Psychologists Opposed to Prescription Privileges for Psychologists

Petition-Testimony
OPPOSE H 237

A REQUEST TO OPPOSE LEGISLATION GRANTING PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS (H 237)

We, the undersigned psychologists, along with other stakeholders concerned about quality healthcare, OPPOSE efforts to allow psychologists to prescribe medications. Prescribing by psychologists is different from other services provided by psychologists and is controversial, even among psychologists. The movement for prescriptive privileges originated within the Psychology profession. It was not championed by other stakeholders, such as patient advocacy or public health groups. As psychologists, we oppose this proposal because we believe that it poses unnecessary risks to the public and would be an inappropriate and inefficient mechanism of addressing mental health needs of the population. Surveys of psychologists have revealed that psychologist prescribing is controversial among psychologists. We are a diverse group of psychologists, including clinicians, educators, and researchers.

Psychologists have made major contributions to human health and wellbeing and will continue to do so. The profession of Psychology has made major contributions to understanding human development throughout the life cycle and to a multitude of dimensions of human functioning as individuals, groups, communities, societies and cultures. Psychologists provide important clinical services including assessment, psychotherapy, and consultation, that adds substantially to the mental health of the communities where they serve. Despite these contributions, there are limits to the practices that psychologists can undertake responsibly and competently as professionals. We believe that prescribing medications goes beyond psychologists' competence…even if they obtain the additional training advocated by the American Psychological Association. We consider the training model to be abbreviated, inadequate and inferior to that of physicians and other prescribing professionals.

Psychotropic drugs are medications that have multiple effects on the human body. These effects are complex and result from the interaction among patients' unique health status, their other prescribed medications, as well as their diets, lifestyles, and other factors. Although the therapeutic effects of prescribed medications can be very positive, unintended adverse drug reactions are common. To minimize the risk of potential adverse effects, some of which can have life-threatening consequences, we believe that medications should be prescribed only by professionals who have undergone suitable

medical training that prepared them to manage these medications within the context of patients' overall health conditions. Patients have a right to expect that their medications will be managed by professionals whose education adequately trains them to understand their patients' health history and assess their current health status as well as the potential broad systemic effects of their medications. Unlike the training of current prescribers in other professions, the doctoral training of psychologists historically does not equip them to prescribe and manage medications safely or to diagnose most health conditions.

Unfortunately, the American Psychological Association's (APA) model for training doctoral psychologists to obtain limited training in psychopharmacology is minimalistic. It occurs after individuals complete graduate school, and does not match the levels required of other prescribing professionals (e.g., physicians, nurse practitioners, physician assistants, optometrists) in terms of their overall scientific foundation or their training in matters directly related to prescribing and managing medications. **The APA model is substantially less rigorous and comprehensive than the training required for all other prescribing disciplines.** Whereas the training of psychologists in certain professional activities, such as psychotherapy and psychological assessment, is generally more comprehensive than that of practitioners in other fields, this is not the case for training in clinical psychopharmacology**. The APA training model for prescribing even fails to meet the recommendations of APA's own experts** in its Ad Hoc Task Force of Psychopharmacology (e.g., in terms of undergraduate prerequisites in biology, chemistry, and other sciences) and has other inadequacies (e.g., lack of explicit requirements for supervision; no accreditation mechanism of programs). It does not meet APA's own standards for accrediting postdoctoral training.

The APA training model is substantially less rigorous than the training that the 10 psychologists undertook in the experimental pilot program of the Department of Defense (DoD) that is often cited by proponents of psychologist prescribing. Despite the alarmingly small sample of that brief pilot program, which precludes generalizing from it, the fact that the current training model is far less comprehensive, and the fact that inadequacies were noted in some of the graduates of the DoD program, proponents of psychologist prescribing make the dubious claim that the DoD program justifies prescribing by psychologists. It does not! In fact, the final report on the DoD project revealed that the psychologists were "**weaker medically"** than psychiatrists and compared their medical knowledge to **students** rather than physicians. We oppose psychologist prescribing because citizens who require medication deserve to be treated by fully trained and qualified health professionals rather than by individuals whose expertise and qualifications have been independently and objectively assessed to be at the student level. The training advocated by the APA that would be the basis of proposed legislation to enable psychologist prescribing is simply less rigorous than that of all other prescribers. This raises questions about the competence of psychologists who would seek to prescribe based on that training and about the safety, knowledge, and skill with which they would practice.

