

Model Education and Training Program in Psychopharmacology for Prescriptive Authority

APPROVED BY THE APA COUNCIL OF REPRESENTATIVES
FEBRUARY 2019



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

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INTRODUCTION

Education and training in psychopharmacology for prescriptive authority have evolved rapidly over the past three decades. As of the revision of this document, there were four programs designated by APA offering this training on a postdoctoral basis. As more states pass laws authorizing properly trained psychologists to prescribe, it will continue to be necessary to define what is meant by “properly trained psychologists.” Psychology’s ethical responsibility to the public requires that the profession be able to define the training needs and minimum competencies required for prescriptive authority in a manner that ensures public safety and the effectiveness of the professionals who are training to prescribe. This document reflects the most current thinking in the field as to the nature of such education and training, and incorporates the knowledge and experience of professionals from a variety of disciplines with expertise in psychopharmacology. It represents the additional knowledge and experience derived since the 1996 and 2009 versions of this document, *Recommended Postdoctoral Education and Training in Psychopharmacology for Prescriptive Authority*, became APA policy.

APA Association Rule 30-8.3 requires that all APA standards and guidelines be reviewed at least every 10 years. Further, advances have been made in psychopharmacology education and training and prescriptive authority legislation enacted since APA’s *Recommended Postdoctoral Education and Training in Psychopharmacology for Prescriptive Authority* (2009 Recommended Training) was approved in 2009. Therefore, a joint Board of Educational Affairs (BEA), –Board of Professional Affairs (BPA), and Committee for the Advancement of Professional Practice (CAPP) Task Force was charged in 2017 to review the current program requirements and recommend any necessary updates and revisions.

Since the original model program standards were developed more than two decades ago, a number of training programs have been developed and legislation has been enacted in five states and one U.S. territory enabling appropriately trained psychologists to prescribe. The new programs have developed curricula with some uniformity as well as some variation in education and training models. The enabling legislation (including those pending or planned in several states), as well as the recognition and credentialing of prescribing psychologists in certain federal agencies (e.g., Department of Defense, Indian Health Service, and U.S. Public Health Service), have also varied in their requirements. These developments clearly called for additional revisions of the existing policy.

CONTEXTUAL FRAMEWORK

The training of psychologists in the practice of psychopharmacology is based on two foundations. The first is rigorous education in the psychological sciences with training as a practitioner of psychological interventions. The second is a firm grounding in the basic medical sciences that form the basis for utilizing biological interventions in a safe and effective manner. This curricular model for training a psychologist in the management of psychotropic medication is designed to add the skills of medication management to the psychological intervention skills in which the psychologist has been training. While the entire program for training psychologists to prescribe described in this document could be completed during a postdoctoral period of training, parts of the education and training can take place at the doctoral level.

It is important to note that this optional training in psychopharmacology does not alter the fundamental training of the traditional doctoral program. This training is optional and exists beyond the traditional training in psychology, thus it is anticipated that it will require a significant addition in time, effort, and resources. As conceptualized, the programs could either be sequential, whereby a student completes the traditional doctoral program first, and subsequently completes the psychopharmacology program; or the programs could be undertaken simultaneously.

Programs that choose to offer preparation for clinical training in psychopharmacology will initially offer foundational coursework leading to competency in human anatomy, human physiology, biochemistry, and genetics at the doctoral or postdoctoral level to be safe prescribing psychologists. Training in physical assessment may be offered as part of a physiology and pathophysiology sequence by combining these courses with a supervised physical assessment experience that may also be completed at the doctoral or postdoctoral level. Subsequent courses reviewing the scientific basis of psychopharmacology and its application to clinical practice will build on this grounding in the basic medical sciences and may be completed at either the doctoral or postdoctoral level. Practical training in the management of psychotropic medications in combination with psychological interventions shall continue to take place at the postdoctoral level following licensure as a doctoral level health services provider. Overall, the education and training will reflect the integration of knowledge of the basic medical sciences, research literature, and practice experience on the utilization of psychopharmacological and psychological interventions.

