Psychologists and Prescription Privileges: A Conversation (Part One)

A psychiatrist discusses psychologist prescription privileges with his patient.

Published on March 30, 2010 by Daniel Carlat, M.D. in The New Psychiatry

The always controversial topic of whether psychologists should be allowed to prescribe medications is back on the public stage with a vengeance. Oregon just overwhelmingly passed legislation authorizing psychologists' prescription privileges after a 3 ½ year course of extra training after their PhD. Recently, I had a conversation with one of my patients about this issue. Here is Part One.

"Dr. Carlat," asked Linda. "I've always wondered--what is the difference between a psychiatrist and a psychologist?"

"The main difference," I said, leaning back in my leather chair, "is that psychiatrists can prescribe medications, while psychologists--with a few exceptions--cannot."

"So...that's the only difference?"

"No. Psychologists have much more training in doing talk therapy."

"So to become a psychiatrist, do you go to psychiatry school?"

"No-to be a psychiatrist you have to go to four years of medical school first, then you do one year of general medical work in a hospital, and then you go to three years of something called psychiatric residency, which is an on the job training program."

"Wait a minute," asked Linda, almost jumping out of her Queen Anne chair. "You went to medical school?"

"Yup."

"You mean like where you cut open cadavers, do surgery, deliver babies, and do rectal exams?"

"Uh huh."

"But why would a psychiatrist have to learn all those things? You don't do physical exams or surgery, do you?"

"No I don't. And almost none of my colleagues do either. Mostly what we do is what I am doing right now-sit across from people and talk to them. And at the end of the conversation, I usually write out a prescription."

"So you have to go to five years of medical training just to write prescriptions?"

"Well...not really. In fact, there are hundreds of thousands of health care practitioners who can write prescriptions who never attended medical school, like nurse practitioners, optometrists, podiatrists, and nurse midwives."

"But how can they write prescriptions if they didn't go to medical school?"
"Because each profession has a training program that incorporates enough elements of medical school to allow them to prescribe safely."

"But what's the point? Why do we need all these other professionals? Why doesn't everybody just go to medical school?"

"Because for many years there has been a severe shortage of doctors in the U.S. If we required the full medical school training for everybody who did anything medical, patients would have to wait for months before they could get any type of treatment. So these other professions have created streamlined training allowing them to do certain specific medical tasks. And as long as they do only what they were trained to do, research has shown that they perform just as well as doctors, and in some cases even better, at least in terms of patient satisfaction."

"You, mean, like the nurse practitioner I see every time I have doctor's appointment? She's really nice, and always spends at least a half hour with me. With my doctor, it seems he's always in a huge rush."

"Right."

"So you said there are some cases where psychologists can prescribe. What do you mean?"

"Well, first, let's talk about how psychologists get trained. They start by going to five to seven years of graduate school in psychology, where they learn all about how to make psychiatric diagnoses, about neuropsychology and how the brain works, how to use different talk therapies to help people, and how to do research to show whether certain treatments actually work."

"And then they can prescribe?"

"No—before they can enroll in a prescription training program, they have to practice their craft for at least two years. That means seeing patients, doing therapy, and often learning quite a bit about psychiatric drugs, because so many of their patients are on such medications, as prescribed by a family doctor or a psychiatrist."

"So after that, they can prescribe?"

"No. After at least two years of clinical practice, they are eligible to enroll in a special master's degree in psychopharmacology. They learn about all the psychiatric drugs, how to prescribe them, which lab tests must be ordered before you start patients on them, how to make sure patients don't have a medical illness that mimics a mental disorder."

"Wow—what a marathon. After all those years of work, then can they prescribe medicine?"

"No, not yet. They still have to do a year or so of practical, on the job supervised training in prescribing."

"And then, finally, they can prescribe?!"

"Well, only if they happen to have offices in New Mexico, Louisiana, Guam, or if they are hired by a branch of the U.S. military. All of these entities allow qualified psychologists to prescribe."

"Wait a minute. It sounds like these prescribing psychologists would be the ideal people to treat mental disorders. They do therapy, they understand the brain, and they know how to prescribe brain medications. Why are they not allowed to prescribe everywhere in the U.S.?"
Psychologists Win Prescribing Rights

Not surprisingly, closing one of the Oregon legislature’s most longstanding “scope-of-practice” issues still feels unresolved

By:

David Rosenfeld

February 25, 2010 – Beginning in July of next year, licensed psychologists may gain the right to prescribe certain mental health drugs under a bill (Senate Bill 1046) that passed the Oregon House and Senate this week. Everything hinges on whether Gov. Kulongoski decides to veto the measure.

