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PPA ADVOCACY UPDATE

WHAT'S INSIDE

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contents

VOLUME 81, NUMBER 7 JULY/AUGUST 2021

PAGE 3


PAGE 6


PAGE 14


PAGE 22

REGULAR FEATURES

SPECIAL SECTION: PPA ADVOCACY

ALSO INSIDE

Introduction to our Special Issue on **PPA** and **ADVOCACY**

MOLLY COWAN, PsyD, *Director of Professional Affairs*

This special issue of *The Pennsylvania Psychologist* is dedicated to highlighting issues that PPA will be working on at both the state and federal levels during the 2021-2022 legislative session, including several special articles on prescriptive privileges for psychologists.

Advocacy is one of the main reasons that psychologists belong to PPA. Many of the public benefits of being a psychologist have come about because of PPA's advocacy, including the very existence of a licensed profession called psychology, ability to bill insurance companies, ability to testify in court as expert witnesses in civil cases, and so on. PPA has contracted with the McNees Winter Group, a contract lobbyist, as well as having Rachael Baturin as a staff person with a substantial amount of her time devoted to overseeing and implementing the government relations program. Advocacy is very time intensive, and it often takes years to achieve the passage of one bill. Every session (2-year period) of the legislature, approximately 6,000 bills are introduced into the legislature, and these must be screened for possible relevance to psychology, monitored and, if necessary, promoted or opposed. Not only does PPA promote bills that advance public access to psychological services, but it also works to stop bills that would harm psychology. When developing positions on new issues, PPA relies on the input of its Legislative and Governmental Affairs Committee to recommend positions to the PPA Board of Directors. In addition, PPA's governmental affairs programs monitor the administrative agencies that regulate or impact the field of psychology, including the State Board of Psychology, the State Board of Education, Department of Human Services, and Insurance Department. Finally, PPA coordinates with APA on federal matters, such as Medicare related issues. Effective advocacy includes governmental affairs representatives (who review bills, meet with legislators, coordinate testimony, etc.), contributions to sympathetic legislators from PennPsyPAC, and grassroots advocacy. In recent years, PPA has become nationally recognized as a consistent grassroots advocacy leader on federal advocacy issues. When working on big items such as telemedicine that impact many professions, PPA usually works with coalitions, such as consumer groups or the Alliance of Health Care Professions, an informal network of health care professional associations that share resources when working on issues of common concern.

This legislative session PPA will be focusing on issues dealing with Medicare on the federal level, and on the state level, primarily working on telehealth and social justice issues, as well as introducing a prescriptive authority bill. The accompanying articles by Rachael Baturin outline the legislative issues that PPA will be addressing at both the federal and state levels. Over the years, PPA has identified a social justice issue that it works on every legislative session, often in combination with other public interest groups. In addition, PPA is working on several issues related to the practice of psychology including efforts with a coalition of provider groups to promote the passage of a bill to mandate the coverage for telehealth services by insurance companies and allow providers to negotiate the reimbursement rates for these services with the insurance company, although most currently offer telehealth as part of their benefit package.

In addition, PPA will introduce a bill to allow prescriptive authority for psychologists this legislative session. The goal of prescriptive privileges movement is to allow certain doctoral level licensed psychologists, who have had specialized post-doctoral training and supervision to prescribe from a limited formulary of psychotropic medication while in a collaborative relationship with a primary care provider. A special thanks to Dr. Anthony Ragusea, Chair of PPA's RxP Education Subcommittee, for gathering articles for this issue that give a comprehensive view of prescriptive authority including a history of prescriptive authority (Dr. Malynn Kuangparichat) and arguments for prescriptive authority (Dr. David Shearer). Perhaps the most compelling arguments come from the data provided by Drs. Daniel Warner and Kirby Wycoff on the lack of an adequate supply of psychiatrists or advance practice nurses in Pennsylvania. Instead of relying on Bureau of Statistics data, Drs. Warner and Wycoff used data from the National Plan and Provider Enumeration System (the group that issues NPIs), which provides a more complete data set on active practitioners. In addition, Dr. Krista Boyer reviews the curriculum updates for APA-approved psychopharmacology programs and Dr. Jennifer Collins, interviewed by Dr. Daniel Warner, describes the experience of studying to become a prescribing psychologist. Finally, Dr. Samuel Knapp describes the prescriptive authority laws across the United States and explains the specifics of the prescriptive authority bill that will be introduced into the Pennsylvania House of Representatives.

STATE LEGISLATIVE UPDATE

At the state level, PPA is working on a variety of legislative issues that impact the practice of Psychology in Pennsylvania. PPA continually monitors new bills that are introduced by the Pennsylvania General Assembly. Below, are the bills that PPA is currently watching.

State of Emergency Bills

Throughout the COVID-19 Pandemic PPA has been monitoring the bills that were introduced that impacted the Governor's State of Emergency Declaration. PPA has written to legislators to support the State of Emergency waivers being extended until the end of the year. Currently, the State of Emergency has been extended until September 30, 2021. PPA is actively advocating to extend the waiver which would allow for the continuation of supervision via electronic means as well as continuing to allow psychology residents to continue providing services via telehealth. PPA will continue to monitor this situation closely.

Telemedicine Bill

Senator Vogel reintroduced his telemedicine bill (SB 705) which provides for insurance companies reimbursing for telemedicine services. Under this bill, providers will be able to negotiate reimbursement rates with the insurers and it will require insurers to pay for services delivered through telemedicine. It is currently before the PA Senate and will be moving over to the PA House for consideration. PPA will be actively pushing this bill this fall and will be sending PPA members action alerts to assist in grassroots advocacy for passage of this important bill.

Broadband Bills

PPA has also been monitoring several broadband bills that have been introduced to increase internet access to areas in Pennsylvania that do not have it. These bills are important because if broadband is expanded to these areas, then patients in these areas would then be able to obtain services through telehealth and it would expand access to mental health services in these underserved areas.

Restrictive Covenants

PPA has been monitoring bills in the House (HB 681) and (HB 171) that would prohibit or limit enforcement of covenants not to compete in health care practitioner employment agreements.

Advisory Opinions

PPA has been monitoring HB 325 which would allow for the Boards under the Bureau of Professional and Occupational Affairs (including the State Board of Psychology) to give advisory opinions. Currently, if you write to the State Board of Psychology, as it cannot give you answers to the questions that you ask because they are considered to be advisory opinions. The only thing the Board can do is refer you to a section in its regulation. This bill would allow the State Board of Psychology to answer questions from licensees.

Conversion Therapy

PPA has been working with the Trevor Project on passing HB 729 which would ban mental health professionals from providing conversion therapy with an individual who is under 18 years of age.

Increasing Access to Mental Health Services

PPA has been monitoring bills that would increase access to mental health services including HB 1690 providing funding for internships in underserved areas and HB 1420 providing for mental health awareness programs.

School Psychology Bills

PPA has been monitoring several bills that impact the practice of psychology in schools and mental health services for school aged children. These include bills that would require schools to have at least 1 school psychologist per 500 students.

UPDATE ON PROFESSIONAL WAIVERS from the Pennsylvania Department of State

RACHAEL L. BATURIN, MPH, JD, *Director of Government, Legal & Regulatory Affairs*

MOLLY COWAN, PsyD, *Director of Professional Affairs*

The Centers for Medicare and Medicare Services (CMS) is proposing a reduction in payment to psychologists by 3.89% in 2022. Additionally, CMS is proposing to reimburse telehealth and audio-only services at a reduced rate after the COVID-19 public health emergency ends.

On August 5, 2021, the Commonwealth of Pennsylvania, Department of State, Bureau of Professional and Occupational Affairs sent a communication notifying licensed professionals of waivers that will expire on September 30, 2021. After reviewing the list there are only three waivers that specifically apply to licensed psychologists:

1. CE requirements: The waiver allowed for all 30 required CE credits to be completed "utilizing CE obtained through either traditional, in-person courses or by means of distance learning."

PPA staff have spoken to the State Board of Psychology administrator and Board Counsel, and they have confirmed to us that although the waiver is expiring, the exemptions will still be allowed for this biennium. On December 1, 2021, previous rules regarding CE will resume.

If you are looking for additional CE opportunities, PPA is offering the Fall MINI conference which will be in-person, and the Fall MAX conference which will have in-person and virtual options.

2. Supervision: Until September 30, 2021, supervision for licensure can continue to occur virtually and count toward licensure. After that time, the previous rule that "supervisors are required to meet individually face-to-face with the psychology resident for an average supervisory total of at least 2 hours per week" will resume.

PPA has received several messages from members concerned about the expiration of these waivers.

PPA has expressed these concerns to the House Joint State Commission, the Pennsylvania State Board of Psychology and to the House Professional Licensure Committee. PPA is advocating for these waivers to continue beyond the September 30th deadline.

As more information becomes available regarding our efforts, we will update PPA members accordingly.

3. Telehealth: The end of this waiver primarily applies to psychologists NOT licensed in PA who have been providing temporary practice within the state. Telehealth practices continue to be determined by individual insurance providers. Medicare telehealth will continue for the duration of the federal state of emergency, which is expected to last through the end of the calendar year. Many private insurers covered telehealth prior to the COVID-19 emergency and are continuing to do so, although policies regarding copays, service delivery, etc. are changing; however, this is unrelated to the state waiver expiring. Medicaid allowed for telehealth in many circumstances prior to the start of the state of emergency, and PPA is unaware of any imminent changes to psychologists' ability to see Medicaid clients via telehealth.

FEDERAL LEGISLATIVE UPDATE

The Pennsylvania Psychological Association works in conjunction with the American Psychological Association to address issues on the federal level that impact the practice of psychology. This year the American Psychological Association is holding quarterly advocacy summits to address issues that impact the science and practice of psychology. This article will give an overview of the issues from these summits that members of PPA have assisted with this year.

Practice Leadership Conference

In March of 2021, leaders from PPA attended the Practice Leadership Conference. This conference focused on practice issues for psychologists. There were two legislative issues that PPA advocated for: 1) telehealth and 2) appropriations request for the Graduate Psychology Education Program and the Minority Fellowship Program. The telehealth bill, S. 660, introduced by Sens. Tina Smith (D-MN) and Lisa Murkowski (R-AK) would permanently allow Medicare to continue to reimburse for mental and behavioral health treatment, including psychotherapy and Health Behavior Assessment and Intervention (HBAI) services, neurobehavioral status exam, and psychological and neuropsychological testing evaluation feedback sessions furnished through audio-only telephone after the public health emergency (PHE) ends. In addition, it would require all payors, including ERISA self-insured plans, to cover tele-behavioral health, at parity with services furnished via face-to-face visits, and through multiple access modalities to ensure equitable access to essential care. The appropriations request that PPA advocated for would allow $23 million for the Graduate Psychology Education (GPE) Program and $20.2 million for the Minority Fellowship Program (MFP).