Research evaluating the master of science degree programs in clinical psychopharmacology that follow the APA model have revealed limitations of the training, criticized the inadequate prerequisites, and outlined how such training compares unfavorably to training of prescribers in other fields (i.e., physicians nurse practitioners, physician assistants).

Proponents of psychologist prescribing have misleadingly invoked a range of unrelated issues to advocate for their agenda. An article in the *American Journal of Law & Medicine* entitled, "Fool's Gold: Psychologists Using Disingenuous Reasoning To Mislead Legislatures Into Granting Psychologists Prescriptive Authority" critiques the rationales that advocates of prescription privileges use to promote their cause. Proponents point to problems in the healthcare system, such as the fact that rural and other populations are underserved. Whereas such problems are indeed serious and

warrant changes in the healthcare system, allowing psychologists to prescribe is neither an appropriate nor an effective response. Permitting relatively marginally trained providers to provide services is not an acceptable way to increase access to healthcare services where high quality health care is needed. Rather than relying on under-trained psychologists to prescribe, it would be much more sensible to develop mechanisms to facilitate psychologists' providing those services that they are highly qualified to provide (e.g., counseling) to those populations and to innovate other approaches for medically-qualified providers (for example, collaboration, telehealth) to leverage available services. It should be noted that most psychologists practice in urban and suburban areas: There is no reason to expect that prescribing psychologists would have a significant impact on compensating for the shortages of psychiatrists in rural and economically disadvantaged areas, where relatively few psychologists actually work. Other remedies are needed to address such problems that would not compromise the quality of care. For example, the marked increase of telehealth during the pandemic provides alternatives that enable prescribers to provide treatment remotely.

Other health professionals, including nurses and physicians, are concerned about psychologist prescribing. It is inappropriate to dismiss such concerns as a turf battle. There are legitimate concerns that the training for psychologists to prescribe is too narrow and abbreviated. The International Society of Psychiatric-Mental Health Nurses position statement asserts, "nurses have an ***ethical responsibility*** to oppose the extension of the psychologist's role into the prescription of medications'" due to concern about psychologists' inadequate preparation, even if they were to get *some* additional training, in accordance with the APA model. When it comes to prescribing psychoactive medications that have a range of potential therapeutic and adverse effects on the human body, including interactions with other medications, shortcuts to training are ill advised. Some psychoactive drugs come with black box warnings about their potential risks.

Another concern is the limited expertise of psychology regulatory boards to effectively regulate prescriptive practicing. Given the similar limits in medication-related training of most psychologists who serve on these boards to that of other psychologists, and the fact that psychology boards historically have not overseen prescribing, we question whether regulatory boards have the expertise, resources and systems to provide effective oversight of psychologist prescribing.

When considering this controversial cause, we urge legislators, the Governor, the media, and all concerned with the public health to take a closer look at the issues. Rather than permitting psychologists to prescribe, we advocate enhancement of currently available collaborative models in the delivery of mental health care, in which licensed psychologists work collaboratively with fully qualified prescribers to provide safe and effective services for those individuals who may benefit from psychoactive medications. This is an innovative, safer model of care delivery that draws on psychologists' strong assessment, psychotherapeutic, and consultative skills in providing patient care in conjunction with healthcare teams in primary care and specialty care settings and expands access to more coordinated mental health services for patients who need them.

In the decades since the American Psychological Association first proposed prescriptive authority for psychologists, very few states have passed it. The trivial impact of psychologist prescribing on the mental health services available is problematic. In the few states that have experimented with allowing psychologists to prescribe, very small minorities of psychologists have pursued it. The fact that so few psychologists could be expected to pursue the training suggests that the impact of allowing psychologists to prescribe is not likely to have substantive effects in expanding the number of prescribers or enhancing the quality of mental health services in your state. By contrast, in this same period, there have been large increases in the numbers of nurse practitioners and physician assistants who are now available to prescribe. Their training for managing medications is more

extensive than psychologists who obtain limited, part-time training. The growth in the number of other prescribers has already expanded the number of health professionals who are adequately prepared to manage medications with holistic understanding of their patients' health. It has added far more prescribers than enabling psychologist prescribing would. Psychologists can collaborate with them as well as physicians in addressing the mental health needs of patients.

