



AMERICAN PSYCHOLOGICAL ASSOCIATION

RECOMMENDED POSTDOCTORAL TRAINING IN PSYCHOPHARMACOLOGY FOR PRESCRIPTION PRIVILEGES

PREAMBLE

This document is based on an initial document prepared by the CAPP Task Force on Prescription Privileges. The recommendations are based in significant part on a review and synthesis of model curricula and guidelines developed by other groups, such as the Department of Defense demonstration project curriculum, the report of the Blue Ribbon Panel of the Professional Education Task Force of the California Psychological Association and the California School of Professional Psychology - Los Angeles, and the findings of the American College of Neuropsychopharmacology. The final draft of the document was reviewed by the Prescription Privilege Conference Committee as requested by the APA Council of Representatives.

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.

It is the intent of this curriculum that it be an extension of the traditional training in psychology. Accordingly, the pharmacological underpinnings and clinical practices of prescribing should be viewed in the context of the total complex of factors influencing human psychology (e.g., biological, environmental, interpersonal, behavioral, cognitive, emotional, motivational, psychosocial, and dynamic factors). Training should reflect the integration of the research and practice experience on the relationship between psychopharmacological and psychological interventions. Psychopharmacology training for psychologists, although recognizing relevant aspects of training from medicine, pharmacy, and nursing, should be conducted in a manner consistent with training in psychology focused on behavior and coping skills. Thus, this training is unique to the needs of the practicing psychologist, and does not simply follow traditional medical practices.

The proposed training program should also include an emphasis on both the requisite knowledge in psychopharmacology and on the scientific methods and results upon which such knowledge is based. This builds upon the current training of psychologists in the scientific foundations of psychological practice. An important goal should be to prepare psychologists to evaluate new advances in psychopharmacology research and to prepare them for lifelong learning in a field which is certain to undergo significant transformation

during their years of clinical practice.

PREREQUISITES

To participate in postdoctoral training in psychopharmacology, the following are prerequisites:

1. A doctoral degree in psychology (i.e., Ph.D., Psy.D., Ed.D.);
2. Current state license as a psychologist; and
3. Practice as a "health services provider" psychologist as defined by state law where applicable, or as defined by APA.¹

Demonstrated knowledge of human biology, anatomy and physiology, biochemistry, neuroanatomy, and psychopharmacology² is a necessary prerequisite for embarking on this postdoctoral training. Demonstrated knowledge involves evidence of (1) successful completion of a planned sequence of courses at a regionally accredited institution of higher learning, or (2) evidence of successful completion of a planned sequence of continuing education courses offered by an accredited institution of higher learning or an approved provider of continuing education and passage of an examination covering the content of such a program. Individuals who are licensed health professionals with comparable prescription privileges in another profession and who are also licensed psychologists may be considered exempt from these training requirements by state boards of psychology.

¹ In 1995, the APA Council of Representatives approved the following definition of "health service provider" psychologists:

Psychologists are recognized as Health Service Providers if they are duly trained and experienced in the delivery of preventive, assessment, diagnostic and therapeutic intervention services relative to the psychological and physical health of consumers based on: 1) having completed scientific and professional training resulting in a doctoral degree in psychology; 2) having completed an internship and supervised experience in health care settings; and 3) having been licensed as psychologists at the independent practice level.

² An example of appropriate psychopharmacology instruction would be the Level 1 training program approved by the APA, or a comparable program.

TRAINING CURRICULUM

The entire program of didactic courses and clinical practica should be an organized and coordinated program of instruction. The program will develop admission standards, required prerequisite knowledge and a means of testing that knowledge. The program would include policies for allowing credit for previous training and transfer of credits for previous coursework.

The program will have appropriate faculty and facilities for the required didactic and clinical components of training. To provide the scope of training necessary, faculty with terminal degrees and expertise in the following disciplines would be needed: physiology, biochemistry, neurosciences, pharmacology, psychology, pharmacy, medicine, and psychiatry.

Didactic courses will be administered for academic credit with careful attention to trainee evaluation. Levels of expected performance will be established that students must meet.

The provider of this training program must be a regionally-accredited institution of higher learning or another appropriately accredited provider of instruction and training.

DIDACTIC INSTRUCTION

A minimum of 300 contact hours of didactic instruction is recommended in the following core content areas:

- I. Neurosciences
- II. Pharmacology and Psychopharmacology
- III. Physiology and Pathophysiology
- IV. Physical and Laboratory Assessment
- V. Clinical Pharmacotherapeutics

Recommended contact hours in each area are as follows:

<u>Topic</u>	<u>Hours</u>
I. Neurosciences	
A. Neuroanatomy	25

B.	Neurophysiology	25
C.	Neurochemistry	25
II.	Clinical and Research Pharmacology and Psychopharmacology	
A.	Pharmacology	30
B.	Clinical Pharmacology	30
C.	Psychopharmacology	45
D.	Developmental Psychopharmacology	10
E.	Chemical Dependency and Chronic Pain Management	15
III.	Pathophysiology	60
	<p>Includes normal anatomy and physiological processes as well as common pathological states, with an emphasis on how alterations in cardiovascular, renal, hepatic, gastrointestinal, neural, and endocrine functions affect bioavailability and biodisposition of drugs. This area should also address variability in drug bioavailability and disposition due to ethnic and cultural differences. The course should include normal human anatomy and physiology as well as common pathological conditions that impact upon the safety and efficacy of psychotherapeutic medications. Variability in response due to age, gender, disability, and ethnic differences should be addressed. Medical conditions affecting drug biodisposition and the likelihood of side effects, including contraindications for medication use, should be covered in this course.</p>	
IV.	Introduction to Physical Assessment and Laboratory Exams	45
	<p>Familiarity with medical charts, physical exams, laboratory and radiological examinations.</p>	
V.	Pharmacotherapeutics	

A.	Professional, ethical, and legal issues	15
B.	Psychotherapy/pharmacotherapy interactions	10
C.	Computer-based aids to practice	5
D.	Pharmacoepidemiology	10

CLINICAL PRACTICUM

The clinical practicum is designed to be an intensive, closely supervised experience involving exposure to a range of patients and diagnoses. Ideally, it will take place in both inpatient and outpatient settings, and allow the practitioner to gain exposure to acute, short-term, and maintenance medication strategies. Age, gender, disability, and ethnicity should be important factors in determining an appropriate patient mix. The trainee should treat a sufficient range and number of patients to gain experience across these dimensions. To achieve competency in treating a sufficiently diverse patient population, a minimum of 100 patients, for whom the trainee assumes direct clinical responsibility or participates in case conferences, should be a goal of training. The patient mix should be relevant to the psychologist's current and future practice. Additional didactics, such as the sequence in Pharmacotherapeutics outlined above, may be included as seminars or colloquia during clinical training, as should additional training in physical and laboratory assessment. Supervision should be provided by qualified practitioners with demonstrated skills and experience in clinical psychopharmacology.

Requirements:

- Minimum of 100 patients seen for medication
- Inpatient and outpatient placements
- Inclusion of appropriate didactic instruction
- Minimum of 2 hours weekly of individual supervision

Approved by APA Council of Representatives

August 12, 1996

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