Psychologists Opposed to Prescription Privileges for Psychologists



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Petition-Testimony OPPOSE HB3355

A REQUEST TO OPPOSE LEGISLATION GRANTING PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS (HB3355)

We, the undersigned psychologists and all others concerned about quality healthcare OPPOSE any efforts to allow psychologists to prescribe medications. We consider prescribing by psychologists to be controversial, even among psychologists. The movement for prescriptive privileges originated within the Psychology profession, rather than being 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. We are a diverse group of psychologists, including clinicians, educators, and researchers.

Psychologists have made major contributions to human health and well-being 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. Despite these contributions, there are limits to the practices that psychologists can undertake responsibly as professionals. We believe that prescribing medications goes beyond psychologists' competence, even if they obtain the additional training advocated by the American Psychological Association.

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, that can even 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 health history, and assess their current health status, and 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.

Unfortunately, the American Psychological Association's (APA) model for training doctoral psychologists to obtain limited training in psychopharmacology, after they complete graduate school, does not match the levels required of other prescribing professionals (e.g., physicians, nurse practitioners, physician's assistants, optometrists) in terms of their overall training in matters directly related to 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 and other sciences) and has other inadequacies (e.g., lack of explicit requirements for supervision; no accreditation of programs).

It is noteworthy that the APA training model is substantively less rigorous than the training that the 10 psychologists undertook in the experimental program of the Department of Defense (DoD). Despite the alarmingly small sample of that 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. At this point, the training is less rigorous, with most of the training occurring online.

Proponents of psychologist prescribing also 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 rural and other populations that 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 medicallyqualified providers (for example, collaboration, tele-health) 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 actually work. Other remedies are needed to address such problems that would not compromise the quality of care.

Other health professionals, including nurses and physicians, are also concerned about psychologist prescribing. However, this should not be seen as a simple turf battle: It is because of legitimate concerns that the proposals for training psychologists to prescribe are 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 medications¹⁷ 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.

Before supporting this controversial cause, we urge legislators, the media, and all concerned with the public health to take a closer look at this issue. Rather than permitting psychologists to prescribe medications, 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.

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 could collaborate with other providers (who are prescribe) 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.

We respectfully request that you oppose HB3355 that would allow psychologists to prescribe through non-traditional means.

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Al Galves, Ph,D.	International Society for Ethical Psychology and Psychiatry
Alex Williams	University of Kansas
Alexandra Solovey	Minnesota School of Professional Psychology
Alix Timko, Ph.D.	Towson University
Alan E. Fruzzetti, Ph.D.	University of Nevada, Reno
Allison Allen, Ph.D.	North Lake Community Clinic
Andrew M. Sherrill, M.A.	Northern Illinois University
Andrew Whitmont, Ph.D.	dba Yakima Psychological Services
Annalise Caron, Ph.D.	CBT Westport
Anne Marie Albano, Ph.D., A.B.P.P.	Columbia University College of Physicians and Surgeons
Arlyne J. Gutmann, Ph.D.	Private Practice
Barry Dauphin, Ph.D.	Private Practice
Beth Hartman McGilley, PhD	Univ. of Kansas School of Medicine
Braden Berkey, Psy.D.	Prairie Psychological Services
Brandon Gaudiano, Ph.D.	Butler Hospital/Brown University
Brett Deacon, Ph.D.	University of Wollongong
Brian Chu, Ph.D.	Rutgers University
Bruce L. Baker, Ph.D.	UCLA

agalves2003@comcast.net alexwilliams123@gmail.com sandrazas@gmail.com ctimko@towson.edu aef@unr.edu aalen@northlakesclinic.org andrew.sherrill@gmail.com yakpsyche@yahoo.com annalise.caron@CBTwestport.com aa2289@columbia.edu ajgutmann@aol.com barrydauphin@mac.com bmcgilley@psychology.kscoxmail.com braden.berkey@sbcglobal.net brandon_gaudiano@brown.edu bdeacon@uow.edu.au brianchu@rci.rutgers.edu baker@psych.ucla.edu

