

The Ohio Psychological Association
395 E. Broad Street
Columbus, Ohio 43215

Chairperson Jones and members of the Senate Health and Human Services Committee thank you for the opportunity to speak in Senate Bill 300. My name is Dr. Bobbie Celeste and I am a licensed, practicing psychologist who resides in Columbus. I work as the Director of Professional Affairs for the Ohio Psychological Association. I would like to focus on two aspects of this bill—the need and the recommended training and preparation.

The Need

I would like to tell you about why we are supporting this legislation. There is a serious situation in Ohio and most individuals with mental illnesses have a long wait to see a psychiatrist. As you know the situation is especially bad in rural areas but can also be a significant issue in urban areas.

I would like to read you a letter from a young woman that I used to work with who told me, if you ever get a bill, let me know, I want to testify. Unfortunately she could not be here today. So I want to share her letter with you.

I want to end my life.

It's been almost a year now since my sister uttered these six harrowing words. And a year later, we battle with her mental illness every day. Many nights we go to bed for another restless night of sleep wondering if she will make it through the night.

Access has been a huge deterrent in getting help. My mother, father and sister live in southeastern Ohio. There is little to no help, thus, no hope, available there. The waitlist to get into a therapist or psychologist, much less a psychiatrist to help us balance her medicine is abominable. After seven months, we were to get her into an appointment in Columbus – an over two-hour drive for my family. This requires taking time off work, a delicate dance because of the time she has had to take off because of her illness. She can only go once every few weeks, so her care is not consistent, especially in dark times of her illness.

My sister recently remarked, “They only do this to mentally ill people. They don't care,” in regards to access and not getting the help she needs. When my mother was diagnosed with life-threatening cancer, the healing process started immediately. She was whisked into surgery within 48 hours. Mental illness can also be life threatening – and they are asked to wait six months, if not longer. My mother would have been dead if she waited six months. And unfortunately, many mentally ill people take their lives before they can receive help.

March 23, 2016, Katie Crabtree Thomas whose family lives in Jackson Co.

I'm afraid Katie's story is not unusual. I want to share recent survey data that highlights the problem. (This was on online survey of 1200 Ohio psychologists—a good return is considered 10% and we had 167 respondents a response of 14 %.)

“My patients typically wait to see a psychiatrist for”:

- Less than 3 weeks-16%
- 3-4 weeks-15%
- 5-8 weeks-21%
- 9 weeks to 3 months-31%
- More than 3 months-17%

That means 69% of the patients that psychologists feel have serious enough psychological issues to be referred for medication, could be waiting 5 weeks or more to see a psychiatrist for an initial assessment for medication.

As Katie's sister found, 17% of those with mental illness are waiting more than 3 months.

You will hear in testimony by Dr. Swales that there are many counties in Ohio with no psychiatrists and no psychiatric nurse practitioners. Psychologists and our patients are relying on primary care doctors who are already burdened with too much to do at any one appointment. Other non-mental health prescribers are filling in. In our survey, 75% of the psychologists refer to primary care physicians.

Another survey question asked,

“Do primary care physicians ask for your advice regarding medications that would be helpful for patients? (Ohio law allows this type of medication consultation). 56% of the psychologists said yes.

Psychologists are already involved in integrated care with physicians and psychiatrists and some would like to do more. There was a time when our OPA members were only moderately interested in prescribing. Still there are psychologists who opposed this idea and others, far along in their careers, who would not want to go back to school. But in the recent survey 73% of the psychologists indicated they support this initiative and 47% (76) indicated they would take the training if SB 300 becomes law.

There is a great need and there are psychologists who would like to meet the need. These psychologists are so committed that they are paying for this education and training out of their own pockets or if they're lucky, their continuing education allowance at their place of employment.

I'd like to describe the training since it is an importance aspect of this issue.

The Required Training

Our national professional organization the American Psychological Association has mandated a master's degree in clinical psychopharmacology before psychologists can prescribe. SB 300 would follow this standard.

The following courses are required

I. Basic Science

- A. Anatomy & Physiology
- B. Biochemistry

II. Neurosciences

- A. Neuroanatomy
- B. Neurophysiology
- C. Neurochemistry

III. Physical Assessment and Laboratory Exams

- A. Physical Assessment
- B. Laboratory and Radiological Assessment
- C. Medical Terminology and Documentation

. IV. Clinical Medicine and Pathophysiology

- A. Pathophysiology with particular emphasis on cardiac, renal, hepatic, neurologic, gastrointestinal, hematologic, dermatologic and endocrine systems.

- B. Clinical Medicine, with particular emphasis on signs, symptoms and treatment of disease states with behavioral, cognitive and emotional manifestations or comorbidities
- C. Differential Diagnosis
- D. Clinical correlations-the illustration of the content of this domain through case study
- E. Substance-Related and Co-Occurring Disorders
- F. Chronic Pain Management

Integration of A-F through supervised clinical experience or lab experience in taking medical history, assessment for differential diagnosis, and review of systems

V. Clinical and Research Pharmacology and Psychopharmacology

- A. Pharmacology
- B. Clinical Pharmacology
- C. Pharmacogenetics
- D. Psychopharmacology
- E. Developmental Psychopharmacology
- F. Issues of diversity in pharmacological practice (e.g., sex/gender, racial/ethnic, and lifespan factors related to drug metabolism access, acceptance, and adherence)

