

ASAP TABLET

APRIL 2007

NEWSLETTER OF DIVISION 55, AMERICAN SOCIETY FOR THE ADVANCEMENT OF PHARMACOTHERAPY

Informed Parental Choice About Antidepressants for their Children

Written By:

David Antonuccio, Ph.D., ABPP

Since the FDA held hearings in February 2004 on the safety of antidepressants in children, there has been a great deal of controversy regarding the use of antidepressants in children, culminating in the well publicized black box warnings about increased risk of suicidal behavior in children (recently extended to young adults up to age 25) caused by these medications. Using questions that a parent might ask, the current article attempts to summarize the efficacy and safety data on the use of antidepressants in children so that psychologists, with or

without prescription privileges, may be able to inform the parents of their young patients about the science behind this treatment. Much of this information is drawn from the recent APA Report of the Working Group on Psychoactive Medications for Children and Adolescents (Brown, Antonuccio, DuPaul, Fristad, King, Leslie, Pelham, Piacentini, & Vitiello, 2006; available at www.apa.org/pi/cyf/childmeds.pdf). Having said that, I should also say that the opinions expressed here are my own and do not necessarily represent those of APA or my coauthors on the Working Group report. Due to space limitations, readers are referred to that report for detailed references of most of the studies listed in the

following text.

How effective are antidepressants in treating depressed children?

Meta-analyses have consistently indicated that tricyclic antidepressants do not produce better outcome than a placebo in depressed children (Ambrosini, Bianchi, Rabinovich, & Elia, 1993; Dujovne, Barnard, & Rapoff, 1995; Fisher & Fisher, 1996; Hazell, O'Connell, Heathcote, Robertson, & Henry, 1995; Michael & Crowley, 2002; Sommers-Flanagan & Sommers-Flanagan, 1996). Six of the seven published randomized controlled studies of the efficacy of SSRIs in children and adolescents report significant differences on

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Creation of Strategic Working Advocacy Activation Team (S.W.A.A.T.)

By Owen Nichols Psy.D., ABPP

In January 2007 the Board of Directors of Division 55 voted to create the Strategic Working Advocacy Activation Team (S.W.A.A.T.). Owen Nichols was selected to serve as the Coordinator of S.W.A.A.T. The membership of S.W.A.A.T. consists of the following Division 55 members: Margaret Alvarez, Bill Arnett, Michael Brunner, Kim Finney, Ken Fogel, Lance Laurence, Micki Levin, Pauline Lloyd, Jerry Morris, Mark Muse, Belinda Novick, Dean Paret, Jim Quillin, Doug Reed, Rob Rottschafer, Mary Young Sa, Alexandra Suarez, Cheri Surloff, Tommy Thompson, and Nancy Voight. The membership of S.W.A.A.T. was strategically selected to represent a cross-section of the Division 55 membership.

Some of the individuals serving on S.W.A.A.T. have played a key role in obtaining prescription privileges in their own state

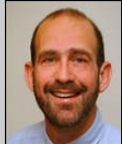
and they are very willing to share their experiences and expertise, while others are new to Division 55, but have demonstrated significant energy and interests in creating the momentum to push the Division 55 agenda forward. Some of the S.W.A.A.T. members are from the very states that are the closest to obtaining prescription privileges and others are from states that are just getting started. The membership of S.W.A.A.T. represents the public and private sector, as well as different geographical regions of the country. Several have completed psychopharmacology training programs and a few are currently prescribing, while others are currently enrolled in training programs. Some of these individuals have a strong sense of how to accomplish the task at hand and others understand the world of business, but they all share the common goal of wanting prescription privileges in every state as soon as it can possibly be accomplished.

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NOTES FROM THE EDITOR

Advocacy and Activation:

OUT OF THE SLUMBER AND INTO THE GREAT VIBRANCY



Jeff Matranga,
Ph.D., ABPP

What a time it is for professional psychology and our role in helping people! Our President, **Elaine LeVine**, and President-Elect, **Mario Marquez**, have both attained **unconditional prescribing status** in New Mexico, where five other psychologists are also prescribing. Bills for prescriptive authority are being considered in **nine states** as of this writing (see Elaine's column), and the approximately 35 prescribing psychologists in Louisiana have now written an estimated 35,000 prescriptions without incident, thereby increasing access to safe, integrated mental health care.

In this issue, we are fortunate to have a feature article from **David Antonuccio**, Ph.D., ABPP. Dr. Antonuccio was one of the authors of APA Working Group on Psychotropic Medications for Children and Adolescents, which was released last year (web location noted in Dr. Antonuccio's article). He has written an article for us on considerations for providing **informed consent to parents regarding antidepressant treatment for their children**.

Owen Nichols explains the purpose of the S.W.A.A.T. team and also reports on Division 55's fruitful collaboration with NEI. **James Bray** provides the treasurer's report. **James Mours** provides a graduate student perspective on legislative advocacy, having been inspired by our President's very successful and informative **mid-winter advocacy conference** in Santa Fe, New Mexico.

I want to thank **Steve Rudin**, who put in many hours as editor and co-editor in addition to being a mentor. Steve taught anatomy & physiology to many of us and has been contributing to this movement from the beginning. Thank you, Steve, for all of your service and teaching. He is still teaching and practicing, but has finished his stint with *The Tablet*.

As Elaine discusses in her column, this is an exciting, vibrant time for psychology. May we continue to serve others well!

Jeff Matranga, Ph.D., ABPP
Editor, *The Tablet*

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PRESIDENT'S PRIMER

I am so fortunate to be President of Division 55 during these very exciting times of the RxP movement. At the time of my writing this column, there are about 50 medical/prescribing psychologists in Louisiana, New Mexico, and in the Military and in public service (which includes psychologists from the original DOD project as well as military personnel and civilians trained in psychopharmacology through non-military programs who have been credentialed and are now serving in branches of the Armed Forces and public health). Our record of success continues to be good with over 30,000 prescriptions written and no significant untoward effects or malpractice suits filed.

