



Prescription authority for psychoactive medication? A survey among potentially prescribing Norwegian psychologists

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1

Abstract

One hundred four students in psychology, all in training to become professional psychologists, completed an extensive survey form on psychologists' rights to prescribe. Fifty-six additional respondents were teaching faculty and research personnel in psychology, administrative personnel, PhD students in psychology, master- and bachelor students of psychology, former students of psychology, a few non-psychology students, plus university external clinicians and researchers.

The main direction of the findings may be summarized by the results for the following item: "If psychologists receive proper training, they should be allowed to prescribe psychoactive medication." Of the entire sample, 78 % agreed with this statement. The student sample was even more positive. Differentiating the picture somewhat, the greater part of the sample expressed the opinion that training to prescribe would ideally be voluntary (as in the U.S.A), and not a required part of the clinical training.

LEVEL OF INTEREST: 10





Introduction

Prescription authority for psychoactive medication? A survey among potentially prescribing Norwegian psychologists

The core of the present work is a survey regarding clinical psychologists' rights, in Norway, to prescribe psychoactive medication. At present Norwegian psychologists have no such rights. A similar situation exists in nearly all other countries, and researchers in some of those other locations have taken the initial step of surveying the attitudes of professionals and students, to gain clarity about the values and predictions surrounding the prescribing-psychologist issue. Several such surveys will be reviewed briefly, as they provide an invaluable background for the empirical work reported there.

(1) Boswell and Litwin (1992) of Eastern Illinois University and Central Louisiana State Hospital published an article entitled "Limited prescription privileges for psychologists: A 1-year follow-up". Their survey was given to hospital-affiliated psychologists with items on different aspects of the subject, such as the desirability of such privileges for psychologists, the viability of different arguments for- and against, whether potential training should be during or after a completed PhD, and finally, whether the psychologist doing the prescribing already works in a professional context in which psychopharmacology has a definite role.

Certain arguments for authority to prescribe were especially favored among the respondents: Prescription rights would serve certain subsets of society, and such rights would facilitate the collection of third-party payments, e.g. insurance.

For respondents who were skeptical of prescribing rights, there was agreement with the notions that (a) psychologists' rights would impede collaboration with the psychiatric profession, and (b) the existence of prescribing rights could dampen psychologists' distinctiveness and credibility in providing non-medical interventions – namely, psychotherapy.

A number of Boswell and Litwin's items serve as a starting point for the present work. For example,

"Limited prescription privileges for psychologists: are a logical extension of current psychological practice"

"Limited prescription privileges for psychologists: would better serve certain subsets of society"

"If prescription authority were acquired by psychologists, education and training should be conducted only at the postdoctoral level."

"If prescription authority were acquired by psychologists, education and training should be conducted at the predoctoral subspeciality level."

"If prescription authority were acquired by psychologists, education and training should be conducted academically to (sic) all predoctoral students in training to become professional psychologists."



(2) Baird (2007) conducted a major survey of psychologists in the state of Illinois. Slightly over 60% of his respondents were favorable to prescription privileges. A wide-spread argument endorsed by the respondents was that there are not sufficient physicians (including psychiatrists) in rural areas, hence the importance of psychologists' prescription rights.

Characteristic items from Baird's work are:

"I already 'functionally prescribe' psychotropic medication now when I collaborate with nonpsychiatric physicians."

"Prescription authority will enhance psychologists' credibility."

"Clinical psychologists are more likely to practice in rural areas in Illinois than are psychiatrists."

(3) It is interesting to consider a study by Shaikh, Shaikh, Kamal and Masood (2007) for two reasons: The study was conducted in Pakistan, and the respondents were all students. The authors excluded psychology students from their sample, focusing instead on masters and doctoral students from other fields. The self-administered questionnaire began by observing that two states in the U.S.A. have already initiated programs that entitle trained clinical psychologists to administer psychotropic medicine.

