Oregon Psychologists on Prescriptive Authority: Divided Views and Little Knowledge

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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 169 times across 26 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.

Aim1:

- 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

398 licensed Oregon psychologists

- 193 women, 200 men, 1 transgender (four did not report gender)
- Mean age: 53.86 years (*SD* = 10.71)
- Predominantly Caucasian (94.4%), Hispanic (2.3%), Native Hawaiian or Asian-Pacific Islander (1.3%), Native American (0.8%), and other (1.2%)
- Degree: Ph.D. (69.4%), Psy.D. (30.3%), Ed.D (0.3%)
- Mean length of time since degree completion: 20.02 years (*SD* = 10.37)

Procedures

From a list of 1,317 Oregon licensed psychologists, approximately 60% were randomly selected to participate in the study. Seventy-six psychologists were ineligible (e.g., deceased, lost license) and 72 did not have a working phone number or email.

- 398 completed the survey, 242 declined, and 104 did not return contact yielding a 53% response rate.
- Those who declined were significantly older.

Method

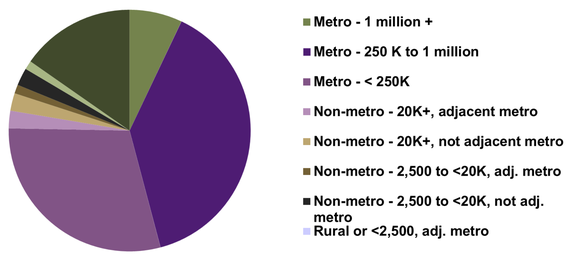
- Participants in both groups completed an initial online survey with items adapted from previous research assessing knowledge and attitudes.
- Those in the education condition (*n* = 194) also completed select survey items following exposure to data and information surrounding access, training and legislative issues (see examples below).
- In addition to APA training guidelines and average 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

PDP			FDU			AIU		
Course	Hours	Totals	Course	Hours	Totals	Course	Hours	Totals
Anatomy/Physiology/Pathophysiology								
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
Biochemistry/Neuroscience								
						Clinical Biochemistry	24	
Biochemistry	57					Neurochemistry	24	
Neurosciences	54	111	Neuroscience	45	45	Neurophysiology	24	72
Clinical Concepts								
Introduction to Primary Care	56					Introduction to the Psychological Model	12	
Clinical Concepts	100	156	Professional Issues	45	45	Pharmacotherapeutics	36	48
Pharmacology/Psychopharmacology								
			Neuropharmacology	45				
			Clinical Pharmacology	45		Pharmacology	30	
			Affective Disorders	45		Clinical Pharmacology	30	
Pharmacology	83		Psychotic Disorders	45		Psychopharmacology	48	
Clinical Pharmacology	21		Anxiety Disorders	45		Special Populations	60	
Psychopharmacology	21	125	Other Disorders	45	270	Chemical Dependence	12	180
Global								
						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

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

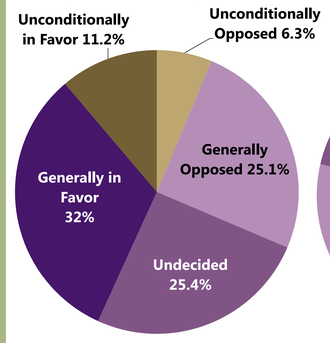
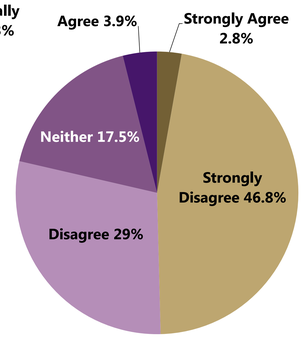


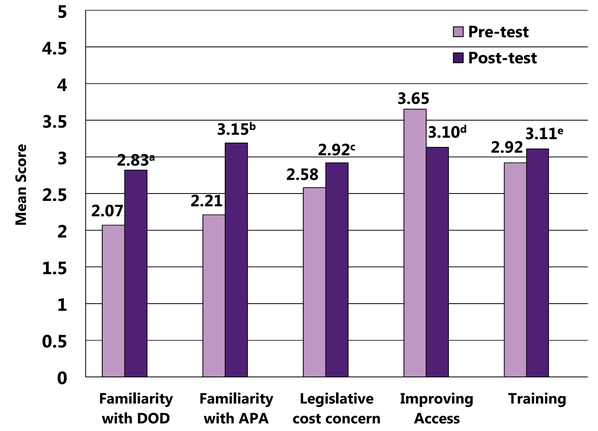
Figure 2. I plan to obtain the necessary training *and* plan to prescribe medication



- Perceived familiarity with current training models revealed a lack of awareness of the Department of Defense (66.7%) and APA (60.5%) training models. In terms of actual knowledge, only 6.5% knew which three states/territories currently have prescriptive authority and 70.5% 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} = 0.68, M_{post} = 2.76), $t(171) = -27.15$, $p < .001$, $d = -2.65$, and three prerequisites for training in psychopharmacology (M_{pre} = 0.52, M_{post} = 1.94), $t(171) = -16.32$, $p < .001$, $d = -1.40$.
- Additionally, a greater percentage of participants knew the minimum number of patients required for training (M_{pre} = 0.03%, M_{post} = 60%) at post-test, $t(172) = -14.82$, $p < .001$, $d = -1.53$.
- 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. Similarly, participants were less sure that the profession would easily decide on a proper training method (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.



[a]Significant increase in perceived familiarity with DOD, $t(167) = -8.12$, $p < .001$, $d = -.69$.
[b]Significant increase in perceived familiarity with APA, $t(165) = 10.30$, $p < .001$, $d = -.97$.
[c]Significant increase in worry about legislative costs, $t(173) = -5.26$, $p < .01$, $d = -.32$.
[d]Significant decrease in beliefs that prescriptive authority would improve access, $t(171) = 10.94$, $p < .001$, $d = .60$.
[e]Significant increase in beliefs that prescriptive authority will lead to difficulty in deciding proper training methods, $t(168) = 2.72$, $p < .01$, $d = -.20$.

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.