



SOCIETY FOR
PRESCRIBING PSYCHOLOGY

The Tablet

Editor-in-Chief: David S. Shearer, PhD, MSCP

Editor: Judi Steinman, PhD



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Summer 2023

A Word From The Editors



David S. Shearer,
PhD, MSCP
EDITOR-IN-CHIEF



Judi Steinman, PhD
EDITOR

Dear Colleagues,

We are excited to once again bring you an edition of The Tablet. This condensed edition will help orient you to Division 55 programming and our schedule of events at the annual APA Convention in Washington, DC in August. The APA 2023 Convention offers options for virtual as well as in-person attendance. We will provide a Zoom link so that you can join us for the Division 55 Board of Directors meeting and annual awards ceremony. Within these pages you will be able peruse Dr. Pat Deleon's updates and thoughts on legislation and advocacy. Enjoy Dr. Ray Folen's fascinating experiment that explores RxP and Artificial Intelligence (AI) using ChatGPT. Check out links to interesting articles and get up to speed on your new Board members for 2024. If you have the opportunity to attend the APA Convention in-person this year please make sure to come by the Division 55 Social Hour on Thursday night and see your colleagues! (see schedule for details). Kudos to Dr. Bereolos on a remarkable award in the field of diabetes care and education! She is not only the chair of Division 55's Membership committee but also passed the PEP exam last week!

David Shearer, PhD, MSCP
Judi Steinman, PhD



Questions? Comments?
Article Ideas? Vignettes to Share?

**Contact
Us!**



davidshearer.rxp@yahoo.com

Our Mission

Division 55 of the American Psychological Association was created to enhance psychological treatments combined with psychopharmacological medications.

- The division promotes the public interest by working for the establishment of high quality statutory and regulatory standards for psychological care.
- Division 55 encourages the collaborative practice of psychological and pharmacological treatments with other health professions.
- The division seeks funding for training in psychopharmacology and pharmacotherapy from private and public sources such as federal Graduate Medical Education programs.
- Division 55 facilitates increased access to improved mental health services in federal and state demonstration projects using psychologists trained in psychopharmacology.

<https://www.apadivisions.org/division-55/about>

Not A Member?

First-time non-student members: \$25 for the first year!

Membership **ONLY** \$45 a year!

Students \$10 a year!

Join Us!

APA 2023 Convention Expanded Division 55 Program

Thu 8/3

Title	Time	Location	Presenters
The Intersection of Health Psychology and Pharmacology: Treating AUD, Delirium & Metabolic Disorders	11:00am - 12:50pm	Walter E. Washington Convention Center, Level 1, Room 140B	Dr. Lynette Pujol & Dr. Nicole Bereolos
Integrating Pharmacotherapy and Cultural Practice in Providing Care to Native American Communities	2:00 - 2:50pm	Walter E. Washington Convention Center, Level 1, Room 143C	Dr. BJ Boyd, Dr. Alan Ostby, & Dr. Anthony Tranchita
Division 55 BoD Meeting	4:00 - 4:50pm	Walter E. Washington Convention Center, Level 1, Room 154A	
Social Hour	6:00 - 7:50pm	Marriott Marquis, Level 4, Independence Salon A	

Fri 8/4

Pediatric Anxiety Best Practices: Psychopharmacology, Psychotherapy and Exercise Therapy	10:00 - 10:50am	Walter E. Washington Convention Center, Level 1, Room 143B	Dr. Alexandra Miller Clark, Dr. Leigh Ann Ford, & Dr. Stephany Hillman
From APA Presidency to Retirement: Tips for All Stages of Psychologists	11:00 - 11:50am	Walter E. Washington Convention Center, Level 1, Room 149B	Dr. Sells
What Students Should Know About Becoming a Prescribing Psychologist: MSCP Programs Review	12:00 - 1:50pm	Walter E. Washington Convention Center, Level 1, Room 149A	Co-chairs: Dr. Geraldo Rodriguez-Menendez, Dr. Judith Steinman. Presenters: Dr. George M. Kapalka, Dr. Casey McDougall, Dr. Derek Phillips, Dr. Geraldo Rodriguez-Menendez, Dr. Eric Silk, Dr. Ryan Ernst, & Dr. Steven E. Curtis.
Advances in Pediatric Psychopharmacology: ADHD and Conduct Behavior Problems	2:00 - 3:50pm	Walter E. Washington Convention Center, Level 1, Room 143B	Dr. George M. Kapalka, Dr. Steven E. Curtis, Dr. Roger G. Clark, & Dr. Stephany Hillman (discussant)

Sat 8/5

Prescriptive Authority Around the Globe 2023	11:00am - 12:50pm	Walter E. Washington Convention Center, Level 1, Room 140A	Dr. Beth Rom-Rymer (chair), Dr. Thabiso Rapapali, Dr. Joachim Mureriwa, Dr. Kai A. D. Morgan, Dr. Monika Kosy Gonzales, Dr. Anna Maria Wegierek Skorupa, Dr. Oraib Toukhly, Dr. Diane Velikonja, Mrs. Djavila Ho, Thai Albuquerque (student), & Dr. Judith Steinman (discussant)
What Psychologists Need to Know About Psychopharmacology	1:00 - 2:50pm	Walter E. Washington Convention Center, Level 1, Room 145B	Dr. Derek Phillips and Dr. David Shearer
Division 55 Poster Session I	3:00 - 3:50pm	Walter E. Washington Convention Center, Level 2, Halls D and E	

Division 55 Business Meeting & Social Agenda and Awards

Agenda

The Division 55 Business Meeting & Social

August 3rd, 4pm ET

Zoom Meeting ID: 984 0345 0462

Passcode: 962835

Please join us at our August meeting for award presentations.

