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PSYCHOPHARMACOLOGY AND SUBSTANCE ABUSE NEWS



Division 28
American
Psychological Association

From the President's Desk

-Kimberly C. Kirby, Ph.D.

As I write this I am looking out my window at a beautiful kaleidoscope of red, yellow, and orange leaves, yet I am having trouble believing that it's already autumn and that my year as President of Division 28 is nearly over. It has been a privilege and a terrific opportunity to serve you this year. I only hope that this year has enriched the division as much as it has enriched me. I am grateful to the members of the executive committee who have contributed so much of their time and effort in 2008. Stacey Sigmon and Nancy Petry have been willing to step up to the plate whenever I asked; Mark Smith was incredibly helpful in submitting meeting minutes promptly and in taking care of business behind the scenes. Similarly David Festinger, Ron Wood, and Steve Heishman have quietly fulfilled their duties and provided helpful input at critical moments; a special thanks to Steve for agreeing to serve as New Fellows chair for another three-year term. Jane Acri may very well hold the record for graciously serving for extended terms, since she has been our treasurer for twelve years now. Thank you Jane! Bill Stoops has been doing a wonderful job with our newsletter, smoothly shifting us to electronic delivery and expanding our content. It has been a particular pleasure working with Nicole Avena (Membership), Jennifer Perry (Early Career Psychologist Rep.), and Andrea Vansickel (Student Rep.) and seeing them breathe new life into our membership recruitment strategies. I am especially grateful to both Ken Sher, who has been working tirelessly as our Council Representative, and to Marlyne Kilby who has represented our division on continuing education issues as APA has developed training guidelines related to prescription privileges. Marlyne has worked hard to tie the guidelines as closely to the science of psychopharmacology as possible. Of course, I owe a world of thanks to Suzette Evans, who as Past President answered countless questions during the first months of my term, and to John Roll who has been picking up more responsibilities during the last several months. I am sure that the division will be in excellent hands in the next couple of years, as John Roll becomes president in 2009 and Hendree Jones in 2010. John has already shared

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Note from the Editor

-William W. Stoops, Ph.D., william.stoops@uky.edu

In this issue we continue with our tributes to Dr. Murray Jarvik. I did not ever have the pleasure of meeting Dr. Jarvik, but it is clear that he was a luminary in our field and will be missed both for his scientific and personal contributions. I hope you find the commentary in this issue as touching and inspiring as I have.

Dr. Dorothy Hatsukami wrote in an email recently "Not only did Murray make significant scientific contributions towards understanding the pharmacology and effects of nicotine, he made an important contribution and set a precedent towards the spirit of collaboration in our field and of nurturing and supporting younger scientists. He will also be remembered for his inquisitiveness and his keen and open mind. It was not unusual for him to call, arrange a meal or email to discuss a pressing tobacco research question. His exuberance in learning and ideas will continue to permeate the field through the people who were mentored or touched by him."

Special Section on "Smoking Cessation: Innovative Treatments and Understudied Populations"

Despite advances in pharmacological treatment, smoking cessation rates remain relatively stagnant. This may be because the development and testing of theory-based behavioral treatments has stalled or because certain segments of the population have not been targeted for intervention.

The *Journal of Consulting and Clinical Psychology* is requesting submissions of empirical papers that focus on either testing innovative treatment approaches for smoking cessation or testing smoking cessation interventions in understudied populations.

Manuscripts that focus on innovative treatments may include, but are not limited to: behavioral therapy, cognitive behavioral therapy, combined pharmacological and behavioral therapies, theory-based therapies that have been tested in other fields but have not yet been applied to smoking cessation

Manuscripts that focus on understudied populations may include, but are not limited to, targeting different cultures, ethnicities, ages, and medical and psychiatric comorbidities.

Preference will be given to papers with a clearly articulated theoretical foundation and clinical implications. The goal of this special section is to present cutting-edge research on smoking and to stimulate the field to produce innovative theory-based treatments and address the needs of understudied and undertreated smokers.

The deadline for submissions of manuscripts is **January 5, 2009**. The anticipated publication date is February 2010. Papers that do not meet the deadline will be considered as "regular" submissions to this journal. All submissions should be entered through the [main submission portal for the journal](#). Authors should indicate in their accompanying cover letter that the paper is to be considered for the special section on "Smoking Cessation: Innovative Treatments and Understudied Populations." All submitted papers must be in APA format and conform to all the [submission guidelines for this journal](#); papers that do not follow the guidelines may be returned without review. Questions or inquiries regarding the special section should be directed to the section editor, [Dr. Belinda Borrelli](#).

My Life with Murray

-R.K. Siegel, Ph.D.

38 years in 3 minutes. What a ride! Here we go!

I first met Murray in 1970 when he interviewed me for a post-doctoral position in his lab at Albert Einstein College of Medicine. He asked about my teachers. Trained by British professors, I mentioned this chap and that chap. The people in his lab reacted as if I pronounced a different 4-letter word! Murray did his famous head twitch, tilting his head to one side, eyes wide open, twinkling as they did, and then he smiled exposing his incisors like an adorable little mouse. "Chap," he repeated. "I like that." And I was immediately smitten by him. That image of his smiling face imprinted itself on my brain and punctuates all my memories of him.

He offered me the position, saying I could stay at Einstein and work in a highly productive lab or come with him to UCLA where he and Lissy were to be visiting professors. No animals or research plans yet, but "you'll have me all to yourself," he smiled.

I saw his face smile like a schoolboy when he brought some snails from his Los Angeles driveway into the lab so we could run experiments like turning them on with LSD.