Psychopharmacology education and training for psychologists, while incorporating elements of the training traditions in medicine, pharmacy, and nursing, should be conducted in a manner consistent with the education and training of psychologists, with its focus on a comprehensive understanding of the person derived from the social and behavioral sciences. Permitting this training to occur at both the doctoral and postdoctoral level will meet the needs of a new generation of students as well as practicing psychologists. This model is offered as a service to the public by describing the minimum requirements for training. States may also mandate continuing education requirements for psychologists credentialed to prescribe.

ESSENTIAL ELEMENTS

Doctoral and Postdoctoral Education and Training

This program adds to the training of doctoral-level psychologists by augmenting with advanced training in a specific content area (psychopharmacology). It represents a significant expansion of the scope of practice for those trained under this model. The general prerequisites for admission to a doctoral program in psychology remain the same. However, there may be program-specific prerequisites to psychopharmacology training that must be fulfilled. It is the responsibility of the program to ensure that the sequencing of didactic instruction preserves the coherence of the psychological training of the student. Students may be admitted for postdoctoral training if they possess: (1) a doctoral degree in psychology; (2) current licensure as a psychologist; and (3) practice as a health service provider as defined by state law, where applicable, or as defined by APA. Students who complete a portion of their training at the doctoral level must be enrolled in a doctoral program accredited by the APA or an accrediting body recognized by the U.S. Secretary of Education for the accreditation of health service psychology education and training in preparation for entry to practice. The 1996 and 2009 Recommended Postdoctoral Training Program includes didactic coursework prerequisites in the basic sciences and functional neurosciences that are expanded upon in these standards. Training programs in psychopharmacology offering coursework to doctoral students may grant transfer credit by the same standards applied to the acceptance of credit for other doctoral-level coursework in their respective programs. Postdoctoral training programs in psychopharmacology for prescriptive authority can award transfer credit limited to the basic science and functional neuroscience domains of the curriculum. The program must be offered at a regionally accredited institution.

Didactic Instruction and Supervised Clinical Experience

This model curriculum establishes the possibility of providing psychopharmacology training at both the doctoral and postdoctoral level. The inclusion of an option for doctoral-level training, and the sequencing of foundational coursework with courses in the biological sciences occurring first, suggests a sequence in the practical training of prescribing psychologists that begins with training in physical assessment followed by practical training in psychopharmacology.

The practical training in physical assessment (i.e., supervised clinical experience in physical assessment) may be combined at either the doctoral or postdoctoral level with courses that support mastery of those physical assessment skills necessary to prescribe and manage psychotropic medications safely and effectively. The focus must include mastery of basic skills to evaluate those aspects of a patient's health status sufficient to ensure the

patient's suitability for treatment with medication, the monitoring of health parameters that may be impacted by medication, and the knowledge base necessary to refer to and collaborate with other prescribers in the management of more medically complex patients. The mastery of physical assessment should be achieved through practical experience in supervised patient health assessments done in collaboration with medical providers licensed to conduct independent physical assessments.

The final stage of practical training, a prescribing psychology fellowship, is to take place postdoctorally after the satisfactory completion of the didactic curriculum and after the fellow is licensed at the doctoral level to practice psychology.

The term "supervised clinical experience" is substituted for the term "practicum" used in the 1996 Recommended Training.

Addition of a Competency Model

The curriculum promotes integration of knowledge, skills, and attitudes fundamental to professional practice with psychopharmacologic interventions. Movement to competency-based models to measure education and training outcomes is occurring across the health professions. These models include both formative (ongoing) and summative (end point) assessment approaches. Various entities within psychology (e.g., APA Benchmark Competencies Initiative, APA Policy on Education and Training Leading to Licensure, and the Practicum Working Group on Competencies) are focusing on the identification and assessment of competencies in education and training. This has resulted in important changes in how educational outcomes are defined and evaluated. The APA Task Force on the Assessment of Competence in Professional Psychology articulated 15 principles¹ that are a useful resource in this process. By focusing on necessary competencies, the standards articulated in this document are intended to allow maximum flexibility in program design within the context of ensuring an optimal educational experience.

