



Academy of
Medical
Psychology

The AMP



**ACADEMY UPDATE FROM THE PRESIDENT
BY WARD LAWSON, PHD, ABPP, ABMP**

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VOL. 6 ISSUE 1

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The Academy continues to thrive! We enjoy a growing and quality membership. We have a great board, and the board is doing some important work to grow the specialty. The board welcomes those who would like to serve on committees (e.g., publications, credentialing, advocacy, etc.) and contribute to our CE programs or in other ways, so that they may learn about the organization and advance to board leadership.

Our web site has an exciting array of Medical Psychology CEs, several under construction, and soon we'll have our own CE program that will join the approved CE track programs (NAPPP and VERITAS tracks). Our program will use state of the art MOODLE software with posts slides, lectures, literature, whiteboards, instructor access, 24 hour online progression exams,

links, etc. We are amassing a good and talented group of volunteer instructors to take responsibility for a course (which is already developed complete with tests). Interested diplomates should contact Dr. Jerry Morris. Some of our content will assist in acculturating into healthcare facilities and multidisciplinary teams. Dr. Morris needs help with this! Please contact him!

Our written exam (100 multiple-choice items with a two hour time limit) can be taken entirely online from the candidate's home and all stats are automated. Our oral exam is a Skype video conference call. The approved and trained candidate with the proper education and preceptorship is advanced to the oral examination and stands questioning in front of three examiners with pre-approved questions. When the candidate passes, they are admitted to the written examination

(some substitute the PEP or Veritas for our exam, but we request that they take AMP's exam without jeopardy to help with norming and data collection). Our examining committee led by Dr. Gary McClure has been doing an excellent job this year and candidates find them willing to mentor, very collegial in the examination process, and they all have very high expertise and commitment to the specialty. Specialists wishing to train and serve on the orals examining committee should contact Dr.

McClure.

Dr. Morris is currently supervising for preceptorships and these applicants will soon move to candidacy status and will make excellent specialists. As you can see, we have growing and vital specialty with much widespread interest.

(Continued on pg. 7)

IDAHO'S RxP IS IN, WITH MANY MORE STATES TO GO...

Dr. Susan Farber, head of Idaho's RxP initiative, and I (Dr. Susana Galle), had a most stimulating telephone conversation, followed by an exchange of e-mails regarding the recent passage of their RxP Law.

She referred me to her recent APA column. Relevant to the passage of such law "without opposition and with only two nay votes," were several factors in Dr. Farber's view:

- Direct negotiations with psychiatrists, facilitated by the severe shortage of prescribers in Idaho. Psychiatrists expected the level of training to be "at least equivalent to that of an advance practice psychiatric nurse practitioner (NP)." Psychologists addressed that concern by creating a full-time M.S. Psychopharmacology program at a state university in Idaho, which was vetted by an experienced Nurse Practitioner;

- Two years of supervised conditional RxP privileges fashioned after New Mexico RxP, with the additional requirement of one-year's work with children or the elderly for those who wished to practice with those two age groups;

- A collaborative model of RxP practice between psychologists and physicians;

- Idaho's State Psychological Association counted on full support from its members and a lobbyist.

Dr. Farber reflected on the passage of RxP in a most conservative state. She characterized their RxP legislation as "non-partisan," appealing to individuals across the political spectrum. She concluded that, in Idaho, "Psychology appears to have established itself as a group of highly trained professionals looked upon with favor by our legislators." To this I would add, from my experience as a medical and prescribing psychologist in New Mexico, that there is increasing acceptance of our expanded role by the medical community and the public, along with an appreciation of RxP psychologists' unique contribution to the treatment equation.

The steady collaboration across disciplines to pass RxP in Idaho sets quite a standard for other states. Heartiest congratulations go to Dr. Farber et al. Our Idaho colleagues created a united front, a team that was both determined to reach their goal and flexible in the process of getting there. I was most impressed with the initiative being non-partisan, emphasizing the free-market merits, arriving at a workable agreement between psychologists and physicians on the training/competencies, upholding the collaborative model, and setting up a program at an Idaho university to offer proper training. Incidentally, Hawaii has done something similar at a state university. Idaho's RxP law seems largely fashioned after the one in New Mexico, which has been very successful.