As members of Division 55, each of you are critically important to our growing success. For those of you who have been stalwart members of the Division since its inception, your advice, energy and financial support of State efforts have been invaluable. For those of you that are new members, welcome! We need your energy and enthusiasm in order to achieve our goal of passing RxP legislation in every single state and province. Ours is a Division with much to do. Fortunately, the members of the Division are doers and we are accomplishing a lot.

Over the last several years under the excellent leadership of our "founding fathers" (Pat DeLeon, Jack Wiggins and Ron Fox) and the leadership of our previous Division 55 Presidents (Jack Wiggins, Ron Fox, Anita Brown, Matt Nessetti, Beth Rom-Rymer and Bob McGrath), the Division members have been instrumental in supporting RxP legislation by providing finances, advice, and people to testify in state legislatures. Some of our major accomplishments are the establishment of midwinter conferences addressing both training and advocacy issues and the formulation of guidelines for practice that are now under review by the APA Council. As I expressed previously in my candidacy statement as President-Elect, my goals have been: to support and further the work begun by the Division; to involve more of the membership in active roles within the Division; and to work on building our relationships and with the broader APA constituency.

I think that our advocacy summit, "Advocacy in Service of Psychology and the Public Welfare: Privileges, Prescriptions, and Primary Care," has certainly helped us approach those goals. Over 130 psychologists participated in this exciting and energizing endeavor. In regards to the Advocacy Summit, I am most proud of how you, as members, have taken the ideas and energy from this Summit to move forward our agenda across the country in so many ways.

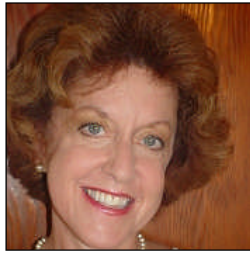
Division 55 has had many active committees, and this year we have established some new ones. In addition, over the next few months I will ask the chairs of the new committees to introduce themselves and their work to you on the listserv so that you can learn more about what they are doing. I want to thank the chairs and their committee members for all of their efforts in the past and the future on behalf of the division and RxP.

Awards Committee - Morgan Sammons, Ph.D.

Canadian Psychology Committee - Brian Bigelow, Ph.D., C. Psych.

CAPP Liaison - Mark Muse, Ph.D.

Chapter Chairs - Anton Tolman, Ph.D., and Nancy Alford, Ph.D., Co-chairs



Division 55's President
Elaine LeVine, Ph.D.,
FICPP

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Membership Committee - Beth Rom-Rymer, Ph.D.

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S.W.A.A.T. Committee - Owen Nichols, Ph.D.

Tablet - Jeff Matranga, Ph.D.

Task Force to Develop Strategic Plan for Division 55 - Elaine LeVine, Ph.D. and Ron Fox, Ph.D., Co-chairs

Web Page - Gordon Hertz, Ph.D.

At the time of writing this column, RxP legislation has been introduced in nine states in 2007, including California, Georgia, Hawaii, Illinois, Mississippi, Missouri, Montana, Oregon, and Tennessee. In addition, many other states are close to introducing legislation. We are making consistent progress in helping others understand and helping our psychologists/colleagues understand how the RxP agenda fits into mainstream psychology and facilitates the stature of our field. This is well demonstrated by how many programs in our upcoming meeting in San Francisco integrate our efforts with psychologist experts in many other fields. Many thanks to Marlin Hoover for putting together this very exciting and interdisciplinary program.

In talking about the Advocacy Summit, Mike Murphy, President of Division 31, commented that he had not seen this much energy among psychologists since the early 1970s when psychologists began seeking licensure to practice independently. I believe that psychologists interested in prescriptive authority are a very special group of people. We are extremely dedicated to helping our patients, and, clearly, we are not afraid of challenges or hard work. We have the capacity and the energy that is allowing us to make great strides for our profession and our patients.

I welcome your comments and thoughts at any time on the list serve or through e-mail or by phone.

Cordially,
Elaine

Neuroscience Education Institute Welcomes Division 55 Members

Written By:

Owen Nichols, Psy.D., ABPP

The membership of Division 55 can be proud of their representation at the 2006 Neuroscience Educational Institute (NEI) Global Psychopharmacology Congress held in Orlando, Florida November 2-5, 2006. In just one year Division 55 participation in the NEI Congress grew from less than ten participants at the 2005 NEI Congress held in San Diego to over fifty participants at the Orlando event. Division 55 members made up approximately ten percent of the total number of attendees at the Orlando conference. Our membership was represented by some of the most well known members of our Division. On every NEI document the logo of the American Society for the Advancement of Pharmacotherapy (Division 55) was prominently displayed as an accreditation sponsor of this continuing education activity.

NEI is a very important organization for Division 55 members to continue to work toward establishing a firm relationship with in the future. NEI is one of the single largest educators of mental health professionals in the area of psychopharmacology and offers training by some of the most prominent psychopharmacology experts in the field. The Chair of the NEI is Stephen Stahl, M.D., Ph.D., well known author of *Essential psychopharmacology: Neuroscientific basis and practical applications* and *Essential psychopharmacology: The prescriber's guide*.

NEI has been very receptive to our involvement with their organization and the staff of NEI was exceptionally helpful in accommodating our needs and group registration for the Orlando conference. Our continued involvement and participation in NEI provides us with an opportunity to demonstrate our knowledge, expertise, and openness to working with other mental health providers such as psychiatrists and psychiatric nurse practitioners in a collaborative interdisciplinary fashion concerning the use of psychotropic medications, as well as the utilization of non-pharmacological interventions.

The NEI Congress provided

workshops related to managing Bipolar Disorders, Psychotic Disorders, Anxiety Disorders, Depression, Substance Abuse, Attention Deficit Hyperactivity, Cognitive Dysfunction, Sleep Disorders, Alzheimer's Disease and other dementias. While the primary focus of the symposiums were on psychopharmacological interventions, non-pharmaceutical interventions were discussed as well as the use of medical devices such as the vagus nerve stimulator.