Capstone Competency Evaluation

To be consistent with a model that emphasizes mastery of essential competencies, training programs developed under these standards provide a capstone competency evaluation that requires integration of the knowledge, skills, and attitudes that psychologists are expected to master during their matriculation in the program. Two recommended methods of evaluation are a review of a portfolio of cumulative supervised clinical experiences, or a review of the application of knowledge, skills, and attitudes to clinical situations ranging from routine, uncomplicated cases to those of a more complex nature involving multiple medical comorbidities. This evaluation is distinct from any evaluation that focuses exclusively on mastery of information, such as the Psychopharmacology Examination for Psychologists (PEP). The capstone competency evaluation is summative and follows demonstrated mastery of multiple, foundational competencies throughout the training program. Typically, the capstone compe-

¹ <https://www.apa.org/ed/resources/competence-report>

tency evaluation will be completed within five years of completion of the didactic portion of the curriculum. Successful completion of the prescribing psychology fellowship requires the presentation of an acceptable capstone competency evaluation that incorporates all relevant coursework and clinical work completed in preparation for and during the prescribing psychology fellowship.

Education and Training in Issues of Diversity

Programs developed under these standards will continue their commitment to providing training courses and experiences that encourage cultural knowledge and sensitivity to the interactions of pharmacological interventions with development across the lifespan, sex assigned at birth, gender identity, and health status, including co-occurring health and psychological conditions, race, ethnicity, culture, socioeconomic status, disability, nationality of origin, generational status, citizen status, and other forms of population diversity. This focus is reflected in both the didactic and experiential program components so that psychologists will develop appropriate skill-based competencies to address the unique needs related to diversity and inequity in the population being served.

Designation Process Requirement

Programs will be evaluated by the APA Designation Committee for Education and Training Programs in Psychopharmacology for Prescriptive Authority (RxP Designation Committee) based upon the curriculum requirements set forth in this document. Adherence to these standards, therefore, requires attainment and maintenance of designation status or its successor if so approved by APA.

Maintenance of Psychopharmacology Competencies through Lifelong Learning

Programs in psychopharmacology for prescriptive authority as outlined herein are rigorous and comprehensive in didactic content, clinical experiences, and the integration of psychological and pharmacological principles. Programs developed under these standards place a special emphasis on preparing psychologists to evaluate future advances in psychopharmacological knowledge and on the critical importance of lifelong learning in psychopharmacological practice.

Prescribing psychologists need to sustain their competencies as prescribers of psychotropic medication in addition to maintaining their competencies as practicing psychologists. Ongoing continuing education within the domain of psychopharmacology as well as general psychological service provision is essential, as required by the jurisdiction including states and territories.

SUMMARY

These standards further advance a competency-based model of learning and assessment in preparation for prescriptive authority as well as increased emphasis on the development of competency through supervised clinical experiences in physical assessment and medication management. They are intended to set the context for understanding the curriculum and should be reviewed again in 10 years.

Prerequisites for Admission to Education and Training Programs in Psychopharmacology

For education and training in psychopharmacology, programs must require students be admitted to (for those completing a portion of the education and training at the doctoral level) or have completed (for those pursuing training entirely at the postdoctoral level) a doctoral program in psychology in order to participate in the initial training in basic science, functional neuroscience, and the supervised clinical experience in physical assessment (see Domains I, II, III & IV below). Students who complete a portion of their training at the doctoral level must be enrolled in a doctoral program accredited by the APA or an accrediting body recognized by the U.S. Secretary of Education for the accreditation of health service psychology education and training in preparation for entry to practice.

