

Symposium der Bundespsychotherapeutenkammer  
09. April 2008, Berlin

Zukunft der Psychotherapieausbildung

## Möglichkeiten der Kompetenzerweiterung

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## The Prescribing Psychologists Information Page

### The Prescribing Psychologists Information Page

Promoting Information, Education, Training, and Legislation

Visit the  
[RxP  
Legislative  
Forum](#)

#### Activism in RxP

[Psychiatry's Workforce Shortage](#) - Report from the American Academy of Child & Adolescent Psychiatry. US Surgeon General reports indicates "there is a dearth of child psychiatrists...."

#### Legislation & Policy

Review the politics of RxP legislation from the [New Mexico Experience](#).

[Legislative Strategy](#) Information from the American Psychological Association.

[Canadian Meta-Analysis Study of Views Toward RxP](#)

#### Reference Links

[RxP Links](#) - great for the Prescribing Psychologist!

[PsychMeds](#) - Free Download of the 100 most commonly used medications & other info.

#### Training Information

[APA Education & Training Guidelines](#)

[Prescribing Psychologists' Register](#)

[The Psychopharmacology Institute](#)

[Farleigh Dickinson Psychopharmacology Program](#)

[Nova Southeastern University](#)  
Masters Program in Clinical Psychopharmacology

[Alliant International University](#)  
California School of Professional Psychology  
Post-Masters Program in Psychopharmacology

Search  
Information  
from the  
National  
Institute of  
Mental  
Health (NIMH)

[Psychologist Point](#) and [Psychiatrist Counterpoint](#) articles from the Albuquerque Journal during the final voting stages of New Mexico's RxP legislation.

#### Organizations

[APA Division 55 Pharmacotherapy](#)

[National Alliance of Professional Psychology Providers](#) - Charting a New National Direction for Clinical Psychologists.

[American Psychological Association](#)

#### 'Off the Beaten Path'

Is Psychiatry 'Out of Its Mind'? book by Harvard Psychiatrist J. Allen Hobson.

'The Prescription Jihad' in Psychiatric Times. Required Reading!

**SAFETY**

- Prescribing psychologists in other states and the military have an unblemished record of prescribing safely. Opponents of this bill have no evidence to support any claim about problems with safety.
- The psychologists within the Department of Defense have seen over 160.000 patients with NO DEATHS or ADVERSE OUTCOMES.
- Louisiana and New Mexico psychologists written over 40.000 prescriptions without incident.
- Psychologists employ a behavioral approach and their prescribing patterns have demonstrated that they prescribe LESS MEDICATIONS to FEWER PATIENTS with the SUCCESSFUL OUTCOMES.

**CRISIS IN STATE FACILITIES**

- California Prisons, with over 32,000 mentally ill inmates reported a 67% vacancy rate for psychiatrists in September 2006. The prison system is under control of a Federal Court Receiver, who has begun offering up to \$300K per psychiatrist. Psychiatrists continue to leave county mental health and the California Department of Mental Health to go to the prisons, creating another crisis in the public sector.
- The California Department of Mental Health with 6,500 mentally ill patients reported a 40% vacancy rate for psychiatrists in February 2007. Atascadero State Hospital has only 9 psychiatrists on staff for over 1300 patients. The vacancies are growing with no end in sight.
- An answer to the growing vacancies and compromised patient care: Allow appropriately-trained psychologists to prescribe medication. It's been done elsewhere and has been proven to be safe.

**Department of Defense Psychopharmacology Demonstration Project (1991-1997)**

**Louisiana grants psychologists prescriptive authority**  
**Louisiana psychologists' persistence pays off, and their state becomes the second to pass RxP legislation.**

**BY JENNIFER DAW HOLLOWAY**

In a **major victory** for professional psychology, the Louisiana legislature voted in April to grant prescription privileges to trained psychologists.

The bill passed 62-31 in the Louisiana House and 21-16 in the state's Senate. And then on May 6, Governor Kathleen Blanco (D) signed the bill into law, making **Louisiana** the second state--**New Mexico** became the first in 2002--to give specially trained psychologists the authorization to prescribe certain drugs related to the diagnosis and treatment of mental health disorders.

Monitor on Psychology, Volume 35, No. 5 May 2004

### Psychologist Prescribing Bill Goes Down Without a Fight

Victory! [S.F. 123](#) to give psychologists prescribing privileges has been withdrawn by its prime sponsor, Sen. Charlie Scott. The decision to lay back the bill likely came as a result of the tremendous grassroots efforts by the Wyoming Association of Psychiatric Physicians (WAPP). **Psychiatrists and other physicians** from around the state have been in contact with lawmakers about this issue for several months, since even before the general election. Patient safety concerns and the lack of comprehensive medical training were cited by many legislators who do not support such legislation. Congratulations on a job well done!

