

# N PSYCHOPHARMACOLOGY NEWSLETTE AND SUBSTANCE ABUSE R

Volume 25, Number 4

Division 28 - The American Psychological Association

Winter, 1993

## PRESIDENT'S LETTER

*Maxine Stitzer*

President, Division 28

*Background.* In this world of specialization, clinical psychologists have developed a niche for service delivery that incorporates psychotherapy in all its variations (behavioral, cognitive, psychoanalytic, etc.). At the same time, psychiatrists, who treat a similar array of affective and behavioral disorders, have taken a medical/biological approach that includes prescription of a variety of effective medications available for treatment of affective and behavioral disorders. Now the question of prescription privileges for psychologists has surfaced and is causing quite a stir. Since both psychologists and psychiatrists have functioned comfortably in their separate domains for quite some time, what advantages might accrue should some psychologists be given prescription privileges? The pro argument is generally couched in terms of public health benefits, with a potential for increasing community access to needed mental health services. Since Division 28 is primarily interested in research, evaluation and training, are there any advantages that can be cited in these arenas? The answer is yes. A psychology specialty with cross-over training in behavioral and pharmacological treatments could stimulate both research and practice innovation. Since medications can be very beneficial for affective disorders and are probably here to stay in our culture, it behooves psychologists to understand how they work, the optimal conditions for their use, and how the efficacy of both behavioral and pharmacological treatment approaches might be enhanced by rational combination. Thus, psychologists who are intimately familiar with both behavioral and pharmacological therapies could take the lead in research and practice innovation for combined therapy approaches.

*APA Task Force on Psychopharmacology.* The debate on prescription privileges has been informed by the thoughtful report of this Task Force, on which several Division 28 members served. The report, recently submitted to APA Council, addresses the desirability, practicality and training

requirements for implementation of prescription privileges for psychologists and makes recommendations. Highlights of the report are described below.

*Models for prescription privileges.* The Task Force on Psychopharmacology recommends that the most appropriate model for psychologists with prescription privileges is the "limited practitioner" model, similar to that used for dentists and optometrists. Ideally, the medications that could be used by psychologists would be limited by their currently accepted scope of practice, not by a specific formulary. Potential medications that might be appropriate include hypnotics, anxiolytics, antidepressants, antipsychotics, psychostimulants, beta-blockers (for use in treatment of simple phobias), pain control medications, and medications used in the treatment of substance abuse. This model clearly provides the most flexibility and the broadest coverage. Although not recommended by the Task Force, a limited formulary model might be considered for specialty groups and could be a more gradual way to introduce the prescription privilege. The best example would be a limited formulary for addictions specialists that includes prescription nicotine replacement products, naltrexone, and disulfiram. The rationale here is simple and compelling: These medications for addictive disorders are only effective when given in the context of monitoring, support, and behavioral therapy for life style change, functions that psychologists are uniquely qualified to perform/deliver. Any limited formulary scheme, of course, would have to be implemented in a way that allows practitioners to take advantage of advances in pharmacotherapy as these are introduced.

*Training criteria.* What is clear is that if any psychologists are to receive prescription privileges of any sort, these individuals will also have to receive appropriate levels of training in pharmacology and biology to enable them to carry out prescribing in an informed and safe manner. Division 28 members were particularly helpful in providing the expertise needed to develop curricula that will provide the background and training needed by practitioners interested in prescription privilege. The APA Task Force on Psychopharmacology

cont. on p. 4

## PETITION FOR NEW DIVISION ON ADDICTIONS ANNOUNCED

Maxine Stitzer

President, Division 28

At its December 4-6, 1992 meeting, the Board of Directors of American Psychological Association reviewed a petition for the establishment of a Division on Addictions signed by 736 Members and Fellows of the Association. A copy of the petition is printed below. Upon determining that the petition fulfilled the technical requirements outlined in the APA Bylaws, the Board asked that the petition be distributed to all existing divisions and members of the Council, inviting comment. At its February 26-28, 1993 meeting, APA Council will consider this petition and will vote on whether a Division on Addictions should be established as a "candidate division" for a period of two years. At the end of that candidacy period, Council will then have an opportunity to review the progress of the new division and to vote on its permanent status.