After several years of dormancy and frustration, our Idaho colleagues have shown that it is high time to rise above partial agendas and fuel the renewed momentum of RxP -- a win-win proposition. There is now a 15-year history of safe and effective prescribing by our esteemed colleagues in New Mexico, Louisiana, and in military facilities. Let us work together to propel RxP as a viable and desirable option for 21st century psychologists across the United States.

Susan Farber, PhD
Boise, Idaho
Advocacy Committee
Idaho Psychological Association

&

Susana A. Galle, PhD, MSCP, ABMP, ND
Science Editor
Archives of Medical Psychology

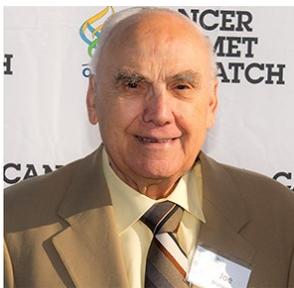
Title: Pioneers in Medical Psychology
Author: Rory Fleming Richardson, Ph.D.,
ABMP, TEP

In my career, I have had the honor of working with several pioneers and seasoned professionals. I would like to honor two, who during my darkest hours, came forward to help and do what was right. Both of these men show what a psychologist should be. Each has contributed decades of effort in the maturation of our field, and they both deserve our heartfelt thanks. In the growth and improvement of care for others, there is often a need for slight shifts in paradigms. These shifts are frequently accompanied with battles and attacks from other factions.

During an attack, that I became caught up in, both of these men came to my aid. Without doubt, I know that they have fought many of the battles over the years. Unfortunately, these battles are usually not without scars. The unfortunate truth is, that if all healthcare providers elected to work together, many of these battles would not be necessary. I am personally and professionally grateful for their help. These two men we honor for their tireless efforts, dedication, and sacrifice to help make our field become what it is today.

Joseph Dominic Matarazzo, Ph.D.

Dr. Matarazzo was born in Caiazzo, Italy in 1925, and attended school in New York. He served in the United States Navy, and attended Columbia University and Brown University. He continued his studies at Northwestern University. After two years at Northwestern, he took an internship at Washington University School of Medicine. After his third year, he was asked to stay on for another year and teach the required first-year medical students "medical psychology." He taught at Washington University School of Medicine between 1952 and 1955. Between 1955 and 1957, he taught at Harvard Medical School. Dr. Matarazzo then went



on to establish the first independent department of medical psychology, at Oregon Health Sciences University, serving as chair of the department until 1996. He has served the field in many roles over the years including President of the American Psychological Association (1989-1990), President of the Academy of Behavioral Medicine Research, President of the International Council of Psychologists, Chair of the Oregon Board of Psychologist Examiners, and more. He holds Diplomates from the American Board of Professional Psychology in Clinical Psychology and Clinical Neuropsychology. He is credited with naming and establishing the foundation of health psychology.

Jack Gillmore Wiggins, Ph.D., Psy.D.

Dr. Wiggins was born in Little Rock, Arkansas in 1926, completed his undergraduate studies at the University of Oklahoma, and his masters degree at Southern Methodist University. He went on to complete his Ph.D. at Purdue University in 1952, and later in his life, completed a Psy.D. at Forest Institute of Professional Psychology in 1988. He has been an inspiration for rural psychologists for many years. He holds a Diplomate from the American Board of Professional Psychology. He worked as a psychological practitioner in Cleveland, Ohio for 44 years, and serviced as CEO for the Psychological Development Center for 33 years. He served as President of the American Psychological Association (1992-1993). He championed great strides in obtaining insurance reimbursement of psychological services, opening up hospital staff privileges for psychologists, gaining federal authorization of vocational rehabilitation for those with mental disorders, and more. More recently, he has been one of the avid supporters of prescription privilege for properly trained psychologists and of integrated medicine through "Better Medicine with Psychology." As the Editor Emeritus of Archives in Medical Psychology, and the journal of the Academy of Medical Psychology, he has continued to lead our field.