The critical item reported in the publication reads as follows:

"Think after additional training clinical psychologists be allowed to prescribe drugs for treating psychiatric disorders by PMDC." (original formulation)

The respondents answered overwhelmingly in the affirmative, at a rate of over 75 %. Approximately the same percentages of agreement were found for the item,

"Would feel comfortable in referring a friend to psychologist trained in prescribing drugs." (original formulation)

(4) Rae, Jensen-Doss, Bowden, Mendoza, and Banda (2007) conducted a similar study, this one focusing on a sample of pediatric psychologists and a sample of pediatricians (i.e. medical doctors). In depicting the history of prescribing privileges in some detail, they point to three factors in favor of training psychologists in implementing medication: (a) Cost effectiveness. Costs could well be reduced through reducing psychologists' need to send patients to a physician for medication. (b) Access to care. This has been a frequent and seemingly universal argument, whereby it is generally observed that rural communities are under-served, or not served at all by psychiatrists. (c) Quality of care. Given that primary care physicians have limited skills in psychological treatment, the clinical psychologist who can also prescribe psychotropics is in an ideal position to handle the complexities of diagnosis and treatment.

The sample was made up of experienced pediatricians and pediatric psychologists drawn from around the U.S.A. The items addressed the central issue of whether psychologists should be trained to prescribe, in



addition to items referring to cost, access, and quality of treatment. The authors were sensitive to the sometimes fragile relations between clinical psychologists and psychiatrists – for example,

“Prescription privileges will result in more careful monitoring of psychotropic medications by psychologists as compared to psychiatrists.”

The above are solely more recent studies and surveys that have looked at psychologists’ and others’ evaluations of extending prescription authority into the realm of clinical psychology. If we look back several years, we find that such surveys were already underway in the 1990s, and that Bascue and Zlotowski published such a survey in 1981 among psychologists in Pennsylvania (see Sammons, Gorny, Zinner, & Allen, 2000). Only 36 % of their respondents favored prescriptive authority. In contrast, when one examines the surveys done in the 1990s and early 21st century, respondents typically favor prescription authority at the rate of approximately 70%.

Notable among the studies are two that were conducted in the very states where psychologists can now prescribe. One of these, published by the Louisiana Psychological Association (1995), found a favorability rate of 70%, while a study in New Mexico (Kaczmarek & LeVine, 1998) obtained a rate of 69% (see Sammons et al., 2000). Both of these studies were conducted among in-state psychologists.

Methods and procedure

Inspired by the above investigations, and in light of the absence of a comparable work in Norway, a survey concerning psychologists’ prescribing privileges was conducted in Bergen in the spring of 2009. It was carried out by e-mail contact, and in other ways bore a strong resemblance to the foregoing literature. The pool of prospective respondents was composed of two major groups:

Subjects

The largest pool was one hundred four students currently enrolled in the professional training program in the faculty of psychology, University of Bergen. Altogether, approximately 360 students are in this program. Fifty-six additional respondents were teaching faculty and research personnel in psychology, administrative personnel, PhD students in psychology, master- and bachelor students of psychology, former students of psychology, a few non-psychology students, plus university external clinicians and researchers.

Procedure

On April 27th (2009) an invitation per e-mail was sent to the above target people. It was stated that the theme was a survey regarding attitudes toward prescriptive authority for psychologists, that the project would run for 14 days, and that responding would require approximately 10 minutes. A reminder was sent out circa one week afterward (May 5th).



The e-mail invitation and survey were all in Norwegian. The 48 statements in the survey were borrowed largely from the above-cited literature, sometimes with slight changes in formulations. Further, two new items were added, bearing on over-use and correct-use of psychotropics. Altogether, 48 items were presented, in Norwegian.

In order to give the reader a sense of the survey, without presenting unnecessary information, we have presented 27 of the items in Table 1. The items not included for presentation here were simply redundant formulations, and some of the items not presented showed poor discriminating potential in the results; that is, the answering patterns tended toward 50 % agree and 50 % disagree. We will present the results (below) using these illustrative 27 items.

The items are organized under the categories of:

Quality of health care to patients,

Clinical psychology's perspective,

Psychology as a discipline,

Norwegian context,

Use of psychoactive medication in the population.