Division 28 has prepared a draft for a formal comment to Council, which appears following the petition. Please direct your comments or suggestions regarding this draft to Division 28 President, Maxine Stitzer, Ph.D., Behavioral Pharmacology Research, Francis Scott Key Medical Center, 5510 Nathan Shock Drive, Suite 3000, Baltimore, MD 21224, tel. (410) 550-0042.

## PETITION FOR DIVISION ON ADDICTIONS

### PURPOSE:

It is essential that professional psychology establish a focused identity as a major player in the field of addictive behaviors. This paper provides the major arguments supporting the need for the establishment of a new Division on Addictions within the American Psychological Association.

- Individual psychologists, clinicians, and researchers are already recognized as major contributors to the field. A Division on Addictions would provide a forum, a home base within APA, for organizing these individual contributions into a coherent psychological knowledge base. In addition, the Division will serve to identify a nationally recognized cadre of experts.
- A Division on Addictions will mirror the already existing national policy guidelines for funding research. The National Institute for Drug Abuse (NIDA), for example, has identified addictions work as requiring specialized knowledge beyond generic credentials.

- Similarly, new policies and mechanisms of third party payments, self-insurance and managed care are expecting providers to be knowledgeable in treating substance abuse disorders if they wish to be included in preferred provider networks.
- All aspects of substance abuse research, prevention, and treatment are the focus of continued national interest. Other professional organizations, such as the American Medical Association, the American Nurses Association, and the National Association of Social Workers, have all issued organizational policy statements addressing these national concerns. A Division on Addictions would provide a channel for APA to contribute to this important national dialogue.

### BACKGROUND INFORMATION:

The purpose of this document is to support the creation of a Division on Addictions in APA. Specifically, the Society of Psychologists in Addictive Behaviors (SPAB) will provide the nucleus of the new division.

SPAB has close to 800 members, publishes a peer-reviewed journal, *Psychology of Addictive Behaviors* (published by APA's special press), and holds an annual conference. Its membership register includes most, if not all, of the psychologists who have distinguished reputations in the field of addictive behaviors.

It should be noted that this document is supported by the Joint Committee on Alcoholism and Substance Abuse of Division 42. The Committee considers the establishment of a Division on Addictions to be its highest priority for 1992.

### OBJECTIVES OF A DIVISION ON ADDICTIONS:

- Establish research based standards of assessment, diagnosis, and treatment, as a basis for rational client-to-treatment matching.
- Identify and/or assist in the development of a continuing education curriculum for psychologists who wish to improve their skill level in working with chemically dependent populations.
- Provide leadership in communicating with other professionals, government agencies, third party payers, or self-help groups.
- Ensure that research findings guide the continuing refinement of treatment models, so that service delivery systems, public and private, utilize the most efficient and cost-effective models.

## PETITION FOR NEW DIVISION (cont.)

### SUMMARY:

It is of concern that there is, at present, no natural fit between the clinical, research, and other activities of psychologists in addictive behaviors and the focus of other APA divisions. We believe therefore, that a new Division on Addictions will actually attract new members to APA and will, in addition, free up conference time in other divisions. Changes in the field of addictive behaviors are occurring rapidly. It is crucial that professional psychology be in a leadership position to respond effectively.

Respectfully submitted by The National Committee for a Division on Addictions: Herbert J. Freudenberger, Ph.D., Chair; George DeLeon, Ph.D.; Raymond F. Hanbury, Ph.D.; Richard A. Rawson, Ph.D.; Jean J. Rossi, Ph.D.; Edward J. Schwab, Ph.D.; Barbara C. Wallace, Ph.D.; Arnold Washton, Ph.D.; Harry K. Wexler, Ph.D.; Daniel Yalisova, Ph.D.; Joan Ellen Zweben, Ph.D.

