

Name

Course

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## **Suggested Changes in Clinical Psychology Preparation**

### **Introduction**

Whether to allow licensed psychologists the authority to prescribe medications to their clients has been a subject of debate and legislation for a number of years. Psychologists were first given the legal right to provide prescriptions for clients in Hawaii in 1985 (Ochkie 11). The premise for this legislative act was that underserved residents who needed mental health care would be able to obtain it at least partially through prescribed medications provided through clinical psychologists. Those who opposed the legislative act argued that clinical psychologists are not medical doctors and, therefore, are lacking in the medical credentials that enable them to identify and effectively treat mental illnesses. These concerns reflect the issues that increasingly call for legislative attention regarding mental health issues.

At present, most state laws restrict prescription authority to medical and nursing professionals, such as physicians, clinical nurses, and nurse practitioners. What sets these professionals apart from clinical psychologists is their training in human biology and in psychopharmacology. Training and knowledge obtained by these professionals is extensive. It includes an understanding and experience with how the body functions, anticipation in how the body will react to certain medications under defined conditions, as well as limitations and possible side-effects in taking prescribed drugs for identified health concerns.

A major argument against allowing clinical psychologists the legal ability to write medical prescriptions is that they do not possess the needed knowledge and understanding of how drugs act on the mind and body of the patient. Such knowledge involves an extensive knowledge of the human anatomy, including the functioning of the brain. The practitioner prescribing the medication must be able to obtain, analyze, and synthesize a considerable number of details in determining what the prognosis is and the best way to treat the illness. To do this also calls for an exhaustive amount of pharmacotherapeutic knowledge. Basically, the individual prescribing medication must understand human anatomy and physiology, medications, health conditions, especially mental health, and must be able to know what medical tests to order and how to interpret the results of those tests. Clinical psychologists do not proceed through medical school, and so they lack this kind of knowledge.

The study of medicine is a specialized field. That is important when viewing the increasing use of interdisciplinary support in furthering or providing medical services. This is especially true in addressing mental health issues which has a history of depending on interactivity among the disciplines in understanding and addressing mental health issues. However, authorizing clinical psychologists to prescribe medicine oversteps the boundaries of interactive support and actually hinders the collaborative support provided by physicians, particularly psychiatrists who are specifically trained to understand the effects of certain drugs on the human brain. For that reason, the medical profession should pay attention to legislative actions that move towards prescription authority for psychologists.

Science and the medical profession in general continue to rapidly learn more about the brain than has ever been understood. Along with that knowledge come advancements in the field of neuroscience that greatly influence how

mental health problems are identified and treated. These changes and newfound understandings also influence healthcare economics as more effective and less dangerous drugs are developed to address mental health issues. As a result, more mental health patients and their doctors are willing to try new medications. With the resulting increase in psychotropics comes an increased eagerness on the part of clinical psychologists to gain legislative authority to prescribe medication for their clients. Realizing that a major obstacle to gaining such authority has to do with lack of medical training, psychologists are eager to bring about changes in the school of psychology. However, the ongoing debate as to whether this is a possibility is futile (Hayes and Heiby 198). The true concern is whether changing the curriculum to become a clinical psychologist makes sense in both for the psychologist and for the clients. Clinical psychologists are expected to work collaboratively with the medical profession. The real question, then, is how the medical profession can address the clinical psychologist's need to know or to understand how to address the mental health issues of patients.

The American Psychological Association (APA) created the Task Force on Psychology for the purpose of investigating the need and desirability of authorizing clinical psychologists to prescribe medicine to their clients for perceived issues with mental illness (APA iii). Finds indicate that psychologists can benefit from a greater understanding of psychopharmacology in addressing the needs of their clients. Three areas identified by the task force to enhance the field of clinical psychology include: development of background knowledge in psychopharmacology, strategies for collaboration with other health care professionals, and prescription authority. The Task Force recommended that practicing psychologists be provided with this knowledge as part of their preparation for the field. For those already in the field, retention would be based

on the individual's undergraduate preparation in the sciences, such as chemistry, biology, and other course work reflective of pre-med majors.

The purpose of this study was to explore the feasibility and desirability of allowing clinical psychologist to gain legislative prescription authority. Findings indicate that such legislation is feasible provided that changes are made in requirements for becoming a clinical psychologist, such as a deeper concentration in human anatomy and psychopharmacology.

Works Cited

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