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REPORT OF THE CUDCP TASK FORCE EVALUATING THE EFFECT OF LEVEL 3
TRAINING IN PRESCRIPTION PRIVILEGES UPON THE SCIENTIST-PRACTITIONER
MODEL

Established at the January 2001 Mid-Winter Meeting, Santa Barbara

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TASK FORCE'S OBJECTIVES

Since 1996, it has been APA policy to promote training for independent (Level 3) prescriptive authority (RxP) at both the pre-doctoral and post-doctoral levels and to pursue enabling legislation. This policy is documented as follows:

The PREAMBLE of the 1996 APA policy document RECOMMENDED POSTDOCTORAL TRAINING IN PSYCHOPHARMACOLOGY FOR PRESCRIPTION PRIVILEGES states:
"The training program outlined here was conceived as a postdoctoral experience in order to accommodate practitioners already in the field who might wish to achieve prescription privileges in full- or part-time postdoctoral training. The same curriculum and practicum experiences could be incorporated into an expanded predoctoral curriculum in programs that so wish. These programs could then accept students who would enter their graduate education with the goal of a professional practice that includes prescription privileges."

The 1996 APA model legislation states under part **C Initial Application Requirements for Prescriptive Authority** section (3): "Completion of a program of education in an organized program of intensive didactic instruction as defined by the [state board of psychology] within the five-year period immediately preceding the date of application, consisting of" and section (4) Having obtained supervised and relevant clinical experience ...within the five-year period immediately preceding the date of application."

There is no mention in the model law that indicates the training must be predoctoral or postdoctoral. The model law does state the applicant must be licensed at the time of application for certification.

The task force set out to evaluate the potential impact of APA policy on the scientist-practitioner model at universities. We addressed this question by reviewing information that allowed us to: (1) Compare the Level 3 training proposals to the level of training required by other prescribing professions; (2) Evaluate the potential effect of the proposed Level 3 RxP training models in terms of current and developing curricula at the undergraduate, graduate, post-doctoral, and continuing education levels, standards of graduate training, allocation or reallocation of faculty and training and research resources, length of completion of the BA and Ph.D. degrees,, and financial costs to universities and students; and (3) Inspect requirements of currently offered training programs Conclusions and recommendations about the impact of RxP upon the scientist-practitioner model are offered.

BACKGROUND MATERIALS REVIEWED

CUDCP Board Meeting Minutes February 1995

"Whereas the practice of Clinical Psychology should be based on scientific knowledge; and whereas scientific knowledge at the psychological level of analysis has contributed greatly to the understanding and amelioration of human suffering; and whereas adequate training in psychological science and its application requires many years of study, and while it can prepare clinical psychologists to research drug effects, it does not provide competence for prescribing psychoactive drugs; and whereas collaboration between well-trained clinical psychologists and medical practitioners can provide responsible and effective combined treatments when medication is required; be it therefore resolved that: It is premature to extend prescription privileges to clinical psychologists."

The American College of Neuropsychopharmacology's Evaluation Report and Final Summary (Summer 2000) on the DoD Psychopharmacology Demonstration Project

A summary of Level 3 training according to Smyer, M.A., Balster, R.L., Egli, D., Johnson, D.L., Kilbey, M.M., Leith, N.J., & Puente, A.E. (1993). Summary of the report of the ad hoc task force on psychopharmacology of the American Psychological Association. Professional Psychology: Research and Practice, 24, 394-403.

American Psychological Association Division 40 (Clinical Neuropsychology) Records (Mss. 4745) Final Report of the Blue Ribbon Panel Professional Education Task Force of the California Psychological Association and the California School of Professional Psychology –Los Angeles (1995)

APA Model Training in Psychopharmacology for Prescription Privileges (1996)

APA Model Legislation for Prescription Privileges (1996)

Current Level 3 training programs listed in the APA Monitor and the Division 55 website

An article by Lee Sechrest and Jim Coan (in press, Journal of Clinical Psychology) comparing training requirements of the APA ad hoc task force on psychopharmacology with those required for physicians, dentists, physician assistants, nurse practitioners, and optometrists

An article by Mervyn Wagner (in press, Journal of Clinical Psychology) on the estimated costs of the APA model curriculum for programs and students

An article by Elaine Heiby (in press, Journal of Clinical Psychology) that includes legislative testimony by APA in favor and by AAAPP against RxP and identifies 6 issues involved in the debate.

