

# PSYNAPSE

Summer 2012



Newsletter of the CPA Section on  
Psychopharmacology

<http://www.cpa.ca/aboutcpa/cpasections/psychopharmacology/>

**TABLE OF CONTENTS**

PSYNAPSE ..... 1

**NOTE FROM THE EDITOR ..... 2**

**CHAIR’S YEAR-END UPDATE..... 3**

**MENTAL HEALTH COMMISSION OF CANADA STRATEGY..... 4**

**THE CANADIAN MENTAL HEALTH COMMISSION REPORT: A PRESCRIPTION FOR  
ACTIVATING RXP..... 6**

**U.S. PRESCRIPTION AUTHORITY UPDATE ..... 8**

    PRACTICE ..... 8

    TRAINING ..... 8

    LEGISLATION ..... 10

    IMPLICATIONS FOR CANADIAN RXP..... 10

**CPA-CONVENTION:..... 12**

    ANNUAL SECTION BUSINESS MEETING AGENDA..... 12

**NOTE FROM THE EDITOR**

Dear Members of the CPA Section on Psychopharmacology,

Countless appreciation is rightfully due for your consistent support and advocacy. We have after a prolonged break for reflection, at last successfully completed this summer pre-convention 2012 edition of Psynapse, the electronic newsletter of the CPA Section on Psychopharmacology. We are very fortunate to have contributions from our members.

This pre-convention issue will bring the Section membership up to date on undertakings within and beyond the Psychopharmacology Section. Here, the contents include the Chair’s Year-End Update, highlighting Section events at the CPA Convention in Halifax. At the behest of Dr. Karen Cohen at CPA, we are making the recent Mental Health Commission of Canada Report on Mental Health available to our membership. Next, Dr. Brian Bigelow provides an insightful analysis of the opportunities afforded by this document. Finally, Dr. Robert Ax provides the latest view regarding RXP progress occurring south of the border.

On a different note, I would like to express appreciation to the executive members of the CPA section of Psychopharmacology for diligently working with me on this newsletter.

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**

Psynapse Editor, CPA Section on Psychopharmacology

**CHAIR'S YEAR-END UPDATE**

CPA Section on Psychopharmacology  
**David Nussbaum, Ph. D., C. Psych.**

Section Chair

University of Toronto Scarborough  
Ontario Shores Centre for Mental  
Health Sciences

This has indeed been a busy year both personally and in terms of developments that should interest our section membership. Consequently I would like to provide a synopsis of a few potential harbingers of progress that transpired over the last year. Then I would like to outline what I perceive as how the section can shift into a more nimble organization, poised to take advantage of opportunities when they might arise.

In response to the online publication of the Final Report of the CPA Task Force on Prescription Privileges, CPA through its innovative Education Program is heeding the call for increased access to fundamental psychopharmacological education for psychologists across the country. Still in its planning stages, the project will involve a series of lectures on psychopharmacology that members could access from their home or office computers for a nominal fee. Lectures will be provided by knowledgeable experts within their respective topics. In due course, the possibility of obtaining CE Credits and other "official recognition" awaits responses from CPA members, hopefully including a large number of Psychopharmacology Section

members. I would like to hear from members about their thoughts concerning this exciting and innovative CPA initiative.

There is also positive news to relate concerning RxP efforts in Canada and in the United States. The American news is covered by our member and esteemed colleague, Dr. Robert Ax in his enlightening article in this issue so I will not comment on that further here, save to say that it is very positive and encouraging. The corresponding positive Canadian news comes from Ontario where the OPA RxP initiative was sufficiently successful internally to have been morphed into a permanent OPA Committee. Convincing our psychology colleagues of the advisability and feasibility of the RxP initiative is an initial hurdle that has stymied RxP efforts in the past. The OPA RxP committee, under the very capable leadership of Dr. Diana Velikonja and Dr. Jane Storrie, is moving forward obtaining consultations on the form of a submission to the provincial body that oversees licensure of professions and has opened a communication channel with the licensing College. As a member of the OPA RxP Committee, I offered to spread the message to our CPA section in the hope that we can act as a conduit for bilateral support. The OPA group is looking to establish supportive links with a variety of potential stakeholder groups including (but not limited to) Aboriginal Canadians, the military,

## -----Newsletter-----

provincial and federal corrections, and possibly MPP's who might offer support to the initiative. Beyond Ontario's borders, liaisons with like-minded psychologists can enhance efforts to advance RxP across the Canadian provinces and territories.