He smiled like the prankster he was when a mouse refused to step into a new apparatus until he poked it with a handy screwdriver.

And he smiled like a confident fighter when a building superintendent threatened to evict us after Allen Ginsberg, who the super called a vulgar homosexual poet, visited our lab and someone in his group was allegedly smoking a funny cigarette on the way out. The super was the one forced out and Murray got us even more lab space in the med school.

I watched his face smile in psychedelic colors when I emerged from a monkey cage under the influence after testing the smoking device he had designed for them. It worked and, yes, I returned to play monkey a few more times

I saw his Socratic smile between the lines of countless daily memos we exchanged debating the philosophy of our experiments. My inbox was flooded with jewels not junk.

And I learned to admire the man, his brilliance and his gentle ways of teaching. His rule was for me to spend one-third of my time on his experiments, one-third on mine, and one-third on ours. The rule was quickly forgotten as we found so many mutual passions. He gave me the smiling nod of approval, support, and freedom to pursue my own research including studying Jane Goodall's chimps and other wild animals using intoxicating plants, and exploring the hallucinatory worlds of patients and drug users at the Neuropsychiatric Institute. Acknowledgments on publications can never repay such blessings.

I thank God his smile haunts me still.

I will miss you old chap.

We had a wonderful ride.

And I've always loved you.

SHALOM.

That image of his smiling face imprinted itself on my brain and punctuates all my memories of him.

History of Psychopharmacology Training

-M. Marlyne Kilbey, Ph.D.

Division 28 members have engaged in psychopharmacology training since the division's founding in 1966. Members teach and train students at all levels; undergraduate, graduate, and post-doctoral and in a range of institutions that include liberal arts colleges, comprehensive universities, medical and other professional schools, research institutes, for-profit organizations, and a host of other organizations. These efforts compliment Division members' work in pre-clinical and clinical psychopharmacological research that has contributed mightily to current knowledge about drug effects on behavior and the mechanisms that underlie those effects.

Division 28's involvement with issues in training licensed, health-service providing, psychologists in psychopharmacology began almost two decades ago when Division members participated in APA's Psychopharmacology Taskforce in 1991 – 1992. The taskforce developed recommendations regarding the feasibility of training psychologists seeking prescription privileges that were published in *Professional Psychology* (Ref. 1) in 1993. After surveying the existing state of practice and training in psychopharmacology within psychology, the taskforce articulated the need for education and training for health-service psychologists at three levels, i.e. Basic Psychopharmacology Education, Education for Collaborative Practice, and Education for Prescription Privileges.

Between 1994 and 1996, APA convened taskforces, on which a number of division members served, to flesh out recommended curriculum for training for psychologists at the three levels outlined above. These documents are available on the website of the Education Directorate at <http://apa.org.ed/resources.html>. This should get you to the homepage for the Education Directorate, and then you want to click on Curriculum Resources. The documents present extensive recommendations for training along with suggested curricular material representative of the field in the mid-90's.

In 1996, APA's Council of Representatives adopted both Recommended Guidelines in Postdoctoral Training in Psychopharmacology for Prescription Privileges and Model Legislation for licensure as prescribing psychologists (Ref. 2). The document outlining training is also available on the APA website, http://www.apa.org/ed/rx_pmodcurri.pdf.

Recommended training represented a synthesis of the earlier taskforce curriculum recommendations, the Department of Defense demonstration project curriculum, as well as contributions from other groups. Bob Balster worked with CAPP representatives in the adoption of the final recommendations that maintained provisions important to division members. These included: (1) a prerequisite that trainees for prescription privileges hold a doctoral degree in psychology and a current state licensure as a psychologist as a "health service provider" and (2) a recommended training curriculum, provided by an accredited institution that involved (a) 300 contact hours of didactic instruction in appropriate areas of neuroscience, pharmacology, psychopharmacology, physiology and pathophysiology, physical and laboratory assessment, and clinical pharmacotherapeutics, and (b) clinical practicum supervised by qualified practitioners of clinical psychopharmacology. The envisioned clinical practica required that a minimum of 100 patients be seen for medication, including both inpatients and outpatients, and be associated with appropriate didactic instruction and a minimum of two hours/week of individual supervision.

Once it was approved by APA's Council of Representatives these documents became official APA policy. At this time, there are five Universities affiliated programs teaching this curriculum and two states (LA and NM) and one territory (Guam) have passed legislation allowing psychologists to prescribe.

In conjunction with the efforts outlined above, APA took two other actions, in which the division was involved. First, a proficiency in Psychopharmacology was approved by the Comm-

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Psychopharmacology Training, Continued from Page 4.

ission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) Having a mechanism available to certify that an individual has the appropriate training to engage in specific professional activities is an important consideration in reimbursement for practicing psychologists. In addition, the College of Professional Psychology of the APA Practice Organization contracted with Professional Examination Service to develop the Psychopharmacology Examination for Psychologists (PEP). This examination provides licensing boards with an objective measure of a candidate's knowledge as a consideration for licensure to prescribe psychoactive medications. An analysis of the performance of those who took the exam between 2000 and 2006 in the ten content areas is available at this website:

http://www.apapractice.org/apo/in_the_news/pep_performance.html. Through these activities, APA sought to do four things: (1) represent the expert opinion of psychologists on issues of training, (2) provide a model licensing law, (3) establish a mechanism to certify a psychologist's expertise in psychopharmacology (the proficiency), and (4) establish a mechanism for establishing expertise of individuals as a factor in licensing (the PEP exam).

