



Newsletter

Volume 12, Number 1

June 2009



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- Secretary - Vicki Ellingrod
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Inside

2009 Annual Meeting	2
Meeting Attendee Profile	3
Annual Meeting Scrapbook	4-5
A Visit with Elyn Saks	6
Select Clinical Pearls	7-10
Research & Practice Awards	11
CPNP News	12

President's Message

Navigating Organizational Direction

Like the St. Johns River that runs through the heart of Jacksonville past the Hyatt Regency Hotel, the site of the 12th Annual CPNP Annual Meeting, CPNP continues to flow forward with strength and persistence.

The CPNP board has worked hard this year to bring members together for strategic planning efforts, creating added direction to move CPNP into the next decade. We have identified key strategic goals to focus our efforts and prioritized resources for these efforts.

First and foremost, we have focused on the survivability of the organization in these tough economic times. We have consciously evaluated how to sustain our resources for the future - focusing on expanding membership, products, and services to keep us viable. We continue to enhance our educational offerings - the Annual Meeting, the recertification products and the review course - with efforts to broaden our audience. We have examined strategies to expand our visibility and outreach efforts. We have implemented tactics to engage in the national healthcare reform movement going on around us. We want to be on the ship, not floating in a life raft nearby.

We want to encourage and support one another in our scholarly activities. We hope to support every effort of our membership to improve the outcomes of our population - whether it be by writing, speaking, educating, advocating, or researching. We all can serve to improve the lives of the people that we serve - our patients and families.

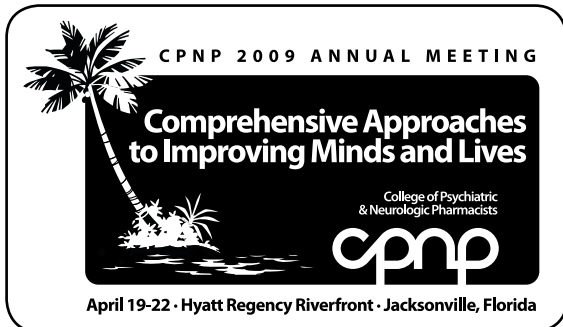
Our dedicated staff and volunteers make our future success likely. Staff members, Brenda, Jessica and Greg are unsurpassed in their energy and commitment. I have full confidence that the upcoming and future leadership of our organization will continue to move us upstream, with the big picture in sight. Thank you to all of you for sacrificing your time and energy on numerous committees, task forces and projects, to benefit our worthy patients.

Our strategic planning efforts (see page 12) over the past year have already helped us navigate through some turbulent times. Our path may have taken some curves but we are constantly moving forward to carve out new directions for the organization.

Carla Cobb, PharmD, BCPP
CPNP President



The 12th Annual Meeting of the College of Psychiatric and Neurologic Pharmacists was held April 19-22, 2009 in sunny Jacksonville, Florida. Even in these tough economic times, this meeting hosted 379 attendees and continued to offer something for everyone including cutting-edge presentations, award winning posters, a NAMI walk, networking and our own little beach party.



Comprehensive Approaches to Improving Minds and Lives was the theme of this year's Annual Meeting coordinated by the CPNP Program and Recertification Committees under the leadership of Chairs Kelly Lee, PharmD, BCPP and Rex Lott, PharmD, BCPP.

The pre-meeting workshop was attended by nearly 80 individuals seeking qualification on basic tobacco intervention skills through the

Arizona-based HealthCare Partnership. This program provided attendees with hands-on experience in improving outcomes for smoking reduction and cessation in patients with psychiatric disorders who have the highest rate of nicotine dependence compared to the general population.

The meeting was officially kicked off with a moving keynote address by **Professor Elyn Saks** relating her personal experience with schizophrenia. **Drs. Charles Bowden** and **Heinz Grunze** provided a mid-week panel on the similarities and differences between European and U.S. treatment guidelines for bipolar disorder, while **Larry Ereshefsky, PharmD, FASHP, BCPP** provided the closing keynote address on Dosage Formulation Technologies for Antipsychotics.

