



# New Mexico Psychologist

Newsletter of the New Mexico Psychological Association

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## Registration Open for April 8 APAIT Legal and Ethical Risks Workshop



### Legal and Ethical Risks and Risk Management in Professional Psychological Practice, Sequence II: Risk Management in Specific High Risk Areas

April 8, 2011, Six continuing education credits;  
NMPA Members \$150; Non Members \$175; Students \$100;  
includes lunch, 9 AM to 4 PM, registration begins at 8:30 AM  
UNM Conference Center, 1634 University Blvd., NE, Albuquerque

#### PRESENTER

**Eric Harris, Ed.D., J.D.**, is licensed psychologist and attorney, Dr. Harris is a consultant to the APA Insurance Trust where he provides risk management services to Trust policy holders.

#### OBJECTIVES

- Learn basic strategies for identifying high risk situations and managing professional practice risks
- Learn how to manage interactions with lawyers and the legal system, including responding to subpoenas and other information requests, providing testimony at depositions and in court, and using strategies for interacting with attorneys
- Learn about managing potential conflicts in conjoint treatment with couples and families, with particular emphasis on the special risks associated with divorce
- Learn essential risk management strategies for identifying and managing outpatient suicide risk
- Learn ethical and legal standards governing these areas of practice

*Please see details on page 4 and 5*

## BoPE Adds Ethics CE Requirement

*By Dan Matthews, PhD, NMPA Legislative Chair and BPE Liaison*

If your license is due for renewal in July 2011, you'll be required to report 40 hours of continuing education since July 1, 2009, including five hours of ethics along with four hours of cultural diversity. The ethics requirement is new and does apply to this reporting cycle.

At its January 10 meeting, the Board of Psychologist Examiners (BoPE), responding to a question by the NMPA liaison, clarified these changes regarding continuing education content and reporting. The BoPE had been using four year CE reporting, but has changed this to two-year cycles coordinated with renewal. The requirement for ethics hours was enacted last summer and published in September 2010. Coordinating CE reporting with renewal is another change in the regulation. At least 15 hours of the 40 hour total must be obtained in formal workshops, seminars and classes; the remainder may be obtained with online courses, independent study, teaching and other design-

*(Continued on page 3)*

# 2011 NMPA Leadership

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## The New Mexico Psychologist

is a publication of NMPA. Opinions and articles are welcome. Any article is subject to editing. Please send articles and letters to [newmexpa@aol.com](mailto:newmexpa@aol.com)

**Newsletter Editor: Julie Lockwood**  
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# Report from NMPA's Psychology Board Liaison

*(Continued from page 1)*

nated activities (see the complete regulation at <http://www.nmcpr.state.nm.us/nmac/parts/title16/16.022.0009.pdf>)

The NMPA liaisons, Cheri Koinis and Dan Matthews also presented NMPA-proposed legislation for BoPE input. The legislation would eliminate or shorten post-doctoral supervised experience requirements for initial licensure. Modeled on the licensing statute from the state of Washington, credit toward licensure would be given for approved, supervised practicum hours obtained during graduate training. Ten states have eliminated or modified post-doctoral experience requirements, allowing individuals to be licensed for independent practice at the end of an APA-approved internship in some cases. BoPE members' comments and questions seemed generally favorable; President of the BoPE Robert Sherill appropriately asked whether the change would be coordinated with guidelines of the Association of State and Provincial Psychology Boards (ASPPB) for such purposes as reciprocity of licensure.

In other BoPE business, disciplinary matters were addressed, as always, in closed session. The BoPE is working on telehealth practice guidelines and a system of national verification of credentials for licensure by ASPPB. A system of criminal background checks for licensed psychologists, as required by statute, will be implemented soon. As we understand, licensees will apply to and pay an approved agency which will inform the BoPE of the results.

Also discussed in broad terms was the development of a "diversion program" to deal with some complaints against psychologists. The general notion was to allow structured supervision without issuance of a notice of contemplated action (NCA which is, in effect, an indictment in a disciplinary case). A psychologist so supervised in a BoPE-approved plan would not have to report a disciplinary complaint against them. NMPA has supported and worked toward such alternative resolution of disciplinary cases over the years.

The Legislative Chair has recently been designated by the NMPA Board as a liaison to the BoPE. Part of each BoPE meeting is open to the public and NMPA members are encouraged to attend. Upcoming meetings for 2011 are scheduled for April 1, July 8, and September 23. Some of these will be in Santa Fe. Check <http://www.rld.state.nm.us/Psychology/news.html> for announcements (although it's often out of date) or e-mail me at [danda@unm.edu](mailto:danda@unm.edu).



# Upcoming 2011 NMPA Events

Please email [newmexpa@aol.com](mailto:newmexpa@aol.com) to check on times and dates as meeting times may change

## January 29

NMPA Board and Executive Committee meetings

## February 16

Executive Committee meeting, 5:30 pm

## February 25

**Albuquerque Friday Forum: "The Science and Neuroscience of Dreaming: Clinical Applications"**

1-5 pm, 8205 Spain NE, Albuquerque

## March 4

**Albuquerque Friday Forum: "Psychology in Collaborative Practice: Is it Real Psychology?"**

1-5 pm, 8205 Spain NE, Albuquerque

## March 18

**Santa Fe Friday Forum: "Marriage/Couple Therapy"** 1-5 pm, 465 St. Michael's Drive, Medical Dental Building, Santa Fe

## March 25

**Albuquerque Friday Forum: "Psychopathology: Finding Forests Through the Trees"**

1-5 pm, 8205 Spain NE, Albuquerque

## March 26

NMPA Board and Executive Committee meetings

## April 8

**APA Insurance Trust Workshop "Legal and Ethical Risks and Risk Management in Professional Psychological Practice, Sequence II: Risk Management in Specific High Risk Areas"**

9 am to 4 pm, registration begins at 8:30 am, UNM Conference Center 1634 University Blvd., Albuquerque

## April 20

NMPA Executive Committee meeting. 5:30 pm



**THE PRESENTER**

Eric Harris, Ed.D., J.D.

