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## Housecleaning Issues for Psychology: Licensure and Prescription Privileges

*[Editor's note: This article was originally written and accepted for publication in *The Maryland Psychologist* in 2000. The footnotes explain the delay in publication and provide updated information where needed.]*

**S**teve Shearer's recent compelling exposure in these pages of the scam that is called "managed care" was both thoughtful and courageous.<sup>1</sup> I hope it will alert psychologists and others to the true nature of this beast, and stimulate all of us toward action to expose its fraudulent nature and to stand by Steve if his fear of retaliation from the managed care industry comes to pass.

I would also like to urge psychologists to take the lead in such action by doing a little cleaning up of two of the scams in our own house. Our profession's potential contribution to the wellbeing of humans, even to our survival as a species in the face of the many behaviors that currently cause widespread death and destruction, is infinitely more important than these trivial scams.

Psychologists old enough to remember may recall that managed care grew out of peer review, which in its early days seemed to be a sincere attempt to protect the public from incompetent and/or unscrupulous providers of mental health services. Competent and honorable psychologists participated in peer review in this spirit before the process turned malignant and became

<sup>1</sup> Steve's article, "Magellan, Magellan, Wherefore Art Thou Magellan? (A Wry Commentary)" appeared in the Nov/Dec 1999 issue of *The Maryland Psychologist*. The current article was originally submitted to *The Maryland Psychologist* shortly after Steve's article appeared and was accepted by the editor for publication in the next issue. When the next issue appeared my article was not in it, and upon contacting the editor I heard a surprising story. The editor's decision to publish my article was overridden by others in MPA who insisted not only that my article be withdrawn, but also that it be replaced by an article urging everyone to support prescription privileges. The editor's plea to at least run both my article and the president's article in order to give some balance to the debate apparently fell on deaf ears, and my article was not published at all.

managed care. As the painful recognition grew that the process had been corrupted, these psychologists chose to withdraw their support for this new scam. This was a difficult choice, given that the scam had largely grown up in professional psychology's own house.

Psychologists now face a similarly difficult choice about two other scams in our house. One of these is well established and has provided substantial secondary gain for psychologists, whereas the other is quite new and not so entrenched. I refer respectively, as many may have guessed by now, to the licensing of psychologists and to prescription privileges.

I recall being rather impressed with myself and with psychology when Maryland went from certification to licensure for psychologists. It seemed to confer some kind of enhanced status on our profession, and we were even invited to carry our license around with us as we do our driver's license.<sup>2</sup> The implication was not only that we were even more special than before, but that the public was gaining greater protection from incompetent and/or unscrupulous psychologists.

It is the assertion of greater protection of the public that is the heart of the scam, since it is just as false as the assertion that managed care protects the public. In actuality, licensing protects our professional turf by allowing us to impose legal sanctions on anyone who

<sup>2</sup> Note that I am not opposed to licensing in general. It is a good idea to require a license to drive a car because pedestrians, bicyclists, and other motorists are unavoidably exposed to the consequences of a driver's level of competence. However, when one has control over such exposure, certification serves the same purpose. In most states I can choose to go to a certified manicurist or one who is not certified whom I have reason to trust and who probably charges less. In Michigan, however, I have no such choice as manicurists there must be licensed and a person who is not licensed may not trim my nails. This is the kind of self-serving use of professional licensing (to protect the profession's turf) that I believe is beneath the dignity of psychology.

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dares intrude without our permission.<sup>3</sup> Certification provides just as much protection for the public, since the same degree of rigor can be established in the granting of certification as is the case with the granting of licensure. The difference is that consumers still have the choice of selecting a psychologist who is not certified if they wish. When we lobby for consumers to have the right to choose to see a psychologist who is not on a particular managed care panel, we are defending the same principle. The argument for licensure over certification is sometimes based on a condescending view of the consumer, who is presumed to lack sufficient intelligence or self-reliance to be a “smart shopper” and to be selective in the choice of a provider. As the ramifications of Albert Bandura’s research on perceived self-efficacy seem to be spreading to every corner of the healthcare arena, it is not consistent for professional psychology to be taking a stand against individual efficacy in a matter as basic as the selection of a provider of professional services.

