



**CSPP** CALIFORNIA SCHOOL OF  
PROFESSIONAL PSYCHOLOGY  
ALLIANT INTERNATIONAL UNIVERSITY

Honorable Deb Matthews, MPP  
Ministry of Health and Long-Term Care  
10<sup>th</sup> Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, Ontario M7A 2C4

Dear Minister Matthews:

I'd like to take this opportunity to write to you on an important public health issue – training psychologists to utilize psychotropic medications as a component of a behavioral health intervention. My name is Morgan Sammons; I am a retired Captain in the United States Navy. While on active duty in the Navy, I served as the Navy clinical Psychology specialty leader, or the chief psychologist for the US Navy. Prior to my retirement in January of 2008 I also served as the US Navy Surgeon General's special assistant for Mental Health and Traumatic Brain Injury.

I currently serve as the Dean of the California School of Professional Psychology – one of the largest and oldest freestanding schools of psychology in the US. The California School of Professional Psychology, in addition to training doctoral level psychologists and MFT practitioners, offers a postdoctoral masters' degree in psychopharmacology, comprised of over 450 hours of coursework in all areas required to produce a safe and effective prescriber. Over the past decade we have graduated over 400 psychologists who possess the requisite knowledge to utilize psychotropic drugs in their practices.

I was one of the first two graduates of the Department of Defense Psychopharmacology Demonstration Project, a program beginning in 1991 that trained 10 clinical psychologists to safely and effectively use psychotropic medication in the context of a comprehensive psychological treatment regimen. This program involved an extensive curriculum in neurosciences, health assessment, pharmacology and psychopharmacology. This pilot program went through several iterations before it ended in 1998. The program served as the nucleus for the development of a number of postdoctoral training programs in psychopharmacology in the

private sector. Currently there are three American programs in psychopharmacology that have been designated by the American Psychological Association. These programs are offered by the California School of Professional Psychology, New Mexico State University, and Fairleigh Dickinson University. Collectively, over 1,000 psychologists have been trained to acquire prescriptive authority, and exercise that authority in the US Department of Defense (all three branches of the US military – Army, Navy and Air Force – credential psychologists to prescribe), portions of the US Public Health Service, the states of New Mexico and Louisiana, and the territory of Guam. As of this writing, there has been no instance in which patient safety has been compromised by inappropriate prescribing by a psychologist and no malpractice claims have been filed, and no adverse credentialing action taken as a result of practicing outside the standard of care. Based on my knowledge of the practice of prescriptive trained psychologists while on active duty, and surveying the practices of those now working in civilian settings, my colleagues and I have been unable to find any instance of unsafe or substandard practice by prescribing psychologists that resulted in any adverse action against that prescriber. *Simply put, the argument that prescribing psychologists will affirmatively harm patient safety has no merit.*

After I completed the Psychopharmacology Demonstration Project, I practiced as a prescribing psychologist until my retirement from the Navy in 2008. I treated thousands of patients, both active duty and their beneficiaries, in the US and in remote sites around the globe where psychiatric resources were scarce or unavailable. I treated patients in Iceland, Japan, and most recently in Fallujah, Iraq. I did not use psychotropic medications extensively in Iraq, but there were instances where their use in soldiers and Marines provided not only relief from emotional distress but helped prevent unnecessary returns and helped to preserve the fighting force.

Shortages of appropriately trained prescribers of psychotropics is an enduring problem in the military, in the civilian health care sector, and in particular in public health delivery systems. Prescribing psychologists can safely and effectively ameliorate this shortage, and we now have over 20 years of accumulated practice by prescribing psychologists to demonstrate this. The need continues to be real, and psychologists provide a real solution. Because psychologists are first trained in behavioral interventions, we are also more likely to employ combined treatment approaches than those trained in a purely medical model, so the risks of overprescribing are lessened.

Psychologists are highly trained in comprehensive mental health services, including biological bases of behavior and mechanisms of mental disease, in their doctoral training long before they enter postdoctoral training to prescribe. They have demonstrated that they are eminently capable of acquiring the requisite knowledge to safely incorporate medications, when needed, into a mental health treatment plan. Psychologists who have already achieved the right to prescribe have convincingly demonstrated that they can do so safely and effectively, to the benefit of numerous patients and their families with mental health needs.

Thank you for the opportunity to communicate with you regarding this important issue. I am pleased to answer any questions you may have, please do not hesitate to call on me via phone at 415-955-2066 or via email at [msammons@alliant.edu](mailto:msammons@alliant.edu).

Very truly yours,

A handwritten signature in black ink, appearing to read "Morgan T. Sammons". The signature is written in a cursive style with a large, looping initial "M".

Morgan T. Sammons, PhD, ABPP