More information about the awards can be found [here](#), on the Division 55 website.

Awards



Division 55 Student Grants in Psychopharmacology



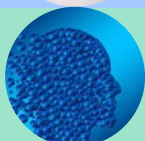
Educator of the Year



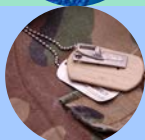
**Distinguished Contribution to the Advancement of
Pharmacotherapy at the National Level**



**Distinguished Contribution to the Advancement of
Pharmacotherapy at the State Level**



**John D. Preston Award for Outstanding Contributions to
Clinical Psychopharmacology**



Major Caraveo National Service Award



**Patrick H. DeLeon Prize for Outstanding Student Contribution
to the Advancement of Pharmacotherapy**

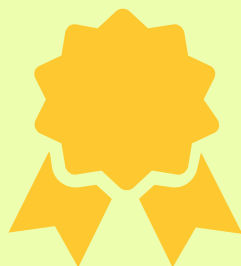
Division 55: Announcing the 2024 Board of Director Officers

2024

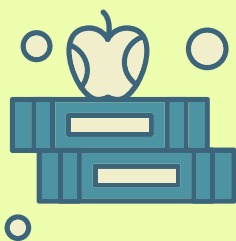
President	Steven Curtis, PhD, NCSP, MSCP (2024)
President-Elect	Lynette Pujol, PhD, MSCP (2024)
Past President	David Shearer, PhD, MSCP, ABMP (2024)
Secretary	Morgan Ferris-Johnston, PsyD, MSCP (2023-24)
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Member-at-Large	Brian Seavey, PsyD, MSCP, ABPP (2023-24) Elizabeth Lonning, PsyD, MSCP (2023-25) Gerardo Rodriguez-Menendez, PhD, MSCP, ABPP (2023-25)
Representative to APA Council	Joseph Comaty, PhD, MSCP (2023-25)
APAGS Student Representative	David Benitez, MS, CBIS (2023-24)

Announcement:

Dr. Nicole Bereolos Awarded The 2023 Texas Diabetes Care & Education Specialist of the Year



Nicole Bereolos, PhD, MPH, MSCP, CDCES, FADCES was awarded the 2023 Texas Diabetes Care & Education Specialist of the Year by the Association of Diabetes Care & Education Specialists (ADCES). This award recognizes a Diabetes Care and Education Specialist in the State of Texas, who has made outstanding contributions to diabetes education through dedication and innovation in the daily practice of patient care. Awardees must deliver significant contributions to the profession, exemplify service to the diabetes community, demonstrate innovation in patient care, effectively communicate with those affected by diabetes, and be committed to the profession. Dr Bereolos is a clinical health psychologist with psychopharmacology training in private practice in McKinney, TX.



Legislation and Advocacy: Pat DeLeon Blogs

By Pat DeLeon, PhD, MPH, JD

“THERE’S NO ESCAPE, I CAN’T WAIT”

The Importance of Appreciating and Honoring the Past:

Under the leadership of President David Shearer, Division 55 has recently awarded Honorary Fellowship in the Division to several colleagues whose vision, over the years, laid the very foundation for the field of clinical psychopharmacology. In 1989, Norma Simon chaired the Board of Professional Affairs (BPA) special meeting during which BPA strongly endorsed immediate research and study regarding the feasibility and the appropriate curricula in psychopharmacology so that psychologists might provide broader service to the public and more effectively meet the psychological and mental health needs of society. Further, BPA strongly recommended that focused attention on the responsibility of preparing the profession to address current and future needs of the public for psychologically managed psychopharmacological interventions be made APA’s highest priority.

At the direction of the 1990 APA Council of Representatives, the ad hoc Task Force on Psychopharmacology was established and chaired by Michael Smyer. Its 1992 report concluded that practitioners, with combined training in psychopharmacology and psychological treatments, could be viewed as a new form of health care professional, expected to bring to health care delivery the best of both psychological and pharmacological knowledge. Further, the proposed new providers had the potential to dramatically improve patient care and make important new advances in treatment.

Finally, the Board further formally recognized the late Floyd Jennings for his pioneering success in 1986 in formally obtaining prescriptive authority within the Indian Health Service; John Sexton, who along with Morgan Sammons (already a Fellow of the Division), became the first graduates of the Department of Defense Psychopharmacology (PDP) training program



in 1994; and the late Jim Quillin and John Bolter who were the catalysts behind Louisiana’s far-reaching 2004 legislative success. As the field matures, it is important for future generations to appreciate the contributions of those who have gone before them and established the foundation for their successes.

The Association for Psychological Science (APS):

This spring James Jones, Judy Fox, and I had the honor of attending a special celebration recognizing Alan Kraut’s Lifetime Achievement Award from APS.