### DRAFT OF DIVISION 28'S RESPONSE TO THE PETITION

Division 28 endorses the creation of a new APA Division on Addictions. The formation of a new APA division on Addictions would seem to be in the best interests of all concerned for several reasons. First, the overall impact of creating a new division will be to increase attention within the APA as a whole to this critically important topic area, including an increase total program time devoted to addictions-related topics at the annual meeting. Secondly, although there is some overlap in the interests and expertise of the new division with our existing division on Psychopharmacology and Substance Abuse, the new division would appear to be more oriented toward clinical practice issues than is the existing division. To the extent that addictions treatment is based on a unique body of research and knowledge, this is appropriate. Further, there are some critical practice-related issues to be addressed in this arena, such as the need to formulate a process that will certify psychologists as addiction treatment specialists, which the existing division is not inclined to tackle. A specialty group focusing attention on these matters would appear warranted and desirable. Finally, creation of the new division would bring under the APA umbrella an existing organization, the Society of Psychologists in Addictive Behaviors, that is comprised of a dedicated and effective group of individuals who already meet as a satellite group to share their expertise on treatment of addictive disorders. That these individuals are interested in contributing their energies and perspectives to the larger APA organization can only be beneficial to both groups.

## DIVISION 28 AND THE WOMEN'S NETWORK

*Carolyn M. Mazure*

Women's Network Representative

Among the appointed officers within the structure of Division 28--such as Treasurer, Secretary, Program Chair, committee representatives, and liaisons--is the "Women's Network representative." Because I currently hold this position, Cindy Pomerleau, the *Newsletter* editor, asked me to provide a brief description of what this position entails. The specific nature of this position in a Division that has such a rich scientific tradition may not be immediately apparent. And in fact, although I seem the likely candidate to describe the position, I too have been in the process of determining the representative's job.

It has been clear that the primary focus of the job is to communicate with the Committee on Women in Psychology (CWP), a continuing committee within the governance structure of APA which has a "women's network" for facilitating communication with APA divisions. CWP is charged with "furthering the major purpose of the APA--to advance psychology as a science and a profession and as a means of promoting human welfare..." with the specific goal of addressing the status of women (Women in the American Psychological Association, 1991). This work is broadly interpreted. It potentially includes everything from monitoring the position of women within the discipline, to encouraging the study of the psychology of women, to considering how psychological science is addressing the issue of gender.

The nature of my communication with CWP has been twofold--first, to learn what they are actively doing to carry out their charge; and second, to discuss with them how science, and specifically research in psychopharmacology and substance abuse, is relevant to their larger goals. Discussions of the latter issue with CWP have been mirror images of my conversations with Division 28 members regarding how so-called "women's issues" relate to the function of the Division. Both CWP representatives and Division 28 members have been open to discussing this topic, but areas of common ground were not always obvious at first.

These discussions, however, have begun to generate some possible common interests both in research policy-making and content areas. For example, as various division members have indicated, there is an increased emphasis on formulating guidelines for inclusion of female subjects in both clinical and preclinical research. Perhaps, if CWP were to support these or other initiatives that will effect psychopharmacological research, collaboration with Division 28

cont. on p. 4

## WOMEN'S NETWORK (cont.)

scientists might be helpful in shaping recommended policy guidelines. Or, as other members have pointed out, investigation of sex differences in substance abuse or response to pharmacologic agents may need to be a targeted area for study, because females were excluded previously in order to reduce subject variability. This too may be an area of shared interest with CWP.

Currently, an area of potential input from the Division to CWP involves a "National Conference on Psychology and Women's Health" being planned by CWP. Drs. Gwen Keita (Women's Programs Office, Practice Directorate) and Sheryl Alagna (Chair, CWP) have provided a preliminary outline for this conference. Its purpose is to focus on psychosocial and behavioral (rather than biomedical) factors that affect health, particularly women's health. In a conference call, the three of us discussed the issue that, although the focus of this conference is psychosocial, a contribution could be made from basic and clinical science at least in terms of identifying the contribution of "biomedical factors" to health outcome. Both Drs. Keita and Alagna were receptive to considering specific suggestions from us while continuing to plan the format for this conference. Anyone interested in operationalizing such suggestions is invited to send comments to me that I will pass along to them.

To some extent, I have treated my first year's tenure as a pilot study on the relationship of Division 28's women's network representative to the APA. The results suggest that there is at least one possible role for such a representative. This would be as a conduit for information between Division 28 and CWP regarding scientific contributions within psychopharmacology and substance abuse research that have already been made, as well as those needed, to advance knowledge in women's health.

