

## Point/Counterpoint: In Defense of Counselor Training in Psychopharmacology

One of the unique characteristics of the counseling profession is our detachment from the medical model and our reluctance of focusing on individual pathology. We choose to emphasize wellness and human development across the lifespan. However, the counseling profession is at a critical crossroads for marketplace acceptance and identity among health care providers. For example, psychologists are seeking prescription privileges and many psychology graduate programs provide coursework in psychopharmacology. Because psychology training programs provide classes on prescribing medications, should counseling programs follow suit? I believe the answer is “yes.” Please consider four of my perspectives.

First, the spectrum and prevalence of psychotropic medication use across the life span is significant and finds its way into counselors’ everyday practice. Research tells us that about 89% of professional counselors work with clients who are taking psychotropic medications. In my personal practice, I find this percentage to be higher, almost 100%. Moreover, many of my clients ask me about their medications—whether or not they should continue taking them, if they need a higher dosage, or if they need a different medication to remediate their negative symptoms. How can I competently and ethically serve my clients if I do not have a basic knowledge of psychotropic classifications and their common side effects? How can I provide comprehensive treatment planning if I am not able to communicate with prescribing physicians and to “speak their language?” Could this be why CACREP requires Mental Health Counseling programs to have training in the basics of psychopharmacology principles?

Second, the influence of managed care has increased the number of professional counselors providing mental health services in conjunction with a prescribing physician. I also find this true in my private practice. My clinic has an advanced registered nurse on staff that provides medication evaluations and continual monitoring of my clients. She sees them, on average, one hour for the first evaluation and then for about 10-15 minutes once every month. On the other hand, I generally see my clients one hour per week. I am therefore in a better position to become aware of negative side effects and to work effectively with my client’s support networks to maximize treatment adherence and to monitor mixture of psychotropic medications with other substances (e.g., alcohol or illegal drugs). In my practice, our prescribing physician consults with me on how a client is responding to the medication regimen and solicits my recommendations on medication types to be used for certain symptoms. If I did not have training in psychopharmacology from my CACREP Master’s-level program, my clinical competency and collaborative treatment skills would prove deficient—significantly impairing my ability to work effectively with other treatment providers in a multidisciplinary setting.

Third, the medical community supports counselor training in psychotropic medications. Because psychopharmacology has traditionally occupied the exclusive domain of medical practice, counselors may experience a sense of confusion and uncertainty when considering the more precise nature and associated limitations of their roles when supplementing psychotherapy with knowledge of pharmacotherapy. However, state laws do not preclude counselor from discussing psychotropic medications with their clients, and client treatment is certainly enhanced when we can collaborate with treatment providers. For example, counselors can ethically function in the role of...

- *physician assistant*, supporting recommendations of medication use,
- *consultant/collaborator*, performing preliminary screenings to determine clients’ possible needs for medication, making referrals to physicians, and regularly consulting with the physician and client,
- *advocate*, assisting clients and family members in relating to physicians,
- *monitor*, evaluating positive and negative effects of the medication regimen,
- *educator*, providing clients and family members with information relevant to medication usage, and/or
- *researcher*, using case reports and research designs to study how medications affect client behavior, how the medications interact with other interventions, and how to maintain collaborative relationships among the treatment team.

Fourth, basic knowledge of psychotropic medications is essential for counselors because ethical guidelines admonish them to remain current on scientific and professional information in

their realm of practice. Current brain research indicates that psychotherapy combined with psychotropic medication is more effective than psychotherapy alone for treatment of certain mental health disorders; such as major depression, panic disorder, attention-deficit/hyperactivity disorder, and schizophrenia. I have a duty to inform clients of the best standards of care, including pharmacotherapy when it may be appropriate. Finally, a counselor may incur liability if they do not refer a client for psychotropic medication evaluation. Good faith client referral is the counselors' responsibility; the decision to prescribe rests with the prescribing physician.

With the increasing use of psychotropic medications to treat mental health disorders, the counseling profession needs to become more proactive in providing counselors adequate educational opportunities in this field. Master's-level training in psychopharmacology helps counselors fulfill their ethical obligation to promote and maintain client welfare, enable them to become more involved with the resolution of psychotropic medication nonadherence, provide client education about the implications of psychotropic effects, and develop therapeutic alliances with clients and their prescribing physicians. I see our understanding and utilization of psychopharmacology as a means to enhance our clinical competency in a competitive marketplace. This does not require us to sacrifice our unique emphasis on wellness and mental health. I believe that we can view our clients holistically—embracing the best of the medical model along with our use of a client-centered, preventative model.

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