A licensed psychologist and attorney, Dr. Harris is a consultant to the Trust where he provides risk management services to Trust policy holders. Dr. Harris is the legal counsel to the Massachusetts Psychological Association, where he served as the Director of Professional Affairs for ten years. He was a faculty member at the Massachusetts School of Professional Psychology for more than 15 years. Dr. Harris served for many years on the Committee for the Advancement of Professional Practice (CAPP) and served two terms on the Committee on Legal Issues. In the fifteen years before Dr. Harris became a consultant to APAIT, he conducted a part-time clinical psychology practice. Dr. Harris has written, consulted and lectured extensively on risk management, legal issues and on managed care.

## Legal and Ethical Risks and Risk Management in Professional Psychological Practice Sequence II: Risk Management in Specific High Risk Areas

### WORKSHOP DESCRIPTION

For the last ten years, there has been a major increase in the number of lawsuits, licensing board complaints, and ethics committee complaints against clinical psychologists. As managed care continues to dominate third party reimbursement in both the private and public sectors, any adverse disciplinary event can make it difficult, if not impossible to meet credentialing requirements. The changes in the economic system have led to changes in therapeutic approaches and business organizations that, in turn, have increased the complexity of the legal and regulatory environment.

6 Hours of Continuing Education for NM psychologists, counselors and social workers.

Certificates will be issued by APAIT, an APA approved sponsor of continuing education.

Bonus! Psychologists insured through the Trust-sponsored Professional Liability Program receive a 15% premium discount on professional liability insurance for the next two policy years for attending the workshop. (For group practices, 50% or more of the group must attend for the discount to apply. Discount not applicable for student and researcher/academician insureds).

In these difficult times, a risk management strategy is an essential element of professional practice. After providing a basic introduction to identifying legal and ethical risks involved in working with high risk patients and situations, this workshop will focus on three specialized areas of practice: working with couples and families, involvement with lawyers and the legal system, and working with potentially suicidal clients. The primary workshop goal is to allow practitioners to identify potential legal and ethical problems in these areas so that risks of lawsuits and disciplinary complaints can be minimized.

Dr. Harris will suggest strategies which will make it more likely that a psychologist will prevail if she/he is unfortunate enough to be the target of these sometimes unavoidable events. The program will describe how and when practitioners can utilize the Trust Advocate 800 Risk Management Consultation Service as part of their own risk management strategies.

Register at [www.nmpa.com](http://www.nmpa.com) for the APAIT Ethics Workshop

### OBJECTIVES

- Learn basic strategies for identifying high risk situations and managing professional practice risks
- Learn how to manage interactions with lawyers and the legal system, including responding to subpoenas and other information requests, providing testimony at depositions and in court, and using strategies for interacting with attorneys
- Learn about managing potential conflicts in conjoint treatment with couples and families, with particular emphasis on the special risks associated with divorce

*(Continued on page 5)*

**April 8, 2011, 9 AM to 4 PM,  
registration begins at 8:30 AM  
UNM Continuing Education  
Conference Center  
1634 University Blvd., NE, Albuquerque**

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- Learn essential risk management strategies for identifying and managing outpatient suicide risk
- Learn ethical and legal standards governing these areas of practice
- 



**IMPORTANT NOTICE**

Those who attend the workshop and complete the evaluation form will receive six continuing education credits. Please note that APA CE rules require that we only give credit to those who attend the entire workshop. Those arriving more than 15 minutes after the scheduled start time or leaving before the workshop is completed will not receive CE credits and will not be eligible for the 15% premium discount described below.

**APAIT Ethics Workshop**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**Circle all appropriate:**

Member—\$150      Non Member—\$175  
Student—\$100      Vegetarian lunch

Check                      VISA                      MasterCard

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

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Signature \_\_\_\_\_

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**Travelling South on I-25**  
Take Exit 227 (Comanche). Travel south on the Frontage Road to Menaul. Turn left (east) on Menaul. Turn right (south) on University, proceed underneath I-40. Continuing Education will be on your left across from the United Blood Services building.

**Travelling North on I-25**  
Take Exit 225 (Lomas). Travel east on Lomas to University. Turn left (north) on University, proceed past Indian School. Continuing Education will be on your right.

**Travelling on I-40 (East or West)**  
Take Exit 160 (Carlisle). Proceed south on Carlisle to Indian School. Turn right (west) on Indian School and proceed to University. Turn right (north) and Continuing Education will be the second set of buildings on your right.  
or  
**Travelling West on I-40**  
Take Exit 159D (University). Turn left (south) on University. Proceed south and Continuing Education will be on your left across from the United Blood Services building.

The American Psychological Association Insurance Trust is approved by the American Psychological Association to sponsor continuing education for psychologists. APAIT will issue your CE certificate. These continuing education hours are approved for New Mexico and out of state licensees.

The American Psychological Association Insurance Trust maintains responsibility for this program and its content.

