, which includes psychotherapy and medication, where appropriate.”

Steady Progress In Illinois: Beth Rom-Rymer: “Our bill to remove some of the constraints from our original Prescriptive Authority statute (including broadening our prescriptive authority to include children under the age of 17 and older adults over the age of 65, and the authority to prescribe the Schedule II psychostimulants) passed unanimously in the State Senate Behavioral and Mental Health Committee. Many kudos to our bill sponsor, Senator David Syverson; our IAPP (Illinois Association of Prescribing Psychologists) lobbying team; the President of our State Senate, Don Harmon, who is our longtime RxP legislative champion. Our bill will next go to the Senate floor, where we will continue discussions with State Senators and Members of the Committee who had suggestions for strengthening the bill and its impact on patients.
“With the many challenges that COVID-19 restrictions have placed on moving legislation, and with the large number of new legislators whom we must educate about our work as prescribing psychologists, the strong showing in the Senate Committee is an indication of the strength of our arguments. As one can imagine, this was not an easy victory, as we addressed the complex issues of: health disparities, the dangers of over-medicating, the existing constraints on our prescribing for severely medically compromised patients, and the comprehensive training requirements that our prescribing psychologists have met. Above all, we emphasized our commitment to thoroughly assess the need for, as well as the risks of, prescribing to the vulnerable child and older adult populations. This is, indeed, an exciting journey upon which we have chosen to embark!”

**Major Progress In Health Service Psychology Education**: Although controversial for some, I personally have been pleased with the presentations over the past several APA annual conventions by Linda Campbell, now APA President-Elect Frank Worrell, and Catherine Grus on the vision within APA to accredit Master’s level psychology education. Accordingly, it was particularly nice to learn that one of the most significant events in the history of health service psychology education and training occurred at the February, 2021 Council of Representatives meeting. At that meeting, Council members voted to approve Standards of Accreditation for Master’s Programs in Health Service Psychology, with 78% of those voting in favor. Supporters of APA taking this action note that it will mitigate the negative impact that recent changes in the standards for accrediting counseling programs has had on counseling psychology faculty and similar efforts to restrict access to licensure for psychology graduates. “This historic vote establishes the foundation for quality assurance of master’s programs in health service psychology. It has the potential to provide the thousands of students who earn a master’s degree in health service psychology each year greater confidence that their program has been peer reviewed and determined to meet standards for quality education and training” notes APA’s Chief Education Officer Catherine Grus.

While several steps need to occur before programs can begin to apply to be accredited by APA, approval of these standards was a crucial step forward. Next steps include developing operating procedures to guide how the process of accrediting programs will work and developing a series of guidance documents known as “implementing regulations” that provide greater detail about the standards and what programs must do to demonstrate that they meet the standards. Before these documents can be approved, they will be subject to a period of public comment to inform the final drafts. In the future, APA will also apply to the U.S. Department of Education and the Council for Higher Education Accreditation to have their scope as an accreditor broadened to include accrediting master’s programs. For years, it has been noted that APA promulgates guidelines for the teaching of high school psychology and for the undergraduate psychology major as well as accrediting doctoral, internship, and postdoctoral programs in health service psychology, but was silent with respect to quality of training at the master’s level. Finally, with the recent action of Council, that has now changed.

**Progressing Step-By-Step**: Over the years, we have observed that our nation is best served when educated professionals venture outside of their historical comfort zones (isolated silos) and address complex societal problems with a multi-disciplinary approach. In August, 2019, the American Bar Association (ABA) raised for its members what the courts and counsel can do to stop the school-to-prison pipeline, in which a disproportionately large number of U.S. young people of color are funneled out of public schools and into the criminal justice system. The ABA described how representatives of law enforcement, the judiciary, the defense bar and prosecution came together to share pipeline-busting successes during a panel at their annual convention in San Francisco. The proposed solution to this “disturbing national trend” involved youth diversion programs, which have lowered both the number of juvenile crimes and referrals to juvenile court. “These diversion programs are examples of how ABA standards adopted in 2017 can be used as a tool to create and reinforce best practices” and how those engaged “Have been able to deter schools from referring students to law enforcement for routine matters involving bad behavior and other minor offenses.”

Recently, Ashley Batastini, chair of the APA Division 18 (Public Service) Criminal Justice section, announced their proposed Excellence in Criminal Justice Psychology Research Grant initiative. Principle investigators must be a
graduate student in psychology or an early career professional whose program of psychological research is related to justice-involved populations or settings. Competitive proposals will be expected to use scientifically rigorous methodology and statistical methods to address a contemporary issue in criminal justice psychology, which will have direct impacts for psychological service provision, as well as those that incorporate factors relevant to social justice, diversity, and division intersectionality. "Why, oh why can’t I? Ah-ah-ah-ah-ah-ah" (Israel “IZ” Kamakawiwo‘ole). Aloha
The Maturing RxP Agenda: Hawaii was the first State Psychological Association to seriously consider the potential benefits for psychologists obtaining prescriptive authority (RxP), shortly after U.S. Senator Daniel K. Inouye addressed the November, 1984 HPA convention issuing that challenge: “to improve the availability of comprehensive, quality mental health care.” Although still not yet successful, we are pleased that HPA is continuing this important quest. During the 2009 Hawaii Senate Health Committee hearings, the NASW Hawaii Chapter submitted supportive testimony for RxP in federally qualified health centers (FQHCs), noting: “NASW supported this issue in 2006. We have been silent for the last 2 years to allow the medical profession to step forward and fill the need as they testified they would be able to do. Two years have gone by and we find the situation as dire as we did in 2006. We can no longer be silent and must speak up for those who need mental health care. Currently, there are 20 psychologists who have received psychopharmacological training through the Tripler Army Medical Center psychology training program and are already practicing collaboratively with primary care physicians at 11 FQHCs.”

A health center Medical Director presented similar testimony. “The Waimanalo Health Center fully supports this bill in order to broaden the scope of services so badly needed by Hawaii’s Community Health Centers’ ability to serve the myriad of patients who present to our centers needing mental health services. For our health center approximately 8% of the clients we serve have a mental health or substance abuse condition…. Our practitioners face day-to-day dilemmas in knowing that their patients’ medical and mental health conditions won’t improve without such needed services, yet they do the best they can. Practitioners who work in our centers deserve this type of back up and support. We believe that this measure could create a model that can have the greatest impact on the mental health of underserved communities.”