A Likert-type scale format was used, in the following way:

Strongly disagree, Disagree, Disagree slightly, Undecided, Agree slightly, Agree, Agree strongly





Table 1. The 27 selected items in categories out of the 48 items in total

Quality of health care to patients

1. It will lead to more effective treatment of certain psychological disorders.
6. It will enhance psychologists professional credibility and integrity.
8. [...] should be postponed until we find out of any possible problems of malpractice from other places.
12. It will give better health care to certain groups of the society.
25. It will result in less costly treatment for certain groups of patients.
36. It will lead to better access to treatment for certain groups of patients.

6

Clinical psychology's perspective

9. It is a logical extension of current clinical psychologists practice.
16. It will give psychologists more direct control over the treatment of patients.
17. It will give more flexibility in the treatment.
19. Psychologists' will be more able to follow up effect(s) of medications than medical practitioners.
31. It will enhance earning (salary) potential for psychologists.
32. No psychologists should get the authority to prescribe psychoactive medication.
33. Each psychologist should be allowed to decide whether he/she wants this opportunity.
35. If psychologists receive proper training, they should be allowed to prescribe psychoactive medication.
40. Psychologists are in fact prescribing psychoactive medication today when collaborating with general practitioners or psychiatrists.
42. It will make the course of treatment more effective than it is today.

Psychology as discipline

13. It is essential to survivability of psychology.
15. It might weaken the publics' belief in the effect of psychotherapy.
21. It will lead to less use of psychotherapy and psychological testing by psychologists.
30. It will create unnecessary overlap with the medical profession.
44. It is a logical extension of current health care services.

Norwegian context

22. Training should be part of the professional studies of psychology (which lead to psychologist title).
23. Training should be part of specializing after completed professional studies of psychology and authorization as psychologist.
28. The Norwegian Psychological Association should support an arrangement giving psychologist prescription authority for psychoactive medication.
39. It will probably lead to a higher coverage of clinical psychologists than psychiatrists in the rural areas of Norway.

Use of psychoactive medication in the population

47. It will lead to a total increase in use of psychoactive medication in the population, as also general practitioners and psychiatrists prescribe this.
48. It will lead to more precise use of psychoactive medication than it is today, and will thus lower total use in the population.

Of the potential respondents, 256 people opened the link, 216 started filling out the survey, and 160 people completed the survey. Thus, if we desire to discuss the response rate, a conservative quota is 160 divided by 256, or 63%. Of the 160 subjects, 99 were female, 61 male. The age distribution can be summarized in this way:

19-24	30%
25-29	39%
30-34	9%



35-69 22%

Although the items were answered on 7-point Likert scales, the scale was condensed to “agree”, “disagree”, and “undecided” in the data presentation. Thus responses on either side of the undecided point were simply placed into the agree or disagree category. This approach makes our results directly comparable to those of earlier-published studies.