APA's rules require periodic review of all APA standards and guidelines. Thus, in 2007 both the model curriculum and model-licensing act came up for review. CAPP and BEA established a joint taskforce, on which division members served, that recommended revisions to both documents. The 2007 model curriculum document, which was approved in principle by the Council of Representatives (August, 2007), solely addressed training in psychopharmacology for prescription privileges. It can be seen at http://www.apa.org/ed/rx_pmodcurri.pdf. While retaining many of the features of the 1996 model curriculum, the taskforce recommendations have several new features. Most notably, the document recommends an integration of didactic instruction and supervised clinical experience, an evaluation

of competency to measure outcomes in place of a credential-based outcome system, and a capstone competency evaluation that assesses integration of knowledge, skills, and attitudes mastered in the training program. In terms of didactic content areas, the Taskforce recommended course work in (1) Anatomy & Physiology and Biochemistry, (2) Neuroanatomy, Neurophysiology and Neurochemistry, (3) Physical Assessment and Laboratory Exams, (4) Clinical Medicine and Pathophysiology, (5) Clinical and Research Pharmacology and Psychopharmacology, (6) Clinical Pharmacotherapeutics, (7) Research, and (8) Professional, Ethical, and Legal Issues.

In terms of clinical experience, the taskforce recommended an organized sequence of education and training to provide an integrative approach to mastering eight areas of clinical competency. The taskforce recommended the establishment of a structure to designate programs that provided training in keeping with the model curriculum. To achieve this, BEA and CAPP set up a taskforce that recommended establishment of an APA committee to evaluate and identify training programs that comply with its designation criteria for Education and Training Programs in Preparation for Prescriptive Authority. The committee proposed by the taskforce to examine program applications for designation would consist of six members, one of whom would not be a psychologist but a representative of the public. The other five members would be APA members representing the following domains of expertise: psychopharmacology, postdoctoral program directors, psychopharmacology science base, prescriptive authority in psychology, prescriptive authority in another health profession, and health care system quality assurance. The designation Taskforce documents were reviewed by various APA Boards this fall and will go to Council for adoption as APA policy in August, 2009. With its adoption, Council will consider final adoption of the 2007 model curriculum.

Finally, for the past year, under President Suzette Evans and continuing into the present, the **Continued on Page 15.**

In Memory of Murray E. Jarvik

-Saul Shiffman, Ph.D.

The field of psychopharmacology lost a giant this past year, when Murray E. Jarvik passed away. Murray made major contributions in several areas. He did important studies on the neurobiological bases of memory, performed some of the earliest studies of LSD, and made huge contributions to our understanding of tobacco use and nicotine dependence. Here, I will focus on Murray's contribution to tobacco and nicotine science, as that is the area in which Murray's work is best known, and the area in which Murray was my mentor.

The idea that people use tobacco primarily as a means of nicotine self-administration, and that most smokers become dependent on nicotine, is now so widely accepted, both by scientists and by tobacco users themselves, that it is hard to appreciate how radical a notion this was in the 1960s and 1970s. The iconic 1964 Surgeon General's Report specifically denied that smoking and tobacco use were addictions, in part because smoking was considered more of a psychosocial behavior with a probable role of nicotine but a relatively weak science base confirming the nature of nicotine's contribution. Like everyone else at the time, the experts on this committee characterized smoking as merely a "habit." First at Albert Einstein Medical College in New York and then at UCLA, Murray Jarvik conducted a series of studies that ultimately confirmed that tobacco use was appropriately characterized as a form of nicotine self-administration. Along with pivotal work by Michael Russell's group in London, this work showed that smokers strive to maintain a certain nicotine level throughout the day, and subtly adjust their smoking to accomplish this even when given cigarettes with reduced nicotine delivery. This eventually led to the wide recognition that smoking (and other tobacco use) were driven by drug-seeking and drug dependence, revolutionizing our scientific understanding of these otherwise puzzling behaviors. This set the stage for the blossoming of tobacco and nicotine research that continues to this day.

These discoveries also had substantial practical implications. The insight that smokers tended to titrate or regulate nicotine levels revealed the fraud of so-called "Light" cigarettes, which had nominally lower deliveries when smoked by a machine, but, when smoked by nicotine-addicted human beings, delivered a full dose of nicotine, along with a full dose of tobacco-related toxins. (This fraud continues to this day, and is the subject of litigation currently before the Supreme Court.)

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Court.) The insight that smokers smoked to get nicotine, and were deterred from stopping by craving and withdrawal when nicotine-deprived also led to the development of medications for smoking cessation, which have helped many millions of smokers to quit smoking. Many accounts of Murray's contribution note his invention (along with Jed Rose) of the nicotine patch. But this understates his contributions, because almost all other medications, including all nicotine replacement medications, as well as varenicline, derive conceptually from the finding that smoking is nicotine-seeking and that medications could facilitate cessation by providing a nicotine agonist to ease the transition to nicotine-free life, and/or by providing nicotine antagonism to reduce the reinforcement from nicotine. Thus, Murray's work on the role of nicotine in tobacco use has formed the basis for all current pharmacotherapies for smoking – it has literally been a life-saving scientific development.