TASK FORCE FINDINGS

(1) Compare the Level 3 training proposals to that required by other prescribing professions

Definition of Level 3 Training (independent prescriptive authority)

At least four training models for independent prescriptive authority for psychologists have been proposed. Therefore, several definitions of Level 3 training exist. Some training proposals describe the requirements in terms of contact hours and others in terms of semester hours. It is assumed that one semester hour is equivalent to about 16 contact hours.

The DoD Psychopharmacology Demonstration Project (PDP) is the only training program that has been evaluated and only with post-doctoral students. The PDP involved at first 1418 and later 712 didactic instructional contact hours (approximately 45 semester hours over 2 years of full time study) at Walter Reed Army Medical Center and a nine-month to year-long full time residency working in multidisciplinary teams (a total of 3 years of full time training). The American College of Neuropsychopharmacology's Evaluation Report and Final Summary (Summer 2000) indicated that the graduates exhibited "medical knowledge comparable to 3rd or 4th year medical students and psychiatric knowledge comparable to 2nd or 3rd year psychiatry residents" (p.6). However, the graduates were deemed as competent prescribers who obtained consultations and made referrals appropriately. The report also indicated that all 10 of the PDP graduates "considered the 'short-cut' programs proposed in various quarters to be ill-advised" (p.7). The report did not specifically indicate the targets of this comment.

An APA task force (Smyer et al., 1993) developed recommendations for a didactic training program. The task force recommended about 25 to 30 undergraduate semester hour prerequisites similar to those required for entry to medical or nursing schools (e.g., biology, chemistry). For clinical doctoral programs, 26 semester hours (approximately 416 contact hours) of medical courses were recommended. For postdoctoral programs, 34 semester hours (approximately 544 contact hours) were recommended. The task force also recommended an unspecified practicum experience.

In 1995, APA Division 40 (Clinical Neuropsychology) published the report of a blue ribbon panel (convened by the California Psychological Association and the California Schools of Professional Psychology-Los Angeles) issuing training standards at the post-doctoral level only. The training includes an unspecified amount of prerequisite training in the biobehavioral sciences at the undergraduate, graduate, or postdoctoral level. The didactic curriculum involves 396-570 contact hours (approximately 25-36 semester hours). An 18-month inpatient and outpatient practicum with supervision for two hours a week by a “qualified practitioner” (p.8) is also required. The program is designed to be completed in two years if didactics and practicum were taken concurrently.

In 1996, the APA Council adopted a training model for both pre- and post-doctoral programs. This model has become a guideline for enabling legislation for prescriptive authority introduced in several states. Prerequisites include “demonstrated knowledge of human biology, anatomy and physiology, biochemistry, neuroanatomy, and psychopharmacology” (p.2). The training also involves 300 contact hours of graduate level didactic instruction (approximately 19 semester hours) and a practicum that includes at least 100 patients seen in both inpatient and outpatient settings with two hours a week of supervision by “qualified practitioners with demonstrated skills and experience in clinical psychopharmacology” (p.5). It is difficult to ascertain the duration of the program, but it appears to be at least two years. All current training programs described further below claim their curricula were developed in light of the 1996 APA training model. Content of the 300 hours of coursework APA recommended is listed below.

NEUROSCIENCES:

- Neuroanatomy
- Neurophysiology
- Neurochemistry

CLINICAL AND RESEARCH PHARMACOLOGY AND PSYCHOPHARMACOLOGY:

- Pharmacology
- Clinical Pharmacology
- Psychopharmacology
- Developmental Psychopharmacology
- Chemical Dependency and Chronic Pain Management

PATHOPHYSIOLOGY (Anatomy, Physiology, Common pathological states and individual differences)

PHYSICAL ASSESSMENT AND LABORATORY EXAMS (medical charts, physical exams, laboratory and radiological examinations)

PHARMACOTHERAPEUTICS:

- Professional, ethical, and legal issues
- Psychotherapy/pharmacotherapy interactions
- Computer-based aids to practice
- Pharmacoepidemiology

Comparisons to training requirements of other prescribing professions

All of the Level 3 training models proposed since the three year PDP have reduced the number of requirements. The APA model involves the least amount of training at approximately two years plus ill-defined prerequisites. None of the training programs other than the PDP has been evaluated. However, Sechrest and Coan (in press) compared the APA task force proposal (Smyer et al., 1993), which is similar to the recommendations of the APA blue ribbon task force (1995), to didactic requirements in other prescribing professions. Sechrest and Coan described undergraduate prerequisites and graduate didactic training in medical, dental, physician assistant, nurse practitioner, and optometry programs. They concluded that the proposal of Level 3 didactic training by the task force (Smyer et al., 1993) was comparable to the level of medical training characteristic of other prescribing professions. They did not compare practicum training requirements across programs.