When Alan was working at APA he came up with the creative idea that just like the AMA, psychology should sponsor its own Black-Tie Dinners at our annual conventions. Not surprisingly, U.S. Senator Daniel K. Inouye was the first honoree. James: “Alan was a great colleague and friend during our time together at APA. He was, I believe, uniquely appropriate to lead APS from a nascent idea to a formidable and consequential scientific organization.”

Legislation & Advocacy: Pat DeLeon Blogs

“THERE’S NO ESCAPE, I CAN’T WAIT”

Sarah Brookhart (retired APS Executive Director; 2015-2020): “Alan Kraut, founding Executive Director of the Association for Psychological Science was honored with a special Lifetime Achievement Award at APA’s recent annual convention in Washington, DC. Alan led the organization for almost three decades, and was largely responsible for APS’s effectiveness as a scientific advocacy powerhouse.

“In presenting the award APS President Alison Gopnik said ‘Alan’s efforts changed the landscape for psychological science, bringing a new level of awareness and support from the public and importantly, from policymakers here in Washington. He was in the vanguard of such major accomplishments as the establishment of a separate directorate for behavioral science at the National Science Foundation, the creation of a behavioral science office at the National Institutes of Health, increased federal funding for behavioral science research and training, increased federal support for early career psychological scientists, and the establishment of a behavioral science office in the Obama Administration aimed at bringing our research to bear on government policies and programs.’

“Among other things, Alan also brought to APS a well-known sense of humor, reflecting his view that we could be serious about our science but not take ourselves too seriously. In keeping with this philosophy, the APS Board issued the following tongue-in-cheek proclamation (which was actually slated to be presented in 2020, but was delayed by COVID):

“WHEREAS, APS was established as the American Psychological Society in August 1998 by a vote of 400 psychological scientists; and WHEREAS, for its first year APS was an all-volunteer group, with membership files stored in one Board member’s bathtub, the APS Newsletter (later The Observer) assembled at another’s home, and the first APS convention planned at still another’s; and WHEREAS, Kraut consolidated the various operations of the

organization and created APS’s first professional office (albeit over a liquor store in a dicey section of Washington, DC); and, WHEREAS, within a year or two APS was what Kraut described as the ‘fastest growing scientific society in the known universe,’ with more than 5,000 members, a flagship journal Psychological Science, a successful annual convention, and several agenda-setting summits (and an office above a magic shop in a better neighborhood); and WHEREAS, within that same period, thanks to Kraut’s uniquely effective advocacy, APS became widely recognized as a forceful voice for psychological science in the policy arena; and WHEREAS, in the ensuing decades APS continued to grow on all fronts: membership, publications, convention, and impact on policy and public awareness of our science; and WHEREAS, Alan Kraut retired from APS in December 2015 after nearly 30 years at the helm; and WHEREAS, while Kraut’s accomplishments are too numerous to list here, his legacy is an international organization that today is more than 30,000 members strong, that through all of its activities protects and advances the interests of psychological science across all the areas within this diverse field (and still nicer offices); and WHEREAS, it is clear that APS would not have become what it is had it not been for the early and sustained dedication, energy, and humor of Alan Kraut during his decades at the helm; THEREFORE, BE IT RESOLVED that the Board of Directors bestows on Alan G. Kraut a special APS Lifetime Achievement award in recognition of his service and leadership of the Association.

“Following his retirement from APS in 2015, Alan served as Executive Director for the Psychological Clinical Science Accreditation System (PCSAS) until 2022 and he continues to work to advance the clinical science model of training. One can learn more about Alan and his incredible career at APS by viewing the very entertaining February 2020 episode of the APS series ‘Inside the Psychologist’s Studio’ [<https://www.psychologicalscience.org/publications/observer/obsonline/inside-the-psychologists-studio-with-alan-g-kraut.html>].”

Legislation & Advocacy: Pat DeLeon Blogs

“THERE’S NO ESCAPE, I CAN’T WAIT”

Timely Reflections from the Past: Nearly a decade ago in March 2014, approximately 500+ colleagues attended the 2014 State Leadership Conference in Washington, DC. Katherine Nordal, then Executive Director for Professional Practice, addressed the 31st Conference, appropriately named Creating Roadmaps for Practice. For the second year in a row, she stressed the importance of focusing upon health care reform implementation. “We’re facing uncharted territory with health care reform, and there’s no universal roadmap to guide us. The way the Affordable Care Act is unfolding reminds us that no single advocacy strategy for psychology can address the diverse legislative, regulatory and marketplace environments we see from one state to another.... Our country still doesn’t pay nearly enough attention to mental health and substance use treatment. We’ve carved out this treatment from medical care and made people jump through hoops to get the psychological services they need. And mental health is chronically underfunded. About 20 percent of our population experiences a mental health disorder in any given year, compared to a lifetime incidence of six percent for adults with cancer. We spend less than six percent of all health care dollars in this country on mental health care. And while we’ve certainly made some progress, where mental health is concerned, stigma is still a big issue.... As we confront serious problems and the uncertainty of a health care system in flux, psychology continues to demonstrate that we’re poised to face those challenges.

“Let’s remember that there’s no single advocacy strategy for supporting the profession’s future as the health care system evolves. The same is true for practitioners faced with mapping out plans for their own practices in the years ahead. It’s like using a roadmap. Some travelers take the interstate while others take the back roads. Many switch to alternate routes when they experience roadblocks. Similarly, practitioners may consider multiple paths in charting their future course, and make mid-course corrections as necessary.” And, most prophetically, “A combination of professional, marketplace, legislative

and regulatory developments encourages more collaborative, multi-disciplinary practice models. As the landscape shifts towards more integrated care, new reimbursement mechanisms will emerge. The demand for evidence-based practices and use of quality measures related to process and outcome, including behavioral health measures, will grow. And the increasing use of technology for electronic health record keeping and telepsychology service delivery will continue to evolve.”