There are better and safer alternatives to psychologists prescribing that we believe will have a greater positive impact on mental health services. A more promising means for enhancing the mental health services available to all citizens than to allow psychologists to prescribe would be to dedicate efforts to better integrating mental health professionals, including psychologists, into the healthcare system, such as in primary care settings, where they can collaborate with other providers (including prescribers) in the care of people who may need medications and psychological services. The barriers to such care have been detailed in a recent report by the U. S. Department of Health and Human Services, *Reimbursement of Mental Health Services in Primary Care Settings*. Overcoming the barriers to such care is an objective upon which psychologists agree with each other, and with other health professionals, and is clearly in the public interest. It would improve the quality of mental health care available in urban and rural areas and would not rely on a training model that does not match that of the other types of health professionals who prescribe. Whereas we are pleased to refer patients to psychologist colleagues for various psychological services, we would not personally refer any patients to a psychologist who prescribes based on the American Psychological Association training model as proposed in this legislation.

We respectfully request that you oppose H 237 that would allow psychologists to prescribe based on training that we, and other health professionals, consider to be inadequate.

*psychologists highlighted are psychologists in Vermont who oppose this bill

Alex Williams	University of Kansas	alexwilliams123@gmail.com
Alexandra Solovey	Minnesota School of Professional Psychology	sandrazas@gmail.com
Alix Timko, Ph.D.	Towson University	ctimko@towson.edu
Alan E. Fruzzetti, Ph.D.	University of Nevada, Reno	aef@unr.edu
Andrew M. Sherrill, M.A.	Northern Illinois University	andrew.sherrill@gmail.com
Andrew Whitmont, Ph.D.	dba Yakima Psychological Services	yakpsyche@yahoo.com
Anne Marie Albano, Ph.D., A.B.P.P.	Columbia University College of Physicians and Surgeons	aa2289@columbia.edu
Arlyne J. Gutmann, Ph.D.	Private Practice	ajgutmann@aol.com
Barry Dauphin, Ph.D.	Private Practice	barrydauphin@mac.com
Beth Hartman McGilley, PhD	Univ. of Kansas School of Medicine	bmcgilley@psychology.kscoxmail.com
Braden Berkey, Psy.D.	Prairie Psychological Services	braden.berkey@sbcglobal.net
Brandon Gaudiano, Ph.D.	Butler Hospital/Brown University	brandon_gaudiano@brown.edu
Brett Deacon, Ph.D.	University of Wollongong	bdeacon@uow.edu.au
Brian Chu, Ph.D.	Rutgers University	brianchu@rci.rutgers.edu
Bruce L. Baker, Ph.D.	UCLA	baker@psych.ucla.edu
Bruce Gale, Ph.D.	BehaviorTech Solutions, Inc	bruce@bgalephd.com
Carolina Clancy, Ph.D.	Durham VA Medical Center	carolina.clancy@va.gov
Carolyn A. Weyand, Ph.D	Private Practice	cweyand@copper.net
Carolyn Black Becker, Ph.D.	Trinity University	cbecker@trinity.edu
Catherine A. Fiorello, Ph.D., A.B.P.P.	Temple University	catherine.fiorello@temple.edu
Cheryl Carmin, Ph.D.	Ohio State University	Cheryl.Carmin@osumc.edu
Cynthia Spanier, Ph.D.	Psychological Health & Behavioral Medicine	cyndiespanier@aol.com
Dana Fox, Ph.D.	Private Practice	decfox@aol.com
Daniel J. Burbach, Ph.D., A.B.P.P.	Lakeview Psychological Associates, S.C.	dbgc@tds.net
David Fresco, Ph.D.	Kent State University	fresco@kent.edu
David Marcus, Ph.D.	Washington State University	david.marcus@wsu.edu

