STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF PSYCHOLOGY – Administration
1625 N. Market Blvd., N-215, Sacramento, CA 95834
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MEMORANDUM

DATE	July 30, 2015
TO	Board of Psychology Members
FROM	Jonathan Burke Administrative Services Coordinator
SUBJECT	**AB 2198 (Levine) – Suicide Prevention – Update**

Background:

AB 2198 (Levine, 2014) would have mandated a six hour one time continuing education requirement on the subject of suicide prevention, assessment, and training for licensees of the Board. The Board took an oppose position at its August, 2014 Meeting and staff provided committee testimony to the Legislature and wrote opposition letters to the author, committee members, and a veto request Governor Brown. The bill was vetoed, however in his veto message the Governor asked, "…licensing Boards to address the issues which this bill raises and take whatever actions are needed".

The Governor's Office (GO), the Department of Consumer Affairs (DCA), the Board of Behavioral Sciences (BBS), the Medical Board, and the Board of Psychology have been working on addressing the request in the veto message. Attached are the two surveys that the Board sent to graduate, internship, and clinical programs to determine what training our licensees receive in the areas of suicide prevention, assessment, and training.

The Board is working closely with DCA, the GO, and BBS to address the concerns in the Governor's veto message. The Board has completed its survey to clearly understand how psychologists are trained in suicide prevention, assessment, and risk management.

Action Requested:

This item is informational and no action is requested.

Attachment A is Governor Brown's Veto Message.
Attachment B is the compilation of all the responses received by 4/10/15 (15)
Attachment C is a Memo dated March 5, 2015 from Antonette Sorrick, Executive Officer (EO), Board of Psychology to Justin Paddock, Assistant Deputy Director (ADD), DCA,
Attachment D is a Memo dated April 1, 2015 from Antonette Sorrick, EO, Board of Psychology to Justin Paddock, ADD, DCA.
Attachment E is the results of the second survey sent to graduate, internship, and clinical programs (70)

OFFICE OF THE GOVERNOR

SEP 18 2014

To the Members of the California State Assembly:

I am returning Assembly Bill 2198 without my signature.

This bill would require certain mental health professionals to complete a training program in "suicide assessment, treatment, and management."

California has an extensive regulatory scheme that aims to ensure that California physicians, psychologists and counselors are skilled in the healing arts to which they have committed their lives. Rather than further legislating in this field, I would ask our licensing boards to evaluate the issues which this bill raises and take whatever actions are needed.

Sincerely,

Edmund G. Brown Jr.

Table 1
Board of Psychology Graduate Programs Survey Results
Coverage of Suicide Assessment, Treatment, and Management

Required Courses in Degree Covering Topic	Units or Hours Courses Spend on Topic	Topic Areas Covered
University of California, Berkeley Ph.D. in Clinical Science, Department of Psychology		
Intoduction to Clinical Methods	4 hours (One semester)	Readings, role plays, and speakers of risk assessment, clinical interviewing, the epidemiology of suicide, involuntary hospitalization, contact with social support and other professionals, the debate about suicide contracts, management of suicidal clients, panel with advanced students sharing experienced of working with clients who have suicidal ideation, thoughts, and feelings.
Seminar in Professional Development	16 hours (Four semesters)	
Speciality Clinic	16 hours (Four semesters)	
The Wright Institute, Doctor of Psychology Program		
Psychopathology I	N/A	Suicide, depression, anxiety, trauma, and many other conditions are discussed in a wide variety of courses and the material addressing these areas of concern are introduced repeatedly through courses, practica, and internship. Students are also taught about suicide assessment and intervention in oreientation and
Psychopathology II		
Assessment I, II and III		
Case Conference (2 year sequence)		

Ethics		throughout their training during supevsion.
Intervention Courses (Brief, CBT, Psychodynamic, etc.)		
Biological Bases of Behavior		
Supervision and Consultation		
Several of the Elective Courses		
Alliant University, Fresno Campus Ph.D. Clinical Psychology		
P520 Introduction to Psychotherapy	4 hours	Didactic education, role play, discussion.
P671 Behavior Therapy	4 hours	
P570 Child/Adolscent Assessment/Psychopathology	4 hours	
P801 Ethics and Law	4 hours	
University of Southern California, Ph.D. in Clinical Psychology --Clinical Science Model		
Psychology 514, Psychopathy	1 hour	Introduced to theories about the causes of suicide, the prevalence and incident of suicice and the correlation between suicide and mental disorders.
Psychology 515, Clinical Assessment	1 hour	Demographic factors associated with suicide, including factors that are most closely associated with risk for suicide. Assessing for active versus passive suicide idation, how to assess for suicide plan, intent, and means and what factors can protect a person.
Psychology 595, Practicum in Clinical Psychology: Clinical Interviewing	2 hours	How to conduct a suicide risk assessment, how to identify both the risk factors for suicide and protective factors that reduce risk, as well as the ethical factors involved in assessment.
Psychology 595, Practicum in Clinical Psychology: Assessment	2 hours	Students learn specific questions that should ask a patient or client to assess for suicide risk.