As a result of our comprehensive advocacy efforts the appropriations requests were passed. We are still actively working to pass S. 660.

Stand for Science to Advance Psychology

In May of 2021, leaders from PPA attended the Stand for Science to Advance Psychology Summit. This summit focused on the importance of psychological science and focused on legislation that would advance psychological science. There were three legislative issues that PPA advocated for: 1) RISE Act. 2) the Early Career Researchers Act and 3) FY22 appropriations request for the NIH Office of Behavioral and Social Sciences Research (OBSRR). The RISE Act, authorizes $25 billion to federal agencies, including the National Science Foundation (NSF), the National Institutes of Health (NIH), the Department of Defense, and the Institute of Education Sciences, to offset costs resulting from reductions in research productivity in connection with the COVID-19 pandemic. The Early Career Researchers Act (H.R. 144/S. 37), authorizes $250 million for the creation of a new two-year fellowship program at NSF (National Science Foundation) for early career researchers. The bill is designed to help mitigate the adverse effects from COVID-19 on the U.S. research workforce. The last issue PPA advocated for was appropriations request for the NIH Office of Behavioral and Social Sciences Research (OBSRR). OBSRR is responsible for coordinating social and behavioral research across NIH. OBSSR did not receive any COVID-19 relief resources despite it providing critical leadership in responding to the COVID-19 pandemic. This appropriations request would provide OBSSR with additional resources to support research designed to understand mitigation efforts instituted to combat COVID-19.

As a result of our comprehensive advocacy efforts H.R. 144 passed the House by a vote of 350-75 as part of a block of bills considered under the House suspension calendar. Also, the Early Career Researchers Act and the RISE Act passed the Senate as part of the U.S. Innovation and Competition Act S. 1260 by a vote of 68-32; however, there was no specific authorization amounts included in the bill. APA is still working on the appropriations request for the OBSSR.

Advancing the Role of Psychology in Education and Student Well-Being

In July of 2021, leaders from PPA attended the Advancing the Role of Psychology in Education and Student Well-Being Summit. This summit focused on increasing access and services in schools and to students. There were three legislative issues that we were advocating for: 1) Mental Health Services for Students Act (H.R. 721/S. 1841), 2) Increasing Access to Mental Health in Schools Act (H.R. 3572/S. 1811) and 3) Comprehensive Mental Health in Schools Pilot Program Act (H.R. 3549). The Mental Health Services for Students Act was already passed by the House, so our advocacy efforts focused on asking the Senate to pass this bill. This bill provides school-based mental health care for students by building partnerships between local educational agencies, tribal schools, and community-based organizations. The Increasing Access to Mental Health in Schools Act expands mental health services in low-income schools by supporting

Continued on page 18

TAKE ACTION TO PROTECT REIMBURSEMENT, TELEHEALTH AND AUDIO-ONLY SERVICES

RACHAEL L. BATURIN, MPH, JD, *Director of Government, Legal & Regulatory Affairs*

The Centers for Medicare and Medicare Services (CMS) is proposing a reduction in payment to psychologists by 3.89% in 2022. Additionally, CMS is proposing to reimburse telehealth and audio-only services at a reduced rate after the COVID-19 public health emergency ends.

We are asking everyone representing the discipline of psychology – whether practitioner, scientist, student, or educator - to make comments to CMS as part of a single effort on behalf of the field. This proposal will not only impact practitioners' bottom line, but the resulting trickle-down effect will lead to reductions in mental and behavioral health services provided to those who are most in need. Because Medicare's payment policies often serve as the benchmark for private insurance and other programs, these changes ultimately will affect EVERYONE, not just providers and patients enrolled in Medicare. This is due to the fact that commercial insurers use Medicare reimbursement rates to determine their own rates so if Medicare reduces its reimbursement rates to providers, commercial insurers could do the same. A significant portion of the 2022 proposed rule includes provisions to increase access to audio-only and other telehealth services beyond the end of the current public health emergency, including in Rural Health Clinics and Federally Qualified Health Centers. This is extremely important for those who are located in the rural parts of the state as it allows increased access to mental health services.

While these proposals by CMS represent a win for mental health, psychologists must continue the fight to ensure they are enacted as policy. The Pennsylvania Psychological Association and psychologists have fought hard to get this far, and now more than ever, all of us must weigh in to keep these changes in place.

Use the following link to join thousands of your colleagues and add your voice to help protect psychological services: https://apapo.ac360.aristotleactioncenter.com/#/regulation/alertId/95b75e14-1aab-4810-b976-56738f2ef486/

You have until Monday, September 13, 2021 by 5:00 PM EDT to make your voice heard.

A Brief History of the PRESCRIPTIVE AUTHORITY MOVEMENT

MALYNN KUANGPARICHAT, PsyD, JD

Psychology's prescriptive authority movement took a "baby step" in 1984, when U.S. Senator Daniel K. Inouye (D-HI) explained to the Hawaii Psychological Association the importance of increasing the availability of supports in rural areas that lacked access to psychiatric services (Sammons et al., 2003). Subsequently, in 1985, the Executive Committee of the Hawaii Psychological Association drafted Senate Resolution 159, which was intended to study the feasibility of prescription privileges for psychologists. Still in its infancy, the young movement was met with strong opposition by the well-established field of psychiatry, leading to the resolution's demise.

Similar to other movements that challenged the status quo, the prescriptive authority movement has consistently faced resistance from entrenched interests. The APA Board of Professional Affairs first addressed this resistance to change in the 1980's when it created the report, "Psychologists' Use of Physical Interventions," which became the impetus for expanding the role of the traditional psychologist beyond verbal interventions, behavioral assessment, or psychological testing (Sammons et al., 2003). The report became the basis of early advocacy for prescriptive privileges. By 1989, the Board of Professional Affairs strongly endorsed an immediate study regarding the feasibility of psychopharmacology for psychologists and prioritizing the development of training programs. Subsequently, in 1990, APA's Council of Representatives, in an 118-2 vote, approved an ad hoc Task Force on Psychopharmacology. After about two years, a report released from the task force not only supported the feasibility of psychologists' prescriptive privileges but recognized the opportunity to enhance patient care. The report identified a three-tiered educational model of psychopharmacology, with Level 1 emphasizing specialized knowledge, Level 2 supporting collaborative decision-making with medical providers, and Level 3 training psychologists capable of independent prescribing. In 1994, the APA Board of Educational Affairs formed a working group to create a psychopharmacology curriculum. As a result, Level 1 curriculum has been adopted by several training programs and fulfills the basic training in psychopharmacology that is required for most licensed psychologists. Approval of the curriculum by APA signified the rising legitimacy of psychopharmacology in the field of psychology.

In August 1995, APA's Council of Representatives reaffirmed the expanded

role of psychologists and the use of physical interventions (Sammons et al., 2003). Prescriptive privileges for psychologists were formally endorsed, along with the development of training programs and legislation. After reviewing the recommendations of the Committee for the Advancement of Professional Practice (CAPP), the Council formally adopted model legislation and postdoctoral training curriculum in psychopharmacology in 1996. For those who completed the training, the *Psychopharmacology Examination for Psychologists: An Examination for Practitioners* was developed by the College of Professional Psychology in 1997 and the first version was finalized in 1999. It provided an objective, standardized means for evaluating psychologists' readiness to prescribe, similar to board exams taken by psychiatrists. The Council recognized clinical psychopharmacology as a proficiency area for psychologists in 2001 and approved it as an area of specialization in 2020.

Simultaneous with APA's actions, the U.S. Department of Defense (DoD) established the Psychopharmacology Demonstration Project (PDP) in 1988, at the direction of the U.S. Congress (Sammons et al., 2003). Overcoming resistance and objection, the Uniformed Services University of the Health Sciences (USUHS) model, which adopted a medical school curriculum and required a clinical clerkship at Walter Reed Army Medical Center, was used as the basis for training of prescribing psychologists, although the program was modified over time through consultation with The American College of Neuropsychopharmacology. In spring of 1994, the PDP produced its first two graduates who passed both written and oral exams. The program went under further evaluation by Vector Research, Inc. (VRI) in 1995; results showed fellow professionals, including primary care physicians, psychologists, and social workers, as well as health care beneficiaries at DoD, supported prescriptive privileges for psychologists, and predicted that health care quality and access would improve for patients. The U.S. Congress mandated another formal evaluation of PDP which was completed by the U.S. General Accounting Office (GAO) in 1996. The findings from the GAO report suggested that the military had no shortage of psychiatrists and, thus, prescribing psychologists were an unnecessary cost for DoD. In 1997, a Senate appropriations bill explicitly prohibited further investment into the PDP. Nevertheless, those fellows who had successfully graduated from the program presently have continued to prescribe medications. The PDP graduates were never accused of harming a single patient and continued to demonstrate competent clinical practice. Furthermore, repeated analyses of the PDP have consistently shown good to excellent quality of care provided by the graduates.

Following the success of the PDP, multiple training programs emerged, including postdoctoral programs that award certificates or continuing education, postdoctoral master's programs, and predoctoral programs that award joint degrees. However, all states require a masters' degree for prescriptive privileges in addition to a doctorate in psychology. Current Postdoctoral Master of Science programs in clinical psychopharmacology have been developed at Alliant International University, Fairleigh Dickinson University, New Mexico State University, Idaho State University, and The Chicago School of Professional Psychology. Other schools that previously proposed or offered a masters' degree include Argosy University, Fielding Institute, Nova Southeastern University, University of Hawaii, and Massachusetts School of Professional Psychology.

After APA formally adopted an official policy in 1995 providing for model legislation that authorizes prescribing psychologist who are appropriately trained, states have slowly yet steadily introduced prescriptive authority legislation for psychologists. In 1998, the Territory of Guam became the first jurisdiction to pass legislation (American Psychological Association, 2014). New Mexico became the first state to pass legislation granting prescription privileges to psychologists which was signed into law on March 6, 2002. Subsequently, legislation was passed in Louisiana in 2004 (bill signed into law on May 6, 2004), Hawaii in 2007 (bill vetoed), Oregon in 2010 (bill vetoed), Illinois in 2014 (bill signed into law on June 25, 2014), Iowa in 2016 (bill signed into law in 2019), and Idaho in 2017 (bill signed into law on April 4, 2017).

After successfully training and producing effective prescribing psychologists, New Mexico and Illinois' laws have since been reviewed and expanded to better serve the public (American Psychological Association, 2019). In February 2019, New Mexico's law was updated to increase the list of eligible supervisors and format of supervision, and to redefine coordination of care with the patient's primary care physician to be more flexible. Illinois' law was amended in July 2019 to increase options for training, including expanded settings and clarifying training requirements, and to allow for telehealth practice. Other states with current active legislation include Arizona, California, Colorado, Florida, Georgia, Hawaii, Nebraska, New Jersey, New York, Vermont, and Washington State. Ohio and Texas also plan to reintroduce legislation.

