

PSYNAPSE

Summer 2010



Newsletter of the CPA Section on
Psychopharmacology

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IN THIS ISSUE:

PSYNAPSE	1
NOTE FROM THE EDITOR.....	3
SOME OPTIMISTIC DEVELOPMENTS FOR CPA'S SECTION ON PSYCHOPHARMACOLOGY	
.....	3
RECENT PAST	3
SOUTH OF THE BORDER	4
GOAL FOR CANADIAN PSYCHOLOGY	4
TASK FORCE	5
BASIC ISSUE	6
CPA ANNUAL CONVENTION	6
APA MEETING	7
CONCLUDING REMARKS	8
NEUROPSYCHOPHARMACOLOGY: AN AMALGAM OF NEUROPSYCHOLOGY &	
PSYCHOPHARMACOLOGY	8
PSYCHOPHARMACOLOGY.....	8
NEUROPSYCHOLOGY	9
LES PSYCHOLOGUES ET ÉTUDIANTS EN PSYCHOLOGIE CANADIENS FAVORABLES À	
L'OBTENTION DE LA PRESCRIPTION DES PSYCHOTROPES.	10
LINKS:.....	12
MEDICAL PSYCHOLOGY WEB AND NEWSLETTER:	12
LINK TO PSYCHOPHARMACOLOGY SCHOOL ACROSS THE BORDER:	13
LINK TO UPCOMING PSYCHOPHARMACOLOGY CONFERENCE.....	14

NOTE FROM THE EDITOR

Dear Members of the CPA Section on Psychopharmacology,

Many thanks for your consistent support and advocacy. We have at last successfully completed this summer 2010 edition of Psynapse, the electronic newsletter of the CPA Section on Psychopharmacology. We are very fortunate to have contributions from our members across Canada. In this issue, we present several articles, and links to national and international information specific to advanced training in clinical psychopharmacology. In this issue we have articles in both English and French. In brief, we have a contribution from our honourable chair (Dr. David Nussbaum) reflecting on the CPA Task Force on Prescription Privileges (RxP), and a short article on neuropsychopharmacology. Both of these are in English. In French, we have a short article by our Eastern Canadian colleague from Québec, Clinical Psychologist, Laurent Chaieb, Psy.D. Candidate.

On a different note, I would like to express gratitude to the executive members of the CPA section of Psychopharmacology for nominating me for an illustrious award from the APA (Division 55- American Society for the Advancement of Pharmacotherapy) for Student Advocacy for RxP Privileges. In the same vein, I would like to acknowledge and express appreciation to the executive members of Division 55 for this prestigious award.

Without further ado, I would like to thank you for your support and readership of the newsletter.

Cordially,

Amir A. Sepehry, BA, MSC, PhD student

Section Editor

**SOME OPTIMISTIC
DEVELOPMENTS FOR CPA'S
SECTION ON
PSYCHOPHARMACOLOGY**

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RECENT PAST

The last 6 months have seen a number of exciting developments for our CPA Section on Psychopharmacology. The

most salient include the Interim Report of the CPA Task Force on Prescription Privileges (RxP) written by the Task Force Chair, Dr. Lorne Sexton as summarized in Psynopsis in January 2010, and the attendance at and response to the Section's sponsored speaker, in the person of Dr. Morgan Sammons, Professor and Dean of the California School of Professional Psychology at Alliant International University. Another feather in the Section's cap was the recent APA Division 55

-----Newsletter-----

(American Society for the Advancement of Pharmacotherapy) Award for Student Advocacy for RxP Privileges bestowed upon our own Amir Sepehry, M.Sc., PhD student, who so capably and graciously edits this Section Newsletter. Let me expand on each in turn.

SOUTH OF THE BORDER

Looking south of the border, our sister organization (APA) has adopted the legitimacy of expansion of competency for psychologists who undergo appropriate training to include prescription privileges (succinctly symbolized as “RxP”) or prescriptive authority (RxA) and have devoted considerable resources into the initiative with moderate success. The original demonstration of the feasibility of this idea was the noteworthy Department of Defense (DOD) project in which a handful of selected psychologists were chosen to undergo RxP training and after training and the “prefectorship”, prescribed independently for military personnel. Their performance was exemplary. A number of different training models followed including private institutes dedicated primarily to RxP training (e.g., the original Prescribing Psychologists Register [PPR] founded by Dr. Samuel Feldman in Miami) and more recently to university and professional

schools of psychology that grant post-doctoral M. Sc. degrees. Currently, New Mexico, Louisiana and the Territory of Guam have empowering legislation authorizing psychologists who have taken the requisite training and passed the national PEP to prescribe psychotropic medications with differing degrees of autonomy. Hawaii and Oregon had achieved passage of legislation in the State houses only to have the bills vetoed by the Governors in response to pressure from medical groups who are obviously less than impartial. All available empirical evidence points to the competency and safety associated with trained psychologists prescribing psychotropic medication under state guidelines. One facet that differentiates psychologists’ approach to prescribing is the primacy that psychotherapy assumes as the treatment of first choice with pharmacotherapy utilized when psychotherapy is not indicated or not effective.