Lunch will be provided. Please email Mellie Myer at [newmexpa@aol.com](mailto:newmexpa@aol.com) or call 505-883-7376 to request a vegetarian lunch.

## Register for 2011 Spring Friday Forums

Registration is open for the 2011 Spring Friday Forums. All forums will be held from 1-5 PM and each is approved for 4 continuing education credits. Albuquerque Forums are at the Kaplan Classrooms, 8205 Spain NE, Albuquerque, First Floor. The Santa Fe forum is 2nd floor auditorium, Medical Dental Building, 465 St. Michael's Drive, adjacent to St. Vincent Hospital, Santa Fe.

### **Albuquerque Feb. 25: The Science and Neuroscience of Dreaming: Clinical Applications presented by Jon Maaske, PhD**

**Member: \$65, \$55 for 3  
Nonmember: \$85, \$75 for 3  
Student: \$45, \$35 for 3**

Dreaming is an essential, meaningful human activity. Experimental psychology and neuropsychology support this contention, though the science is often portrayed otherwise. In fact, the history of research and research funding on dreaming is a cautionary tale about the power of unexamined assumptions and their impact on what is asserted as scientific truth. The bottom line is that dreams are essential to problem solving, particularly, but not exclusively, emotionally laden problems. This lecture will be about dreaming, its place in the human experience and in psychotherapy. Experimental and neuropsychological findings will be used to help explore, clarify and elaborate our understanding of dreams and therapy. The essentials of our current understanding of the neuropsychology of dreaming will be presented to this end. Our focus, though, will not be on neuropsychology, but on clinical implications. The subtext of our exploration will be epistemological and clinical. That is, what do we really know about what helps people psychotherapeutically, and how do we know it? We will combine this with what we know about dreaming to develop some principles for the use of dreams in psychotherapy. A clinical example of this model will be presented. (4 continuing education credits)

### **Albuquerque March 4: Psychology in Collaborative Practice: Is it real psychology? presented by Ken Gilman, PhD, Jan Griffin, PhD, Jan Gilman-Tepper, JD, and Jerome Johnson, CPA**

Drs. Gilman and Griffin do collaborative practice in both coaching and child specialist roles. They will be joined by Jan Gilman –Tepper and Jerome Johnson, representing the other two roles typically included in a collaborative team. Psychologists play a significant role in Collaborative Practice, a multidisciplinary team approach to solving civil disputes without resorting to litigation. While applicable to many civil dispute situations, it is most frequently used in divorce. Explored will be the role of psychologist as a neutral consultant applying skills in group process, family dynamics, assessment for skill strengths and deficits, personal coping styles (including Axis II dynamics), mediation and communication skills. The psychologist functions in a very different capacity than in doing therapy. We will also discuss the role psychologists and other therapist play as adjunct to the collaborative process, doing therapy with clients going through collaborative divorce. (4 continuing education credits)

### **Santa Fe March 18: Marriage/Couple Therapy, presented by Theresa Miller, PhD**

Dr. Miller will review two empirically supported methods for working with distressed couples, Emotion Focused Therapy (EFT) and the Gottman method. After reviewing each, she will discuss how both methods can complement each other and can be incorporated into a treatment plan that is sensitive to the emotional needs of the couple and their particular dysfunction. (4 continuing education credits) Northern New Mexico Chapter II has scheduled this forum for 1-5 PM, 2nd floor auditorium in the Medical Dental Building, 465 St. Michael's Drive, Santa Fe. This workshop is the same as the one offered in Albuquerque on Nov. 12, 2010. (4 continuing education credits)

### **Albuquerque March 25: Child Psychopathology: Finding Forests Through the Trees, presented by Chuck Elliott, PhD and Laura Smith, PhD**

This presentation looks at how four critical challenges of childhood: attachment, impulse control, self-view, and achievement are affected by some of the most common psychological disorders of childhood. Proposed revisions of the DSM-V as well as the rationale for changes will also be discussed. This workshop is geared to those professionals who primarily treat adults but are interested in child development and psychology. Empirically supported treatments for children will be described along with some practical applications. Laura and Chuck are co-authors of: *Child Psychology and Development For Dummies* (March 2011). (4 continuing education credits)

(Continued on page 7)

## 2011 Spring Friday Forum Information Continued from page 6

- Register online with MasterCard or VISA or
- Call (505) 883-7376 and speak to staff or leave a message with your phone number and we will get back to you, or

Register at [www.nmpa.com](http://www.nmpa.com), call 505-883-7376 or clip this registration form and mail to NMPA, 8205 Spain NE, Suite 202, Albuquerque, NM 87109.

Please check date and circle category.

Registering for 3 or more? DISCOUNT!

	NMPA Member	Non Member	Student
<input type="checkbox"/> Feb 25	\$65	\$85	\$45
<input type="checkbox"/> March 4	\$65	\$85	\$45
<input type="checkbox"/> March 18	\$65	\$85	\$45
<input type="checkbox"/> March 25	\$65	\$85	\$45

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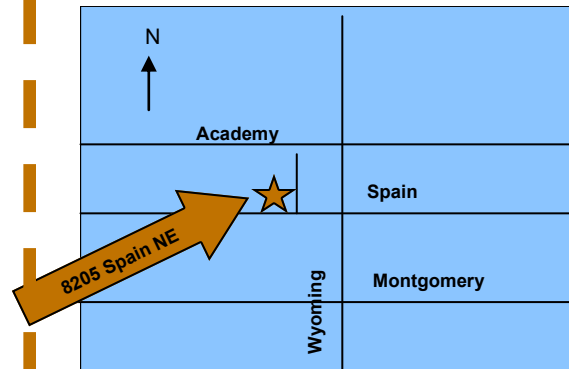
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Signature \_\_\_\_\_

- Tear out and return the registration form and mail it to us along with your credit card information or check made payable to New Mexico Psychological Association. Mail to: NMPA, 8205 Spain NE, Suite 202, Albuquerque, NM 87109.

