

Creating a new credential for a Prescribing Psychologist

A smart and sensible approach to increasing access to comprehensive behavioral health services while protecting patient safety.

Frequently Asked Questions.

Question 1: What is a prescribing psychologist?

A: A Prescribing Psychologist is a fully independent, **licensed** psychologist who has received specific training and been **credentialed** to prescribe psychotropic medication. A prescribing psychologist is eligible to obtain a DEA registration number.

Question 2: Does a psychologist prescribe medications that are not psychotropics, like antibiotics or heart medication?

A: No, prescribing psychologists are **ONLY** permitted to prescribe psychotropic medication or medications commonly used for psychiatric purposes. Prescribing psychologists **DO NOT** prescribe opioids or other analgesics.

Question 3: Do any other states or jurisdictions credential prescribing psychologists?

A: **Yes.** Five states have passed enabling statutes and are in various stages of implementation

New Mexico (2002), Louisiana (2004), Illinois (2014), Iowa (2016), Idaho (2017)

The following federal agencies also credential prescribing psychologists:

Department of Defense: (Army, Navy, Air Force)

US Public Health Service Corps

Indian Health Service

Question 4: Is it safe for patients and behavioral health consumers?

A: Yes! Prescribing psychologists have been practicing in other jurisdictions for 25 years and there have been no reported instances of harmful prescribing by psychologists.

Question 5: Do prescribing psychologists receive specialized education or training?

A: Yes. To be considered for the prescribing psychologist credential. A psychologist must complete the following.

- 1- Complete Prerequisites in Basic Science
- 2- Masters Degree in Clinical Pharmacology from an accredited program.
- 3- Supervised Practicum prior to graduation – 400 hours and 100 diverse patients
- 4- Passage of the Pharmacology Exam for Psychologists
(<https://www.asppb.net/page/PEPEXam>)
- 5- Post-graduation supervised practice prior to obtaining an independent license.

Question 6: How does the training of a prescribing psychologist compare to that of physicians and psychiatric nurse practitioners?

A: The training of a prescribing psychologist is comparable to that of other prescribers. Independent research found prescribing psychologists were well prepared. : <http://rxpsychology.fdu.edu/Resources/MuseMcGrath2010.pdf>

Question 7: Will a new prescribing psychologist credential change the profession for non-prescribing psychologists?

A: No. Prescribing is another specialty area like neuropsychology, pediatric psychology, health psychology, or forensic psychology. We need psychologists practicing across the spectrum of mental health care to provide a robust and meaningful presence for our State's mental health network.

Question 8: How does creating a Prescribing Psychologist credential improve access?

A: There is a severe shortage of psychiatrists in Washington, as of May 2019 there were only 670 psychiatrists. This lack of prescribers leads to long wait times, and lack of insurance coverage. There are currently 2,756 psychologists in Washington, even if only 10% of psychologists complete the requisite training that is still increases capacity by almost 40%

Question 9: Primary care doctors and psychiatric nurse practitioners can already prescribe. Do we need this new credential?

A: Yes. Prescribing Psychologists will be able to combine traditional talk therapies and medication. This will result in more integrated care, **patients** will need fewer appointments because one provider can provide both therapy and medication management, reducing out of pocket expenses for consumers.

Question 10: Has any research been done in the states that have created a prescribing psychologist credential?

A: Yes. Two studies surveyed primary care doctors who worked closely with prescribing psychologists. The results show that primary care health care providers overwhelmingly view prescribing psychologists as safe, effective prescribers for their patients. (see Shearer, et al., 2012; Linda and McGrath, 2017).