GOAL FOR CANADIAN PSYCHOLOGY

There are two issues that CPA sought to address before taking a position on adopting or not adopting RxP as a goal for Canadian Psychology. First, in the United States, the initiative caused a divide within the profession with some psychotherapists

and academic psychologists viewing RxP as either threatening or ill advised or perhaps a combination of the two. A number of “anti-RxP psychologists” actually worked to derail the efforts of the RxP advocates before legislative bodies and task forces. The “Canadian way” is to seek consensus so that such “circling of the wagons and shooting inwards” can be avoided. A less emotional forum might prove more conducive to rationally considering the objective pros and cons for the Canadian context. To this end, the Task Force “met” through conference calls with CPA Section Heads or their designates and a few members of regulatory bodies. As a long-time RxP advocate, I found a number of the anti-RxP arguments naïve (e.g., a need to maintain good relationships with the psychiatric profession and psychiatric colleagues) and invalid (prescribing psychologists will jeopardize the safety and health of their clients/patients). However, a number of the logistical concerns (what level of training to integrate into graduate training, how to deliver the training without expanding costs and time for graduate training, etc.) are legitimate issues that need addressing and resolution before a viable approach is agreeable to a substantial majority of our colleagues.

TASK FORCE

My approach to the issue within the context of the Task Force was to stress the questionable completeness of knowledge psychologists bring to clinical work without a sound appreciation for how different medications affect cognition, emotions, motivational states, perception and even motor tone and responses. Many clients and patients that psychologists assess and treat are taking medications or abusing recreational drugs. A basic understanding of a drug’s action on psychological processes is very helpful if not occasionally critical in interpreting assessment data (i.e., how much of a measured cognitive deficit reflects the individual or the interaction between the individual and her/his medication or recreational drug) or responsiveness to therapeutic interventions in light of a drug’s effects on motivation and emotional experience and expression. As noted in Professor Sexton’s Interim Report, it is certainly advisable to enhance psychologists’ training to include at least basic psychopharmacology in the graduate curriculum. This would be analogous to what APA refers to as Level 1 or basic training in psychopharmacology and neuroscience to afford clinical and counseling psychologists familiarity with the

-----Newsletter-----

various functional networks in the brain, their neurotransmitter/neuromodulator systems and receptors types, a sense of how they process different types of informational components of behavior and the mechanisms and effects of psychotropic drugs on behavior, cognition, motivation and emotions. From my perspective, this is something that graduate students training for practice in clinic, school and neuropsychology (at a minimum) should advocate for inclusion within their programs. Some schools in Canada (e.g., Laval) do have a graduate psychopharmacology course at present and it is hoped that all good clinical programs will within the near future. Additionally, there is no particularly good reason why undergraduate programs should not teach at least one basic pharmacotherapy course to students who wish to pursue graduate studies in clinically-related areas.

BASIC ISSUE

A basic issue for CPA is the (scarce) financial and human resources that must be devoted to the pursuit of prescriptive authority. It may be some time before CPA takes a definite position on the issue. Having graduate students with a firm foundation will afford considerable impetus to the positive and natural expansion of the

science and profession of psychology to render our discipline a truly *biopsychosocial* exercise. This will in turn, help link psychologists with other behavioral scientists exploring the neurobiological mechanisms underlying the regularity of behavioral responses to particular environments and the individual differences that make us each unique. This affords a much richer and deeper vision for psychology than preclusion of the underlying biology that has traditionally (and unfortunately from my perspective) set psychology off as a “stand alone science” with predictable consequences. (Some people talk about having psychology become more like a STEM discipline: Science, Technology, Engineering, Mathematics; APA has a task force on it: see for example:

<http://www.apa.org/science/about/psa/2009/09/stem.aspx>)

CPA ANNUAL CONVENTION

Those who missed the 2010 annual Convention in Winnipeg missed one of the most informative, important and fascinating talks that I can recall at CPA, or any psychological conference that I have attended over the last 26 years. Dr. Morgan Sammons presented a well reasoned, referenced and consequently convincing