Perhaps most impressive: “As the former Director of Training of the Department of Defense Psychopharmacology Demonstration Project (PDP), I would like to provide you with a brief history of the program and my assessment of the program’s similarities to the training being proposed in SB428. In response to directives from the U.S. Congress, the Department of Defense began to train psychologists to prescribe psychoactive medications in 1991. The program went through a number of iterations and refinements, eventually resulting in a curriculum that consisted of 660 hours of coursework and a one year practicum experience treating no less than 100 patients. Had the program continued, there would have been further refinements of the coursework and the elimination of didactic elements that were found to be of limited relevance to the practice of psychologists prescribing psychoactive agents.

“I have reviewed the training requirements outlined in SB428…. It is my considered opinion as a physician, a psychiatrist, and the former Director of Training of the DoD PDP, that the training outlined in SB428 is essentially equivalent to the instruction and relevant experiences that was provided to the PDP students. The training required in SB428 is more than adequate to produce competent and safe prescribing psychologists. It is similar to the standards currently set by the U.S. Navy, U.S. Air Force and states where psychologists have been safely prescribing for a number of years.

“Following the completion of their training, the PDP graduates served with distinction in all branches of the service. The care they provide, to include prescribing a broad range of psychoactive medications, was deemed by their superiors to be safe, efficacious, and of the highest quality. I would expect the same of those that will graduate from the training program in Hawaii” (Marvin Oleshansky, M.D., Colonel (retired), U.S. Army Medical Corps).

Beth Rom-Rymer: “As APA President, I would draw heavily on my two-term experience as President of the Illinois Psychological Association, to advocate for continued APA funding for state legislative efforts and for a national task force, chaired by an expert in Prescriptive Authority national legislation advocacy, that would, in conjunction with APA’s Division 55 (Society for Prescribing Psychology) and every State Psychological Association legislative committee,
highlight, train for, support, and track, the necessary steps to successfully pass Prescriptive Authority legislation, state-by-state.

“I have just heard of the untimely passing of Jim Quillin ‘Q.’ A pioneering, innovative thinker, activist, prominent leader of our Prescriptive Authority Movement, ‘Q’ created significant and savvy legislative/political changes for psychologists in Louisiana, from which all of us learned. We will cherish and honor his memory.” “If we don’t quit, we win!”

Significant Policy/Practice Changes Always Take Time: Dale Smith, USU Professor of Military Medicine & History: “Took over thirty years for states to decide to license physicians, over fifty-five years to decide to require an internship to practice. You are on track with history.” VA Psychology & Public Service Historian, Rod Baker: “While still in APA governance before I retired almost 20 years ago, I remember reminding everyone that the kind of change we were talking about takes time, and I predicted it would happen eventually. Pushed for by folks like Bob Ax, Randy Taylor, and Kathy McNamara, Division 18 certainly did its part in the 1990s. The Division’s 2004 decision to partner with Alliant University to train public service psychologists in a master’s program in clinical psychopharmacology supported by grants and gifts was a bold step. It was obvious to us in VA psychology leadership that VA Central Office leadership (Chief Medical Director level) supported our efforts, but clearly said to the effect – ‘We support it but the VA will not be the first federal agency to approve RxP for psychologists.’ I personally thought it would take at least 20-25 years for the VA to get on the RxP issue, but for many reasons, I’m less inclined to believe that timetable will hold. Is the issue that the students and Early Career members of APA simply do not understand or accept the importance of RxP to their patients and their profession? Who are their role models?”

A Unique Training Opportunity: As an increasing number of psychology and nursing graduate students participate in the Uniformed Services University (USU) Bushmaster experience, we would hope that they will share this unique “hands-on” experience with their state association colleagues. USU Director of Psychology Clinical Training, Jeff Goodie (CAPT, USPHS): “This year we were able to add a virtual mass casualty exercise (MASCAL) during which the behavioral health students practiced providing support to patients in distress, intervening with medical providers freezing due to the stress of the situation, and providing manpower support. Bushmaster not only allows psychology and nursing students to understand each other’s roles, but it also gives medical students an opportunity to observe how behavioral health services and consultation would be delivered in deployed settings.”

Major Twana Hadden, USAF, Family Nurse Practitioner DNP graduate student: “This year’s Bushmaster was exceptional. It highlighted USU’s capacity to think outside of the box and develop a capstone event that not only challenged, but showcased the abilities of each and every participant. This is very important, because all of the operational knowledge amassed over the four years of medical school, and the two years of graduate nursing education plus previous military service experience, is evaluated during Bushmaster. Although the pandemic posed a serious threat, the university made great strides through careful planning, determination, and a commitment to education; thus, leading to a successful event. Student excellence was also on full display, as evidenced by their outstanding performances. In spite of upcoming graduations and PCSing (Permanent Change of Station), the participants were determined to do their absolute best. I was told by several GSN students that this was some of the best training that they have received in the military. Finally, it allowed the school of medicine and school of nursing to show the vitalness of interprofessional teamwork and mutual respect in military medical operations.”

The Grand Challenges: The National Academies of Sciences, Engineering and Medicine (NASEM) recently concluded its closing session of the Workshop Series on “Lessons Learned in Health Professions Education (HPE) during the COVID-19 Pandemic,” chaired by Zohray Talib. The pandemic highlighted the critical extent of our nation’s Health Disparities, with vulnerable populations being more susceptible than previously realized. And, it raised a number of thought-provoking questions.

How, for example, do we prepare for the next crisis in health professions education, when we don’t know what that crisis will be? How do we address long standing challenges in HPE that reached a tipping point during the pandemic? Are students and trainees really part of the health system or observers of the health system? Is a
competency-based model needed? What is the role of interprofessional and cross-sector collaboration? Is there room in the curriculum to address health promotion and active community involvement? How can meaningful communication and trust be improved among leadership, faculty, students, and the community? How should stress and burnout among faculty and students be addressed? What will be future clinical training opportunities and will they be financially viable?

Virtual platforms for learning and collaboration represent a growing opportunity, especially for incorporating social determinants into HPE. In her concluding remarks, former USPHS Principal Deputy Assistant Secretary for Health Sylvia Trent-Adams highlighted the importance of developing culturally sensitive health care role models for the next generation even prior to high school, in preschool and kindergarten. “Millions of stars up in the sky…. Oh, Hokule’a, Star of Gladness” (Israel Kamakawiwo’ole). Aloha
An Inconvenient Truth: Like many visionaries, Vice President Al Gore may have been ahead of the times; however, there can be little question that the health effects of climate change must become a major consideration for all health professions in the immediate future. Founded in 1970 as the Institute of Medicine (IOM), the National Academy of Medicine (NAM) is one of three academies that constitute the National Academies of Sciences, Engineering, and Medicine. Its mission is to improve health for all by advancing science, accelerating health equity; and providing independent, authoritative, and trusted advice nationally and globally. Its vision is a healthier future for everyone.