For any field, growth necessitates fundamental change. The prescriptive authority movement is an essential step to bolster psychologists' ability to provide comprehensive care to the public. Although faced with strong opposition over the years, advocates for prescriptive privileges have persistently overcome the barriers to repeatedly demonstrate psychologists are capable of safely and effectively prescribing medication. Thus, despite opposition's arguments, prescribing psychologists are a necessary advancement in the field to improve access to care that does not sacrifice safety.

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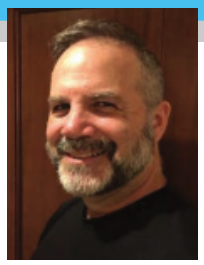

THE CASE for the Efficacy of PRESCRIBING PSYCHOLOGY: Utilizing Existing Research and Guidelines

DAVID SHEARER, PhD, MSCP

Supporters of prescribing psychology are often asked how we can determine if prescribing psychologists are effective prescribers of psychotropic medications. Those of us who have been prescribing safely and effectively for several years or more can find this question surprising. However, legislators, medical providers, patients, and others can reasonably expect us to be able to answer this question with data. This article briefly discusses how current literature can be used to demonstrate the efficacy of the practice of prescribing psychology today.

In order to evaluate the efficacy of prescribing psychologists we must first define what the prescribing psychologist uniquely brings to the provision of services. While it may seem obvious that prescribing psychologists bring the ability to provide a combination of psychotherapy and psychopharmacological services to their clients, this is a remarkably unique skill set. While some psychiatrists or psychiatric nurse practitioners may have expertise in providing psychotherapy, many in those respective fields do not. Only prescribing psychologists are by definition and training both highly skilled psychotherapists and psychopharmacologists. Prescribing psychologists may provide therapy and/or psychopharmacological services to different populations in virtually any multidisciplinary/integrative settings, individual practitioner roles, inpatient, consultation, emergent services and others.

With regards to specific psychological, biological or social problems the prescribing psychologist is prepared to provide services at a comprehensive level that meets both practice guidelines and the standard of practice. While non-prescribing psychologists are also very capable of meeting the research-based guidelines from a psychotherapeutic standpoint, only prescribing psychologists have the added benefit of also meeting the research-based guidelines for psychopharmacologic treatment as well. As the astute reader will note, the first-line treatment for some psychological problems (e.g., specific phobias) is some form of psychological treatment (e.g., CBT) with psychopharmacological intervention not generally recommended (e.g., Muse and Stahl, 2018; Shearer et al., 2014). In this case the prescribing psychologist can choose to utilize the recommended treatment. In contrast, the prescribing provider who is not also a psychologist, nor trained in psychotherapy, must either refer to an appropriate provider or use the only tool in their toolbox, medication. Conversely, in cases in which medication is clearly the first-line treatment of choice (e.g., acute mania in bipolar disorder; Welton & Roman, 2018) the prescribing psychologist has the ability and tools to choose the most effective treatment approach, psychopharmacologic intervention.

Using Clinical Practice Guidelines (CPGs) as an example, this section will briefly review how the unique skill-set of the prescribing psychologist is applied to two specific psychological problems; depressive disorders and posttraumatic stress disorder. There is agreement among experts that some psychological problems may respond well to combined psychological and psychopharmacological approach {e.g., Pfiffner & Haack, 2015 (ADHD), Dougherty, Rauch, & Jenike, 2015 (OCD); Cuijpers et al, 2014 (depression and anxiety)}. Other disorders are often treated with either medication or psychotherapy alone. In some cases the addition of medication to psychotherapy, or visa-versa, may improve outcomes (e.g., Cuijpers et al, 2014). The reader should keep in mind that patient preference is also a strong determining force in what treatment a patient receives. Even if the best current evidence suggests

that a combined approach may be most successful, individual patients may strongly prefer medication only or psychotherapy only. Once again, the prescribing psychologist is able to meet the both the patient need and preferences in ways that most other psychotropic prescribers cannot.

Depressive Disorders

The American Psychological Association (APA) guidelines for the treatment of depressive disorders (APA, 2019) indicate that for a general adult population either medication, psychotherapy or both may be considered as first line treatment. For older adults, the APA guidelines recommend either a combined approach or group therapy. Similarly, the American Psychiatric Association (APA) has also published guidelines for the treatment of major depression (APA, 2010). These guidelines recommend either therapy or pharmacotherapy for mild to moderate depression in adults with optional combined treatment for patients with contributing psychosocial factors. For adults with severe depression, with or without psychotic features, the American Psychiatric Association guidelines recommend either medication alone or a combined approach (APA, 2010).

Posttraumatic Stress Disorder

The American Psychological Association practice guidelines for the treatment of posttraumatic stress disorder (APA, 2017) also make specific recommendations for both therapy and psychopharmacologic treatment. The Veterans Affairs/Department of Defense guidelines for the treatment of posttraumatic stress disorder (PTSD) has specific recommendations for the use of therapy as first line treatment and medication as alternative or adjunctive treatment (US Department of Veterans Affairs, 2017).

The guidelines referenced above, as well as much of the research on behavioral health treatment for specific psychological disorders, do not differentiate between categories of providers. Rather the focus is on treatment outcomes for the services provided. The underlying assumption is that any provider licensed to provide these recommended interventions will improve patient outcomes by following these guidelines. The prescribing psychologist can provide every level of recommended treatment per these guidelines as described above.

Conclusion

From a historical perspective, McGrath (2019) has suggested that psychology could develop into a prescribing discipline for some psychologists similar to the way in which psychiatry evolved from predominantly a therapy-focused to a medication- focused discipline. Indeed, with the addition of prescription privileges, the prescribing psychologist provides services comparable to psychiatrists, psychiatric nurse practitioners, and psychiatric physician assistants. However, it is the capacity to provide either medication management, therapy, or both that defines the current prescribing psychologist. The two primary ways in which psychopharmacological prescribing professions can be compared, other than

annual salary, are training and efficacy. Muse and McGrath (2010) have published the only comparison of prescribing psychologists' training vs. physicians and nurse practitioners. They conclude that... "The results suggest that pharmacologically trained psychologists have as much or more education in psychopharmacology as do other entry-level prescribers, including physicians" (p 101). This conclusion has been challenged by some based on the fact that the physicians used as a comparison point were those who had graduated medical school, yet had not completed their four year psychiatry residency, in other words, entry level prescribers, as stated in the article. Nevertheless, the comparison shows comparable levels of didactic education in psychopharmacology. Another way to assess training is to compare psychotropic prescribers on a test of competence. This was undertaken by Cooper (2020) when he administered a 25 item exam on psychopharmacology to 66 providers: psychiatrists, general physicians, psychiatric nurse practitioners, general nurse practitioners, prescribing psychologists, and general psychologists. The results revealed that the best performance was by psychiatrists, followed respectively by prescribing psychologists and then psychiatric nurse practitioners. However, there was no statistically significant difference in performance between the three groups. This suggests that the competence level, as measured by written exam, is comparable for psychiatrists, prescribing psychologists and psychiatric nurse practitioners.

Yes, as of this date, there is a limited amount of research specifically focusing on prescribing psychologists. This is in part due to the relatively recent origin of the field, but also because both psychotherapy and psychopharmacology are often independently researched. As discussed above Clinical Practice Guidelines (CPG), dosing regimens, and indications for psychotropic medication are same for all prescribers regardless of discipline. Therefore, the data evaluating the efficacy of psychopharmacology applies equally across specific prescribing disciplines. Support for basic comparability of disciplines is found in comparisons of training programs for different prescribing specialties (Muse and McGrath, 2010), an absence of serious adverse errors for prescribing psychologists over three decades, and the fact that prescribing psychologists are providing similar services in similar settings as other prescribing providers. Currently, the best data supporting psychologists who prescribe comes from research that either independently evaluates psychotherapy and pharmacotherapy or evaluates the combination as provided by separate practitioners (prescribing and non-prescribing).

Psychopharmacology is a practice that has a long and well-documented record of efficacy. The specialty of prescribing psychology is in its essence applying an already existent base of evidence, established over many decades by psychiatry, as adjunctive skill for full-scope clinical psychology. As this specialty develops there will be more studies focusing specifically on prescribing psychology. However, we do not need to wait for those studies to demonstrate the basis of our efficacy as prescribers; our current psychopharmacological practice is informed by a vast database of research, clinical practice guidelines and medical reference materials.

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PRESCRIPTIVE AUTHORITY FOR PSYCHOLOGISTS could Improve Access to Psychopharmacology Across Pennsylvania – in more Places than You Might Expect

DANIEL WARNER, PhD
KIRBY WYCOFF, PsyD

The recent Joint State Government Commission (JSGC) report *Pennsylvania Mental Health Care Workforce Shortage: Challenges and Solutions* (June, 2020), asserts that Pennsylvania is experiencing a "shortfall" in psychiatrists, and that deficit relative to need is projected to double in the next ten years. This is significant, because, as the report states, "[p]sychiatrists are the only professional that specializes in mental health and can also prescribe medications." The report explains that, as for all mental health workers, this shortfall is most significant in rural areas, where the majority of Pennsylvania's official "health professional shortage areas" are found. However, the report admits, that there are also insufficient psychiatrists in many urban areas, to match the demand and need in those areas as well.

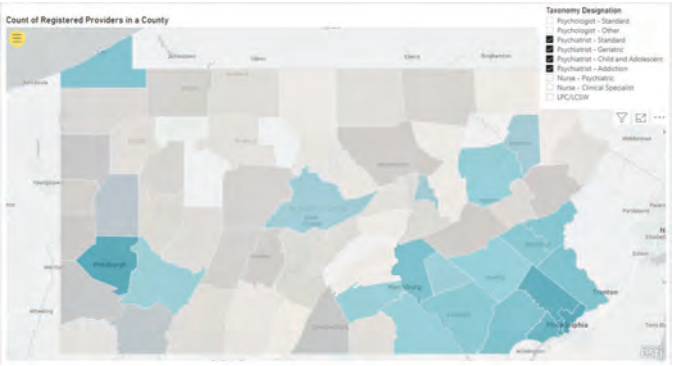
PPA's Committee for Prescriptive Authority (RxP) wondered if psychologists could significantly improve access to psychopharmacology services, in order to help shrink the gap that is occurring between the need for high-end psychopharmacology practice and practitioners available to do it. To answer this question, the committee decided to do its own analysis of the mental health work force in Pennsylvania. The JSGC primarily uses data from the Bureau of Labor Statistics. In contrast, we used data from the National Plan and Provider Enumeration System (NPPES, https://npiregistry.cms.hhs.gov/), which is a federal source of information about all licensed medical providers in the country. This database is more readily available to the public for analysis, and also is very concrete in regards to what its numbers indicate: If you have a National Provider Identification number (NPI), you are in this database. With the help of mapping software, Microsoft Power BI, we developed a mental health workforce interactive map. It reveals important insights to understanding the psychiatric workforce shortage, and how psychologists can make a difference.