Murray Jarvik also influenced the field through his mentoring, which I was personally privileged to experience. Murray hired me for a research position straight out of college. But, in Murray's characteristically open and egalitarian style, my junior status didn't keep him from encouraging me to develop research ideas. Not long after I arrived in LA, he encouraged and supported me in pursuing laboratory research on the role of stress in smoking, and then in developing and validating a questionnaire to assess nicotine withdrawal. As my interests diverged from his as they turned in a more clinical direction, he encouraged and supported me to write a grant to study relapse. Murray's mentoring style was open and supportive, yet subtly challenging at the same time. He encouraged us to reach beyond what we thought we could do, and then provided the material resources to help us actually do it. He allowed us to pursue our own ideas, but challenged us to answer the most simple but fundamental questions. (He loved to ask, again and again "Why do people smoke?") His steady encouragement got me and many others "hooked" on tobacco research.

Murray's open spirit of scientific inquiry has influenced even those he did not directly mentor. Those who have also been engaged in other research areas often remark on the open and collaborative attitude of the tobacco research community. In our field, investigators share ideas, instruments, and materials, and encourage each other with scientific curiosity and active collaboration. This atmosphere owes much to Murray's influence as a founder who set the tone.

In Murray's death, we lost a great scientist, but his influence continues with us today and tomorrow.

Murray's work on the role of nicotine in tobacco use has formed the basis for all current pharmacotherapies for smoking – it has literally been a life-saving scientific development.

Congratulations to New Fellows

I am pleased to announce that the APA Council of Representatives at the August APA Convention elected the following individuals to initial Fellow status in Division 28 effective September 2008:

Cynthia A. Crawford, Ph.D.

David J. Drobes, Ph.D.

Anthony Liguori, Ph.D.

Ellen A. Walker, Ph.D.

Also at the August Convention, the Division 28 Executive Board elected to Fellow status the following individual who is a current APA Fellow of another division.

Daniel R. Kivlahan, Ph.D.

Fellow status is awarded based on evidence of outstanding contribution in the field of psychology. Please join me in congratulating our newly elected Fellows!

If you would like to nominate a colleague for consideration for initial Fellow status or if you know someone who is already an APA Fellow, but not of Division 28, please email me his or her CV and contact information. Self-nominations are also welcomed.

Stephen J. Heishman, Ph.D.
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Editorial Policy: *Psychopharmacology and Substance Abuse News* is a thrice-yearly publication of Division 28. It is devoted to keeping its members informed about the activities of Division 28 and to news and comments concerning all aspects of psychopharmacology and substance abuse. Articles, comments, announcements, and advertisements should be sent to Bill Stoops at william.stoops@uky.edu.

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A thank you to our corporate members:

Janssen LP (corporate membership support), Reckitt-Benckiser (corporate membership support), Grunenthal USA Inc. (corporate membership support), Jazz Pharmaceuticals (corporate membership support), Wyeth Research (Young Psychopharmacologist Award support), Friends Research Institute, Inc. (Dissertation Award support), and MED Associates (Brady-Schuster Award support).

What's in a name?

-Jennifer L. Perry, Ph.D.

In the interest of full disclosure, I must admit that I've selfishly hijacked this column to write about something that's been on my mind for the last few months – changing my name. I was married last month and have been carefully considering the benefits and disadvantages of taking my husband's surname. To gain perspective about what other psychologists in this situation have done, I sent out emails to several APA listservs (thank you to those who responded!). Of those that responded, about half indicated that they kept their birth name, while the other half took their husband's last name or hyphenated the two last names. This is consistent with data showing that approximately 50% of women with professional degrees chose to keep their birth surname, even though a much lower proportion of women in the general population choose to do so (Boxer & Gritsenko, 2005). Here I've compiled the responses from other women (and even a few men) who have chosen between whether or not to change their name.

Keep your name

Of those who continued to use their birth name, most mentioned that this was the easiest way to keep their publication record continuous and to avoid the possibility that changing a name could result in a loss of professional connections or confusion among colleagues. Many also cited feminist reasons for keeping their birth name - they felt that marriage didn't change who they are and they were concerned that their own identity would get lost if they added their husband's name. Others were happy to keep their own name because it reflected their culture and ethnic background. In fact, one study found that African-American, Hispanic, and Asian women were more likely to keep their last name or use a hyphenated last name than Caucasian women (Twenge, 1997).

A few women mentioned that they were happy to not have to hassle with changing their name legally, and that they were easily able to identify themselves as married on tax and other govern-

ment forms, even though they did not share a last name with their husband. One woman wrote to say that their children's school actually has cross listings with both parent's names since many of the mothers have different last names from the children. However, others reported confusion with their children's friends, doctors, or teachers, or even their family members not knowing how to properly address them.

Change your name

Interestingly, many women who have changed their name mentioned that they changed it early in their careers, before they had a long publication list or many professional contacts to consider. Those that did change their names advised noting the new name at the top of your curriculum vitae or grant biosketch and bold your contribution to any papers or abstracts listed, regardless of the name used to make it easier for others to track your work. It may also be helpful to include both your new and old names on emails and publications, at least temporarily, until people are able to associate your new name with your previous work.

Many cite personal reasons for the change – they wanted to have the same last name as their husband and any future children and to show unity in their marriage. Others say that they chose the new name over their old one because of the name itself – the new name was easier for patients/colleagues to say and spell.

Women who chose to change their names had less feminist attitudes than those who wanted to keep or hyphenate their names (Twenge, 1997). Interestingly, however, in my very informal listserv survey, one woman reported that she had strong feminist beliefs, but that she didn't feel like changing her name made her any less of a feminist – because her current name was her father's, she didn't feel that keeping it necessarily symbolized equality between men and women.

One of the most common complaints about changing one's name was that it was difficult to adjust to a new name – both psychologically and

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Congratulations!

-Andrea R. Vansickel, M.A.

Hello Everyone!

