


WHY PSYCHOLOGISTS

Are Uniquely Positioned to Prescribe Psychotropic Medications

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As the field of mental health continues to evolve, a more integrated and nuanced approach to care is emerging—one that values not just symptom reduction, but a deep understanding of human behavior, cognition, and emotional functioning. In this context, prescribing psychologists—licensed doctoral-level psychologists who have completed specialized training in psychopharmacology (e.g., earning a Master of Science in Clinical Psychopharmacology (MSCP), passing the Psychopharmacology Examination for Psychologists (PEP), and undergoing supervised experience)—offer a distinctive and increasingly essential contribution to the mental health workforce.

A BROADER THERAPEUTIC TOOLKIT

Unlike many other prescribing professionals, psychologists are extensively trained in the full spectrum of non-pharmacological interventions, including psychotherapeutic approaches, behavioral interventions, and further specializations. This allows prescribing psychologists to situate medication within a broader, holistic treatment framework. Rather than defaulting to medication as a first-line treatment, psychologists are often able to consider a wide array of therapeutic options, and reserve medication for when it is most appropriate, or to use medication in a more targeted way with potentially less use of multiple medications (aka "polypharmacy). Polypharmacy can have its place, but it is also true that stacking medications because one has not clarified the diagnosis is problematic. Thus, it is important that research has shown that psychologist prescribers are less likely to use such "polypharmacy" than psychiatrists (cf., Hughes et al, 2024).

SPECIALIZED EXPERTISE IN ASSESSMENT AND DIFFERENTIAL DIAGNOSIS

Psychologists receive specialized training in psychological and neuropsychological assessment, including measures of positive response bias, negative response bias, symptom magnification, performance validity, and adequate cognitive effort. Such tests uniquely position psychologists to diagnose using a "three-legged stool approach" (Albarus & Mack, 2012). This is in contrast to a "two-legged stool approach, which consists solely of clinical interview and mental status exam (Leg 1) plus record review and collateral interviews (Leg 2). Scientifically validated psychological and/or neuropsychological tests (Leg 3), such as those discussed above, allow psychologists to more accurately diagnose mental health symptoms than other specialties (cf. Poston & Hanson, 2010). Through these methods, psychologists can rule out malingering, detect neurocognitive dysfunction, and disentangle complex symptom presentations. In conditions like ADHD, Autism Spectrum Disorder, or complex OCD, accurate diagnosis often requires such nuanced assessments. This depth of diagnostic precision allows prescribing psychologists to better tailor treatment plans—including medication decisions—to the true underlying causes of dysfunction, and interface the medication with a wide array of non-medication approaches to mental health disorders.

A NUANCED UNDERSTANDING OF BRAIN HEALTH

The medical model—so effective for conditions in internal medicine and other strictly medical specialties—is not always directly applicable to mental health care, which, of course, involves treatment of the underlying organ, the human brain, and the brain's connections to the autonomic nervous system that now includes the gut-brain health (enteric) axis. Unlike physical illnesses that often respond to single pharmacological solutions (e.g., antihistamines for allergies, antibiotics for infections, aspirin or Tylenol for fever reduction, or cough suppressants for cough), mental health conditions often reflect intricate interactions among biological, psychological, and environmental factors. Treating each symptom with a separate medication can lead to medication-induced brain dysfunction that can negatively affect cognitive functions and can

have unintended neurobehavioral side effects that can actually make patient functioning worse. Psychologists trained in the scientist-practitioner model are well-suited to approach pharmacotherapy as an ongoing process of hypothesis testing. They are more likely to treat medications as part of a personalized "N of 1" experimental framework, in which medications are introduced sequentially and outcomes are carefully monitored and evaluated—often using repeat testing measures, an approach that respects both the complexity of the human brain and individual variability in response to psychiatric medication.

