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Members of the Psychology Prescribing Technical Review Committee
C/o Ron Briel, Program Manager
Licensure Unit, Division of Public Health
P.O Box 95026
Lincoln, NE 68509

Re: Credentialing Review Application for the Prescribing Psychologist Certificate submitted by the Nebraska Psychological Association

Dear Mr. Briel and Technical Review Committee Members:

My intent for this letter is to express support for the proposal by the Nebraska Psychological Association, which would allow licensed psychologists, who have completed comprehensive and specialized post-doctoral training in psychopharmacology, to prescribe psychotropic medications under Nebraska law.

I am a Nationally Certified School Psychologist, and Provisionally Licensed Psychologist. I am currently accruing post-doctorate hours in an outpatient clinical setting and working with the Educational Service Unit #13 as a behavioral health consultant to the 21 school districts in the panhandle of Nebraska. Having worked an accumulation of 10 years in the educational setting as well as two years in a clinic based setting, I have seen firsthand how the shortage of psychiatrists, especially in rural areas such as western Nebraska has led to difficulty in the home, community and school settings. Naturally due to the shortage of psychiatrists there are

often exceedingly long wait lists for psychotropic intervention. At times primary care of family physicians end up treating the mental health needs of individuals. However, non-psychiatric physicians (who are not necessarily trained to diagnose or treat mental illness) do not necessarily have time to effectively manage these mental health disorders and don't often have the training to provide psychotherapy or other psychological interventions. Consequently the follow up care and management of patient's mental health progress, including regular follow ups of medication management and client's treatment protocol adherence, becomes quite difficult for these physicians who have limited resources in these specialized areas.

As a school psychologist I am exposed firsthand how the shortage of prescribing psychiatrists has affected individuals in the home, community and school settings. The limited number of psychiatrists in this region naturally results in long wait lists for students to get the psychopharmacological treatment needed as well as makes the management of this medication much more difficult.

While schools and school psychologists have been and will remain unbiased when it comes to a family's independent choice to pursue psychopharmacological treatment for their children, working in the school setting I was exposed to a number of students who had un-medicated mental health disorders who wanted psychotropic intervention. Many of these individuals had made appointments with local psychiatrists, though in the long interim most experienced significant degradation. These were often the students who ended up accumulating significant number of absences, have interpersonal difficulty with their peers and teachers, and at times ended up self-medicating with illegal substances. Frequently ending up suspended or even expelled. Best case scenarios were these students continuing to attend class but unable to sustain attention due to their mental health needs. (Which if we are honest results in the same negative consequences as continual absences). To be more concrete, a student who has to wait 2 -3 months for psychopharmacological treatment likely is unable to fully or even sufficiently participate in their education during this time due to their various mental health needs. Therefore, in a 180 day school year this student is essentially missing out on 22%-33% of their academic education for that year. Furthermore, once these student receive pharmacological intervention the management of it becomes a difficult process with long waits in-between appointments. Consequently, many parents with whom I have worked within the schools, end up choosing to completely stop the intervention prior to their appointments and subsequently refuse their children psychotropic intervention due to the management difficulty. Allowing licensed psychologists who have completed post-doctoral training in psychopharmacology to prescribe medications would help remedy this access problem.

Since May, 2014 I have worked within the mental health clinic, Options in Psychology LLC. During even this short time working in the clinical world of mental health in Western Nebraska, I am growing more and more concerned about the shortage of psychiatrists and Advanced Practice Nurses. Due to the limited number currently employed paired with the difficulty keeping these professionals in our rural areas, there is a growing trend of clients receiving psychotropic medications from their Primary Care Physician or Physician's Assistant, likely due to the long wait lists to get into a psychiatrist. However, as previously discussed, primary care physicians are often not comprehensively trained in diagnosing or treating mental health needs and consequently will often not prescribe to clients if they have chronic or severe mental illness. Resulting in the previously noted scenarios of high risk, high need individuals without psychopharmacological treatment for substantial periods of time.

My experience working as and with licensed psychologists as well as while working in the school setting and consulting with student's treating clinical psychologists, I have found they are equipped to prescribe psychotropic medications and often have a more comprehensive understanding of the individuals true needs through their extensive interaction with the individuals and their families, teachers, etc. Psychologist already receive extensive training in evaluation, diagnosing, and treating individuals with mental health disorders as

well as extensive training the consultative process across settings, which is necessary to effectively engage in treatment and medication management.

Many medical doctors as well as psychiatrists already rely on the evaluation and diagnosis of the psychologist before they prescribe medications. Furthermore, they often collaborate closely together to monitor side effects and other pertinent information. The additional training required for psychologists to obtain prescription privileges, which include a carefully outlined program of post-doctorate education and training in psychopharmacology, would further add to the appropriateness of the psychologist's ability to provide psychopharmacological treatment to their clients.

The field of psychology is continually working toward enhanced, effective and empirically supported interventions. As a doctoral student many of my courses included research driven information regarding the effectiveness of combining psychotherapy and psychopharmacology. As a practitioner I see first hand how the integration of medication can enhance the progress of a client in psychotherapy and more often vice versa. This combination of treatment is empirically supported as most effective for many mental health disorders, leading to my support of and the obvious efficacy of granting prescription privileges to licensed psychologists. I myself am interested in and likely will pursue this training, to enhance the interventions I can provide as well as fill a significant need in rural areas. This practice is currently taking place in several other states as well as with the Indian Health Services (HIS) and with the military. As a young professional the question of where to practice often crosses my mind, the idea of being able to provide such comprehensive services in Nebraska lends itself toward my eagerness to stay in western Nebraska. I feel the addition of this privilege for Psychologist in Nebraska would not only enhance services but also provide incentive for psychologist to move to and remain in clinical practice within this state.

Thank you for your time and willingness to consider my thoughts regarding this proposal.

Sincerely,

Katherine E Carrizales, PhD, Ed.S, PLP, NCSP
Provisionally Licensed Psychologist
Nationally Licensed School Psychologist