- Students are eligible for additional didactic coursework and training following the successful completion of the supervised clinical experience in physical assessment.
- Students are eligible for the prescribing psychology fellowship following licensure as a doctoral-level psychologist.
- Students will have met all eligibility requirements for entry into the prescribing psychology fellowship following completion of all other didactic and experiential requirements for training as a prescribing psychologist.

Program Characteristics

The entire program of education and training shall be an organized and sequenced program of instruction at the doctoral and/or postdoctoral level.

The program is responsible for determining and disseminating admissions standards. The program could develop policies for allowing credit from a previous graduate or postdoctoral education and training program(s). For students admitted to doctoral psychology programs, transfer of credit should be granted on the same basis as transfer of credit for other doctoral-level courses leading to the granting of the doctorate in psychology.

To ensure that the training experience is up to date, sequential, and cumulative, postdoctoral programs may allow transfer of a limited number of credits as appropriate for previous coursework limited to the basic science and functional neuroscience domains (Domains I & II). This does not preclude the development of program policies that would permit, on an individual basis, the meeting of program requirements through a current demonstration of

competencies obtained through prior postdoctoral education and training. In such unusual cases, program policies should explicitly state the criteria for such decisions, and there should be an accompanying record of the specific competencies demonstrated by the psychologist and those yet to be acquired through the program.

The program is accountable for establishing and demonstrating evidence of appropriate quality assurance mechanisms. As such, the program will demonstrate the following characteristics:

- **Ethical standards:** The program administrators and faculty will abide by the current Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association.
- **Mission:** The program has a clear and comprehensive mission statement that guides it, is approved by the governing body, and is publicly communicated.
- **Governance and administration:** The program has sufficient financial resources and access to appropriate physical resources to support its mission. The program has qualified administrators, including a psychopharmacology program director, with appropriate administrative authority. The legal authority and operating control of the program are clearly described.
- **Program characteristics:** The program is an integrated and organized program of study. The program has an identifiable body of students. The program is clearly identified and labeled as a doctoral and/or postdoctoral education and training program in psychopharmacology for prescriptive authority. The program ensures the quality of education and training, including any consortial relationships or contractual agreements. The program protects the security, confidentiality, integrity, and availability of student records. The program has due process and grievance procedures that are publicly available. The program engages in a process of self-evaluation every three years at a minimum and submits a written response as required by the Designation Criteria. The doctoral program students maintain a status of “in good standing” during participation in the training program. Postdoctoral students maintain licensure throughout the program. The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The program has made systematic, coherent, and long-term efforts to attract and retain students and faculty from diverse backgrounds into the program.
- **Faculty:** Faculty and supervisors are qualified and sufficient in number to accomplish the program’s education and training goals. The psychopharmacology program director must be a licensed psychologist trained in psychopharmacology. The program faculty and supervisors may come from a variety of appropriate disciplines to include neuroscience and licensed practitioners of medicine, pharmacy, and nursing. When possible, the inclusion of prescribing psychologists as faculty is encouraged. Faculty participate in the program’s planning, implementation, and evaluation.

- **Learning Resources:** The program provides access to facilities, services, and learning/information resources that are appropriate to support its didactic and experiential teaching, research, and service mission. This should include access to facilities, library materials, and an appropriate array of learning and point of service resources. Further, the program will offer an integrated and sequential program of instruction as evidenced through the following:

- a. an organized sequence of courses with relevant syllabi;
- b. frequent evaluation of students’ knowledge and application of that knowledge and feedback to students of outcomes;
- c. periodic program evaluation a minimum of every three years; and
- d. certification of program completion upon demonstration of appropriate level of competence, the prescribing psychology fellowship, and the capstone competency evaluation.