Psychology 619, Psychological Intervention	2 hours	Students learn about suicide risk assessment in the context of professional ethics and duties. They also learn about suicide risk with respect to certain mental diroders and learn some specific techniques from Dialectical Behavior Therapy about how to reduce threats of suicide.
Psychology 695, Advanced Practicum in Clinical Psychology	2 hours	Students learn about the specific procedures in the department clinic they are expected to follow if they have clients who appear to be suicidal. This includes questions to ask, what resources to contact and the important of getting assisstance from supervisors.
Fuller Theological Seminary, Graduate School of Psychology Ph.D. Clinical and Psy.D.		
Consultation Group	N/A	Primary focus is teaching students case presentation skills, but case discussions occasionally occur.
PC 819 Cognitive and Behavioral Therapy	4 units	How to ask questions about suicidal ideation or thoughts and plans for suicide if any, and how to intervene including crisis intervention.
Practicum 0	0 units	Didactic training in symptoms, etiology, course, assessment, valuation, interventions, and treatment plan. Role-plays also used.
PC 803 Legal and Ethical Issues	2 units	Covers topics of the law regarding the necessary and acceptable violation of confidentiality in cases of suicidal risk for the purpose of protecting the client from self-harm. Also covers the ethical remifications of having a suicidal client under one's care.
PG 843 Psychopathology	4 units	Psychopathology covers the topic of suicide assessment within the context of mood disorders.
California State University, Dominguez Hills Master of Arts in Psychology -- Clinical Option		
PSY 564 Psychotherapeutic Techniques	3 units	Suicide assessment, therapeutic conversations, RSA process, assessment of client resources, safety.
PSY 567 Individual Assessment	3 units	

Biola University, Rosemead School of Psychology Ph.D. and Psy.D. in Clinical Psychology		
*No courses required specifically on this topic, but this topic is covered in required prepracticum and practicum courses.	N/A	Suicide assessment and risk management.

Table 2
Board of Psychology Internship Programs Survey Results
Coverage of Suicide Assessment, Treatment and Management

Well Span Behavioral Health Doctoral Internship in Clinical Psychology		
Crisis Intervention and Involuntary Commitment Process	1 hour	Assessing safety, safety planning, handling involuntary commitment, managing chronic suicidality. Methods include didactic prevention, demonstration, role playing and review of videotaped sessions.
Assessing Safety in Initake Evaluations	1 hour	
Techniques for Treating Severe Depression	4 hours	
Treating Personality Disorders	7 hours	
California State University, Domingez Hills Psychology Internship Program		
5-Day Orientation		Training on responding to emergencies, with major emphasis on responding to suicidal symptoms. Review of risk factors/warning signs, assessment of risk, decisions re: hospitalization vs. outpatient treatment in the facility, safety planning, on-going treatment.
Didactic Training	2 hours	
Case Consultation	2 hours/week	Discussion and review of any cases where suicidal risk is of concern. Modeling for interns of how such cases are handled.

Individual Supervision with Primary Supervisor		Review of all intern's caseload with respect to potential for self-harm, needed monitoring, safety planning.
Supervisor Joint Work with Intern		Active supervisor support to/joint work with intern during times when psychiatric hospitalizations are implemented.
The LGBT Community Center of the Desert Predoctoral Ph.D. Interns and Registered MFT Interns		
ASIST Training	16 hours	History of Suicide Intervention Program, exploration of attitutdes and myths re: suicide, introduction of intervention model, role-plays suicide intervention model.
Webinar Training by American Association of Suicidology	3 hours	
Harvard Medical School Presentation by Douglas Jacobs, M.D.	2 hours	
Life Skills Treatment Program Clinical Psychology Internship		
N/A	N/A	Psychology interns are provided materials (from APA, CPA, and multiple other sources) throughout the training year. The assessment/treatment of suicidal ideation, verbalizations, and behavior are addressed. In group and individual supervision. Relevant research, articles and other writen materials are reviewed through the training year. Intern questions about suicide are discussed in group and individual supervision.
Alvarado Parkway Institute Behavioral Health System		