The APA pre- and post-doctoral training model includes fewer didactics than earlier proposals and fewer medical science requirements than other prescribing professions. Given the recommendations of the PDP graduates to not reduce the three year training model, there is good reason to evaluate the adequacy of the reduced APA training model. If the APA training model were adopted, psychology would no longer adhere to the highest standards of professional training. Indeed, it would represent the least medical training of any prescribing profession. Whether less training is adequate remains an empirical question.

(2) Evaluate the effect of the proposed Level 3 RxP training models in terms of current and developing curricula at the undergraduate, graduate, post-doctoral, and continuing education levels, allocation or reallocation of faculty and training and research resources, length of completion of the BA and Ph.D. degrees, and financial costs to universities and students.

Changes in undergraduate, graduate, and post-doctoral training

The adoption of Level 3 training (including prerequisites) at universities would involve either deletion of training in psychology or an extension in duration and type of training. None of the Level 3 training proposals recommended the elimination of psychology courses from departments of psychology.

It should be pointed out that Level 1 (Basic Psychopharmacology Education) training recommended by Smyer et al. (1993) would not overhaul departments of psychology. Level 1 training involves a graduate course in physiological psychology and in psychopharmacology. Departments with APA-approved clinical programs and those with no applied programs most likely already offer these courses or could do so with one psychology faculty specializing in behavioral neuroscience.

The number of courses required for the undergraduate major would be nearly doubled in order to accommodate Level 3 prerequisites in the natural and life sciences as recommended by Smyer et

al. (1993). Undergraduate level prerequisites in the APA training model lists 6 courses in the natural and life sciences. The number of courses required at the doctoral level of training would extend the Ph.D. about two additional years (three if the PDP model were adopted). University-based departments of psychology would need to require at least seven additional graduate courses in the medical sciences as well as medically oriented practicum if the APA training model were adopted.

If psychology training were extended, substantial resources would be needed for additional faculty with expertise in medicine and for supporting graduate students for more years of study. Cross-fertilization between basic and applied psychology could continue and development of evidence-based practice would most likely also include more medical interventions.

If some of psychology training were deleted, universities would have fewer psychology faculty and students dedicated to studying, disseminating, and contributing to psychological knowledge. There would be less cross-fertilization between basic and applied psychology and less development in evidence-based practice. Rather than retrenching, some universities may elect to eliminate clinical programs.

It is possible that the APA and other proposed RxP training models could make substantial changes in terms of the number and type of scholars drawn to the discipline. Students who now pursue psychology may choose to study other social sciences if the undergraduate major becomes premedical. The number and type of students drawn to graduate training in all of psychology, not just clinical, may also change as graduate and continuing education requirements become not only more extensive but medicalized. It is possible that students entering psychology would be more interested in the medical sciences than in psychological science. Sechrest and Coan (in press) found that only three university departments of psychology have any physical or life science requirements for admission to graduate programs.

Cost of training to universities and students

To help determine whether universities adopting Level 3 training at the predoctoral level would reduce the number of faculty trained in psychology or expand departments to accommodate the extended training, it is helpful to consider the financial costs of an expansion. Wagner (in press) estimated the cost of the APA Level 3 training model for a southern state university. Costs may be higher in other parts of the country and at private universities. In addition, Wagner's estimates do not include undergraduate prerequisites and are based on the assumption that graduate courses are taught by lecturers rather than tenure-track faculty.

Assuming it costs a student \$10,000 per year to live and assuming a university would not extend a tuition waiver worth \$10,000 or stipend for the additional years of graduate training, Wagner estimates completion of the APA Level 3 training would cost each student about \$40,000. Considering the student would have been making at least \$40,000 a year by earning the Ph.D. earlier without Level 3 training, the cost to each student would be about \$120,000. Of course,

these estimates do not include interest paid on loans or opportunity loss on income if it had been invested.