ADDRESSING DIAGNOSTIC COMPLEXITY WITH INTEGRATED CARE

Psychologists are particularly well-equipped to function as comprehensive mental health providers. When appropriately trained in psychopharmacology, psychologists can bring their expertise in precise diagnostic assessment, including psychological and neuropsychological testing, and integrate the same with the full range of treatment modalities, including medication management. This enables a streamlined and coordinated care experience, in which one clinician can oversee both the discovery and treatment of underlying mental health conditions. This integrated model can be invaluable when working with complex cases that defy simple categorization, but may also be applicable in more "simple" cases that can become more complicated once dug into (such as brain injury being behind emotional reactivity and response disinhibition instead of, for example, a misdiagnosis of Bipolar Disorder, or Borderline Personality features.)

VOICES FROM THE FIELD: DIFFERENT PSYCHIATRISTS' PERSPECTIVES

One especially compelling endorsement of the prescribing psychologist model comes from a perhaps unexpected source: psychiatrist Jim Phelps, MD, creator of the PsychoEducation YouTube series. In his 2025 video "Prescribing Psychologists" **(link)**, Dr. Phelps presents a layered argument for why RxP psychologists fill a critical gap in the mental health ecosystem.

Phelps explains that the current system has semi-predictable pathways: Individuals with psychosis or acute suicidality may end up in hospitals and transition to psychiatrists, while those with life-adjustment issues may find therapists in their community. Meanwhile, many patients with seemingly straightforward diagnoses like depression, ADHD, or anxiety will continue to be frequently managed in primary care using first-line medications such as SSRIs or stimulants.

What remains between these two extremes of life adjustment and extreme acute need is a murkier field that requires psychological expertise. This is the area of complex mood disorders, cyclothymia, obsessive compulsive disorders, more complicated ADHD subtypes, and more. People with these needs currently are underserved by primary care, and can't get in to see a psychiatrist—and this is where psychologists with an MSCP can uniquely help.

Psychologists with appropriate training can make both these complex diagnostic decisions with the broad range of tools in their diagnostic tool kit (from tests to brain imaging) on the one hand, while being able to utilize their broad-ranging treatment tool-kit that now includes both medication and non-medication approaches.

Problems also arise when cases are more refractory to treatment—such as those on the bipolar spectrum, mixed depression, subthreshold bipolarity, or stimulant-nonresponsive ADHD. These "difficult differentials," as Phelps calls them, fall into a gray area. He warns against an overly narrow lens: "If all you have is a hammer, everything looks like a nail." In contrast, prescribing psychologists "have more tools." These include nuanced medication options like lamotrigine, low-dose lithium, or lurasidone; therapies such as Social Rhythm Therapy; and the careful art of antidepressant management—whether that means correcting inadequate dosing or, in more complex cases, tapering patients off ineffective medications before trying alternatives."

Crucially, Phelps notes that this broader skillset is especially relevant given the severe shortage of psychiatric prescribers—over 95% of U.S. counties are currently underserved, and workforce projections suggest this gap will just continue to grow (cf. Ramesh et al, 2023; HRSA, 2023). In the meantime, prescribing psychologists offer a practical, competent, and immediately available solution.

TOWARD ETIOLOGICALLY INFORMED PRESCRIBING

The current diagnostic manual, the DSM-5-TR, has received growing criticism for its symptom-based categorizations, which may obscure underlying causes. Prescribing psychologists, with their deep grounding in psychological theory and research methods, and the three-legged stool approach to patient evaluation, are well-positioned to look beyond surface symptomatology to consider root causes—be they cognitive, neurobehavioral, emotional, or behavioral. In doing so, they are not merely prescribing for symptoms, but for systems, targeting the underlying mechanisms that sustain psychological distress.

CONCLUSION

Prescribing psychologists bring a unique perspective to the integration of medication in mental health care—one that emphasizes accurate diagnosis, thoughtful sequencing of treatments, and the full consideration of behavioral and non-medication interventions. As Dr. Phelps articulates, they offer tools and insight tailored for complex mental health presentations that do not fit neatly into existing pathways. This does not diminish the vital role of

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psychiatrists or primary care providers; rather, it expands the landscape of care. In an era calling for innovation, flexibility, and whole-person care, prescribing psychologists stand ready to help lead the way.

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