Insight #1: Pennsylvania does not have enough psychiatrists.

As of February 2020, there were 3053 licensed psychiatrists in Pennsylvania with NPIs linked to office locations in the state. This is in contrast to 6079 licensed psychologists. In short, psychologists outnumber psychiatrists 2-to-1. The numbers of psychiatrists actually working with patients, however, is smaller than this, because there is a sizeable number of psychiatrists who may not accept the insurance of those in need living in the community. A 2014 study showed that psychiatrists are one of the most common medical specialties to not accept insurance (about 45% of the time) (Bishop, et al), and a recent analysis by the National Ambulatory Medical Care Survey points out that they are even less likely to accept Medicaid, which covers about 22% of Pennsylvanians, including 1 out of 3 Pennsylvania children.

Further still, psychiatrists are distributed very unevenly across the state. Here is an image from PPA's Pennsylvania Mental Health Workforce Map, which has color-coded the density of psychiatrists in each county. In interpreting the graph, please note that density of psychiatrists is represented with a color gradient from white (0 psychiatrists in the county) to dark blue (highest density of psychiatrists). Along the way it passes through grey.

It is immediately clear that urban areas such as Philadelphia, Pittsburgh and Erie are deep blue, while rural counties such as Wyoming (population ~27 K), Jefferson (population ~43.6K) or Forest (population ~7.3K) are completely without



a licensed psychiatrist. Further, we can see that some of the blue areas are somewhat misleading, because they may primarily represent psychiatrists that work in a state hospital or prison and who are not available to serve the general public. Also, many of the light grey counties represent counties with as little as 1 or 2 psychiatrists available to meet the psychopharmacology needs of thousands of people.

Insight #2: There are very few psychiatric nurse practitioners

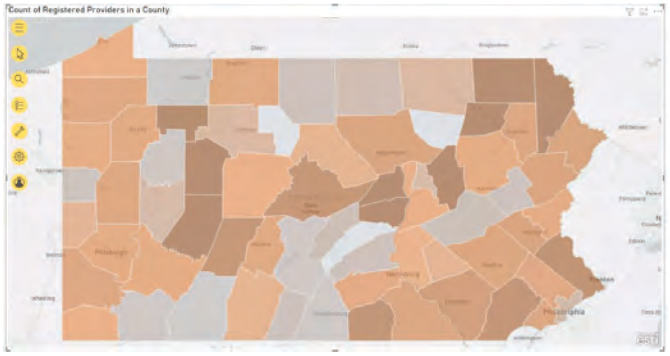
The SJGC report makes an interesting recommendation at its conclusion, which is to better utilize nurse practitioners to help fill the gap left by psychiatrists in regards to prescribing psychotropic medications. This is a hopeful thought, but is belied by the reality that there are very few psychiatric nurse practitioners in the state. In our analysis we found 386 psychiatric nurse practitioners with NPI numbers in Pennsylvania, and they are similarly concentrated in urban counties. Note in the image below how many counties do not have *any psychiatric nurse practitioners.*

Insight #3: Psychologists are plentiful in the state

In almost every county, psychologists out-represent the psychiatrists by margins upwards of 3-to-1. For instance, consider the previously mentioned counties which are completely bereft of psychiatrists, yet have the following numbers of psychologists: Wyoming (4), Jefferson (9), and even Forest has 1.

Admittedly, psychologists also cluster around urban areas, but the large number of them, and their geographical diversity, means that there is a deep and wide reservoir of potential professionals who could significantly increase access to psychopharmacology in the state.

To see the impact gaining prescriptive authority could have on access to highly trained psychopharmacology prescribers, the committee created a map that looked at the ratio of psychologists to psychologists psychiatrists across all counties. The higher the ratio of psychologists to psychiatrists in a county, the darker the color, showing the potential to improve access to prescribing in the county if psychologists were able to have prescriptive authority. That map is reproduced below:



This map reveals that the availability of prescribers increases profoundly across rural and urban areas when psychologists gain prescriptive authority. In fact, the aforementioned counties like Wyoming, Jefferson, and Forest gain significantly, turning a rich brown, indicating that psychologists in that prescribing psychologists in that county could double the access to well-trained professionals in both mental health and pharmacology. However, it is important to note that urban and suburban areas also benefit. Consider that population dense counties like Chester and Bucks counties (outside Philadelphia) also are a deep brown, showing that psychologists with prescriptive authority could double access to prescribers in these areas.

Conclusion: Prescriptive Authority for Psychologists could improve access to psychopharmacology prescribers

Across the state, psychologists with prescriptive authority could help fill gaps in the need for psychiatric services across the commonwealth. The committee's analysis predicts that the positive impact would be experienced in both rural and urban areas.

1. Joint State Government Commission, Pennsylvania Mental Health Care Workforce Shortage: Challenges and Solutions, a Staff Study. June, 2020. Downleaded June 16, 2021: http://jsg.legis.state.pa.us/resources/documents/ftp/publications/2020-06-04%20HR193_Mental%20Health%20Workforce.pdf
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3. MACStats: Medicaid and CHIP Data Book, December 2020. Found online: (MACStats Medicaid and CHIP Data Book December 2020 (macpac.gov))

APA'S UPDATED TRAINING MODEL IN PSYCHOPHARMACOLOGY FOR PRESCRIPTIVE AUTHORITY

KRISTA BOYER, MBA, PsyD

What does it mean to be a "properly trained psychologist" to prescribe psychotropic medication? Now in its third revision, the American Psychological Association's standards for psychopharmacological training and prescriptive authority (Brown et al., 2021) delineate the training requirements and essential competencies required to ensure that psychologists who specialize in prescribing can do so safely and effectively. The current version of APA's training model, which was most recently revised in 2019, incorporates similar didactic recommendations as the 2009, guidelines but with a greater focus on a competency-based model of study. The coursework requirements include 400 hours of instruction in the content areas of Basic Science, Functional Neuroscience, Physical Examination, Interpretation of Laboratory Tests, Pathological Basis of Disease, Clinical Medicine, Clinical Neurotherapeutics, Systems of Care, Pharmacology, Clinical Pharmacology, Psychopharmacology, Pharmacology Research, and Professional, Ethical, and Legal Issues. Completion of this curriculum typically takes two years and results in a Master of Science in Clinical Psychopharmacology degree (MSCP).

Prescribing psychologists, according to the standards, should also have additional supervised experience beyond the MSCP degree, similar in concept to a post-doctoral residency. The recommendations for the supervised clinical experience were not altered much from the 2009 model. The duration of the supervised clinical experience will vary by state, but a typical requirement is 400 hours. A minimum of 100 patients must be treated by the trainee, per the standards. During the supervised clinical experience, the trainee must demonstrate clinical competencies in several areas such as Physical and Mental Status Examination, Medical History Interview, Differential Diagnosis, and

Integrated Treatment Planning. Unique to the 2019 revision is a targeted focus on physical assessment and medication management during the supervised clinical experiences. Importantly, the supervised clinical experiences are completed in two parts, with the focus on physical assessment occurring prior to licensure as a psychologist, and the prescribing psychology fellowship to be completed post-licensure. Supervisors must have established experience and skills in clinical psychopharmacology, and, depending on each state's law, can be a psychiatrist or other physician, nurse practitioner, or prescribing psychologist. The concluding step of training is the completion of a capstone project facilitated by the training program, which includes a portfolio review of the clinical experiences amassed during training or an evaluation of the application of skills to a variety of cases in varying clinical complexities.

One of the most notable changes is that training can now occur at the pre-doctoral level. Catherine L. Grus, Ph. D, Chief Education Officer of APA's Education Directorate, and a member of the task force that created the standards for psychopharmacological training remarked that during the second revision:

> *the previous version of the model curriculum was substantially different than its predecessor and while at that time there were some who advocated to allow some of this training to occur during the doctoral program there was hesitancy to incorporate that major change on top of other major changes. So, the decision was to have programs use the new curriculum and if it seemed to be working, a change to add the flexibility for some of the training to occur during the doctoral program might be made as part of a future update. So, when the most recent update was made, making this change was discussed, and ultimately recommended and approved* (personal communication, May 20, 2021).

Pre-doctoral completion of the MSCP curriculum has benefits for potential prescribing psychologists. According to Dr. Grus, some of the advantages of pre-doctoral programming include, "allowing students to complete their training more expeditiously and as a result get more trained prescribers into the workforce" (personal communication, May 20, 2021). The Chicago School of Professional Psychology (CSPP) is the only program to currently offer the MSCP degree at the pre-doctoral level. Gerardo Rodriguez-Menendez, Ph. D, ABPP, MSCP, who is the chair of the Department of Clinical Psychopharmacology at CSPPP reported that their program currently has 25 students concurrently completing the MSCP program along with the requirements for their doctoral coursework in psychology. Outcome data collected on students in the program indicates that the doctoral students are doing just as well as those earning their MSCP as psychologists. He reported that the average GPA of the doctoral students in the program is 3.74 while the average GPA of the licensed psychologists completing their MSCP training is 3.72, and that "faculty most often do not know which students are pre versus post-doc" (personal communication, May 26, 2021). Dr. Rodriguez-Menendez noted that the program includes very comprehensive training in psychopharmacology and medical conditions pertinent to mental health treatment, and that it is based on "twenty-five years of research telling us that psychologists do well with this subject matter" (personal communication, May 26, 2021). He additionally noted that there is no evidence to suggest that completing coursework at the pre-doctoral level is detracting from the doctoral work that is being done simultaneously.

Another benefit of completing clinical psychopharmacology training at the pre-doctoral level is that the student is then better prepared to integrate this knowledge into the clinical skills held by traditional psychologists. Beth Rom-Rymer, Ph. D, who pioneered the clinical psychopharmacology legislation in Illinois, emphasized "by integrating the training in clinical psychopharmacology into the graduate student curriculum, our young psychology students are learning, at a critical juncture in their training, how to think, comprehensively, about their clinical work and are able to more effectively envision a fully rounded career as a prescribing psychologist. Because this training is not only important to our own psychologists, it has such a positive impact on our communities" (personal communication, May 26, 2021). She also believes that having a substantial number of trained prescribers is necessary to support the success of future prescriptive authority legislation in Illinois, and is hopeful that the pre-doctoral training option will facilitate a more rapid increase in the number of trained prescribers.