The bill sets up training and certification requirements for prescribing psychologists. While the bill marks the culmination of a longstanding debate at the state capitol, this issue is by no means resolved.

The matter must still come before a new committee that reports to the Oregon Medical Board before issuing its first license. In addition, lawmakers created yet another task force to bring recommendations to the 2011 Oregon Legislature.

And it still faces controversy. One of the votes against the bill came from Sen. Alan Bates (D-Ashland), a medical doctor who made his opposition known early on. Bates started something of a legislative dust-up in a Feb. 2 public hearing when he said a workgroup charged with recommending curriculum requirements “went off the track and did some things that were very inappropriate.”

At issue was the appointment to the workgroup of Dr. Morgan Sammons, dean and professor at the San Francisco-based California School of Professional Psychology, which has trained 350 psychologists to prescribe psychotropic drugs in the United States. Bates claimed Sammons was brought up from California and temporarily licensed in Oregon to serve on the workgroup with the implication being that schools such as his would benefit from the legislation.
“We license people in our state to practice medicine,” Bates said. “We don’t license people to serve on a committee to present something new and dramatically different in our state. We don’t do that. It’s outrageous and completely inappropriate. To me that corrupts the entire process.”

Debra Orman McHugh, executive director of the Oregon Board of Psychological Examiners, which appointed Sammons to the committee, called Bates’ comments “unfortunate” and that Sammons was chosen for his unique expertise.

McHugh delivered a written response to the committee and later told The Lund Report that Sammons, a native Oregonian, was granted a limited permit as any licensed psychologist in another state would receive. Legislation that created the workgroup, McHugh said, required Sammons to be licensed, but not necessarily practicing in the state.

“We allow them to get a temporary permit to practice until they take a state exam,” McHugh said. Sammons received this temporary license in June 2008 and passed the Oregon written exam in October 2008.

Sammons told the committee at that Feb. 2 hearing that he was chosen for the workgroup for his experience. He said he planned to move back to Ashland, though he had never practiced psychology in Oregon. He now holds an administrative job and did apply for the Oregon license after being approached to serve on the workgroup.

“When this issue came up in the spring,” Sammons said, “people asked that I be a member of this workgroup since I’m a native of Oregon, and everyone knew of my deep affiliation with the state and the prescriptive authority movement for psychologists. (They) asked if I would serve on this (workgroup) since I have a great deal of experience designing curriculum and working on this issue, so I received a temporary license on (sic) that.”

McHugh scoffed at whether Sammons had a conflict of interest. “You wouldn’t put somebody on a workgroup who had no knowledge about the topic,” she said. “To me that’s kind of silly.”

Sen. Laurie Monnes-Anderson (D-Gresham) who chairs the Senate Health Care Committee, called the episode a political stunt. “I’m appalled I was not notified earlier,” she told Sen. Bates. “To me, this looks like gaming the system to prevent something from going forward.”

**Divisions Run Deep**

Those opposed to the idea of giving psychologists prescribing authority, represented most vocally by the Oregon Medical Association and the Oregon Psychiatric Association, still say the legislation provides inadequate training and supervision.

Patient safety could be at risk, said John McCulley, lobbyist for the Oregon Psychiatric Association. In just two other states that grant similar privileges, New Mexico and Louisiana, a medical doctor must directly supervise a prescribing psychologist for at least two years after receiving a license, McCulley said. The Oregon bill, in contrast, requires “collaboration” with a healthcare provider.
“What Oregon is establishing here is much looser oversight,” said McCulley who said none of his proposed amendments reported in our earlier story, such as restricting prescriptive authority to adults, were included in the final version.

Supporters of the bill say it sets up equally rigorous clinical training requirements that meet or exceed those needed to prescribe drugs in other medical professions.

The bill also opened deep fissures within the medical community and between psychologists, including testimony from Tanya Tompkins, a professor in psychology at Linfield College, who opposed the measure.

“Psychologists are deeply divided over the policy of the American Psychological Association (which supports prescriptive authority),” according to Tompkins. “Typically, although about 60-65 percent of those polled agree to nominal support for prescription privileges, questions have not typically addressed the extent of training that would be required.”

A national group, Psychologists Opposed to Prescription Privileges for Psychologists, also opposed the bill because it “allowed psychologists to prescribe medication with less than half of the medical training required of all other prescribing professionals.”

The Oregon Psychiatric Psychological Association, which has lobbied for prescriptive authority for more than 10 years, said the issue always ranks high on member opinion surveys, particularly among those living in rural areas where there’s an acute shortage of mental health providers. They contend psychologists are more qualified to prescribe mental health drugs than primary care providers who have such authority. (See related article)

Opponents contend they have no problem giving prescribing authority as long as psychologists receive proper training. It’s not about turf, but patient safety, according to Dr. James Cho.