-----Newsletter-----

argument for why psychologists are actually best suited to eschew superficial analyses of behavior and prescribe sparingly but wisely, yet effectively and safely. In my “pre-lecture meeting” with Morgan, I feared that he would draw few listeners but I was (happily) wrong as at least 75 colleagues, very few of them Section members, crowded the mid-sized room. Many of the audience were initially skeptics but left with a different perspective about the limitations of pharmacotherapy, limits to “biological determinism”, the need to resist identifying and defining diseases by responses to various medications and why increasing dosages in non-responders (as many of us see in various clinical contexts) is counter-indicated and potentially harmful. Morgan also demonstrated not only a vast and easy familiarity with a diversity of medications and recreational drugs but a theoretical understanding of their actions on multiple systems. His clinical acumen was also apparent in his answers to hypothetical questions raised by the audience at the end of his talk. We owe Morgan a debt for this enlightening talks and sharing his knowledge and perspective with CPA’s membership. I would feel most comfortable with suggesting that he be invited in the not too distant future to address a plenary session where his perspective could be

more influential. It is not at all surprising that he was chosen as one of the original psychologists to participate in the DOD demonstration project.

APA MEETING

Finally, at the recent APA Convention in San Diego, the APA Division for the Advancement of Pharmacotherapy (Division 55) bestowed its Award for Student Advocacy for 2010 to our Psynapse editor, Amir Sepehry, for his efforts to promote enhanced awareness of and education regarding pharmacotherapy and psychopharmacology, in part through his editing of this newsletter over the last two years. Amir is a very bright and knowledgeable graduate student with training in physiology, neuropsychology, psychopharmacology and advanced statistical methods. Despite his impressive store of skills, information and acumen, he is a very down-to-earth individual who has made the publication of this newsletter possible. Between conventions, CPA section newsletters serve as the “glue that holds sections together”. I am sure that I speak for all of us in congratulating Amir on this richly deserved honor and hope that he will continue his considerable talents to further psychopharmacological training and research among psychologists in future.

CONCLUDING REMARKS

This is the time that members should consider contributing to the winter issue of Psynapse and next summer's convention in Toronto. If you have any questions about an article of interest, please contact Amir (amirali_sepehry@yahoo.ca). For ideas about Convention presentations (literature

reviews, meta-analyses and of course if possible primary research studies) please do not hesitate in contacting me.



NEUROPSYCHOPHARMACOLOGY: AN AMALGAM OF NEUROPSYCHOLOGY & PSYCHOPHARMACOLOGY

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Progress in psychopharmacology research is rapidly being translated into clinical applications. To promote our advancement, an emphasis needs to be made on increasing understanding of theoretical perspective, terms and techniques in this ever more powerful field. Many psychologists had limited exposure to this area in their education and training. Consequently, I would like to explore the nosology of the so-called neuropsychopharmacology, an amalgam of

neuropsychology and psychopharmacology, to provide a sense of potential advantage to guide future research and education in progressive psychology. Here, I will provide examples illustrating the intrinsic connectivity and complementarity of neuropsychology and psychopharmacology, what tools they possess individually and might share in future. Since psychologists are more familiar with neuropsychological methods, my emphasis will be on psychopharmacology.

PSYCHOPHARMACOLOGY

The field of psychopharmacology is recognized as a sub-branch of psychology that scientifically (i.e., from associated theoretical and empirical perspectives) studies mechanisms of pharmacological actions and neural information processing and resultant behavior. In other words,

-----Newsletter-----

psychopharmacology delineates implications of pharmacological agents on the human mind as a product of altered brain function, and an observable reduction or excess of a particular behavior in a given context. Pre-clinical studies set the foundation in animal models, much as early learning theorists used rats and pigeons to derive basic learning principles such as reinforcement schedules.

NEUROPSYCHOLOGY

On a different note, neuropsychology, another sub-specialty of psychology, empirically examines relationships between behavior and the brain (previously considered a “black box” by Watson and other early psychologists). Neuropsychology and psychopharmacology share broad, eclectic worldviews in the centrality of the brain for understanding how behavior is “produced” albeit at different levels of organization. This suggests the importance of being aware of biological mechanisms to help develop better remediation approaches, and thereby increase quality of life in both impaired and “typical” populations (the latter is emphasized in positive psychology). From this perspective, these branches are intertwined. For example, in order to observe the outcome of a given

pharmacological treatment, one needs to observe the behavioral change from the sharply focused lens of a neuropsychologist. Neuropsychology has shed its original ark and expanded beyond “cognition” to encompass more precise measurement of emotional and motivational functioning. Clinically, neuropsychological assessments should always take into account the effect of any medications or recreational drugs in the individual’s system during an assessment so that any interpretation of changes from premorbid levels or assumed ability levels can properly be partitioned between the individual’s endowment, clinical condition and medication(s)/drug(s). Hence, emerging clinical psychologists, as well as more specialized neuropsychologists and psychopharmacologists, need to be equipped with knowledge of neuropsychological assessment approaches, in theory and practice in order to facilitate research and/or clinical work. Of note, this knowledge facilitates adjustment of pharmacotherapy in clinical settings such as hospital inpatient units, outpatient clinics and private family and psychiatric practices.

