



# The Clinical Practitioner

## My Last Opinion

John Caccavale, Ph.D. ABMP

### **Dear Friends and Colleagues:**

This will be the last article that I will ever write and the last issue of *The Clinical Practitioner*. As to my situation, I have contracted a terminal illness that makes it impossible to continue writing and reading. Gratefully, my fantastic family has helped me through this time. It's frustrating, but I accept being able to write this last communication. I am grateful for all the friends I've met on this journey. For the many decades that I have been lucky to work with the best colleagues and friend ever. I can say with complete confidence that anyone will be a very lucky person to be a friend and colleague to Dr. Jerry Morris. Over the course of many years, we have become brothers and writing partners. Jerry is the friend that others dream about. Then there are those great psychologists who also are my best friends who always answered any call and ask for help including my second brother, Dr. Howard Rubin. He is one of the most caring persons I've had the fortune to know and work with. Then there is my deceased mentor and friend, Dr. Nicholas Cummings, who has been very missed since he left us.

We started NAPPP in 2006 hoping to make a different type of professional organization. We wanted to demonstrate that professional psychologists could do better than what APA had become. To some extent, I feel we succeeded and did the best we could. We employed no blotted staff or bureaucracy and tried to provide important services at the least cost that we could. Our NAPPP free CE programs has provided to our members functional CE training. Our TCP newsletter, under my great friend and editor, Dr. Dave Reinhardt, has done a fantastic job providing important content to NAPPP members. Dave is a unique psychologist and wonderful psychologists. Dr. Keith Petrosky, has been a joy to know and work with. Keith is the type of psychologist that makes everyone a better colleague.

But now, about our profession. Over the many years I have met and interacted with so many psychologists that I can hardly remember all of them. The ones that stood out to me were those who not only were devoted to the patients they helped, they also knew what it meant being a psychologist.

# The Clinical Practitioner

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Ward Lawson, Ph.D.

Psychologists are much more than just therapists. For many people, we are their last chance to live a relatively free of pain life. This was the reason I became a psychologist even after thinking about other fields, I thought it seemed the best choice. The point I would like to convey is that psychology as we know it can be lost if we only care about seeing patients and going home. Of course not everyone has the time due to family and other responsibilities and this is understandable. However, for those who do have the time, you are needed. responsibilities and this is understandable. However, for those who do have the time, you are needed.

## We Must Remain Advocates For Mental Health and Every Thing That Impacts Patients

In today's complex world, the importance of mental health cannot be overstated. It influences every facet of our lives, from personal well-being to societal harmony. As guardians of mental well-being, psychologists play a pivotal role not only in treating mental health issues but also in advocating for policies and societal changes that promote mental wellness.

Their advocacy extends beyond the confines of therapy rooms, reaching into legislative chambers, community centers, and educational institutions. In this article, we explore why psychologists must remain steadfast advocates for mental health and everything that impacts it.

I have always believed that psychology is much more than what many think it is. Of all the healthcare providers, psychologists deal with the whole patient. Most other practitioners, such as physicians, treat parts of people. I'm not sure how many psychologists recognize the power we actually have. Our power is simply not only in diagnosing and treating but comes from our ability to advocate for every condition or societal event that effects the potential and actual mental health of people. If psychologists lobby for or against laws and politicians, our voices are meaningful. When we see injustice we have a responsibility to act and speak out. Unfortunately, I have met too many psychologists who believe that we should have no role in what they think is politics. Some may truly believe this but others are just shirking their professional responsibility.

Mental health does not exist in isolation. It is intricately intertwined with various factors such as socioeconomic status, education, access to healthcare, environmental stressors, politics, and societal attitudes. Psychologists, with our deep understanding of human behavior and societal dynamics, are uniquely positioned

to recognize these interconnected elements and advocate for holistic approaches to mental health care. Presently, we again find ourselves having to contend with a darkly, highly disturbed Donald Trump and his stupid band of dangerous morons. Now, even their whole party shares their madness. Many people are scared and anxious and with good reasons. Some psychologists have spoken out such as, Dr. Brani Lee, but far too many remain quiet and perhaps, uncaring. APA has been the deaf, blind, and mute, elephant in the room. Shame on them but they're used to being a non-entity when it comes to not taking important stands. Freud learned to this lesson much too late. Coming from those of us who know the dangers of those who bring harm is what we do best. It saddens me when some psychologists who know better than to support Trump believe they're making a political choice. It doesn't seem like these psychologists are able to know the difference between politics and psychopathology. I suggest that they are faking their way among real psychologists who care about integrity and ethics.