## PRESIDENT'S LETTER (cont.)

laid out a detailed set of recommendations concerning the nature and extent of training that would be required to achieve various levels of expertise among psychologists. 1) **Basic Training.** This training level would familiarize psychologists with the classes of medications commonly used to treat mental disorders as well as with the biological basis of action of these medications. Universal implementation of this training level would be advantageous for the general education of all clinical psychologists. 2) **Collaborative Practice Training.** This level would provide the knowledge needed for psychologists to actively participate in the management of prescribed medications and to integrate these with psychosocial treatment. Training would include psychodiag-

nosis, physical assessment, physical function tests, drug interactions, and drug side-effects; practice experience would be included at both graduate and internship levels. The Task Force emphasized that psychologists can play a substantially increased role in decision-making regarding the use of medications, without obtaining full prescription privileges, and this training level would serve as the basis for such an increased role. 3) **Prescription Privilege Training.** The final training level would be similar to training in other professions that have independent prescription privileges (e.g. dentists, optometrists, nurse practitioners). It would build upon the two earlier levels described and would include advanced training in biology and chemistry pre-requisites as well as doctoral level training in physiology, biochemistry, cellular biology, microbiology, immunology, and pathology, as well as advanced training in pharmacology.

It is clear that the training requirements outlined are substantial and represent a departure from traditional training curricula for psychologists. Of course, in order to take advantage of the unique perspectives and talents of psychologists, this specialized graduate training would need to be implemented in addition to more traditional training curricula in clinical practice and/or academic research. As Dr. Lipsitt points out in his accompanying piece, this will not be everyone's cup of tea, and these specialty training options will have to be provided on an optional basis for a subgroup of psychologists who want them. I am extremely pleased that Division 28 members have had input to the deliberations on prescription privileges and look forward to continued involvement. Copies of the Task Force on Psychopharmacology report can be obtained on request from the Practice Directorate by calling toll free 1-800-374-2723.

## DRUG PRIVILEGES FOR PSYCHOLOGISTS? A POSITION STATEMENT

*Lewis P. Lipsitt*

Prof. of Psychology and Medical Science, Brown University

Techniques of therapeutic intervention are many and varied. Some are better than others. Psychotherapists have a history of evaluating the efficacy of their interventions, improving upon established procedures, innovating, and re-evaluating. Psychology is an empirical science and profession.

It is an empirical matter as to whether this drug or that is effective; whether this one is more effective than another for specifically articulated objectives; and whether some are better (and in what ways) than various types of non-drug psychotherapeutic intervention.

cont on. p. 7

## OPEN POSITIONS

**Behavioral Medicine Postdoctoral Research Fellowships:** Majority of training is in the laboratory with training faculty and includes opportunities in Human Behavioral Pharmacology of Nicotine and other drugs. Didactic training in physiology/psychophysiology, behavioral pharmacology, cardiovascular pathophysiology, principles of behavior, and research methods/statistics. Fellowships currently available, for 1-3 years; stipends at current NIH levels. Must be US citizen or non-citizen national in accordance with NIH regulations for NRSA fellowship award. Contact Karen Matthews, Ph.D., Dept. of Psychiatry, Univ. of Pittsburgh, 3811 O'Hara St., Pittsburgh, PA 15213, tel. (412) 624-2041. EEOC/MF.

**Predoctoral and Postdoctoral Training in Neuropsychopharmacology for Drug Abuse Research:** Depts. of Pharmacological and Physiological Sciences, Psychiatry, and Psychology offer pre- and postdoctoral training positions in drug abuse research. Didactic training in general neurobiology, physiology, pharmacology and behavioral principles. Research programs include developmental neurobiology of early drug exposure (A. Heller, P. Hoffman), neurotoxicity of psychostimulants (L. Seiden), neural mechanisms of pain and analgesia (D. Hammond), behavioral studies of reinforcing, discriminative stimulus, and subject effects of drugs in animals and humans (W. Woolverton, H. de Wit). Other pre-clinical and clinical opportunities available. Minorities encouraged to apply. Contact W. Woolverton or H. de Wit, Dept. of Psychiatry, Univ. of Chicago, 5841 S. Maryland Avenue, Chicago, IL 60637, tel. 312-702-6360 or 312-702-1537.