David S. Schwartz, M.A.		DSchwa68@aol.com
David Valentiner, Ph.D.	Northern Illinois University	dvalentiner@niu.edu
David L. Van Brunt, Ph.D.	Private Practice	dlvanbrunt@gmail.com
Dawn Birk, Ph.D.	Indian Health Services Behavioral Health (MT)	dawn.birk@ihs.gov
Dean McKay, Ph.D.	Fordham University	mckay@fordham.edu
Deanna Barch, Ph.D.	Washington University	dbarch@artsci.wustl.edu
Diana S. Rosenstein, Ph.D.	Private practice	drosenstein@juno.com
Diane L. Bearman, Ph.D.	University of Minnesota Medical School	bearm003@umn.edu
Dianna L. Kucera, M.A.	Private Practice	DKucera21@yahoo.com
Don Benson, Psy.D.	Park Ridge Behavioral Health Care	donbenpsyd@yahoo.com
Douglas A. MacDonald, Ph.D.	University of Detroit Mercy, Dept of Psychology	macdonda@udmercy.edu
Drew A. Anderson, Ph.D.	University at Albany-SUNY	drewa@albany.edu
E. David Klonsky, Ph.D.	University of British Columbia	edklonsky@gmail.com
Edward Katkin, Ph.D.	SUNY at Stony Brook	edward.katkin@sunysb.edu
Elaine Heiby, Ph.D.	University of Hawaii at Manoa	heiby@hawaii.edu
G Neffinger, Ph.D., A.B.P.P.	Private Practice	ggneff@earthlink.net
Gail Margoshes, Psy.D.	Private Practice	margoshes@aol.com
Gary Schoener, M. Eq.	Gary R. Schoener Consulting	grschoener@aol.com
Geoffrey L. Thorpe, Ph.D., A.B.P.P.	University of Maine	geoffrey.thorpe@umit.maine.edu
Gerald C. Davison, Ph.D.	University of Southern California	gdaviso@usc.edu
Gerald Rosen, Ph.D.	University of Washington	gmrseattle@gmail.com
Gregory Stuart, Ph.D.	University of Tennessee Health Science Center	gstuart@utk.edu
Howard Eisman, Ph.D.	New York Institute for Cognitive and Behavioral Therapy	howardeisman@verizon.net
Howard N. Garb, Ph.D.	Lackland Air Force Base	howard.garb@lackland.af.mil
Ian Douglas Rushlau, Psy.D.	Belmont Center for Comprehensive Treatment	RushlauI@einstein.edu
Ian R. Sharp, Ph.D.	Private Practice	is@medavante.net
Ilyssa Lund, Psy.D.	Argosy University	ilyssa.lund@gmail.com
James C. Megas, Ph.D., L.P.	Private Practice	jmegas@cal.berkeley.edu
James Carson, Ph.D.	Oregon Health Science University	carsonja@ohsu.edu
James Coan, Ph.D.	University of Virginia	jcoan@virginia.edu
James D. Herbert, Ph.D.	Drexel University	james.herbert@drexel.edu
James G. Murphy, Ph.D.	University of Memphis	jgmurphy@memphis.edu
James Overholser, Ph.D., A.B.P.P.	Case Western Reserve University	overholser@case.edu
James Schroeder, Ph.D.	St. Mary's Center for Children	jschroeder@stmarys.org
Jan Willer, Ph.D.	Private Practice	jan@drwiller.com
Jane E. Fisher, Ph.D.	University of Nevada, Reno	jefisher6@yahoo.com
Jeff R. Temple	University of Texas Medical Branch, Galveston	jetemple@utmb.edu
Jeffrey M. Lohr, Ph.D.	University of Arkansas	jlohr@uark.edu
Jeffrey M. Zacks, Ph.D.	Washington University	jzacks@artsci.wustl.edu
John A. Yozwiak, Ph.D.	University of Kentucky	jayozwiak@uky.edu
John Allen, Ph.D.	University of Arizona	jallen@u.arizona.edu
John Breeding, Ph.D.	Private Practice	wildcolt@austin.rr.com
John B. Hertenberger, PhD	Rockdale Juvenile Justice Center	johnh@rrjjc.com
John C. Hunziker, Ph.D.	Private Practice	JCHunziker@msn.com
John P. Hatch, Ph.D.	University of Texas Health Science Center at San Antonio	hatch@uthscsa.edu
John T. Moore, Ph.D.	Richmond State Hospital	moorejohnt@gmail.com
Jon Elhai, Ph.D.	University of Toledo	jonelhai@gmail.com
Jonathan Abramowitz, Ph.D.	University of North Carolina at Chapel Hill	jabramowitz@unc.edu
Jordan Bell, Ph.D.	New Mexico Veterans Affairs Health Care System	jordan.bell@va.gov
Jorge Cuevas, Ph.D.	Advocate Illinois Masonic Medical Center Behavioral Health Services	Jorge.Cuevas@advocatehealth.com
Joseph Hatcher, Ph.D., A.B.P.P.	Nationwide Children's Hospital	Joseph.Hatcher@NationwideChildrens.org
Julie Larrieu, Ph.D.	Tulane University School of Medicine	jlarrie@tulane.edu
K. Anthony Edwards, Ph.D.	Private Practice	kanth86@hotmail.com
David L. Van Brunt, Ph.D.	Private Practice	dlvanbrunt@gmail.com