Didactic Instruction and Supervised Clinical Experience

A competency-based approach entails educational objectives or defined competencies at each level of learning. Competencies require demonstration of the ability to perform defined tasks along a continuum with a wide range of possible outcomes. Competencies are conceived as holistic and represent:

- **knowledge** of subject matter concepts and procedures;
- **performance** of behaviors that demonstrate specific skills and abilities;
- **problem-solving** strategies and capabilities that involve elements of critical thinking and ethical responsibility; and
- **self-reflection** that focuses on knowing the limits of one’s knowledge; clarification of attitudes, beliefs, and values; identification of self-perceptions and motivations in the context of prescriptive authority, cultural competency, and skills working with diverse populations; and recognition and identification of sources of bias.

Among the goals of training is to ensure that graduates:

- are able to identify those patients for whom psychotropics may be indicated or not indicated;
- are able to recognize adverse effects that are associated with medications; and
- can recognize when medical consultation, collaboration, and/or referral is necessary.

Assessment of the delineated competencies for prescriptive authority includes approaches that integrate evaluation that is both formative (i.e., ongoing corrective feedback that advises further development) and summative (i.e., determines attainment of a specific compe-

tency). Assessment is developmentally informed and conducted using multiple reliable and valid methods and varied sources of information. This approach shifts the focus from exclusively documenting what is taught to a method based on demonstrating what students have learned and how they effectively apply didactic instruction in integrated practice. Throughout the curriculum, students will demonstrate threshold performance levels at identified benchmarks of competence across the delineated competencies.

The topics that should be addressed by the psychopharmacology curriculum must cover a broad range of both basic science and clinical content areas with sufficient specificity such that the student is adequately prepared for the practical application of the knowledge and skills attained. All areas should also address cultural context, including variability due to development across the lifespan, sex assigned at birth, gender identity, and health status, including co-occurring health and psychological conditions, race, ethnicity, culture, socioeconomic status, disability, nationality of origin, generational status, citizen status, and other forms of population diversity. A foundation of knowledge should be laid so that the student can continually develop an understanding of, and ability to use, emerging therapies and treatments. This foundation should include instruction in core principles regarding the implementation and evaluation of research on psychotropic medications.

Didactic Content Areas

The approaches taken to didactic instruction of content should make use of multiple pedagogical methods. In addition to the provision of knowledge via more traditional means such as readings, lecture, and discussion, participants may make use of various means to apply, integrate, and thereby broaden their knowledge via the analysis of clinical cases, problem-based learning, computerized patients and simulations using layered decision models, and skills-based demonstrations throughout the curriculum in order to develop the competencies as detailed below.

Recognizing that this is a dynamic field and that subsequent revision may become necessary over time, a minimum of 400 contact hours of didactic instruction is expected in the following content areas (I-XIII).

As programs may develop specific courses using different content integration approaches, these are not meant as specific courses and the contact hours are not broken down for each area.

With the goal of maintaining patient safety while prescribing psychotropic medication, the trainee is expected to demonstrate knowledge in the following domains (I-XIII), with clinical competence obtained by the completion of the fellowship in those indicated with an asterisk (*).

- I. Basic science (this domain can be taken at the undergraduate level, at the discretion of the program)
 - a. Human anatomy
 - b. Human physiology
 - c. Biochemistry
 - d. Genetics
- II. Functional Neuroscience
 - a. Neuroanatomy
 - b. Neurophysiology
 - c. Neurochemistry
- III. Physical examination
 - a. Measurement and interpretation of vital signs*
 - b. Neurological exam*
 - c. Cardiovascular exam
 - d. Respiratory exam
 - e. Abdominal examination
 - f. Eye, ear, nose, and throat, (EENT)
 - g. Gastrointestinal (GI)
 - h. Genitourinary (GU)
 - i. Integumentary
 - j. Allergic/immunologic
 - k. Musculoskeletal
- IV. Interpretation of laboratory tests
 - a. Therapeutic drug monitoring*
 - b. Other blood and urine tests
 - c. Radiology
 - d. Electrocardiogram (EKG) and brain electrophysiology
 - e. Neuroimaging techniques [e.g., magnetic resonance imaging {MRI}, functional MRI {fMRI}, computerized tomography {CT}]
 - f. Applied genetics
- V. Pathological basis of disease
 - a. Pathophysiology of common clinical cardiovascular, respiratory, gastrointestinal, hepatic, neurological, and endocrine conditions
- VI. Clinical Medicine
 - a. Clinical manifestations, differential diagnosis, and laboratory or radiological evaluation of commonly encountered medical conditions
 - b. Special cases: children, women, and older adults, health-related conditions (e.g., pregnancy, hormone therapy), and people living with chronic health conditions (e.g., hypertension, diabetes, HIV/AIDS, Hep C, breast and hematological cancers and conditions)
 - c. Medical emergencies and their management
- VII. Clinical Neurotherapeutics