Katherine noted that nearly half of the respondents to their APA survey indicated that they will increase their use of technology for professional purposes and will further diversify their practice activities and skills. She also reminded those present that organized medicine in Alabama had unsuccessfully attempted to get the phrase “diagnose and treat” struck from the Alabama psychology licensure law. And, she applauded Division 42 for highlighting “creative practitioners with an entrepreneurial spirit who are taking control of their practice future,” as was recently experienced by Uniformed Services University (USU) Doctor of Nursing Practice (DNP) psychiatric nurse practitioner graduate student LT Ria Rivera. “We achieve good results when psychologists get energized and commit themselves to making positive things happen.”

Future Interprofessional Leaders: As Katherine proffered, Division 42 has an impressive history of highlighting for its members and now with the advances occurring within the technology and communication fields for a broader audience, the exciting opportunities evolving within the practice environment. LT Ria Rivera: “Dr. Dana Ackley’s Division 42 ‘Fireside Chat’ sparked questions regarding scope of practice, lawsuits, and the freedom of client executive coaching. A psychologist by trade, he hasn’t been practicing as such in over 20 years. He now utilizes his skills to coach clients. This begs the question of ‘is he coaching’ or is utilizing his training in psychology to help his clients? If he is indeed utilizing his training as a psychologist, does he need an active license or is it covered since he has training in

Legislation & Advocacy: Pat DeLeon Blogs

“THERE’S NO ESCAPE, I CAN’T WAIT”

executive coaching and mentions to clients he isn’t a practicing psychologist? Could a lawsuit ensure if a client believes he is not operating in his coaching role, but as a psychologist? What is the full scope of an executive coach? While there appears to be a strong correlation between executive coaching and psychology which may have led Dr. Ackley to this career path, how do we separate the two? Psychology and psychiatric nursing are fields where our talents can be utilized in many different fields. Keeping an open mind may lead you into a different career path like Dr. Ackley.”

Licensure Mobility – The Maturing Vision: Alex Siegel, Director of Professional Affairs, Association of State and Provincial Psychology Boards: “The Psychological Interjurisdictional Compact (PSYPACT) which allows for increased access of care and continuity of care for providing psychological services across state lines continues to add new jurisdictions. As of June 2023, there are 40 jurisdictions, 36 effective, out of the total of 55, which have adopted and are currently part of the PSYPACT Commission. These include: AL, AZ, AR, CO, CT, CNMI, DE, DC, GA, ID, IL, IN, KS, KY, ME, MD, MI, MN, MO, NE, NV, NH, NJ, NC, OH, OK, PA, SC, TN, TX, WA, WV, UT, VA, WI, and WY. There are four additional states which have adopted PSYPACT but are not yet effective. Rhode Island and Florida will become effective July 1, 2023. While North Dakota has a tentative effective date of August, 1, 2023 and Vermont has a tentative effective date of July 1, 2024. There is currently active legislation in Massachusetts and New York.

“According to Janet Orwig, Executive Director of the PSYPACT Commission, as of June 2023, the Commission has issued 9,413 Authority to Practice Interjurisdictional Telepsychology (APIT) and 500 Temporary Authorization to Practice (TAP). The initial fee for both is \$40; the Commission recently created an annual renewal fee of \$20 for each. The APIT authorizes psychologists to practice interjurisdictional from their home state into the receiving state (where the patient is located). The TAP authorizes psychologists to temporarily physically provide face-to-face psychological services in the distant PSYPACT states.” “It’s in the air and it’s all around” (Toxic, Britney Spears).

Aloha,

Pat DeLeon, former APA President – Division 55 – June, 2023

What is your state's mental healthcare need?

By Judi Steinman, PhD

I'll get to my title in a few paragraphs. First, here is why I ask this question.

I teach psychopharmacology to MFT students and they do a psychopharmacology-related case presentation each semester. Some of them are doing clinical hours in a rehab setting, but others work with children or adolescents, so they see domestic trauma, ADHD and other issues. If they don't have a psychopharmacology-related case from their clinical training, then I encourage them to find something in the literature or their family. A last resort is to make up a case, although it has to be diagnosis- and medication-specific.

This week, a student presented about her father, a fire chief in between San Diego and Irvine California. His level of PTSD (related to the death of a fellow fire fighter who he tried to save from a building as it collapsed around them) led him down a path of substance use, RBD, passive suicidal ideation and depression. He refused to see either a therapist or a psychiatrist. Even as his daughter sought training as an MFT, he chose a "macho" position that you don't talk about feelings. He tried several antidepressants (prescribed by his primary) but never found one with which he was happy. He finally agreed to see a psychiatrist and had to wait for care. He ended up finding a satisfactory combination of lithium, hydroxyzine, clonidine (at bedtime for the RBD), propranolol PRN and he got a stellate ganglion block. He began seeing a therapist routinely through a unique state program that gives first responders access to therapists who also were first responders.