Karen B. Wasserman, PsyD, RN	Private Practice	drkarenb@columbus.rr.com
Katherine Kainz, Ph.D.	Olmsted Medical Center	kkainz@olmmed.org
Kathleen Palm, Ph.D.	Clark University	kpalm@clarku.edu
Kelly G. Wilson, Ph.D.	University of Mississippi	kwilson@olemiss.edu
Kenneth D. Cole, Ph.D.	VA Long Beach Healthcare System	kenneth.cole@va.gov
Kenneth Feiner, Psy.D.	Private Practice	kenfeiner@aol.com
Kenneth L. Grizzle, Ph.D.	Medical College of Wisconsin	kgrizzle@mcw.edu
Kristin Kuntz, Ph.D.	The Ohio State University Medical Center	kristin.kuntz@osumc.edu
Kristy Dalrymple, Ph.D.	Brown University/Rhode Island Hospital	kristy_dalrymple@brown.edu
Latha Soorya, Ph.D.	Mount Sinai School of Medicine	latha.soorya@mssm.edu
Leonardo Bobadilla, Ph.D.	Western Carolina University	lbobadilla@wcu.edu
LeRoy A. Stone, Ph.D., A.B.P.P.	Private Practice	lastone2@earthlink.net
Lewis Schlosser, Ph.D.	Seton Hall University	lewis.schlosser@shu.edu
Lisa Hoffman-Konn, Ph.D.	Minneapolis VAMC	lisa.hoffman-konn@va.gov
Lisette Wright, M.A.	Private Practice	lwrightpsy1@earthlink.net
Marc Atkins, Ph.D.	University of Illinois at Chicago	atkins@uic.edu
Marc Kessler, Ph.D.	University of Vermont	mkessler@uvm.edu
Marion Rollings, Ph.D.	Private Practice	Drmarionrollings@gmail.com
Marion Rudin Frank, Ed.D.	Private Practice	mjfrank@comcast.net
Mark D. Popper, Ph.D.	Sequoia Psychotherapy Center, Inc.	mdpphd@comcast.net
Mark Zipper, Ph.D.	Allina Medical Clinic	Mark.Zipper@allina.com
Marlys Johnson, M.A.	University of Minnesota	marlysjohn@aol.com
Martin Keller, Ed.D., A.B.P.P.	Private Practice	martykeller@cox.net
Mary A. Fristad, Ph.D., A.B.P.P.	Nationwide Children's Hospital	mary.fristad@nationwidechildrens.org
Mary Gail Frawley-O'Dea, Ph.D.	Private Practice	mgfod@aol.com
Mary Lamia, Ph.D.	Private Practice	drlamia@aol.com
Mary Pharis, Ph.D., ABPP	Private Practice	marypharis@mail.utexas.edu
Matthew Fanetti, Ph.D.	Missouri State University	mfanetti@missouristate.edu
Matthew Jarrett, Ph.D.	University of Alabama	majarrett@ua.edu
Matthew K. Nock, Ph.D.	Harvard University	nock@wjh.harvard.edu
Michael Aisenberg, Psy.D.	Private Practice	Dr.A@yourAgame.com
Michael Handwerk, Ph.D.	Harrisburg Medical Center	handwerkm@yahoo.com
Michael J. Rohrbaugh, Ph.D.	University of Arizona	michaelr@u.arizona.edu
Michael Myslobodsky, Ph.D.	Howard University	mmyslobodsky@gmail.com
Michael P. Twohig, Ph.D.	Utah State University	michael.twohig@usu.edu
Michael Thompson, Psy.D.	Private Practice	info@drmichaelthompson.com
Michaele P. Dunlap, Psy.D.	Mentor Professional Corporation	talkdoc@comcast.net
Michelle James, Ph.D., A.B.P.P.	Private Practice	mjames@oakton.edu
Mike Parent, Ph.D.	University of Texas, Austin	michael.parent@austin.utexas.edu
Milton E. Strauss, Ph.D.		Milton.Strauss@gmail.com
Molly S. Clark, Ph.D.	University of Mississippi Medical Center	mclark@umc.edu
Monte Bobele, Ph.D., A.B.P.P.	Our Lady of The Lake	bobem@lake.ollusa.edu
Nandi Haryadi	PT. Mekar Armada Jaya	n4ndie@gmail.com
Nathan Weed, Ph.D.	Central Michigan University	nathanweed@charter.net
Nicki Moore, Ph.D.	University of Oklahoma	nmoore@ou.edu
Patricia J Aletky, Ph.D.	Private Practice	aletk001@umn.edu
Patricia K. Kerig, Ph.D.	University of Utah	p.kerig@utah.edu
Patricia McKenna, Ph.D.	Private Practice	mail@patriciamckenna.com
Patrick L. Kerr, Ph.D.	West Virginia University School of Medicine	pkerr@hsc.wvu.edu
Paul Arbisi, Ph.D., A.B.P.P.	Minneapolis VA Medical Center	arbis001@umn.edu
Paul M. Brinich, Ph.D.	Private Practice	brinich@unc.edu