Integration of A-F through supervised clinical experience or lab experience in Clinical Medicine and ongoing treatment monitoring and evaluation

VI. Clinical Pharmacotherapeutics

- A. Combined therapies - Psychotherapy/pharmacotherapy interactions
- B. Computer-based aids to practice
- C. Pharmacoepidemiology

Integration of A-C through supervised clinical experience or lab experience in integrated treatment planning and consultation and implications of treatment

VII. Research

- A. Methodology and Design of psychopharmacological research
- B. Interpretation and Evaluation of research
- C. FDA drug development and other regulatory processes

VIII. Professional, Ethical, and Legal Issues

- A. Application of existing law, standards and guidelines to pharmacological practice
- B. Relationships with pharmaceutical industry
- C. Conflict of interest
- D. Evaluation of pharmaceutical marketing practices
- E. Critical consumer

Clinical Competencies

In addition to the content areas, clinical supervision is required as a psychologist gains skills and experience to prescribe in a consultative relationship with other prescribers. The following are the expected clinical competencies.

The clinical competencies targeted by this experience include the following:

1. PHYSICAL EXAM AND MENTAL STATUS

Knowledge and execution of elements and sequence of both comprehensive and focused physical examination and mental status evaluation, proper use of instruments used in physical examination (e.g., stethoscope, blood pressure measurement devices, etc.), and scope of knowledge gained from physical examination and mental status examination recognizing variation associated with developmental stage and diversity

2. REVIEW OF SYSTEMS

Knowledge and ability to systematically describe the process of integrating information learned from patient reports, signs, symptoms, and a review of each of the major body systems recognizing normal developmental variations

3. MEDICAL HISTORY INTERVIEW AND DOCUMENTATION

Ability to systematically conduct a patient or parent/caregiver clinical interview producing a patient's medical, surgical, and psychiatric (if any) history and medication history in cultural context as well as a family medical and psychiatric history, and to communicate the findings in written and verbal form

4. ASSESSMENT: INDICATIONS AND INTERPRETATION

Ability to order and interpret appropriate tests (e.g., psychometric, laboratory and radiological) for the purpose of making a differential diagnosis and for monitoring therapeutic and adverse effects of treatment

5. DIFFERENTIAL DIAGNOSIS

Use of appropriate processes, including established diagnostic criteria (e.g., ICD-9, DSM-IV), to determine primary and alternate diagnoses

6. INTEGRATED TREATMENT PLANNING

Ability to identify and select, using all available data, the most appropriate treatment alternatives, including medication, psychosocial and combined treatments and to sequence treatment within the larger biopsychosocial context

7. CONSULTATION AND COLLABORATION

Understanding of the parameters of the role of the prescribing psychologist or medical psychologist and working with other professionals in an advisory or collaborative manner to effect treatment of a patient

8. TREATMENT MANAGEMENT

Application, monitoring and modification, as needed, of treatments and the writing of valid and complete prescriptions

A Clinical Psychopharmacology degree could be developed in Ohio

There are currently 3 universities that are certified by APA to offer the degree. California School of Professional Psychology at Alliant, Farleigh Dickenson in New Jersey, and New Mexico State. A cohort of psychologists in Ohio is studying through Alliant in a distance learning real-time video conference distance learning format. The courses meet the APA required curriculum described above. This is a rigorous 465+ hour distance learning program that takes 2 and half years to complete over five semesters includes study of the basic medical knowledge necessary for safe prescribing.

Of the ten Ohio psychologists currently taking the courses, one is African American, and several already work in rural counties of Ohio. New Mexico has found that prescribing psychologists are the primary providers for patients with Medicare since so few psychiatrists accept any insurance which is also the case in Ohio.

We have discussed this legislation with several pharmacy schools in Ohio and there is considerable interest in starting a Clinical Psychopharmacology Master's Program, if SB 300 passes. The schools indicated that they could offer such a master's degree not only to psychologists, but other health professionals who want to learn more about clinical psychopharmacology work in order to better serve those with mental illnesses. E.g. pharmacists, physician assistants and nurse practice nurses. If we are going to solve the problem of not enough trained mental health professionals, we need to train as many professionals as possible.

Following the education and training, an examination is required.

Examination Content

I have included the areas of study for the clinical psychopharmacology examination for psychologists (PEP) to let you know the nature of the subject matter on which psychologists are tested.

Content Area 1: Integrating clinical psychopharmacology with the practice of psychology

Content Area 2: Neuroscience

Content Area 3: Nervous system pathology

Content Area 4: Physiology and pathophysiology

Content Area 5: Biopsychosocial and pharmacologic assessment and monitoring

Content Area 6: Differential diagnosis

Content Area 7: Pharmacology

Content Area 8: Clinical psychopharmacology

Content Area 9: Research

Content Area 10 Professional, legal, ethical, and interprofessional issues

After these requirements are met, a psychology license, an additional master's degree, clinical supervision, and an examination, the State Board of Psychology

could certify psychologists to prescribe. Regular additional continuing education would also be required.

Working Together to Solve a Serious Problem

The workforce issue of the shortage of prescribers is serious and psychologists are ready to help. The track record of prescribing psychologists is one of safety and effectiveness. OPA stands ready to work with our colleagues in psychiatry, medicine, and nursing to work together to meet the needs of those such as Katie's sister who are struggling, often untreated with mental illnesses.

Thank you and I'd be happy to answer any questions.