Bruce Gale, Ph.D. Carolina Clancy, Ph.D. Carolyn A. Weyand, Ph.D Carolyn Black Becker, Ph.D. Catherine A. Fiorello, Ph.D., A.B.P.P. Cheryl Carmin, Ph.D. Cynthia Spanier, Ph.D. Dana Fox, Ph.D. Daniel J. Burbach, Ph.D., A.B.P.P. Daniel Kearns, Psy.D. David Fresco, Ph.D. David Marcus, Ph.D. David S. Schwartz, M.A. David Valentiner, Ph.D. David L. Van Brunt. Ph.D. Dawn Birk, Ph.D. Dean McKay, Ph.D. Deanna Barch, Ph.D. Diana S. Rosenstein, Ph.D. Diane L. Bearman, Ph.D. Dianna L. Kucera. M.A. Don Benson, Psy.D. Douglas A. MacDonald, Ph.D. Drew A. Anderson, Ph.D. E. David Klonsky, Ph.D. Edward Katkin, Ph.D. Elaine Heiby, Ph.D. G Neffinger, Ph.D., A.B.P.P. Gail Margoshes, Psy.D. Gary Schoener, M. Eq. Geoffrey L. Thorpe, Ph.D., A.B.P.P. Gerald C. Davison, Ph.D. Gerald Rosen, Ph.D. Gregory Stuart, Ph.D. Harold Hanlon, B. Sc. Howard Eisman, Ph.D. Howard N. Garb, Ph.D. Ian Douglas Rushlau, Psy.D. Ian R. Sharp, Ph.D. Ilyssa Lund, Psy.D. James C. Megas, Ph.D., L.P. James Carson, Ph.D. James Coan. Ph.D. James D. Herbert, Ph.D. James G. Murphy, Ph.D. James Overholser, Ph.D., A.B.P.P. James Schroeder, Ph.D. Jan Willer, Ph.D. Jane E. Fisher, Ph.D. Jeff R. Temple Jeffrey M. Lohr, Ph.D. Jeffrey M. Zacks, Ph.D. John A. Yozwiak, Ph.D. John Allen, Ph.D. John Breeding, Ph.D. John B. Hertenberger, PhD John C. Hunziker, Ph.D.

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bruce@bgalephd.com carolina.clancy@va.gov cweyand@copper.net cbecker@trinity.edu catherine.fiorello@temple.edu ccarmin@psych.uic.edu cyndiespanier@aol.com decfox@aol.com dbgc@tds.net danielkearnspsyd@gmail.com fresco@kent.edu david.marcus@wsu.edu DSchwa68@aol.com dvalentiner@niu.edu dlvanbrunt@gmail.com dawn.birk@ihs.gov mckay@fordham.edu dbarch@artsci.wustl.edu drosenstein@juno.com bearm003@umn.edu DKucera21@vahoo.com donbenpsyd@yahoo.com macdonda@udmercy.edu drewa@albany.edu edklonsky@gmail.com edward.katkin@sunysb.edu heiby@hawaii.edu ggneff@earthlink.net margoshes@aol.com grschoener@aol.com geoffrey.thorpe@umit.maine.edu gdaviso@usc.edu grosen@uw.edu gstuart@utk.edu hhanlon@bigpoind.com howardeisman@verizon.net howard.garb@lackland.af.mil RushlauI@einstein.edu is@medavante.net ilyssa.lund@gmail.com jmegas@cal.berkeley.edu carsonja@ohsu.edu icoan@virginia.edu james.herbert@drexel.edu jgmurphy@memphis.edu overholser@case.edu jschroeder@stmarys.org jan@drwiller.com jefisher6@yahoo.com jetemple@utmb.edu jlohr@uark.edu jzacks@artsci.wustl.edu jayozwiak@uky.edu jallen@u.arizona.edu wildcolt@austin.rr.com johnh@rrjjc.com JCHunziker@msn.com

John P. Hatch, Ph.D. John T. Moore, Ph.D. Jon Elhai, Ph.D. Jonathan Abramowitz, Ph.D. Jordan Bell, Ph.D.