In 2013, the IOM Discussion Paper Health in All Policies: Improving Health Through Intersectoral Collaboration opined: “The greatest health challenges for the nation today are complex, inextricably linked, and have no easy solutions, such as chronic illness, obesity, health inequities, rising health costs, an aging population, and growing inequity. At the same time, urgent environmental problems such as climate change, water shortages, and the loss of habitat and other natural resources threaten to exacerbate existing health problems and create new health challenges. Medical services, while vitally important, play a lesser role in overall population health improvement than the social determinates of health – the environments in which people live, work, learn, and play…. 

“Climate change and other global environmental challenges have direct impacts on health, for example, through extreme heat events, and also threaten the life-supporting systems on which human beings depend. The direct and indirect health effects of climate change, such as declining access to clean water, air pollution, crop loss, stratospheric ozone depletion, sea level rise and collapse of fisheries all suggest that ‘environmental sustainability must itself be a key health goal, particularly because all forms of ecosystem collapse will have grave impacts on health equity, with greater impacts on the most vulnerable communities.’

Last fall, after the conclusion of NAM’s first fully virtual annual meeting, President Victor Dzau highlighted the potential effects of climate change as a major existential threat to society and announced that Climate Change and Human Health were to be an NAM Grand Challenge. Since then, NAM has been working diligently with leaders from the federal government, industry, hospital systems, private payers, academia, and non-profits to identify a shared vision and collaborative pathway toward decarbonization of the U.S. health care sector. NAM has partnered with the Burroughs Wellcome Fund to provide “opportunity grants” to interdisciplinary teams to explore promising ideas at the intersection of climate change and human health. Further, the mental health impacts on vulnerable populations due to climate change-induced displacement, as well as systematically exploring the impact of climate change on children’s health and development have become express identified concerns.

The Continuing and Steady Evolution of PCSAS: Alan Kraut has been a tireless supporter of the Psychological Clinical Science Accreditation System (PCSAS) since its inception, first at the Association for Psychological Science (APS) and now as PCSAS Executive Director. Alan’s aim has been to ensure that our nation’s educational policy leaders, at both the national and state level, appreciate PCSAS’s potential contributions. At an early stage of his policy career, Alan was instrumental in hosting APA’s first Congressional Black Tie dinner event for then-U.S. Senator Daniel K. Inouye.

Currently, eight states formally recognize PCSAS accredited graduates for licensing. And, with the recent recognition by the State of Arizona this spring, more than 30 percent of the nation’s population now live in states that recognize PCSAS. Two of Alan’s colleagues who were the forces behind the recent change in Arizona’s licensing law, the University of Arizona’s David Sbarra and Arizona State University’s William Corbin recently wrote “Eight Lessons for Working with Legislators” in the APS Observer. A summary: Lesson #1 – If you can’t get access to your legislative affairs colleagues, or your issue can’t get ‘elevated’ enough to be on their radars, find a local influencer who can make this happen. Lesson #2 – Once you’re formally pursuing legislative parity, keep your messages as
simple as possible. Lesson #3 – Identify and engage your stakeholders. Lesson #4 – It only takes one vocal opponent to derail the process. Lesson # 5 – Perseverance is key. Lesson # 6 – Work with your lobbyists to understand the legislative strategy. Lesson # 7 – Have a theory of the case. And, Lesson # 8 – Connect to something larger than your local pursuits.” To these, we would only add: Believe in your mission and Personal stories are remembered far longer than impersonal facts.

At the national level, PCSAS has been recognized by the U.S. Department of Veterans Affairs, by the Association of Psychology Postdoctoral and Internship Centers (APPIC), and by many of the membership organizations that represent clinical psychology, including APA Division 12’s Section 3, the Society for a Science of Clinical Psychology. Last year the U.S, Congressional Appropriations Committee encouraged the Health Resources and Services Administration (HRSA) to update their eligibility requirements for the Behavioral Health Workforce Education and Training program and the Graduate Psychology Education program to “account for accreditation changes that have occurred since the eligibility requirements were established… to ensure that HRSA’s health workforce programs continue to have access to the best qualified applicants, including those who graduate from PCSAS programs.”

Alan and PCSAS Board President Robert Levenson of the University of California-Berkeley were just informed that beginning in Fiscal Year 2022, PCSAS programs would be deemed eligible to apply. A key factor in their success was the impressive and detailed responses by a number of students demonstrating they already were serving communities of concern to HRSA. Examples cited include: working with homeless Veterans and other individuals who are either currently incarcerated or recently released from prison; working in a community clinic where most clients are diverse in race, ethnicity, sexual and gender orientation, and SES; and working with rural and low-income families, as well as with immigrant families directly in school settings who would not otherwise have access to services. Our personal congratulations to Alan and his colleagues for providing our nation’s educational institutions with viable options for demonstrating educational competence.

Prescriptive Authority (RxP) Addressing Society’s Pressing Needs: Beth Rom-Rymer: “Several of our psychologists, who are training to become prescribing psychologists, are working in hospitals that serve patients who are traditionally underserved in mental health. Derek Phillips, an Early Career Neuropsychologist and President-Elect designate of the Illinois Psychological Association, has a full-time position, and is also training to become a prescribing psychologist at Sarah Bush Lincoln Health System, serving 10 quite small, rural, east central Illinois counties. He has told me that Medicaid is his third most frequent payor and represents the payor source for 20% of his patients. At the same time, his most frequent payor source is Medicare. AMITA Health System, the largest healthcare system in Illinois and the largest Medicaid provider of mental health services in Illinois, is also the health system that trains the vast majority of our prescribing psychologist Fellows in Illinois. We are very proud that our Prescriptive Authority Movement in Illinois is making good on its commitment to provide greater access to those in our communities who have been suffering too much and too long because of the inaccessibility of mental health care! I know that all of our graduate students and our undergraduate students, who are already studying, in the early stages of their careers, to become prescribing psychologists, are thrilled with the prospect of being a part of a new cadre of prescribing psychologists who are helping to meet the needs of the underserved and are providing relief to our health system that has been in a deep crisis for decades.” As both Alan and Beth have indicated, the voices and actions of the next generation can make a substantial and highly positive difference.

The Long-Term Importance of PSYPACT: Alex Siegel, Director of Professional Affairs, Association of State and Provincial Psychology Boards: “In the last three years the professional practice of psychology has made a significant shift towards telepsychology. Prior to COVID-19, most psychologists did not know about telepsychology, much less use it, to provide psychological services to patients. As all of us are aware, during COVID most of us pivoted to telepsychology as the way to treat/assess patients. Now as the pandemic subsides and the states’ Executive Orders allowing interjurisdictional practice ends, the Psychology Interjurisdictional Compact (PSYPACT) will become increasingly important to our ability to provide psychological services to patients across jurisdictional boundaries in the United States.”
“PSYPACT is an interstate compact for the professional practice of psychology. It was designed to provide psychologists with a legal and ethical pathway to conduct telepsychology and/or practice in-person, face-to-face psychological services across state boundaries without necessitating the need to become licensed in every state they intend to practice. In the future, PSYPACT will continue to administer an accessible and manageable regulatory structure for the practice of telepsychology and temporary in-person practice.