In light of the above, I will propose a motion at our Annual Section Business Meeting (SBM) during the CPA Convention in Halifax to the effect that our Psychopharmacology Section will lend support and endorse any Provincial or territorial initiative seeking to enhance education and increase psychopharmacological knowledge among psychologists, including RxP initiatives. It is recognized that the section has no financial resources to contribute to these various ongoing efforts but moral and vocal support helps as well. I am open to suggestions for word-crafting in advance of the Annual SBM ([dnussbaum@utsc.utoronto.ca](mailto:dnussbaum@utsc.utoronto.ca))

I am also pleased to announce that Tina Montreuil has agreed to serve as Graduate Student Coordinator for the section for 2012-2013. Tina is an OPC Clinical Psychologist conducting CBT therapy at the Douglas Research Centre and a Doctoral candidate at McGill University. She will provide energy and open up psychopharmacology knowledge and opportunities to our country's many clinical psychology graduate students. Welcome aboard Tina.

For those who will be attending the Annual Convention in Halifax, please note that the Psychopharmacology Section Annual Business Meeting will take place on the Thursday 14th at 2PM. The Section has a number of presentations in this year's Convention (see at the end of the newsletter for details).

Events Logistics:

Annual Section Business Meeting:  
Thurs. June 14<sup>th</sup>, 2:00 – 2:55  
Mtg. Rm. 1, Level 8 (8-16)

Psychopharmacology Posters:  
Thurs. June 14<sup>th</sup>, 4:00-5:50  
Room 1000-Level 1

Psychopharmacology Symposium:  
Friday, June 15<sup>th</sup>, 10:00 –  
11:25  
Suite 203, Level 2, 70 Th

Poster Presenters: Douglas Cave;  
Blake Jelley

Symposium Presenters: David  
Nussbaum, Nesli Diba Kaya, Maryam  
Sharif-Razi, Igor Mihajlovic and Wade  
Deamond



MENTAL HEALTH COMMISSION OF  
CANADA STRATEGY

-----Newsletter-----

CPA's Chief Executive Officer

**Dr. Karen Cohen, Ph.D., C. Psych.**

As you may know, the Mental Health Commission of Canada released its mental health Strategy this past week. CPA had consulted at every opportunity on its development - in June we submitted a 5-page response to the draft shared with us at that time. Although we might have liked to see the Strategy push further on topics such as making psychological care more accessible, the final version did move forward from the June draft and incorporated some of CPA's suggestions (among those of other stakeholders'). Here is a link to the Strategy itself <http://strategy.mentalhealthcommission.ca/> as well as to the CPA's press release in response [http://www.cpa.ca/docs/file/CAMIMH/MHCCstrategy2012\\_CPAfinal\\_ENFR.pdf](http://www.cpa.ca/docs/file/CAMIMH/MHCCstrategy2012_CPAfinal_ENFR.pdf) I am also attaching a separate PDF file which lists all of the Strategy's recommendations. Several of the recommendations speak to topics about which CPA's community of researchers and practitioners have considerable expertise. These include mental health issues and needs within 1. Criminal justice populations; 2. First Nations, Inuit and Metis; 3. The workplace; 4. Children and youth; 5. Seniors; 6. GLB persons.

Although the Strategy is an important milestone, what remains now is for stakeholders to work together on its implementation. CPA wants to plan and develop an advocacy agenda in relation to the Strategy's

recommendations. One key component will be to advance the agenda relevant to accessing psychological treatments. Others will likely be tied to the focus of the Strategy's recommendations as above.

Here is where (hopefully) you and your Section members come in. Could you please circulate this message among your members, inviting anyone interested in participating in a conference call to discuss the profession's response to the 6 recommendations noted above, to get in touch with CPA Office via Kim Black at [kblack@cpa.ca](mailto:kblack@cpa.ca) by June 8th. Please ask your members to indicate to Kim which recommendation discussion they wish to participate in. We will look to convening a conference call on each of the recommendations separately sometime soon after convention. Thanks much for your assistance. Don't hesitate to get in touch if you need any further information - either Karen at [kcohen@cpa.ca](mailto:kcohen@cpa.ca) or Meagan (Meagan Hatch is our Manager of Government Relations) at [mhatch@cpa.ca](mailto:mhatch@cpa.ca)

Best, Karen

\*\*The "MHCC Strategy 2012 recommendations" document can also be accessed by viewing the attached link [http://www.cpa.ca/weboffice/modules/files/download.php?id=215&random\\_code=kgc3nw89jy6\\*\\*](http://www.cpa.ca/weboffice/modules/files/download.php?id=215&random_code=kgc3nw89jy6**)