**Behavioral Pharmacologist:** Applicants sought for non-tenurable faculty position at the rank of Asst. Professor in Dept. of Pharmacology and Toxicology. Ph.D. or equivalent degree required, with at least 2 years of postdoctoral experience in behavioral pharmacology research. The selected individual will design and conduct studies in rodents and nonhuman primates with drugs of abuse using operant behavior, drug discrimination, and drug self-administration procedures and do some teaching in the area of CNS pharmacology; s/he will participate in multidisciplinary grant-supported research, and encouragement will be provided to initiate an independent grant-supported research program. There will be ample opportunity to interact with a large group of scientists interested in substance abuse research. Send letter describing research background and interests, CV, and the names, address and phone numbers of at least 3 references to Dr. Robert L. Balster, Dept. of Pharmacology and Toxicology, Virginia Commonwealth University, Box 613 MCV Station, Richmond, VA 23298. Formal consideration of applications will begin 2/1/93. EEOC/MF.

**Health Behavior Position:** Tenure-track position in the social and psychological aspects of health and illness behavior. (Preference given to candidates at the assistant professor level, but candidates at all levels will be considered.) Ph.D. required. The position is half-time in the Institute of Behavioral Science and half-time in either the Psychology or Sociology Dept. Major commitment to and excellence in research is expected, as well as teaching excellence at both graduate and undergraduate levels. Substantive interest in the etiology, development, and correlates of health behaviors, and in research on prevention and intervention programs related to health behaviors is essential. Send letter, CV, and names of 3 references to

Dr. Richard Jessor, Director, Institute of Behavioral Science, Univ. of CO, Campus Box 483, Boulder, CO 80309. Applications must be postmarked by 2/22/93. The Univ. of CO/Boulder has a strong commitment to the principle of diversity and seeks applications from a broad spectrum, including women, members of ethnic minorities, and disabled individuals.

**Postdoctoral Fellowship in Behavioral Pharmacology:** Develop and implement preclinical behavioral pharmacology research related to substance abuse in a stimulating and productive environment. Our laboratory has an ongoing program of research characterizing the behavioral pharmacology of compounds acting at the GABA/benzodiazepine receptor complex. Studies in baboons and rats investigate the reinforcing, discriminative stimulus, physical dependence producing and memory-impairing effects of these drugs; other studies examine the behavioral pharmacology of other abused substances. Fellow will be trained in relevant procedures and contribute to the preclinical research program. Training is part of a preclinical and clinical training program in the behavioral pharmacology of abused drugs, and there are opportunities to participate in related human research. Ph.D. and research experience are required. Send letter of interest, CV, and phone numbers of 3 references to: Roland Griffiths, Ph.D., BPRU, Behavioral Biology Research Center, Johns Hopkins Bayview Research Campus, 5510 Nathan Shock Drive, Baltimore, MD 21224, tel. (410) 550-0034.

**Postdoctoral Research Fellowships in Addictions:** Several postdoctoral research fellow positions (Ph.Ds. or MDs) in a multidisciplinary research training program available beginning in July of each year. Objective is to provide comprehensive training in the addictions and in research techniques, clinical/research seminars, and a year-long fundamentals course on substance abuse. Current research areas include clinical pharmacology, psychiatric comorbidity, guided self-change and community interventions, behavioral change and relapse prevention, youth and family, community treatment research, and preclinical pharmacology and experimental psychology. Two salary ranges, variable, depending on postdoctoral experience and type of postdoctoral degree (Ph.D.: \$26,790 to \$30,510; MD: \$27,100 to \$42,585). Deadline is March 1st of each year. Send 3 letters of reference, official graduate transcript, CV, and statement of research career plans and reasons for seeking training to Dr. Linda C. Sobell, Assistant Director of Research and Training, Clinical Research and Treatment Institute, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario M5S 2S1. For further information, call 416-595-6002.