HEALTH AND SCIENCE

Review of Article, "Maternal Neural Responses to Infant Cries and Faces: Relationships with Substance Use" (Landi, Montoya, Kober, Rutherford, Menel, Worhun, Potenza and Mayes)**Reviewed by Jeffrey D. Cole, PhD, FPPR, FICPP, ABMP**

Some psychological models look at substance dependence in terms of unmet interpersonal dependency (attachment) needs, especially in a developmental context. The reviewed article, "Maternal Neural Responses to Infant Cries and Faces: Relationships with Substance Use" (Nicole Landi,^{1,2,*} Jessica Montoya,³ Hedy Kober,³ Helena J. V. Rutherford,¹ W. Einar Mencl,² Patrick D. Worhun...sky,³ Marc N. Potenza,^{1,3,4} and Linda C. Mayes¹, *Front Psychiatry*. 2011; 2: 32. Published online 2011 Jun 15. Prepublished online 2011 Apr 12. doi: 10.3389/fpsy.2011.0003) takes a cerebroanatomical and cerebrophysiological view on this relationship

From the article abstract:

"In addition to the negative health effects of teratogenic substances on fetal development, substance use can contribute to difficulties associated with the social and behavioral aspects of parenting. Neural circuits associated with parenting behavior overlap with circuits involved in addiction (e.g., frontal, striatal, and limbic systems) and thus may be co-opted for the craving/reward cycle associated with substance use and abuse and be less available for parenting" (end quote)

The authors looked at activity in the cingulate gyrus and other brain regions where parenting response (e.g., to children's cry) and substance-abuse reward brain circuitry overlap and found that activity was

attenuated in substance abusing subjects

From the article:

"In the study presented here, we used fMRI to investigate whether substance use during pregnancy or in the recent post-partum relates to neural response to infant cries and faces in post-partum mothers. We found generally reduced activation for substance-using mothers relative to non-using mothers when processing such infant-related sensory stimuli in areas that have previously been identified in parenting studies and emotional processing more generally. To our knowledge, this study provides the first empirical evidence to suggest that the neural circuitry recruited when processing infant faces and cries is altered in mothers who use substances of abuse"

Medical psychologists keep up on the literature that explicates and clarifies the relationships between mind, body, brain, relationship and behavior. This attentiveness to the interactive domains that determine our health, illness and healing makes medical psychologists ideally suited to participation in and leadership of integrative healthcare treatment teams

Here is a link to the reviewed article: [CTL + right click]: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3118477/>



(Image is not from original article)

**IMPORTANT NEW INTERNSHIP OPPORTUNITY FOR
PSYCHOLOGY STUDENTS
SEEKING A PRE-DOCTORAL INTERNSHIP**

One of AMP's specialists in medical-psychology, Dr. Mathew Nasseti is also a physician. He and his wife operate AllCare a comprehensive clinic in Florida providing medical, psychological and integrative healthcare services. AllCare is offering a psychological internship as described in the advertisement below.

This looks like a fantastic opportunity to receive training toward completion of the trainee's degree in an integrated treatment environment.

Here is the advertisement from AllCare:

AllCare is a family owned organization providing primary healthcare to patients of all ages, from newborn to aging adults. A psychological component is integrated throughout the primary healthcare practice, concentrating on the necessity to concurrently treat both the mind, as well as the body. Interns will provide psychological services, including individual and family therapy, to an outpatient population to children, adolescents, adults, and geriatrics that present with acute mental health issues. Interns will have the opportunity to provide neuropsychological assessments to patients presenting with psychological, neuropsychological, and medical conditions. Interns will also provide comprehensive psychological assessments to children, adolescents, and adults for diagnostic clarity and treatment planning. Please contact Kelly L. Nasseti Prather at AllCare (contact information below) for additional information on the program and for information on applying:



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Suite 200
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www.AllCareMedicalCenters.com
kprather@AllCareMedicalCenters.Com*

Link to AllCare's facebook page: <https://www.facebook.com/allcaremedicalcenters/>

Alternative Medicine versus “Smoke and Mirror”

**Rory Fleming Richardson, Ph.D.,
ABMP, TEP**

One of the greatest obstacles to health care is the lack of knowledge among the general public as to medical approaches and traditional options. Both Western and Alternative treatment have its medical impersonators. Traditional Chinese Medicine, and other historical medical practices, have value. Unfortunately, there is a tendency to mismatch treatment with illnesses which may not be effective.

Western medicine has similar issues. Recently, I had the opportunity to review a well-researched and proven Traditional Chinese treatment, but there was a device which was used which raised my concerns. The device was a Quantum Resonance Magnetic Analyser which, in essence, takes the weight, height, age and general information about the individual, and then randomly estimates the possible conditions, while at the same time the patient is holding a handle, which has two electrical pads that give a mild electrical “buzz”. In looking at the schematics of the device, there did not appear to be sufficient mechanisms for the device to do what it reported to do.