**THE CANADIAN MENTAL HEALTH  
COMMISSION REPORT: A  
PRESCRIPTION FOR ACTIVATING  
RXP.**

**Brian Bigelow, Ph. D., C. Psych.,  
ABPP, MP**

Board Certified Clinical Child and  
Adolescent Psychologist

Medical Psychologist

Private Practice

Secretary-Treasurer,

CPA Section on Psychopharmacology

“In terms of service provision, the Strategy takes a high level perspective that encourages more service co-ordination and collaboration inclusive of a wide range of providers. It makes the connection between physical and mental health. There is a strong call for expanded access to psychotherapies and clinical counseling, “based on the best available evidence” and “provided by those who are qualified to deliver” them and all this through innovative programs involving both publicly and privately funded services. The Motor

Vehicle Task Force will find this discussion important albeit not nearly comprehensive enough. The case for equity and access to medications is assertively made, a position in tune with the work of the OPA RxP Task Force. “Canada’s Mental Health Strategy: An Analysis” (OPA, 5/15/20)

This Report is a political nexus for Psychology and RxP in Canada and will drive mental health and addictions for many years to come. It is therefore incumbent for us to have in place an action plan that both CPA and the provincial and territorial associations can use to foster regulatory changes that permit psychology to have both the funding and authority to execute appropriate professional services.

This Report is a major event in our country and signals a well needed and much awaited for recognition that Canada’s mental health and addictions population is under-served and needs added fiscal resources, which embrace collaboration of medicine and social services across disciplines. The Commission’s recommendations are numerous and far-reaching but essentially highlight the need for more efficient use of funds and opens up the door to medications to other service providers. OPA’s response underscores these concerns. Psychology is well positioned to offer evidence-based and ethical services that heretofore have been under-utilized in servicing our public.

## -----Newsletter-----

As OPA has indicated, the Report is not translated into regulatory and fiscal reality. As well, we have no indication whether this will take years but we do know that CPA and other psychology associations need to fashion written responses to help craft how the Report's recommendations will be translated into practice. It then should be underscored that our regulatory bodies do not create scopes of practice. This is not their job. However, the associations have input into legislatures, which make the needed changes that our regulatory bodies then police. Hence, it is up to us to begin this political process. While CPA has not published its own reaction to the Report, it is incumbent that CPA's own RxP report's "An Evolutionary Approach to Prescriptive Authority" (CPA Task Force on Prescriptive Authority for Canadian Psychologists in Canada, Nov. 6, 2010) begins as soon as possible so that RxP is not relegated to a Darwinian pace. In short, we must strike while the legislative iron is hot. Significant change for the better can only occur if we find ways to adapt and change from the university curricula through to service provision with the benefit of a coherent plan. Universities have typically resisted such change but now have to adapt to new economic realities and need to adapt.

Consistent with CPA's Task Force report (2010), mental health delivery is more than psychology and there is more to health care than RxP. Thus it would be unfair and inaccurate to separate the two. In the spirit of interdisciplinary collaboration

expressed in the Report, psychology and medicine need to do just that: collaborate. We need to provide psychology students with RxP didactic training; we need to provide physicians in training with more psychological knowledge; and we need to adapt the health funding formula to permit accessibility of Canadians to full mental health services.

Implementation of a Canadian RxP training program needs to be consistent with the CPA (2010) report but we cannot afford to wait for a decade or more before RxP trained practitioners are available in any realistic numbers. Hence, we need some form of immediate post-doctoral training program. As an integral part of such training, we need to establish collaborative working relationships with medicine, which encourage psychologists to participate in RxP internships with practicing physicians. Psychology could well reciprocate this arrangement by offering mental health rounds to medical students.

Universal health accessibility is a firmly embraced Canadian tradition. We need to keep it so. A fully privatized system such as in the U.S.A. is crippling to all except the rich. For health care accessibility to continue in this fine Canadian tradition, we need to fully engage with the Mental Health Commission's recommendations and set a fine example. Britain and Australia have done so and so should we.





## U.S. PRESCRIPTION AUTHORITY UPDATE

**Robert K. Ax, Ph.D.**

I'm happy to report that there's good news on all fronts in the U.S. prescriptive authority (RxP) movement and to share some highlights with my Canadian colleagues.

