



Data-driven Change in Oregon Psychologists' Knowledge and Attitudes about Prescriptive Authority



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Introduction & Aims

Introduction

- Clinical psychology continues to grapple with a contentious debate surrounding prescriptive authority.
- With prescriptive authority being considered over 162 times across 25 states, vast 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 studies have assessed professionals' views regarding prescription privileges (e.g., Baird, 2007), few have examined if those opinions are grounded in knowledge.

Aim 1:

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

Aim 2:

- To evaluate whether attitudes and knowledge shift as a result of exposure to data and information regarding access, training, and legislative efforts.

Method

Participants

160 licensed Oregon psychologists

- 83 females, 74 males, (three did not report gender)
- Mean age: 52.02 years ($SD = 10.65$)
- Predominantly Caucasian (93.6%), Native Hawaiian or Asian-Pacific Islander (2.5%), Native American (1.3%), Hispanic (1.3%) and other (1.3%)
- Highest degree earned: Ph.D. (64%), Psy.D. (33%), M.A. (1%), and other (2%)
- Mean length of time since degree completion: 18.82 years ($SD = 10.51$)

Procedures

From a list of 1,318 Oregon licensed psychologists, 60% were randomly selected to participate in the study.

- Of the 276 invited thus far, 160 have completed the survey yielding a 58% response rate.
- The 116 psychologists who declined were demographically similar to those who participated.
- After being contacted by phone and/or e-mail, participants who agreed were assigned to either the control or education condition.

Method

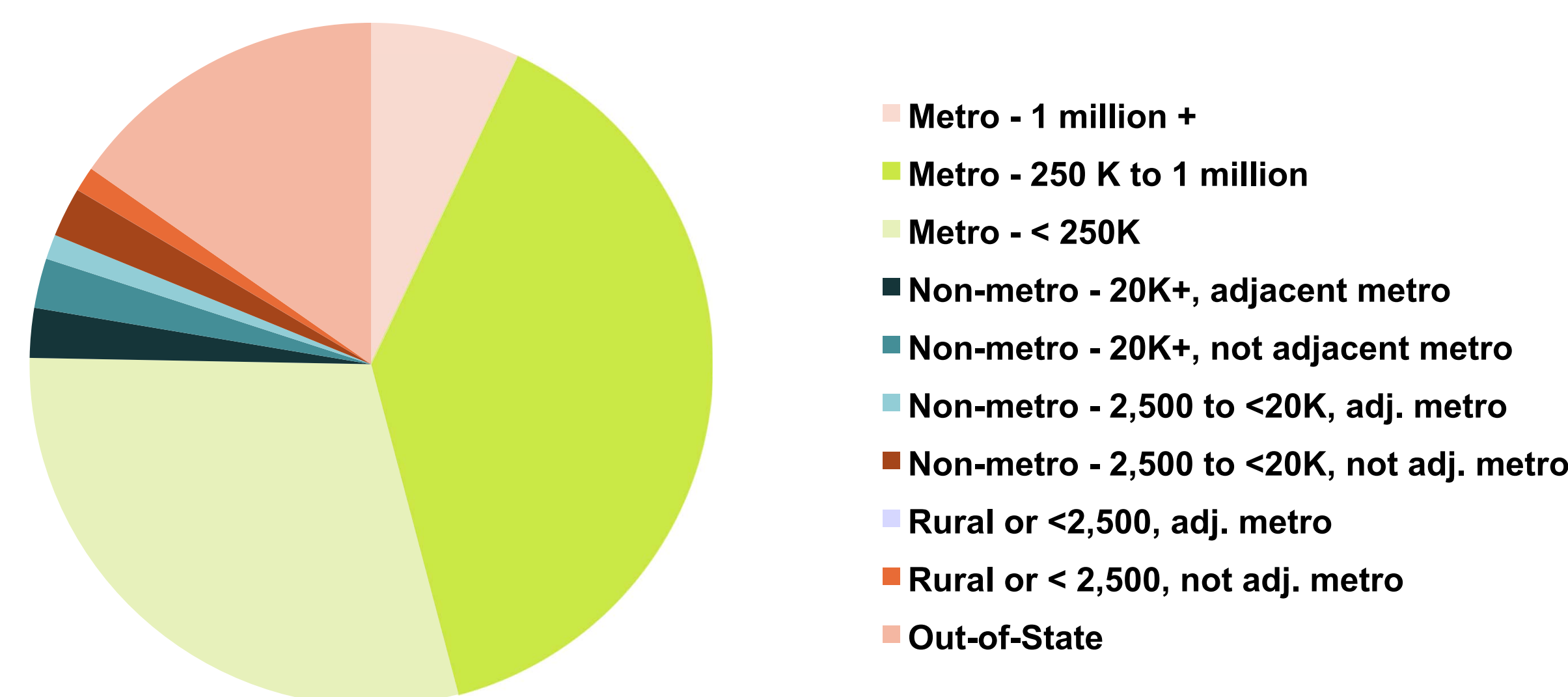
- Participants in both groups completed an initial online survey with items adapted from previous research assessing knowledge and attitudes.
- Those in the education condition also completed select survey items following exposure to data and information surrounding access, training and legislative issues (see examples below).
- In addition to APA training guidelines and program costs, education participants were presented with McGrath's (2010) table comparing 2 of the 10 available training programs to the PDP (see below).