In between keynote addresses and the pre-meeting workshop, attendees had access to over 14 additional hours of informative presentations in neurology, ADHD, comorbid disorders and so much more.

CPNP attendees proved that there is much to be learned from each other as well. Networking opportunities consisted of two scientific poster sessions featuring a record number 128 abstracts, platform presentations, and the second annual "CPNP walks for NAMI" run/walk. A little slice of the beach was brought to the Hyatt for the "CPNP Beach Party." Wearing their beach attire, attendees enjoyed a laid-back evening of Caribbean music, margaritas, great food and fun. The Beach Party was capped off with recognition of the 12th Annual Judith Saklad Award recipient, **Stan Weber, PharmD, FASHP, BCPP**, Associate Dean and Associate Professor at the University of Washington in Seattle.

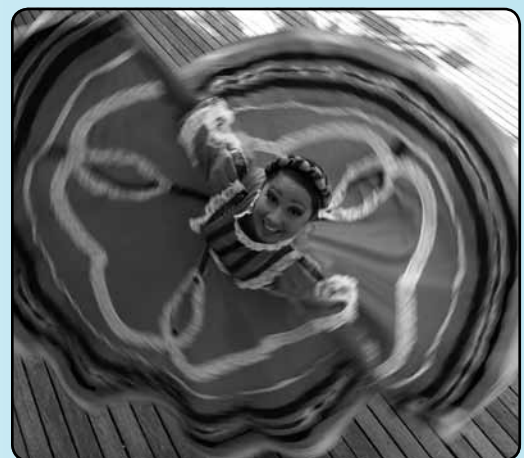
Can you say Fiesta?



The next Annual Meeting of the College of Psychiatric and Neurologic Pharmacists will be held **April 18-21, 2010** at the **Grand Hyatt in San Antonio, Texas**. The dates of the 2010 Annual Meeting coincide with the local San Antonio Fiesta celebration meaning an excellent experience awaits you both in and outside of the conference.



The Grand Hyatt just opened in 2008 and is conveniently located within walking distance of Fiesta activities and the Riverwalk. Reservation information is available



at <http://cpnp.org/ed/meeting/2010/>
 Please mark your calendar and plan to join your colleagues on the Riverwalk in 2010!

Number of Attendees: 379

Member Attendees: 280
 Non-Member Attendees: 54
 Student Members: 15
 Fellow/Resident Members: 30

Age:

20-29: 11%
 30-39: 37%
 40-49: 25%
 50-59: 25%
 60+: 2%

Primary Work Function (top 4):

Clinical Pharmacist: 46%
 Medical Communications/Scientific Affairs: 14%
 Administrator/Director/Manager: 12%
 Resident/Fellow: 9%

Primary Practice Locale (top 6):

Pharmaceutical Industry: 17%
 College of Pharmacy: 15%
 Community Hospital: 14%
 Mental Health-Public: 12%
 Government Hospital-State: 11%
 Government Hospital-VA: 10%



Enjoying an evening of free time are (from L to R):
 Judy Curtis, Ann Richards, Carla Cobb, Julie Kissack
 and Martie Fankhauser.



Members Jill Fowler (L) and
 Tami Argo catch-up at the
 poster sessions.

