

OBOP Statement of Guidance Regarding Licensee Involvement in Pharmacological Issues

This guidance addresses many of the priorities that are likely to influence Board judgments and actions regarding Licensee involvement and collaboration with medical providers on pharmacological treatments of mental and physical illness.

The “practice of psychology” in Oregon as defined in ORS 675.010(4) includes:

*...rendering or offering to render supervision, **consultation**, evaluation or therapy services to individuals, groups or organizations for the purpose of diagnosing or **treating** behavioral, emotional or mental disorders.*

The definition of the “practice of psychology” in OAR 858-010-0001(1) is consistent with ORS 675.010 but expands slightly on those concepts including that:

*“**Consultation**” means conferring or **giving expert advice** on the diagnosis or **treatment** of mental disorders.*

Under ORS 675.070(2)(e) the Board may sanction a Licensee if, in its judgment, the Board concludes a Licensee has:

*...practiced or attempted to **practice medicine** without being licensed to do so.*

The current scope of practice for Licensees does not include prescriptive privileges, as past legislative attempts to establish those privileges for Licensees in Oregon have failed. Precedent set by past Board actions has established what the Board considers proper, appropriate participation and collaboration between Licensees and providers in other disciplines who do have prescriptive authority. This precedent is partially predicated upon the Board’s interpretation of what constitutes a Licensee breaching scope of practice by engaging in the “practice of medicine”.

The Board’s interpretation of scope is further informed by the APA’s *Ethical Principles of Psychologists and Code of Conduct*, commonly referred to as the “Code of Ethics”, particularly under section 2 (Competence). The Board also gives consideration and deference to the APA’s *Practice Guidelines Regarding Psychologists’ Involvement in Pharmacological Issues*¹, particularly those guidelines identified in that document as relevant to collaborative activities (Guidelines 1-6, 9-11, 14, and 17). Licensees who are involved with or planning to collaborate on pharmacological issues are heavily encouraged to familiarize themselves with the guidelines in that APA document.

¹ American Psychological Association. (2011). *Practice Guidelines Regarding Psychologists’ Involvement in Pharmacological Issues*. Available online at <https://www.apa.org/pubs/journals/features/pharmacological-issues.pdf>

Education

A Licensee's decision to collaborate to any degree with medical providers regarding medical treatment, including pharmacological issues, must be supported by the Licensee's objective assessment of their own competence to do so. In particular, the Board acknowledges the additional education and expertise of Licensees who have completed graduate education specific to psychopharmacology (e.g. Master of Science in Clinical Psychopharmacology). The Board also understands that Licensees may accrue additional knowledge through educational activities and experience that is specific to both psychiatric and non-psychiatric medical treatments.

However, the Board does not designate any specific educational or experiential activities as necessarily sufficient or insufficient preparation for any particular degree of collaboration with medical providers on pharmacological issues or other medical treatments. It is incumbent upon a Licensee to make an objective determination of the adequacy of their education and training in this as with all other practice activities.

Appropriate Activities

The Board supports competent Licensees who collaborate with medical providers for the appropriate and effective medical treatment of mental and physical illness when clinically indicated. Licensees are expected to limit this participation in a manner that enhances the independent treatment decisions of a medical provider without the Licensee acting as a *de facto* psychiatric provider through dominant collaborative efforts. The Board may assert a Licensee is likely acting appropriately in this collaboration when, as supported by the Licensee's knowledge and expertise gained through education and practice, they:

- Share their psychological assessment of a patient with and/or provide clinical consultation to a medical provider;
- Advocate for the consideration of medication or other medical treatments as part of a treatment plan when supported by their assessment, including impressions regarding psychiatric and non-psychiatric treatment priorities and acuity that are supportive of and potential targets of medical/medication intervention;
- Recommend medical treatments including medication classes and types suitable for assessed illnesses as informed by relevant patient history (e.g. failed medication trials or side effects) or as obtained through the course of psychological assessment or clinical consultation;
- Provide specific information to, or inquire about medications and medical treatments with a medical provider in a non-directive manner that assists that provider in their independent medical decision-making;
- Report other information to a medical provider that was gained during the Licensee's interaction(s) with a patient or requested consultation that may be relevant to medical decision-making (i.e. the patient's medication history, family history, and medical history; or the Licensee's assessment of a patient's clinical improvement or decline possibly associated with a medication or medical intervention);