This case reminded me of the fact that California's repeated and unpredictable pattern of raging wildfires makes this a state-specific issue in terms of increasing access to care. First responders, like our military active-duty, require special considerations.



Over the years of seeking RxP in Hawai'i, we always made the most progress with legislators when hurricanes, earthquakes or lava actively threatened our communities.

In your efforts to move RxP forward in your state, I was wondering what the key factors are that might affect a legislator's decision to support RxP? In Iowa, the current issue is the farmers, but I remember that it was the death of a beloved sports coach that triggered the legislators to act. In large cities, it is overpopulated, underserved, racially diverse communities living in urban areas, sometimes in multilingual settings.

As we get ready for APA, I hope that you will seek me out or any of your Division 55 board members, to engage in a discussion as to what state-specific issues you might be facing that are important for enabling legislators to envision prescribing psychologists as part of the solution.

Judi Steinman, PhD
Division 55 Legislative and Social Action Committee
Chair

Teaching AI About RxP

By Ray Folen, PhD, ABBP

In this age of Artificial Intelligence, I thought that I'd share the following email string from Ray Folen (abbreviated below as RF), Executive Director of the Hawaii Psychological Association, past co-chair of Division 55's Fellowship Council and a good friend. I hope that you find it as entertaining and informative about the reliability of chatbots as I did! The moral of the story is make sure you proof anything from the chatbots, they don't know everything (yet)!

From Ray's conversation with ChatGPT on June 10, 2023:

–Judi Steinman



RF: Can psychologists prescribe medications?

ChatGPT: In most countries, psychologists are not authorized to prescribe medications.

Prescribing medication typically falls within the scope of practice of medical professionals, such as psychiatrists, primary care physicians, and psychiatric nurse practitioners. Psychologists, on the other hand, focus on the assessment, diagnosis, and treatment of mental and emotional disorders through various therapeutic techniques, including talk therapy and counseling. They work collaboratively with medical professionals when medication may be beneficial for a client's treatment, but they do not have the authority to prescribe or manage medications themselves.

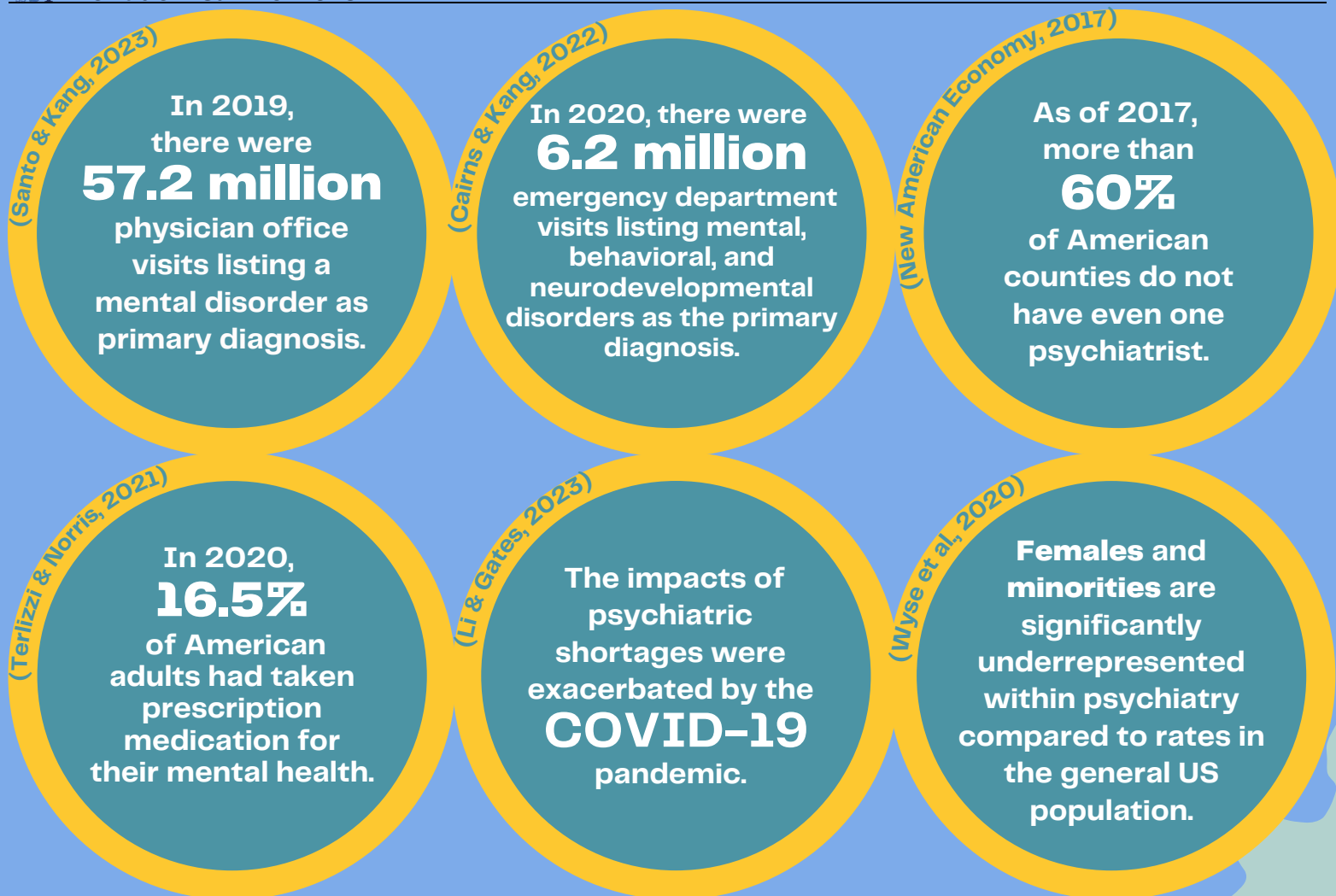
It's important to consult the regulations and laws specific to your country or region, as the scope of practice can vary. If you're seeking medication for a mental health condition, it is recommended to consult a psychiatrist or other qualified medical professional who can evaluate your needs and prescribe appropriate medications if necessary.