*Specific Courses not required, but interns must come prepared with testing courses, theory courses and experience in group therapy.	N/A	Inservice training regarding the use of self-harm intervention packet which includes an informational handout regarding suicide and self-harm as well as a thorough intervention plan indentifying triggers, protective factors and strategies to gain support and intervene. Didadtic training is provided regarding correlates to suicide, statistics pertaining to suicide and mental illness and cultural variables, as well as intervention strategies.
University of San Diego, Couseling Center Psychology Internship Program		
Risk Assessment and Management	6 hours	Didactic information on broad assessment of risks and protective factors for suicide safety planning in suicidal individuals as well as access to CAMS materials.
Suicidal Self Injury Seminar		
Job Corps Center Psychology Training Program --CAPIC Internship and Clinical Practicum		
Staff Training	N/A	Mandatory training in suicicde prevention to reinforce the skill set of staff members from all departments in order to effectively listen, observe, consult, and intervene.
Suicide Prevention Activity for Students	1 month/year	Presentations and information provided regarding suicide prevention
Didactic Program for Interns	N/A	Focuses on building upon the training they get in their graduate programs. Two readings are required including "Cultural considerations in Adolescent Suicide Prevention and Psychosocial Treatment" and "Preventing Youth Suicide: A Handbook for Educators and Human Service Providers."
Pasadena City College -- Internship and Clinical Practicum		
Didactic Program for Interns	Two Weeks	30 page handout on suicide assessment.
Weekly Case Conference	1 per week	All suicide ideatino cases are reviewed and discussed.

Suicide Ideation Procedures and Resources	N/A	Procedures for 5150 for Suicide Ideation cases. Video on suicide assessment produced by the Menninger Foundation. Resources on helping those "left behind by suicide".
Suicide Assessment, Treatment, and Management	40-50 hours per year	Overall time spent on this topic during year log internship.

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MEMORANDUM

DATE March 5, 2015

TO Justin Paddock, Assistant to the Deputy Director Legislation and Regulatory Review

FROM Antonette Sorrick
Executive Officer

SUBJECT **Suicide Prevention Update**

Background:

AB 2198 (Levine, 2014) would have mandated a six hour one-time continuing education requirement on the subject of suicide prevention, assessment, and training for licensees of the Board. The Board took an oppose position at its August, 2014 Meeting and staff provided committee testimony to the Legislature and wrote opposition letters to the author, committee members, and a veto request to Governor Brown. The bill was vetoed, however in his veto message the Governor asked, "...licensing Boards to evaluate the issues which this bill raises and take whatever actions are needed".

Survey of Internship Centers, Clinics, and Degree Programs:

The Board sent a survey to over 3,000 individuals involved in teaching and supervision of trainee psychologists at Masters and Doctoral programs, Clinical Internship Programs, and Practicum Programs. The Board received 15 responses and is now working with the California Psychological Association to receive more responses.

- Course(s) Required by this Degree/ Internship Program Which Cover the Topics of Suicide Assessment, Treatment, and Management
- Number of Units/Hours Each Required Course Spends on These Topics
- A Description of the Topics/Methods Covered by Each Required Course
- Additional Relevant Courses Offered but not Required in the Degree/ Internship Program (Please include number of units/hours and a brief description)

The survey did not produce a sufficient number of responses to give a clear indication on the level of training psychologists receive in suicide assessment, prevention, and training. However, from the responses the board did receive some conclusions may be drawn:

- The topic is integrated across a variety of courses at the doctoral level.
- Suicidality is addressed in the practicum, where the students are doing the most hands-on portion of their learning.
- Schools consistently reported teachings of a wide range of aspects of suicide prevention and assessment, including ethical issues, crisis intervention, assessment instruments for suicide risk factors, role-playing activities, case conferences, intervention courses, clinical interviewing, cognitive therapy, and intake evaluations.

Psychologist Training in Suicide Prevention

Training in applied psychology involves several aspects, two of which are important for understanding how crisis intervention and suicide prevention are taught. Two of those aspects of doctoral training include classroom/didactic learning and experiential learning. This is similar to medical training where part of the learning takes place in the classroom, and part of the learning takes place as the result of "clinical' experiences. In psychology, the clinical experiences occur within the context of practicum, internships, and post-doctoral training.

As in medicine, larger psychological principles are taught in the classroom, and application (the "how to") of those principles occurs in applied settings. How to deal with crises, suicidal behavior, and/or any number of problems brought to psychologists are taught and supervised in the practicum, internship and post-doctoral settings. All CA licensed psychologists are required to receive training in those settings as they matriculate through universities or professional schools, and all licensed psychologists are required to receive further applied supervised experiences once the doctorate has been earned.