- Inquire about a patient's experience with medications or medical treatments (e.g. side effects, perceived benefits and concerns) and share this information with the medical provider;
- Provide psychoeducation about medications and medical treatments to a patient in a manner supportive of the medical provider's treatment plan;
- Encourage a patient to self-advocate with their medical provider regarding the patient's stated concerns about treatments, such as to inquire generally about a medication dose increase/decrease or consideration of an alternative;
- Objectively relay patient concerns about medications or medical treatments to a medical provider on behalf of the patient; or
- Decline or refuse to collaborate in a medical provider's treatment decisions, even when requested, if the Licensee believes it is inappropriate to do so.

Inappropriate Activities

A Licensee is more likely vulnerable to disciplinary action for "practice or attempted practice of medicine" if they:

- Represent their assessment of a patient as a sufficient substitute for the review of history and present illness and/or physical examination expected to be performed by a medical provider during their practice of medicine;
- Intentionally misrepresent their function and scope of involvement in medical decision-making in a manner that leads a patient or collaborating clinicians to mistakenly believe the Licensee is, themselves, a medical provider;
- Recommend a medical provider select a specific medication, dose, and/or frequency;
- Encourage or instruct a patient to advocate with their medical provider for a specific treatment, including a specific medication, dose, and/or frequency;
- Encourage or instruct a patient to be non-adherent to their medical provider's treatment plan unless there are clear and acute concerns about patient safety (e.g. the patient is allergic to a prescribed medication or has a known contraindication to a medication);
- Attempt to collaborate with a medical provider to unduly influence that provider's medical decisions in a manner that exceeds that provider's scope of practice and/or practice specialty;

Pragmatic Considerations

It is very possible a Licensee will at some point find themselves involved in a clinical situation that is unique and unclear and be pressed to act in the best interest of a patient in ways that may test the guidance expressed here. The Board will always consider contextual factors in its assessment of each particular situation, including the apparent motivations and intentions of a Licensee in addition to expectations of that Licensee's competence and professional judgment. This includes flexibility in emergent circumstances as addressed in section 2.02 of the APA Code of Ethics, "Providing Services in Emergencies".

The Board also recognizes Licensees practice psychology in a variety of settings and that specific clinical context can influence what may constitute a reasonable degree of collaboration (for example, but not limited to: inpatient care, primary care, or corrections).

Discussion

It is the Board's highest prerogative to utilize the judgment of its members, individually and collectively, in critically assessing the actions of Licensees to ensure the safety of the public. The Board also takes seriously the need to communicate expectations regarding the regulation of Licensees in their practice, and its efforts to expand expertise in the evaluation and treatment of mental and physical illness. Licensees are expected to maintain awareness of the limitations of their education, training, and experience when collaborating on medical and pharmacological issues. Licensees are also expected to respectfully observe the boundary between the limits of Psychologist licensure in Oregon and the scope of practice afforded those providers who are granted prescriptive authority.

(Other Footnotes/Disclaimers)

- (1) This guidance is not intended to limit a Licensee who is licensed by another state board to prescribe or otherwise participate in the medical treatment of a patient (e.g. as a Physician or Physician Assistant; Advanced Practice Nurse, Registered Nurse, or Licensed Practical Nurse; Naturopathic Physician or Pharmacist).
 - (2) While this guidance discusses the issue of Licensee involvement in pharmacological issues, the Board does not have a current position regarding any activities supporting a path to prescriptive privileges for Licensees.
 - (3) The Board acknowledges and appreciates the collaboration with Ryan Dix, Ph.D. in the development of this guidance.
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