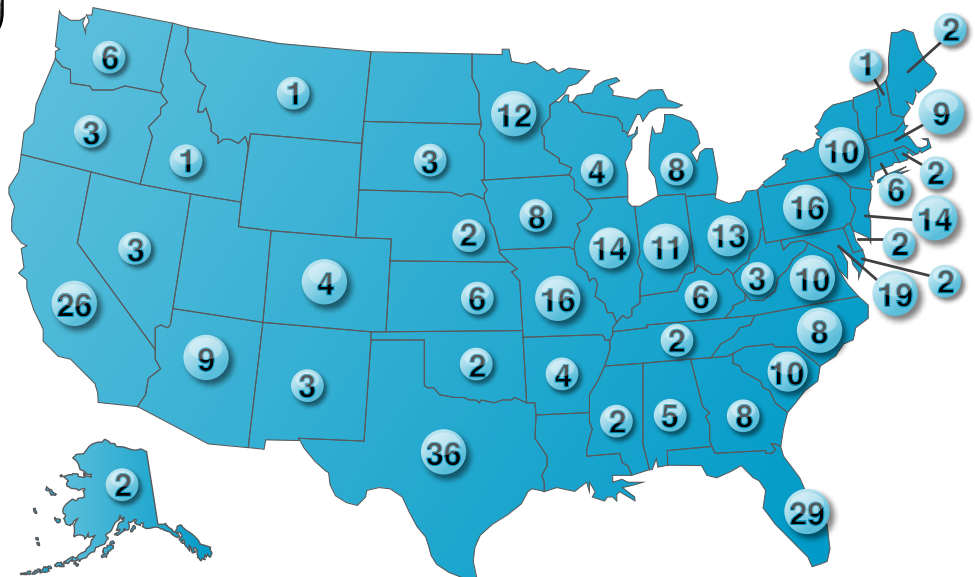


CPNP members Barbara
 Wells (L) and Charlie Caley
 discuss the take-home points
 from Saks keynote address.



CPNP Annual Meeting attendees
 enjoyed the warm temperatures
 and relaxed atmosphere of
 downtown Jacksonville.

CPNP Annual Meeting Attendees



International Attendees

Canada	13
Australia	1
UK	1

Annual Meeting Scrapbook



NAMI Committee members Gene Makela (L) and Dean Najarian cheer on NAMI walk participants while they distribute water.



Annual Meeting attendees enjoyed 3 hours of uninterrupted reception time to visit abstracts and connect with colleagues.



NAMI Committee Chair Julie Kissack questions Wilfred Acholonu's shoe choice as they ready for the 2nd Annual NAMI Walk which raised \$5000 for NAMI.



CPNP Beach Party attendees enjoyed a little piece of the beach on the Hyatt terraces.



Dick Bertin presents an update on the status of the BCPP credential and the activities of BPS during the CPNP Town Hall Meeting.



Attendees enjoyed a final social event with their colleagues at the CPNP Beach Party.



CPNP Past Presidents participate in the traditional gavel passing to incoming president Ann Richards (R) during the Town Hall Meeting.

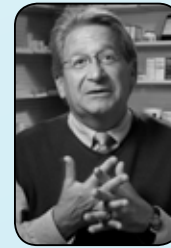


CPNP hosted a record number 128 posters at two scientific poster sessions.



Over 140 CPNP members serve on 2009-2010 committees. Nearly 100 of these members arrived a day early to begin planning activities to meet CPNP strategic goals.

First-Time Attendee Profile



Merrill Norton, PharmD, NCAC II, CCS, University of Georgia, Athens

I came out of retirement to improve the quality of care in patients suffering from co-occurring disorders of addiction, mental illness, and acute or chronic pain. So I began to look for a specialty area of pharmacists who may practice addiction pharmacy. CPNP came the closest to my needs.

What did you like most about the meeting?

The people, especially the leadership of CPNP, impressed me. I have been on many national boards, including the National Certification Commission and really had not seen such involvement of the leadership of an organization.

What would you change?

I really liked your physician/ pharmacist format when discussing patient cases. I would implement a more practical, clinical approach discussing current treatment modalities.

What did you find surprising?

The people of the organization were very helpful to me.

Why did you choose to attend?

I am looking for a venue to contribute my 30 years of experience to the improvement of patient care. I am a true clinician, so I would like the next generation of pharmacists to have some benefit from that experience.

If you could take one of the speakers to dinner, who would it be and why?

Two persons come to mind, Elyn Saks and her husband. I would like to ask Mrs. Saks what gives her the courage to share her story with the world, who usually so cruelly stigmatizes the mentally ill. To her husband, I would like to know how he created such a beautiful PowerPoint presentation- truly two very gifted individuals who are doing a marvelous job of helping other patients get better.

6 A Visit with Elyn Saks: Challenges and Hope

By Clinton W. Wright, PharmD



The following are questions to **Elyn Saks, JD**, keynote speaker at the 2009 CPNP Annual Meeting. Her presentation “The Center Cannot Hold: My Journey Through Madness” provided insight into her battle with schizophrenia and included excerpts from her book of the same name.