Jorge Cuevas, Ph.D. Joseph Hatcher, Ph.D., A.B.P.P. Julie Anne Holmes, Ph.D. Julie Larrieu, Ph.D. K. Anthony Edwards, Ph.D. David L. Van Brunt, Ph.D. Karen B. Wasserman, PsyD, RN Katherine Kainz, Ph.D. Kathleen Palm. Ph.D. Kathleen Palm, Ph.D. Kelly G. Wilson, Ph.D. Kenneth D. Cole, Ph.D. Kenneth Feiner, Psy.D. Kenneth L. Grizzle, Ph.D. Kristin Kuntz, Ph.D. Kristy Dalrymple, Ph.D. Latha Soorya, Ph.D. Laura K. Campbella, Ph.D. Leonardo Bobadilla, Ph.D. LeRoy A. Stone, Ph.D., A.B.P.P. Lewis Schlosser, Ph.D. Lisa Hoffman-Konn, Ph.D. Lisette Wright, M.A. Marc Atkins, Ph.D. Marc Kessler, Ph.D. Marion Rollings, Ph.D. Marion Rudin Frank, Ed.D. Mark D. Popper, Ph.D. Mark Zipper, Ph.D. Marlys Johnson, M.A. Martha Josephine Barham, Ph.D. Martin Keller, Ed.D., A.B.P.P. Mary A. Fristad, Ph.D., A.B.P.P. Mary Gail Frawley-O'Dea, Ph.D. Mary Lamia, Ph.D. Mary Pharis, Ph.D., ABPP Matthew Fanetti, Ph.D. Matthew Jarrett, Ph.D. Matthew K. Nock, Ph.D. Michael Aisenberg, Psy.D. Michael Handwerk, Ph.D. Michael J. Rohrbaugh, Ph.D. Michael Myslobodsky, Ph.D. Michael P. Twohig, Ph.D. Michael Thompson, Psy.D. Michaele P. Dunlap, Psy.D. Michelle James, Ph.D., A.B.P.P. Mike Parent, M.A. Milton E. Strauss, Ph.D. Molly S. Clark, Ph.D. Monte Bobele, Ph.D., A.B.P.P.

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University of Texas Health Science Center at San Antonio

hatch@uthscsa.edu moorejohnt@gmail.com jonelhai@gmail.com jabramowitz@unc.edu jordan.bell@va.gov Jorge.Cuevas@advocatehealth.com Joseph.Hatcher@NationwideChildrens.org jholmes@hawaii.edu jlarrie@tulane.edu kanth86@hotmail.com dlvanbrunt@gmail.com drkarenb@columbus.rr.com kkainz@olmmed.org kpalm@clarku.edu kpalm@clarku.edu kwilson@olemiss.edu kenneth.cole@va.gov kenfeiner@aol.com kgrizzle@mcw.edu kristin.kuntz@osumc.edu kristy_dalrymple@brown.edu latha.soorya@mssm.edu campkeyll@gmail.com lbobadilla@wcu.edu lastone2@earthlink.net lewis.schlosser@shu.edu lisa.hoffman-konn@va.gov lwrightpsy1@earthlink.net atkins@uic.edu mkessler@uvm.edu Drmarionrollings@gmail.com mjfrank@comcast.net mdpphd@comcast.net Mark.Zipper@allina.com marlysjohn@aol.com marti@drbarham.com martykeller@cox.net fristad.1@osu.edu mgfod@aol.com drlamia@aol.com marypharis@mail.utexas.edu mfanetti@missouristate.edu majarrett@ua.edu nock@wjh.harvard.edu Dr.A@yourAgame.com handwerkm@yahoo.com michaelr@u.arizona.edu mmyslobodsky@gmail.com michael.twohig@usu.edu info@drmichaelthompson.com talkdoc@comcast.net mjames@oakton.edu michael.parent@ufl.edu Milton.Strauss@gmail.com mclark@umc.edu bobem@lake.ollusa.edu