Paul Springstead, Ph.D., A.B.P.P.	Northern Pines MHC	pspringstead@npmh.org
Paula D. Zeanah, Ph.D.	Tulane University	pzeanah@tulane.edu
Paula MacKenzie, Psy.D.	Private Practice	paula_mackenzie_126@comcast.net
Peter H. Lewis, Psy.D.	James A. Lovell Federal Health Care Center	peter.lewis@va.gov
R C Intrieri	Western Illinois University	mfrci@wiu.edu
Ralph J. Tobias, Ph.D.		Tobiasrj@sbcglobal.net,
Reid K Hester, Ph.D.	Private Practice	reidhester@behaviortherapy.com
Renate H. Rosenthal, Ph.D.	University of Tennessee Health Science Center	rrosenthal@uthsc.edu
Richard B. Stuart, D.S.W., A.B.P.P.	University of Washington	rstuart@seanet.com
Richard H. Schulte, Ph.D.	Private Practice	rickschulte@cox.net
Robert Bloom, Ph.D.	Chicago School of Professional Psychology	bobloom@ameritech.net
Robert Henry, Ph.D.	Center for Problem-Solving Therapy	earthy.psychologist@doctor.com
Robert H. Moore, Ph.D.		moorebob@juno.com
Robert Parker, Ph.D.	Private Practice	bob@focusreframed.com
Robert Klepac, Ph.D.	University of Texas Health Science Center – San Antonio	bobappic@aol.com
Karl Schmitt, Psy.D.		ksschmitt@gmail.com
Richard Schweickert, Ph.D.	Purdue University	swike@psych.purdue.edu
Robert L. Sokolove, Ph.D.	Boston University School of Medicine	sokolove@bu.edu
Robin MacFarlane, Ph.D.	Private Practice	MacFarlane.testing@gmail.com
Roland Moses, Ed.D., A.B.P.P.	Private Practice	rolandgmoses@msn.com
Ron Acierno, Ph.D.	Medical University of South Carolina	acierno@musc.edu
Ronald Glaus, Ph.D.	Oregon State Hospital (ret.)	rag7@comcast.net
Sam R. Hamburg, Ph.D.	Sam R. Hamburg, Ph.D.	Sam R. Hamburg, Ph.D.
Samantha Kettle, Psy.D.	VA Medical Center, Durham	samantha.kettle@va.gov
Samuel B. Tobler, Ph.D.	Private Practice	samuel.tobler@mountainhome.af.mil
Sandra Georgescu, Psy.D.	Chicago School of Professional Psych	sgeorgescu@sbcglobal.net
Scott F. Coffey, Ph.D.	University of Mississippi Medical Center	scoffey@psychiatry.umsmed.edu
Scott J. Hunter, Ph.D.	University of Chicago	shunter@yoda.bsd.uchicago.edu
Seth J. Gillihan, Ph.D.	Haverford College	mail@sethgillihan.com
Shireen L. Rizvi, Ph.D.	New School for Social Research	RizviS@newschool.edu
Sophia K. Bray, Ph.D.	Private Practice	sk-bray@comcast.net
Stephen Benning, Ph.D.	Vanderbilt University	s.benning@vanderbilt.edu