“Several of the antidepressants such as the monoamine oxidase-inhibitors could be easily fatal if taken with the wrong foods,” according to Cho. “Lithium is known to be very toxic and can exacerbate several medical conditions, and several of the antipsychotics such as Clozapine require frequent blood test monitoring. All the antipsychotics by the standard of care require that lab tests be done to monitor possible metabolic side effects that could lead to metabolic syndrome, and worse, possibly diabetes, a heart attack, or stroke.”

**Editor’s Note**

In our previous article on this topic, we referenced a 15-year precedent with the Department of Defense in training psychologists to safely prescribe medications. Several astute readers took issue with this comparison.

Dr. James Cho provided a link to a study about the DOD program and an independent review of the study by the National Association of Mental Illness. He said military psychologists had more limited prescribing authority compared to what the Oregon bill grants.
“The psychologists in the military study had more limitations in their ability to prescribe, and the study, while not even applicable to the public by the military’s admission was considered cost-ineffective,” Cho wrote.

“The citizens of Oregon deserve that an actual study be done that emulates the parameters of the proposed bill before they allow it to become a reality,” Cho continued. “To do otherwise would be to put patients through an untested medical process that could yield negative outcomes including death.”

Oregon Vetoes Psychologist Prescribing Bill

By PSYCH CENTRAL NEWS EDITOR
Reviewed by John M. Grohol, Psy.D. on April 8, 2010

Oregon Gov. Ted Kulongoski vetoed the psychologist prescribing bill in his state late today, suggesting that lawmakers didn’t vet the proposed changes to the law before voting for its passage. Oregon would have been the third state to grant prescription privileges to psychologists in the past decade.

“I have a serious concern as to whether the special session in February provided opportunity for citizens and interested stakeholders to be adequately involved in the development of those proposed major policy changes,” Gov. Kulongoski of Oregon wrote in his veto letters.

Medical groups and even some psychologists — including Dr. John Grohol of Psych Central — opposed the bill. Gov. Kulongoski said such a change “requires more safeguards, further study and greater public input.”

The veto of the psychologist prescribing bill in Oregon was one of three vetoes issued by the Governor. He suggested that each repudiated a change to “long-standing public policy” during an abbreviated, short special session of the Oregon legislature which didn’t allow for significant or rigorous debate on the issues.

Psych Central has spoken out against psychologists gaining prescription privileges as have other prominent professionals in the field, including the Editor-in-Chief of the Psychiatric Times, Dr. Ronald Pies. Some psychiatrists, including Dr. Danny Carlat, have spoken in favor of psychologists gaining prescription privileges, in order to help to help with the “critical shortage of psychiatric prescribers in the U.S.” In many parts of the U.S., consumers have to wait months in order to find a new appointment opening with a psychiatrist.
Psychologists who undergo an additional two-year training program already have prescription privileges in just two U.S. states — New Mexico and Louisiana. To date, there have been no reports of problems, abuse, or malpractice due to psychologists prescribing in these two states, but there also haven’t been any formal research studies examining the long-term effects of psychologists prescribing in either state.

Psychologists have been attempting to gain prescription privileges in dozens of states over the past decade, but have largely been unsuccessful due to successful lobbying of existing medical societies suggesting that allowing psychologist such privileges will result in decreased quality in patient care. Doctor groups, however, have had no research studies to back up their allegations.

Psychologists Continue Push for Prescribing Rights

Despite stringent requirements, psychiatrists maintain it would pose a public safety risk

By: Amanda Waldroupe

May 6, 2011—Psychologists are attempting to pass legislation allowing them to prescribe psychotropic drugs after Governor Ted Kulongoski vetoed such a bill in 2009. This is their fifth try.

House Bill 3523 continues to receive fierce opposition and lobbying pressure from the Oregon Pediatric Society, the Oregon Psychiatric Association and the Oregon Medical Association. Because of its $290,000 fiscal impact, the bill needs approval from the Joint Ways and Means Committee, and a hearing has not been scheduled.

Rep. Bill Kenmener (R-Oregon City), who practiced as a clinical psychologist for 25 years, sponsored the legislation. If passed, Oregon would become the third state, after New Mexico and Louisiana, to allow psychologists to prescribe drugs.

Under the legislation, psychologists would have to be certified by the Oregon Medical Board which would establish an oversight committee comprised of three physicians, including one psychiatrist and four psychologists, one of whom must have expertise in treating children. Psychologists could prescribe drugs to treat anxiety, depression, attention deficit disorder and other mental and emotional illnesses, but not narcotics.

