



In the Wake of a Veto: What do Oregon Psychologists Think and Know About Prescription Privileges for Psychologists?



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Introduction & Aims

Introduction

- Prescriptive authority for psychologists has deeply divided the profession with the potential to alter the role of psychologists and the future of the profession.
- With prescriptive authority being considered over 100 times across 25 states, immense legislative time and money has been invested.
- In the 2010 legislative session, Oregon vetoed a bill that would have made it the third state to allow psychologists to prescribe.
- Although a number of surveys have been conducted to assess professionals' views regarding prescription privileges (e.g., Baird, 2007; Walters, 2001), it is essential to understand if those opinions are grounded in knowledge about the issue.

Aim 1:

- To directly assess attitudes as well as perceived and actual knowledge of prescriptive authority among licensed psychologists in Oregon.

Aim 2:

- To explore whether opinions and knowledge vary as a function of various professional factors (e.g., degree, length of practice).

Method

Participants

- 83 licensed Oregon psychologists
 - Females: 45 Males: 37 (one participant did not indicate gender)
 - Mean age: 51.05 years ($SD = 10.96$)
 - Predominantly Caucasian (96.3%), Native Hawaiian or Asian-Pacific Islander (2.5%), Native American (1.2%)
 - Highest degree earned: Ph.D. (65%), Psy.D. (33%), M.A. (2%)
 - Mean length of time since completion of degree: 17.95 years ($SD = 10.78$)

Procedures

- From a list of 1,318 Oregon licensed psychologists, 60% were randomly selected to participate in the study.
 - Of the 130 invited thus far, 83 have agreed and completed the survey yielding a 64% response rate.
 - The 47 psychologists who declined were demographically similar to those who chose to participate.
 - Potential participants were contacted by phone and/or e-mail.
 - After participants agreed, they were provided a unique link to the online survey via e-mail.

Results

- Perceived familiarity with current training models revealed a lack of awareness of the Department of Defense (75.2%) and APA (72%) training models. In terms of actual knowledge, only 5% knew which three states/territories currently have prescriptive authority and 77% were unfamiliar with any of the prerequisites for postdoctoral training in psychopharmacology.

Table 1. Psychologists' Reasons For and Against Extending Prescription Privileges to Psychologists

Survey Item	M	Disagree	Neither	Agree	Item Source
Reasons For Extending Prescription Privileges to Psychologists					
Improving access – 3 items (e.g. will improve access due to a shortage of psychiatrists); $\alpha = .78$.	3.62	18.3%	13.4%	68.3%	Ax et al. (1997); Boswell & Litwin (1997); Fagan et al. (2004)
Will enhance the ability of psychologists to more effectively treat certain clients/patients.	3.72	19.8%	14.8%	65.4%	Sammons et al. (2000)
Is an issue of economic survivability.	2.36	59.3%	28.4%	12.3%	Boswell & Litwin (1997); Fagan et al. (2004)
Will increase psychologists' credibility.	2.94	33.3%	33.3%	33.4%	Baird (2007)
Makes sense as I already 'functionally prescribe' psychotropic medication now when I collaborate with non-psychiatrist physicians.	2.81	43.8%	27.4%	28.8%	Baird (2007)
Represents a logical extension of the practices of clinical psychology.	2.94	35.8%	27.1%	37.1%	Baird (2007)
Reasons Against Extending Prescription Privileges to Psychologists					
Will cause a greater focus on biological/medical factors, thereby diluting the distinction between psychiatry and psychology.	3.56	21.9%	17.1%	61.0%	Kubiszyn & Carlson (1995)
Will result in medications taking the place of therapy.	2.95	40.7%	23.5%	35.8%	Sammons et al. (2000)
Will result in less over-prescription of medications.	3.01	35%	30%	35%	Luscher et al. (2002)
Will significantly increase education costs.	3.63	8.6%	29.7%	61.7%	Kubiszyn & Carlson (1995)
Will significantly increase mental health costs.	2.54	46.9%	39.5%	13.6%	Kubiszyn & Carlson (1995)
Will lead to rising malpractice rates.	3.63	18.5%	22.2%	59.3%	Baird (2007)
Will cause a change to the identity of psychologists.	3.73	6.1%	23.5%	70.4%	Sammons et al. (2000)
Will lead to difficulty deciding on a proper method of training.	2.89	33.7%	38.8%	27.5%	Luscher et al. (2002)
Will damage relations with psychiatry.	3.16	19.5%	41.5%	39.0%	Sammons et al. (2000)
Overall, do you think the benefits outweigh the costs?	1.80	30.9%	24.7%	44.4%	Tatman et al. (1997)

Note. All of the items were measured on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Data are collapsed to reflect agreement, disagreement or neither. 'Do you think the benefits outweigh the costs' was measured on a 3-point scale (yes, no and undecided). Items highlighted in gold represent strong arguments while items highlighted in light purple represent weak arguments. Items left un-highlighted reflect no clear consensus.