Sorry, we can't take reservations without payment. Cancellations must be made the Wednesday before the presentation for a full refund or transfer of your payment to another Friday Forum.

You must attend the entire session to receive any CE credit. No partial credits will be given. We cannot award CE certificates if you are 15 minutes late or leave 15 minutes before the conclusion of the forum.



**NMPA's Chapter II/Northern New Mexico has recently reorganized and now has a listserv and meets in Santa Fe. If you would like to participate in the Chapter II meetings or join their listserv, email [newmexpa@aol.com](mailto:newmexpa@aol.com) with your request.**

# NMPA Offers Live Webinars

NMPA is partnering with the Kentucky Psychological Association (KPA) to bring you **Religion, Spirituality, and Clinical Practice**, one hour webinars that provide psychologists and other mental health providers with a series of presentations designed to consider ethical and culturally sensitive clinical practice with a diverse spectrum of spiritual and religious clients. Theoretical, cultural, and empirical considerations will be addressed in relation to practice issues. Because these presentations are only an hour in length, books and articles will be suggested for further review of the specific areas of discussion. **Register at [www.nmpa.com](http://www.nmpa.com)**



You can sign up for one, a few or all and each provides cultural diversity credit. KPA is an APA-approved sponsor of continuing education and will provide your CE certificate for one credit for each hour seminar. These workshops are live, and you must be able to access the Internet during the webinar and must phone in for the audio. A valid email address is required at registration in order to receive instructions and access codes. Each webinar is \$35 for NMPA members and \$40 for nonmembers, with discounts if you register for 5 or more. You will receive your log-in code and instructions a week prior to each event.

**Jan 19, 2011, (Wed), 10-11 AM: Promoting Coping through Spiritual Experiences, Practices, and Relationships. Presented by Dr. Kenneth Pargament (Bowling Green State University).** Workshop Objectives: Consider the theological, psychological, and social dimensions of human coping. Learn how to determine the nature of religious and spiritual means of coping in clients.

**Feb 16, 2011, (Wed), 10-11 AM: Spiritual Tools in Clinical Practice. Presented by Dr. Thomas Plante (Santa Clara University).** Workshop Objectives: Consider the efficacy of incorporating religious and spiritual principles and practices in clinical practice. Learn about specific religious and spiritual “tools” that can enhance high quality clinical practice.

**Mar 16, 2011, (Wed), 10-11 AM: Working with American Protestant Christians. Presented by Dr. Mark McMinn (George Fox University).** Workshop Objectives: Develop awareness of a world-view characteristic of many Protestant clients. Distinguish between basic and advanced collaborative strategies with Protestant clergy.

**Apr 20, 2011, (Wed), 10-11 AM: Working with American Latter Day Saints. Presented by Dr. Scott Richards (Brigham Young University).** Workshop Objectives: Develop awareness of a world-view characteristic of many Latter Day Saint clients. Learn how to engage this world-view in the context of clinical practice.

**May 11, 2011, (Wed), 10-11 AM: Working with American Roman Catholics. Presented by Dr. Edward Shafranske (Pepperdine University.)** Workshop Objectives: Develop awareness of a world-view characteristic of many Roman Catholic clients. Learn how to engage this world-view competently in the context of clinical practice.



**Jun 15, 2011, (Wed), 10-11 AM: Working with American Muslims. Presented by Dr. Saba Rasheed Ali (University of Iowa).** Workshop Objectives: Develop awareness of a world-view characteristic of many Muslim clients. Learn how to engage this world-view competently in the context of clinical practice

**Jul 13, 2011, (Wed), 10-11 AM: Affirmative Therapy for American Jews. Presented by Dr. Lewis Schlosser (Seton Hall University).** Workshop Objectives: Reduce reliance on stereotypes and assumptions about American Jews. Identify Jews as an American ethnic minority. Provide information regarding Jews and Jewish culture. Discuss tenets of culturally appropriate and affirmative psychotherapy with American Jews.

**Aug 2011, TBA, 10-11 AM: Working with American Buddhists. Presenter TBA.**

Workshop Objectives: Develop awareness of a world-view characteristic of many Buddhist clients. Learn how to engage this world-view competently in the context of clinical practice

*(Continued on page 9)*

# Giving Birth: Pain and Pride

By Laura Smith, PhD

I've been thinking lately about what it was like giving birth. My first labor (with twins) was many years ago. I know it lasted 36 hours and that I was conscious for most of the time. I vividly remember the bed, the room, and the sound of an IV dripping. The second time, about 6 years later, the labor was shorter—just about 8 hours I think. I know it was pretty frightening. I remember the worried look of the doctor and the run down the hall for an emergency c section. I remember shaking in the recovery room. *But, I can't remember the feeling of the pain.* Although many mothers do remember the pain of labor, this type of amnesia is pretty common.

One of the many jobs that Chuck and I do when we are *not really working at home* is write a weekly blog for Psych Central. We took about 6 weeks off this fall because every word seemed painful and we were out of ideas. In fact, we were overwhelmed by giving birth to a book. During the labor we struggled to complete this huge project. At any one time during the day one of us would say things like, "This is horrible," or "I can't stand the pain," or "Never again," or "Why did we ever agree to do this project?"