What is the toughest challenge we face regarding mental healthcare in the US?

“Providing resources to give more people adequate care.” Professor Saks relates her personal story of how not just medication, but other support allowed her to function. In terms of group care, she compared what was available in Cambridge, England versus New Haven, CT. Both are relatively the same size, but Cambridge has 42 group care facilities to only one in New Haven.

How should we address this issue? “Money.” We need aggressive outreach in this country and supportive caregivers. We should be looking at ways to “get people to want treatment, not force them.” Adherence issues should be studied more.

“We need aggressive outreach in this country and supportive caregivers. We should be looking at ways to get people to want treatment, not force them.”

In the late eighties and early nineties, there was a push to shift the treatment of seriously mentally ill patients from the inpatient setting to community-based treatment. What are your views on deinstitutionalization? “Community based treatment can be a good thing.” It is similar to “mainstreaming” in the public school system. Unfortunately, when institutions were closed, the money that was used to support them was not put in place to support community based treatment. “We didn’t execute.”

What about the resultant shift to increased treatment in the correctional setting? “The criminalization of the mentally ill is a travesty.” It is a sad statement that the LA County jail system is the largest psychiatric facility in the US. People who want help are shifted to the penal system rather than to hospitals.



CPNP Annual Meeting attendees line up for the book signing provided by Dr. Elyn Saks.

After the CPNP Annual Meeting, do you feel you have a more in-depth understanding of what role the psychiatric pharmacist plays in mental health? “I do! I had no idea of the role that you have” as psychiatric pharmacists and the value you bring to the team that is treating patients with serious psychiatric illness.

What is the best way to advocate for our patients with serious mental illness? Advocating, lobbying, writing to senators, speaking out.

Can you put into words what it was like when you first had a psychotic break? “Utterly terrifying—a confusing, disorganized nightmare.” In two words, a “waking nightmare.” She wrote her book and does lectures as a way of giving people a window into the mind of someone suffering with a thought disorder.

People with schizophrenia often lack insight and judgment regarding their illness and care yet you seem to have both. Are there times when you feel that you are not “sick”? She was quick to point out that “there are other illnesses where adherence is an issue when a patient doubts the diagnosis.” She stated that she was motivated to “not show the crazy” and feels that she mostly has insight into her illness.

What is your current/next project? Completion of my dissertation for a PhD in psychoanalysis on “Informed consent to psychoanalysis.” It explores the “therapeutic misconception in the research concept.” She would like to write another book which focuses on the stories of others living with thought disorders.

Highlights from the Pre-Meeting Workshop

By Raymond Lorenz



Presenting the 2009 Pre-Meeting Workshop on Tobacco Intervention Skills was (from L to R) Martie Fankhauser, Mary Gilles and Jamie Joy.

Tobacco Intervention Skills Training Program

Mary Gilles, MD; Martie Fankhauser, MS, FASHP, BCPP

Jamie Joy, PharmD

- Tobacco use causes a significant drain on our healthcare system every year in terms of dollars spent and death from tobacco-related causes. In addition, secondhand smoke is also a prominent health risk and can cause significant morbidity and mortality
- As healthcare professionals, we should be using the five A's to guide our brief tobacco intervention. The five A's are: ask about tobacco use, advise strongly that tobacco use is harmful, assess the patient's willingness to quit, assist in the patient's quit attempt, and arrange for follow up
- When assessing a patient's readiness to quit, use the stages of change model to determine the best intervention for that patient.
- If a patient wants to quit tobacco use within the next 30 days, we should assist patients in the quit attempt using the 5 R's (relevance, rewards, risks, roadblocks, repetition). Patients may relapse with tobacco use. It is important to acknowledge any time spent tobacco free
- If choosing a pharmacotherapy option, make sure it is one that the patient is willing to take, addresses their concerns about quitting, and there are no contraindications

Profile of First-Time Attendee



James Viola, PharmD
 Clinical Pharmacist
 Mental Health
 North Florida & South
 Georgia Veterans
 Health System
 Jacksonville
 Outpatient Clinic -
 Jacksonville, Florida

What did you like most about the meeting?