[http://www.wyomed.org/leg\\_reg.htm](http://www.wyomed.org/leg_reg.htm)

Wyoming medical society, January 2005


Psychiatr News August 17, 2007

Volume 42, Number 16, page 6

© 2007 [American Psychiatric Association](#)

Psychiatrists helped successfully halt bills in 10 states during the 2007 legislative season that would have extended prescribing privileges to psychologists. The legislation advanced in only four legislatures, including a high-profile measure vetoed by Hawaii's governor (*Psychiatric News*, August 3).

The measures ranged in scope from granting psychologists prescribing privileges to establishing psychologists as patients' primary clinicians. District branch leaders and APA officials credited the efforts of local psychiatrists and their legislator allies with defeat of the bills in what was, nationally, a busy but average year for such legislation.

7 **Florida Medical Association** 

Florida Medical Association  
FACT SHEET

**PSYCHOLOGISTS SHOULD NOT HAVE PRESCRIBING AUTHORITY**  
*HB 1583, by Rep. Brutus*  
*SB 1820, by Sen. Margolis*  
*FMA Contact: Francesca Plendl, 224-6496*


The Florida Legislature should reject psychologists' attempts to gain prescribing privileges. Psychologists do not have the medical background necessary to safely prescribe mental health medications for patients.

- Legislation to give psychologists prescribing authority is a high-risk experiment that has great potential to do harm to people with mental illness. Psychologists have always had a clear path to prescribing privileges: medical school. No psychology-designed and administered crash course in drug prescribing can substitute for the comprehensive knowledge and skills physicians achieve through medical education and rigorous clinical experience.

**There is no demonstrated health care need to grant psychologists prescribing authority.**

- Psychologists have failed to demonstrate an actual health care need to justify their being granted prescribing authority. There is neither a shortage of prescribing health providers nor any evidence of consumer demand for prescribing psychologists.
- Rather than giving psychologists prescribing authority, the health care needs of underserved populations (e.g., rural communities) are best served by improving the mental health training of primary care providers (e.g., family physicians) who have better and broader health training and are more widely distributed than psychologists.

ERFÜLLT MIT **Leben.**

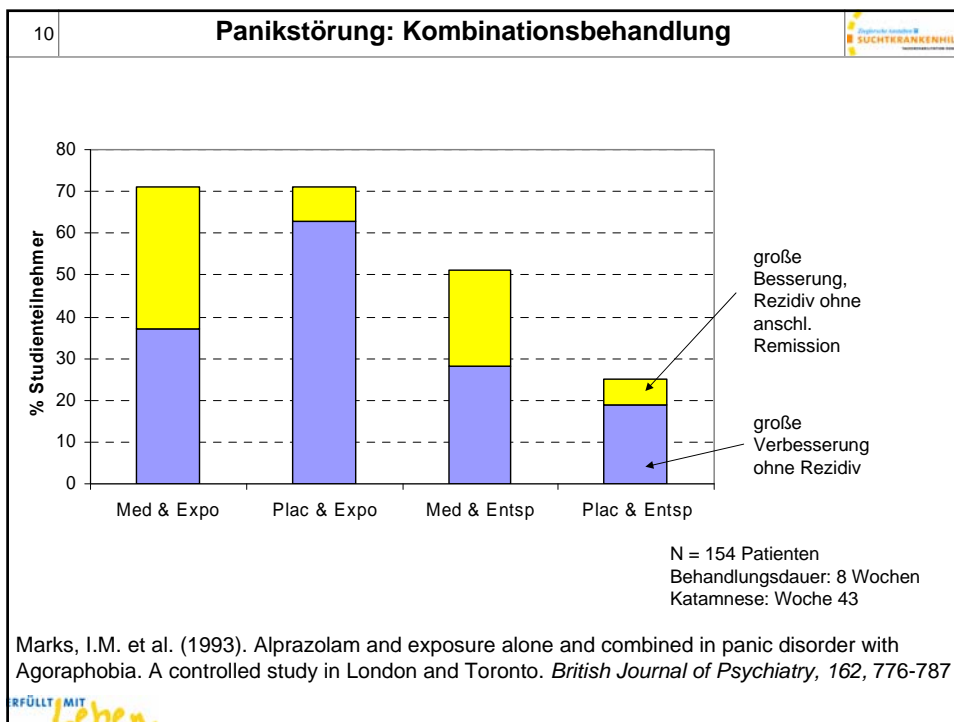
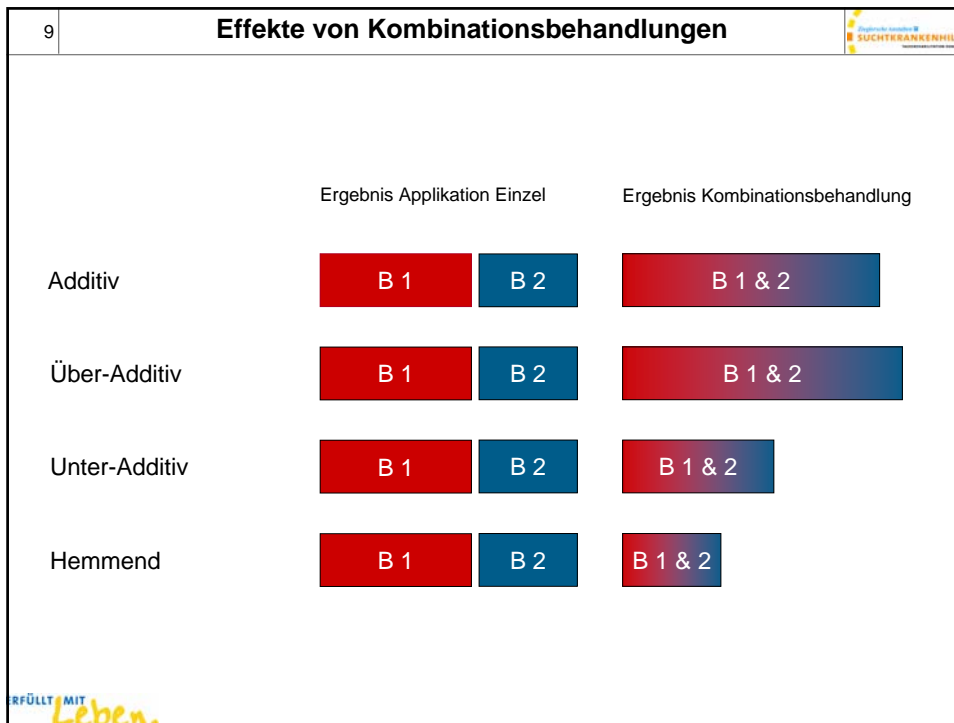
8 **„Biologisierung“ der Psychopathologie** 

