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**INDEPENDENT CONTRACTORS**

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Members of the Psychology Prescribing Technical Review Committee  
c/o Ron Briel, Program Manager  
Licensure Unit, Division of Public Health  
Department of Health and Human Services State of Nebraska

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

Dear Mr. Briel and Technical Review Committee Members,

I'm writing in support of prescriptive authority for psychologists with postdoctoral training in psychopharmacology. As a mental health therapist in the Nebraska panhandle for the past eleven years, I can attest to the need for additional prescribers of medication for patients with mental illness in rural areas.

Because of the shortage of psychiatrists, as well as psychiatric nurses with prescriptive privileges, several of the clients I see have had long wait for initial appointments for medication evaluations. For example, one adolescent client I see for a severe anxiety disorder got an initial appointment with a local psychiatrist that was scheduled three months out. The delay in treatment with medication impedes my treatment with her in therapy as medication is desperately needed. Additionally, the client's acceptance of medication has begun to decline with this incredibly long wait time to start a medication trial.

Unfortunately, the shortage of prescribers also impacts established clients and not just those waiting of an initial evaluation. Another adolescent client of mine, who had just returned from a residential treatment center (RTC), was also given a three month wait time for a follow-up appointment. This was especially problematic since this client left the RTC on medications that were causing significant weight gain and contributing to this adolescent's low self-esteem and depression. An adult client elected to stop a prescribed medication on her own rather than waiting until her next appointment with her nurse practitioner. This client was unable to get an earlier appointment and did not want to continue the medication which was contributing to terrible stomach discomfort.

Several clients of mine have resorted to using their general medical provider for psychopharmacology. This can be problematic because not only because the GPs are not specifically trained in psychiatric illness, but because they already have a large demand placed on them. A psychologist with a depth of understanding in psychiatric illness, and additional training in psychopharmacology, would be much better suited to see clients with mental illness for combined therapy and medication management. This would free GPs to focus their treatment on other medical complaints.

Although I have not finished my doctorate in clinical psychology, I have to finish my dissertation; I would consider pursuing additional training in pharmacology so that as a psychologist I could prescribe medications to my clients. I think this would be a great benefit to clients who would be seen with more frequency and have combined treatment of both therapy and medication management.

Respectfully,

Carrie J. L. Howton, MEd, LIMHP  
Independent Mental Health Practitioner