

## **Social Workers, Medication, and Scope of Practice**

### **Introduction**

Social workers are not authorized to prescribe or administer medication, although they work in a wide range of health care settings where medical interventions are utilized, including the use of psychotropic medication. Traditionally, prescribing medication has been the role of the physician and “physician extenders” such as pharmacists and nurse practitioners or physician's assistants (Svensson, 1997). A wide array of non-physicians is seeking, and securing, the right to prescribe under a variety of limited circumstances. Most recently, psychologists have gained prescribing privileges in two states: New Mexico and Louisiana . This Legal Issue of the Month article discusses the role of social workers in medication management, reviews the psychologists' prescribing laws and regulations, and raises questions for consideration regarding the extension of prescribing privileges for social workers.

### **Social Workers and Medication Management**

Social workers' role in aiding patients to comply with a medical treatment regimen, including appropriate use of prescribed medications, is gaining increased recognition. A 2004 *NASW NEWS* article has identified several key skills employed by social workers:

[S]ocial workers monitor the effects of medication, detect problems and work with the health care team. Social workers can also teach patients to advocate for themselves should the medication or dosage no longer be effective. And social workers can develop adherence support groups or add adherence issues to the agendas of existing groups. On another front, they can offer support to the patient and caregiver — for example, helping them cope when a change in functioning causes an inability to work or when the drug's price becomes an issue (Slavin).

Maura Conry, a pharmacist/social worker (2001), sees a valuable role for social workers in the community when teamed with the local pharmacist. Both are more likely to be situated near patients' homes and to be readily accessible. Social workers' role in improving medication adherence among older adults is also increasing (Yagoda, 2004).

Psychopharmacology courses and programs for social workers are now offered in many schools of social work and by continuing education providers. Books on this topic offer a basic understanding of psychotropic medications, including side effects and adverse reactions, and when to refer clients for a medication evaluation, among other topics. A brief review of the literature on social workers and medication management or psychopharmacology suggests that social workers are involved in many aspects of delivering medication, just short of actual administration to the client (Cohen, 2004). Counting pills, providing pillboxes, driving clients to medication evaluations, observing self-administration by patients, monitoring clients' reactions to medication, and even transcribing physicians' orders are among the tasks social workers are asked to perform.

Practicing social workers are asking questions about where to draw the line and how far their scope of practice extends regarding medication management. Other social workers are questioning whether we are abandoning traditional social work values by focusing on the

medical model, rather than looking more broadly at needed environmental and psychosocial interventions (Cohen, 2004).

### **New Mexico Prescribing Psychologists' Law and Regulation**

New Mexico became the first state to pass legislation authorizing psychologists to prescribe medication in 2002, although a Department of Defense demonstration project allowed a small number of psychologists to prescribe several years earlier, and psychologists in Guam were already authorized to prescribe (Hettinger, 2000). The New Mexico regulations became effective on January 7, 2005. New Mexico's Professional Psychologist Act creates two classes of psychologists with prescribing privileges: those that hold a conditional prescription certificate and those designated as a "prescribing psychologist." The prescribing psychologist is required to have two years of experience under a conditional certificate and an independent peer review process in addition to holding a current license to practice psychology and sufficient malpractice insurance coverage. The requirements for a conditional prescribing certificate include:

- A doctoral degree in psychology
- Current license to practice psychology
- Completion of a board-approved pharmacological training program
- Passing a national certification exam
- 450 classroom hours of board-approved education in neuroscience, pharmacology, psychopharmacology, physiology, pathophysiology, physical and laboratory assessment, and clinical pharmacotherapeutics
- 80-hour supervised practicum in clinical assessment and pathophysiology and 400-hour physician-supervised practicum with a minimum of 100 patients
- Sufficient malpractice insurance coverage (at least 1 million dollars per occurrence)

According to the New Mexico regulations, psychologists with conditional prescribing privileges and prescribing psychologists are required to contact the primary care practitioner (with written patient consent) prior to prescribing any medication for the patient and inform them of the intended medications or laboratory tests to be ordered and must discuss any indications and contraindications for the patient. In the event of a conflict in recommendations for treatment, the psychologist must defer to the physician and not prescribe. An exception exists for emergencies, with the requirement that contact be made with the primary care practitioner as soon as possible thereafter. Any changes to medication, adverse effects, results of laboratory tests, and new medical or psychological diagnoses must be reported to the primary care provider, and the primary practitioner must inform the psychologist of any psychotropic medications prescribed or discontinued by that provider. Collaborative contacts between the psychologist and primary care practitioners must be adequately documented.