Table 2. All respondents

<i>Quality of health care to patients</i>	Most common response	Percentage agreeing	Percentage disagreeing
1. It will lead to more effective treatment of certain psychological disorders.	Agree	79.38	15.00
6. It will enhance psychologists professional credibility and integrity.	Agree	65.63	22.50
8. [...] should be postponed until we find out of any possible problems of malpractice from other places.	Agree slightly	66.25	19.38
12. It will give better health care to certain groups of the society.	Agree	75.00	13.13
25. It will result in less costly treatment for certain groups of patients.	Agree	58.13	16.88
36. It will lead to better access to treatment for certain groups of patients.	Agree	75.63	11.88
<i>Clinical psychology's perspective</i>			
9. It is a logical extension of current clinical psychologists practice.	Agree	65.00	25.00
16. It will give psychologists more direct control over the treatment of patients.	Agree	88.13	8.13
17. It will give more flexibility in the treatment.	Agree	76.25	14.38
19. Psychologists' will be more able to follow up effect(s) of medications than medical practitioners.	Agree slightly	55.63	27.50
31. It will enhance earning (salary) potential for psychologists.	Undecided	56.88	9.38
32. No psychologists should get the authority to prescribe psychoactive medication.	Disagree	14.38	79.38
33. Each psychologist should be allowed to decide whether he/she wants this opportunity.	Agree	64.38	26.25
35. If psychologists receive proper training, they should be allowed to prescribe psychoactive medication.	Agree	78.13	15.63
40. Psychologists are in fact prescribing psychoactive medication today when collaborating with general practitioners or psychiatrists.	Agree slightly	48.13	28.75
42. It will make the course of treatment more effective than it is today.	Agree	75.63	11.25
<i>Psychology as discipline</i>			
13. It is essential to survivability of psychology.	Strongly disagree	5.00	85.00
15. It might weaken the publics' belief in the effect of psychotherapy.	Disagree	36.88	48.13
21. It will lead to less use of psychotherapy and psychological testing by psychologists.	Disagree	30.00	54.38
30. It will create unnecessary overlap with the medical profession.	Disagree	22.50	68.13
44. It is a logical extension of current health care services.	Agree	62.50	22.50
<i>Norwegian context</i>			
22. Training should be part of the professional studies of psychology (which lead to psychologist title).	Agree	53.13	33.75
23. Training should be part of specializing after completed professional studies of psychology and authorization as psychologist.	Agree	65.63	20.63
28. The Norwegian Psychological Association should support an arrangement giving psychologist prescription authority for psychoactive medication.	Agree	61.25	19.38
39. It will probably lead to a higher coverage of clinical psychologists than psychiatrists in the rural areas of Norway.	Undecided	26.25	18.75
<i>Use of psychoactive medication in the population</i>			
47. It will lead to a total increase in use of psychoactive medication in the population, as also general practitioners and psychiatrists prescribe this.	Disagree slightly	35.00	46.88
48. It will lead to more precise use of psychoactive medication than it is today, and will thus lower total use in the population.	Undecided	51.25	23.75

Note. Agreeing and disagreeing in percent of the samples total. N=160

Table 2 shows the results, in percentages of agreement/disagreement, for the entire sample. As the table is set up using the headings described above, it is an easy matter to gain a sense of the results for the categories "Quality of health care", "Clinical psychology's perspective", and so forth.



Table 3. Respondents not in the professional training program

<i>Quality of health care to patients</i>	Most common response	Percentage agreeing	Percentage disagreeing
1. It will lead to more effective treatment of certain psychological disorders.	Agree	67.86	21.43
6. It will enhance psychologists professional credibility and integrity.	Agree slightly	55.36	28.57
8. [...] should be postponed until we find out of any possible problems of malpractice from other places.	Agree slightly	53.70	25.00
12. It will give better health care to certain groups of the society.	Agree	73.21	19.64
25. It will result in less costly treatment for certain groups of patients.	Agree slightly	57.14	25.00
36. It will lead to better access to treatment for certain groups of patients.	Agree	67.86	17.86
<i>Clinical psychology's perspective</i>			
9. It is a logical extension of current clinical psychologists practice.	Agree slightly	51.79	32.14
16. It will give psychologists more direct control over the treatment of patients.	Agree	80.36	12.50
17. It will give more flexibility in the treatment.	Agree	73.21	17.86
19. Psychologists' will be more able to follow up effect(s) of medications than medical practitioners.	Agree slightly	44.64	35.71
31. It will enhance earning (salary) potential for psychologists.	Undecided	44.64	10.71
32. No psychologists should get the authority to prescribe psychoactive medication.	Strongly disagree	25.00	66.07
33. Each psychologist should be allowed to decide whether he/she wants this opportunity.	Agree	46.43	42.86
35. If psychologists receive proper training, they should be allowed to prescribe psychoactive medication.	Agree	69.64	23.21
40. Psychologists are in fact prescribing psychoactive medication today when collaborating with general practitioners or psychiatrists.	Agree slightly	42.86	37.50
42. It will make the course of treatment more effective than it is today.	Agree	67.86	21.43
<i>Psychology as discipline</i>			
13. It is essential to survivability of psychology.	Strongly disagree	0.00	83.93
15. It might weaken the publics' belief in the effect of psychotherapy.	Disagree	55.36	35.71
21. It will lead to less use of psychotherapy and psychological testing by psychologists.	Disagree	33.93	46.43
30. It will create unnecessary overlap with the medical profession.	Disagree	33.93	53.57
44. It is a logical extension of current health care services.	Agree	51.79	30.36
<i>Norwegian context</i>			
22. Training should be part of the professional studies of psychology (which lead to psychologist title).	Agree	50.00	37.50
23. Training should be part of specializing after completed professional studies of psychology and authorization as psychologist.	Agree	64.29	16.07
28. The Norwegian Psychological Association should support an arrangement giving psychologist prescription authority for psychoactive medication.	Agree slightly	53.57	28.57
39. It will probably lead to a higher coverage of clinical psychologists than psychiatrists in the rural areas of Norway.	Undecided	25.00	25.00
<i>Use of psychoactive medication in the population</i>			
47. It will lead to a total increase in use of psychoactive medication in the population, as also general practitioners and psychiatrists prescribe this.	Undecided	39.29	30.36
48. It will lead to more precise use of psychoactive medication than it is today, and will thus lower total use in the population.	Undecided	41.07	32.14