If adjunct faculty with Ph.D.'s rather than M.D.'s were hired to teach at least seven didactic courses represented in the APA Level 3 training, Wagner (in press) estimates additional class coverage expenses would be about \$108,500 per year. There would be additional costs for the clinical practicum supervisors. Wagner estimates the practicum would cost \$29,000 per year per student to provide. Therefore, the cost to a southern state university to provide APA Level 3 training would be at least \$137,500 per year if one student were enrolled. If 10 students were enrolled, the cost would be \$398,500 per year owing to the increase in cost of the practicum.

3) Inspect requirements of currently offered training programs

Currently offered RxP programs have adopted the APA's definition of Level 3 training. Therefore, they provide some information on how the APA model has been operationalized so the university faculty and curriculum resource needs are easier to ascertain. We describe current training models in terms of the following:

- (a) nature of didactics (on campus vs. distance learning; curriculum)
- (b) nature of practicum
- (c) entry criteria (prerequisites; standardized test scores)
- (d) comparison to the APA model training

We reviewed 10 training programs that were listed in the *APA Monitor* (March, 2000) as providing specialized psychopharmacology training for psychologists according to www.apa.org/divisions/div55/bullbd.html. Of the 10 programs listed, no information was found for one (Forest Institute).

The 9 programs with information on their websites or brochures differ in their curriculum or available information. Of the 9 programs, 3 offer distance learning only, 3 offer both on campus and distance learning, and 3 are offered on campus only. Of the 9 programs, 7 are post-doctoral, 1 is pre-or post-doctoral, and 1 does not specify. None of the 9 training programs reviewed stated they required the prerequisites in the natural and life sciences recommended by the APA training model for the Smyer et al. model. The 2 CSPP programs in Louisiana and Texas appear to match the APA didactic curriculum but it is unclear if the practicum is offered. The remaining 7 didactic programs either were lacking in some courses recommended by APA or gave titles to courses that made it difficult to ascertain if they matched the APA training model. However, 6 of those 7 programs indicate they offer or intend to offer a practicum in lines with APA's recommendation. Most indicate that they aim to meet APA's Level 3 training or eventual licensing criteria. Program details are listed below.

#1 Louisiana Psychological Association, administered by the California School of Professional Psychology. Contact: John Bolter, PhD, (225) 769-2200. <http://www.cspp.edu/cspp/#postdoc>

Task force has requested curriculum from two sources (D. John Bolter & Dr. Steven Tulkin) but not yet received. There is a training cohort now that finishes in April 2002. They report that they don't know when they'll have "enough interest" for another class. They plan to add a class in Maryland this year. We did find information from the CSPP website on RxP programs.

(a) nature of didactics (on campus; distance learning): 6 courses or 384 credits offered both "live" and via videoconferencing. Content of courses include the following:

Clinical Biochemistry
Neurosciences
 Neuroanatomy
 Neurophysiology
 Neurochemistry
Pathophysiology/Clinical Medicine
Pharmacology and Psychopharmacology
 Pharmacology
 Clinical Pharmacology
 Psychopharmacology
 Special Populations in Psychopharmacology
 Chemical Dependence
Basic Physical Assessment and Laboratory Exams
Pharmacotherapeutics
 Professional, ethical and legal issues
 Psychotherapy/pharmacotherapy interactions
 Pharmacoepidemiology
 Computer-based aids to practice

(b) nature of practicum: none indicated

(c) entry criteria (prerequisites; standardized test scores): licensed psychologist or doctorate from an APA-approved program

(d) whether appears to meet Level 3 training standards; provides a MS degree in clinical psychopharmacology with no claims regarding Level 3 training; however, the coursework does appear to match the recommendations of the APA training model

#2 Georgia Psychological Association, University of Georgia and Georgia State University.

Contact: Cal Vanderplate, PhD, (404) 352-4348.

<http://www.gapsychology.org/LEGISLATIVE/index.htm>

(a) nature of didactics (on campus; distance learning); unclear but appears to be on campus; Coursework includes 300 contact hours covering the following:

Neurophysiology and neurochemistry
Neuroanatomy

Physical assessment
Lab testing
Pathophysiology
Pharmacology
Clinical pharmacology
Psychopharmacology
Proseminar
Pain management
Chemical dependency
Gender/Ethnic Issues

(b) nature of practicum; none clearly specified but intent is to meet APA's 100 patients standard

(c) entry criteria (prerequisites; standardized test scores): licensed psychologist

(d) whether appears to meet Level 3 training standard: courses not listed but recommended by APA training model include psychotherapy/pharmacotherapy interactions, computer-based aids to practice, and pharmacoepidemiology

#3 American School of Professional Psychology, Hawaii Campus. Contact: Raymond Folen, PhD, (808) 735-0109. <http://www.hawaii.gov/dbedt/edu/aspp.html>
<http://www.aspp.edu/hi.html>

(a) nature of didactics (on campus; distance learning): on campus with 324 contact hours of instruction; 9 courses; 27 graduate course credits; information varies in brochure and website.