In those applied settings, theory, research and practice are combined so that psychology trainees learn how to assess the severity of any problem they might be faced with and then determine the best course of action, given the problems presented and the resources of the client/patient.

Potential Action Areas

Suicide assessment, prevention, and training are taught throughout an aspiring psychologist's educational training and practicum experience. Mandating courses or continuing education in this area is unlikely to increase competence in this area. Improving diagnosis and treatment of suicidal individuals could be enhanced through;

- Ensuring front-line health care professionals (such as registered and vocational nurses, physician's assistants, and unlicensed school and county mental health care or medical care workers) have adequate training in suicide assessment, treatment, and management.
- Formation of a task force among mental health educators and suicide experts to discuss the latest research in suicidology, and to develop model curriculum so that educators can ensure they are covering the latest suicide assessment techniques and concepts in their programs.

- Assessment of resources at the county mental health care level to determine if there is an adequate level of support for suicidal individuals. Consider seeking additional funding to adequately staff county mental health facilities.

- Increase public awareness through various media campaigns in an effort to reduce the stigma of seeking mental health services and to identify available local resources.

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MEMORANDUM

DATE	April 1, 2015
TO	Justin Paddock, Assistant Deputy Director Legislation and Regulatory Review
FROM	Antonette Sorrick Executive Officer
SUBJECT	**Suicide Prevention Update**

Update:

The Board of Psychology sent a memorandum summarizing its actions regarding AB 2198 (Levine) on March 5, 2015. In that memorandum the Board indicated it would be working with the California Psychological Association (CPA) to try to increase the responses from Degree Programs, Internship and Clinical Training Centers to the survey.

The Board forwarded the survey to CPA and this was subsequently sent to email lists covering Training, Continuing education, and Graduate Study. The Board also requested responses from Board Members, Subject Matter Experts, and Examination Workshop Attendees. At the time of writing no additional responses have been received either from CPA or the Board's contacts.

Examinations:

The Board also reviewed the examinations taken by Psychologists when applying for licensure. The Board currently uses three examinations and aspiring psychologists are obliged to take two. Current examination content as it pertains to suicide prevntin, treatment and training is listed below.

- California Psychology Supplemental Examination (CPSE)
  - 54% Suicidology, risk assessment, crisis interventions, and ethical legal issues.
- California Psychology Law and Ethics Examination (CPLEE)
  - 18% when to seek emergency consultation, exceptions to confidentiality, 5150's.
- Examination for Professional Practice in Psychology (EPPP)
  - 36% Treatment, intervention, prevention, testing models.

Continueing Education (CE):

Current law mandates licensed psychologists to take 36 hours of CE every two year renewal cycle. The Board audits approximately 75 renewals per month to ensure licensees are in compliance with the laws and regulations regarding CE.

A review of the 75 audited CE logs showed that 48 licensees had taken courses related to suicide prevention, treatment, assessment. An average of 6 hours CE directly related to is completed by those licensees. Courses include;

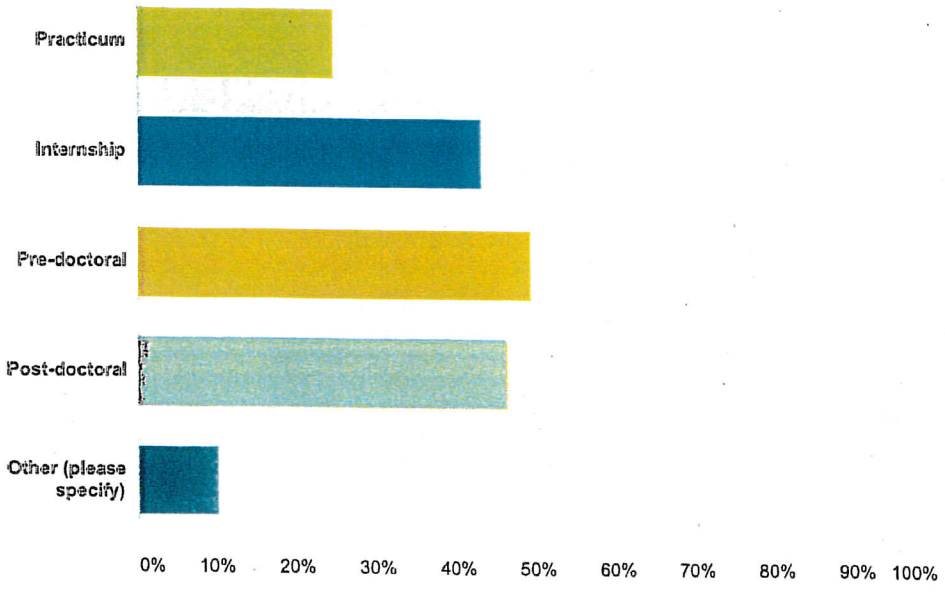
- Contemporary Clinical Suicidology: An Evidence-Based Approach to Assessment and Treatment (UCLA Counseling and Psychology Services - 6 CE Hours)
- Suicide Risk Assessment For Mental Health Clinicians (California Correctional Health Services – 7 CE Hours)
- Suicide Assessment Treatment and Management (Ce4Less.com – 6 CE Hours)