In watching the software operate, it calculated the results in record time to see all that it presented on the display. In addition, complicating

factors such as the electrical fields in the room, temperature in the room, and protocol for the patient to follow (sit comfortably, or relax, or clear the mind) were not equalized as would be required in similar testing.

Jørgen A. Jacobsen produced a video which showed that a wet paper towel was identified as having diabetes. My only conclusion, after reviewing available research online, was that the program simply provided a patient with an estimate of problems commonly found in individuals of that age, with specific weight and height, with great graphic displays on the computer. Although the supplement did appear to have the supporting science, the inclusion of the diagnostic device raised significant questions as to the claims being made. Inclusion of unproven methods, with long standing proven methods, of treatment undermines the credibility of the whole.

I would encourage suppliers, and providers of these different treatment methods, to avoid these traps of credibility. There are several alternative medical approaches which work but the mechanism of how they work is currently outside our range of understanding.

To complicate this picture, the mind has an extraordinary ability to alter

our physical well-being. Simply the belief that something will work can create the conditions for our bodies to respond and heal. Additionally, we are continuously plagued by the limitations of our ability to measure some things, and the difficulty in eliminating all the extraneous factors which qualify and limit our research findings. It is a miracle that we can be even somewhat assured of the information that we currently hold to be true.



With that said, it is understandable why individuals without technical training are drawn to devices that report to measure complex issues quickly and inexpensively. Unfortunately, some of these devices are simply “smoke and mirror”. It is my hope that we will continue to search for new ways of measuring, and testing things that are, at this point, not measurable. The simple fact is that we cannot always prove what is real and what is not real. Acceptance of this is the first place to start to attempting to overcome the obstacles.

(Cont'd from pg. 1 "President's") McClure. Dr. Morris is currently supervising for preceptorships and these applicants will soon move to candidacy status and will make excellent specialists. As you can see, we have growing and vital specialty with much widespread interest.

The Archives of Medical Psychology, the Academy's professional journal, is continuing to be a real resource for our members, and those specialists in the field. As Journal Manager, I am actively recruiting members to assist with filling the critical roles that are necessary to produce a quality, peer-reviewed professional journal. Such roles include authors, editors, co-editors, copy editors, readers, layout specialists, etc. We need more volunteers for these roles! Please see me if you want to learn more about how to get involved!

Our specialty is at the forefront of psychological specialties! Health care reform continues to move forward and is favored by emerging accreditation and funding systems. Primary Care Centers are seeing the value of behavioral health for quality of care, and are building in incentives for adding Medical Psychologists. Telehealth is growing and allowing specialists to serve rural patients.

AMP has partnered with a telehealth training system that gives our members large discounts for training. See the banner on our homepage www.amphome.org.

Electronic records have become necessary for facilities and many doctors say they improve documentation, QA, UR, ease of communication, and access to decision-making data for multidisciplinary teams (in-house and at remote sites). Restrictions on the use of medications based on the new healthcare law, requirements for scientific treatment, and nursing home CMS reviews are driving the medical establishment toward multidisciplinary and psychological interventions.

Health care systems are increasingly under pressure by the Affordable Care Act (ACA) to adapt and control costs by streamlining staffing patterns and contracting out (to healthcare Integrated Systems) more and more work, resulting in privatization of the healthcare system. State psychological associations that have lagged behind in getting Medicaid membership/reimbursement for psychologist will need to correct this as soon as possible, as leaders in our Academy, namely, Dr. Morris, have been warning that Medicaid will be the insurance of the future, i.e., the

"national health insurance" built into the Affordable Care Act. States that have unreasonably low Medicaid reimbursement must be immediately redressed by practitioners and practitioner associations.

Never has there been a time when a Medical Psychologist will be in greater demand and training for medical teams more important for psychologists. We are proud to be the visionary, lead society and specialty in the psychological field. We are glad that our founders and leaders had a vision greater than becoming simply psychopharmacologists, but rather, established Medical Psychology!

The board welcomes those who would like to volunteer some time to support or serve on committees (e.g., publications, credentialing, advocacy, etc.) and contribute to our CE programs or in other ways. If one is interested, this one way to learn about the organization and advance to board leadership.

Thank you!