Note. Agreeing and disagreeing in percent of the groups total. N=56

Table 3 considers the 56 respondents who were not students in the psychology faculty's professional program, for example research staff. One can see that their rates of favorability to prescription privileges are high, but not quite as favorable as the overall sample (Table 2).



Table 4. Students at the professional training program

<i>Quality of health care to patients</i>	Most common response	Percentage agreeing	Percentage disagreeing
1. It will lead to more effective treatment of certain psychological disorders.	Agree	85.58	11.54
6. It will enhance psychologists professional credibility and integrity.	Agree	71.15	19.23
8. [...] should be postponed until we find out of any possible problems of malpractice from other places.	Agree slightly	73.08	16.35
12. It will give better health care to certain groups of the society.	Agree	75.96	9.62
25. It will result in less costly treatment for certain groups of patients.	Agree	58.65	12.50
36. It will lead to better access to treatment for certain groups of patients.	Agree	79.81	8.65
<i>Clinical psychology's perspective</i>			
9. It is a logical extension of current clinical psychologists practice.	Agree	72.12	21.15
16. It will give psychologists more direct control over the treatment of patients.	Agree	92.31	5.77
17. It will give more flexibility in the treatment.	Agree	77.88	12.50
19. Psychologists' will be more able to follow up effect(s) of medications than medical practitioners.	Agree slightly/Agree	61.54	23.08
31. It will enhance earning (salary) potential for psychologists.	Agree slightly	63.46	8.65
32. No psychologists should get the authority to prescribe psychoactive medication.	Strongly disagree	8.65	86.54
33. Each psychologist should be allowed to decide whether he/she wants this opportunity.	Agree	74.04	17.31
35. If psychologists receive proper training, they should be allowed to prescribe psychoactive medication.	Agree	82.69	9.62
40. Psychologists are in fact prescribing psychoactive medication today when collaborating with general practitioners or psychiatrists.	Agree slightly	50.96	24.04
42. It will make the course of treatment more effective than it is today.	Undecided/Agree slightly	79.81	5.77
<i>Psychology as discipline</i>			
13. It is essential to survivability of psychology.	Strongly disagree	7.69	85.58
15. It might weaken the publics' belief in the effect of psychotherapy.	Agree slightly	37.50	44.23
21. It will lead to less use of psychotherapy and psychological testing by psychologists.	Disagree	27.88	58.65
30. It will create unnecessary overlap with the medical profession.	Disagree	16.35	75.96
44. It is a logical extension of current health care services.	Agree	68.27	18.27
<i>Norwegian context</i>			
22. Training should be part of the professional studies of psychology (which lead to psychologist title).	Agree	54.81	31.73
23. Training should be part of specializing after completed professional studies of psychology and authorization as psychologist.	Agree	66.35	23.08
28. The Norwegian Psychological Association should support an arrangement giving psychologist prescription authority for psychoactive medication.	Agree	65.38	14.42
39. It will probably lead to a higher coverage of clinical psychologists than psychiatrists in the rural areas of Norway.	Undecided	26.92	15.38
<i>Use of psychoactive medication in the population</i>			
47. It will lead to a total increase in use of psychoactive medication in the population, as also general practitioners and psychiatrists prescribe this.	Disagree	32.69	55.77
48. It will lead to more precise use of psychoactive medication than it is today, and will thus lower total use in the population.	Undecided	56.73	19.23