Offering the full master's degree curriculum in parallel to the doctoral curriculum is just one training model permitted by the new standards. Another option for pre-doctoral training might be to offer, for example, a more limited 10-12 credit concentration in psychopharmacology. Such an option would reduce the burden on doctoral students and give them useful skills, while also reducing the amount of time they would need to invest if they choose to pursue a full master's degree later.

The 2019 training standards open the door for innovative and flexible educational models, and ensure that training ultimately produces psychologists who possess the knowledge and range of skills necessary to competently manage psychotropic medications. These changes in training standards show that APA is supportive of psychologists broadening their scope of practice to include psychotropic medication management as a specialty practice.

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Q&A:
Postdoctoral Master's Degree in Clinical Psychopharmacology (MSCP)

DANIEL WARNER, PhD
JENNIFER COLLINS, PsyD

Do you have an interest in specialty training in psychopharmacology? Are you considering a Master's degree in Clinical Psychopharmacology which is the first step towards becoming a prescribing psychologist in a state that allows psychologists to prescribe? Jennifer Collins, PsyD recently completed her post doctoral Master's of Science in Clinical Psychopharmacology (MSCP) Program at Fairleigh Dickinson University (FDU) with hopes of a prescriptive authority for psychologists (RxP) bill being passed in PA in the near future. Daniel Warner, PhD is considering applying for a MSCP program and we decided to take this opportunity to share a real life Q&A that may be helpful to any other PPA members who are considering postdoctoral training in psychopharmacology.

Dan: What is your background in psychology? What kind of work do you practice, and where did you study?

Jen: *I have a PsyD in Clinical Psychology from Philadelphia College of Osteopathic Medicine. I have worked for Penn Medicine Lancaster General Health in Lancaster, PA since 2009. The majority of my clinical work is in health psychology (e.g. bariatrics, pain, fertility).*

Dan: How did you come to decide to pursue a masters in clinical psychopharmacology? What was your background in medical knowledge before starting the post-doc?

Jen: *I started to think about a Master's in psychopharmacology after years of frustration of limited access to psychiatrists for my patients, even within my own health system. The wait times would often be 6 months or more and frequently psychiatrists would not be accepting new patients or only take certain insurances. I knew some states allowed prescriptive privileges for psychologists so I was curious about what qualifications one would need. Around the same time, my good friend and colleague, Dr. Tracy Ransom had started the Master's in Clinical Psychopharmacology program at Fairleigh Dickinson University so I asked her a bunch of questions about the program and decided to apply. I also connected with John Gavazzi, a long-time PPA advocate for RxP to see how I could help reignite momentum for RxP in PA.*

Dan: Why did you choose the program you are attending? How is the quality of your training? Can you describe a "class"?

Jen: *I chose FDU because it is 100% online which fits best with my life right now with full-time work and 2 young children. Some of the other programs required some onsite presence and none of the programs are particularly close to PA (New Mexico State, Alliant in CA, and Chicago School of Professional Psychology are a few of the other programs). I also had heard good things about FDU's program through Tracy and appreciated having a resource who was ahead of me in the program. Many of the professors are prescribing psychologists which was very appealing to me. Additionally, the cost of the program was quite reasonable for a Master's degree.*

Dan: Do you think it matters if one starts in the Spring semester, instead of starting with a cohort in the Fall?

Jen: *I do not think it matters too much because you will have all the same courses over time, just in a slightly different order. For me personally, I wanted to start in the Fall so that I went through the program in the order it was designed.*

Dan: When do you study for this program? How did you fit it in? How much control do you have on when you do things in the training, for instance: How much live time with trainers is necessary? Are you basically leading your own training through videos? How has your training adjusted to Covid?

Jen: *Every week there is an hour long LIVE online lecture with a professor plus 1-2 video modules and reading assignments. I dedicated 1-2 evenings a week plus a few hours on*

Guide For Antidepressant Choice **

DEPRESSION-ANXIETY-INSOMNIA-PAIN

CONDITION	NEUROTRANSMITTER TARGETS: +5HT	+NE	+DA	Ø ACH	Ø H1	+GABA	SOME EXAMPLES OF MEDICATIONS
Depression *							
With Low Energy	X	X	X				**Bupropion** (NDRI) +NE+DA, **Venlafaxine** (SNRI) +5HTP+NE, **Selegiline** (MAOI) +5HT+NE+DA
With Anxiety	X				X		**Fluoxetine, Sertraline** (SSRI) +5HTP, **Trazodone** (SARI) +5HTP Ø H1
Anxiety	X				X	X	**Citalopram** (SSRI) +5HTP, **Buspirone** (+5HTP) +5HT1A, **Hydoxyzine** Ø H1, **Diazepam** (BZ) +GABA
Insomnia							
With Depression	X				X		**Trazodone** (SARI) +5HTP Ø H1, **Mirtazapine (NASSA)** +5HTP +NE Ø H1
With Depression & Pain	X	X		X	X		**Amitriptyline**, **Imipramine** (TRI-C) +5HTP+NE+DA Ø ACH
Without Depression					X	X	**Hydoxyzine** Ø H1 **Zolpidem** +GABA
Physical Pain	X	X					**Duloxetine** +5HT+NE

+ means "increase" Ø means "blockade"

* Listed Rx may affect only one NT system (see NT list on right of Rx name)

** Reflect author's study and clinical experience - utilize additional resources to make your clinical decisions

+ 5HT	Increasing serotonin improves mood and reduces anxiety
+ NE	Increasing norepinephrine improves mood, increases energy, and inhibits pain signals
+ DA	Increasing dopamine increases attention and concentration and increases energy
Ø ACH	Blocking acetylcholine inhibits the relaxation response, salivation, sweating, digestion, memory, and causes sedation
Ø H1	Blocking histamine causes sedation
+ GABA	Increasing gaba inhibits anxiety

	Ø H1	Ø ACH	+NE	+5HT	+DA	+GABA	1/2 Life	Cost	Primary Risk
Amitriptyline - Elavil	***	***	**	***			10-26	$5	QT SS ≠
Bupropion - Wellbutrin			**		**		21	$50	
Buspirone - Buspar				**			3	$15	SS
Citalopram - Celexa	*			***			35	$5	SS QT
Diazepam - Valium						***	30-60	$15	≠
Duloxetine - Cymbalta			***	***			12	$250	
Fluoxetine - Prozac				***			90-108	$5	SS
Hydroxyzine - Vistaril	***						20-25	$5	
Imipramine - Tofranil	**	**	**	**			15-25	$10	QT SS ≠
Sertraline - Zoloft				***	*		26	$10	SS
Mirtazapine - Remeron		**					20-40	$50	≠
Trazodone - Desyrl	**			***			5-9	$10	SS ≠
Zolpidem - Ambien						*	3	$50	≠

+ 5HT	Increasing serotonin improves mood and reduces anxiety
+ NE	Increasing norepinephrine improves mood, increases energy, and inhibits pain
+ DA	Increasing dopamine increases attention and concentration and increases energy
Ø ACH	Blocking acetylcholine inhibits parasympathetic activity
Ø H1	Blocking histamine causes sedation
+ GABA	Increasing gaba inhibits anxiety

KEY: **(Enroll: Nat. Preg. Registry for AD's 844 405 6185)**

$ = Approximate Cost — SS = Serotonin Syndrome

1/2 Life = Approximate — +QT = QT Prolongation

≠ = Extra Caution in Pregnancy and/or lactation

* ** *** = Intensity of Reaction

(Mediations selected are illustrative of class & similar medications)

Other Considerations: *(1) Weight Gain Correlates with Ø H1 (2) Hypnotic Potential Correlates with Ø H1 or +GABA (3) Beers Criteria for Ø ACH*

Sundays to keep up with the videos and readings. If I was able, I tried to watch shorter videos over my lunch hour at work. Absolutely nothing changed during COVID since the entire program was online already. In fact, I heard that other programs within FDU were reaching to the Director of the MSCP program for guidance on converting to online lectures when FDU campus closed.

Dan: How are the study materials in school? If you want to do extra work to study, are there extra materials or apps one can buy?

Jen: *The articles and chapters are provided via Blackboard for each class and are very valuable. In addition, there is a text or two for each class that you need to buy. Many of them are great guides for prescribing that I refer to often. Many of the professors will also send valuable links, additional articles,and helpful resources along the way.*

Dan: Do you feel confident acting as a peer with physicians from this training? Do you feel confident disagreeing with a psychiatrist thanks to the training you're learning in this program?

Jen: *I definitely feel more knowledgeable about psychotropics than I did before this program. I can speak more confidently about medication choices to physician colleagues and patients. Since I work with many bariatric patients, I often find myself talking to them about weight gain side effects of specific medications. I am fortunate to have a great relationship with the bariatric surgeons and many primary care physicians to whom I can offer my suggestions. I have not had many opportunities to overlap with psychiatrists yet. I am hoping to build relationships with a few psychiatrists in my organization who view RxP favorably and would provide me with supervision and ongoing consultation. In my opinion, psychiatrists will remain the best choice for patients who have severe mental illness and complex medical histories, but I believe prescribing psychologists are just as competent in treating anxiety disorders, mood disorders, sleep disorders, ADHD and others for which a combined treatment approach is best.*

Dan: What do the residencies look like? How did you get a psychiatrist to be willing to oversee your work? Isn't their professional pressure against them to do that? How about the institution where you work? Have you heard of anyone having a hard time getting that kind of support?

Jen: *After you have obtained your MSCP you must then pass the licensure exam called the PEP (Psychopharmacology Exam for Psychologists). Once licensed, you are required to have supervision for a designated number of patients (based on wording of the state's RxP bill). The supervision typically can be provided by a psychiatrist, primary care physician or psychiatric nurse practitioner. I think psychiatry generally will be opposed to RxP, but I have heard of prescribing psychiatrists in other states who have wonderful relationships with psychiatrists who they consult with regularly.*
https://www.apaservices.org/practice/advocacy/authority/prescribing-psychologists

Dan: Can you tell a difference between your approach to prescribing from that of psychiatrists? Or is this really forming a uniform medical approach?

Jen: *It is my goal to continue to conduct thorough biopsychosocial evaluations with multiple treatment recommendations which may or may not include starting a psychotropic medication. I think patients expect that they are prescribed a drug when they see a psychiatrist. As psychologists, we can continue to use "skills before pills," but have medications as a tool in our toolbox if and when we need it.*

Dan: How do you imagine this knowledge and degree will change your clinical practice? How do you practice now (i.e. what environment? What kind of interventions and/or therapy do you do?)