“Over the last two years, we have made significant gains in the number of jurisdictions which have enacted the legislation. There are now 25 jurisdictions with several additional states with active legislation. In those jurisdictions, for the most part, state psychological associations have been big advocates for PSYPACT. Their membership see this as increasing their ability to provide telepsychological services to patients who might move to, or live in, another state. In addition, patients welcome the benefits of increased access to care, continuity of care, and a greater degree of public protection.” “I just pick myself up and get back in the race. That’s life” (Frank Sinatra). Aloha
Transition Time -- Psychological Services: I have had the distinct pleasure of serving with Gary VandenBos as editor/managing editor of the Division’s journal Psychological Services since the Summer-Fall of 2005. During that period we have been joined by an outstanding team of associate editors, many of whom have served in the Division’s leadership. Next year I will transition into the status of “outgoing editor” and our successor will have been selected. My special Aloha for the dedication and visionary contributions of our many creative colleagues, initially consisting of Sheila Brandt, Leon Green, Jill Oliveira-Berry, and Morgan Sammons. As retirements evolved, we were joined by Lisa Kearney, Phil Magaletta, Michi Fu, Doug McDonald, Bettina Schmid, Melissa Alderfer, Femina Varghese, Jacqueline Gray, and Anne Klee. I feel it is fair to say that the journal has exceeded everyone’s expectations – submissions, readership, impact factor, and financial. The Lens through which our editorial team views submissions has always been aspiring and multifaceted. How could we bring cutting-edge science, practice, and educational advances to the attention of the public service readership, while providing an appreciation for the importance of expanding beyond traditional silos, notwithstanding how comfortable or seemingly productive they might have been? In our most recent monthly conference call, for example, Anne expressed her interest in systematically exploring the contributions of chaplains working within the public sector. Our special packages and unique foci, for example “unusual employment opportunities” and reflections of the Division’s Past Presidents, have been fascinating – bringing new and senior voices/perspectives to ongoing discussions. Psychological Services has truly been a personally rewarding, stimulating, and exciting journey. Mahalo!

Reflections -- Phil: “One of the truly exciting aspects of our journal work has been the opportunity to provide editorial oversight for papers reflecting work across a range of public sector settings. I had been familiar with work in criminal justice settings, but it was through journal work on the board that I gained exposure to the exciting work being done by VA clinicians and researchers; Department of Defense employees and those working to improve psychological services in inpatient community mental health settings. The individuals who envisioned this scope of our journal were well served by all the individuals – authors, reviewers, board members who enlivened it! True to the culture of the Division – the camaraderie, genuine friendliness, and humility is well reflected by those who have brought the journal to where it is today. It is not at all surprising that public service psychologists would be so generous with their time and careful to assure the success of this important knowledge dissemination tool.”

Lisa: “One of the journal’s largest impacts was bringing the work of public sector setting psychologists into the limelight, as we focused together on encouraging front-line providers and mental health administrators, to join their research colleagues, in studying interventions and conducting program evaluations. We have aimed to bring to fruition the spread of best practices by encouraging innovations in our settings to be studied and reported upon and through this, we strove to disseminate science into practice.”

New Horizons: Claudia Mosier: “I'm a Medical Psychologist in Louisiana and a Prescribing Psychologist in Illinois, both of which allow me to aid underserved patients in a way I could not when I was working as a clinical psychologist without prescriptive authority. None of the work I do would have been possible without Beth Rom-Rymer's leadership and mentorship. I had seen Beth at all of the Illinois Psychological Association events that I had attended, in the early – mid 2000’s, but I’ll always remember the day, in early Autumn 2014, when she attended the Department of Children and Family Services consulting psychologists’ meeting to talk with us about prescriptive authority for psychologists. Her enthusiasm and ‘can-do’ spirit resonated with me. Beth inspired me to think that I could undertake this rigorous path, to learn to prescribe, and open a new way to help my patients.

“For years, I have seen LGBTQ people, particularly BIPOC LGBTQ people. They struggle to find a prescriber, for psychotropic medications, whom they feel understands them; someone who would prescribe for them without looking at their
thoughts and behaviors through the lens of harsh and condescending judgment. It was a disabled, black woman's struggles and, ultimate failure, to reach her psychiatrist to address a movement disorder (tardive dyskinesia), stemming from her prescribed use of an antipsychotic medication, that was the final push I needed to register for the initial didactic training to become a prescriber.

"But the decision to embark upon this path was just the beginning. Having to meet the training challenges was a daily exercise! Beth was still there, supporting me and bringing our entire cohort of prescribing psychology fellows, together, to encourage each other. Beth's leadership style encourages collaborative work that celebrates our commitment to serving our patients and continuing to learn as the field evolves."

**Not That Far In The Future:** With increasing public expectation of potential mental health consequences of the COVID-19 Pandemic as society eventually returns to a "new normal," it would seem timely for psychology and the other mental health disciplines to affirmatively address historical societal concerns regarding the stigma of receiving mental health care. The Defense Counterintelligence and Security Agency recently noted: "Research shows that stigmas related to mental health treatment have decreased in recent years. However, mental health stigma still remains a notable challenge, particularly among military members. A RAND study showed many service members do not regularly seek care for mental health symptoms due to reasons such as personal beliefs about self-reliance, concerns about how their supervisors and co-workers may react, and availability of mental health care. But most importantly, cleared individuals fear seeking mental health care could adversely impact their security clearance eligibility. This is not the case."

The agency emphasized that a cleared individual is not likely to lose or fail to gain clearance eligibility after seeking mental health care or experiencing mental health symptoms. There are no automatically disqualifying conditions or treatments and for those suffering from psychological conditions, seeking and participating in a treatment plan helps demonstrate integrity and trustworthiness and may contribute favorably to decisions about eligibility. Noted as risks from avoiding mental health care include: decreased force readiness, increased suicide risks, and increased security concerns. We would rhetorically wonder: What our state associations have planned for facilitating the return of their local communities to a "new normal"? As one of the nation's educated elite, it is our societal responsibility to be proactive.