RF: Psychologists are now authorized to prescribe in a number of States.

ChatGPT: I apologize for any outdated information. You are correct that there have been changes in certain regions regarding the prescription privileges of psychologists. As of my last knowledge cutoff in September 2021, there were a few states in the United States where psychologists with additional training and qualifications could obtain prescription privileges. These states included Louisiana, New Mexico, and Illinois. However, please note that laws and regulations can change, and it's always best to verify the current regulations in your specific area or consult a local professional to get the most up-to-date information.

Ray let ChatGPT know of the six RxP states and it replied:

"Thank you for providing the updated information. I apologize for any confusion caused by my previous response. It's accurate that psychologists with additional training and qualifications are authorized to prescribe medication in the states you mentioned: Louisiana, New Mexico, Illinois, Iowa, Idaho, and Colorado. The specific requirements and limitations for prescribing privileges may vary between states, so it's important to consult the laws and regulations of the respective state for more detailed information".



Psychopharmacological training for clinical psychologists combined with increased prescriptive authority may help fill the need for quality treatment.

Common TV Advertised Drugs:
Fewer than one-third



rated as highly therapeutic

-JAMA Network

**Direct-to-Consumer
Television Advertising**

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Division 55 Board of Directors

2023

President	David Shearer, PhD, MSCP, ABMP (2023)
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Representative to APA Council	Joseph Comaty, PhD, MSCP (2023-25)
APAGS Student Representative	David Benitez, MS, CBIS (2023-24)

Interesting Links

Polypharmacy and Deprescribing
July 28, 2023

MDMA-assisted Therapy Might be Effective in Reducing Chronic Pain Among Individuals with PTSD
July 19, 2023

Stimulant Medications Not Associated with Substance Use Later in Life
July 18, 2023

The Danger of Dissing Antidepressants
July 6, 2023

Alcohol Causes More Widespread Harm than Meth and Other Illegal Drugs, Finds New Zealand Study
June 29, 2023

Attenuation of Psilocybin Mushroom Effects During and After SSRI/SNRI Antidepressant Use
June 8, 2023

Overcoming Fear of Flying: A Combined Approach of Psychopharmacology and Gradual Exposure Therapy
May 31, 2023

Self-treatment with Psychedelics: Users Report Moderate Benefits but with More Negative Effects
April 28, 2023

Does Single or Combined Caffeine and Taurine Supplementation Improve Athletic and Cognitive Performance without Affecting Fatigue Level in Elite Boxers? A Double-Blind, Placebo-Controlled Study
October 20, 2022

Get Comfortable Prescribing Psychopharmacology in Primary Care
December 12, 2022

Ketamine for the Treatment of Mental Health and Substance Use Disorders: Comprehensive Systematic Review
December 23, 2021

Discount!

PROMO CODE

div55

The Carlat Report Psychiatry

The Carlat Report Psychiatry is self-described as an unbiased monthly newsletter covering all things psychiatric. You can get a significant discount on the newsletter just for being a Division 55 member.

Subscribe

www.thecarlatreport.com

Student Corner:

RxP Interviews with Dr. Monica Hernandez and Dr. Orlando Rodriguez

By Shira F. Service and Teresa T. Juarez

For the inaugural article in The Tablet's Student Corner, we set out to hear from clinical psychologists practicing in the field, with the specific goal of learning from the experience of those with an MS in clinical psychopharmacology, practicing in areas with no prescriptive authority, and practicing in underserved regions. Accordingly, we interviewed two such psychologists working in the Rio Grande Valley in Texas, a state that has advocacy efforts towards prescriptive authority, but no authority yet granted.

Documented here are our interviews with Dr. Monica Hernandez, PhD, MSCP who practices in Edinburg and McAllen, Texas, and Dr. Orlando Rodriguez, PhD, MSCP who practices in Mission, Texas. Our interviews with Monica and Orlando were video recorded, and parts of those interviews are available for viewing in this article's [partner video](#).

The Rio Grande Valley in Mexico and Texas



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https://en.wikipedia.org/wiki/Lower_Rio_Grande_Valley#/media/File:RGV_map.jpg. Image by: Jmjosh90. The image has been cropped.



Interview With Dr. Monica Hernandez, PhD, MSCP

Where do you practice and what type of population do you currently serve as a clinical psychologist?

I do contract work at a group practice in Edinburg, Texas and I also have my own private practice office in McAllen, Texas. My patients span across all ages and various clinical diagnoses. The majority of patients that I have recently served are children between 2 years and 17 years of age with a diagnosis of ADHD, autism spectrum disorder, mood disorders, anxiety disorders, behavioral issues and impulse control disorders, and learning disorders. I also have seen an increase in older adults coming in for treatment of a mood disorder, anxiety disorder, and PTSD.

