

**Prescription  
Privileges for  
Psychologists:  
A Critical Appraisal**

**Dedicated to**

**Our students' students.**

**They will inherit the discipline we create.**

# Prescription Privileges for Psychologists: A Critical Appraisal

Edited by

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## Preface

Prescription privileges is one of the most controversial topics facing modern psychology. In only a matter of a few years, the proposal that the discipline and profession be changed to a new medical subspecialty has roared onto the central stage of organized American psychology. It gained considerable momentum in 1990 when the U.S. Senates Appropriations Committee recommended that the Department of Defense establish a demonstration prescription training program for psychologists. At about the same time, the American Psychological Association's (APA) Council of Representatives established a Task Force to examine the feasibility of prescription privileges, and to explore curriculum models for training. APA formally went on record supporting the idea in 1995, and has vigorously pursued prescription privileges at federal and state legislative bodies.

The present volume is the result of a conference organized by the American Association of Applied and Preventive Psychology (AAAPP). Over the last several years, AAAPP has recognized the seriousness of the prescription privileges proposal and has begun a systematic effort to evaluate its impact upon the field. In 1993, a survey of the AAAPP membership indicated that a strong majority opposed prescription privileges. The AAAPP Committee Concerned About the Medicalization of Psychology was established in 1994 to evaluate the proposal and issue a report. Based in part on that report, the AAAPP Board in January 1995 endorsed a *Resolution Opposing Prescription Privileges for Psychologists*, becoming the first national scientific psychological society to take a formal position on this issue.

While some pro-prescription advocates thought that change in psychology would come very quickly, the movement has had many recent setbacks, in part due to the rise of an organized opposition within psychology itself. There are good arguments on both sides of the issue, but many leaders in applied scientific psychology felt that such a major change deserved much more critical analysis. AAAPP's Board felt that opposition would, at the very least, slow the pace and allow many of the more controversial issues to be examined.

These issues are complex. Prescription privileges are not arising as an issue in a vacuum. In the era of managed care, the practice of psychology is having a difficult time competing for resources. Many psychologists in the practice community hope to solve this problem by expanding the practice of psychology to include psychoactive medications. Is this a good idea? How would it impact to solve this problem by expanding the practice of psychology to include psychoactive medications. Is this a good idea? How would it impact psychology as a discipline? How would it impact training? Would it solve the problem presented by managed care? Is it the best way to adapt to the present environment?

The AAAPP National Conference on Prescription Privileges for Psychologists was held June 26-28, 1996 at the University of Nevada, Reno to address these and

many similar questions. In addition to AAAPP, the conference was supported by the College of Arts and Science and the Department of Psychology at the University of Nevada. Organized by the editors of this volume, the conference was meant to examine the issues carefully and critically. It brought together both pro and con voices, but no effort was made to maintain a balance. Rather, the conference was a kind of critical appraisal of prescription privileges. Our point was neither to have a formal debate, nor a discussion and a vote, but rather to seek out some of the leading experts in the field for each specific area to raise the critical issues that must be addressed regardless of one's position on the issue. Thus, in a way, we think of this volume as a step in a dialogue, aimed at the field eventually reaching some kind of consensus if that is possible. That dialogue should have occurred first, but now that the issue is slowing down, there may still be time for all sides to discuss these issues.

In order to foster that sense of discussion and dialogue, following each major speaker, a discussion leader led an open discussion period with the speakers and the audience. These discussions are in the present volume, though discussion leaders were free to emphasize any issues in their commentaries, not just those raised at the conference.

As the conclusion of the conference, the speakers generally agreed upon the following conclusions:

1. The prescription privileges proposal is polarizing the discipline.
2. Psychology's resources should be focused on advocating the profession to managed care. Doing so will involve the development of treatment standards and the promotion of integrated care.
3. Psychologists wishing to obtain prescription privileges at this time are encouraged to obtain an advanced degree in nursing, a physician's assistant degree, or the like in order to develop more experience with the psychology/prescription privilege hybrid without first having to alter the discipline and its training focus.

In the year following the conference, presenters turned their oral presentations into chapters for the present volume. The chapters and commentaries cover a wide range of issues that are relevant to the prescription privilege debate: its history, the political context, the scientific context, and the professional context. As such, this book presents the first critical appraisal of the prescription privilege issue. Undoubtedly there will be more books, conferences, and arguments. No matter how it turns out, the prescription privilege issue is sure to shape the future of psychology for many years to come, both intellectually and politically.

Steven C. Hayes  
Elaine M. Heiby  
Spring 1998

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