I have two announcements to make:

First, Jennifer E. Murray, M.A. was our student poster award winner at the Annual APA convention in Boston this year. Her poster entitled "Cue competition between an intravenous nicotine CS and light CS" was chosen out of several impressive student posters. Jennifer received her B.S. at the University of Nebraska-Kearney in 2003 and her M.A. at the University of Nebraska-Lincoln in 2006. Jennifer is currently a graduate student at the University of Nebraska-Lincoln working under the supervision of Dr. Rick Bevins. The poster that Jennifer presented at the APA convention in Boston was part of her doctoral dissertation, which examines cue competition between the interoceptive nicotine CS and exteroceptive conditioned stimuli. Jennifer is also involved in research examining the potential utility of bupropion as a pharmacotherapy for methamphetamine dependence using self-administration models. Congratulations to Jennifer for winning the student poster award and for her continued success.

Second, I am pleased to announce that Jennifer M. Brielmaier, M.A. will be taking over as student representative for APA Division 28 in January. Jennifer received her B.S. in psychology at Virginia Polytechnic Institute and State University in 2004. She received her M.A. in biopsychology at George Mason University in 2007. Her thesis was titled "Nicotine-induced conditioned place preference and psychomotor alteration in adolescent and adult rats." Jennifer is currently working on her dissertation in the department of Biopsychology at George Mason University in Fairfax, VA and works under the supervision of Dr. Robert Smith.

Jennifer's primary research interest is examining factors associated with adolescent substance abuse using rodent models

Jennifer has served her fellow graduate students at both the university and national level. She was secretary of George Mason University Students in Neuroscience (GMUSIN) in 2005 and served as treasurer in 2006. During her time as treasurer of GMUSIN, Jennifer was able to arrange reimbursement for all students from the Biopsychology or Neuroscience programs for travel to professional meetings. At the national level, Jennifer has served as the Biopsychology representative to the APA Science Student Council (APASSC) for the past two years. As Biopsychology representative to the APASSC, she has made efforts to increase student membership, written and edited articles for the Psychological Science Agenda and Science Directorate Monthly Newsletter, reviewed nominees for Early Researcher Awards and has organized convention programming geared toward research-oriented students. Overall, Jennifer has demonstrated great leadership abilities and I am sure that she will continue to do a wonderful job as the new Student Representative to Division 28 of APA!

Finally, I would like to say that I have had an amazing experience as Division 28 Student Representative. The skills that I have gained and the friendships that I have made through the division will remain with me throughout my lifetime. I cannot express my gratitude for the guidance that the members of the Executive Committee have provided me over these last two years. To the students, please take advantage Division 28. The affiliates, members, and fellows of this division are a close-knit group of accomplished scientists that enjoy mentoring and fostering collaborative efforts. So, please continue your participation in Division 28 of APA and tell your friends and colleagues to join as well!

The Division 28 Executive Committee is excited to announce two new appointments. First, Sarah Tragesser, Ph.D. will be the 2009 Convention Chair. Second, Jennifer Brielmaier, M.A., will serve as our new student representative. Congratulations and thanks to both Sarah and Jennifer!

I would be remiss if I did not take a moment to give special thanks to Wendy Lynch for the excellent job she did putting the 2008 Division 28 program together.... Wendy deserves all the accolades, for her energy, organization, and efficiency made the program truly special.

From the President's Desk, Continued from Page 1.

some of his plans for next year with me and I believe he will provide excellent leadership for the division. Hendree has also become more actively involved in the division even though her term as president-elect does not begin until January. I can tell she is already thinking about the contributions she will make in 2010. I expect that the next few years will be active and rewarding ones for our division.

I would be remiss if I did not take a moment to give special thanks to Wendy Lynch for the excellent job she did putting the 2008 Division 28 program together for the convention in Boston. I received many compliments on the program and I had to explain that I could take very little credit for it. Wendy deserves all the accolades, for her energy, organization, and efficiency made the program truly special. She even did a superb job of resurrecting our hospitality suite. It was welcoming and well attended by both our early career and established members. My thanks to Maxine Stitzer for suggesting we resurrect it. Sarah Tragesser takes over as program chair for the 2009 convention and I'm sure there will be a terrific program for us in Toronto next year. Right now the American dollar will get you about \$1.25 Canadian, so if this keeps up, the meeting in Toronto could be considered a bit of a bargain too.

Finally, there are countless other members who work for the division as liaisons, monitors, and committee members. On behalf of the division I extend my thanks to each of you.

Psychopharmacology Proficiency

Preparing the resubmission of the petition for a Psychopharmacology Proficiency is likely to occupy most of my division service hours until the end of the year. This document essentially provides recommendations to APA for defining, training, administering, evaluating, and setting standards for service delivery under the proficiency. To give you a sense of the scope of the task, the application currently is a 64 page document with 15 appendices and requires approval and input from four other sponsoring divisions: Divisions 31 (State Psychology Associations), 42 (Psychologists in Independent Practice), 50 (Addictions), and 55 (Society for the Advancement of Pharmacotherapy). Suzette Evans deserves most of the credit for updating the original document that was produced with leadership from our division during the mid 1990's. This year all that is required is that we address five questions posed to us by the APA Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP). Since I know relatively little about the issues surrounding prescription privileges or the training necessary to be granted them, I have been relying heavily on two people to assist us with this. Bob McGrath (APA presidential candidate and former president of Division 55) is a member of the committee that has been developing the guidelines. He generously offered to make the first draft of the changes in the application; something for which I am eternally grateful. Marlyne Kilby is graciously helping with the second draft, which makes me doubly fortunate. We are essentially checking to make sure we have completely addressed each of the committee's concerns. Once this is complete, a copy will be distributed

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From the President's Desk, Continued from Page 12.

to the various committee members and division representatives for a final round of feedback. The document is due back to CRSPPP January 1st. Marlyne has provided a column in this newsletter issue describing the history behind the development of training guidelines and explaining the importance of the proficiency.

