

## **Division 55 Newsletter Article**

Twenty Five Years of Psychologically Based Pharmacological Intervention:

A Personal Journey

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Though not very visible in some areas involved with expanding the scope of practice, one that I have worked on “behind the scenes” for almost 25 years has been prescription privilege for psychology.

I served on APA's blue ribbon panel on psychopharmacology that endorsed prescription privileges for psychologists and was approved by Council in 1993. The focus was on a multi-level approach to pharmacological intervention-from basic knowledge to engagement to actual prescribing (see Smyer et. al, 1993). By 2004, nearly a decade after the task force reported its findings two states (Louisiana, New Mexico) had passed legislation allowing psychologists to prescribe medication. Most recently, Illinois joined that small but growing group. However, the number of individuals who require psychopharmacological treatment continues to grow as prescription privilege legislation. Recently, Bray (2014) and DeLeon provided an update on the status of the robust and fluid situation. In that thoughtful article numerous viable alternatives were proposed. In the present article we provide additional review of now a 25 year effort as well as novel ideas for consideration.

My daughter, Krista, encouraged me to volunteer translating for Hispanic patients at our community's multidisciplinary free clinic for indigents ([www.capefearclinic.org](http://www.capefearclinic.org)). Over the last 15 years we developed its mental health component. The Cape Fear Clinic, of which I was President of the Board for the most recent 5 years, has grown to over 500 patients in the mental clinic alone but with limited support from the psychiatric community. As a consequence an alternative model had to be developed to address the growing number of individuals needing psychotropic medications. Using a collaborative practice model (CPM), I enlisted the support of the on-site pharmacist, Jennifer Buxton, Pharm.D. (see Buxton, Altendorf, & Puente, 2012). Dr. Buxton and I work together every other Wednesday evening in this physician supervised free clinic to diagnose and subsequently collaborate on what medicines might be appropriate for the individual client. We then refer them to the pharmacy clinic, also run by Dr. Buxton, in order to obtain free prescriptions. We have over 10 other mental health professionals, counselors, psychiatrist, psychologists and social workers also participate in this program. This approach resulted in an exponential increase in the number of individuals that can receive prescriptions without direct physician involvement.

If there are individuals who are still not convinced that psychologists can be given prescriptive authority and manage these privileges responsibly, then one need only look at programs where these privileges have been enacted. The legislation in New Mexico, Louisiana and Illinois demonstrates that, from a political standpoint, prescriptive authority is feasible and provides accelerated treatments by psychologists. In fact, psychologists working in these states can now bill for these services using the "Pharmacological Management" add-on CPT code which I was involved and was passed

last year at the AMA Current Procedural Terminology meeting. (Note: I am one of 17 CPT voting panel members). This code, when used in conjunction with one of the psychotherapy codes, ensures these psychologists receive equal pay for equal work. For further information, see [www.psychologycoding.com](http://www.psychologycoding.com).

Perhaps the greatest obstacle in obtaining prescriptive authority now, is not legislation but, in fact, ourselves as we need to have faith in our value and potential as leaders in healthcare. It has been 10 years since prescriptive authority for trained psychologists was first enacted and the need is growing. As the last 25 years has shown, there are numerous models in attempting to bridge the gap between what is needed and what we can do. Working together, we can make these changes happen in expanding psychology's scope of practice, the service our clients are in need of and in helping increase the efficiency but reduce the cost of our expanding health care system.

#### References

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