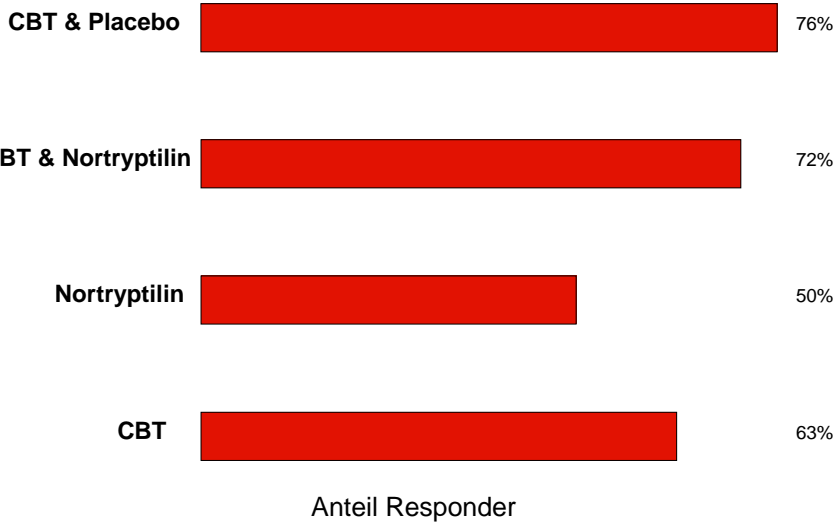
Beispiel: Depression als „Stoffwechselerkrankung“

	Biologisch	Psychologisch
Dominierende Grundperspektiven	behavioral schlecht beeinflussbare Variablen	behavioral gut beeinflussbar
Attribution von Therapieerfolg	external (Medikament)	internal
Konsequenz für Selbstwirksamkeitserwartung	↓	↑
Patientensicht: Verhältnis zu BehandlerIn	Abgabe von Verantwortung Kompetenzgefälle	BehandlerIn regt an, Verantwortung bleibt bei Pat.
Therapieerwartung	Passiv (empfangend)	Aktiv
Stabilität Behandlungserfolg	Abhängig von Weiterführung der Medikamentengabe	Abhängig von Erweiterung der Kompetenzen
Kombination	State dependent learning	

Nebeneffekt: Forschungsförderung mit Möglichkeit des „publication bias“ und Auswirkungen auf Behandlungsleitlinien

ERFÜLLT MIT **Leben.**





Murphy, G., Simons, A., Wetzel, R., Lustman, P. (1984). Cognitive therapy and pharmacotherapy, single and together in the treatment of depression. *Archives of General Psychiatry*, 41, 33-41.