Membership

I think we have made progress this year putting new strategies into effect for developing our membership. I am very grateful to Nicole, Jen, and Andrea for their efforts in this regard, and to Bill Stoops for his willingness to add new items to the newsletter that we hope will be interesting and informative for our student and early career members. If I had to name one area of disappointment regarding my year in office, it is that I haven't been able to focus more on this issue and that one year is not long enough to see if the efforts we've been making are having any effect. I know that, as our incoming president, John is aware of the importance to our division of stopping the decline in membership and that he is invested in supporting changes and activities to help address it. I am hoping that during my past presidential year I can be of help to him on any issue, but particularly with respect to this one.

But I Repeat Myself

There is one message that I expressed in my presidential address that I wish to repeat here. (If you endured my address, you can skip to the last paragraph.) I think we are all aware that things have not been easy for many of our division members over the last few years; in fact I believe it has been a challenging time for many, if not most scientists. As funding has become tighter, survival has become more difficult. At the same time, I have become increasingly aware of the importance of the work that we all do; in part because of the research in Community Reinforcement and Family Training (CRAFT) that has brought me into closer touch with families affected by alcohol and drug addiction, and in part because during the past two years several of my colleagues and close friends have lost a loved one to a drug or alcohol overdose. When I work directly with the patients in community treatment programs I tend to become inured to the frequent horrors in their lives. My staff has become particularly good at recognizing adverse and severe adverse events, so I find myself regularly signing off on reports of AEs and SAEs mostly unrelated to our research. Theft, assault, illness, emergency room visits, hospitalizations, thoughts of suicide, and overdoses are reported regularly and over time I begin to think of them as common. I'm focusing on writing the next grant or paper and reviewing the results of data analyses in addition to the daily activities involved in overseeing my grants. I'm guessing that I am not alone in this respect. But the crises that my participants face are not common for me or for most of the people I know. It therefore has been a wake-up call to work daily with ordinary family members whose lives have been turned upside down by the horrors that their loved ones experience. These people look very much like you and me and the people we work with every day. They are office workers, business owners,

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From the President's Desk, Continued from Page 13.

and professionals earning middle to generous incomes. Their lives are disrupted frequently as they help their loved one to deal with the latest crisis and daily with the constant fear of wondering what horror will appear next.

I have tended to see the substance-dependent individuals who volunteer to participate in my studies as independent entities. I forget that for each one of them, there are several other people whose lives are disrupted by the addiction; who worry that addiction will kill their loved one; and whose fears are sometimes realized. Being reminded of this is a little overwhelming because it makes me aware that the work that we do has real potential to save lives. This is as true for those of you who do basic research in psychopharmacology and never see a human participant as it is for those of us who work in human laboratories, or develop and administer new treatments, or do anything else in between. I think it is a good thing to be reminded of this occasionally, although I would prefer that the reminder occurred without involving the pain of others. I offer this as a reminder to each of you that the work you do is important. It is more important than the next grant or the next publication, even though these things are necessary. It may be helpful to remember this through times when funding tightens and it seems that others are not very interested in our work. Shifting focuses in funding seem to me to be the rule, but the effect of this is particularly damaging when funding is more limited.

In closing, as the holiday season approaches, I would like to extend my best wishes to all of you. May you have a joyous, peaceful season and a prosperous and rewarding year in 2009.

What's in a Name, Continued from Page 10.

legally. Some worried that it would be difficult for others to track their citation history with name changes. And a few women commented that they had changed their names when they were married, but have since divorced – a situation that resulted in many of them keeping the married name rather than undergoing a second name change. Although it may be difficult for newly married couples to imagine that the marriage may end in divorce, this is another factor to consider when taking a spouse's name.

Other Compromises

A popular compromise suggested by a few people was to use a hyphenated last name. These women and men suggested that it was relatively easy to make the legal switch to a hyphenated last name, and that this solution maintains an individual's name for the professional literature while acknowledging their married name, too. A few individuals reported that they wanted to hyphenate both last names, but ultimately chose one name because the hyphenated name would be too long or difficult to pronounce.

Another option that several women have considered is using their birth name professionally and their husband's name for personal things. Some women felt that this provided their family with an extra level of security (even if only superficial), and that may be important for animal researchers or clinicians looking to distance their family from their work. It may be necessary to contact an accountant or lawyer when considering this route, however, as you could run into problems with your taxes if all of the forms (i.e., W-2s) are not in the same name. Other women cited that having two names was simply too confusing – that it was easier to have and use one name in all situations.

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I offer this as a reminder to each of you that the work you do is important. It is more important than the next grant or the next publication, even though these things are necessary.

-Kimberly C. Kirby, Ph.D.

Training programs and the field will face the task of developing appropriate, valid measures of competency for various clinical activities outlined in the document. Division 28's task remains much the same, trying to provide evidence on which to base psychopharmacology curriculum and making sure that it is integrated into training materials.

-M. Marlyne Kilbey, Ph.D.

Psychopharmacology Training, Continued from Page 5.

Division has been working with other Divisions to renew the Petition for the Recognition of a Proficiency in Psychopharmacology. President Kim Kirby is heading up a committee that will address questions raised by CRSPPP and resubmit the application by January 1, 2009.