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DEAR AMP MEMBERS AND ABMP DIPLOMATES:

If you would like to have a copy of your business card included on the page please scan your card and email the scan to me, Dr. Jeff Cole, Editor "The AMP" at: Dr.JeffDCole@gmail.com and, your card will be included on our Business Cards page with the next issue of "The AMP"!

There is a \$20 fee for the service, payable to "Academy of Medical Psychology" deliverable to our Nevada, Missouri corporate office address as shown on our home page.

<http://www.amphome.org/>

Perk! the \$20 fee is waived for all Board members and AMP governance and for editorial staff of our Archives of Medical Psychology peer-reviewed journal!!

Dr. Cole
 Editor, "The AMP"

INVITATION FOR CONTRIBUTIONS

“THE AMP” NEWSLETTER -- NEWSLETTER OF THE ACADEMY OF MEDICAL PSYCHOLOGY (AMP) – INVITES YOU TO CONTRIBUTE SHORT ARTICLES AND BRIEF PIECES FOR OUR UPCOMING ISSUE!

Our theme is the integration of psychological and medical theory and practice and movements within psychology that increase psychology’s role in both mental healthcare and medicine, all falling under the rubric and specialty designation of “Medical Psychology”. Specific topics that past articles have addressed, or that would be welcomed, include but are not limited to the following:

- *Psychological and behavioral approaches as first-line treatments and in combination with medication and other medical treatments
- *Behavioral health, placebo phenomena, and psychosomatics in healthcare and mental healthcare
- *Interdisciplinary practice, e.g., Psychologists as part of – or leaders of – health teams in clinics and institutional medical and mental health settings
- *Reviews and discussions of scientific and scholarly articles and books supporting medically and psychologically- integrated understanding of psychiatric and medical illnesses, e.g., *research into stress and immune response, stress and protective factors (e.g., relationship and oxytocin phenomena), cardiovascular health, epigenetics*
- *Commentary, on matters associated with relevant to Medical Psychology e.g.,: *DSM, and other diagnostic nosologies their uses, abuses and relevance to healthcare; RDoc*
- *Emerging Practice Trends, e.g., *Articles on Telehealth and other alternative delivery modalities*

We have a column specifically dedicated to student writing. “Student” can include any one in the course of his or her formal learning process, e.g., undergrad, grad, post-doctoral or specialty/diplomat training

If you would like to sample previous editions of “The AMP” to see what sort of entries are there, here is the link to our newsletter archives:

<http://www.amphome.org/newsletter.php>



Invitation to Join the Archives of Medical Psychology Team

**Ward M. Lawson, PhD, ABPP, ABMP
Managing Editor, Archives of Medical Psychology**

The Academy of Medical Psychology received final approval of its trademark and logo of the Archives of Medical Psychology in November 2009. The Board of AMP and ABMP seeks your assistance in the editing and publishing of the Archives of Medical Psychology.

The Academy of Medical Psychology was founded as an organization of practitioners for practitioner interests through volunteerism. Service on the Board is an unpaid duty of psychologists dedicated to the advancement of Medical Psychology. Medical Psychology's goal is to enhance access to specialty behavioral health care that is in such short supply that it has been declared an emergency in some states and recognized by military and veterans' services as a critical shortage. State prisons have been designated as mental health shortage areas by HRSA and prisons in some states are in the hands of federal receivership. Thus, the Academy has a crucial role as practitioner organization in advocating for the health and safety of the public at large and the military and other governmental agencies designed to serve public needs. The advocacy role for public health service must be a primary mission of the Academy.

The Archives of Medical Psychology, on the other hand, is a repository of information that can serve this advocacy function of the organization and collect valuable new data for continuing education of members of the Academy. Editing of the Archives must be by people that have the necessary experience in medical psychology and the skills to carry out these functions. Editing also requires electronic communication skills for the actual publication of the Archives. The variety of the skills necessary for publication in the journal are unlikely to be found even in a complete Editor. Members of the Board of the Academy are already assigned specific tasks and duties within the organization and cannot be expected to contribute routinely in the editing and publishing of the Archives. Therefore, the Board has begun a search for members of the Academy to volunteer in the editing and publishing of the Archives and ask your personal support. The Board of AMP invites you to contribute your services to the Archives. We welcome AMP members with prior publishing experience and those with computer expertise who are willing to learn the rudiments of editing and electronic publishing. For further information contact Ward Lawson at ozarkscare@yahoo.com.