There are other limitations built into the bill. A psychologist must have a master’s degree in clinical psychopharmacology, clinical training in physical assessments, pathophysiology, psychopharmacology and clinical management, and at least one year of experience in a mental health setting.

“There are so many safeguards built into this bill,” said Robin Henderson, past president of the Oregon Psychological Association.

But detractors insist that’s not enough and contend giving prescribing rights to psychologists poses a public safety risk.

“The biggest issue is not having people adequately trained to prescribe very powerful medications,” said John McCulley, lobbyist for the Oregon Psychiatric Association.

These are “powerful drugs,” he said, that can cause liver and kidney impairment, effect the brain, and other parts of the body. “It’s a prescription of medicine and should be done by those who have medical training.”

Tanya Tompkins, a psychology professor at Linfield College, agrees.

“As a psychologist, I’m not adequately prepared to practice medicine. And prescribing medicine is practicing medicine. This is a radical expansion of scope of practice. We’re talking about a psychologist who may have not taken any biological sciences before going to graduate school.”

But psychologists already work with people in need of psychotropic drugs and can “work carefully” with their primary care physician, Henderson said.

“And, we ask, is it going to be helpful? A short term course with psychotropic medication can be very effective,” Henderson said.
There’s a stark division between the training and background of psychologists and psychiatrists, McCulley insists. Psychiatrists receive more scientifically-based training, while psychologists are trained to provide behavioral-based therapy—whether it’s cognitive behavioral therapy, or other therapies that emphasize stress reduction and exercise.

“We have a lot of different tools in our belt,” Henderson said.

It boils down to “medical training versus behavioral training,” McCulley said.

The bill would fundamentally “blur the lines between psychology and psychiatry,” according to Tompkins. “What we’re dealing with is a top-down push to redefine the profession of psychology.”

Her students at Linfield conducted a survey recently among 130 of the state’s 1,318 psychologists. Of the 83 who responded, 44 percent were in favor of prescribing rights, 7 percent said they’d pursue such training, while 36 percent were opposed.

Proponents insist the legislation would combat the shortage of psychiatrists in rural areas, giving people greater ability to receive medications. But McCulley disputes that idea. “It’s not going to increase access,” he said.

Tompkins is fairly confident the bill won’t pass this session. “It doesn’t have the votes to pass the Senate this time,” she said, adding that it “will be close” in the House, which is split between 30 Democrats and 30 Republicans.

Psychiatry benefits when psychologists prescribe drugs

I want to touch on what is probably the hottest topic in psychiatry: whether psychologists should obtain prescription privileges. This is topical because Oregon just overwhelmingly passed a law authorizing prescriptive privileges for psychologists, although it is unclear whether the governor will sign the bill.

I endorse psychologists prescribing, and here’s why: it would be the single best thing that could happen to psychiatry.

Yes, I know it sounds ridiculous, but here’s my reasoning. Psychiatry has boxed itself into a tiny corner of medicine called “psychopharmacology.” It’s a silly way to practice our craft, because the essence of what we do is to understand the mind and to help people live better lives. Drugs are effective but only one of the tools available to us, and we have largely ceded psychotherapy to psychologists and social workers. The result is a fragmentation of care. You see your “p-doc” for your meds, and you see your therapist for your mind. Each professional is far too busy to communicate with the other.

While there are plenty of patients out there who do so well on meds that they don’t need therapy, the majority of patients do best with both meds and therapy. But psychiatrists rarely provide the full package of treatment, because we are trapped in a system of incentives that discourage integrative care. Insurance companies pay more for med visits. Drug companies throw the full force of their marketing machinery into pushing medications. The top psychiatrists find that the road to academic glory lies in psychopharm research. And our anachronistic training system, which requires that psychiatrists attend medical school, selects for practitioners who see people in terms of discrete diagnoses, and who are rarely psychologically minded.

Enter psychologist prescribers. These are professionals who went into their field because they are fascinated by the human mind. From early in their training, they learn about psychiatric diagnosis, psychological testing, psychotherapy, interpreting behavioral science research, neuropsychology, etc…. They don’t go to medical school, so they learn nothing about such crucial psychiatric topics (being sarcastic here) as gross anatomy, histology, pathology, or the physical exam, nor do they have clinical rotations that psychiatrists draw upon daily, such as Ob/Gyn, surgery, internal medicine, radiology, and others. Thus, psychologists don’t learn how to deliver a baby or how to tie a surgical knot, but they do learn how to get at the root of anxiety and how to keep patients coming back for treatment.
Psychologists first obtained prescriptive privileges in the military through the Department of Defense demonstration project, and since then have been awarded privileges in both New Mexico (2002) and Louisiana (2004). The lengths of the training programs vary, though they are typically two year programs incorporating both didactics and a clinical practicum. Many have charged that these two year mini-programs cannot possibly produce safe prescribers. But the evidence contradicts this position. There have been no adverse events reported in any of the programs operating thus far.