I enjoyed everything — the networking, the informative information being passed along, the CE's, seeing the work that others within our field have done.

What would you like to change about the annual meeting?

Would request that others sell old BCPP review book for new incoming psych pharmacists interested in BCPP.

Why did you choose to attend the meeting?

Work in psych locally and meeting was in town; also interested in obtaining BCPP

If you could take one speaker to dinner to "pick their brain", who would it be and why?

Dr. Saks; it was very interesting to hear her life story and the battles that she has overcome.



Dr. Philip Shaw presents a session on Cortical Development in ADHD and the Impact of Psychostimulants.

Highlights from the Neuropsychiatric Track

By Clinton W. Wright, PharmD, BCPP

Management of Depression in Post-Stroke Patients

Robert Robinson, MD

- 40% of patients suffering a stroke will have depression within 6 months of the stroke; Another 1/3 go on to develop depression in the next 6-24 months
- In the first 2 months following a stroke, those patients with a left hemisphere lesion are more prone to depression; after that, it appears to be equal
- The odds ratio for mortality are 2.0 to 2.2 in patients with depression post-stroke
- Those patients that go into remission following treatment have a lesser degree of ADLs
- Antidepressant improvement on physical recovery and decreased mortality seem to be independent of depression



CPNP President Carla Cobb welcomes Annual Meeting attendees.

Fibromyalgia: An Update on Diagnosis and Treatment Strategies

Susan Rogers, PharmD, BCPS

- Almost all fibromyalgia patients have difficulty with sleep and lack of deep sleep
- Non-pharmacologic treatment is a must in the treatment of fibromyalgia
- 30% efficacy is the standard response rate

- The most difficult patients are those with high tenderness, high depression/anxiety, and high catastrophizing
- Gabapentin and Pregabalin may be complicated with edema which may lead to CHF

Highlights from the Special Populations Track

By Clinton W. Wright, PharmD, BCPP

Treatment of Alcohol Dependence Complicated by Depression and Anxiety Spectrum Disorders

Susan C. Sonne, PharmD, BCPP

- Current recommendations are for treating both the alcohol abuse and the co-occurring disorder simultaneously
- Alcoholic Bipolar patients taking valproate did not have a change in liver enzymes; in fact, they may be reduced due to less exposure to alcohol; It is still important to monitor platelets
- There are 2 alcoholic subtypes: Type A is characterized by late onset, fewer alcohol related problems and no family h/o; Type B is characterized by early onset, positive family h/o, more alcohol related problems, and antisocial personality traits; Type A alcoholics have normal levels of CSF 5-HIAA and benefit from SSRIs; Type B alcoholics have reduced CSF 5-HIAA and SSRIs do not help and may worsen the condition
- Order of onset of the co-occurring may be important; sertraline was effective in decreasing drinking in those without a history of depression, but in those with a history, it did not help and may increase drinking
- Overall, the VA study did not separate between naltrexone, placebo, naltrexone + disulfiram, or placebo + disulfiram; however, when looking at just depressed patients, those on naltrexone or disulfiram drank significantly less and their depression improved over time; those patients with PTSD had similar improvements

Management of Delirium and Associated Agitation: Focus on Anticholinergics

Ryan Carnahan, PharmD, MS, BCPP

- The core symptoms of delirium are disorientation, confusion and memory dysfunction; see ICUdelirium.org
- Anticholinergics contribute to this by increasing psychotic symptoms and hostility
- Many patients on a cholinesterase inhibitor continue to receive drugs with anticholinergic activity
- The primary focus of the pharmacist should be on prevention and treatment through medication assessment
- Dr. Carnahan's Anticholinergic Drug List will soon be posted on the CPNP.org Shared Resources page