Stephen E. Finn, Ph.D.	Center for Therapeutic Assessment	sefinn@mail.utexas.edu
Stephen Labbie, Ph.D.	Private Practice	labbiephd@comcast.net
Steven B. Gordon, Ph. D., A.B.P.P	Steven B. Gordon, Ph. D., A.B.P.P	sgordon@behaviortherapyassociates.com
Steven C. Hayes, Ph.D.	University of Nevada	stevenchayes@gmail.com
Steven M. Ross, Ph.D.	University of Utah	steve.ross@utah.edu
Stewart Shankman, Ph.D.	Northwestern University	stew.shankman@northwestern.edu
Stuart Quirk, Ph.D.	Central Michigan University	Stuart.Quirk@gmail.com
Susan M. Flynn Ph.D.		flynnphd@comcast.net
Susan E. Hickman, Ph.D.	Oregon Health & Science University	hickmans@ohsu.edu
Susan Wenze, Ph.D.	Brown University Medical School	susan_wenze@brown.edu
Suzann P. Heron, M.A.	Private Practice	spheron8@aol.com
Tanya Tompkins, Ph.D.	Linfield University	tatompki@linfield.edu
Teri Hull, Ph.D.	Rush University Medical Center	Teri_Hull@rush.edu
Terry Unumb, Ph.D.	Private Practice	drtunumb@aol.com
Terry Wilson, Ph.D.	Rutgers University	tewilson@rci.rutgers.edu
Thomas C. Hamburgen, Ph.D.	Consultants in Anxiety and Related Disorders	thamburgen@charter.net
Thomas Gustavsson, M.A.	Psychology Partners	Thomas.gustavsson@psykologpartners.se
Thyra Fossum, Ph.D.	Private practice	thyrafossum@gmail.com
Tim Carey, Ph.D.	University of Canberra	Tim.Carey@canberra.edu.au
Timothy A. Post, Psy.D	Whiteman Air Force Base	timothy.post@whiteman.af.mil
Timothy E. Spruill	Florida Hospital	timothy.spruill.edd@flhosp.org

Timothy Tumlin, Ph.D.	Clinical & Health Psychologists, Ltd.	tumlintr@comcast.net
Todd Finnerty, Psy.D.	Private Practice	toddfinnerty@toddfinnerty.com
Toni Heineman, D.M.H.	A Home Within	theineman@ahomewithin.org
Tony Papa, Ph.D.	University of New Mexico	apapa@unr.edu
Tracy A Knight, Ph.D.	Western Illinois University	TA-Knight@wiu.edu
Tracy L. Morris, Ph.D.	West Virginia University	tracy.morris@mail.wvu.edu
Wayne B. Kinzie, Ph.D., A.B.P.P.	Grand Valley State University	kinziew@gvsu.edu
Wendy Nilsen, Ph.D.	University of Rochester School of Medicine	Wendy_Nilsen@URMC.Rochester.edu
William Robiner, Ph.D., A.B.P.P.	University of Minnesota Medical School	robin005@umn.edu
Yessenia Castro, Ph.D.	UT Austin	ycastro1@mdanderson.org
Zeeshan Butt, Ph.D.		zbuttphd@gmail.com