Figure 1. Psychologists should expand their professional training and scope of clinical practice to include the administration and clinical management of psychotropic medications

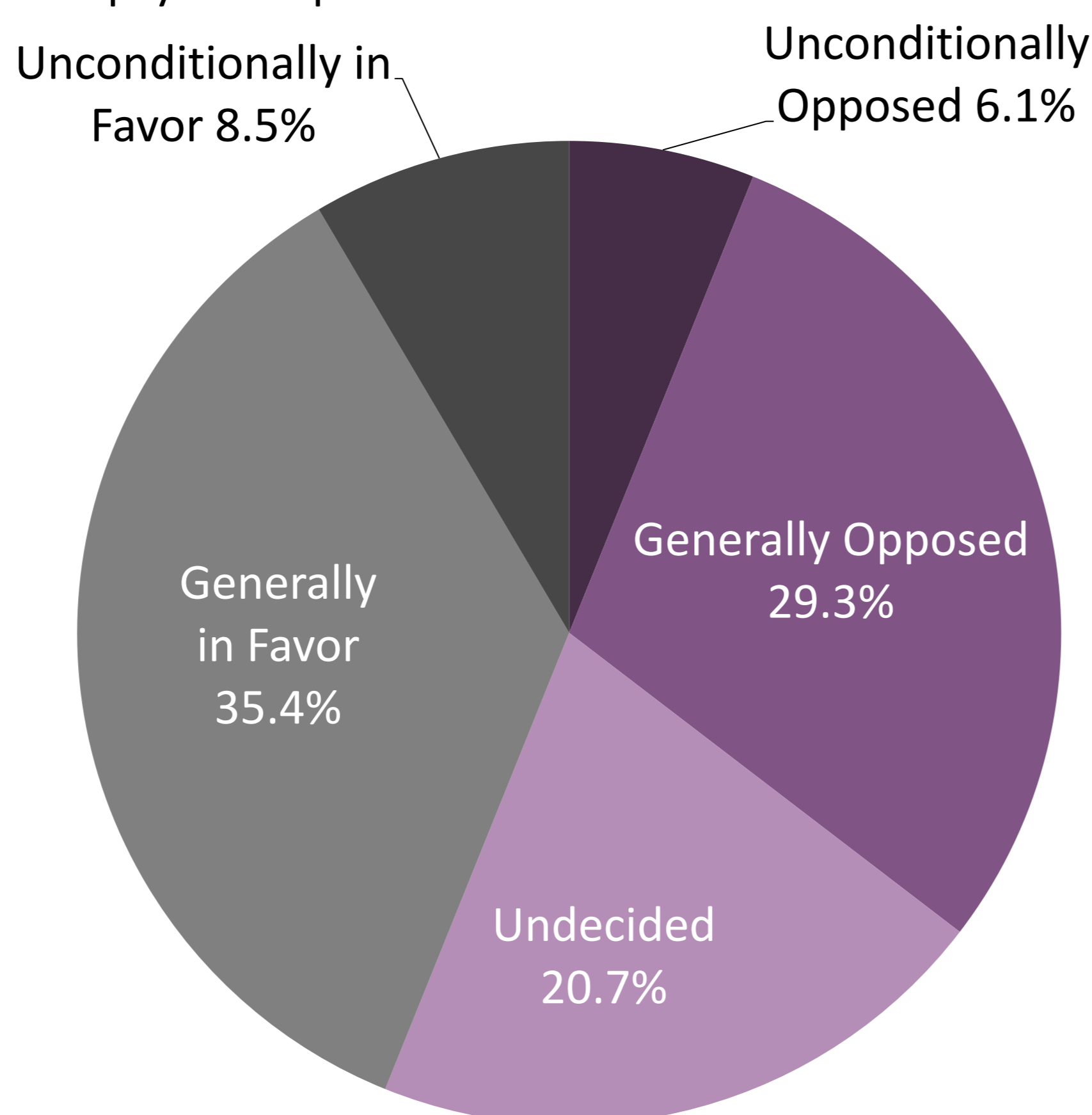
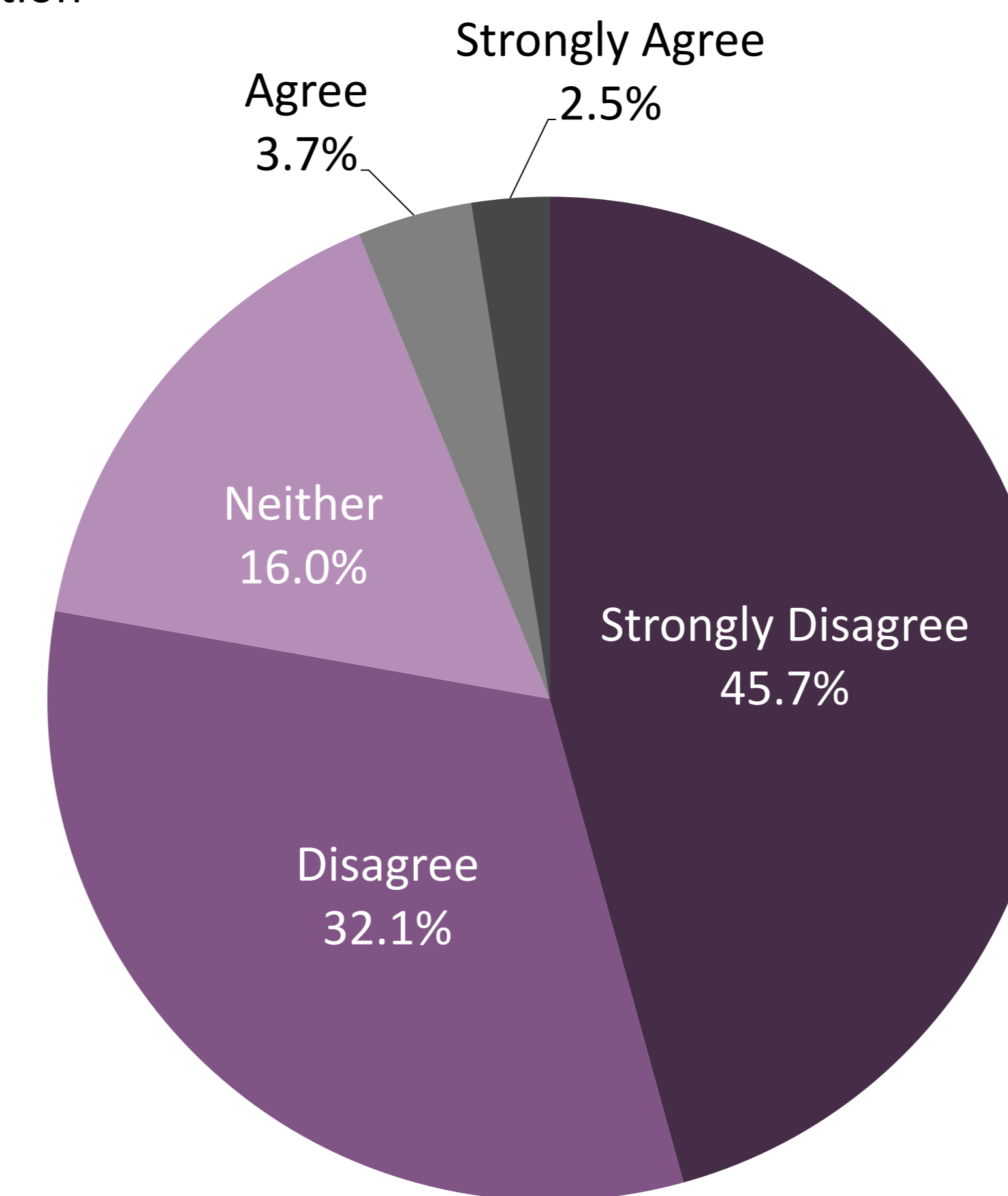