Jen: *Even if an RxP bill is never passed to allow me to prescribe, I think my increased knowledge in psychotropics will change the level of confidence I have talking to patients and their medical teams about whether or not medication would be beneficial for them, and to give more specific recommendations to PCPs on what medication I think a patient should be started on (or in some cases, weaned of off). I often make recommendations to patients such as "consider talking to your primary care physician about medication to help address your anxiety/ depression." With my additional Master's degree in psychopharmacology, I feel qualified to make more specific medication recommendations based on whether or not their depression is associated with low energy, anxiety, sleep disturbance, etc. One of my professors, prescribing psychologist Dr. Marlin Hoover, created a helpful chart as a guide which his physician colleagues frequently refer to. I find it very useful and it makes perfect sense to me after completing the courses in the MSCP program.*

Dan: How important is the information you're learning to the work one does as a psychologist? Are you learning things drastically out of our field? Or, are these things you feel really any licensed psychologist should know?

Jen: *Psychopharmacology is important for all psychologists to have some familiarity with since the majority of our patients are on psychotropics. I find it particularly necessary since I work in a medical setting and am responsible for documenting that I reviewed patients' medication lists with them. The level of detail you learn in the MSCP program is far and above just knowing names of common psychotropics. The first year is full of neuroscience, anatomy and physiology, and pharmacology. My doctoral program had coursework in biological basis of behavior and neuroscience so I had some familiarity, but this was a much deeper dive. The courses are only 7.5 weeks long, so the first year of those core courses feels rapid and intense. The second year is more practically focused with treatment of specific disorders. The professors do a good job of incorporating research on what disorders have best success with psychological intervention vs medication (e.g. insomnia, OCD, PTSD), which really solidifies the fact that psychologists have so much to offer clients/patients already and the psychopharmacology speciality adds another layer of expertise for those who want it.*

Federal Legislative Update continued from page 5

partnerships between institutions of higher education and local education agencies to increase the number of school-based mental health professionals, including psychologists. In addition, this bill would also incentivize providers to serve in under-resourced schools by providing student loan forgiveness to those who commit to doing so for at least 5 years. Lastly, the Comprehensive Mental Health in Schools Pilot Program Act provides resources for low-income schools to develop a holistic approach to student well-being by building, implementing, and evaluating comprehensive school-based mental health programs.

Other Federal Advocacy Activities

In addition to participating in these summits, PPA has also sent out federal action alerts through our new action alert system VoterVoice. Recently, PPA asked its members to contact Congress to extend and expand the current flexibilities on Medicare coverage of telehealth by asking your congressman to cosponsor both H.R. 3447 and H.R. 4058 and asking your Senators to cosponsor S. 2061. In addition, PPA sent out another alert to contact CMS directly regarding cuts to Medicare rates by 3.89%.

Members can contact CMS using this link: https://apapo.ac360.aristotleactioncenter.com/#/regulation/alertId/95b75e14-1aab-4810-b976-56738f2ef486/ until September 13, 2021 at 5:00 p.m. It is imperative that PPA members act on these requests when APA and PPA send them out.

the bill box

Selected Bills in the Pennsylvania General Assembly of Interest to Psychologists
AS OF AUGUST 6, 2021

Bill Number	Brief Description	Introduced By	PPA Position	Movement in Senate	Movement in House
HB 102	Amends the Public School Code, in intermediate units, repealing provisions relating to psychological service; in professional employees, for school social workers; and, in school health services, for counselors, psychologists, and nurses.	Rep. Daniel Miller (D)	Support		Referred to House Education Committee 1/11/21
HB 131	Amends Title 63 (Professions & Occupations), in powers and duties, further providing for hearing examiners.	Rep. Greg Rothman (R)	Support		Referred to House Consumer Protection and Professional Licensure Committee 1/12/21
HB 171	Act limiting restrictive covenants in health care practitioner employment agreements.	Rep. Anthony DeLuca (D)	Support		Referred to House Health Committee 1/14/21
HB 325	An Act amending Title 63 (Professions and Occupations (State Licensed)) of the Pennsylvania Consolidated Statutes, in powers and duties, further providing for civil penalties. Allowing for boards to give advisory opinions.	Rep. Keith Greiner (R)	Support		Referred to House Consumer Protection and Professional Licensure 3/25/2021
HB 681	An Act prohibiting enforcement of covenants not to compete in health care practitioner employment agreements.	Rep. Torren Ecker (R)	Support		Laid on the table, 4/7/2021 [House]
HB 729	An Act prohibiting mental health professionals from engaging in conversion therapy with an individual under 18 years of age.	Rep. Brian Sims (D)	Support		Referred to Health 3/3/2021
HB 972	Act providing for sport activities in public institutions of higher education and public school entities to be expressly designated male, female or coed; and creating causes of action for harms suffered by designation.	Rep. Barbara Gleim (R)	Oppose		Referred to House Education Committee 4/5/2021
HB 1075	An Act amending Title 64 (Public Authorities and Quasi-Public Corporations), establishing the Pennsylvania Broadband Development Authority to provide broadband Internet access to unserved and underserved residents; and providing for powers and duties of the authority, for financial assistance and for grants.	Rep. Pam Snyder (D)	Support		Referred to House Consumer Affairs 4/1/21
HB 1420	An Act amending the Human Services Code, in general powers and duties of the Department of Public Welfare, providing for COVID-19 mental health public awareness campaign.	Rep. Wendi Thomas (R)	Support		Referred to House Human Services Committee 5/14/21
HB 1690	An Act addressing the shortage of Mental Health Services in Underserved Areas	Rep. Michael H. Schlossberg	Support		Referred to Health 6/24/21
SB 40	An act providing for behavioral health services and physical health services integration in public assistance	Senator Kristin Philips-Hill	Oppose	Referred to Senate Health and Human Service 1/20/21	
SB 78	An Act amending Titles 23 (Domestic Relations) and 42 (Judiciary and Judicial Procedure) of the Pennsylvania Consolidated Statutes, in child custody, further providing for definitions, for award of custody, for factors to consider when awarding custody, for consideration of criminal conviction, for guardian ad litem for child, for counsel for child and for award of counsel fees, costs and expenses; and, in Administrative Office of Pennsylvania Courts, providing for child abuse and domestic abuse education and training program for judges and court personnel.	Senator Lisa Baker (R)	Oppose	Removed from table, 5/10/21 [Senate]	
SB 705	An Act relating to telemedicine; authorizing the regulation of telemedicine by professional licensing boards; and providing for insurance coverage of telemedicine.	Senator Elder Vogel (R)	Support	Referred to Senate Banking and Insurance 5/21/21	

A NATIONAL REVIEW OF PRESCRIPTIVE AUTHORITY LAWS FOR PSYCHOLOGISTS

SAMUEL KNAPP, EdD, ABPP

Currently, legislation has been passed to permit appropriately trained psychologists to prescribe psychotropic medications in Guam,[1] New Mexico (enacted in 2002), followed by Louisiana (2004), Illinois (2014), Iowa (2016), and Idaho (2017). Prescription privileges bills were passed by legislatures in Hawaii and Oregon but were vetoed by their governors. Several states have had prescriptive authority bills introduced into their legislatures in 2021.

States have passed prescriptive authority laws to address the shortage of qualified professionals to prescribe psychotropic medications. It is not surprising that the first laws have been passed primarily in rural states that have severe shortages of health care professionals. "Pennsylvania needs specialized prescribing psychologists to help make sure the declining numbers of psychiatrists aren't replaced with lesser trained physician extenders," explained Dr. Anthony Ragusea of Evangelical Community Hospital, Lewisburg, "As the provision of healthcare becomes increasingly integrated and holistic, highly skilled psychologists who are trained in the complementary skills of behavioral health and psychopharmacology will be of great value to hospitals."

Currently only about 160 psychologists in Louisiana and New Mexico are authorized to prescribe psychotropic medications which is about one-tenth of one percent of all psychologists nationwide. Roughly 10% of psychologists in Louisiana and 6% of psychologists in New Mexico attained advance training and supervision to prescribe psychotropic agents. Therefore, there is a reasonable estimate that 15,000 patients are currently receiving psychotropic medications from prescribing psychologists. Few psychologists are authorized to prescribe medications in Iowa and Idaho as the regulations to this law were just finalized within the last year.

All states restrict prescriptive authority to psychologists who hold a doctoral degree, and all (except Illinois) require the prescribing psychologist to have an additional masters' degree from an approved program in psychopharmacology.

This article reviews these psychologist prescriptive authority laws and what they entail.

All states restrict prescriptive authority to psychologists who hold a doctoral degree, and all (except Illinois) require the prescribing psychologist to have an additional masters' degree from an approved program in psychopharmacology. Illinois allows an option to have the psychopharmacology education occur within the doctoral program. Illinois is also unique in that it requires an extensive amount of undergraduate prerequisite courses for prescribing psychologists, as well as several hospital rotations just like medical students. Currently five universities (Farleigh Dickinson, Alliant International University, New Mexico State University, the Idaho State University, and the Chicago School of Professional Psychology) offer approved masters programs in psychopharmacology. Some states require trainees to receive a provisional or

1. Guam's Allied Health Professionals Law, which allows psychologists and physician's assistants with a DEA registration number and collaborative agreements with physicians to prescribe, is so atypical that it is not referenced further.

conditional license for them to prescribe under supervision during the supervised portion of their trainings.

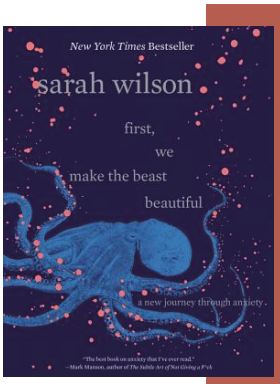
All states with prescriptive authority require psychologists to pass a nationally standardized examination. APA developed the Psychopharmacology Examination for Psychologist (PEP) which is now administered by the Association of State and Provincial Psychology Boards (ASPPB), the same organization that administers the Examination for the Professional Practice of Psychology (EPPP). The PEP mirrors many of the knowledge domains assessed when psychiatrists seek board certification and is intended to be rigorous as well as focused on the practical skills required of clinicians.

States vary in their regulatory arrangements, but Louisiana is particularly distinct. In Louisiana, its State Board of Medicine regulates prescribing psychologists. In all other states, the state boards of psychology regulate prescribing psychologists, although there is medical involvement in the regulation of prescribing psychologists in each of these states. For example, Idaho's prescriptive authority law for psychologists requires an advisory board that includes physicians and a pharmacist. According to Idaho's law, "The Board [of psychology] may not promulgate rules governing prescriptive authority, governing collaboration or supervision of prescribing psychologists, establishing a formulary . . . unless the rules first have been approved by a majority vote in the advisory panel." In Iowa, rules concerning prescriptive authority for psychologists are "governed by joint rules adopted by the board of psychology and the board of medicine." In Louisiana psychologists who prescribe are called medical psychologists, but in other states they are called *prescribing psychologists.* All states require prescribing psychologists to get continuing education related to psychopharmacology as a condition of licensure renewal.