### PRACTICE

- **Federal:** The newest federal agency to grant properly credentialed psychologists the authority to prescribe is the U.S. Coast Guard. The U.S. Army, Navy, and Air Force now employ prescribing psychologists (McGuinness, 2012). So do the Public Health Service and the Indian Health Service. Can RxP authorization in the Department of Veterans Affairs and the Federal Bureau of Prisons be far behind?
- **State:** Prescribing psychologists in New Mexico and Louisiana continue their

fine work. Dr. Elaine LeVine reports that there are now 32 credentialed prescribing psychologists in New Mexico, with several practicing according to an integrated care model in primary care settings (personal communication, 5/26/12).

The Ohio Demonstration Project: SB 329 was just introduced in the Ohio State Senate. The bill, if enacted, would authorize the creation of a demonstration project within the Department of Rehabilitation and Corrections to permit six properly credentialed psychologists at three of the state's prisons to prescribe psychotropic medications (A. Randolph, personal communication, 5/24/12).

### TRAINING

- **New:** According to Dr. Art Freeman, Program Director and Chair of the Department of Behavioral Medicine, the faculty at Midwestern University are discussing the possibility that when an RxP law is enacted in Illinois, they will consider both pre- and postdoctoral RxP programs (personal communications, 5/25/12, 5/30/12). Pre-doctoral training holds the promise of further opening the



## -----Newsletter-----

RxP “pipeline,” supplementing the numbers of those graduating from post-doctoral programs.

- Ongoing: Post-doctoral masters-level training in clinical psychopharmacology has emerged as the standard of preparation for prescriptive authority. The three programs currently designated by the APA as meeting the training standards for prescriptive authority are those based at the California School of Professional Psychology/Alliant International University (CSPP/Alliant), Fairleigh Dickinson University (FDU), and the Southwestern Institute for the Advancement of Psychotherapy/New Mexico State University (SIAP/NMSU) (APA, n.d.). All three programs are thriving and recruiting new trainees for the class starting in the fall of 2012 (personal communications: E. LeVine, 5/26/12, NMSU; R McGrath, 5/24/12, FDU; S. Tulkin, 5/24/12, CSPP/Alliant).

These programs are Canada-friendly. CSPP/Alliant has been particularly active in supporting public sector psychology, offering scholarships to psychologists working in the public sector, including those in corrections and various agencies providing

services to Native Americans. Dr. Steve Tulkin, director of the program, notes that those providing services for First Nations populations in Canada would be eligible for these scholarships (S. Tulkin, personal communications, 5/25/12, 5/31/12).

Dr. Brian Bigelow, a member of the CPA Psychopharmacology Section and soon-to-be graduated of the SIAP/NMSU program and completed the PPR, writes, “This is a very mind-filling programme. No shortage of things to learn and do. What I really embrace about the SIAP/NMSU programme is that they teach you how to do a physical and neuro exam. This is a big deal. They supervise you in their clinics. It is very hands-on as well as didactic...We also need a made-in-Canada version” (personal communication, 5/30/12).

Dr. Rosa Maria Buse, a student at FDU’s clinical psychopharmacology program and a resident of Toronto, writes, “It takes hard work and the courses are good...FDU is an excellent option.”

The SIAP/NMSU program has also offered RxP training to 18 psychologists from the Netherlands to date (LeVine, 2012). RxP training is going world-wide!

## -----Newsletter-----

For more information on these RxP programs:

CSPP/Alliant:

<http://www.alliant.edu/cspp/programs-degrees/clinical-psychopharmacology/index.php>

FDU: <http://www.rxpsychology.com/>

SIAP/NMSU:

<http://www.siaprxp.com/>

### LEGISLATION

- States continue to promote RxP bills. The latest to do so is New Jersey. A bill has been introduced and is currently before the NJ Assembly's Regulated Professions Committee. Dr. Robert McGrath, who is also the Director of FDU's M.S. Program in Clinical Psychopharmacology, is optimistic about its chances for ultimate success (personal communication 5/24/12).

The Illinois Psychological Association has made history in passing its RxP legislation out of the Illinois Senate's Public Health Committee on March 6, 2012. The IPA is aggressively pursuing RxP legislation and Dr. Beth Rom-Rymer, IPA President and RxP leader, is very much encouraged with the great energy that all licensed psychologists throughout the

state are committing to this effort (personal communication 6/1/12).

### IMPLICATIONS FOR CANADIAN RXP

The point of all this, of course, is to motivate my Canadian colleagues to start a real RxP movement in your own country. You can learn from our successes and mistakes. Notwithstanding it's quite a challenge, what's the alternative? Standing still while other professions evolve in accordance with new scientific discoveries and a constantly changing health care market place is no plan for a healthy profession – or career.

RxP as a professional option – whether you are personally interested in prescribing or not – should be especially appealing to those of you in graduate school or just beginning your careers. Don't wait for your senior colleagues to get the training programs started and pass the laws for you.