Prescribing psychologists in New Mexico are limited to prescribing medications in a specific formulary and are prohibited from prescribing medications for patients with certain medical conditions. Psychologists are also prohibited from self-prescribing or prescribing for family members.

### **Louisiana "Medical Psychologists"**

Louisiana passed legislation authorizing limited prescribing privileges for "medical psychologists" in 2004. Regulations were quickly promulgated by January 2005. Many of the requirements are similar to the New Mexico model, however completion of a post-doctoral

master's degree in clinical psychopharmacology or completion of the Department of Defense Psychopharmacology Demonstration Project is required. The licensing board is permitted the discretion of further limiting the prescribing privileges for a medical psychologist for public safety purposes. For instance, the board could limit the practitioner to prescribe only for certain client populations or disorders diagnosed. Prescribing is limited to disorders mentioned in the most recent edition of either the Diagnostic and Statistical Manual of Mental Disorder (DSM) (American Psychiatric Association, 2000) or the International Classification of Diseases and Related Health Problems (ICD) (World Health Organization, 2004). In Louisiana, it is the medical psychologist's responsibility to document collaboration with the primary physician and then to forward this documentation to the physician for inclusion in their records. This relieves the physician of additional documentation requirements, creating an added burden on the medical psychologist. The medical psychologist is expressly prohibited from delegating the prescribing privileges to any other individual.

### **Social Workers as Prescribers?**

Although social workers are playing an increasingly visible role in adherence to medical treatment regimes for a wide array of conditions, prescribing is clearly outside the current scope of social work practice in all states. Among the non-physician groups expanding their prescribing privileges are psychologists, nurse anesthetists, physician assistants, physical therapists, optometrists, and midwives (Croasdale, 2004; Fox & Sammons, 1998). NASW has consistently maintained a neutral position regarding prescribing privileges for other professionals.

The process for psychologists to obtain these rights was initiated 20 years ago, and is still incomplete (Fox & Sammons, 1998). The potential negative impact on the psychological profession is a concern among some psychologists as prescribing privileges are obtained (Croasdale, 2004; Fox & Sammons, 1998; Hettinger, 2000). Chief among the concerns is the shift in focus of treatment from psychotherapeutic interventions to medication, and whether doing so abdicates the role of psychologists as primarily providers of psychotherapy. As social workers observe the trends within the psychology profession, what are the implications for the future of social work?

- Does the social work profession want to be identified as the primary providers of psychotherapy or will the profession become devalued if social workers do not follow the trend toward non-physician prescribing?
- Is prescribing consistent with social work values and theory, or have we already moved beyond that, given social workers' deepening involvement in health care?
- Will social workers find it worthwhile to comply with the additional requirements of class work, practicums, supervision, and physician collaboration in order to qualify for prescribing privileges?
- Are master's level clinicians without a medical background suitable candidates for prescribing privileges?

### **Conclusions**

Social workers are already providing services to clients with a broad number of health concerns and in a wide variety of health care settings. Linking payment for social work services to health care insurance coverage has facilitated these developments. Effective medication management requires specific training and skills which are increasingly available in academic and

professional settings. Social workers have demonstrated their capabilities in coordinating care and managing clients' adherence to medical treatment plans, including psychotropic and other medications.

Professions that are gaining prescribing privileges face opposition from physicians and must utilize a determined and focused advocacy strategy to achieve legislative gains (Hettinger, 2000; Riba, 2004). As social workers observe these developments, more discussion within the profession should be generated regarding the strengths and unique values of the profession, and the means of increasing recognition of social workers' skills. At a minimum, social workers must remain aware that prescribing privileges are coupled with significant additional training and certification requirements. Unless or until these are legislated, social workers may not prescribe medication, but may continue their roles in medication management.

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