All states restrict prescriptive authority to medications used to treat psychiatric disorders and may include the ability to discontinue medications. Prescribing psychologists are also able to order and review laboratory tests related to the prescriptions. States typically restrict the prescription of narcotics. Some states restrict the populations whom psychologists can treat with medications. Illinois, for example, prohibits prescribing psychologists from writing prescription to patients who are under 17 or older than 65, are pregnant, or have one of several serious medical conditions (however, legislation has been introduced in Illinois to expand the scope of practice to persons under 18 and over 65).

Other states require special training when prescribing for specific groups. Iowa does not permit prescribing psychologists to prescribe for "children, elderly persons, or persons with comorbid physical conditions" unless they had "at least one year prescribing psychotropic medications to such populations as certified by a supervising licensed physician." Similarly, Idaho requires prescribing psychologist in pediatrics or geriatrics to have at least one year of supervised experience working with these patients. All psychologist prescriptive authority laws require some degree of collaboration with other health care professionals, such as primary care physicians, to ensure a safe and coherent treatment plan.

The experiences of prescribing psychologists in these states is being watched carefully as they form the framework for prescriptive authority laws in other states. "One of the added benefits of PPA membership includes being involved in the legislative process, which will be extremely important when our organization decides to move forward with prescription privileges for psychologists," explained Dr. John Gavazzi, past President and private practitioner in Lemoyne.



If you are interested in joining, please RSVP to molly@papsy.org no later than Friday, September 10, 2021.

PPA is launching a book club!

Come join other members in reading our first selection: *First, We Make the Beast Beautiful: A New Journey Through Anxiety* by Sarah Wilson.

The Chinese believe that before you can conquer a beast, you must first make it beautiful.

Sarah Wilson first came across this Chinese proverb in psychiatrist Kay Redfield Jamison's memoir *An Unquiet Mind*, and it became the key to understanding her own lifelong struggle with anxiety. Wilson, bestselling author, journalist, and entrepreneur has helped over 1.5 million people worldwide to live better, healthier lives through her I Quit Sugar books and program. And all along, she has been managing chronic anxiety.

In *First, We Make the Beast Beautiful*, Wilson directs her intense focus and fierce investigating skills onto her lifetime companion, looking at the triggers and treatments, the fashions and fads. She reads widely and interviews fellow sufferers, mental health experts, philosophers, and even the Dalai Lama, processing all she learns through the prism of her own experiences.

You can order the book through bookshop.org, which supports local independent bookstores.

PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

Essential Elements of the FIRST PRESCRIPTIVE PRIVILEGES BILL for Psychologists in Pennsylvania

SAMUEL KNAPP, EdD, ABPP

PPA is supporting the passage of a bill that would allow doctoral level psychologists with advanced training and supervision in psychopharmacology to prescribe from a limited formulary of psychotropic medications. The prescriptive authority bill for psychologists amends the Professional Psychologists Practice Act. The bill was drafted to be consistent with APA's model legislation on prescriptive authority for psychologists and created after an extensive review of the prescriptive authority laws for psychologists in other states. Currently, psychologists are permitted to prescribe psychotropic medications in Idaho, Illinois, Iowa, Louisiana, and New Mexico.

This article summarizes the essential features of our proposed legislation. However, often these bills go through substantial changes before they become law. Prescriptive authority bills are controversial and will result in substantial comment, review, and criticism. Hence this bill should be seen only as the initial framework for prescriptive authority for psychologists in Pennsylvania. In addition, once laws are passed, the relevant agencies, such as the State Board of Psychology, must promulgate regulations that expand upon the contents of the law. It is anticipated that it could be several years (or longer) before Pennsylvania passes a prescriptive authority law for psychologists.

Our proposed legislation would allow the State Board of Psychology to issue a prescriptive certificate for qualifying psychologists. To receive this certificate, applicants would need to be licensed psychologists, have a doctoral degree in psychology, complete an approved

post-doctoral masters' degree program in psychopharmacology (including practicum hours), and pass a national examination on psychopharmacology.

The required coursework complies with the APA standards for psychopharmacology masters' programs and includes courses in basic life science, anatomy, physiology, neuroscience, clinical and research pharmacology and psychopharmacology, clinical medicine and pathophysiology, physical assessment and laboratory exams, clinical pharmacotherapeutics, research, and professional, ethical and legal issues. The didactic portion of the education consists of enough hours to ensure that applicants can prescribe safely and effectively. After completing the coursework, applicants would receive a conditional certificate that would allow them to prescribe medication under supervision in their practica. The practica will require treating at least 100 patients and 400 direct contact clinical hours. After completing the practica and passing the national psychopharmacology examination, the applicants would be eligible to apply for an unencumbered prescribing certificate from the Pennsylvania State Board of Psychology.

Our proposed legislation would permit psychologists to prescribe from a formulary restricted to psychotropic medications and to the treatment of mental disorders found in the ICD-10. It would not include medical marijuana or opioids to treat pain but would include partial agonists approved for the treatment of opioid dependency. The prescriptions would have to be relevant to the practice of psychology; within the scope of the psychologist's license and certificate of prescriptive authority; within the scope of training or specialization of the prescribing psychologist; prescribed only to patients who have identified a primary care provider; and given in accordance with a collaborative relationship with a physician, advance practice nurse, or physician's assistant.

The bill would allow psychologists to order laboratory tests related to the prescription of medications. The right to prescribe medications also involves the right to discontinue certain medications as well. As written, this bill would not restrict the medical conditions or the ages of the patient. This will likely be a point of discussion. Some states prohibit psychologists from treating patients with certain medical conditions or require prescribing psychologists to get additional training before treating children or older adults.

After receiving a permanent certificate, prescribing psychologists would be required to have at least 16 hours of continuing education related to psychopharmacology every renewal period and continuing education in pain management.

Prescribing psychologists would need to practice in collaboration with the patient's primary care provider. The bill deliberately uses the word "provider" as opposed to physician to allow the option of working with advance practice nurses or physician's assistants instead of physicians. The nature of the relationship will be determined by regulation. It is our goal to have sufficient autonomy for the prescribing psychologists while ensuring patient safety. Pennsylvania has precedents for collaborative agreements between advance practice nurses and physicians which may be a model for prescribing psychologists as well.

ADVANCE THE PRACTICE OF PSYCHOLOGY IN PENNSYLVANIA:

Donate to PennPsyPAC

PennPsyPAC is PPA's political action committee. PennPsyPAC furthers psychology in our state, but it does this in the political arena. All PACs, which stands for Political Action Committees, are set up to advocate and make political contributions for a particular interest group. This is something that PPA, by law, cannot do. The contribution you make to PennPsyPAC, which like any political donation is not tax deductible, is used on behalf of Pennsylvania psychologists in two ways.

First, the money allows PPA staff and members to attend fundraisers for state legislators who support psychology's agenda. This increases our face time with members of the House and Senate, strengthening relationships and increasing exposure for bills pertaining to psychology. PennPsyPAC pools our individual contributions, which allows us as psychologists to have a greater voice than if we acted as individuals.

Second, PennPsyPAC provides funding to educate Pennsylvania psychologists about legislative issues and to assist them in being effective advocates on behalf of psychology. This includes funding for our annual Advocacy Day and for psychologists who set up receptions for local candidates.

It is important for psychologists to make contributions to PennPsyPAC. Even if you are only able to contribute $5.00 or $10.00 to PennPsyPAC, every dollar counts towards advancing the practice of psychology.

CLASSIFIED

PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

Fall Conference MAX
September 24-25, 2021
Lancaster Marriott at Penn Square
Lancaster, PA

Attending in person? **PPA members** can purchase the All-Access Pass for $495 and save over $200!

CONFERENCE SCHEDULE

Course descriptions are available online
Pricing includes CE credit, beverage & snack breaks
For non-member pricing please visit www.papsy.org

FRIDAY, SEPTEMBER 24

8:30 - 11:30 a.m.
W01 - Recent Advances in the Assessment, Clinical Management, and Treatment of Suicide Risk
In-person only: $120
In-person Presenter: M. David Rudd, PhD
3 CE Credits

8:30 - 10:30 a.m.
W02 - Medical Marijuana Research in Pennsylvania (Virtual Presenter)
In-person: $80
Virtual: $50
Virtual Presenter: Kent Vrana, PhD
2 CE Credits

10:45 a.m. - 12:15 p.m.
W03 - Using Ethical Principles to Maximize Positive Therapy Outcomes (Virtual Presenter)
In-person: $60
Virtual: $37.50
Virtual Presenters:Samuel Knapp, EdD, ABPP; Randy Fingerhut, PhD
1.5 CE Ethics Credits

12:30 - 2:15 p.m. - Lunch (meal included)
W04 - Neuropsychology of COVID-19 Long Haulers: Research and Case Examples
In-person only: $90
In-person Presenter: Tad Gorske, PhD
1.5 CE Credits

2:30 - 4:00 p.m.
W05 - Positive Risk Management (Virtual Presenter)
In-person: $60
Virtual: $37.50
Samuel Knapp, EdD, ABPP (Virtual); Molly Cowan, PsyD (In-person)
1.5 CE Ethics Credits

2:30 - 5:30 p.m.
W06 - Recognizing and Responding to Non-Death and Disenfranchised Losses
In-person only: $120
In-person Presenter: Andrea Croom, PhD
3 CE Credits

2:30 - 5:30 p.m.
W07 - Positive Multiculturalism: Does being white make a person part of the problem with race in America?
In-person only: $120
In-person Presenter: David Palmiter, PhD
3 CE Credits

4:15 - 5:45 p.m.
W08 - The Truth about Lies: Dealing with Dishonesty in Therapy
In-person only: $60
In-person Presenter: Ari Tuckman, PsyD, CST
1.5 CE Credits

CONTINUING EDUCATION CREDITS

The 2021 Fall Conference MAX is sponsored by the Pennsylvania Psychological Association and will provide up to 15 CE credits. The Pennsylvania Psychological Association is approved by the American Psychological Association to sponsor continuing education for psychologists. PPA maintains responsibility for this program and its content. More information is available online.

PPA's Act 31 program is approved by the Department of Human Services (formerly the Department of Public Welfare) and the Department of State to offer the 2 continuing education credits needed to fulfill the child abuse requirement. PA CE Provider Number: CACE000007

PPA pays an honorarium to Conference speakers. There are no identified conflicts of interest for speakers for the PPA Fall Conference MAX.