What made you decide to pursue a MS in Clinical Psychopharmacology?

I have always had an interest in mental health and medicine and found that the Clinical Psychopharmacology Program combined these two disciplines. I work in an underserved area and there is a great need for mental health practitioners. I have worked in mental health for over 20 years and have seen a growing need for psychiatrists. Many of my patients have to wait several months to get an appointment with a psychiatrist for a consultation and

Student Corner:

Interviews with Monica Hernandez and Orlando Rodriguez

prescription for psychotropic medications. It is very disheartening to see these patients have to suffer while waiting to get the medical attention that they need. There are devastating consequences to not getting adequate and timely treatment for mental health disorders. I see the MS in Clinical Psychopharmacology program as a step in the right direction to help improve accessibility to treatment. It's another treatment option that psychologists can provide to their patients.

What sets prescribing psychologists apart from other clinical professionals with prescriptive authority (e.g., MDs, APRNs)?

Prescribing psychologists are different when compared to other clinical professionals like medical doctors that are able to prescribe in that they have extensive training in providing different therapy

modalities to their patients. They can utilize different tools and techniques when working with their patients aside from medication that other professionals may not be trained to provide. One of the benefits of having a prescribing psychologist provide treatment to a patient suffering from a mental health disorder is that that they can also conduct psychological testing when there is a question regarding a differential diagnosis. There have been times when psychiatrists have been unsure of their patient's diagnosis and refer to a psychologist for testing before deciding the appropriate course of action in treatment. This delays the patient's treatment since they have to wait for an additional appointment with a psychologist for the evaluation and then wait for another follow up appointment with the psychiatrist to get the medication they need. With a prescribing psychologist, you have the benefit of getting the testing done at the same office and even by the same provider and this will shorten the time from initial consultation to treatment.

So, you are trained to prescribe medications as a psychologist, but do not have the rights to do so within Texas, is that correct? How do you see the Rio Grande Valley's mental health needs change if specially trained psychologists are granted prescriptive authority?

That's correct. I did complete my MS in Clinical Psychopharmacology at Fairleigh Dickinson University, but have not taken the PEP exam and do not have prescriptive authority. Texas is not one of the states that allow specially trained psychologists to prescribe, with the exemption of certain exempt agencies such as the VA and Indian Health Services. I really do see a great need for prescribing psychologists in the Rio Grande Valley. There is a shortage of psychologists and psychiatrists in the area and I believe that granting trained psychologists the ability to prescribe psychotropic medications would improve the accessibility of mental health services to the community.

“There are devastating consequences to not getting adequate and timely treatment for mental health disorders. I see the MS in Clinical Psychopharmacology program as a step in the right direction to help improve accessibility to treatment.

–Dr. Monica Hernandez

Student Corner:

Interviews with Monica Hernandez and Orlando Rodriguez

What advice would you give any aspiring prescribing psychologists (students, etc)?

I would commend any aspiring prescribing psychologist for taking the necessary steps to help improve the mental health of their community. I found the program to be very informative and comprehensive so the advice I would give to students is to stay focused on the material, take notes, ask a lot of questions, network with other students, and if possible, see if there are opportunities to volunteer at a psychiatric practice. Networking and forming important connections with psychiatrists and other professionals will make it easier to find places where you can get your hours for your practicum or internship.

Are there any suggestions that you would like to share for those interested in supporting prescriptive authority for psychologists?

I would suggest the importance of getting involved in their local community and state government and talking to the necessary officials of the importance of signing a bill into law and passing legislation that will allow a path for psychologists to gain prescriptive authority. There is always a need for more people to push forth the prescriptive authority for psychologists movement. Advocating for mental health services and improving accessibility of these services to all that are in need is very important. There needs to be more professionals taking action and educating law makers of the importance of mental health, the mental health needs of their community, the shortage of mental health practitioners, and the likely solution of this shortage by allowing trained psychologists to prescribe.

-End of interview-



Interview With Dr. Orlando Rodriguez, PhD, MSCP

Where do you practice and what type of population do you currently serve as a clinical psychologist?

I practice at RDZ Psychological Clinic in Mission, Texas. Typically, I see patients between the ages of 3 to 18.

What made you decide to pursue a MS in Clinical Psychopharmacology?

I have always had an interest in medicine. This program gave me the opportunity to learn about medicine as it relates to my field of clinical psychology.

“
...Our approach to
evaluating a disorder
is more
comprehensive and
standardized.”

-Dr. Orlando Rodriguez

Student Corner:

Interviews with Monica Hernandez and Orlando Rodriguez

What sets prescribing psychologists apart from other clinical professionals with prescriptive authority (e.g., MDs, APRNs)?

Compared to nurses or physician assistants, and primary physicians, we have a better understanding of psychological disorders. Compared to psychiatrists, our approach to evaluating a disorder is more comprehensive and standardized.

So, you are trained to prescribe medications as a psychologist, but do not have the rights to do so within Texas, is that correct?

That is correct. Currently, the state of Texas has not passed a law yet that would allow specially-trained psychologist to prescribe.

Our valley is currently underserved by prescribing and properly trained clinicians. This gap would be closed significantly if psychologists were allowed to prescribe.