A similar issue of respect for the individual’s efficacy in making choices that will influence his or her own wellbeing is at the heart of the prescription scam. Again, the premise is that the public is protected from

itself by having access to certain pharmacological agents available only through professional prescription. The argument is that, without such restriction, individuals would use such agents inappropriately and would possibly harm themselves and others. The first hint that this argument does not hold water comes from the repeated demonstration, from prohibition on up to the war on drugs, that the public will gain access to whatever chemical compounds it desires regardless of legislated restrictions. It has even been suggested that current laws prohibiting the use of certain drugs have not been repealed because their effects are to allow a few channels of supply to reap huge profits. However, such far-fetched theories need not be invoked. Many US citizens, myself included, have been quite amazed to discover that a number of other countries allow relatively unrestricted access to all pharmaceutical compounds without prescription. Of course, citizens of these countries are free to consult with physicians or other experts if they wish, and some do. Many more, however, learn enough through other resources to be able to make informed decisions about medications for themselves and their family members, and there is little if any evidence that the public is harmed by this unrestricted access. With this knowledge, it is difficult to see prescriptive authority as much more than a scam, again meant to protect the professional turf and profits of those groups that acquire the “privilege” to prescribe. Although psychologists would no doubt make a few more dollars<sup>4</sup> in the short run by joining this scam, in the long run we would demean ourselves and our profession.<sup>5</sup>

Aside from the scam nature of prescription privileges in general, there is also the question of the wisdom of

<sup>3</sup> Since this article was originally accepted for publication in *The Maryland Psychologist* some 8 years ago, an article in *Scientific American* has provided valuable theory and data on the proliferation of licensing and thereby gives some perspective on the larger issue of licensing. Although the article (Doyle, 2007) is entitled “License to Work,” its subtitle, “Professional Licensing: Road to Social Atherosclerosis?” gives more of an idea of its content. The article opens with the following: “Milton Friedman, the Nobel laureate economist, noted that the destruction of the medieval guilds was indispensable to the creation of the modern world. In his 1962 classic, *Capitalism and Freedom*, he explained that ‘there has been a retrogression, and increasing tendency for particular occupations to be restricted to individuals licensed to practice them by the state.’” Doyle goes on to cite data indicating that Friedman’s warning about retrogression had little effect, as the number of occupations requiring licensure has more than quadrupled since his book was published. Doyle notes the power of licensing boards to “restrict entry into the professions they regulate and to increase the incomes of board-certified practitioners.” He cites compelling evidence that the practitioners of licensed professions have significantly higher incomes when compared to those in very similar professions which are unlicensed. His most fascinating data comes from the study of dentistry, where a careful study was performed on a state-by-state basis using data from 1960 to 1987. It demonstrated that increasingly restrictive licensing requirements were associated with increased income for dentists but not with improved dental health. I imagine a similar study comparing psychological health in Maryland residents before licensure, when psychologists were merely certified, with the same measure of mental health in Maryland residents after we became licensed, would find no improvement. There might even be a decrease in mental health as the pool of available providers became more restricted by licensure, a restriction that, of course, allows us to raise our fees.

<sup>4</sup> Since this paper was originally drafted, psychologist colleagues have told me that they anticipate making four times more when prescribing rather than providing traditional psychological services like psychotherapy and testing. While this ratio may be slightly inflated, based primarily on comparing the fee for a 15-minute medication check with the fee for an hour of psychotherapy, the motivation to acquire prescription privileges is clear.