Generalisierte soziale Phobie

n  
Fluoxetine (Prozac): 57  
CCBT: 60  
CCBT & Flu: 59  
CCBT & Plac: 59  
Placebo: 60

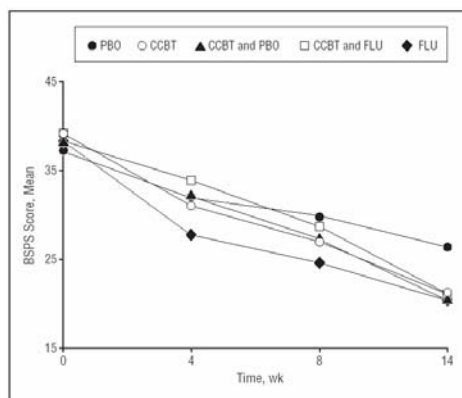
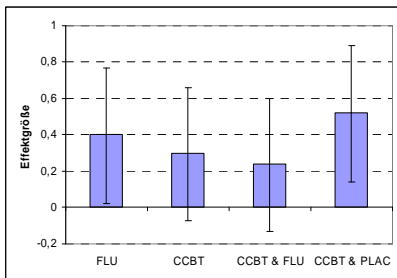
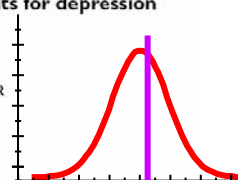



Figure 2. Mean Brief Social Phobia Scale (BSPS) score by treatment group (n = 295). Piecewise linear mixed-effects models analysis. CCBT indicates comprehensive cognitive behavioral therapy; FLU, fluoxetine; PBO, placebo.

Davidson, J., Foa, E., Huppert, J., Keefe, F., Franklin, M., Compton, J., et al. (2004). Fluoxetine, comprehensive cognitive behavioral therapy, and placebo in generalized social phobia. *Arch Gen Psychiatry*, 61(10), 1005-1013.

**Active placebos versus antidepressants for depression (Review)**  
Moncrieff J, Wessely S, Hardy R

- 9 Studien, 751 Patienten
- 2 Studien: Signifikante Effektstärken zugunsten aktivem Pharmakon
- Gepoolte Effektstärke: 0,39 (CI 0,24 – 0,54)
- Nach Weglassen einer Studie mit starkem Ergebnis: ES = 0,17 (CI 0,00 – 0,34)
- Authors conclusion: *„The more conservative estimates from the present analysis found that differences between antidepressants and active placebos were small. This suggests that unblinding effects may inflate the efficacy of antidepressants in trials using inert placebos. Further research into unblinding is warranted.“*

This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library* 2005, Issue 2

ERFÜLLT MIT **Leben.**

Otto et al. (2005): „For depressed outpatients, studies have provided only limited support for the hypothesis that psychopharmacology and these psychosocial treatments can be combined for additive efficacy.“

Otto, M. W., Smits, A. H., & Reese, H. E. (2005). Combined psychotherapy and pharmacotherapy for mood and anxiety disorders in adults: review and analysis. *Clinical Psychology: Science and practice*, 12(1), 72-86.

- Psychologiestudium beinhaltet biologische & physiologische Grundlagen
- Psychopharmakotherapie ist Teil des Gegenstandskatalogs der staatlichen Prüfung
- Psychologen sind in den Kliniken häufig eng in die Pharmakotherapie involviert
- Absetzen oder Verändern von Medikation erfordert Verordnungsrecht
- Psychopharmakotherapie ist für Psychologen lern- und risikolos anwendbar (USA)
- Gründe gegen Verordnungscompetenz sind primär psychologischer Natur
- Viele Psychologen werden die Verordnungscompetenz nicht erlangen wollen
- Patienten können durch nicht verordnungscompetente Psychotherapeuten profitieren
- Nichtärztliche und nichtpsychologische (KJ) Psychotherapeuten ?

Otto, M. W., Smits, A. H., & Reese, H. E. (2005). Combined psychotherapy and pharmacotherapy for mood and anxiety disorders in adults: review and analysis. *Clinical Psychology: Science and practice*, 12(1), 72-86.

<http://prescribingpsychologist.com/>

Rau, H. (2006). Ist die Kombination von Psychotherapie und Psychopharmakotherapie weniger wirksam als erhofft? In: ver.di (Hrsg) *Stand und Perspektiven der psychotherapeutischen Versorgung*. Tagesdokumentation ver.di-Fachtagung vom 29.11.2006. S. 100-113.

Rau, H. (2006). Medikation durch nicht-ärztliche Psychotherapeuten? *Verhaltenstherapie & Verhaltensmodifikation*, 27, 91-97.