Website indicates content includes the following:

Neuroscience
Psychopharmacology/Pharmacology
Pathology
Physical Assessment/Laboratory Analysis.

The brochure (2000) lists the following courses:

Neuroanatomy
Neurochemistry
Pharmacology
Clinical Pharmacology
Psychopharmacology
Physical exam and labs
Pathophysiology
Seminar

Special issues

(b) nature of practicum: one year at website under supervision of a certified board psychiatrist; none mentioned in brochure

(c) entry criteria (prerequisites; standardized test scores): licensed psychologist or doctoral diploma in brochure; doctorate on website

(d) whether appears to meet Level 3 training standards; states prepares for successful completion of the APA Psychopharmacology Examination for Psychologists in brochure; on website states provides Level 3 training; Unless these topics are covered in the Seminar and Special Issues classes, the following APA model courses are omitted: neurophysiology, developmental psychopharmacology, chemical dependency, pain management, computer-based aids to practice, and pharmacoepidemiology.

#4 Texas Psychological Association, California School of Professional Psychology and Texas A&M University. Contact: David White, CAE, (512) 454-2449.

<http://www.cspp.edu/cspp/#postdoc>

Email to Dee Yates regarding TPA curriculum, etc. Reply stated, "We don't offer a program at this time. There are several programs in Texas; however. PPR is presently offering their program. CSPP is in process of trying to get approval from our state commission on higher education so they can offer the program again. Texas A&M has a continuing education program to be offered first time in Jan 2002 and is described basically the same as APA recommends.

See CSPP curriculum under #1 above

#5 Florida Psychological Association and Nova Southeastern University. Contact: Kim Walsh, (954) 262-5790. <http://cps.nova.edu/>

(a) nature of didactics (on campus; distance learning); on campus; 395 hours of instruction

PSY 9500 Neuroanatomy / Neuropathology (1.5 credits)

PSY 9505 Neurophysiology (1.5 credits)

PSY 9510 Neurochemistry (1.5 credits)

PSY 9507 Introduction to Organic Chemistry and Biochemistry (1.5 credits)

PSY 9515 General Pharmacology (4 credits)

PSY 9520 Clinical Psychopharmacology (4 credits)

PSY9525 Developmental Psychopharmacology (1.5 credits)

PSY 9530 Chemical Dependency and Pain Management (1.5 credits)

PSY 9535 Pathophysiology (4 credits)

PSY 9540 Introduction to Physical Assessment and Laboratory Exams (3 credits)

PSY 9545 Professional, Ethical, and Legal Issues (1.5 credits)

PSY 9550 Psychotherapy/Pharmacotherapy Interactions (1 credit)

PSY 9555 Computer-Based Practice Aids (.5 credit)

PSY 9560 Pharmacoepidemiology (1 credit)

PSY 9570 Practicum I: Psychopharmacology (2.5 credits)
PSY 9576 Practicum II: Psychopharmacology (2.5 credits)

(b) nature of practicum: self-arranged; 200 hours (unclear if includes supervision) and 100 patients/clients

(c) entry criteria (prerequisites; standardized test scores): licensed psychologist or doctorate from an APA-approved program

(d) whether appears to meet Level 3 training standards; provides a Masters degree in clinical psychopharmacology; claims to meet APA model; appears to meet APA model except for a course in clinical pharmacology

#6 The Psychopharmacology Institute. Contact: Matthew Nessetti, PhD, (402) 423-6990. APA approved CE provider; <http://www.nmhc-clinics.com/pages/TPI/ppp.html>

(a) nature of didactics (on campus; distance learning); 20 distance learning prescription privilege preparation program; 360 hours

(b) Courses:

Neurobiology I: Anatomy & Physiology/Neuroanatomy & Neurophysiology I

Neurobiology II:

Neurobiology III

Neurobiology IV

Basic Principles of Pharmacology

Advanced Principles of Pharmacology

Basic Principles in Psychopharmacology

Advanced Principles in Psychopharmacology

Pharmacopsychology I: Diagnostic groups & psychopharmacological intervention I

Pharmacopsychology II: Diagnostic groups & psychopharmacological intervention II

Pharmacopsychology III: Integration of Psychotherapy, Psychodiagnositics, & Psychopharmacology