The 2006 NEI Global Psychopharmacology Congress was an exceptionally exciting learning experience, which also provided significant opportunities for networking among some of the most well known medical

"Division 55 members made up approximately ten percent of the total number of attendees at the Orlando conference... On every NEI document the logo of ASAP was prominently displayed."

psychologists/prescribing psychologists in the country (i.e., Drs. Anita Brown, Elaine Orabona Mantell, Jim Quillin, Robert Younger, and many others). Those in attendance consistently described the NEI training experience as one of the best conferences they had ever attended. NEI instructors make learning energizing and enjoyable. All of the NEI instructors are required to undergo extensive speaker training prior to becoming a regular presenter. The workshops are presented in a format which involves experiential learning opportunities in a non-threatening, imaginative format, incorporating learning theory and superior audio-visual support.

If you did not attend the NEI Congress in Orlando in 2006 with your fellow members of Division 55, please plan to attend in 2007. As the Chair of the Division 55, Strategic Working Advocacy Activation Team (S.W.A.A.T.), I have set a goal of 100 Division 55 members attending a single NEI event in 2007. The reg-

ular 2007 registration rate for a two day NEI Conference is \$299. NEI has agreed to the following group discount rates for Division 55 members in attendance at a single NEI Conference: 25-50 participants - \$225, 50-75 participants - \$199, and 75-100 participants - \$149. The Chicago area NEI Conference has been selected as a central location, which offers an opportunity for a large number of Division 55 members to attend a single NEI Conference. The Chicago area NEI Conference will be held October 27-28, 2007 at the Westin Chicago Northwest in Itasca, Illinois. The NEI Conference room rate is \$109 and the hotel phone number is (630) 773-4000. The cut off date for registration for the Chicago area NEI Conference is September 24, 2007. There will also be a reception at the home Beth Rom-Rymer, Past President of Division 55, on October 27, 2007 from 6 pm - 9 pm for Division 55 members attending the NEI Conference in the Chicago area.

If you have questions concerning the NEI or would like to be included on the list of members interested in participating in a 2007 NEI event, please feel free to email me at Owen.Nichols@ky.gov or if you want to know more about NEI you can visit their website at www.neiglobal.com.

NEI Conferences in 2007 include the following options: April 28-29 in San Francisco, June 9-10 in Washington, D.C., July 14-15 in San Diego, September 29-30 in New York City, October 6-7 in Dallas, as well as October 27-28 in Chicago. The agenda for all the two day conferences includes the following topics: Linking Symptoms to Circuits in ADHD, Psychopharmacology of ADHD, Customizing Antipsychotic Selection, Physical Effects of Antipsychotics, Neurobiology of Sleep/Wakefulness and its Impact on Psychiatric Illnesses, Differential Treatment Regimens for Patients with Sleep/Wake Disorders, Diagnosing and Treating Sleep/Wake Disorders, Substance Use Disorders - Neurobiology and Psychopharmacology, State-Dependent Dosing and Other Treatment Issues in Bipolar Spectrum Disorders, and Managing Patients in the Bipolar Spectrum.

A Graduate Student's Perspective on Legislative Advocacy:

THE HANDS-ON DEVELOPMENTAL MODEL

Written By:
James Mours, M.A.

Legislative Advocacy has proven to be an important issue within the profession of psychology, as a mean of establishing professional boundaries, such as scope of practice, and as a necessity within the health care field, as voice to insure direct access to care for those who can not advocate for themselves.

The process of advocating to legislators involves educating them on the nature of services that psychologists provide, as well as promoting legislation that provides for the care, support, and treatment of the physically and mentally ill. This process can take many forms, such as testimony during legal or regulatory proceedings, private conversations with legislators and administrators, political giving, writing position statements, calling politicians, e-mailing action alerts to colleagues, and lobbying legislative members for a particular bill (Safarjan, 2002; Patterson, 2003). With all of these diverse forms of advocacy, it is inevitable that graduate students and psychologists will serve as advocates in some capacity throughout their careers (Patterson, 2003). Although many psychologists will be involved in advocacy on some level, few regularly participate in legislative advocacy through financial giving or actively lobbying legislators.

The professional literature has long highlighted a need for professional advocacy, and in 2004 the National Council on Schools and Programs in Professional Psychology (NCSPP) established advocacy as a professional value (DeAngelis, 2006); however, few educational institutions have incorporated direct advocacy or a hands-on experience into their curriculums.

In 2005, George Fox University's Graduate Department of Clinical Psychology participated in a legislative advocacy day sponsored by the Oregon Psychological Association (OPA). This experience developed into the Graduate

Student Hands-On Developmental Model for Advocacy. This model provides education and training in advocacy to graduate students in a two-tiered approach. The first tier involved an OPA legislative lobbyist presenting information on the legislative process to students and staff, then elaborating on the specific bills addressing psychologist scope of practice, and mental health issues before the legislature. This educational component occurred approximately one month prior to the training piece. The second tier of the developmen-

"...it is inevitable that graduate students and psychologists will serve as advocates in some capacity throughout thier careers."

tal model was a one day training experience at the state capital involving advocating to legislators. This started with additional training/practicing of advocacy, and the distribution of packets of information on the three respective bills to be lobbied. The students and staff were divided into groups based on legislative district and met with state senators and representatives throughout the day. All groups had appointments set up previously with legislators to discuss prescriptive authority for psychologists (RxP), mental health parity, and a proposed rural tax credit for psychologists. Despite the hectic schedule of the legislators, most groups were able to meet with at least one Senator or Representative. The Hands-On Developmental Model for Advocacy experience ended with the groups convening at the end of the day and debriefed with the OPA lobbyist.