**Postdoctoral Research Fellowship in Alcohol Research:** Appointment with Addictive Behaviors Research Center, funded by NIAAA; begins in July or September, 1993, and runs for at least one year. Overall purpose is to provide postdoctoral training for individuals who wish to pursue a career in alcohol research, with emphasis on the etiology and prevention of problem drinking and alcoholism. As topic will be approached from both psychosocial and biobehavioral perspectives, individuals with training in any relevant areas of psychology (clinical, health psychology, physiological, social, cognitive, behavioral pharmacology, etc.) are encouraged to apply. Send cover letter indicating areas of research interest, CV, and 3 letters of recommendation by 5/1/93 to Stephen C. Woods, Ph.D., Postdoctoral Psychology Training in Alcohol Research Program, Dept. of Psychology NI-25, Univ. of WA, Seattle, WA 98195.

## APPRECIATION FOR CORPORATE SPONSORSHIP OF DIVISION 28

*Jack Henningfield*

Treasurer, Division 28

The Psychopharmacology and Substance Abuse Division of the APA would like to express its great appreciation to the many corporate sponsors that help to fund our scientific and academic activities. This support has helped the Division to facilitate research and effectively disseminate information. Specific activities that are supported by this funding include the following: to organize interesting and effective programs on drugs and behavior at the Annual Convention of the APA, to invite outstanding leaders in the field both from industry and academia to address those attending the convention, to publish and distribute the quarterly Psychopharmacology Newsletter to our 1,000 members, Fellows, Corporate Affiliates, and officers in the 90,000 member American Psychological Association, to influence national policy on the usefulness of animal testing in the evaluation of the activity of drugs and compounds, to promote the already close interdependence between academic and industrial psychopharmacology, and to support, in general, those programs and activities both within and outside the APA that relate to the growth and productivity of psychopharmacology. Corporate sponsors during 1992 have included:

American Cyanamid  
Burroughs Wellcome  
CIBA-GEIGY  
Coulbourn Instruments  
Hoffman-LaRoche Inc.  
ICI Pharmaceuticals Group  
Janssen Research Foundation  
Kabi Pharmacia  
Lederle Laboratories - Division  
of American Cyanamide Company  
Parke-Davis  
P.J. Noyes Company  
Pfizer Pharmaceuticals  
Sandoz Pharmaceuticals Corp.  
Schering-Plough Corporation  
Wyeth Laboratories

## CALL FOR FELLOW NOMINATIONS

The Executive Committee seeks nominations for Fellow status in Division 28. Any member who has made outstanding contributions to psychopharmacology or substance abuse research is eligible for nomination. If you wish to be considered yourself or nominate someone else for this APA honor, send your/his/her CV to the Division 28 Membership Chair,

Warren K. Bickel, Ph.D., Human Behavioral Pharmacology Laboratory, Dept. of Psychiatry, Univ. of Vermont, 38 Fletcher Place, Burlington, VT 05401-1198; (802) 660-3067.

## DIVISION 28 DIRECTORY

*Warren K. Bickel*  
Membership Chair

At this time last year, the Winter 1992 issue included a Division 28 Directory of telephone and FAX numbers, as well as e-mail addresses. Throughout the year, we have received a positive response and many updates to this information. Therefore, we are now planning to include an updated version of this Directory in the Spring, 1993 issue. Please submit any recent changes or corrections to the Division 28 Membership Chair, Warren K. Bickel, Ph.D., Human Behavioral Pharmacology Laboratory, Dept. of Psychiatry, University of Vermont, 38 Fletcher Place, Burlington, VT 05401-1198. (e-mail address: M\_COAHRAN@uvmvax.uvm.edu)

## NEW APA JOURNAL SEEKS SUBMISSIONS

*Charles R. Schuster*  
Editor, *Experimental and Clinical Psychopharmacology*

It is 1993, the first year of publication for the new APA journal *Experimental and Clinical Psychopharmacology*. In order to be certain that your timeless prose explaining the best research you have ever accomplished is included in the "premier" edition of the journal, get your submissions in to me as soon as possible. Avoid the last minute rush—send me your manuscripts today! Guidelines for submissions are on their way from APA headquarters. To submit manuscripts, or to make inquiries about the journal, please write or FAX: Charles R. (Bob) Schuster, Editor, *Experimental and Clinical Psychopharmacology*, P.O. Box 2795, Kensington, MD 20891-2795; (301) 942-8329 (phone and FAX).