### **Structural Inequities Effects Patients and Psychologists**

Structural inequities, such as poverty, racism, sexism, and so many other wrongs, profoundly affect mental health outcomes. Psychologists have a responsibility to address these systemic injustices by advocating for policies that promote equity, diversity, and inclusion. This includes advocating for accessible and culturally competent mental health services, addressing disparities in access to care, and challenging discriminatory practices in healthcare and other institutions. Our professional life must be more than our just therapy. The medical approach is to wait for people to become sick before treatment. Understandable, but not very efficient or effective. If they advocated for health instead of reimbursement, perhaps they would get better outcomes.

Psychologists, on the other hand, see a wide map that health is more than anatomy and physiology.

We understand that we are the “palace guard” for many people who need our help in understanding the events that are the real root cause of their pain. Social events change behavior and can produce many of the problems presented to us in our practice. If we only focus on the presentation, we leave patients with the notion that they are only to blame for their situation. This is wrong because we are aware that, few if any issues can be ascribed to genes or biology.

When we look deeper into the patient's problems, we find abuse, fear, discrimination, lack of finances, women struggling to care for their children, and so many other issues that impact them and us. This is why psychologists are in the perfect place to advocate for change because we know the real truth of what causes mental illness.

Psychologists must embrace their role as advocates for mental health and everything that impacts it. Whether it's challenging racism, sexism, stigmas, people's rights, inequality, policy, or so much more. Psychologists have a unique opportunity to effect meaningful change at individual, community, and society as a whole. By amplifying their voices and mobilizing their expertise, psychologists can help create a world where mental health is valued, supported, and prioritized

### **Thank You All**

At this point I have nothing more to rant about except to say that being a psychologist has been a wonderful experience. People have taught me so much and many things that I would never had known. Hopefully, I might have also made a slight difference to others.

Dr. John Caccavale, Ph.D.

# From the Editor

By David Reinhardt, Ph.D., ABMP

## Friends,

This is the final issue of The Clinical Practitioner, marking the dissolution of NAPPP. Since 2006, NAPPP has been the voice of reason in balancing psychology, and in particular medical psychology, with the claims and promotion of pharmaceuticals as a “cure all” to mental health treatment. NAPPP was founded by Dr. John Caccavale with support from the leaders of modern psychology including Drs. Nick Cummings, Jack Wiggins, Howard Rubin, and Jerry Morris.

**The goal of NAPPP** has been to elevate doctoral level psychologists to insure that we have a permanent place at the healthcare table. NAPPP sponsored and developed the many continuing education courses offered for free to NAPPP and Academy of Medical Psychology (AMP) members, and is the primary holder of the APA approvals for these courses. We are working with AMP and the APA to transfer the certification process to AMP.

## ***The right to prescribe includes the right to NOT prescribe***

NAPPP has tirelessly advocated for prescriptive privileges for specially trained psychologists through legislative sponsorships and negotiations with the APA, the AMA and other more “traditional” health channels. NAPPP developed the course work leading to the Certificate in Medical Psychology, administered and granted by AMP. It is our model for state legislation for approval of licensure as a Prescribing Psychologist.

Thank you for supporting NAPPP and The Clinical Practitioner in our work to promote professional psychology.

**As a closing thought**, January 1, 2024 may mark a watershed for professional psychology. On that date CMS approved Marriage and Family Therapists and Mental Health Counselors to bill independently for Medicare. All health insurance companies are certain to follow this development and will move to save money by allowing only lower paid therapists on their panels, to replace psychologists as first line treatment. Doctoral level Psychologist as Therapist may become a footnote in the history of Professional Psychology.

Psychologists that choose to become Medical (Prescribing) Psychologists, Forensic Psychologists, Neuropsychologists and other advanced specialties are likely safe. For others, opportunities may lie in academia.

**As for my role** as research reporter and commentator, I hope you have enjoyed and benefited from my presentation and analysis.

I will archive issues of TCP on my website for reference, at <https://centerforhealthscience.com/tcp/>

I am setting up a blog to continue to bring TCP’s Science News content to interested readers. When completed, please subscribe to this free blog to receive biweekly notifications.