In summary, progress has been made since the Division first began working on training for health-service psychologists in psycho-pharmacology almost two decades ago. While there are no published data to back this up, it is my observation that many, if not most doctoral programs, in clinical, counseling, school, and health psychology now offer a basic psychopharmacology course. University programs exist to teach the curriculum recommended for prescription privileges. The major problems in this arena are systematizing clinical experiences for students and obtaining appropriate supervision. The issue of developing financial support for such students has to be tackled. With adoption by the Council of Representatives of the 2007 model curriculum, it will become official APA policy. Training programs and the field will face the task of developing appropriate, valid measures of competency for various clinical activities outlined in the document. Division 28's task remains much the same, trying to provide evidence on which to base psychopharmacology curriculum and making sure that it is integrated into training materials.

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What's in a Name, Continued from Page 14.

Finally, one woman emailed me to say that her husband had taken her name. Their reasoning for doing this is that she had an unusual last name representative of her heritage and didn't want to lose that. She also wanted to maintain continuity in her publication record, an issue that her husband, who works in a different field, wasn't concerned with. She reports that the downside of it was that their parents became upset and embarrassed, and she mentioned that it was legally more difficult for him to change his name than it would have been for her to change.

The take-home message

Deciding whether or not to change your name can be a difficult process with many different angles to consider. In any case, it's important to think about why you are or are not making the change, and to make sure that it's the right choice for you. Until the early 1800's, women in the United States didn't have a choice – in fact, the notion that women could decide whether to keep their birth surname wasn't even challenged until the mid-1800s. Only after years of questioning tradition have women even been given the choice to retain their birth names, and I feel fortunate to have that choice.

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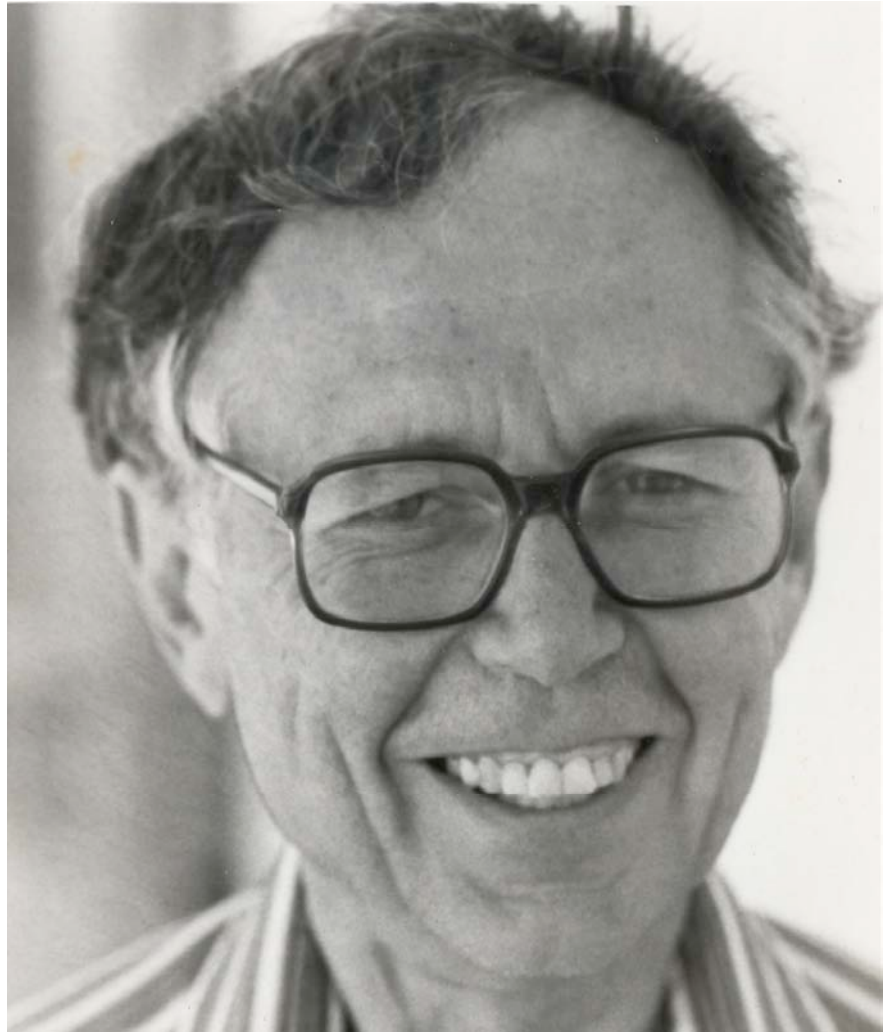
Some Closing Reminders

This issue marks the end of Volume 41 of Psychopharmacology and Substance Abuse News. The newsletter is now distributed almost exclusively in an electronic format, although if you prefer hard copy, you can request that the newsletter be mailed to you. Email william.stoops@uky.edu to make your request. In addition, due dates for Volume 42 of Psychopharmacology and Substance Abuse are as follows: Issue 1, March 1, 2009; Issue 2, July 1 2009; Issue 3, November 1, 2009.

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- 9) J. Mendelson, K. Flower, M.J. Pletcher & G.P. Galloway. Addiction to prescription opioids: Characteristics of the emerging epidemic and treatment with buprenorphine. Pages 435-441.

We encourage you to consider submitting your research for publication in Experimental and Clinical Psychopharmacology. The journal is published bimonthly by APA and features translational research on psychopharmacology, pharmacotherapy for mental health disorders, and drug abuse treatment. The journal also publishes annual invited reviews from the recipients of the Young Psychopharmacologist Award and the Best Dissertation Award from Division 28.