Pharmacopsychology IV: Integration of Psychotherapy, Psychodiagnositics, & Psychopharmacology II

Pharmacopsychology V: Special populations & multicultural differences

Assessment and lab I

Assessment and lab II

Advanced Pharmacotherapeutics I

Advanced Pharmacotherapeutics II: Pharmacoeconomics

Ethical & Legal Issues/Advocacy/Pharmacoeconomics

Case Presentations & Grand Rounds in Psychopharmacology

National Examinations in Psychopharmacology for Psychologists Preparation Course

- (b) nature of practicum: Nebraska Mental Health Centers or self-arranged
- (c) entry criteria (prerequisites; standardized test scores): none specified
- (d) whether appears to meet Level 3 training standards; described as Level 3 and claims to prepare for APA Psychopharmacology Exam for Psychologists; it is difficult to assess if the curriculum meets APA model as course titles are not exactly the same as those in the APA model

#7 Prescribing Psychologists Register and The Fielding Institute offer seminars in various areas. Contact: (305) 931-3552. ; <http://www.pprpsych.com/index.html>

- (a) nature of didactics (on campus; distance learning): distance; 300 hours; content not specified on website
- (b) nature of practicum: none specified
- (c) entry criteria (prerequisites; standardized test scores): licensed psychologist or student (status of student unclear)
- (d) whether appears to meet Level 3 training standards; claims to be comparable to APA recommended training and promises to lobby to have PPR training included in enabling legislation; unclear if curriculum meets APA model training

#8 Forest Institute, Springfield, Missouri. Contact: Richard Cox, PhD, (800) 424-7793. <http://www.forest.edu/>

NO INFORMATION ON LEVEL 3 TRAINING AT WEBSITE

#9 Massachusetts School of Professional Psychology. Contact: Stanley Berman, PhD, (617) 327-6777. http://psychopharm.mspp.edu/About_MSPP.asp

- (a) nature of didactics (on campus; distance learning): campus or distance; 378 contact hours
- Human anatomy, physiology, and pathophysiology
- Structural and functional organization of the nervous system
- Brainstem, hypothalamic, and limbic functions
- Sensory systems anatomy and physiology
- Motor systems anatomy and physiology
- Behavior and cognition
- Principles of pharmacology
- Principles of psychopharmacology
- Psychopharmacotherapeutics
- Introduction to physical assessment and laboratory
- Concluding integrative seminar

- (b) nature of practicum: none specified
- (c) entry criteria (prerequisites; standardized test scores): licensed psychologist, physician, or nurse practitioner
- (d) whether appears to meet Level 3 training standards: provides a M.S. degree in Clinical Psychopharmacology; intention is to meet APA training guidelines; current program appears to not include the following aspects of APA model: neurochemistry, clinical pharmacology, developmental pharmacology, chemical dependency, and pain management. It is assumed that pharmacotherapeutics would include APA's recommended coverage of ethics, psychotherapy/pharmacotherapy interactions, computer-based aids to practice, and pharmacoepidemiology.

#10 Fairleigh Dickinson University in concert with Global HealthEd. www.fdu.edu; <http://www.globalhealthed.com/psychrx/psychopharmacology.htm> (877) 471-1454

- (a) nature of didactics (on campus; distance learning); distance
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Courses 1&2: Biological Foundations I & II (8 wks each.)

Course 3: Neuroscience (8 wks)

Course 4: Neuropharmacology (8 wks)

Course 5: Clinical Pharmacology (8 wks)

Course 6: Professional Issues & Practice Mgt. (8 wks)

Course 7-10: Treatment Issues in Psychopharmacology: A Case Study Approach (8 wks each)

Course 7: affective d/o

Course 8: psychotic d/o

Course 9: anxiety d/o

Course 10: Other d/o

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- (b) nature of practicum: After successfully completing the coursework, one may enroll in the clinical practicum. Will adhere to APA model and require at least 100 supervised hours (supervisor is MD/OD).

- (c) entry criteria (prerequisites; standardized test scores); post-doctoral

- (d) whether appears to meet Level 3 training standards: not mentioned on global health website; difficult to ascertain as course titles are not consistent with those used by the APA model.