**Turning in the Key:** Former APA President and University Dean, Ron Levant: "I retired from my professorship in psychology at the University of Akron in May, 2018. Since I had eight graduate students working on their MA theses and PhD dissertations, plus a lab full of projects involving students, I was able to work out a continuity agreement with the university that allowed me to hold on to my office, laptop, and a suite of stats programs that I used. This worked very well until the pandemic started, after which I was not in my office from late 2019 till very recently. In the interim five of my eight students had graduated, and the remaining three were well on their way. I decided it was time to turn in my key. So, with the help of my wife, Carol Slatter, we went to the office this week and cleared it out, donating a bunch of books to the students, throwing away a lot of papers and other stuff, and packing up the rest and taking it home. This was a bitter sweet moment; sweet in the sense of completion, but bitter in the sense of an ending of work phase of my life. It is amazing how much of our identities are wrapped up in our work. The upshot though was that it took us so long to clean it all out that I was not able to turn in my key because the office that handled that had already closed."

For Gary and I, the Office of Technology Assessment (OTA) October, 1980 background paper #3, *The Efficacy and Cost Effectiveness of Psychotherapy*, brings back similar cherished memories and reflections. OTA was created in 1972 as an advisory arm of Congress with the basic charge of assisting legislative policymakers anticipate and plan for the consequences of technological changes and to examine the many ways, expected and unexpected, in which technology affects people's lives. The office was unfortunately abolished in 1995.

We were both involved in the report with Gary then serving as Director of National Policy Studies for APA. "The treatment of mental, emotional, and behavioral dysfunctions has become one of the most controversial areas of health policy. Even though the prevalence and the pernicious effects of mental disorders are well known and have been documented... opinion about what should be done to treat these problems is not unanimous. A number of proposals to expand the mental health
service system and to make treatment more widely available (e.g., through expanded insurance coverage) have been made. Yet, there is not agreement about how to expand mental health services, nor about what would be gained by their expansion… In summary, OTA finds that psychotherapy is a complex – yet scientifically assessable – set of technologies. It also finds good evidence of psychotherapy’s positive effects.” Further, “Depending upon the definition used, it has been estimated that medical services are overused (or in some other way abused) by between 20 and 60 percent of those who seek them. Various researchers and analysts have concluded that medical services are often used to ameliorate mental problems, rather than the treatment of physical dysfunctions.” (Not surprisingly, several references were made to the “medical offset” findings of former APA President Nick Cummings.) “Now you know the torch has passed as they pick up the load” (Tom Paxton). Aloha
Pat DeLeon, PhD, MPH, former APA President

One of the most intriguing aspects of the National Academy of Medicine (NAM), of the National Academy of Sciences, is constantly being exposed to visionaries across the various professions. What are the major issues facing society today? What can the best of interdisciplinary science and practice bring to address these priorities? What should be the role of educational institutions? Last fall, after the conclusion of NAM’s first fully virtual annual meeting, during which nearly 10,000 attended its scientific symposium, President Victor Dzau proffered as existential threats to society: “Deadly weather events fueled by climate change, including wildfires, hurricanes, and heatwaves, have a significant negative impact on human health.” He announced that Climate Change and Human Health were to be an NAM Grand Challenge. Thanking NAM members (psychologist) Judith Rodin and Phil Pizzo, co-chairs of the planning group, he announced that a forthcoming initiative will include a roadmap for transforming systems impacting climate and health; rallying actors and align resources behind ambitious goals such as decarbonizing the U.S. health care sector; and a global competition to foster interdisciplinary innovation to prevent and mitigate the health effects of climate change.

This summer, Victor announced that NAM has been working to identify aspects of climate change and human health where its Grand Challenge can make the biggest impact and, in parallel, has hosted a number of informative “salons” of influential cross-disciplinary and philanthropic leaders to stimulate interest and support. Highlights of his report: “Importantly, we held a meeting of stakeholders to plan for our forthcoming Action Collaborative on Decarbonizing the U.S. Health Sector. This planning meeting brought together more than 60 leaders from the federal government, industry, hospital systems, private payers, academia, and non-profits to begin to identify a shared vision and collaborative pathway toward decarbonization of the U.S. health care sector. Dr. Rachel Levine, the U.S. HHS Assistant Secretary for Health, joined our meeting and provided opening remarks, reinforcing the importance of this Action Collaborative’s work and its alignment with the current administration’s policies.

“Critical areas of conversation included the importance of fostering connections between the public and private sectors; empowering health care workers to be leaders in prioritizing decarbonization and educating their patients and the public about the health impacts of climate change; the need for metrics-based evaluation and tracking of progress; establishing and communicating the business case for addressing climate change as a threat to human health; and, most importantly, the need for an equitable approach to this work, ensuring that the health of people of color and historically marginalized communities is protected and prioritized. We plan to launch the Action Collaborative later this summer. In parallel, we will continue to plan for the other two programmatic pillars of the Grand Challenge – the Roadmap for Systems Transformation and Research and Innovation.”

Our State Psychological Associations should reflect upon Vice President Al Gore’s Oscar winning documentary An Inconvenient Truth and convene discussions with other professions on this critical topic. Much can be learned by avoiding traditionally isolated silos and instead engaging in meaningful dialogue with other “learned professions.” While efforts at the national and international level are critically important, we have learned over the years that substantive change often requires commitment at the community level. An exciting example, Anne Klee, as Associate Editor for Psychological Services, will be seeking submissions on Spiritual Care and Collaboration with Chaplains in Organized Care Settings. These are exciting times for those with vision. “The words of the prophets are written on the subway walls… And whispered in the sound of silence” (Simon & Garfunkel). Aloha
Persistence. I have been told by many that should have been my middle name.

Growing up poor in West Virginia, dropping out of high school and marrying very young is not usually a recipe for success. But I slowly moved forward, obtaining my GED and an AAS in criminal justice. I drove two hours daily 4 days a week to finish my bachelors in psychology while working full time. When I was accepted to and eventually graduated from Wright State School of Professional Psychology in 1999, I can honestly say I never thought I would be pursuing any further education ever as I was 40 years old and so excited to have reached my dream. But working with underserved populations changed my mind. Just as I had felt working as a social worker with abused and neglected children that I needed more skills and knowledge, I had come to that crossroads again. And I came to that conclusion within a couple years of graduation.

Both my internship and post doc were working within community mental health and the criminal justice system. I was working with many severely mentally ill individuals as well as people with extremely limited resources. Most were just trying to make it through the day and had no time for traditional therapy. Often they were not good candidates for various reasons or they just didn’t want therapy. Many had turned to illicit substances to ease their pain. Both in rural Indiana and suburban Chicago there was a 3-6 month wait for psychiatry services. Primary care for the most part was just not very knowledgeable in prescribing psychotropics and more often than not prescribed benzodiazapines.

