Letters

Psychologists: Trained to recognize medical problems

In her letter "Why MDs—not psychologists—prescribe" (CURRENT PSYCHIATRY, January 2006, p. 2-3), Dr. Susan Redge provides a brief case report to illustrate why she feels psychologists are not qualified to prescribe psychotropics.

I appreciate Dr. Redge's attempt to facilitate discussion of an issue that affects both psychology and psychiatry, but I'm not sure that her case is a valid and representative example.

First, clinical psychologists receive on average 7 years of graduate-level training in assessing and correcting psychological and psychiatric disorders. Thus, the clinical psychologist is more than qualified to recognize the incongruence between the sample patient's clinical presentation and history.

Second, the patient "spontaneously" disclosed that he has type I diabetes mellitus. This was not discovered through an in-depth clinical interview or laboratory analysis, so I cannot see how having a degree in medicine versus psychology applies in this example.

Finally, upon realizing that the patient's blood glucose was abnormally low, Dr. Redge referred the patient to a higher level of care. Any competent clinical psychologist would do the same.

I encourage Dr. Redge to consider the extensive training clinical psychologists receive in diagnostics, assessment, and intervention. I also suggest that she review programs that provide psychopharmacology training for psychologists. She—and other psychiatrists—may be surprised.

Bret Moore, PsyD
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Dr. Redge responds

I did not intend to suggest that psychologists are not well-trained or extensively educated. And I did not know, as Dr. Moore suggests, that their training is equivalent to medical school.

I tried to make my letter brief and to the point, which is probably why Dr. Moore assumed that my patient "spontaneously" disclosed that he had type I diabetes. I asked the patient numerous questions, some of them admittedly leading. Still, eliciting the information was not easy. I did have a high index of suspicion, however, which was why I ordered a blood glucose check. I analyzed the results and identified hypoglycemia, which was why I ordered the nurse to give him some orange juice and get him to the ER.

I doubt that an "in depth" clinical interview would have comforted the patient's family if he had slipped into a coma and died. Time can be critical.

To me, this patient dramatically showed how an organic illness may present as psychosis. It was a defining moment in my life; I felt gratified that my years of education and training allowed me to help someone, and that I had to be a physician first.

Insurance companies, and even some other physicians, do not fully appreciate the psychiatrist's role in medical care. Consequently, some insurers try to save money by letting nonclinicians offer psychiatric care. They must remember that psychiatry is a medical specialty and all psychiatric illness is medical illness.

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Related resources

- American Society for the Advancement of Pharmacotherapy. Links to training programs for clinical psychologists. www.division55.org/Pages/PostdoctoralEducation.htm
- American Psychological Association. Prescriptive authority. www.apa.org/monitor/may04/prescriptive.html

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