<sup>5</sup> Physician friends have told me they would expect a great deal of damage to be done, probably including some lives lost, if all medication now available only by prescription were suddenly to be made available over the counter in a country where a high percentage of the medication used is currently available only by prescription. This is probably an accurate prediction of short-term outcome. Like a college freshman who uses alcohol unwisely upon leaving a home in which all alcohol use was strictly forbidden by his or her parents, those who have relied on the strict parent-figure of the prescriber to make decisions for them regarding drug usage will have to learn to assume personal responsibility in this domain if at some point in the future they are in a position to do so. My hope is that a transition from prescriptive control to greater individual autonomy and responsibility in the use of medication will take place, and that we psychologists will make ourselves useful in the transition to help minimize the short term problems. The least we can do is to refrain from making the problem bigger by joining in the prescription scam ourselves.

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psychology's getting involved in physical interventions of any kind. Clearly, certain drugs can affect psychological functioning, and this is part of what has led us into fighting with the medical profession for prescription privileges. However, new evidence is emerging almost every day about the psychological impact of physical interventions. If we are going to fight physicians for prescription privileges, we will also eventually have to fight acupuncturists for needle privileges, chiropractors for manipulation privileges, massage therapists for massage privileges, dieticians for... you get the picture. We are better off as a profession attending to our specialty, psychology, and letting others attend to their specialties, referring clients to them when appropriate to supplement our psychological services.

Our profession is in some ways just coming into its own with regard to being able to offer significant reductions in suffering and enhancement of wellbeing (Gorski, 1999). Almost all major physical illnesses are beginning to yield to psychological interventions and/or interpersonal interventions based on psychological research (Ader, 2007), the very bedrock on which psychology as a profession is established. While there has also been some progress in physical or biological interventions, the limitations of each breakthrough in these areas tend to become obvious rather quickly. What psychology can offer promises to be much more substantial and enduring in its value to consumers. In other words, we have every reason to be proud of the value of psychology as a science and profession. Even if prescription privileges were not a scam, it is a distraction from the true purpose and value of psychological research and practice.

So how can we begin to clean house on behalf of professional psychology? I think the primary method would be through political lobbying. We can, as a profession, petition the State Assembly to repeal our licensure law and reinstate certification. We can also oppose legislation supporting prescription privileges for psychologists, making clear that we do so out of a belief that it would violate our professional integrity to participate in such a scam, and not because we lack faith in the ability of psychologists to learn enough pharmacology to become prescribers.<sup>6</sup>

As I contemplate what I have just written I find that I have little of the fear that **Steve Shearer** expressed regarding retaliation from managed care or other large corporate interests. Instead I fear becoming the object of the ire of my psychologist colleagues. That is to say, I know that I

am raising questions that may be difficult for psychologists to examine without strong emotional reactions. I would ask that each reader at least consider that what I am recommending may give all of us more reason to be proud of our profession in the long run and make our profession of greater value to humanity in the process.<sup>7</sup>

<sup>7</sup> The latest issue of *American Psychologist* arrived the day after the first draft of this paper was submitted for publication in 2000. It was a "Special Issue on Happiness, Excellence, and Optimal Human Functioning," and is a wonderful example of the kinds of theory and research that psychology can claim with pride. The day before the revised (resurrected?) version of this current paper was submitted for publication, *American Psychologist* arrived with a similarly inspiring article entitled "Peace Psychology for a Peaceful World."

References Available Upon Request.

*John Rhead, Ph.D. has a long-standing interest in psychology and spirituality. He is a true believer in the critical importance of psychology for solving the problems of individuals (e.g., depression, psychosis, and the like) and of humanity (e.g., war, genocide, envirocide, and the like). His greatest joy is his family. He lives and practices in Columbia, where he chops wood and also sees individuals, couples, families and groups. [www.johnrhead.com](http://www.johnrhead.com) or [jrhead@umaryland.edu](mailto:jrhead@umaryland.edu). ψ*

<sup>6</sup> I wish I had a nickel for every time a non-psychologist colleague has teased me about professional psychology's hypocrisy regarding our argument that professional counselors could not learn to do psychological testing even as we claim that we can learn to prescribe.