In 2001, I moved to Wisconsin to work at a psychiatric hospital for inmates and then to the state hospital across the street. We definitely had psychiatrists on staff but they were usually overwhelmed and burn-out as they were always short-staffed. One very cold winter night as my husband and I were contemplating moving somewhere warm, I ran across this article in the APA Monitor about New Mexico passing a law that would allow psychologists with additional training to prescribe medications. It was in its early conception but looked doable. The answer to my frustration. “Obtain more tools for the toolbox” as one of my graduate school professors said many times.

We moved to Las Vegas, NM in the middle of a winter storm dropping over 2 feet of snow in about 24 hours. Needless to say, we were definitely questioning our move and it would not be the last time. I moved on to Grants, NM to work in corrections and started the SIAP/NMSU Psychopharmacology program in in 2005. I traveled once a month for weekend classes after working 40
hours a week for almost two years to Las Cruces which is a 5 hour drive. I had a wonderful travel partner by the name of David Shearer which made the ride tolerable. I completed classes in 2007 and little did I know that was the easy part.

The next step was to take the PEP while I was looking for a 400-hour supervised practicum. I foolishly took it with minimal studying and failed by 1 point. So, I continued to look for a practicum. The Grants area is very rural so choices were limited and I received downright hate at some places I talked to. Finally, I was able to use the site in Gallup that Dr. Shearer had developed and I traveled one day a week to work with a wonderful elderly psychiatrist for 18 months. I passed the PEP. Then onto my Conditional license. My first placement in Albuquerque did not work out. Finally, I found a local agency that would hire me if I found my own supervisor...and I found one in Albuquerque. I continued to work at my full-time job, worked two days for my Conditional license, and drove to Albuquerque twice a month for supervision. It is now 2014 and I have my RxP credential after 7 years of effort.

Fast forward to today. I am the lead psychiatric provider in the mental health unit at the local women’s state prison. I work with an amazing behavioral health nurse practitioner and nursing staff with a highly underserved population. I am the only prescribing psychologist in the NM department of corrections. I also have a part-time private practice focusing on trauma in a very underserved location. I could do either job full-time but like the variety of working both as a primary psychiatric provider in the prison and continuing to provide one-stop shopping for the community.

This has been a long, bumpy journey but I would do it again. Hmm, medical school would have taken less time......But no, it would have changed who I am which is a psychology provider who has many tools in her tool box of which medication is just one.
Congratulations to Last Year’s (2020) Recipients of Division 55’s Awards!

DISTINGUISHED CONTRIBUTION TO THE ADVANCEMENT OF PHARMACOTHERAPY AT THE NATIONAL LEVEL
Recipient: Morgan Sammons, PhD

DISTINGUISHED CONTRIBUTION TO THE ADVANCEMENT OF PHARMACOTHERAPY AT THE STATE LEVEL
Recipient: Gerardo Rodriquez-Menendez, PhD, MSCP, ABPP

PATRICK H. DELEON PRIZE FOR OUTSTANDING STUDENT CONTRIBUTION TO THE ADVANCEMENT OF PHARMACOTHERAPY
Recipient: Derek Phillips, PsyD, MSCP, ABMP

MAJOR CARAVEO NATIONAL SERVICE AWARD
Recipient: Christina Vento, PsyD, ABMP
**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 psycho-pharmacology 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.
Tribute by Dr. Glenn A. Ally, PhD, MP

I was honored when I was asked to write a tribute to Dr. James W. Quillin who passed away May 25, 2021 - much too early. Although certainly an honor, it is indeed a daunting task. It has taken me some time to collect myself to put some coherent thoughts together regarding the untimely passing of Jim Quillin, my long-time friend. How do you condense a lifetime of significant achievement in and for professional psychology into these brief pages? Much of Jim’s work over the years has benefitted psychology not only in the State of Louisiana but indeed the U.S., and his impact has had influence worldwide.

Many psychologists know that Dr. Quillin was a true visionary, pioneer, and strong advocate for prescriptive privileges for specially trained psychologists. But more than this, he was a catalyst that made things happen. The idea to put forth a prescriptive authority bill in Louisiana was initially the brainstorm of Dr. John Bolter. But Dr. Bolter knew immediately to whom he should turn in order to get the job done - Dr. James W. Quillin. Dr. Quillin was the leader of a handful of psychologists who introduced RxP legislation in Louisiana in 1997, and Louisiana became the first state to pass this type of legislation out of a legislative committee. Through the persistence of Dr. Quillin and his team, successive bills were introduced until, in 2004, enabling legislation allowing “Medical Psychologists” to prescribe psychotropic medication was passed into Louisiana law in just six legislative days. Passing legislation into law in Louisiana in six legislative days was unprecedented. Led by Dr. Quillin, rules for this new statute were passed such that a Louisiana psychologist, Dr. John Bolter, became the first psychologist in the US to write a prescription under a psychologist’s state license. Dr. Quillin’s political savvy has been unmatched. Saying “he was the leader…” is a gross understatement that hides the enormous contributions of Dr. Quillin in this effort.

In my estimation, one of the hallmarks of a true leader is the ability to recognize talents and skills in others and to recruit those talents and skills to assist in accomplishing the task at hand. This was clearly a skill exhibited by Dr. Quillin over and over through the years.

Certainly, it was a monumental accomplishment to pass prescriptive authority for psychologists in Louisiana and space does not permit me to detail all that was involved in that accomplishment. However, what is amazing is that Dr. Quillin and his team actually passed a second prescriptive authority law.
in Louisiana. This bill was passed into law in 2009 and moved prescriptive authority for Medical Psychologists under the authority of the Louisiana State Board of Medical Examiners. There were several reasons for this, but the genius of this move negotiated by Dr. Quillin is that the new law established Advanced Practice Medical Psychologists who could prescribe independently. The law also established the Louisiana Academy of Medical Psychologists as a CME provider. Finally, this new law changed Medical Psychologists from a “specialty” under the 2004 law to a new, licensed professional in the State of Louisiana.

There were many other practice issues in Louisiana and the U.S. that have been influenced by the work of Dr. Quillin. If you have a Drug Enforcement Agency certification, you can thank Dr. Quillin who made that happen. Dr. Quillin and I met with the American Psychological Association Insurance Trust (APAIT) to negotiate and establish liability insurance for Medical Psychologists. At that time, APAIT was the only insurer willing to insure us. Dr. Quillin obtained a written opinion from the Louisiana State Board of Medical Examiners indicating that Medical Psychologists are indeed qualified to assess and utilize the Evaluation and Management codes in billing insurers. Through his efforts Louisiana has a statute that essentially says that if a psychologist can provide a service for which other professionals are being reimbursed, it is unlawful to discriminate against psychologists in reimbursing. Dr. Quillin was instrumental in passing legislation allowing hospital staff privileges for licensed psychologists, one of the first such statutes in the country. He served on numerous APA Committees and Task Forces. Until his untimely passing, Dr. Quillin served as President of the Medical Psychology Advisory Committee in Louisiana, a committee that advised the Louisiana State Board of Examiners. He was always open and available to assist other states in their political efforts. Indeed, in this State, many other professions often came to Dr. Quillin seeking his political wisdom, advice, and connections regarding legislation of various types.