Personally, this experience was a facilitator toward my active involvement in the process of legislative advocacy. As with many graduate students, this was my

first visit to the state capital as an advocate, and my first time seeing the House and Senate chambers in session. I was fortunate to meet with state Senator Ryan Deckert in a one on one meeting. His genuine interest in psychology and mental health issues impressed me, and I was especially heartened to be the first person to present information to him about prescriptive authority for psychologists and the need for a rural tax credit for psychologist. I asked for his vote on these bills and was given his assurance that he would consider RxP, the rural tax credit, and vote yes for mental health parity.

The educational and training experience at the capital empowered me to initiate research on this educational and training experience, and to join the OPA Legislative Action Committee. The research on the Graduate Student Hands-On Developmental Model was presented at the 2006 OPA Annual Convention and the 2006 American Psychological Association Annual Convention. I have continued to keep in contact with Senator Deckert, and am an active advocate for RxP on many levels. The George Fox University Graduate Department of Clinical Psychology will in 2007 again expose student to legislative advocacy by utilizing the Graduate Student Hands-On Developmental Model (the Oregon legislature meets bi-annually). I have proposed additional research to add empirical evidence to the previous research supporting this model of educating and training graduate students in advocacy.

This model has been beneficial to myself and many other students (Turlington, Hoogestraat, Mours, and Campbell, 2006), and I believe it can be utilized in conjunction with other advocacy efforts to advance prescriptive authority for psychologist. The year of 2008 may prove to be an excellent opportunity to utilize this model in conjunction with the RxP Summit in Hawaii, as a combined advocacy project for the passage of the state's RxP bill.

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some measures, suggesting SSRIs may work better (Emslie et al., 1997; Emslie et al., 2002; Keller et al., 2001; Simeon, Dinicola, Fergusson, & Copping, 1990; Wagner et al., 2003; TADS, 2004; Wagner et al., 2004).

However, methodological issues and publication biases may have obscured the actual efficacy of SSRIs in the treatment of depressed adolescents and children (Garland, 2004; *Lancet*, 2004). Jureidini et al. (2004) critically reviewed the available published controlled trials of newer antidepressants in children and found that whereas almost half of the clinician-rated measures favored the study drug, none of the patient-rated or parent-rated measures favored the antidepressants over placebo. In addition to questioning the clinical significance of these results, Jureidini et al. (2004) highlighted the methodological weaknesses of these trials, including reliance on the last observation carried forward, an emphasis on secondary endpoints, transforming continuous variables into categorical outcomes (e.g., response rates) and thereby inflating small differences, and possible unblinding due to side effects from active medication. An independent analysis by the FDA, assisted by researchers at Columbia University, concluded that only 3 out of 15 randomized controlled trials (including all published and unpublished datasets) of the newer antidepressants showed them to be more effective than placebo on primary outcome measures in depressed children (Hammad, Laughren, & Racoosin, 2006), though several of these trials had positive and significant effects on secondary measures.

What are the side effects and risks of antidepressants?

The most common side effects of SSRIs in studies of patients with depressive disorders include agitation, sleep disruption, gastrointestinal problems, and sexual problems (Antonuccio et al., 1999). Evidence from animal studies indicates that SSRIs may shrink gonadal tissue (USDHHS, 2004), and recent case reports in adults suggest the possibility that sexual side effects can persist even after medication is withdrawn in a small minority of cases (Csoka & Shipko, 2006). These data along with case reports of growth suppression in children linked to SSRIs (Weintrob

et al., 2002), raise concerns about the possibility that antidepressants could alter pubertal development in adolescents, though this has not been systematically investigated to date.

Side effects and medical risks increase when SSRIs are combined with other medications (Dalfen & Stewart, 2001), a common practice (Antonuccio et al., 1999). In addition, many patients experience troubling withdrawal symptoms when SSRIs are discontinued (Coupland, Bell, & Potokar, 1996; Fava, 2002; Rosenbaum, Fava, Hood, Ashcroft, & Krebs, 1998). Antidepressant induced mania (e.g., Preda, MacLean, Mazure, & Bowers, 2001) and acts of deliberate self-harm (e.g., Donovan et al., 2000; Healy, 2003) are also reason for concern.

Don't antidepressants fix a chemical imbalance?

There is no evidence that depression is caused by a chemical imbalance, nor is there evidence that antidepressants fix a chemical imbalance (Lacasse & Leo, 2005). The diagnosis of depression is determined by the pattern of symptoms presented by the patient based on criteria from the Diagnostic and Statistical Manual-IV-TR (APA, 2005). There is no blood test that can determine whether or not a patient is depressed.

How many children are prescribed antidepressants?

More than 10 million antidepressant prescriptions were written for children and adolescents in the United States during 2002, in data that reflected a steep slope upward (Goode, 2004; Rigoni, 2004). Furthermore, in 2002, approximately 6% of outpatient physician visits for U.S. children aged 5 to 17 involved the prescription, ordering, or provision of antidepressant medication (NCHS, 2004). Because of the black box warnings, these numbers may now be trending downward but time will tell.

Despite the warnings highlighted in the media, doesn't the use of antidepressants actually decrease risk for suicide in depressed children?

This is possible. We just don't know. Some population studies have shown a decrease in childhood suicide rates in communities with higher SSRI prescription rates (e.g., Gibbons et al., 2006) but this is a correlational result and does not prove a

causal relationship. The controlled FDA studies show an increased risk of suicidal behavior RELATIVE to placebo. This pattern of results is similar to the pattern found for hormone replacement therapy (HRT) in women: the population studies suggested HRT was helpful, the randomized controlled trials (RCTs) found it to be harmful. The RCTs are justifiably given more weight.

It is still possible that there is a decreased risk of suicidal behavior in patients who are prescribed antidepressants relative to doing nothing. RCTs comparing antidepressant treatment with no treatment have not yet been done. Of course, no responsible professional would suggest withholding all treatment from a child who meets criteria for major depression. If using antidepressants actually does reduce suicidal behavior compared with doing nothing, the available controlled FDA studies (showing increased risk of harm but not increased benefit compared with placebo) would suggest it is quite likely due to the therapeutic alliance with the treating professional or some other related variable and not the chemical in the antidepressant.