Table 4 Comparison of training curricula

| Course | PDP | | FDU | | AIU | | | |
|---|-------|--------|---------------------------|-------|--------|---|-------|--------|
| | Hours | Totals | Course | Hours | Totals | Course | Hours | Totals |
| <i>Anatomy/Physiology/Pathophysiology</i> | | | | | | | | |
| Anatomy | 48 | | | | | Physical Assessment | 36 | |
| Clinical Medicine | 121 | | | | | Clinical Medicine/Pathophysiology | 60 | |
| Physiology | 39 | | Biological Foundations I | 45 | | | | |
| Pathophysiology | 60 | 268 | Biological Foundations II | 45 | 90 | Neuroanatomy/Neuropathology | 36 | 132 |
| <i>Biochemistry/Neuroscience</i> | | | | | | | | |
| Biochemistry | 57 | | | | | Clinical Biochemistry | 24 | |
| Neurosciences | 54 | 111 | Neuroscience | 45 | 45 | Neurochemistry | 24 | 72 |
| | | | | | | Neurophysiology | 24 | |
| <i>Clinical Concepts</i> | | | | | | | | |
| Introduction to Primary Care | 56 | | | | | Introduction to the Psychological Model | 12 | |
| Clinical Concepts | 100 | 156 | Professional Issues | 45 | 45 | Pharmacotherapeutics | 36 | 48 |
| <i>Pharmacology/Psychopharmacology</i> | | | | | | | | |
| | | | Neuropharmacology | 45 | | Pharmacology | 30 | |
| Pharmacology | 83 | | Clinical Pharmacology | 45 | | Clinical Pharmacology | 30 | |
| Clinical | 21 | | Affective Disorders | 45 | | Psychopharmacology | 48 | |
| Pharmacology | | | Psychotic Disorders | 45 | | Special Populations | 60 | |
| Psychopharmacology | 21 | 125 | Anxiety Disorders | 45 | | | | |
| | | | Other Disorders | 45 | 270 | Chemical Dependence | 12 | 180 |
| <i>Global</i> | | | | | | | | |
| | | | | | | PEP Course | 18 | 18 |

Abbreviations: AIU, Alliant International University; FDU, Fairleigh Dickinson University; PDP, Psychopharmacology Demonstration Project; PEP, Psychopharmacology Examination for Psychologists.

- Education participants were also presented with the following graph depicting geographic areas where prescribing psychologists are practicing.



Results

- 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).

Figure 1. Psychologists should expand their professional training and scope of clinical practice