We spent hours thinking of our next careers. Open a coffee shop or vineyard. Maybe give gondola rides through the ditches of Corrales or sell watermelons, stacks of firewood, and pinion nuts on the side of the road. No more books. No more writing. Why suffer through all of that pain?

But, now the book is done, the edits are turned in. In a couple of months we'll get a delivery at our house. The labor of nine months (really) will be complete. We'll open the box of books and pick up a few copies, making sure that all of the parts are there, and looking with wonder and joy at what we created. Immediately, we'll forget the pain and discomfort like all good authors and mothers do. What's next?



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[www.carolinewilliamspych.com](http://www.carolinewilliamspych.com)

Laura Smith and Chuck Elliott are co-authors of: *Child Psychology and Development For Dummies* (March 2011), *Overcoming Anxiety For Dummies* (2<sup>nd</sup> Edition), *Borderline Personality For Dummies*, *Obsessive Compulsive Disorder For Dummies*, *Seasonal Affective Disorder For Dummies*, *Anxiety and Depression Workbook For Dummies*, *Depression For Dummies*, *Hollow Kids: Recapturing the Soul of a Generation Lost to the Self-Esteem Myth*, and *Why Can't I Be the Parent I Want to Be?*

They have been invited speakers at numerous conferences including National Alliance for the Mentally Ill (NAMI), the Association for Behavior and Cognitive Therapies, the National Association of School Psychologists, and the International Association for Cognitive Psychotherapy. They are frequent guests across the country on National Public Radio programs as well as other radio shows.

(NMPA/KPA Webinars continued from page 8)

**Sept 14, 2011, (Wed) 10-11 AM: Evidence-Based Religious and Spiritual Therapies. Presented by Dr. Jamie Aten (University of Southern Mississippi).** Workshop Objectives: Consider the next step in the evolution of clinical services related to religious and spiritual issues – evidenced-based religious and spiritual practices. Learn about empirically supported treatments for mental health problems that are explicitly based in religious and spiritual systems.

# Book Review:

Review by *Ray Hawkins, PhD, ABPP, Core Faculty  
School of Psychology, Fielding Graduate University*



## *The Supplicate Order: Invocation of the Sacred*

**Author — Patricia M. Brown, PhD (Gayatri).** 459pp. Through iUniverse published by Wisdom Wave Inc., Santa Fe, New Mexico, 2008 ISBN: 978-0-595-44367-3 soft cover; ISBN: 978-0-595-88696-8 e-book.

The purpose of this book is to offer intended readers (intelligent lay persons, psychotherapists, and spiritual directors) a “cosmic ritual frame of dynamic elements and how they relate to a humane human life” (p. xxxv). This remarkable book provides a creative integrative theory of how prayer rituals and spiritual process (the supplicate order) can invoke the sacred, and facilitate psychological well-being and growth. Dr. Patricia Brown offers a synthesis of world faiths and wisdom traditions within a broad framework of psychology (e.g., Jung, Kohlberg, Kegan, Melody, Pargament, and Wilber) and New Science (Bohm, Sheldrake, and Laszlo).

In the particular concept of the “supplicate order” Brown introduces a creative, human mediational link between Bohm’s “implicate order” (the unmanifest, here combined with Laszlo’s Akashic field as a primal source of spiritual meaning and wholeness) and the “explicate order” (the observable, manifest level of perceived experience). Thus, “the human being is the supplicant mediator between the Implicate and the Explicate” (p. 17). “The Core Self of the individual is the primary agency of harmony and formation, what Carl Jung referred to as the spirit or the self-archetype” (p. 32). Human awareness provides a “Great Fulcrum” or “pivot point, a place of connection where each individual can meet the sacred” (p. 33) in a ritual frame (“temenos”) (p.82).

Also borrowing from Jung, Taoist philosophy, and the Kabbalah, Brown crafts a central organizing principle for describing the dynamic unfolding of the human “being” through the reconciliation of the opposite poles of the psyche (diagrammed as Atman or Divine Self, depicted as Da Vinci’s Vitruvian man, superimposed on the Tree of Life which integrates the “Pillar of Severity” and “Pillar of Mercy” in a teleonomic (meaningful but not deterministic, according to the terminology of Mahoney, 1991) individuation process. Bakan (1966) recognized the contribution of Kabbalistic thought to Freud’s metatheory of psychoanalysis, and explained human existence and ego-development as a dynamic balancing of agency and communion processes. Drob (2005, 2009) has likewise persuasively argued that Jung’s epistemology was heavily indebted to the Kabbalah and Jewish mysticism. Brown’s book continues to elaborate this important philosophical genealogical thread.

Weaknesses include the need for more detailed editing and even more case examples dispersed strategically throughout the book, so as to enhance key meanings and ameliorate a potential overload from abstruse philosophical concepts. Also helpful would be a further elaboration of the linkages among the diverse psychological, religious, and philosophical epistemologies.

*The Supplicate Order* is strong in its amazing breadth and creative synthesis of the wisdom traditions. The case examples are well-selected, and the concluding section of each chapter, called the “Vade Mecum” (“a faithful companion to carry with me”) provides a very useful guide for self-reflection and self-growth. The best way to read this book is to proceed slowly reading a few pages at a time, contemplating the psychological / religious / philosophical concepts and symbols, and adding one’s own personal associations and meanings. *The Supplicate Order* should be well received by those with some basic familiarity with world religions and wisdom traditions. It would be suitable as a supplemental text in a transpersonal or depth psychology graduate seminar. (copyright, Journal of Religion and Health, Springer Publications.)