SATURDAY, SEPTEMBER 25

9:00 a.m. - 12:00 p.m.
W09 - Brain Injury 101: An Overview for Psychologists
In-person only: $120
In-person Presenter: Max Shmidheiser, PsyD
3 CE Credits

9:00 a.m. - 12:00 p.m.
W10 - Psychology in the Time of COVID: Self-Care Following Systemic Trauma
In-person: $120
Virtual: $75
In-person Presenter: Samuel Schachner, PhD
3 CE Credits

9:00 - 11:00 a.m.
W11 - Love in the Time of COVID: 365 Days in a Social Bubble - Stir Crazy or Crazy in Love?
In-person only: $80
In-person Presenter: Laurie Appel, PsyD
2 CE Credits

11:15 a.m. - 12:15 p.m.
W12 - Suicide Prevention and the Human Condition: Let's Talk About It
In-person only: $40
In-person Presenter: Nancy K. Farber, PhD
1 Suicide CE Credit

12:30 - 2:30 p.m. - Lunch (meal included)
W13 - Child Abuse Recognition and Reporting
In-person only: $110
In-person Presenters: Rachael Baturin, MPH, JD; Molly Cowan, PsyD
2 CE Credits

2:45 - 3:45 p.m.
W14 - Psychedelic-Assisted Therapy: An Overview of the Research and Regulations
In-person only: $40
In-person Presenter: Max Shmidheiser, PsyD
1 CE Credit

2:45 - 5:45 p.m.
W15 - Prescribing Psychologists: The latest on legislation and training (Virtual Presenters)
In-person: $120
Virtual: $75
Virtual Presenters: John Gavazzi, PsyD, ABPP; Jennifer Collins, PsyD, MSCP
3 CE Credits

4:00 - 5:30 p.m.
W16 - Malignant Narcissism & Power: Toward a Profile, Historical, Treatment, Forensic, & Ethical Considerations (Virtual Presenters)
In-person: $60
Virtual: $37.50
Virtual Presenters: Charles Zeiders, PsyD; Peter Devlin, MSW
1.5 CE Ethics Credits

LOCATION AND LODGING

The 2021 Fall Conference MAX will be held at the Lancaster Marriott at Penn Square: 25 South Queen Street, Lancaster, PA 17603. PPA has a LIMITED block of rooms reserved at the discounted rate of $169/night plus tax. If you are interested in reserving a room for the Fall Conference MAX please contact the hotel at (717) 239-1600 as soon as possible.

PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

Fall Conference MINI
October 8, 2021
Normandy Farm
Blue Bell, PA

PPA members can purchase the All-Access Pass for $250 and save up to $60!

CONFERENCE SCHEDULE

Course descriptions are available online
Pricing includes CE credit, beverage & snack breaks
For non-member pricing please visit www.papsy.org

All PPA Fall Conference MINI presentations are in-person only - there is no virtual attendance option

FRIDAY, OCTOBER 8

9:00 am - 12:00 pm

W01 - Understanding the APA Ethics Code
In-person only: $120
In-person Presenter: Molly Cowan, PsyD
3 CE Ethics Credits

9:00 am - 12:00 pm

W02 - Involving Minors in Decisions about Medical and Mental Health Care (Virtual Presenter)
In-person only: $120
Virtual Presenter: Mary Ann McCabe, PhD, ABPP
3 CE Credits

12:30 - 1:30 pm

W03 - Enhancing Suicide Assessments Lunch Included (Virtual Presenter)
In-person only: $70
Virtual Presenter: Samuel J Knapp, EdD, ABPP
1 CE Credit

2:00 - 4:00 pm

W04 - Act 31: Child Abuse Recognition and Reporting
In-person only: $80
In-person Presenter: Rachael Baturin, MPH, JD
2 CE Credits

2:00 - 5:00 pm

W05 - Effective Tools for Working with Cancer Patients and Caregivers
In-person only: $120
In-person Presenter: Susan Ryan, PsyD
3 CE Credits

We look forward to seeing you in-person at Normandy Farm!

LOCATION

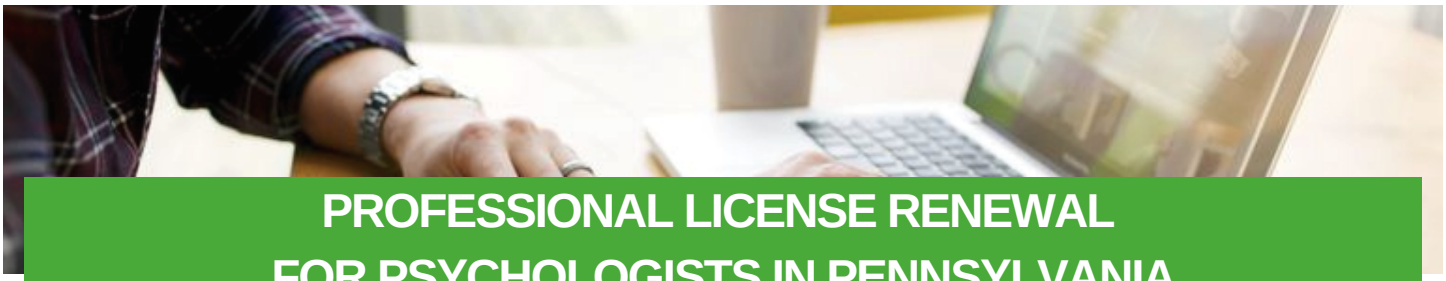
The 2021 Fall Conference MINI will be held at the Normandy Farm Hotel & Conference Center: 1401 Morris Rd, Blue Bell, PA 19422.

CONTINUING EDUCATION CREDITS

The 2021 Fall Conference MINI is sponsored by the Pennsylvania Psychological Association and **will provide up to 7 CE credits.** The Pennsylvania Psychological Association is approved by the American Psychological Association to sponsor continuing education for psychologists. PPA maintains responsibility for this program and its content. More information is available online.

PPA's Act 31 program is approved by the Department of Human Services (formerly the Department of Public Welfare) and the Department of State to offer the 2 continuing education credits needed to fulfill the child abuse requirement.
PA CE Provider Number: CACE000007

PPA pays an honorarium to Conference speakers. There are no identified conflicts of interest for speakers for the PPA Fall Conference MINI.



PROFESSIONAL LICENSE RENEWAL FOR PSYCHOLOGISTS IN PENNSYLVANIA

THE DEADLINE TO RENEW YOUR LICENSE IS NOVEMBER 30, 2021

Renewal notices from the *PA State Board of Psychology* **will be sent out to licensees via EMAIL about 60 days prior to the license renewal deadline for 2021.** This email will include the link to renew your license, your user ID, and your personal Registration Code. If you have changed your email address since the 2019 renewal, please contact the *State Board of Psychology* to make sure they have your most up to date email address on file.

All 2021 license renewals must be completed online. Paper renewal applications are not available.
Renewal notices are only being mailed to those licensees who do NOT have an email address on file with the State Board of Psychology

Specific licensing questions should be directed to the State Board of Psychology:
(717) 783-7155 or ST-PSYCHOLOGY@pa.gov

The PA State Board of Psychology is a government entity responsible for licensing and disciplining psychologists in the Commonwealth. PPA is a membership organization that is separate and apart from the State Board of Psychology.

PENNSYLVANIA PSYCHOLOGY LICENSE RENEWAL CHECKLIST

30 credits required

- 3 credits for Ethics - The word "ethics" must be part of the title, or the certificate must state that the programs specifically meets the requirements for ethics credits
- 2 credits for Child Abuse Recognition and Reporting (Act 31)
- 1 credit for Suicide Prevention (Act 74)

During the 2021 renewal period only, the limit on the number of home study and distance learning continuing education hours has been lifted. For this renewal period, psychologists can meet all of the continuing education requirements through home studies and/or distance learning programs.

If you have more than 30 continuing education credits, you may carry over up to 10 credits of CE into the next renewal period. Credits for the specific requirements listed above must be completed each renewal period.

Credits for psychologists must come from:

- An APA approved provider/course
- A provider approved by the State Board of Psychology
- An accredited college or university with semester hours, related to the practice of psychology
- AMA courses related to the practice of psychology that include an evaluation of learning objectives. It is commonly referred to Category I CE.

Visit *www.papsy.org/CE* for more information on PPA's continuing education, including Frequently Asked Questions

This resource is provided to you as a benefit of your PPA membership.

PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

The Pennsylvania
Psychologist

Calendar

SEPTEMBER 24 – 25, 2021
PPA Fall Conference MAX
Lancaster Marriott at Penn Square
Lancaster, PA
Hybrid Event (In-Person and Virtual)

FRIDAY, OCTOBER 8, 2021
PPA Fall Conference MINI
Normandy Farm
Blue Bell, PA
(In-Person)

MAY 18 – 21, 2022
PPA2022 Convention
Kalahari Resorts and Convention Center
Pocono Manor, PA

Home Study CE Courses

Act 74 CE programs
Essential Competencies when Working with Suicidal Patients—1 CE
Four Ways to Enhance Your Suicide Assessments (Webinar)—1 CE
Talking about Suicide: The Patient's Experience and the Therapist's Experience (Webinar)—1 CE
The Assessment, Management, and Treatment of Suicidal Patients: 2020—3 CE
The Essentials of Managing Suicidal Patients: 2020—1 CE
The Essentials of Screening and Assessing for Suicide among Adolescents—1 CE
The Essentials of Screening and Assessing for Suicide among Adults—1 CE
The Essentials of Screening and Assessing for Suicide among Older Adults—1 CE
The Essentials of Treating Suicidal Patients—1 CE

Act 31 CE Programs
Pennsylvania Child Abuse Recognition and Reporting—2 CE Version
Pennsylvania Child Abuse Recognition and Reporting—3 CE Version
Pennsylvania Child Abuse Recognition and Reporting (Webinar)—2 CE

General
Ethical Issues with COVID-19 (Webinar)—1 CE*
Ethical Responses when Dealing with Prejudiced Patients (Webinar)—1 CE*
Ethics and Self-Reflection—3 CE*
Foundations of Ethical Practice: Update 2019—3 CE*
Integrating Diversity in Training, Supervision, and Practice (Podcast)—1 CE
Interdisciplinary Collaboration in Assessing Capacity in the Elderly (Webinar)—1 CE
Introduction to Working with Chronic Health Conditions—3 CE
Legal and Ethical Issues with High Conflict Families—3 CE*
Mental Health Access in Pennsylvania: Examining Capacity (Webinar)—1 CE
Record Keeping for Psychologists in Pennsylvania—3 CE*
Telepsychology Q&A (Webinar)—1 CE
Why the World is on Fire: Historical and Ongoing Oppression of Black African American People in the United States (Webinar)—1.5 CE

This program qualifies for contact hours for the ethics requirement as mandated by the Pennsylvania State Board of Psychology.

Act 74 CE Programs qualify for the suicide requirement mandated by the Pennsylvania State Board of Psychology.

Act 31 CE Programs have been approved by the Department of Public Welfare and the Pennsylvania Department of State to meet the Act 31 requirements.

Visit PPA's online store for a full listing of our home studies.