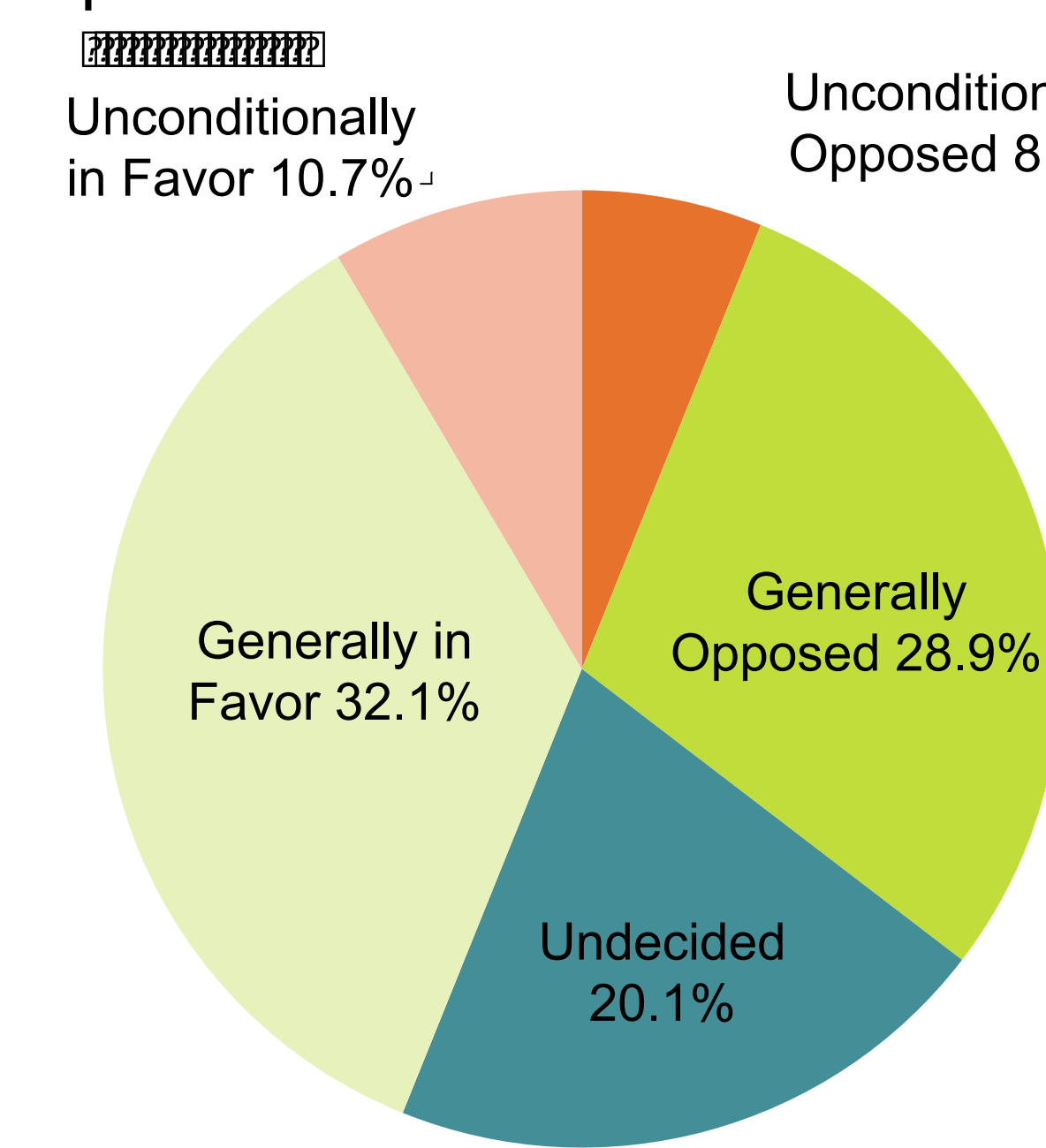
