Psychopharmacology awareness for psychotherapists

Your scope (RPs do not prescribe or advise on medication), the common classes and what to notice and pass on, the signs that need urgent care, and how to work with prescribers.

Study aid, not legal advice. Last verified against the official sources linked below on 11 November 2026.

1 Your scope

- Prescribing a drug is a controlled act (RHPA **s. 27 (2), para. 8**) that RPs are **not authorized to perform**.
- CRPO: "RPs are not authorized to prescribe medication, give advice about medication, or communicate a diagnosis" (Standards 1.4 and 3.3).
- In a CRPO scenario, an RP texted a client articles on a medication's side effects; CRPO cautioned that providing information about medication is **outside the scope** of psychotherapy and could cause harm.
- Your part: listen to the client's concerns, notice changes, and encourage them to **talk to their prescriber** or pharmacist.

2 When it is urgent

- Signs of serotonin syndrome or lithium toxicity, a sudden change in consciousness or behaviour: **911 or the nearest emergency department**.
- New or worsening suicidal thoughts: assess and plan as for any risk, tell the prescriber with consent, and give **9-8-8**.

3 Common classes: what to notice and pass on

Class	Notice and pass on	Source
Antidepressants (SSRIs, SNRIs and others)	New or worse suicidal thoughts early on, above all under 25. Stopping suddenly can bring withdrawal, which can be severe and mistaken for relapse.	Stone et al., 2009, BMJ 339:b2880; Horowitz and Taylor, 2019, Lancet Psychiatry 6(6):538-546
Serotonergic combinations	Agitation or confusion, a racing heart, sweating, tremor or muscle jerks: possible serotonin syndrome, urgent.	Boyer and Shannon, 2005, N Engl J Med 352(11):1112-1120
Lithium	A narrow margin: worsening tremor, weakness, unsteadiness, diarrhea, then vomiting, slurred speech or confusion: urgent. Dehydration, fever and new medications raise the risk.	Gitlin, 2016, Int J Bipolar Disord 4(1):27
Antipsychotics	Side effects differ more than benefits between drugs: weight change, restlessness, stiffness, drowsiness.	Huhn et al., 2019, Lancet 394(10202):939-951
Benzodiazepines	Drowsiness, memory and coordination effects; dependence. Benefit is established for 2 to 4 weeks, not beyond.	Lader, 2011, Addiction 106(12):2086-2109
ADHD medications (stimulants and others)	Effective in the short term; effects the client reports, and any misuse.	Cortese et al., 2018, Lancet Psychiatry 5(9):727-738

4 Working with prescribers

- Make reasonable attempts to communicate with the client's other providers, unless the client refuses, it would be counter-therapeutic, or it is unnecessary (**3.3.1**).
- Within the circle of care, implied consent can be assumed for the client's care unless they have said no (PHIPA **s. 20 (2)**); ask anyway.
- Share **what you observed** and what the client reports: sleep, mood, side effects, missed doses, substance use. Not a diagnosis, not a medication suggestion.
- **Document** what was shared, with whom, when and with what consent, and what you advised (Standard 5.1).

Notice, listen and pass it on: the prescriber decides about medication.

Official sources: CRPO, Professional Practice and Jurisprudence manual and CRPO Standard 3.3: Communicating Client Care and RHPA, s. 27 (2). Condensed from Professional Responsibilities and The Legal Framework. Independent study aid, not legal advice, not affiliated with CRPO or COMPASS.