## NEWSLETTER EDITOR SOUGHT

The editorship of the *Psychopharmacology and Substance Abuse Newsletter*, the official organ of Division 28, is currently open. To apply, or to request further information, get in touch with the current editor, Cindy Pomerleau (tel: 313-998-6430; e-mail: usergcds@umichum.bitnet); or Maxine Stitzer, President of Division 28 (tel: 410-550-0042; e-mail: mstitzer@bpru.uucp.jhu.edu). This is a great way to become acquainted with the people and the issues that are the driving force for Division 28.

## APA CONVENTION, 1993

Harriet de Wit  
Program Chair, 1993

The 1993 Annual American Psychological Association Convention will be held in Toronto, Canada, on August 20-24, 1993. The meeting promises to be lively and productive for all participants, including psychopharmacologists, and I encourage you to mark your calendars and plan to attend. Two "critical issues" themes for the 1993 meeting were selected by the APA Board of Convention Affairs: i) *Sex and Psychology*; and ii) *The Biological Revolution: Its Significance for Psychological Research and Practice*. In addition, the Science Directorate of APA is planning its "Science Weekend," which will have the following themes (still tentative): i) contributions of basic research in psychology to applied problems; and ii) current controversies in research methodology. Science Weekend will consist of special symposia and invited presentations to be scheduled Friday through Sunday of the Convention. Although the deadline has passed for submitting proposals for papers, posters and symposia for the 1993 Convention, it is not too late to suggest names for invited speakers. If you know of effective speakers who have something new to say about psychopharmacology or substance abuse, please get in touch with me (see below).

The Board of Convention Affairs asks that individuals with disabilities identify themselves and provide information on what can be done to make the Convention more accessible to them. APA will provide a van with a lift as transportation for persons in wheelchairs, interpreters for hearing impaired individuals, and escorts/readers for persons with visual impairments. We urge anyone wishing assistance to register in advance for the Convention, using the APA Advance Registration and Housing form that will appear in the March through May issues of the *American Psychologist*. A note outlining your specific needs should accompany the form; this is especially important for persons who require interpreting services. The deadline for advance registration will be in June, 1993.

Questions regarding the Division 28 program may be addressed to Harriet de Wit, tel (312) 702-1537, FAX (312) 702-6454, e-mail; hdew@midway.uchicago.edu.

## ERRATUM

The article on the Young Psychopharmacologist Award in the fall issue of the Division 28 newsletter inadvertently failed to mention that the award is sponsored by The Burroughs Wellcome Fund. We apologize for this omission.

## LIPSITT POSITION STATEMENT (cont.)

It is also a matter of taste and custom, and professional licensure, as to who is given privileges to do what to whom, and how such a service is reimbursed.

To my knowledge there is no evidence as to whether psychologists, as prescribing agents, can be as effective as physicians. Because psychologists have not had the privilege, it is impossible to judge. Until physicians started using medications in their treatment of patients, it was impossible to know whether they would be competent at it. They had to do it for us to find out.

It is my presumption that some psychologists will wish to have "the drug privilege," and others, by dint of training and/or therapeutic preferences, could not care a hoot about having it. There are, in fact, some clinical psychologists who abhor the idea of psychologists administering drugs, feeling that most disorders which they treat are psychogenic and that the cornerstone techniques of psychological therapy are experimental.

The prescription privilege should, indeed, be an optional one. Just as some therapists now prefer to take psychoanalytic training, and thenceforth use psychoanalytic techniques in their therapeutic practices, while others acquire behavior modification expertise and use that, and still others use combinations of these, so also might the clinical psychologist of the future have available the opportunity to use drug therapy, whether or not he or she decides to take training in it, and uses it or not.

For those who elect the training in and privilege to prescribe, there must, of course, be standards of expertise to be met. As we are one of the leading professions on issues of monitoring our colleagues' expertise, the mechanisms are fairly well set for implementing training and practice standards of drug use in therapy administered by psychologists. Indeed, many of our colleagues are already among the finest psychopharmacological experts in the world. Moreover, an impressive number of recent advances in our understanding of the often subtle effects of pharmacological agents, as well as the methods of scientific evaluation, have come from the laboratories of psychologists.