Figure 2. I plan to obtain the necessary training and plan to prescribe medication



Results

- Arguments in favor of prescription privileges garnering the most support related to perceptions of improved access and treatment enhancement. In contrast, the strongest arguments against prescription privileges involved professional issues. Other arguments failed to be compelling or were met with mixed responses (see Table 1). These views underscore the complexity and discord in beliefs toward prescription privileges.
- The majority of psychologists did not support expanding scope of practice (see Figure 1). Furthermore, support did not translate into a desire to pursue prescriptive authority (see Figure 2).
- To examine the degree to which psychologists' views about expanding their scope of practice and personally pursuing training to become a prescriber varied as a function of professional degree, a series of independent and chi-square tests were conducted. Results of these tests revealed that psychologists with a Psy.D. were significantly more likely to express agreement with the statement, "I plan to obtain the necessary training and plan to prescribe medication" ($M = 2.22, SD = 1.12$) relative to psychologists with a Ph.D. ($M = 1.63, SD = 0.82, t(76) = -2.67, p < .01$). In fact, 3 of the 4 who expressed an interest in pursuing prescription privileges had a Psy.D. degree. There were no significant differences by professional degree in terms of general views toward expanding scope of practice.
- There was a significant association between the number of years since completion of degree and interest in pursuing the training to become a prescriber, $r = -.27, p < .05$ suggesting that the longer a professional has been out of graduate school, the less likely they are to consider pursuing the training to become a prescriber.

Conclusion

- In contrast to ardent supporters who argue that their "data should provide reassurance to psychologists spearheading legislative initiatives" because of high approval ratings (Sammons et al., 2000, p. 608), our data suggest disagreement amongst a group of professionals who are not particularly well-informed, nor interested in undergoing training to become prescribers.
- Legislative efforts should be mindful of the controversy within the field. Low numbers of professionals interested in pursuing prescription privileges undercut arguments for expanded access and care.
- Future research should investigate whether education alters attitudes and/or knowledge and explore if the lack of current knowledge stems from how psychologists are currently informed.