- a. Electrophysiology (e.g., quantitative electroencephalogram (EEG), neurofeedback)
 - b. Non-invasive interventions (e.g., transcranial magnetic stimulation, EEG neurofeedback, biofeedback)
 - c. Electroconvulsive therapy (ECT)
- VIII. Systems of care*
- a. Coordination of care with other medical specialties
 - b. Consultations and referrals
 - c. Coordination and consultation in long-term care
- IX. Pharmacology*
- a. Pharmacokinetics and drug delivery systems
 - b. Pharmacodynamics
 - c. Neuropharmacology
 - d. Toxicology
 - e. Mechanisms of medication interactions
- X. Clinical Pharmacology*
- a. Major drug classes
 - b. Nutritional supplements
 - c. Special cases: children, women and older adults, health-related conditions (e.g., pregnancy, hormone therapy), and people living with chronic health conditions (e.g., hypertension, diabetes, HIV/AIDS, Hep C, breast and hematological cancers and conditions)
- XI. Psychopharmacology*
- a. Sedatives/hypnotics
 - b. Antidepressants
 - c. Antipsychotics
 - d. Mood stabilizers
 - e. Anxiolytics
 - f. Stimulants
 - g. Medications for drug dependence
 - h. Medications for drug adverse effects
 - i. Pediatric psychopharmacology
 - j. Geriatric psychopharmacology (including medications for cognitive impairment, polypharmacy)
 - k. Issues of diversity and cultural competence in pharmacological practice (e.g., sex assigned at birth, gender identity, race, ethnicity, culture, socioeconomic status, disability, nationality of origin, generational status, citizen status, other forms of population diversity, traditional practices, and lifespan factors related to drug metabolism access, acceptance, and adherence)

- l. Clinical decision-making and standard practice guidelines
- m. Guidelines for prescribing controlled substances

XII. Psychopharmacology Research*

- a. Phases of drug development
- b. Clinical trials in psychiatry
- c. Critical evaluation of evidence

XIII. Professional, Ethical, and Legal Issues*

- a. Documentation (e.g., nomenclature, abbreviations, prescription writing)
- b. Conflicts of interest/relationships with the industry
- c. Scope of practice issues
- d. Diversity and equity issues related to treatment access and adherence

Supervised Clinical Experience

The supervised clinical experience should be an organized sequence of education and training that provides an integrative approach to learning as well as the opportunity to assess competencies in skills and applied knowledge. The intent of the supervised clinical experience is twofold:

- To provide ongoing integration of didactic and applied clinical knowledge throughout the learning sequence, including ample opportunities for practical learning and clinical application of skills.
- To provide opportunity for programs to assess formative and summative clinical competency in skills and applied knowledge.

In addition to the didactic hours, the number of hours needed to achieve mastery of clinical competencies is expected to be substantial and will vary across individuals.