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# Prescribing Psychology Launches Psychobiosocial Model of Care

**By Elaine LeVine, PhD, ABMP, Prescribing Psychologist, NMSU Affiliate Associate Professor, NMSU Training Director of Masters in Psychopharmacology**



My interest in the psychologist prescriptive authority agenda was generated from my commitment to view and treat my patients from a holistic perspective. When psychotherapy and pharmacotherapy approaches are combined, etiological analysis and treatment strategies are based upon biological, psychological, and social factors often encapsulated by the term, the biopsychosocial model of care (Engle, 1977). As I studied psychopharmacology, which is rooted in an in-depth understanding of anatomy, physiology, neuroanatomy, pharmacology and evidence based-medicine, I gained a greater understanding about how biological processes affect the mind and how the mind affects the body, as well as how pharmacotherapy can affect the mind through bodily changes. As a consequence, I realized that studying and practicing as a prescribing psychologist greatly improved the quality of my care. Parallel to my recognition that prescriptive authority for psychologists would enhance care was an awareness that the authority to prescribe could provide a quality way of increasing care to underserved populations.

What I did not realize until several years of practice as a prescribing psychologist is that, because of psychologists' unique training, they can apply the analysis of biological, social, and psychological etiologies and treatment strategies from a broader and somewhat unique framework or "pad" to launch patients personal growth. This new model or launching pad is referred to as the "psychobiosocial model of care" (LeVine & Foster, 2010).

In the psychobiosocial model posited herein, the therapist-patient relationship and the patient's phenomenological view of psychotherapy and medication management are central. Patient-specific resiliency and vulnerability factors are analyzed within each sphere of functioning. By assessing resilience and vulnerability within all dimensions of functioning, the psychobiosocial model places patient's perceptions, personal values and needs as the basis for deciding all forms of biological, psychological and social interventions.

The psychobiosocial model is based upon three major tenets. The first is that psychologists, through their unique training, offer a specialized skill set for addressing mental health concerns. Psychologists are well-studied in aspects of behavioral change, as well as the biological sciences. Education and training for prescriptive authority adds an additional skill set to an existing diagnostic and treatment armamentarium. Because these skills are taught through specialized programs for psychologists, who have already been trained in human development and the behavioral and cognitive components of psychopathology, psychologists can practice differently, integrating the medication into the therapy process and utilizing medications only when psychotherapy alone is not sufficient to improve functioning.

The second tenet is a result of psychologists' specialized training. Because psychologists are skilled in a broad range of therapeutic intervention techniques, they can help the patient choose the least invasive treatment while focusing on an empirically-supported approach as a first-line intervention. When empirical research indicates psychotropic intervention is efficacious, psychologists recommend this additional treatment to the psychotherapeutic regimen with extensive informed consent, including standard education on indications, risks, benefits, average time-to-therapeutic effect, alternatives, and side effect profiles of each treatment. Information provided is tailored to the patient, particularly addressing side effects that are relevant to the patient's concerns such as weight loss or gain, sleep difficulties or triglyceride levels. The premise is that the psychologist acts as a consultant to the patient who, with occasional exception (e.g., when frankly psychotic or demented), is considered capable of making an informed decision and who is expected to remain an active problem-solver throughout the treatment partnership.

The third tenet has many ramifications. It is postulated that a critical component of the psychologist's psychobiosocial model of care is the integration of the meaning, impact, and usefulness of continued psychotropic medication across the various phases of the therapy process. For instance, in the early stages of rapport building and diagnostic evaluation, a prescribing psychologist may evaluate whether a patient is suffering from a genetic vulnerability, such as a family history of hypertension. In this case, biological resiliency may be augmented by restricting salt, ex-

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exercising, and maintaining an ideal body weight. In another case, it might become evident during the diagnostic evaluation that social factors, such as overcrowding or a lack of informal support systems, are key to the difficulties; and resilience may be enhanced by participation in community-based faith groups, volunteer opportunities, or relocation. As exemplified in these examples, the prescribing psychologist remains true to the tenant of using the least invasive, personally meaningful approach in assisting each patient in the early phases of treatment. The psychobiosocial model leads to other applications in the later, active working phase of therapy, in which the psychologist teaches specific coping methods and, often, uses the relationship as an example for practicing communication and interpersonal skills. The prescribing psychologist uses pharmacological intervention as one more tool for increasing patient individuation. For example, the psychotropics can be viewed as a “objects of transference”; that is, that the patients will display their coping styles in how they respond to the medication suggestions and recommendations. Compliance issues, then, become a topic for discussion and interpretation. Anxious patients may express anxiety about taking medications; patients with “acting out” tendencies may not follow mutually-agreed upon procedures. Interpreting these behaviors as manifestations of how the individual thinks and behaves can be a critical part of therapeutic gain. In a similar fashion, providing extensive informed consent facilitates a psychological-mindedness and medical-mindedness that can enhance self esteem. When the prescribing psychologist mirrors to patients how successful they have been managing their own recovery (including the use of psychotropics), feelings of autonomy can be enhanced. Even in the latter phases of termination of pharmacotherapy, a psychobiosocial model is a critical part of the prescribing psychologist orientation. The prescribing psychologist engages patients in discussions of their fears or anxieties about continuing or terminating medications, just as patients need to process relationship termination in the final phase of therapy.