**[www.CenterforHealthScience.com/Blog](http://www.CenterforHealthScience.com/Blog)**

# Reflections on NAPPP

By Keith Petrosky, Ph.D., ABMP

NAPPP is being dissolved. This is a result of health issues affecting our founder and executive director, John Caccavale. Running NAPPP is a full-time job that demands more than someone that is still practicing can provide. That is why John took early retirement to help practitioners like us have the kind of help and support with our professional practices that APA had always denied us.

John is multi-talented and skilled and was able to do his own computer coding to semi-automate NAPPP's many functions. However these capabilities are difficult to transfer over even to a small group of people and well beyond most practitioners' abilities. This predicament is what has led to the decision to dissolve NAPPP.

I signed up to become a member of NAPPP after reading the notice that appeared in the National Psychologist in the minute that it took me to walk from the mailbox at the end of my driveway back to my house. It ended up being one of the best things I ever did. After joining NAPPP I was never disappointed. Instead of APA, NAPPP became my professional home.

I first met John after he posted a letter to the PPR membership challenging PPR to contribute some of its continuing education income to help RXP legislation efforts. John challenged PPR to be more than just a continuing education enterprise and to get behind the practical purpose of this training which was to help psychologists to actually prescribe medications. I made it a priority to meet him at our next scheduled PPR meeting which if I recall correctly was in New York City. I am a good judge of character and the thing that impressed me was that John was not doing what he was doing for ego or personal gain but because it was the right thing to do.

Sometime after that I called John at home but he was out and his daughter, Elle, answered. I said something complementary about him and like her father she would only modestly say that he was "very passionate about what he does". That was one-hundred percent true but at the same time an understatement. I grew to be good friends with John and like others that are close to him I learned to call him by his Italian name, Gianni. He had family that came from Sicily. We talked about that when we discussed the HBO series *White Lotus* which was filmed there.

**It may sound odd**, but I never liked the psychologists that I met at my state association continuing education sessions. They were all people who worked just a few hours a week in their negligible to non-existent "private practices" and who favored training sessions that were focused almost entirely on moralizing, "ethics" deliberations of this and that aspect of some minutia of psychological practice rather than offering any actual skill building training.

I felt completely different about the people I met through NAPPP. These were people just like me, full-time professionals doing important work, people I could respect and some with national reputations. The people at NAPPP were kind and friendly. In addition to being the "best and the brightest" in our profession they also knew how to have fun. We had conferences in many locations but I particularly look back to the time I spent enjoying drinks with colleagues at the Drury Plaza Hotel after training sessions ended for the day and to fun times dining on the River Walk in San Antonio with fellow practitioners where we talked about everything under the sun (especially during the daytime hours, JK) and everything else under the "starry skies" (at night). I enjoyed hearing the different stories of members who lived in so many different areas all over the country and who practiced under different conditions. I also

enjoyed presenting at these conferences and like my fellow presenters I always knew my contributions would be welcomed and appreciated for the value of whatever it was that was being introduced and discussed.

**I learned many things** from my fellow practitioners. When I asked Howard Rubin about bariatric surgery he generously invited me to come to California to watch actual surgery inside the operating room of his own surgical center. Our TCP Editor, Dave Reinhardt, gave me lots of helpful instruction on herbal medications which has been very beneficial to many of my patients. During our training conferences I learned many things, such as about macrobiotics from Susana Galle and about somatic therapy from Susan Barngrover. Ward Lawson provided instruction about neuropsychology and epigenetics. Cal Robinson provided instruction in the management of pain. Jerry Morris offered his overview and insights into our greater field of study and his knowledge of the inner workings of APA. I also got to know Nicholas Cummings and learn about the beginnings of practicing psychology during World War Two and many other things that occurred during his long and distinguished career. These many areas of new information are in contrast to what I learned at my state organization's conferences which regrettably was next to nothing.

**At the time that the Covid scourge** was just starting to emerge we had a brief meeting of the NAPPP board and canceled our upcoming convention which was to be in Nashville. I was one of the skeptical ones who was not that fearful of the virus believing that it would be no worse than the flu but I agreed it was better to cancel the conference since many of our members would probably be concerned about attending. In the four years since then we have all felt the need to schedule another conference get together as we have sorely missed each other's camaraderie. John quietly canceled NAPPP membership dues at the beginning of Covid as he was concerned about burdening practitioners whose practices were being affected by the lockdowns. He never restarted

these fees although many of us probably never even noticed.