Note. Agreeing and disagreeing in percent of the groups total. N=104

In Table 4 the 104 students' data are presented. Here there is a strong and evident favorability to prescribing privileges. Given that almost all of these students will perform clinical or counseling services following their studies, it is interesting to look more carefully at the patterns of their orientations with respect to prescribing privileges. Do they like the idea generally? Do they think this would enhance their capacities as psychotherapists?



Item 1 is a good starting point. Over 85% of the students agree that prescription privileges would enhance treatment of disorders. In addition, they have an eye toward special groups that are characteristically neglected, as shown in Item 36: "... better access for treatment for certain groups of patients." Here, over 79% agree.

Free choice is also an important part of the students' orientation. Item 33 reads, "Each psychologist should be allowed to decide..." Here, 74% agree.

One of the typical reservations voiced regarding prescription rights is that a prescribing psychologist would begin to substitute medication for actual psychotherapy. Item 21 addresses this issue, and one sees that over 58% disagree with the notion that psychotherapy would be impeded. In fact, only about 28% agree with the notion, while the remainder was undecided.

About two-thirds of the students mandate that The Norwegian Psychological Association (NPF) should support such a program (item 28), thus implicitly giving the nod to an innovation currently taking place in Holland.

Discussion

Very few published studies have examined students' orientations toward prescribing rights. One of these was the Shaikh et al. (2007) survey, in which students were the subjects, and in which psychology students were excluded. The favorability rate was 79%. A further study by Tatman, Peters, Greene and Bongar, (1997) used graduate students in clinical psychology in northern California. They were favorable to prescription rights at the rate of 70%. Of these psychology graduate students, 62% indicated that they would, if possible, participate in the requisite training for prescribing.

But as the present results indicate, one does not have to be a student in order to be optimistic about the favorable impact of prescribing rights on the work of a psychologist. Even among members of the American Psychological Association, over two-thirds evidenced favorability to prescription rights (Frederick/Schneider, Inc., 1990; see Sammons et al. (2000). Thus the Norwegian students' enthusiasm is not simply the product of raw naiveté.



The Netherlands

At the time of this writing, 21 Dutch psychologists are going through a two-year training program, modeled after the master's level course offered to clinical psychologists in the state of New Mexico (Elaine S. LeVine, 2008).

The topics include: chemistry, biochemistry, physiology, pharmacology, psychopharmacology, clinical psychopharmacology, the latter topic expanded within several clinical syndromes. Students learn basic medical procedures (not operating), and are required to accumulate practical experience alongside diverse physicians. While there is hope that Dutch laws will be changed to allow these psychologists to work with psychotropics, they are currently studying as an "act of faith". Should the law not change, they will at least be much better equipped to evaluate the prescriptions of the MDs with whom they work.

Resistance

Dr. Elaine LeVine of Las Cruces, New Mexico, was one of the pioneers in the United States who worked to change the laws of her state, and to create the structure and personnel for a proper schooling of interested clinical psychologists. In her talk at the University of Bergen on March 3rd, 2009, she talked briefly about the stumbling blocks that she encountered en route to her success in her state of New Mexico. Both in Washington D.C. and in her own state, the resistance came most fiercely from the medical profession. She referred to certain members of the medical profession, in their objecting to psychologists' prescribing privileges, as arguing that: "You're going to kill your patients."

Perhaps so. However, according to surveys of the New Mexico situation four years later, it is clear that no prescription-based law suits have been filed against psychologists, and still more central, clinical psychologists are increasingly satisfied with their performance given that they can decide directly regarding therapy and medication. The suspected adverse consequences are nowhere in evidence.

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