What do we know about the risk/benefit profile of antidepressants in children?

The FDA analysis of the SSRI and SNRI database of antidepressants (24 trials involving a total of 4400 patients) found suicidal behavior in approximately 4% of those patients randomly assigned to the antidepressant compared with 2% of those randomly assigned to placebo (Hammad et al., 2006). While the risk of increased suicidality appears to be relatively low (i.e., two extra suicidal patients for every 100 treated with an antidepressant compared with a placebo) and no patients actually completed suicide in the FDA database of controlled trials, the stakes are clearly high. Unfortunately, data concerning potential risk are limited because randomized trials involving antidepressants have typically excluded suicidal patients. The acceptability of the risk/benefit profile with fluoxetine, the only antidepressant to show evidence of some benefit in depressed youth and the only antidepressant approved by the FDA for use with depressed children and ado-

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lescents, involves value judgments as to the cost of harm-related and psychiatric-related adverse events. A legitimate question is "How many children should benefit from an antidepressant to justify one extra child harmed by an antidepressant?" Whittington et al. (2004) reviewed all of the available data (published and unpublished) from controlled trials of SSRIs in depressed youth. This meta-analysis concluded that the risk benefit profile (number needed to treat to benefit one extra patient, NNTB, versus number needed to treat to cause a serious adverse harm event in one extra patient, NNTH) was favorable for fluoxetine, but was unfavorable for paroxetine, sertraline, citalopram, and venlafaxine.

The Treatment of Adolescent Depression Study (TADS, 2004), conducted more recently than the studies included in the Whittington et al. (2004) review, offers the only data relevant to the short-term relative risks of treating patients with psychotherapy alone, medication alone, the combination, or a placebo. Despite the fact that suicidality decreased across all four arms of this study, the fluoxetine condition had a significantly higher rate of harm-related adverse events (such as suicidal ideation), physiological side effects (diarrhea, insomnia, and sedation), and psychiatric adverse events (irritability, mania, and fatigue) compared with placebo or CBT alone. Using the global response measure (a secondary measure) from the TADS study, the NNTB is about three in the combined condition, five for fluoxetine alone, and 12 for CBT alone, all compared to placebo. In terms of harm-related adverse events, the NNTH is approximately 20 in the fluoxetine-containing conditions in comparison to nonmedication conditions. When considering psychiatric-related adverse events, the NNTH is approximately 10 in the fluoxetine alone condition compared with placebo and only about five compared with CBT alone. In other words a practitioner would only have to treat 5 patients with fluoxetine to harm one extra patient compared with treating those same 5 patients with CBT.

Based on the current science, what are the best choices for treating a depressed child?

Parents and treatment providers are faced with tough choices. It is important

for them to understand that many psychosocial interventions, including interpersonal psychotherapy, cognitive-behavior therapy, psychoeducational interventions, and exercise, have at least some scientific support (Brown et al., 2006). Of all the antidepressants, only fluoxetine has any evidence of efficacy beyond placebo. Considering both safety and efficacy data together further complicates the decision about which treatment to use with a depressed child. Given the fact that children are essentially involuntary patients (i.e., we parents make them take their prescribed medications), it could be argued that treatment decisions should be guided by evidence that meets the highest possible safety standards, i.e., a first do no harm approach. In fact, the report of the APA Working Group on Psychoactive Medication for Children and Adolescents (Brown, 2006) concluded "the preponderance of the available evidence indicates that psychosocial treatments are safer than psychoactive medications".

When considering efficacy, the TADS study, in my view the best comparative study ever done in depressed children, ranks the treatments from best to worst this way: combination treatment followed by fluoxetine followed by CBT followed by placebo. When considering safety, the treatment rankings from best to worst are entirely different: CBT followed by placebo followed by combination followed by fluoxetine. Using the TADS study as a guide, it is possible to tailor treatment to parent values and preferences. If the parents' highest priority is safety (I will confess this is true for me as a parent), CBT alone (or another psychosocial intervention) would be a reasonable first choice. If the parents' highest priority is efficacy, the combination of fluoxetine and CBT may offer the best short-term outcome.

There are published materials that cover some of the cognitive behavioral skills for preventing and overcoming depression. Such books may be helpful resources for parents who want to teach their children "depression inoculation" skills. These books include *The Optimistic Child* (Seligman, 1996), *The Adolescent Coping with Depression Course* (Clarke, Lewinsohn, & Hops, 1990), and *Feeling Good* (Burns, 1999).

S.W.A.A.T. CONTINUED FROM PAGE 1

S.W.A.A.T. is currently in the planning and organizational phase of development. The overall mission of S.W.A.A.T. will be to provide assistance to the Division 55 state chapters and state psychological associations that are vigorously pursuing prescriptive authority for appropriately trained psychologists. There is recognition that our resources are limited by our numbers and that it is necessary for all Division 55 members to work together to accomplish the mission of our organization. Division 55 has about a 1000 members and there are about 1500 psychologists in the United States with advanced training in psychopharmacology, but these individuals are spread across the entire country.

In order for any group of psychologists to be successful in obtaining prescriptive authority, it takes a dedicated group of individuals with passion for accomplishing the task, working diligently at the state level. There are many opportunities for the entire membership of Division 55 to be of assistance to these committed individuals pursuing prescriptive authority in their individual states. Therefore, S.W.A.A.T. was created to assist in strategically activating the membership of Division 55 to support these individuals at critical junctures in their efforts to obtain prescriptive authority. S.W.A.A.T. is hopeful that every member in Division 55 will make it a priority to support their own state initiatives, but also plan on supporting the initiatives of other states that are at the tipping point of securing prescriptive authority as we all recognize that every time another state grants prescription privileges to psychologists, it significantly increases the probability of future states allowing appropriately trained psychologists to prescribe.