Another noteworthy point from this relationship is the common comprehensive knowledge of general human anatomy and physiology. Clinical psychologists’ practice would be enhanced by at least a basic

-----Newsletter-----

knowledge of not only physiology and anatomy of the brain but also of the human body, in order to be able to prescribe (or collaborate regarding) medication approaches based on a sound knowledge of psychopharmacological principle, actions and alternatives. On a comparable note, neuropsychologists need to know brain mechanism and anatomy in order to accurately assess the degree of normalcy, or change in an individual's behavior, cognition, and emotion. This awareness of the state of an individual's behavior subsequently helps them to implement or recommend proper remediation approaches to alter an abnormal behavior, and thus facilitate superior quality of life for the individual and by extension, his or her family or other caregivers.

Yet another common ground for these two subspecialties lies in the vast knowledge of methods of investigating the brain mechanism and function (e.g., PET, MRI, NIRS fMRI, QEEG,) and of course the advanced statistics to evaluate their utility. It is important to recognize that training in clinical psychopharmacology does not terminate at clinic, but also is concurrent with research training of students, and constant updates. Additionally, by being in constant contact with clinical samples, and implementing interventions, treatment and

management approaches, appropriately trained psychologists would be in a better position to generate research ideas and mentor students in multilevel research. This will provide an advantage to psychologists with this training.

The above-mentioned examples highlight the important advantages that will be afforded when comprehensive neuroanatomical, neurophysiological, and neuropsychological assessment, and psychopharmacological training constitute essential parts of clinical psychology and neuropsychology. It may in time give rise to psychologists specializing in neuropsychopharmacology.



**LES PSYCHOLOGUES ET
ÉTUDIANTS EN PSYCHOLOGIE
CANADIENS FAVORABLES À
L'OBTENTION DE LA
PRESCRIPTION DES
PSYCHOTROPES.**

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Aux états-unis, la question d'élargir le champ des compétences des psychologues à la prescription de psychotropes est relativement ancienne. En effet, les premiers questionnements sont apparus au cours des années 60 avec la création de la division Psychopharmacologie et abus de substance de l'American Psychological Association. Au Canada, Saint-Pierre et Melnyk (2004) sont parmi les premiers auteurs à avoir transféré le débat au contexte de la psychologie canadienne et à s'être intéressés à l'avis des psychologues canadiens et étudiants en psychologie concernant l'obtention de la prescription. Ils ont évalué l'attitude d'un échantillon de psychologues canadiens et d'étudiants en psychologie des universités canadiennes, à partir d'une série de sept questions. Les résultats de cette étude permettent d'affirmer que les psychologues Canadiens, ainsi que les étudiants des différents programmes d'étude, sont significativement favorables à l'obtention de l'autorisation de prescrire des psychotropes. Les cliniciens, qu'ils soient psychologues ou étudiants, seraient plus enclins à demander cette autorisation si la loi le leur permettait, que les psychologues ou étudiants des autres

disciplines. De plus, les psychologues cliniciens et étudiants des programmes cliniques affirment que la Société canadienne de psychologie (SCP) devrait défendre cette position. Saint-Pierre et Melnyk (2004) se sont également intéressés à la dimension idéologique de l'obtention d'un tel droit. Concernant ce dernier point, la majorité des psychologues et des étudiants considèrent que l'obtention de cette autorisation ne constituerait pas une opposition idéologique au champ de la psychologie. Enfin, à la question sur la possible altération de la qualité des services en psychologie, seuls les psychologues ont été interrogés, et leurs avis est partagé: 29% pensent que cela compromet les services rendus, 53% pensent que non et 18% ne se sont pas exprimés. Saint-Pierre et Melnyk (2004) ont de plus demandé aux psychologues et aux étudiants d'exprimer leur avis sur la probabilité d'obtenir le droit de prescription pour les psychologues Canadiens: la moyenne est de 40 % pour les psychologues et de 44 % pour les étudiants. A notre connaissance, l'étude de Saint-Pierre et Melnyk (2004) est la première à porter sur un échantillon Canadien. Elle a mis en évidence une attitude favorable des psychologues et des étudiants en psychologie face à l'obtention du droit de prescription. Cette tendance apparaît plus

-----Newsletter-----

marquée pour ceux spécialisés ou qui se spécialisent en psychologie clinique. Cependant, si les auteurs ont le mérite d'avoir effectué la première étude sur ce thème au Canada, l'attitude des psychologues francophones n'a pas été évaluée, et le débat suscite de nombreux arguments –favorables ou défavorable à l'obtention de ce droit.