–Dr. Orlando Rodriguez

How do you see the Rio Grande Valley's mental health needs change if specially trained psychologists are granted prescriptive authority?

There would be a tremendous change. Our valley is currently underserved by prescribing and properly trained clinicians. This gap would be closed significantly if psychologists were allowed to prescribe.

What advice would you give any aspiring prescribing psychologists (students, etc)?

While we don't have privileges yet in Texas, don't let that stop you from further educating yourself in medicine.

Are there any suggestions that you would like share for those interested in supporting prescriptive authority for psychologists?

I would encourage anyone interested in this specialty to speak with law makers about the importance of mental health services in our valley especially as it relates to our need to fill a prescriptive void.

-End of interview-

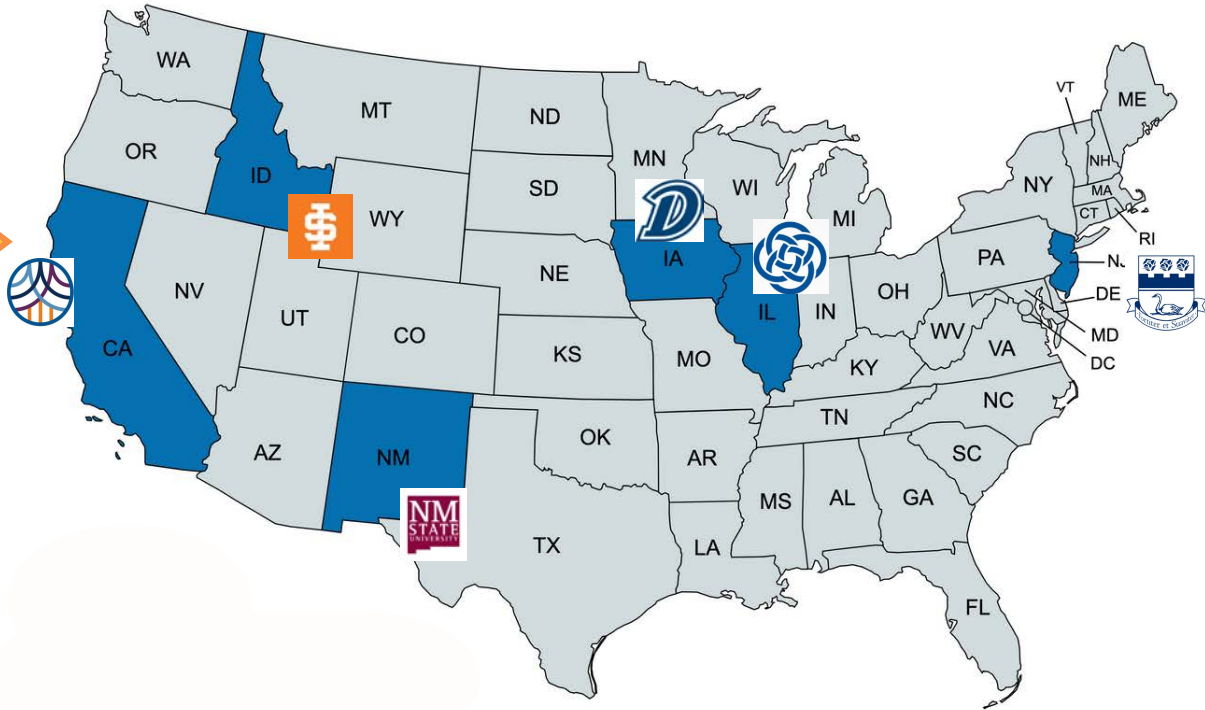
We want to thank Dr. Hernandez and Dr. Rodriguez for sharing from their experience and providing valuable guidance. Thank you to both for participating in our video interview and helping to make this insight more accessible in multiple formats.

Click here to go to this article's partner video.



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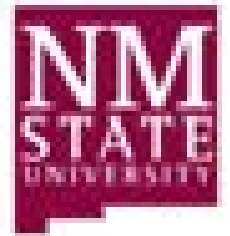


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Division 55 Councils

Div. 55 has various councils that serve an integral role in carrying out the division's mission of increasing access to quality psychopharmacotherapy through advocating nationwide for appropriately trained psychologists to prescribe psychotropic medications. Specifically, the mission of the **Diversity Council** is to promote inclusion of diversity-relevant issues in the administration of Div. 55, to provide information and services relating to diversity to Div. 55 membership, and to provide representation within APA on the intersection of diversity and psychopharmacotherapy within APA governance. The purpose of the Div. 55 **Research Council** is to promote dissemination of high-quality, evidence-based research related to the causes of and treatments for mental illness and substance use disorders. The purpose of the **Training Council** is to monitor, coordinate and ensure that training in clinical psychopharmacology includes APA requirements, current clinical practice and relevant knowledge.

The Tablet: Editorial & Design Team



We welcome back
Teresa T. Juarez, MEd,
Shira F. Service, BFA, and
Rita M. Rivera, MS.,
who worked to design and format this
edition of *The Tablet*.

Notice Guam & various logos in this edition of The Tablet?

In our last issue, we placed images of the six states granting prescriptive authority to psychologists throughout the edition of The Tablet. Here, we highlight jurisdictions and one U.S. territory that grant prescriptive authority to specially-trained licensed psychologists.



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