If every member of Division 55 agrees to work together, we will accomplish our mission of obtaining prescriptive authority in every state, resulting in improved access to integrated quality care for our patients. The Advocacy Conference in Santa Fe generated a great deal of support from important Divisions within APA, as well as a significant degree of positive energy for accomplishing our goal. We must all work together to keep the momentum moving and must not rest until we achieve prescriptive authority in all 50 states.

If you would like to learn more about how you can help support the efforts of S.W.A.A.T. please email Owen Nichols, at OwenTNichols@msn.com.

Candidate Statements: Psychologists Ready and President-Elect Nominees

Morgan Sammons, Ph.D., ABPP

I'm honored to have been nominated for the position of President of Division 55. I was present when the notion of a division first gelled. Three years later we were a formal division, a near record for APA. In support of the division, I have served on the Fellows Committee and have chaired the Awards Committee since its inception until this year. I have served as Council representative for two terms. I've been an independently prescribing psychologist in the military since 1994. I've consulted with numerous states on their prescriptive authority bills and hope that my contributions have played a part in our past successes.

I write this statement from Camp Fallujah, Iraq. I've been deployed since the summer in support of the 1st Marine Division in Al Anbar Province. I'll be returning in a month or so. I cannot emphasize enough how important the ability to prescribe has been to me here. To be a psychologist without prescriptive authority in Iraq would mean that my patients would have to wait to see a psychiatrist, causing unnecessary delay in their care. All psychologists, but particularly prescribing psychologists, should be prepared to help those Marines and other service members who return with combat stress issues. I'll make it a point of my presidency to assist in the development of widely disseminated models for managing such service members. I foresee a bright future for the division. Obviously, our foremost priority, bar none, is the passage of enabling legislation for psychologists' prescriptive authority.

To accomplish this end, we must continue to shape the attitudes of legislators and policy makers regarding the value of prescribing psychologists and to move forward with a unified strategy. Collaborative health care is the solution to comprehensive, affordable health care. Independent prescribing psychologists are a vital component of healthcare that is collaborative in the truest sense of the word – equal participation of all health care providers in patient care.

Division members, working in concert with state psychological associations and representatives from other supportive professional groups, will be the key to future successes, just as they have assured success in the past. Our Division chapters have a key role to play here, I will work to enable them to have a stronger voice in the legislative process.

We must continue as well to shape the attitudes of those within the profession and to convince more psychologists and graduate students in psychology to undertake training in order to prescribe. There are many steps involved in this process, but the most fundamental of these is to insure that those trained to prescribe are able to practice their skills. The ability to put pen to pad is the goal, and I will continue to work as hard as possible to ensure continued success in achieving this outcome.

Owen Nichols, Psy.D., ABPP

As President of Division 55, my first priority will be to enhance the support for initiatives to further prescriptive authority for psychologists with advanced training in psychopharmacology in every possible setting throughout the United States. This will be the guiding principle in all my decisions and activities as an elected officer of the Division 55 Board of Directors.

I will also pursue revision of the National Register of Health Service Providers in Psychology, Designated Postdoctoral Programs in Clinical Psychopharmacology criteria to be inclusive of individuals who completed certificate programs in clinical psychopharmacology that were not affiliated with a university at the time of completion. Division 55 has worked with the American Psychological Association (APA) Board of Education Affairs to create an inclusive revision of the APA Psychopharmacology Training Guidelines, which I will work to move forward as the acceptable criteria for all organizations representing the future interest of psychologists with advanced training in psychopharmacology. Individuals who have completed certificate programs, rather than master's degree in psychopharmacology must be recognized as pioneers in advancing the prescriptive authority movement, just as we value and recognize the distinguished accomplishments of the Department of Defense Psychopharmacology Demonstration Project graduates. Our greatest strength is our diversity and it must not be ignored, devalued, lost, or infringed upon by outside entities.

It is also important that we work to create a specialty for board certification with the American Board of Professional Psychology (ABPP) for individuals with post-doctoral training in psychopharmacology. ABPP board certification continues to signify distinction and expertise in the practice of a specialty, which is consistent with our advanced training in psychopharmacology. It is time for us to further solidify our professional standing and advanced training in psychopharmacology by moving forward with the recognition of our qualifications as a specialty with the APA Commission for Recognition of Specialties or Proficiencies in Professional Psychology, rather than remaining just a proficiency.

Again, my first and foremost goal will be to support all efforts to obtain prescriptive authority in additional settings at both the state and federal level.

It is an extreme honor to be a candidate for President-Elect of Division 55 and if elected I will continue to work vigorously to support the mission and goals of our organization. I am available to answer any of your questions at (w) 270-889-6025 extension 315, (h) 270-886-1896, Owen.Nichols@ky.gov, OwenTNichols@msn.com or on the Division 55 listserv.

Waiting to Serve the Members of Division 55

Council Representative Nominees

Elaine LeVine, Ph.D.

It is a great honor to serve as your President of Division 55. I am very committed to accomplishing goals that will be worthy of the confidence you have shown in me in electing me to this position. As a part of passing RxP legislation in every state, it is imperative that all of our psychologist colleagues understand that prescribing/medical psychology is a critical part of the present and future of our field. In my President's column in the current issue of the *Tablet*, I have described my goals for the Division and the progress we are making in that direction. Although some of my goals for the division can be accomplished within this year, in many other cases I am attempting to put into place strategies and committees whose work will continue over the next few years.

I respectfully request your vote as your next Council Representative, as I believe that I can best serve the division by facilitating many of the efforts that I am initiating as President of the division this year by working with various divisions and states that are represented by the Council.

I believe I have many strengths to bring to the position of Council Representative. Firstly, I have a good background in the structure and function of APA Committees and Council. I have served as the secretary of Division 55 for three years as well as serving as President in 2007. I chaired the APA Committee on Rural Health, served on Pat DeLeon's Presidential RxP Task Force, and am presently a part of the BEA/CAPP Committee for revamping the APA recommended guidelines for training in psychopharmacology. On the BEA/CAPP Committee, I have been an advocate for inclusive terminology that would allow prescriptive authority for competent psychologists trained in various modalities including masters and certificate programs. I think the Committee's recommendations to measure outcome competence rather than relying upon overly rigid requirements will be very helpful to our RxP movement.