Subsets of other professionals, such as pharmacists, nurse-clinicians, and military medics already have prescription privileges. My position is that if a subset of psychologists opt to earn this state legislature-controlled privilege, and academic institutions come forth with curricula providing excellent training, I see no reason why psychologists with the appropriate special training should be denied the opportunity to use the prescription privilege responsibility.

DIVISION 28 OFFICERS:		Term	Newsletter Editor	Cynthia S. Pomerleau	8/91-8/94
<i>Elected:</i>				(313) 764-7152	
				usergda@umichum	
President	Maxine Stitzer	8/91-8/94	Membership Chair	Warren Bickel	8/91-8/94
	(410) 550-0042			(802) 660-3060	
	matitzer@bpru.uucp.jhu.edu		CPDD Liaison	m_coahran@uvmvax.uvm.edu	
President-Elect	Lewis Seiden	8/92-8/95		Roy Pickens	
	(312) 702-9640		Public Information	(301) 443-6697	
Past-President	Ronald W. Wood	8/90-8/93		Kenneth A. Perkins	8/92-8/94
	(914) 351-4249		ASPET Liaison Officers	(412) 624-1716	
	wood@mvax.med.nyu.edu			Alice M. Young	8/91-8/93
Council Representative	Stephen C. Fowler	2/91-1/94		(313) 577-3290	
	(601) 232-7383		APA Public Affairs Liaison	userghd6@waynems	
	pymbb@umsvm			George E. Bigelow	8/91-8/94
Members-at-large	Deborah Cory-Slechta	8/92-95		(410) 550-0035	
	(716) 275-7931		APS Liaison	bigelow@bpru.uucp.jhu.edu	
	slechta%behv08@uordbv			Donald Overton	8/91-8/92
	Marilyn E. Carroll	8/90-8/93		(215) 787-1534	
	(612) 626-6289		Committee on Nominations	v5599e@vm.temple.edu	
	Alice M. Young	9/91-8/94		Larry D. Byrd	8/91-8/94
	(313) 577-3290		Neurobehavioral Tox. Committee	(404) 727-7730	
	userghd6@waynems			peggy@rmy.emory.edu	
<i>Appointed:</i>				Robert L. Balster	8/91-8/93
Treasurer	Jack E. Henningfield	8/91-8/94	Committee on Animal Research	(804) 786-8402	
	(410) 550-1494			balster@vcuvax	
Secretary	David Penetar	8/92-8/93	Committee on Prescript. Priv.	Hugh L. Evans	8/91-8/92
	(301) 619-2161			(914) 351-4229	
	penetar%condor.decnec@detrick-cmhl.army.mil			evans@mvax.med.nyu.edu	
Program Chair, 1993	Harriet de Wit	8/91-8/94	Centennial Officer	Marlyne Kilbey	8/91-8/94
	(312) 702-1537			(313) 577-2802	
	hdew@midway.uchicago.edu			mkilbey@wayneat1	
Past Program Chair	Nancy Aton	8/90-8/93	Committee on Cont. Education	Herbert Barry	8/91-8/93
	(410) 550-2773			(412) 648-8563	
	aton@bpru.uucp.jhu.edu			barryh@pittvms	
Incoming Program Chair	Marilyn E. Carroll	8/92-8/94	Women's Network Representative	C.E. Johanson	8/91-8/94
	(612) 626-6289			(410) 550-1201	
				johanson@usubs	
				Carolyn Mazure	4/91-8/93
				(203) 785-2159	

Cynthia S. Pomerleau, Ph.D.  
 Editor, *Division 28 Newsletter*  
 Behavioral Medicine Program  
 University of Michigan Department of Psychiatry  
 475 Market Place, Suite L  
 Ann Arbor, MI 48108

000010444951 FCSO 2086  
 DR VICTOR G. LATIES  
 SCH OF MED  
 UNIV OF ROCHESTER BOX EH SC  
 ROCHESTER NY 14642