Because of my desire to find a way to fill in for the missing social dimension provided by the NAPPP conferences during the ongoing hiatus, I suggested that the Academy of Medical Psychology start a free, monthly get together with one credit unit of continuing education that allowed members to interact with one another. We have managed to do just that and this has helped many AMP members keep our social connections with one other. These CE meetings continue to attract new members and participants.

AMP, of course, is another professional organization started by John. It evolved to create a national board certification in medical psychology but was lacking a textbook which John then wrote with contributions from a small group of fellow practitioners. AMP as an organization is expected to continue to function and NAPPP CE courses are in the process of being transferred to AMP. NAPPP members who are seeking to receive continuing education credit should look into joining AMP.

**Because of John's modesty** I don't know if it is generally known that Nicholas Cummings awarded John the Psyche Award at a small ceremony during one of our conventions. This award honors innovation and excellence in the field of behavioral medicine and is the equivalent of the Nobel Prize in our field of practice. While John has been very firm in discouraging any type of tribute, I cannot resist saying that he is one of the most impressive, innovative, and accomplished people I have known during my lifetime. I admire him immensely.

Finally I would like to thank the many people who have been reading the articles I have written for TCP over the past number of years. It was always a pleasure to hear from some of you who particularly enjoyed or appreciated something that I said.

You may direct any comments to [drkeith1@verizon.net](mailto:drkeith1@verizon.net).

# Psychology Finds Its Way

By Jerry Morris, Psy.D., ABMP

The National Practitioner movement and its seminal advocates NAPPP and Medical Psychology and ABMP has had its champions dating to long ago. I have written about early articles in *The Clinical Practitioner* and *The Archives of Medical Psychology* and those in *Medical Psychology* by physicians in the remote past that recognized the limits of the bio-reductionist approach in medicine and science. In my readings in the works of early Wundt and Titchener and others in experimental psychology and the wonderful interpretations of their loss of the importance of medical psychological approaches that their seduction into reductionism cast psychology in a narrow road as medicine has done,

I was thrilled to see Jung, Freud, Adler, and others leave the bio-reductionistic medical world and become psychologists. Jung uses the term psychologist over and over in his work in the early 1900s. The American Board of Medical Psychology (ABMP) and The National Alliance of Professional Psychology Providers (NAPPP, the national practitioner association) has integrated this long-established awareness and carries this torch for psychology like many physicians did for medicine.

Since the early days of medical psychology, the literature is replete with the responsibility of biologically and psychologically trained doctors to not only care for patients, their families, the culture, education and historical accuracy, societies, and their governments. We are not just responsible and important for reality testing, humanistic philosophies and practices, the fostering of logical and analytical skills, and a progressive and ever human enhancing evolutionary march.

The Professional Psychologist and Medical Psychologist are uniquely equipped to inform, refine appreciation of reality and humanism, and government and

culture. We are more, and more responsible than just influencing individual growth. We are blessed with training, insight, and humanistic and yes even spiritual type insights and skills. Our discipline and types of psychologists have changed the nature and depth and broadening of what is healthcare, well-being, and meaningful health in the Nation. Still, every generation of psychologists has developed leadership that moved science, healthcare methods, and wisdom forward since the late 1800s when Jung started calling himself a psychologist and repeatedly referencing the psychologist and psychological interventions as paramount to medicines approach, we have grown seminal thinkers and leaders moving the nation and the world forward.

Recently, my brother psychologist and close friend Dr. John Caccavale announced that he has developed a terminal cancer. While John is a fighter and is undergoing aggressive techniques he has never hid from reality! He has always shown the greatest courage in embracing it, even when it is unattractive and many offer denial, distortion, and avoidance. He has never avoided reality and has the keenest mind for cutting to the core of reality and the human, societal, and cultural struggle, that evolution demands! He is doing so again in his waning years!

Dr. Caccavale was instrumental in the start of the psychology prescription medication movement long before APA became involved. He made the sacrifice of getting the post doctorate degree training as a psychopharmacologist, later helped found the American Board of Medical Psychology and shepherd its development as a board member, and he was the principal founder of the National Alliance of Professional Psychology Providers (NAPPP) and served on the board and as its chief executive officer for its duration. These organizations and a handful of seminal leaders joined John in changing psychol-

ogy forever. I was blessed to serve in these and the highest levels of APA and to personally know many of the top psychologist leaders in America during my era.