Dr. Quillin has had a profound impact on what this profession is and what it can be. He changed the course of the profession by making a new profession become a reality. And, though he may not be known or remembered by future generations of psychologists, they (we) will forever be indebted to Dr. James Quillin. His legacy will not only continue to touch those lives with which he has had direct contact, but it will continue touching others in this country and across the globe for generations to come. Know that he was one of those few professionals who come around rarely and make a course change in the profession of psychology. In my lifetime, I have met maybe a handful. I am reminded of a quote by the late football coach, Bum Phillips, “He may not be in a class by himself, but it don’t take long to call the roll.”

Jim, tonight I will hoist a Hendrick’s gin martini (one of his favorites) in your honor, my friend. I miss you. You can rest easy knowing that others are benefiting in more ways than you know from you having been
here. My sincere condolences to Jim’s wife, Paige, and Jim’s entire family. Know that his impact on this profession and on those fortunate enough to call him friend, even today, is far from over.
APA Annual Conference: Division 55
Events and Schedule

Live Programming

JOIN US FOR THE BUSINESS MEETING AND AWARDS!

Business Meeting/Awards: Friday, August 13
Ceremony: 4-6pm EDT
Social Hour: 6-8pm EDT
https://us02web.zoom.us/j/88432528001?pwd=SVFstTFhhL0xSVkFKK3JYMFBQc3pwZz09
Meeting ID: 884 3252 8001
Passcode: 991018

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<td>Cannabis: Do Educational Interventions and Social Norms Change Attitudes?</td>
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<td>Julie Price, Morgan Sammons, Daubney Boland, Gerardo Rodriguez-Menendez</td>
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<td>Psychologists' Prescriptive Authority Around the Globe</td>
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<td>The Case for Psychologist Prescribing in Canada</td>
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### On-Demand Poster Sessions

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Join Division 55 on social media!

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On behalf of the members of Division 55, the Board of Directors reviewed submitted letters from 2022 APA President-Elect contenders. Three President-Elect hopefuls submitted letters explaining their position(s) on RxP to the Division at our request. Ultimately, Dr. Beth Rom-Rymer earned our #1 endorsement. We wanted to share the letters requesting Division 55’s endorsement with our membership and thank the candidates for taking the time to share their priorities with us.

Beth Rom-Rymer, PhD

It is with great respect for you as well as a sense of significant kinship with you, that I am requesting your #1 endorsement for APA President-elect 2021.

As you know, I have been leading the Prescriptive Authority Movement in Illinois since 2010, when I was first elected President-elect of the Illinois Psychological Association. I served the IPA in the role of President from 2011-2012 and, then, again, from 2013-2014. From 2012-2014, I led the successful legislative initiative for prescriptive authority. Our then-Governor Pat Quinn signed our legislation into law on June 25, 2014. From that point on, I have led the successful implementation of our prescribing legislation. We now have 8 licensed prescribing psychologists in Illinois, with 50 additional prescribing psychologists currently in training. At the University of Illinois, Champaign-Urbana, there are 75 psychology undergraduate students who are concentrating in the pre-psychologist curriculum, that I had worked to create with the University Psychology Advising Staff. In October 2018, I founded an organization in Illinois, the Illinois Association of Prescribing Psychologists, whose mission includes: implementing our Illinois prescribing psychologist statute; continuing to pass legislation to broaden the scope of practice for prescribing psychologists in Illinois; serving the most underserved, vulnerable populations in our state; creating a large and growing cadre of licensed prescribing psychologists in Illinois that is widely diverse and representative of all members of our larger community; providing consultation for all psychologists’ training to become prescribing psychologists in Illinois; providing consultation for states and the international community who seek to pass prescriptive authority legislation. I am also currently writing a book on our national movement for Prescriptive Authority, under contract with APA Press.

At its inception in 2000, I joined Division 55, and served as its first Membership Chair. I was then elected the fourth President of our Division in 2002 and served in 2004. I became the Division 55 representative to APA Council in 2007 and served through 2012 and, again, in 2017, after which I stepped down from that role, to take on my newly elected role as Chair-elect of the APA Council Leadership Team.

I led our Division’s first effort to create an ABPP for prescribing psychologists, 2005-2008. I initiated, during my presidential term, the writing of the practice guidelines, for those psychologists who prescribe and/or provide consultation on psychotropic medications, for which I am a co-author. I had appointed Bob McGrath as Chair of that Committee and the Guidelines were published in The American Psychologist in December 2011. I also organized our first Midwinter Conference in Orlando in early 2005; assisted Elaine LeVine with her Midwinter Conference in 2006 in Sante Fe, New Mexico; and chaired our Midwinter Conference in 2008 in Jefferson City and Kansas City, Missouri.

I have been most grateful to have received several awards from Division 55, for my leadership, in 2005 (Presidential Citation), 2007 (National Outstanding Leadership Award), and 2014 (Outstanding Contribution to the Advancement of Pharmacotherapy at the National Level).

Thank-you very much for your consideration for your #1 endorsement for my candidacy for APA President-elect!

With warm regards,

Beth
Dianna Prescott, PhD

Thank you again for offering the opportunity to seek endorsement from Division 55 for my candidacy for President Elect of APA. I have historically supported efforts to obtain prescriptive authority for appropriately trained psychologists, attending the first meetings about prescriptive privileges for psychologists and continuing to attend meetings and support adopting this practice at the state and national level. I am a longstanding ally of prescriptive authority for psychologists and would continue this advocacy in my role as President of APA.

I have promoted prescribing psychologists in Maine as a workforce to expand the reach of our rural health centers through my collaboration with the Maine Primary Care Association (MPCA). I have supported the efforts of Dr. Jeff Matranga, former Maine Psychological Association (MePA) President, and others to enable appropriately trained psychologists to obtain prescriptive privileges. This authority would increase consumers’ access to well-trained prescribers, which is lacking in rural areas. In addition, this would prevent duplication of effort and unnecessary expense. As I have advocated on the Hill, this authority would position psychologists to be a more valuable asset to the healthcare system.

As President of APA, my desire will be to form a large diverse organizational umbrella under which all psychologists can belong, regardless of race, religion, cultural background, physical difference, sexual orientation, gender identity, political perspective – united by our love of the discipline of psychology and our agreed-upon strategic plan. Under this umbrella, we will continue to strive to hear and respond to the varied voices of all psychologists, meeting their unique needs and helping them obtain necessary resources to develop to their full potential. I represent a vision for uniting the field and the multiple parts of our organization in the middle of these extremely challenging times.