Highlights from Recertification Programming

By Craig M. Straley, PharmD, BCPP

Antidepressants and Suicide Risk: Risk Factors – Case Based Treatment Approach

Julie Dopheide, PharmD, BCPP

- The primary methods of suicide in youth are asphyxiation by hanging, firearms, and drug overdose
- Children of depressed adults have very high rates of psychiatric diagnoses
- Treating the parent will help the child as well. In the STAR*D trial, as long as the mother was well ($\geq 50\%$ reduction in symptoms), the children were also well
- The FDA Antidepressant Med Guides have been revised to indicate that depression and other mental illnesses are the most important causes of suicidal thoughts and actions

Antidepressants and Suicide Risk: Clinical Application of Suicide Data

Steve Stoner, PharmD, BCPP

- Antidepressant prescribing decreased and suicides among youth increased significantly in the year following the FDA label warning about the association of antidepressants and suicidal ideation
- Meta analyses of pediatric suicidality have significant limitations due to inclusion of short-term studies, pooled data, use of volunteers, dosing differences, and failure to monitor adherence to treatment
- Antidepressant treatment in adults (19 – 64 years) wasn't associated with suicide attempts; Antidepressant treatment in children (6 – 18 years) WAS associated with suicide attempts
- When starting a youth on an antidepressant, it is recommended to start low (e.g. fluoxetine 5 – 10 mg/day; sertraline 12.5 – 25 mg/day) and titrate slowly, with dose changes every 2 to 4 weeks
- Children should be followed up every 1 – 2 weeks initially, then every 1 – 3 months after remission

Adult ADHD: Beyond Children

Craig Surman, MD

- Although 10 – 60% of children and adolescents have ADHD that persists into adulthood, only 1% of these adults have hyperactivity
- Treating ADHD in children may reduce the risk of substance abuse, however, once an adult is abusing substances, stimulants don't change that behavior
- Although there are no absolute contraindications to ADHD pharmacotherapy, relative contraindications exist
- Recommended maximum doses of 1.4 mg/kg/day in patients 70 kg or less and 120 mg/day in patients greater than 70 kgs (the FDA maximum is 100 mg/day)

2009 BCPP Recertification Products Still Available

The testing deadline for the 2009 BCPP Examination Review and Recertification course has closed for 2009. However, fifteen hours of recertification products are still available for purchase at <http://cpnp.org/recertification/registration.htm>

CPNP BCPP Recertification Literature Analysis

This programming involves review and analysis of current literature. Upon satisfactory completion, participants receive 10.0 contact hours of ACPE and BCPP Recertification credit.

Details:

Credit: 10.0 Contact Hours of ACPE and BCPP Recertification credit

Release Date: March 2, 2009

Examination Deadline: August 5, 2009

Additional Information Available At: <http://cpnp.org/recertification/products/>

CPNP Recertification Live Programming

Five hours of live recertification approved programming was taped at the CPNP Annual Meeting and is now available online (synced PowerPoint and speaker audio), allowing you to complete this programming as a self-study component.

Details:

Credit: 5.0 Contact Hours of ACPE and BCPP Recertification credit

Release Date: June 1, 2009

Examination Deadline: October 2, 2009

Additional Information Available At: <http://cpnp.org/recertification/products/>

Note that the BCPP Examination Review and Recertification Course book is still available for purchase as a no credit resource book at a cost of \$150. This can be purchased at <http://cpnp.org/recertification/registration.htm>

Non-Pharmacological Interventions for Schizophrenia

Dawn Velligan, PhD

- CBT is focused on helping the individual develop alternative explanations for their symptoms
- CBT can reduce positive and negative symptoms, improve insight, and reduce relapse rates in schizophrenic patients
- The goal of CAT is to reduce the consequences of cognitive deficits (e.g. executive functioning, attention, memory, and psychomotor speed)
- CAT may improve adherence to oral antipsychotics

Movement Disorders: Focus on Dystonias and Tremors

Jack Chen, PharmD, BCPS

- When treating essential tremor (ET) compared to Parkinsonian tremors (PD), the following are generally true: alcohol, primidone, and propranolol help ET but not PD; antimuscarinics can be somewhat helpful and levodopa is very helpful in PD but not ET
- The core criteria for identifying ET are a bilateral action tremor of the hands and forearms, absence of other neurological signs (e.g. slowness or gait disturbance), and possibility of isolated head tremor
- Thalamic deep brain stimulation or lesioning may eliminate the need for drug therapy in ET
- Management of focal dystonias includes Botulinum toxin injection (first line), antimuscarinics, antispasmodics, and anxiolytics. Anticonvulsants have not demonstrated significant effect (e.g., pregabalin, levetiracetam)



BCPP Recertification Chair Rex Lott, PharmD, BCPP, introduces 2009 recertification programming to attendees.