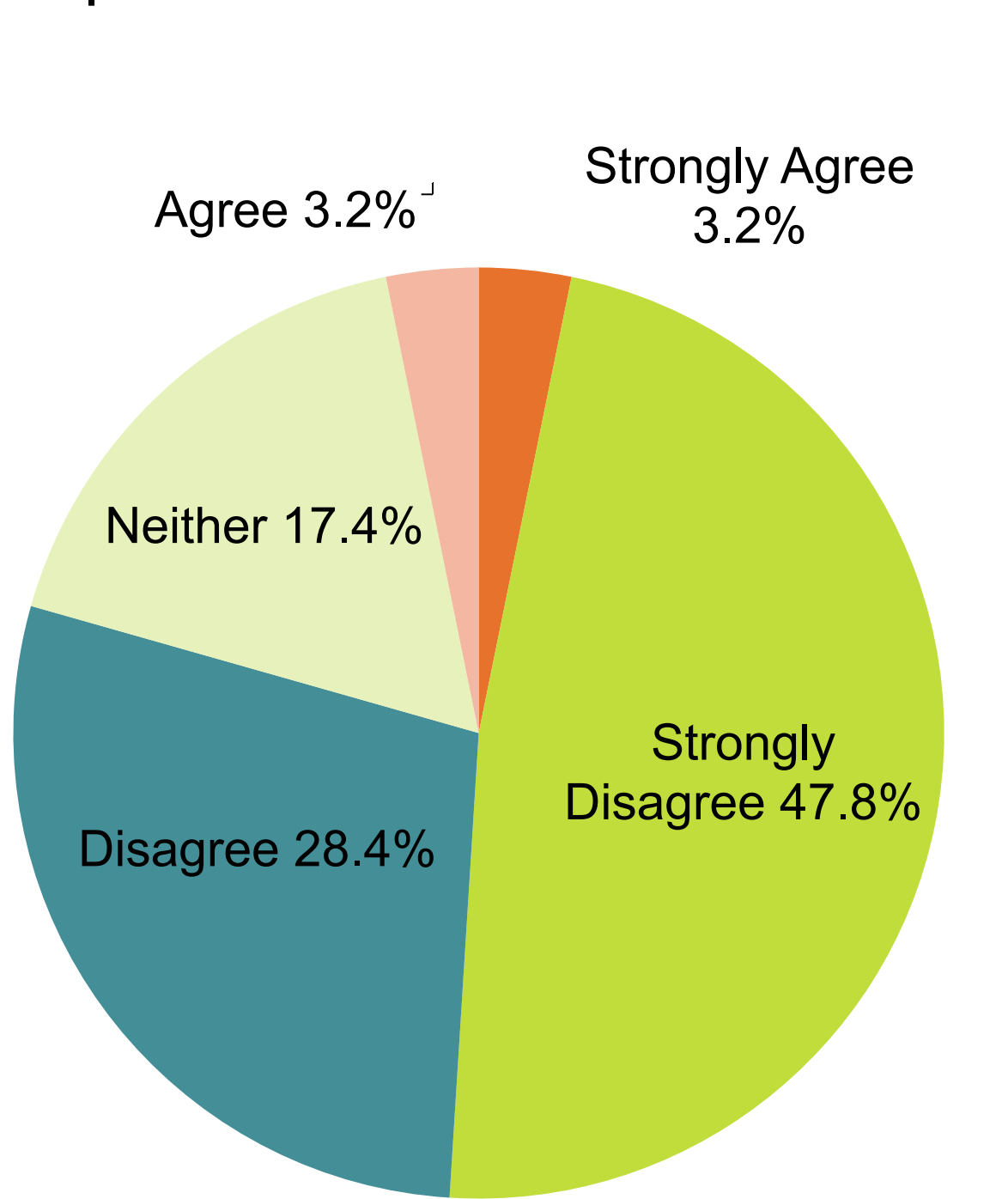