Nandi Haryadi Nathan Weed, Ph.D. Nathan Weed, Ph.D. Nicholas Greco, M.A. Nicki Moore, Ph.D. Patricia J Aletky, Ph.D. Patricia K. Kerig, Ph.D. Patricia McKenna, Ph.D. Patrick L. Kerr, Ph.D. Paul Arbisi. Ph.D., A.B.P.P. Paul M. Brinich, Ph.D. Paul Springstead, Ph.D., A.B.P.P. Paula D. Zeanah, Ph.D. Paula MacKenzie, Psy.D. Peter H. Lewis, Psy.D. R C Intrieri Ralph J. Tobias, Ph.D. Reid K Hester, Ph.D. Renate H. Rosenthal, Ph.D. Richard B. Stuart, D.S.W., A.B.P.P. Richard H. Schulte. Ph.D. Richard Sethre, Psy.D. Robert Bloom, Ph.D. Robert Henry, Ph.D. Robert H. Moore, Ph.D. Robert Parker, Ph.D. Robert Klepac, Ph.D. Karl Schmitt, Psy.D. Richard Schweickert, Ph.D. Robert L. Sokolove, Ph.D. Robin MacFarlane, Ph.D. Roland Moses. Ed.D., A.B.P.P. Ron Acierno, Ph.D. Ronald Glaus, Ph.D. Sam R. Hamburg, Ph.D. Samantha Kettle, Psy.D. Samuel B. Tobler, Ph.D. Sandra Georgescu, Psy.D. Scott F. Coffey, Ph.D. Scott J. Hunter, Ph.D. Scott Lilienfeld, Ph.D. Seth J. Gillihan, Ph.D. Shireen L. Rizvi. Ph.D. Sophia K. Bray, Ph.D. Stephen Benning, Ph.D. Stephen E. Finn, Ph.D. Stephen Labbie, Ph.D. Stephen Soldz, Ph.D. Steven B. Gordon, Ph. D., A.B.P.P Steven C. Hayes, Ph.D. Steven M. Ross, Ph.D. Stewart Shankman, Ph.D. Stuart Quirk, Ph.D. Susan M. Flynn Ph.D. Susan E. Hickman, Ph.D. Susan Wenze, Ph.D. Suzann P. Heron, M.A.

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Oregon Health & Science University Brown University Medical School Private Practice n4ndie@gmail.com nathanweed@charter.net nathanweed@charter.net gandggroup@yahoo.com nmoore@ou.edu aletk001@umn.edu p.kerig@utah.edu mail@patriciamckenna.com pkerr@hsc.wvu.edu arbis001@umn.edu brinich@unc.edu pspringstead@npmh.org pzeanah@tulane.edu paula_mackenzie_126@comcast.net peter.lewis@va.gov mfrci@wiu.edu Tobiasrj@sbcglobal.net, reidhester@behaviortherapy.com rrosenthal@uthsc.edu rstuart@seanet.com rickschulte@cox.net rsethre@gmail.com bobloom@ameritech.net earthy.psychologist@doctor.com moorebob@juno.com bob@focusreframed.com bobappic@aol.com ksschmitt@gmail.com swike@psych.purdue.edu sokolove@bu.edu MacFarlane.testing@gmail.com rolandgmoses@msn.com acierno@musc.edu rag7@comcast.net Sam R. Hamburg, Ph.D. samantha.kettle@va.gov samuel.tobler@mountainhome.af.mil sgeorgescu@sbcglobal.net scoffey@psychiatry.umsmed.edu shunter@yoda.bsd.uchicago.edu slilien@emory.edu mail@sethgillihan.com RizviS@newschool.edu sk-bray@comcast.net s.benning@vanderbilt.edu sefinn@mail.utexas.edu labbiephd@comcast.net ssoldz@bgsp.edu sgordon@behaviortherapyassociates.com stevenchayes@gmail.com steve.ross@utah.edu stewarts@uic.edu Stuart.Quirk@gmail.com flynnphd@comcast.net hickmans@ohsu.edu susan_wenze@brown.edu spheron8@aol.com

Tanya Tompkins, Ph.D. Teri Hull, Ph.D. Terry Unumb, Ph.D. Terry Wilson, Ph.D. Thomas C. Hamburgen, Ph.D. Thomas Gustavsson, M.A. Thyra Fossum, Ph.D. Tim Carey, Ph.D. Timothy A. Post, Psy.D Timothy E. Spruill Timothy Tumlin, Ph.D. Toni Heineman, D.M.H. Tony Papa, Ph.D. Tracy A Knight, Ph.D. Tracy L. Morris, Ph.D. Wayne B. Kinzie, Ph.D., A.B.P.P. Wendy Nilsen, Ph.D. William Robiner, Ph.D., A.B.P.P. Yessenia Castro, Ph.D. Zeeshan Butt, Ph.D.

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tatompki@linfield.edu Teri_Hull@rush.edu drtunumb@aol.com tewilson@rci.rutgers.edu thamburgen@charter.net Thomas.gustavsson@psykologpartners.se tafossum@umn.edu Tim.Carey@canberra.edu.au timothy.post@whiteman.af.mil timothy.spruill.edd@flhosp.org tumlintr@comcast.net theineman@ahomewithin.org apapa@unr.edu TA-Knight@wiu.edu tracy.morris@mail.wvu.edu kinziew@gvsu.edu Wendy_Nilsen@URMC.Rochester.edu robin005@umn.edu ycastro1@mdanderson.org z-butt@northwestern.edu