Dosage Formulation Technologies for Antipsychotics: The Edge of the Pharmacokinetic-Pharmacodynamic Interface

Larry Ereshefsky, PharmD, FASHP, BCPP

By Dean M. Najarian

- A change in formulation or delivery method can have significant changes in pharmacokinetic and pharmacodynamic properties of medications while others do not
- Long acting injectables can provide smoother plasma concentrations, less peak to trough variation which could result in better tolerability
- Several new technologies for long acting injectables are emerging using nano-technology such as paliperidone palmitate and olanzapine pamoate. Aripiprazole depot utilizes carboxymethylcellulose. All of these products are still in clinical development
- Future drug formulations could result in using types of implantable, transdermal, or inhalable delivery systems



The CPNP Annual Meeting featured five industry supported symposia. On average, 225 or 60% of attendees participated in each event. Here CPNP members Deanna Kelly and Matthew Fuller participate in a symposium on "Predicting Response to Antipsychotics in Patients with Schizophrenia."



CPNP Past President and Keynote Speaker Larry Ereshefsky closed the meeting with a look to the future related to dosage formulation technologies for antipsychotics.

Research & Practice Awards

By Elayne Ansara, PharmD, BCPS

Congratulations to the 2009 CPNP Annual Meeting Research and Practice Award Recipients. These presentations are available at: <http://cpnp.org/about/awards/history.htm>

Innovative Practices Award:

Recipient: *Sarah T. Melton, PharmD, BCPP, CGP*
University of Appalachia College of Pharmacy & C-Health, PC
Role of the Pharmacist in Collaborative Care for Mental Health and Addiction Treatment in Medically Underserved Appalachia

PharmD Student/Resident Award:

Recipient: *Indriani Wang, PharmD* – *University of Southern California School of Pharmacy & USC University Hospital*
Comparison of Propofol versus Methohexital as Anesthetic Agents for Electroconvulsive Therapy in Treatment of Depression

Therapeutic Case Management Award:

Recipient: *Alberto Augsten, Student Pharmacist*
NOVA Southeastern University
Post-ictal Psychosis Successfully Treated with Quetiapine:
A Case Report

Recipient: *Gene Makela, PharmD, BCPP*
School of Pharmacy, West Virginia University
Ephedrine Withdrawal Causes Severe Psychiatric Symptoms:
A Case Report

New Investigator Award:

Recipient: *Rania Kattura, PharmD, MS*
Carl. R. Darnall Army Medical Center
Relationships Between Ethnicities and Treatment Outcomes
in Schizophrenia Patients



Rania Kattura presents her New Investigator platform presentation to Poster Chair Vicki Ellingrod (front right) and award judges (from left) Ginny Stauffer, Jeff Bishop and Marshall Cates.

12th Annual Saklad Memorial Lecture Award

By Jerry R. McKee



Stanley S. Weber, PharmD, FASHP, BCPP was awarded the twelfth Judith Saklad Award at the 2009 Annual Meeting. Dr. Weber is currently the Associate Dean for Professional Education and is an Associate Professor of Pharmacy at the University of Washington.

Dr. Weber received the Saklad Award in Jacksonville, Florida on a dazzling, sunlit evening. After an introduction by former student Dr. Rob Dufresne, Dr. Weber spoke to his colleagues regarding mentoring. He challenged CPNP members to get actively involved with schools of pharmacy as a mechanism to introduce future pharmacy practitioners to psychiatric practice. Dr. Weber suggested that all those in attendance likely had such a mentor and it is our time to step up.