Figure 2. I plan to obtain the necessary training and plan to prescribe medication



- Perceived familiarity with current training models revealed a lack of awareness of the Department of Defense (69.2%) and APA (60.7%) training models. In terms of actual knowledge, only 5.6% knew which three states/territories currently have prescriptive authority and 70.4% were unfamiliar with any of the prerequisites for postdoctoral training in psychopharmacology.

- Participants in the education condition showed significant gains in their knowledge of the current three prescribing states ($M_{pre} = 0.77$, $M_{post} = 2.83$, $t(64) = -16.65$, $p < .001$), and three prerequisites for training in psychopharmacology ($M_{pre} = 0.33$, $M_{post} = 1.97$), $t(63) = -10.82$, $p < .001$).

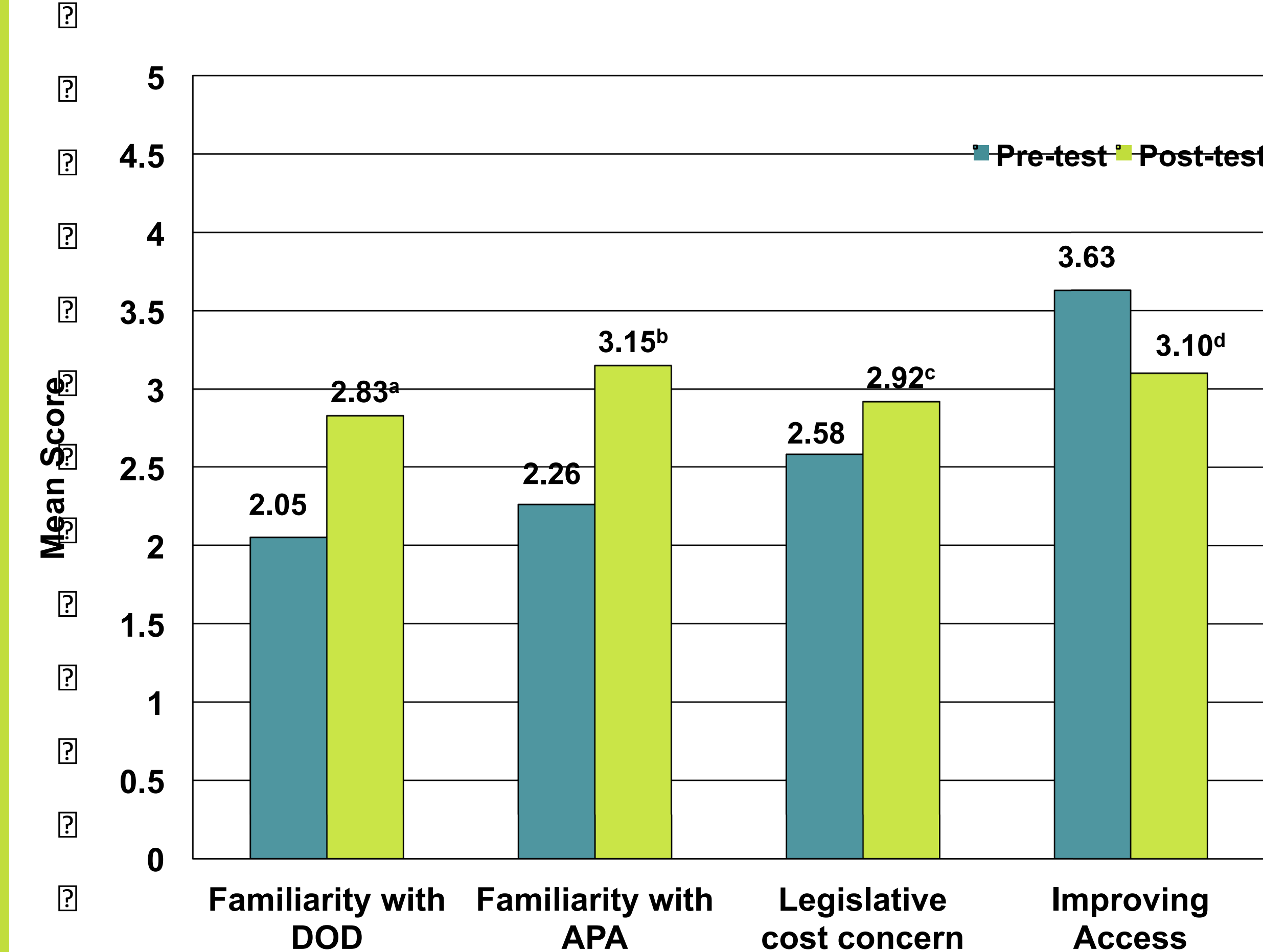
- Additionally, a greater percentage of participants knew the minimum number of patients required for training ($M_{pre} = < 0.05\%$, $M_{post} = 60\%$) at post-test, $t(64) = -9.20$, $p < .001$.

- As shown in Figure 3, participants reported increased familiarity with Department of Defense (DOD) and APA training models.

- Following education, participants were significantly more worried about the cost of legislative efforts aimed at prescriptive authority. Arguments that prescriptive privileges would improve access for rural and underserved populations were less salient at post-test (see Figure 3). General views toward expanding scope of practice and more specific attitudes toward prescriptive authority not targeted by the education, however, were fairly stable across time.

Results

Figure 3. Changes in knowledge and attitudes from pre-to-post assessment.



- *Significant increase in perceived familiarity with DOD, $t(64) = -5.04$, $p < .001$.
- †Significant increase in perceived familiarity with APA, $t(60) = -5.20$, $p < .001$.
- ‡Significant increase in worry about legislative costs, $t(65) = -3.14$, $p < .01$.
- §Significant decrease in beliefs that prescriptive authority would improve access, $t(65) = 6.78$, $p < .001$.

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.

- Low numbers of professionals interested in pursuing prescription privileges undercut arguments for expanded access and care. Legislative efforts should consider the controversy within the field.

- These data, which suggest limited and focused change, stand in contrast to prior exploratory work (Pimental et al., 1993) which found that education led to broad-scale changes in support of prescriptive authority. Discrepancies in findings may stem from our use of a larger sample, random sampling and assignment, and the incorporation of objective data into our education condition.

- Future work should investigate whether expanding the data relevant to other facets of the argument contributes to further targeted change or an overall change in opinion toward prescriptive authority.