How can you get involved? Here are a few ideas:

- Tell your leaders in the Canadian Psychological Association (CPA) and your provincial or territorial psychological association you're interested in RxP *and willing to work to promote it.*
- Learn from others. Psychology leaders should contact their

## -----Newsletter-----

counterparts in Canadian optometry and pharmacy. They can tell you how they got their respective prescriptive authority laws passed. If your leaders won't lead on this front, you do it. RxP can be a grass roots initiative.

- CPA understands that all psychologists need at least a collaborative knowledge of clinical psychopharmacology (CPA, 2011). The *RxP Task Force Report* provides the foundation for grounding at the pre-doctoral and post-doctoral levels. All that remains is to create RxP training programs per se. Why not do this in Canada, as Dr. Bigelow suggested, perhaps in cooperation with one or more of the "gold standard" US programs: SIAP/NMSU, CSPP/Alliant, or FDU?
- RxP is a public health issue. Find out where the needs are and be prepared, as a profession, to fill them. Being willing and ready to provide care for underserved patients – veterans, prisoners, First Nations consumers, the homeless – strengthens the moral and political arguments for RxP. Doing good and doing well are not incompatible.

Your turn.

### References:

- American Psychological Association. (n.d.). *Prescriptive authority program designation*. Retrieved May 24, 2012, from <http://www.apa.org/education/grad/designation.aspx> (Note: See also other useful links available on this web page, including APA Policies and Procedures for Designation, and Criteria for Programs to Apply for Designation.)
- Canadian Psychological Association. (2010, November 10; revised 2011, January 17). *CPA Task Force on Prescriptive Authority for Psychologists in Canada* (Report to the Canadian Psychological Association Board of Directors). Ottawa: Author. Available at [http://www.cpa.ca/docs/file/Task\\_Forces/CPA\\_RxPTaskForce\\_FinalReport\\_Dec2010\\_Rev17.pdf](http://www.cpa.ca/docs/file/Task_Forces/CPA_RxPTaskForce_FinalReport_Dec2010_Rev17.pdf)
- LeVine, E. S. (2012, March). Psychologist prescriptive authority movement in Europe. *Psychology International Newsletter*. Retrieved May 24, 2012, from <http://www.apa.org/international/pi/2012/03/prescriptive-authority.aspx>
- McGuinness, K. M. (2012, March). Silence can be strategic gold. *The Tablet*, 13(1), 21-23. Available at

## -----Newsletter-----

[http://apadivision55.intuitwebsites.com/Tablet -  
\\_Volume 13 - Issue 1.pdf](http://apadivision55.intuitwebsites.com/Tablet_-_Volume_13_-_Issue_1.pdf)

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Robert K. Ax, Ph.D., Midlothian, VA, USA, is a member of the Canadian Psychological Association and the Psychopharmacology Section. He gratefully acknowledges the valuable contributions of the individuals cited above to this article. Comments may be directed to him at [shrinkart@aol.com](mailto:shrinkart@aol.com)



### CPA-CONVENTION:

CPA's 73rd Annual convention is being held in Halifax, Nova Scotia, June 14-16, 2012 at the World Trade and Convention Center <http://www.cpa.ca/convention/>

### ANNUAL SECTION BUSINESS MEETING AGENDA

The Agenda for this year's SBM is as follows:

1. Call to Order
2. Review of Section Financial and Membership Report
3. Summary of the Section's Annual Report to CPA
4. Discussion of Initiatives for 2012-2013
  - a) Thank you to existing Section Executive
    - i. Brian Bigelow, Secretary Treasurer
    - ii. Larry Litman, Member at Large
    - iii. Robert Ax, Member at Large, Liaison with APA
    - iv. Amir A. Sepehry, Editor, Psynapse
  - b) Invited Speaker for 2013 Convention
  - c) Student Section (welcome to Tina Montreuil)
  - d) Bringing RxP Training to Canada; What are the options
  - e) Enhancing psychopharm training across Canadian graduate clinical programs
  - f) Setting Section fees
  - g) Liaison with Provincial Associations & APA Division 55
  - h) Membership email survey using Survey Monkey or a similar technology
5. Annual Elections

## -----Newsletter-----

If the past is any gauge, many of our members will be unable to join with us in Halifax for a variety of good reasons. Should you be unable to attend this year's Convention and/or SBM please feel free to email any thoughts or comments on any of the above (or other) topics that you may have and I will read emails submitted by Monday evening, June 11<sup>th</sup> at the Section Business Meeting.