As the safety data gradually accrues, I predict that psychologists will attain prescriptive privileges in most states over the next 10 to 20 years. We saw the same pattern in the 1970s with nurse practitioners—psychiatrists and other physicians engaged in bitter turf wars initially, arguing that they didn’t have enough training, but large scale health services research studies eventually demonstrated that NPs operated competently and safely, and now they are accepted as independent practitioners in most states. As it turned out, there is so much business to go around that psychiatric nurse clinicians have not eaten into psychiatrist’s practices or incomes. On the contrary, since NP’s must receive regular supervision, many psychiatrists have developed side gigs supervising nurses, charging $200 to $300/hour—more than you can make seeing patients.

According to some psychologists I have spoken with, the early experience in New Mexico and Louisiana is that psychiatrists and medical psychologists (that’s what they are termed in Louisiana) are accommodating to one another and that psychiatrists are not losing business. But as more and more states approve prescribing psychologists, this will probably change. I predict that patients will vote with their feet and preferentially see prescribing psychologists once they realize that such practitioners provide one-stop shopping—meds and therapy combined.

And herein lies the great opportunity for psychiatry. As psychologists gradually become serious competitors for our patients, we will have to re-evaluate how we practice and how we are trained. We will have to take a close look at our catastrophically inefficient medical school-based curriculum. We will have to decide which medical courses are truly necessary and which are not. I suggest that the process begin with a work group created jointly by the American Psychiatric Association and the American Psychological Association. Yes, let’s get psychiatrists and psychologists in the same room, and create an ideal curriculum for integrative psychiatric practitioners. Let’s face it, going to 5 to 7 years of psychology graduate school, then capping it with 2 years of psychopharmacology is not an efficient use of training resources. It’s almost as inefficient as going to four years of medical school, one year of medical internship, then three years of psych residency.

There must be a middle path—perhaps a five year program that would interweave coursework in physiology, pharmacology, and psychology from day one. The specifics would require much thought and discussion, and would best be done by reverse engineering. Start with the ideal psychiatric practitioner, list the core competencies such a person requires, and then figure out the very best way to teach those competencies.

On the other hand, organized psychiatry can continue on its current path, which involves throwing millions of dollars into lobbying efforts to fight psychologists. The money is being wasted, I can guarantee that. At the end of the day, we will be on the sidelines as patients flock to prescribing psychologists and our professional sphere constricts further and further into a narrowly defined neuropsychiatry role. We can do much, much better than that.

Daniel Carlat is a psychiatrist who blogs at The Carlat Psychiatry Blog.

Statement in Response to Oregon Governor Ted Kulongoski’s Veto of SB 1046

Enacting prescriptive authority for psychologists would have enhanced consumer access to mental health treatment in Oregon.

WASHINGTON—Oregon Governor Ted Kulongoski today vetoed a bill that would have enabled appropriately trained psychologists to prescribe certain medications for the treatment of mental health disorders in Oregon. Oregon SB 1046 passed the Oregon House of Representatives on February 24, 2010, but was vetoed at the 11th hour by Governor Kulongoski. Enacting prescriptive authority for psychologists would have enhanced consumer access to mental health treatment in Oregon, reports the American Psychological Association.
We are very disappointed that SB 1046 failed at the last hurdle. Oregon legislators overwhelmingly voted for this bill showing a commitment to providing integrated health care for Oregonians” says Katherine C. Nordal, PhD, executive director for professional practice, American Psychological Association. “Prescribing psychologists save patients’ time and money and enable consumers to see a single provider for their mental health treatment. This law would have helped patients get the care that they need without unnecessary delays, long journeys or additional costs.”

“The Oregon Psychological Association (OPA) accomplished a great feat by getting SB 1046 passed by both houses of the Oregon state legislature. They should be commended for all their work to help advance psychological services and access to mental health care.” The American Psychological Association (APA), in Washington, DC, is the largest scientific and professional organization representing psychology in the United States and is the world’s largest association of psychologists. APA’s membership includes more than 152,000 researchers, educators, clinicians, consultants and students. Through its divisions in 54 subfields of psychology and affiliations with 60 state, territorial and Canadian provincial associations, APA works to advance psychology as a science, as a profession and as a means of promoting human welfare.