Although many were exemplary psychologists and men and women I called friends, none had the intelligence, insight, morality, courage, insight, and humanistic core values of Dr. Caccavale. Both for me personally, professional psychology, medical psychology, psychopharmacology, and the national healthcare system a candle that lighted the way to better USA health and healthcare is burning less and less brightly. I and this generation of leaders will never be the same, but a way and a camino has been crafted for others to put their foot on the ever ascending path.

With his movement into full retirement and the necessity for greater repose and self-care there is none that could replace him. NAPPP will soon close its national operation with the passing of this great leader, but many of the victories and coalescence of a type of practitioner society of labor movement with end and other will have to take up this important banner. Still, in his final works, some of which will appear in this edition of our specialties journal will remind us that there is much psychological work to do in the evolution of our discipline, our country, our culture, our moral values, and philosophical acuity! In his final works John reminds us of our responsibility to speak out against psychological disease and disease acting out in our culture, society, government, and the world. He reminds us that we are important and excellently qualified to be a positive and courageous and engaged force in all areas of human existence and the positive thrust of human evolutions.

I challenge many of you to become the next champion for health and evolution in all these spheres and not to just limit yourselves to treating individual illness. I challenge many of you to replace those of us moving like the Elves into the East and to that distant country where there will be no return. I chal-

lenge you to think more of yourselves, your training, your meaning, and you to realize that “Eras Come and Go and Psychology and the Great Psychologists Finds Their Way”!



# Ceaseless Advocacy

By Sharna Wood, Ph.D., ABMP

In 2008, I was in the middle of postdoc and disillusioned with the shenanigans of the APA. They were going to raise my membership dues (again) and I learned that once I was fully licensed and in private practice, APA was going to tack on an additional “practice fee” to my already exorbitant dues. On top of that, I had just found out that they were in collusion with the Bush administration in devising torture for detainees at various dark “prisons” that were controlled by the US Military. I can’t express how angry and disheartened I was at the time.

Like most of us, I’d been groomed during my undergraduate studies to believe that membership in APA was important for the advancement of my career as a psychologist. I was incensed, but I didn’t want to be a part of an organization that didn’t value me, and actively participated in harming people. At the same time, I didn’t know what to do about it, or that there was an alternative professional organization out there. Considering my postdoc stipend, I sure couldn’t afford to pay the exorbitant dues they wanted for the privilege of getting a glossy magazine containing fluff pieces of subpar “research” every month, and I sure didn’t want to contribute to the multimillion-dollar salaries of the APA president and top officers, especially if they were going to use our skills and training to cause pain and suffering, which is antithetical to our training.

Around that time, during a conversation with a friend from graduate school about my dilemma, she forwarded to me that month’s edition of *The Clinical Practitioner*. I don’t remember the exact content, but John Caccavale’s article on the first page railing against APA’s corruption and collusion had me hooked. His passion for supporting boots on the ground, real-life psychologists who are doing the work we do in the field every single day was palpable. Once I learned that the leadership of NAPPP

was entirely volunteer, I joined NAPPP immediately and never renewed my APA membership. Little did I know that in the years to come, John would become a mentor and a dear friend.

Over time, I noticed that *The Clinical Practitioner* seemed to be published in its raw state, and as one with an eye for precision and maybe a little bit of OCD, in 2011, I volunteered to help give care and attention to it as an associate editor. He said something to the effect of, “Great – I’m going to take that as you volunteering for the job,” and he put me in touch with Dave Reinhardt, and we’ve been working as a team ever since.

In 2013, John invited me to join the Advisory Board, and in 2014, when the previous events coordinator was unable to continue in their capacity due to illness, John asked me to fill that role. At the time, I had no clue how to plan a conference, but somebody had to do it. If we all ride, who will pull the wagon, right? The learning curve was steep, but with John’s guidance, I got it done – more than once. Of course, Covid brought our meetings to a halt in 2020, but over the last few months, we were talking about resuming our conferences sometime soon.

In 2019, as older members were making plans to retire, John asked me to be a part of the Executive Board and even suggested that I assume the role of president, but my practice was too busy to take on what would essentially be another full-time job on top of my busy practice which included 2 office locations and travel all over Texas, so I had to humbly decline. However, I stayed on the Executive Board, continued as the last set of eyeballs editing *The Clinical Practitioner*, and was able to participate in several other important projects.