I would like to demonstrate an application of this biopsychosocial model through my work at a rural mental health clinic, Paso Adelante, located 30 miles south of Las Cruces in the community of Berino, New Mexico. The income in Berino is among the lowest in the nation. Of the 860 core residents and a population of 11,000 including nearby communities, only 50% of those older than 25 years have above an eighth grade education. The median house-hold income is \$17,000, and 33% of the families earn less than \$10,000 per year. Overall, more than 55% of the community members live below the poverty line.



My work at Pasos Adelante certainly attests to findings in the clinical literature indicating that patients from diverse settings receive lower quality assessment and treatment than those from the majority economic and social culture. Most striking to me is the culture of what I call “management-by-prescriptions.” At the local psychiatric hospital and in the medical clinics, adults and children are often given medications before less intrusive means of interventions (such as working with the family, individual counseling, or correcting school problems) are addressed. Most of the parents have great faith in medication, but little or no understanding of the possible side effects. One mother told me that her primary care physician had said her child’s blood tests showed he had ADHD. Many children have come to our clinic from local psychiatric facilities with diagnoses of bipolar disorder and psychotic disorder NOS and are being treated with atypical antipsychotics and mood stabilizers before a clear diagnosis, evaluation at the school, or family treatment have been attempted. For example, a ten year old Hispanic male, referred to the clinic for outpatient care, had undergone a three-day hospitalization at a nearby psychiatric facility subsequent to his breaking into a home and stealing a gameboy. Hospital records indicated a noneventful psychosocial history. He was released with a diagnosis of bipolar II disorder and placed on 500 milligrams of Depakote daily. Our evaluation at Pasos Adelante revealed that he had been a very well-behaved child and excellent student until two years earlier. At that time, his father, who was an illegal immigrant, had been placed in jail for 24 months because of his efforts to enter the United States despite two earlier deportations. Recently, his father had been released from jail, but my patient’s ability to visit him in Mexico was extremely limited. Upon finding ways to facilitate visitation and help him work through his feelings of loss and anger about his father’s incarceration, the young boy’s behavior and school performance improved significantly and the Depakote was terminated. Advocates for prescribing psychology explain that ‘the right prescribe is the right to un prescribe.’ I often recommend un prescribing and more extensive psychological intervention at Pasos Adelante.

Psychologists’ broad training in cultural diversity is a great asset for prescribing psychologists working through a

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psychobiosocial model of care. For example, we had stabilized a young girl with psychotherapy and Fluoxetine. She came in several months later complaining that the medicine was now making her tired and sick to her stomach. It took some sleuthing for the counselor and I to discover that over the last several weeks her grandmother, who was a Cuandera, had been supplanting her medical treatment with a variety of herbs. Perhaps, these herbs, by themselves, could have been effective; however the combination for this patient with her Fluoxetine seemed to really upset her stomach. It is also possible that the cultural conflict between what she was learning through her psychobiosocial therapy in order to function well in her society was conflicting with some of her traditional familial values. All of these issues were addressed by the therapist. She and her mother decided she should not take the herbs, and she returned to a healthy recovery track.

The prescribing psychologist working in an underserved area has extra tools in his or her armamentarium to assist with the violence that is so prevalent in these environments. For example, a 28 year old Hispanic woman who was six months pregnant self-referred to the clinic. She and her significant other were in a "drive-in" bar in Juarez, Mexico when they were victims of a random shooting. Her significant other, the father of the baby and her two other children, died from the gunshot wounds while the patient survived gunshot wounds to the arm and the leg. She was suffering tremendous PTSD, as well as grief over the loss of her children's father. Her insomnia was severe; she cried constantly; and her focus and attention were severely impaired so that intensive counseling and psychotropic intervention seemed critical. Working closely with the counselor and obstetrician, we were able to prescribe a low dose of medication with very low risk to the fetus to lead to amelioration of her symptoms. This case illustrates that the prescribing psychologist is in an excellent position to maximize the benefit-to-cost ratio associated with psychotropic intervention. As this woman's sleep was restored and the effects of supportive therapy increased, we were able to reduce the medication in a timely fashion; and she did deliver a healthy full-term baby. In a similar fashion, the prescribing psychologist's psychobiosocial orientation and tools for intervention can be very effective in addressing other issues of family violence such as child abuse and battery in which address trauma to the mind and body as well as psychosocial issues for effective healing and prevention are critical and forestall future episodes.

While my experience as a prescribing psychologist have been circumscribed to independent practice and consulting at a behavioral health clinic, many of my prescribing psychologist colleagues in New Mexico are working in primary health care facilities. For example one prescribing psychologist works full time at a federally-qualified health center in Chaparral, New Mexico, while another prescribing neuropsychologist heads the diagnostic and treatment team at a federally-qualified health clinic in Truth or Consequences, NM. As the health care industry prepares to respond to federal mandates for integrated care, prescribing psychologists are poised to make significant contributions to a broader understanding of patients' well-being. Integrative health care models call for mental health programs to be woven into the fabric of treatment, not simply offered in tandem under the same medical home (Alexander, Arnkoff, & Glass, 2010). While prescribing psychologists may be asked to triage because of their specialization in psychopharmacology, by bringing in a psychobiosocial orientation, they can educate the medical practitioners about unique phenomenological needs of each patient.