I also believe that I can be a very credible representative of our efforts on the Council. I was instrumental in the advocacy efforts leading to the passage of the prescriptive authority law in New Mexico. I hold an unrestricted license to prescribe in New Mexico and have published several articles and chapters in books on my prescriptive authority work. I have been recognized for my efforts regarding prescriptive authority with a Presidential Citation from Robert Sternberg, a Kaiser Award, a leadership award from Division 31, and a state leadership award from Division 55.

If elected as your Council Representative, I am committed to staying in close communication with you through the listserv and the *Tablet* regarding Council actions. I would very much appreciate your vote for Council Representative so that I can continue my efforts on behalf of Division 55 and the patients we serve.

Robert Younger, Ph.D., ABPP

I am privileged to be a candidate for the Council of Representatives for Division 55. I believe we stand at a transitional point in the integration of psychological and behavioral healthcare into traditional healthcare and specifically primary care. While on the forefront of the practice and advocacy for prescriptive privileges for psychologists, I have prescribed psychotropic medications since 1999, originally and continuing as a U.S. Navy prescribing psychologist, and following passage of the prescribing law in Louisiana as a medical psychologist. I was fortunate to be the first psychologist to prescribe medications NOT trained within the Department of Defense. We who follow the DoD Psychopharmacology Demonstration Project pioneers—the real pioneers in RxP—owe them a debt of gratitude. To succeeding generations of psychologists, those integrating the best of psychological and physical healthcare, we owe success.

To achieve success we must pass laws to provide access to quality psychological and behavioral healthcare. I have testified and advocated for RxP in several states, including the successful effort in Louisiana and the ongoing fight in Hawaii. With the pioneers in Louisiana RxP and public affairs of an aircraft carrier we developed videos for legislators and the public explaining the benefits of pharmacologically integrated healthcare. To pass laws we must continue to develop competencies to measure skills and ultimately to develop prescribing psychologists. The ability to prescribe should be based on competencies alone and neither the setting nor the geographic location of the training and practice.

Finally, I want to remind us that we are creating a new healthcare system, a system which ultimately must promote health and not focus solely upon care. As prescribing psychologists we owe our patients and society the benefits of our knowledge and experience as the preeminent experts in behavior, integrating medications into care and ultimately improving our lives.



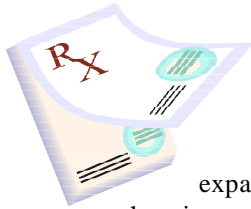
Candidate Statements: Psychologists Ready Treasurer

James H. Bray, Ph.D.

Division 55 is at an important juncture and needs continued strong leadership to sustain its vitality and growth. I have enjoyed serving the Division as a Treasurer and would like to continue my service to ensure that the division has a sound financial footing. I bring a wealth of experience with APA and the field to help the Division achieve its mission. As an active clinician, educator, researcher and advocate for psychology I bring a unique perspective and can represent the multiple needs of our Division. To continue the growth of the Division, I believe that we need new input and ideas.

As a board member I would focus on: (1) providing leadership to expand opportunities for all psychologists who want to gain prescriptive authority, (2) providing leadership around new practice areas, such as primary care, (3) developing advocacy both within and outside of the Division and APA for the expansion of the role of the prescriptive authority for psychologists, and (4) expanding membership services for the changing needs of psychologists through innovative telecommunications technologies. I have extensive experience within APA and can work effectively to represent the Division as Treasurer. I welcome this opportunity to serve you and Division 55 at this important point in our history. I appreciate your vote for Treasurer.

Please visit my website for more information:
<http://www.bcm.tmc.edu/familymed/jbray>



Deanna Yates, Ph.D.

The goal of Division 55 is to advance the practice of psychopharmacology within the profession of psychology. This has been my goal since 1996 when I set out to convince our state association leadership to push for prescriptive authority in Texas. I formed a small committee which was instrumental in convincing our board to make training and legislation for prescriptive authority one of their stated goals. Since then we have trained over 200 psychologists in Texas and have submitted a prescriptive authority bill in our legislature twice. I also started the Texas A&M University psychopharmacology training program which is now continuing to train psychologists in Texas as well as in other states around the country.

I see Division 55 as instrumental in helping states get prescriptive authority and so I would very much like to serve on the board of Division 55. I have a strong background in managing finances. I have run my own office consisting of six therapists and four full time employees for ten years. Before that I operated a private school and a part time business in orchid sales. I believe I also have the leadership experience necessary to work with the Division 55 board in providing direction for achieving organizational goals. I have served in a variety of leadership capacities, including Legislative Chair and President of my local association, as well as chair of numerous committees of the Texas Psychological Association and President of TPA.

It is my desire to help our division achieve its goals by serving as your Treasurer.

Member-at-Large

Glenn Ally, Ph.D.

I would like to thank you for nominating me to represent you as Member at Large on the Division 55 Board. My appreciation also goes to Dr. Bob McGrath for appointing me to fill the unexpired term of Dr. Mario Marquez when Dr. Marquez was elected President-Elect.

I have enjoyed working with Division 55 Board members and feel that I have been able to make positive contributions in the short time I have been serving. Currently, I also serve as member of CAPP and Chair the RxP Subcommittee. In that position, I am

aware of and can assist the RxP efforts on-going in each of our states and territories. I must say, these are truly exciting times for RxP and that the excitement is indeed increasing. Division 55 has been at the forefront of this growing excitement with the emphasis and education on advocacy. With my experiences on the RxP Subcommittee, as Board Member of Division 42, as member of the Task Force on the RxP Training Curriculum and Model Act, and as a Council Delegate, I believe I can get the message of Division 55 and the RxP agenda to a wide variety of colleagues.