References:

- Chaïb, L. S. (2007). Résultats d'un sondage canadien- Les psychologues et le droit de prescrire des psychotropes. Psychologie Québec, juillet 2007. à l'adresse http://www.ordrepsy.qc.ca/pdf/PsyQc_Dossier_2_Chaib_Juillet07.pdf
- Saint-Pierre, E. & Melnyk, W.T. (2004) The Prescription Privilege Debate in Canada: The voices of Today's and Tomorrow's Psychologists. Canadian Journal of Psychology, vol. 45, no4, p. 284-292



LINKS:

“The following information pertaining to AMP or NAPPP is provided to readers for informational purposes only and is not an endorsement by CPA or the Psychopharmacology Section.”

MEDICAL PSYCHOLOGY WEB AND NEWSLETTER:

Free online journal hosted by the Academy of Medical Psychology (AMP):

[Archives of Medical Psychology](#)

The AMP invites members of the psychopharmacology division of the CPA to consider subscribing to their journal and become member of the AMP (www.amphome.org).

Additionally, The Academy of Medical Psychology has once again agreed to be a full sponsor at the National Alliance of Professional Psychology Providers' (NAPPP) 2nd Annual Convention in Las Vegas from October 9-10, 2010.

The conference theme is *Integration of Behavioral Health in Medical Systems: Health Care Reform and Opportunities for Clinical, Behavioral Health, and Medical Psychologists.*

As a function of its sponsorship, AMP will have a booth to distribute information about the Academy and its efforts, CE

-----Newsletter-----

courses offered, and information about ABMP board certification.

In addition, all AMP members attending the NAPPP conference will be acknowledged by an AMP designation on their conference badges. This will give non-AMP members access to AMP members to discuss issues, ask questions, or just to get acquainted.

Breakout sessions include AMP Board member Terry Soter and ABMP diplomate Howard Rubin joining David Kipper and John Reeves to present *Integration of Behavioral Health and Medical Psychology into Primary and Specialty Care*. Dr. Rubin and Dr. Reeves will then follow-up this workshop with *Medical Psychology: Evaluation and Preparation for Surgery*. AMP Board member John Caccavale and ABMP Candidate Michael Baer will join Larry Waldman in a timely presentation addressing *Fee Based Practice Opportunities Under the New National Healthcare Reform Bill*. Academy President Jim Childerston will facilitate a symposium, *Sex, Drugs and the Hormones Roll: Medical Psychology Opportunities to Treat the "Viagra Generation"*. ABMP diplomate Frank Lucchetti will speak on *Practicing Psychology in the Worker's Compensation System* and ABMP diplomate Dave

Reinhardt will be *Examining Medical Causes of Psychological Symptoms: An Orthomolecular and Functional Medicine Approach*. You will also not want to miss a very informative general session featuring AMP Board members John Caccavale and Jerry Morris as they discuss *Promoting Practice: How Goes the NAPPP Public Awareness Campaign?*

For more information and registration details, go to

<http://www.nappp.org/conf.html>

LINK TO PSYCHOPHARMACOLOGY SCHOOL ACROSS THE BORDER:

- CSP/Alliant
(<http://www.alliant.edu/wps/wcm/connect/website/Home/About+Alliant/Schools+&+Colleges/California+School+of+Professional+Psychology/About+CSP+Programs/Clinical+Psychopharmacology+Postdoctoral+MS+Program/>),
- Fairleigh Dickinson University,
(<http://view.fdu.edu/default.aspx?id=6275>)
- Nova Southeastern University
(<http://cps.nova.edu/programs/rxp/>).
- Prescribing Psychologist Register (PPR):
As per Dr. Samuel Feldman, Ph.D., FICPPM, PPR President, PPR is able to offer its courses at the lowest fees, since they are the largest and first

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psychopharmacology training
program for psychologists.
[\(http://www.pprpsych.com/\)](http://www.pprpsych.com/)



LINK TO UPCOMING
PSYCHOPHARMACOLOGY
CONFERENCE

4th Annual Pacific

Psychopharmacology conference:

September 30 & October 1, 2010

Coast Coal Harbour Hotel 1180 West
Hastings Street Vancouver, BC, Canada

<http://www.pacificpsychopharmconference.ca/>

