

Division 35 Position Statements on Prescribing Authority

Approved by Executive Committee

August 1996

1. Training in prescription privileges needs to include both mainstream and specialized focus on treatment of Women and Girls of all ethnic groups, and Men of Color. Training in medication effects and side effects should be included in the core training of psychologists for psychotherapeutic practice.

Rationale: Women are less likely than men to receive appropriate medical workups and, therefore, are likely to be undermedicated for physical conditions and overmedicated for psychiatric problems. Interactions between drugs and/or medical conditions are ignored.

2. U.S. research needs to be expanded to include women in areas other than reproductive health. Training materials need to reflect research conducted since the Healy mandate to include Women and People of Color in federally-funded research populations. Research funds should be especially targeted toward the effects of medication on women. We further recommend that research on women and girls specifically include the impact of medication, treatment, and/or disorders of the reproductive system on other physical systems. Specific concerns include the impact of level of sexual activity, reproductive status, sexual orientation, and menstrual cycle hormonal changes on pharmacodynamics.

Rationale: U.S. research focuses on specific disease entities in women, primarily related to reproduction (e.g., uterine and breast cancer, infertility), whereas international research involves women in investigations on all physical systems (e.g., cardiovascular disease is the third most frequent killer of women, but in the U.S., women have systematically been *excluded* from research in that area)

3. Psychologists, who have more training in psychotherapy and scientific methods than any other discipline, have a logical foundation on which to build limited behavioral and emotional prescription privileges as an additional treatment structure.

Rationale: A variety of allied health professionals, including dentists, midwives, nurse practitioners, optometrists, physician's assistants, podiatrists, and pharmacists, have limited prescription privileges for medications impacting on the level of functioning and for treatment of specific physical systems.

4. Division 35 wishes to work closely with the APA CAPP Task Force on Prescription Privileges and BEA's Working Group to Develop Levels I and II Curricula for Psychopharmacology Education and Training to ensure that a feminist perspective is included in didactic training, as well as supervised clinical experience. Supervisors should be able to demonstrate cultural sensitivity, including concerns about women and girls.

Rationale: Training programs already exist for psychological prescribing.

5. Division 35 advocates protection of consumers through diversity of providers and trainers who are competent to prescribe medications.

Rationale: The Division is simultaneously concerned about the potential for prescription privileges to impact negatively on Women and People of Color as providers, due to costs in time and money.