Referring to the moving presentation by Professor Ellen Saks, keynote speaker at the Annual Meeting, Dr. Weber stated that psychiatric pharmacists must see psychiatric practice as more than psychometric assessments and evidence-based studies, as it also encompasses our patients as people with lives and stories of survival. In a self-described “Andy Rooney moment,” Dr. Weber admonished pharmacists to drop the term “clinical pharmacist” from our Lexicon as it infers that those practitioners not so labeled are not offering patient care and thus can be a polarizing term. Lastly, Dr. Weber exhorted psychiatric pharmacists to define ourselves distinctly and dare to make pharmacy a “high touch” profession.

Congratulations to Dr. Stanley Weber from CPNP on this achievement and a sincere thanks for his ongoing commitment to psychiatric pharmacy practitioners.

What's New At CPNP?

Check out the following at cpnp.org:

- Presentations from the cpnp.org Annual Meeting are available online to attendees at <http://cpnp.org/ed/meeting/2009/presentation>
- Statements of credit are now available for those attending the 2009 CPNP Annual Meeting at <http://cpnp.org/ed/statement/default.htm?>
- CPNP has debuted two repurposed versions of the BCPP Examination Review and Recertification Course. CPNP is working in conjunction with the American Psychiatric Nurses Association (APNA) and a third-party pharmacy business offering mail order pharmacy operations to provide this course to their members and pharmacists respectively.
- 2009-2010 membership renewal is in full swing as we wrap up the current membership year on June 30, 2009. Renewals can be completed at <http://cpnp.org/member/join.htm> and membership updates at <http://cpnp.org/member/update/index.htm>. Don't miss out on these exciting times at CPNP—renew before June 30!
- Reservation information for the 2010 Annual Meeting is available at <http://cpnp.org/ed/meeting/2010/>. Be watching for additional announcements as the 2010 Annual Meeting agenda takes shape.
- All 2008-2009 committee reports presented at the 2009 Town Hall meeting are available at <http://cpnp.org/about/committee/index.htm> along with 2009-2010 committee listings and charges.
- BCPP Recertification products are still available—see <http://cpnp.org/recertification/products/> for additional information. The testing deadline for the 2009 BCPP Literature Analysis is August 5 while the BCPP Live Programming testing deadline is October 2.

CPNP Announces 2009-2011 Strategic Plan

During the 2009 CPNP Town Hall Meeting in Jacksonville, President Carla Cobb provided the membership with an overview of the 2009-2011 strategic plan. The main goal categories and strategies are detailed below. The full strategic plan, minutes from the Town Hall Meeting and the 2007-2008 audit report are provided for your review and comment at <http://cpnp.org/member/reports.htm>. Simply email the board member of your choice (<http://cpnp.org/about/board.htm>) or contact the CPNP office at info@cpnp.org with any feedback.

Communications Committee

Sara Dugan, Chair	Raymond Lorenz
Clinton Wright, Vice Chair	Heather Magallon
Jerry McKee, Board Liaison	Jerry McKee
Karen Moeller, Past Chair	Karen Moeller
Stephen Saklad, Tech Consultant	Dean Najarian
Elayne Ansara	Paul Price
Toya Bowles	Jill Reynoldson
Shauna Garris	Richard Silvia
Misty Lynn Gonzalez	Dara Slunaker
Amy Keller	Craig Straley
Anna Lockwood	Christian Teter

CPNP 2009-2011 Strategic Plan

Success and Sustainability	Awareness and Expansion	Educational Products and Services	Advocacy and Alliances	Knowledge Development and Research
Evaluate, Monitor and Plan for Financial Health	Increase Awareness of the Specialty	Repurpose Review Course	Obtain Pharmacist Provider Recognition and Reimbursement	Drive Certification Within the Specialty
Launch Subsidiary Foundation Supporting Research and Scholarship	Expand Workforce	Explore Additional Markets	Initiate and Advance Alliances	Enhance Annual Meeting
Expand and Enhance Volunteer Leadership Skills		Develop Unique Products and Services	Determine and Describe Best Practice Models	Advance the Level and Quality of Scholarship and Research Among Members
Enhance Organizational Flexibility and Efficiency				Build Support for a Journal