In addition, I believe I can, through Division 55, share some of my experiences with RxP advocacy to enhance and continue the forward movement of the RxP agenda. It would be my honor to serve you should I be elected. Rest assured, Division 55 will be well served by any of the candidates. It would be my privilege to represent you.

Note:

Elaine Mantell, Ph.D. is also running for Member-at-Large; to see hers and the other candidate statements, please go to:
<http://www.division55.org/Pages/2007CandidateStatements.htm>

Waiting to Serve the Members of Division 55

APAGS Representative

Robert H. Pietrzak, M.P.H.

I am a third-year doctoral student in clinical psychology (concentration in neuropsychology) at the University of Connecticut.

Prescriptive authority for psychologists (RxP) is an important part of my graduate career. I regularly attend Connecticut legislative hearings on RxP, and in preparation for postdoctoral psychopharmacology training, I am pursuing coursework in the neurosciences and psychopharmacology.

My commitment to RxP extends to my research. To date, I have contributed to 25 papers (22 as first or second author) in addictive behaviors, neuropsychology, and psychopharmacology. In recognition of this work, I was twice selected (2005, 2006) as recipient of the Division 55 - Patrick H. DeLeon Prize for Outstanding Student Contribution to the Advancement of Pharmacotherapy.

If elected as APAGS Student Representative, I will have the opportunity to translate my passion for RxP to a national level. I will endeavor to correct misunderstandings about RxP, especially with regard to psychologist identity, to promote the importance of RxP, stimulate involvement in legislative activities, and to encourage students to pursue postdoctoral training in psychopharmacology.

Thank you considering me for this important position. It would be a privilege to serve you.

Audra Schulman

I am a second year doctoral student at Fairleigh Dickinson University and am presently running for the student representative position of Division 55. It is important to communicate with fellow students and other members of the psychological community that applied psychologist can and should join their psychiatric colleagues in providing the full range of efficacious treatments that prescription privileges would allow.

It does indeed make sense for psychologists to be able to prescribe psychiatric medicines if they are properly trained and licensed to do so. Since psychologists already deal with psychiatric medicines on a regular basis, as many of their clients are now or have in the past utilized this form of treatment, it is a best practice and in the best interest of our clients to be able to provide this continuum of care with a single practitioner.

By working to pass the appropriate legislation, psychologists would move closer to the goal of Division 55, "to enhance psychological treatments combined with psychopharmacological medications." I look forward to the input of my peers as I work with the members of Division 55 in achieving this goal.

"What I found to be inspirational at the Santa Fe Conference is the strong desire of prescribing psychologists to provide a caring and comprehensive approach to medication prescribing consistent with the standards of psychologists as opposed to the '10 minute' session currently provided by available prescribers."

**-Bob Gant, Ph.D.,
Colorado Springs, CO.**

Treasurer's Report for Division 55

JAMES H. BRAY, PH.D.

APRIL 2007

After a few years of financially struggling, the Division is now in a positive financial position. The treasury is held by the American Psychological Association and we appreciate APA's help in managing our finances. We moved our central office to the APA Division Services in 2007. This move will result in a significant savings for division administration and allow us to continue a number of our successful programs.

We ended 2006 within our approved budget and about \$21,000 in our savings account. The division held a successful midwinter conference in February 2006 and produced a video of the conference that is continuing to generate income

for the division.

We estimate 2007 income as \$63,316, with \$26,666 coming from dues. The remaining income will come from our midwinter conference and other sources. As of 12/31/06 we have collected \$19,475 in dues for 2007. In addition, we expect to generate a profit from our 2007 Advocacy Conference that was held in Santa Fe, NM. The Division will develop an investment plan in the coming year to insure our long-term financial viability.

Please contact me at jbray@bcm.edu if you would like more details about our finances. It is an honor to serve you and the division.

2007 ASAP Committee Chairs

Awards Committee

Morgan Sammons, Ph.D.

Canadian Psychology Committee

Brian Bigelow, Ph.D., C. Psych

CAPP Liaison

Mark Muse, Ph.D.

Chapter Chairs

Anton Tolman, Ph.D.

Nancy Alford, Psy.D., Co-Chairs

Consortium by Regions

Neal Morris, Ph.D.

Continuing Education Director

George Kapalka, Ph.D.

Convention Program of 2007

Marlin Hoover, Ph.D.

Early Career Psychologists Task Force

Rebecca Kayo, Ph.D.

Education and Training Committee

Active Chair:

Elaine LeVine, Ph.D.

Federal Agencies Task Force

Bob Ax, Ph.D.

Evidence-Based research Committee

Beth Rom-Rymer, Ph.D.

Federal Advocacy Coordinator

Gilbert Sanders, Ph.D.

Pediatric Population Committee

George Kapalka, Ph.D.

*Gerontology Psychopharmacology
Committee*

Beth Rom-Rymer, Ph.D.

International Psychology Committee

Martin Gittelman, Ph.D.

Listserv Monitor

Gordon Hertz, Ph.D.

Membership Committee

Beth Rom-Rymer, Ph.D.

Web Page

Gordon Hertz, Ph.D.

Media Committee

Nina Tocci, Ph.D.

Beth Rom-Rymer, Ph.D.,

Co-chairs

Fellows Committee

Alan Gruber, D.S.W., Ph.D., M.D.

Practice Guidelines Committee

Bob McGrath, Ph.D.

Special Populations Committee

Victor De La Cancela, Ph.D., MPH,

ABPP, FICPP (ethnic);

Susan Patchin, Psy.D. (rural),

Elaine Mantell, Ph.D. (women)

S.W.A.A.T. Committee

Owen Nichols, Ph.D.

Tablet

Jeff Matranga, Ph.D., ABPP

Task Force to Develop Strategic Plan for

Division 55

Elaine LeVine, Ph.D.

Ron Fox, Ph.D, Co-chairs