Many patients for whom I prescribe medications talk about their usual experience of meeting with physicians or psychiatrists for a few minutes and being given medications without a clear understanding of their effects and side-effects. Patients appreciate being listened to, receiving extensive information about drug effects and side-effects and recognize that this collaborative approach helps them feel stronger and empowered. Prescribing psychologists launching a psychobiosocial model of care that recognizes and values the whole person and the persons uniqueness enhances quality care and becomes a gratifying experience for the psychologist and the patients that they serve.

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## Division 55, The American Association for the Advancement of Pharmacotherapy Sponsors March 11 Workshop

By Elaine LeVine, PhD

If you are interested in the biological basis of mental illness and mental health, and a psychobiosocial model of care, now is the time to register for what will be a very stimulating, fun, and fulfilling continuing education and networking in Washington DC, March 11-14, 2011.

The continuing education program is a unique opportunity for you to participate in the APA State Leadership Conference, where Presidents, Vice-Presidents, and other psychology leaders from each state come to Washington DC to learn about the advocacy of psychology in the present and the future.

Division 55, The American Association for the Advancement of Pharmacotherapy, is sponsoring the Conference in collaboration with the State Leadership Convention. There will be an opportunity to meet key leaders from the American Psychological Association and political figures from the Hill.

In addition, Featured speakers include:

Daniel J. Carlat, MD, author of *Unhinged: The Trouble with Psychiatry: A Doctor's Revelations about a Profession in Crisis*. Dr. Carlat is a well-respected psychiatrist who is in favor of prescription privileges for psychologists with the extra training.

Robert Julien, MD, PhD, author of what is regarded as the definitive textbook of psychopharmacology education, *Child & Adolescent Psychopharmacology: Prenatal Through High School*.

John Preston, Ph.D., will be speaking on *Stress-induced Brain Damage and Neuroprotection*.

There will be a number of other speakers and panels on everything from Psychologists in Primary Care, to prescribing psychologists in the Indian Health Service, to integration of CBT in holistic care, and political advocacy and developments. For more information and registration: <http://div55conf.com>

*division 55*

# PRE-CONFERENCE

**MARCH 11, 2011**

Marrriott Metro Center  
Washington, DC

# WORKSHOP

**workshop GOALS**

- Present the controversies in medicating very young (preschool) children.
- Review medications used in the treatment of ADHD, aggressive disorders, anxiety disorders, autism, and bipolar disorder in children and adolescents.
- Provide optimum pharmacology for medicating pregnant females.
- Resolve the controversy and present the pharmacology of antidepressant drug use in children and adolescents.
- Provide optimum pharmacology for medicating children and adolescents with behavioral and mental health problems.
- **Most importantly, you will learn to incorporate this material into your clinical practice.**

**workshop SCHEDULE**

9:00-9:15	Registration, Breakfast and Opening Remarks
9:15-10:30	<b>Pregnancy &amp; Psychotropic Drugs:</b> To medicate or not to medicate pregnant women with depression, anxiety or bipolar disorder
10:30-10:45	Break
10:45-1:00	Preschool Psychopharmacology
1:00-2:00	Lunch Break, on your own
2:00-3:15	<b>Psychopharmacology for Older Children &amp; Adolescents:</b> General Overview, treatment of autism, behavioral or aggressive disorders, and ADHD
3:15-3:30	Break
3:30-5:00	<b>Psychopharmacology for Older Children &amp; Adolescents:</b> Treatment of depression, resistant depression, bipolar disorder and anxiety disorder

**speaker: ROBERT JULIEN, MD, PH.D.**

**R**obert Julien, MD, Ph.D. is both a physician and psychopharmacologist with over 34 years experience. He received his Ph.D. in Pharmacology from the University of Washington and his Medical Degree from the University of California at Irvine. A nationally acclaimed teacher and author, Dr. Julien's psychopharmacology textbook, *A Primer of Drug Action* (Worth Publishers, 2008, 11th edition) with 30+ years of continuous publication is regarded as the definitive textbook of psychopharmacology education. Dr. Julien lectures widely on psychopharmacology and is able to clearly and concisely present clinically relevant materials to empower health care professionals in understanding the medications their clients may be taking. His 12<sup>th</sup> edition is released November 2010 with 56 co-authors: Joe Comaty and Claire Advocati.

**workshop DESCRIPTION**

**CHILD & ADOLESCENT PSYCHOPHARMACOLOGY: PRENATAL THROUGH HIGH SCHOOL**

Whether or not to medicate mental health disorders during pregnancy is a complex decision involving maternal health as well as possible adverse effects on the unborn child. Similarly, medicating youth is equally important and controversial. On the one hand should medicines be administered to youths with psychological disorders, offering positive benefits but perhaps altering the developing brain? Do short-term benefits translate into long-term improvements, or might harm follow?

Incorporating the latest literature, Dr. Julien will address the total effects of maternal drug intake and, in children, the treatment of behavioral aggression, anger, autism, ADHD, depression (emphasizing medication efficacy and medication-related suicidal, anxiety disorders and bipolar disorder). This seminar is intended for all those who work with women of child-bearing age as well as those who work with children and adolescents with mental health disorders.

**hotel INFORMATION**

Division 55 has arranged for their delegates to stay at the Marriott Metro Center Hotel. These rooms are only for folks that are not attending the State Leadership Conference. If you are attending SLC and want to participate in the Division 55 conference, you must stay at the Hyatt hotel with your SPTA delegation. **To make reservations at the Marriott Metro Center Hotel please contact 1.800.627.7468 and ask for the Division 55 APA rate or the group code apaapa.** You can also make your reservations by logging into [www.div55conf.com](http://www.div55conf.com).

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