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1. What is the 2-factor classification scheme for PPs?
   1. This scheme specifies the degree of prescriptive authority held by a particular profession. Its first dimension, independent or dependent, indicates whether physician supervision is required or not, while its second dimension, limited or unlimited, indicates the types of drugs that can be prescribed.
2. What are the main implications of PP for psychologists? For psychiatrists?
   1. If PPs were granted for psychologists, it would expand the established boundaries of psychological practice, shifting it from an academic discipline to a more medical one. Psychiatrists would also be affected, as they would no longer be the only professionals with extensive mental health training who would be responsible for providing prescriptions.
3. Which reasons for PPs do you find most compelling and why?
   1. To me, the most compelling argument for PPs was that general practitioners have little mental health training, so granting PPs to well-trained psychologists would give patients more reliable providers. I found this argument compelling due to the severity of issues like misdiagnosis and underdiagnosis, which could be reduced if there are more well-trained providers available to prescribe mental health medications.
4. Which reasons against do you find most compelling and why?
   1. I found the most compelling argument against PPs to be the fact that psychologists often have little biological background, making them seem rather unqualified to prescribe medications that are biological in nature. Again, this argument stuck out to me because it basically invalidated the argument that GPs are untrained in mental health, for psychologists’ lack of biological training could be just as harmful to patients.

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1. How could the fact that all of the people who weren’t practicing psychologists were asked for their perceptions of PPs have affected the data?
   1. Since the colleagues asked were not practicing psychologists, they might not be knowledgeable enough about psychology to identify what makes a good psychologist, so their evaluations may reflected their own personal relationship with their psychologist colleague rather than the psychologist’s actual competence.
2. Building off this, do you think there is potential for author bias in this paper given both authors are psychologists themselves?
   1. I do not think author bias significantly affected this paper, since the objective, numerical results of the survey are reported and seem in line with the authors’ discussion and conclusions, and the psychologists would have no real incentive to misrepresent this data and risk their own credibility.
3. What could have been changed in this study to reduce potential bias? Would you have conducted this study differently and how?
   1. I would have used a different mechanism to evaluate prescribing psychologists rather than interviewing their colleagues, for colleagues may feel incentivized to speak positively of the psychologists, either out of fear that they would eventually hear about negative evaluations or simply out of friendship. Instead, I would’ve considered interviewing patients about their perceptions of the psychologist’s competence, for they are the most directly affected by prescribing psychologists.

Overall, as I read through the assigned articles, I was surprised by the many gaps that exist in proper training for professionals. On one hand, general practitioners, who currently have prescribing privileges, have limited mental health training, so in my opinion, they do not seem well qualified to prescribe psychotropic medications; on the other hand, psychologists also have little training in the biological basis of such medications, so they would not be well equipped to handle any medical complications that might arise after prescribing these medications. Therefore, it seems that only psychiatrists are really qualified to handle both the mental and biological aspects of mental health prescriptions, so it is somewhat concerning that there are rather few psychiatrists.

I think that before prescribing privileges can be expanded to psychologists, more must be done to educate new psychologists about the biological side of medication. Specifically, graduate school coursework should include courses in biology, both basic and specifically as it pertains to psychotropic medications. Once psychologists become adequately trained, it would be ideal for them to have prescribing privileges, for this would simplify psychotherapy and allow patients to fulfill all their mental health needs without having to see multiple professionals. This added benefit makes expanding prescription privileges preferable to other alternatives, such as giving general practitioners more mental health training. As seen in the Linda and McGrath paper, psychologists are viewed as generally competent when it comes to prescribing, so this additional training would be the extra push they need to become completely reliable prescribing professionals.