In late 2021, my husband was diagnosed with an aggressive and incurable cancer, and it became necessary for me to suspend my duties with NAPPP and focus on his care. John told me to take as much time as I needed and that my “job” in NAPPP would be there for me when I was ready to return to it. He called to check on me every few weeks, even until very recently. He held space for me as a friend who had been down a similar road with a family member. He also directed me to caregiver resources and other information that have been helpful even today as I navigate widowhood. His kindness and support have been invaluable.

John’s ceaseless, and dare I say rabid advocacy for doctoral-level professional practice in psychology has, in my mind, set a high bar for what a professional organization should provide for its membership. His fearlessness in challenging APA, AMA, and many other associations, as well as governments at the state and federal levels has been inspiring. His voice and vision in the landscape of the national and global conversations about where we as psychologists “fit” in the field of mental health and his rightful insistence that our place is and always has been at the head of the table is the legacy that we as a profession will continue to benefit from for years to come.

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# He Calls Me Brother

By Howard Rubin, Ph.D., ABMP

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He is my friend but he calls me his brother. John Caccavale and I thought of ourselves as the offspring of the Dirty Dozen, adhering to the values and professionalism of our mentors Nick Cummings, Rogers Wright, Jack Wiggins, Karl Pottharst and other giants of our profession. We are baby boomers with Brooklyn street smarts and were products of the 1960s. We spent the last thirty plus years organizing, lobbying, and advocating for Practicing Professional Psychologists and the millions of people suffering from mental, emotional, and behavioral maladies. We were warriors taking on “Big Pharma”, the American Psychological Association, the California Psychiatric Association, and many other professional organizations, and made it clear that access to quality behavioral health care in the USA was a human right, not a privilege, and Practicing Psychologists were the Professionals best trained to provide quality behavioral healthcare.

One of the great professional honors in my lifetime was to stand at the side of John Caccavale, along with Jerry Morris, Dave Reinhardt, and the other founders of NAPPP and the Academy of Medical Psychology, speaking out at the local, state, and national levels raising awareness and pushing for policy change. We educated lawmakers and the public about the prevalence of mental, emotional, and behavior disorders, and showed them that specialty trained professional psychologists had the skill, background, training, and were ready and able to provide necessary care to mitigate the access issues. As advocates, we proposed solutions like psychotherapy as a front line treatment, prescriptive authority for specialty trained psychologists, passing legislation mandating coverage of behavioral healthcare services by private insurers, expanding Medicaid and Medicare coverage for psychotherapy, creating integrated medical care, and increasing funding for Community Mental Health Centers.

We believed that Practicing Psychologists had an ethical responsibility to advocate for access to behavioral health care for all people, and for Practicing Psychologists to be on the front lines along with physician colleagues to create novel and innovative integrated health care for all. John was brilliant at antagonizing and goosing the establishment to come to terms with their role in our Country’s health care crisis, and that the solutions we offered were only the tip of the iceberg. John was instrumental in writing our RxP Bill that emphasized Specialty Trained Psychologists knowing when NOT to prescribe as well as when to prescribe psychoactive medication. We fought very hard to bring psychotherapy back as a front line treatment with or without medication.

I can spend days writing about my relationship with John, the accomplishments, victories, and defeats. Many of you who know John could do the same. I am writing this brief essay as both John and I are in our twilight years and I wanted to publicly state what a privilege it is being a professional psychologist since 1971 and having the honor to call John my friend, my brother, my colleague. God Bless you and your incredible family John. My life has been enriched knowing you and working with you.

With Love and Respect

Howard Rubin

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## Thank You for Being a Friend

By Ward Lawson, Ph.D., ABMP

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John - Thank you for being a longtime friend to me and to the Academy of Medical Psychology! Besides always been willing to help when I needed advice, your fierce advocacy for psychology is toward the top. Founding NAPPP and cofounding AMP, you have been like a big brother with the strength of NAPPP behind you, offering great wisdom, experience, institutional memory, and leadership while on, and off, the board of AMP. You have always been a team player between the two organizations, always offering what you can to enhance AMP.

A devoted husband, father and practitioner of the art and science of psychology, your highly sympathetic nature for the struggles of people is admired and I've seen you go out of your way to help others many times. Your insistence on quality manifests in so many ways, but I appreciate your value of being a lifetime learner, how you organized quality practitioner conferences and contributed timely, top-shelf articles for The Archives of Medical Psychology. You are among the few that truly inspires people to be greater than they normally would be. Thank you so much, John!

Ward