Both types of supervised clinical experiences (the supervised clinical experience in physical assessment and the prescribing psychology fellowship) are intended to be an intensive, closely supervised experience. The range of diagnostic categories, settings, and characteristics such as development across the lifespan, gender identity, health status, medical complexity, comorbidities, and ethnicity reflected in the patients seen in connection with the supervised clinical experience should be appropriate to the current and anticipated practice of the trainee. Prescribing psychologists that provide services to special populations (children and adolescents, older adults) must have both the necessary education, clinical training, and experience as a psychologist with that population as well as supervised experience in psychopharmacology with that population.

The prescribing psychology fellowship should allow the practitioner to gain exposure to acute, short-term, maintenance medication strategies, polypharmacy, tapering/discontinuing

medications, and integrating other forms of psychological care into the treatment plan, preferentially including exposure to inpatient, consultation/liaison, emergency department, and outpatient care.

The student must complete supervised clinical experience with a sufficient range and number of patients in order to demonstrate threshold performance levels for each competency area. In order to achieve the complex clinical competency skills required for independent prescribing, a sufficient number of supervised patient contact hours must be completed with a minimum of 100 patients, which includes patients representative of all stages of psychopharmacological treatment (initiation and maintenance through termination of treatment). The supervised clinical training experiences must be approved by the training director prior to commencing that placement. The program must document the total number of supervised clinical experience hours that students experience. These must be broken out by face-to-face patient contacts.

In addition, the method and appropriate benchmarks for assuring each clinical competency must be described. These methods may include, for example, performing physical examinations and presenting cases based on actual and simulated patients. The trainee recommends/prescribes in consultation with or under a designated supervisor(s) who possess demonstrated skills and experience in clinical psychopharmacology and in accordance with the prevailing jurisdictional law.

The program is responsible for the approval and oversight of each supervised clinical experience.

Final approval of the supervised clinical experience must be provided by the program prior to initiation.

Some supervised clinical experience may be integrated into each level of education and training; however, this training leads to a prescribing psychology fellowship that culminates in a capstone competency evaluation.

The clinical competencies to be demonstrated by the student should be those necessary for the safe utilization of pharmacological as well as psychological interventions.

The clinical competencies targeted by this experience include the following:

1. **Physical exam and mental status:** Knowledge and execution of elements and sequence of both comprehensive and focused physical examination and mental status evaluation, proper use of instruments used in physical examination (e.g., stethoscope, blood pressure measurement devices), and scope of knowledge gained from physical examination and mental status examination recognizing variation associated with developmental stage and diversity.
2. **Review of systems:** Knowledge and ability to systematically describe the process of integrating information learned from patient reports, signs, symptoms, and a review of each major body system, recognizing normal developmental variations and making appropriate referrals to other licensed health professionals.
3. **Medical history interview and documentation:** Ability to systematically conduct a patient or parent/caregiver clinical interview in order to produce an integrated report of a patient's medical, surgical, and psychiatric (if any) history and medica-

tion history in cultural context as well as a family medical and psychiatric history, and to communicate the findings in written and verbal form.

4. **Assessment—indications and interpretation:** Ability to order and interpret appropriate tests (e.g., psychometric, laboratory, and radiological) for the purpose of making a differential diagnosis and for monitoring therapeutic and adverse effects of treatment.
5. **Differential diagnosis:** Use of appropriate processes, including established diagnostic criteria (e.g., ICD-10, DSM-5), to determine primary and alternate diagnoses.
6. **Integrated treatment planning:** Ability to identify and select, using all available data, the most appropriate treatment alternatives, including medication, psychosocial, and combined treatments and to sequence treatment within the larger biopsychosocial context.
7. **Consultation and collaboration:** Understand the parameters of the prescribing psychologist's role, including how to effectively work with other professionals in an advisory or collaborative manner in the treatment of a patient.
8. **Treatment management:** Apply, monitor, and modify, as needed, treatments; write valid and complete prescriptions, referrals, and consults; be aware of the impact of healthcare costs; evaluate and monitor the impact of biological and psychological interventions on the patient's health status.



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