Additional Level 3 training program options

There exist alternatives for psychologists to obtain prescriptive authority not listed above. Felician College offers an accelerated Masters of Science in Nursing Program for individuals with a doctorate degree. Graduates will be eligible to sit for the National Council of State Board of Nursing Licensure Examination for Registered Nurses and the national certification examination for adult nurse practitioners. This program has no apparent effect upon university-based scientist-practitioner programs.

The Medical University of the Americas on Nevis island in the Caribbean offers a four-year joint Psy.D. – M.D. program which is designed to meet APA standards for psychology training and eligibility for medical licensure in the U.S. (www.medicaluniversity.org/). The psychology portion of the curriculum is as follows:

History & Systems of Psychology
Research Design & Statistics
Cognition & Intelligence
Personality Assessment
Social Psychology
Racial & Ethnic Basis of Behavior
Cognitive/Affective Basis of Behavior
Integrative Seminar

Joint programs such as this one could readily impair the scientist-practitioner model given the lack of coverage of psychosocial treatment and preventive strategies. While the joint program's website claims the curriculum meets APA standards, it is the opinion of this task force that it does not. Joint M.D. programs that reduce training in psychology could result in graduates with a strong identity with the medical profession and a weakened identity with professional psychology.

CONCLUSIONS AND RECOMMENDATIONS

(A)

There are at least four Level 3 training model proposals, excluding executive nursing and joint PsyD-MD programs. Only the three-year PDP model has been evaluated and deemed adequate. The APA training model involves about half as much training as the PDP and other prescribing professions. Current Level 3 training programs guided by the APA policy do not inform the question of the impact upon the scientist-practitioner model as these programs are diverse and difficult to generalize to university departments of psychology (e.g., many distance learning; most offered by professional schools or private continuing education companies; most post-doctoral). Therefore, the APA Level 3 training model remains experimental with unknown adequacy. Before the APA training model is adopted at the pre- or post-doctoral level, it is important to demonstrate its adequacy in maintaining high training standards in the tradition of the scientist-practitioner model. Once the adequacy of a Level 3 training program has been established, it is also important that the quality of Level 3 programs be monitored.

(B)

While all but two (PPR and The Psychopharmacology Institute) current Level 3 training programs are at the post-doctoral level, there is a clear risk that future programs will be moved to the predoctoral level. All of the proposed Level 3 training models would result in either an

expansion or retrenchment of departments of psychology if adopted at the predoctoral level or if prerequisites are to be completed at the undergraduate or predoctoral level. An expansion could enhance the scientist-practitioner model and development of biopsychosocial prevention and treatment programming. Retrenchment would impair the scientist-practitioner model. A Level 3 training model can be adopted only if university administrators provide the faculty and other financial resources needed by departments of psychology. Of course, the degree to which faculty and students are interested in the training would affect such decisions.

It is recommended that CUDCP conduct a membership survey of undergraduate and graduate psychology students, faculty, and administrators who are familiar with the Level 3 curricula and costs. Such a survey would help in assessing whether universities would elect to expand the resources needed for Level 3 training, retrench departments of psychology by reallocating resources away from psychological science for medical training, or eliminate applied programs (and thus the cross-fertilization between science and practice).

DRAFT 12/2/01

**RESOLUTION BASED ON THE REPORT OF THE CUDCP TASK FORCE EVALUATING
THE EFFECT OF LEVEL 3 TRAINING IN PRESCRIPTION PRIVILEGES UPON THE
SCIENTIST-PRACTITIONER MODEL**

For consideration at the January 2002 Mid-Winter Meeting

Whereas it is APA policy to pursue training in independent prescription privileges (i.e., Level 3) at both the predoctoral and postdoctoral levels; and

Whereas the APA Model Training for prescription privileges is experimental and involves less than half the training of the DoD Psychopharmacology Demonstration Project; and

Whereas implementation of the APA Model Training for prescription privileges would be costly to university departments of psychology and students at the undergraduate and graduate levels; and

Whereas it is unknown if university departments of psychology and students would invest the time and money to implement the APA Model or other Level 3 training;

Be it resolved that CUDCP conduct a membership survey of undergraduate and graduate psychology students, faculty, and administrators who are familiar with the Level 3 curricula and costs. Such a survey would help in assessing whether universities would elect to expand the resources needed for Level 3 training, retrench departments of psychology by reallocating resources away from psychological science for medical training, or eliminate applied programs (and thus the cross-fertilization between science and practice).