Dr. Ward M. Lawson: Editor

Call for Manuscripts

The Archives of Medical Psychology began its fifth having just released its Winter 2015 issue. The Archives is now accepting submissions for the next issue. We welcome original articles of interest to readers of medical psychology. For information about requirements for submission of articles go to www.amphome.org and click on Journal Archives in the left-hand column or simply type in Archives of Medical Psychology on Google. Editor at OzarksCare@yahoo.com.



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SEE: WWW.AMPHOME.ORG

Four opportunities that involve different designations in Medical Psychology;
Medical Psychologist (American Board of Medical Psychology Diplomate).
Fellow of the Academy of Medical Psychology.

Member of the Academy of Medical Psychology, or **Student Member** of the Academy of Medical Psychology, is someone interested in the area, but not qualified for diplomate status at this time.

Qualifications for each of these AMP Membership categories are described on our website at www.AMPHome.org.



Manuscript submissions:
Dr. Ward M. Lawson, Editor,
at OzarksCare@yahoo.com

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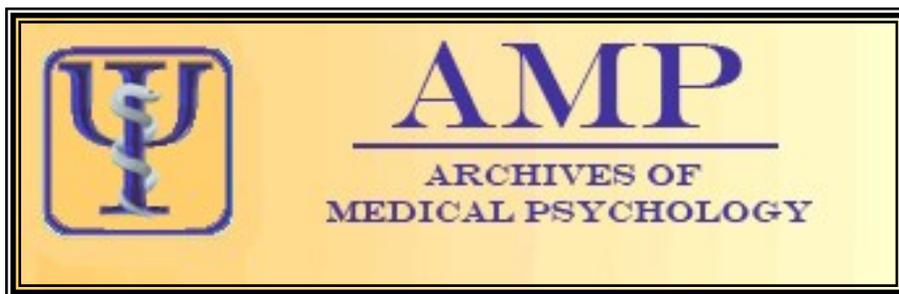
Affirmations to Diplomates: Our society is a growing and vibrant specialty representing the highest trained and most relevant psychologists in America to the emerging healthcare system. During the next year, our specialty will appear in The National Psychologist, The Psychology Times, and in various APA Scientific and Professional Journals. We represent specialists and those interested in Medical Psychology across America. We are setting standards in our field and influencing practice standards with governmental agencies. We are becoming recognized by states and practitioner associations. We are developing integrated care and hospital practices, becoming leaders in prevention and lifestyle management, and our specialists are being asked to present at national physician societies and professional workshops. We prescribe complex psychological treatments, recommend and/or prescribe psychotropic medications, treat addictions, and establish treatment and prevention for patients with chronic illnesses such as obesity, diabetes, hypertension, asthma, etc. **You are a member of an important psychological and healthcare specialty!**

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**The Official Journal
of the American Board of Medical Psychology**



American Board of Medical Psychology



AMP's new journal needs specialty editors and authors. Help us have a great place to keep our specialists aware of emerging practice issues, science, and opportunities. Volunteer! Sign up for the Journal at <http://amphome.org/>.

ANNOUNCEMENTS FROM YOUR EDITOR

AMP has been the leading advocate for medical psychologists since its inception in the 1990's as well as increasingly a source of continued training and education for specialists. In this issue's President's Column Dr. Lawson describes our expanding and deepening Continuing Education (CE) program with multiple courses available in areas key to effective advanced practice and integrative medical-psychological treatment approaches. Look forward, in future issues to

updates from our Executive Director Dr. Jerry Morris on our expanding Medical Psychology Residency Training programs.

AMP is a firm supporter of RxP, prescribing privileges for psychologists. One of our accomplished specialists, and Board member, Dr. Susana Galle and colleague Dr. Farber of the Idaho Psychological Association (IPA) have written a letter describing the recently-passed Idaho RxP bill and provide us important details about the passage and high-

lights of that bill (p. 2)

The current issue of The AMP also includes tributes from Dr. Rory Richardson to accomplished psychologists Dr. Matazarro and our ABMP Board member Emeritus Dr. Jack Wiggins. There is also a heartfelt tribute to the late Dr. Sam Feldman, a key figure in the early growth and evolution of the RxP movement by our specialist Dr. Robert De-Francisco. Dr. Feldman, sadly was killed in a car crash last October.



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