In Memoriam, Murray Jarvik, M.D., Ph.D. 1923-2008. Dr. Jarvik was the first president of Division 28.

Postdoctoral Fellowship University of Miami Miller School of Medicine

A postdoctoral fellowship position is available immediately at the University of Miami Miller School of Medicine to study the behavioral and neurochemical effects of drugs of abuse. The emphasis is on sex differences in the effects of psychostimulants in adult and adolescent rats as part of a new Specialized Center of Research on Addiction and Health in Women, Children and Adolescents. Studies include drug self-administration, locomotor activity, conditioned place preference, receptor binding, neurotransmitter uptake and release, and second messenger function of dopamine,

cannabinoid, and nicotinic receptors.

Applicants must have completed doctoral training in Psychology, Neuroscience, Pharmacology or a related discipline and should have a strong interest in integrating behavioral and neurochemical studies.

To apply, please contact:

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Postdoctoral Fellowships at The University of Texas Health Science Center at San Antonio

The Behavioral Pharmacology Group at The University of Texas Health Science Center at San Antonio invites applications from highly motivated individuals for POSTDOCTORAL FELLOWSHIPS. This group includes Drs. Charles France, Rick Lamb, Wouter Koek, John Roache, Don Dougherty, Lance McMahon, Brett Ginsburg and Lisa Gerak; these highly collaborative investigators within the Departments of Pharmacology and Psychiatry are well funded by NIH to study behavioral and pharmacological mechanisms underlying the therapeutic and/or abuse potential of GABAergics, opioids, alcohol, stimulants, nicotine and cannabinoids, to study behavioral and pharmacological treatments for smoking, alcoholism and cocaine addiction, and to study the behavioral and biologic basis of vulnerability to addiction. Participating pre-clinical faculty have broad expertise in drug self-administration, drug discrimination, place conditioning, and many other behavioral assays, conducted within a spacious, state-of-the-art animal facility housing a variety of laboratory animal species. Participating clinical faculty have broad expertise in human laboratory and treatment research which is being conducted in newly renovated space especially designed for these purposes. San Antonio is a vibrant, multicultural city that borders the Texas Hill Country and offers museums of art and culture, diverse cuisine, and professional sports including basketball, baseball and hockey. South Texas boasts many state and national parks which can be enjoyed year round under sunny skies and pleasantly warm temperatures. San Antonio is an ideal place to live for those transitioning from graduate training to a career in science. Individuals who have completed or will complete their Ph.D. training in pharmacology, psychology, biology, neuroscience or a related field are encouraged to apply. Applicants should send a curriculum vitae, a brief statement of research interests and career goals, and letters of reference to Lisa Gerak, Department of Pharmacology, University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Dr, mail code 7764, San Antonio TX 78229 or by email to gerak@uthscsa.edu. All postdoctoral appointments are designated as security sensitive positions. The University of Texas Health Science Center at San Antonio is an Equal Employment Opportunity/Affirmative Action employer.

POSTDOCTORAL POSITION: 2-3 yr position with John Hughes on NIDA-funded Institutional Training Grant at the Univ of VT (Burlington VT). Current NIH/pharmaceutical studies examine a) the proximal events and cognitions that prospectively predict attempts to stop or reduce tobacco or marijuana (two separate grants) and b) whether varenicline in smokers not currently planning to quit can prompt new quit attempts. Submitted new studies will examine whether c) quitting immediately vs delaying quitting and d) continuation of

NRT after a relapse increase abstinence. Postdocs will interact with 4 other faculty, 2 other postdocs and 3 graduate students who are doing NIH-funded laboratory and clinical research on alcohol, cocaine, opioid use. Salary is based on the NIH stipend scale. Applicants must have completed doctoral training in psychology, psychiatry or a related discipline (preferably strong in behavioral analysis). For more details contact John Hughes (802-656-9610; john.hughes@uvm.edu). The start date is flexible. University of Vermont is an affirmative action and equal opportunity employer.

SUBSTANCE ABUSE & PSYCHOPHARMACOLOGY HUMAN RESEARCH AT JOHNS HOPKINS

Postdoctoral research fellowships in stimulating, productive program with excellent resources. Prepare as independent investigator.

HUMAN LABORATORY -- behavioral & clinical pharmacology of abused drugs (abuse liability, self-administration, cognitive/memory function, neuroimaging); anti-drug-abuse medications development. Opioids, cocaine, anxiolytics, alcohol, caffeine, nicotine, hallucinogens, MDMA, club drugs.

CLINICAL TRIALS – testing medications, behavioral therapies (esp. incentive/contingency-based), and combinations; psychiatric comorbidity research; addiction & pregnancy/women. Opioid, cocaine, tobacco, mixed/other dependencies.

Eligibility: U.S. citizen, permanent resident. Many backgrounds are appropriate – from clinical / counseling to experimental/neuroscience.

NIH stipend levels: \$37K - 51K+.

Start Date: Flexible.

Faculty: George Bigelow, Roland Griffiths, Maxine Stitzer, Eric Strain, Ken Silverman, Robert Brooner, Miriam Mintzer, Una McCann, et al

Contact George Bigelow; BPRU, Behavioral Biology Research Center; 5510 Nathan Shock Drive; Johns Hopkins Bayview Campus; Baltimore, Maryland 21224-6823. (410) 550-0035; bigelow@jhmi.edu. See www.bpru.org

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