I am currently serving as an officer on the APA Executive Committee and have the leadership background within APA which qualifies me to lead. Please see the leadership portion of my website for my history of service to our organization (https://www.diana4apa.com/leadership-cv). As Federal Advocacy Coordinator for over 15 years, I am positioned to elevate science, education, practice, public interest, and applied psychology. My experience positions me to strongly advocate for Division 55 and work together with you to advance your initiatives.

With appreciation for your consideration of my request for endorsement,

Diana L. Prescott, Ph.D.
Clinical Psychologist

Kirk Schneider, PhD

Thank you very much for the well wishes and for your offer for me to seek endorsement from Div. 55. My position on prescribing privileges for psychologists is complex. I believe that those who are interested in obtaining these privileges should be able to pursue post-doctoral training to obtain them, and I believe that many who do will fulfill important needs, particularly in rural or underprivileged areas where such services are sparse. I also believe many psychologists would be more effective than psychiatrists at prescribing because psychologists generally obtain more training in psychotherapy than psychiatrists today and can offer the potent combination of both therapy and medicine as opposed to just medical management, which is the province of many psychiatrists. Therefore I do support prescribing privileges for psychologists who seek them.

That said, I also believe, as do researchers such as Elkins (2016) and Norcross and Wampold (2019), that clinical psychology as a field should pursue the cultivation of contextual-relational factors in therapy as vigorously, if not more vigorously than prescription privileges and the biomedical model. Contextual-relational factors, such as the alliance, empathy, and therapist responsivity have been shown to be more salient than either technique alone or medicine alone according to the above researchers. Yet our graduate and post-graduate training is in my (and others’ e.g., Elkins, 2016) view wanting when it comes to the kind of "experiential training" necessary to optimize the contextual-relational factors of therapy. Therefore, when the time comes that APA accredited clinical
and counseling programs prioritize the contextual-relational factors as vigorously as they do say, cognitive-behavioral and psychophysiological factors then I would place even more of a priority on prescribing privileges. I believe psychology and psychotherapy must not veer too far from its foundation in the cultivation of effective human relationships, lest it recede into a medical-like discipline that differs little from its allied partner psychiatry, with all its attendant shortcomings.

In this light and given the evidence-based, holistic perspective that I articulate above, I would be honored to receive Division 55's endorsement for president of the APA.

Cordially,
Kirk Schneider, Ph.D.

References
TIE VOTE ON BOARD CERTIFICATION
The Division 55 Board of Directors (BOD) submitted a proposal to the American Board of Professional Psychology (ABPP) to create a new ABPP specialty board. This proposal was approved out of committee and then failed to pass by a narrow margin in a full ABPP Board of Trustees vote on June 19, 2021. The BOD plans to resubmit an application as early as 2022.

DIVISION 55 CREATES NEW CHARTERS
The BOD is creating three new Chapters (special interest groups) of Division 55: pediatric, geriatric, and international. Stay tuned for more information on how to participate in these Chapters.

SOPHIE FRIEDL, MPH, LEAVES APA
Sophie Friedl, MPH, left her position as the Director of Military and Veteran’s Health Policy at APA. Sophie started the position on August 3rd, 2020 and left in June 2021. Amongst other responsibilities, she worked to move the RxP agenda forward in the military and VA. We wish her well in her next professional adventure!

APA 2021 CONVENTION HAS GONE VIRTUAL
The APA 2021 Convention is being held virtually. It “...will feature three days of scheduled interactive and live sessions—and more than 1,000 on-demand presentations that are available for three months. There will also be several days of pre-convention events included CE Workshops, a virtual job fair, and special live sessions for students.” Division 55 has an exciting line-up of presentations and you can see the schedule in this edition of the The Tablet. For more information go to https://convention.apa.org

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NEW BOOK!

The Crisis in Psychopharmacology: The case for Medical Psychology

Description by Jerry Morris, PsyD, MsPharm, MBA, ABMP, ABPP, ABBHP, NCSP, CCM

The American Board of Medical Psychology & the National Alliance of Professional Psychology Providers have collaborated on the second sponsored book in a series defining and advancing the specialty of Medical Psychology. Medical psychology includes training and expertise in the proficiency and techniques of psychopharmacology but much more. The specialty of Medical Psychology entails extensive diagnostic and treatment skill, training in biological and medical sciences, and training not only in the psychotherapy and pharmacotherapy of those with mental illness, but also the treatment and rehabilitation of populations with chronic medical illness with large components of behavioral and lifestyle etiology and course.

The second book in the series, "The Crisis in Psychopharmacology: The case for Medical Psychology" is over 500 pages written by some of the top specialists in Medical Psychology in the USA. Like the first text in the series, "Medical Psychology Practice and Policy Perspectives (both texts in the series edited by Dr. John Caccavale, ABMP). This second book includes chapters about specialty role and definition, policy, advocacy victories and national leadership and vision. In addition, the 14 chapters outline the scientific foundations of Medical Psychology in mental health and chronic medical illness treatment, delineates the scientific justification for the Medical Psychologist and other psychologists and behavioral health professionals, and multi-disciplinary medical/psychological team treatment in the core of the US healthcare system.

This book will be used by those studying to complete the didactic and classwork, residency, written and oral examinations, and work product submission to qualify for board certification in the specialty of Medical Psychology. Still, those training or trained in the proficiency of clinical psychopharmacology will benefit from this book that delineates the importance of accurate diagnoses and integration with holistic care in recommending or prescribing psychotropic drugs and it delineates the scientifically substantiated limitations of psychopharmacology and the damage of "medication only and bio reductionist approaches". The book is a delightful addition to the library of clinical psychologists working in primary care centers, hospitals, and in practices interfacing with these facilities.

The book can be accessed at the Academy of Medical Psychology (www.https://academyofmedicalpsychology.com/) and American Board of Medical Psychology website, or by Contacting Dr. Ward Lawson, Executive Director ABMP at ozarkscare@yahoo.com.
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<td>APAGS Student Representative:</td>
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Don’t miss out on your opportunity to share your successes with your colleges and the Division. Send us your recent publications and we’ll make sure to get them in the next edition of The Tablet! Email citations to davidshearer.rxp@yahoo.com.
### Division 55 Board of Directors

**Elected for 2022-2023**

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<td>Lynette Pujol, PhD, MSCP</td>
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**Are You a Member of Division 55 Yet?**

For first time members **your membership is FREE for the first year**! Or you can resume your membership for ONLY $40 annually. Students pay only $10 a year.

For more information visit us at [https://www.apadivisions.org/division-](https://www.apadivisions.org/division-)