Licensees also take a variety of courses that impact and link to suicide including PTSD, depression, bi polar disorder, substance abuse, and issues surrounding LGBT youth.

- Short Term Assessment of Risk & Treatability (Department of State Hospitals – CE 7 Hours)
- Risk Assessment Tool Training (Saratso – 12 CE Hours)
- Shame and Self Loathing in Treatment of Trauma (PESI Healthcare – 6 CE Hours)
- The Role of Families in Reducing Risk for LGBT Youth (Kaiser – 1.5 CE Hours)

Q1 Please indicate the name of program/setting.

Answered: 69 Skipped: 3



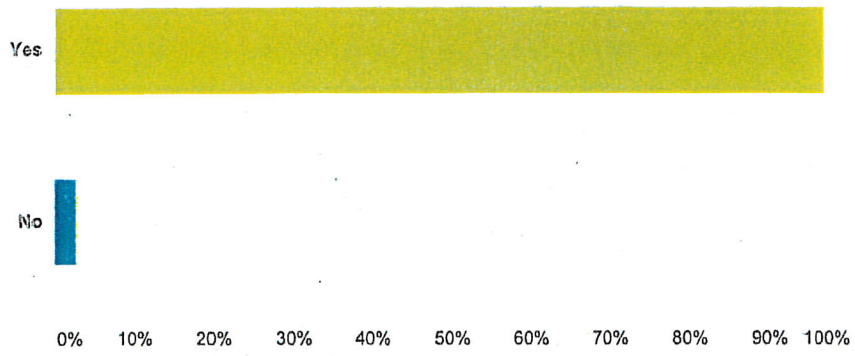
Answer Choices	Responses	
Practicum	24.64%	17
Internship	43.48%	30
Pre-doctoral	49.28%	34
Post-doctoral	46.38%	32
Other (please specify)	10.14%	7

Total Respondents: 69

#	Other (please specify)	Date
1	Pre-doctoral & Post-doctoral	4/27/2015 3:54 PM
2	Doctoral program	4/27/2015 2:15 PM
3	Doctoral Academic Program	4/27/2015 12:18 PM
4	Clinical PsyD program	4/25/2015 3:58 PM
5	Doctoral Program	4/25/2015 3:17 PM
6	Graduate School/psychology	4/23/2015 5:56 PM
7	Doctoral Program in Clinical Psychology	4/22/2015 9:08 AM

Q2. Is assessment of suicide risk a required part of trainees supervised experience?

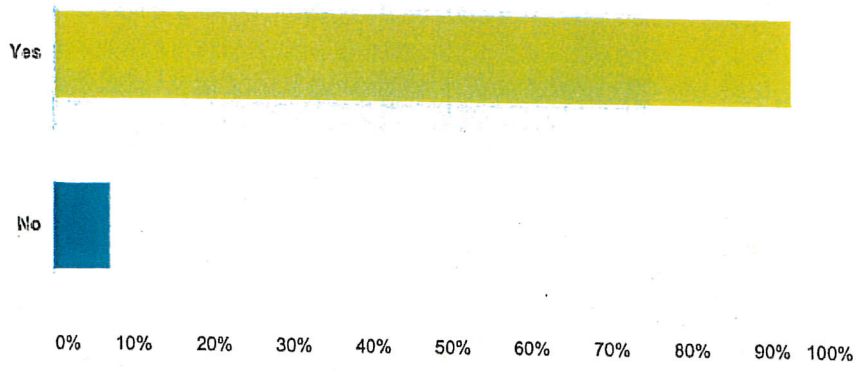
Answered: 68 Skipped: 4



Answer Choices	Responses	
Yes	97.06%	66
No	2.94%	2
Total		68

Q3 Is suicide intervention a required part of trainees/ supervised experience?

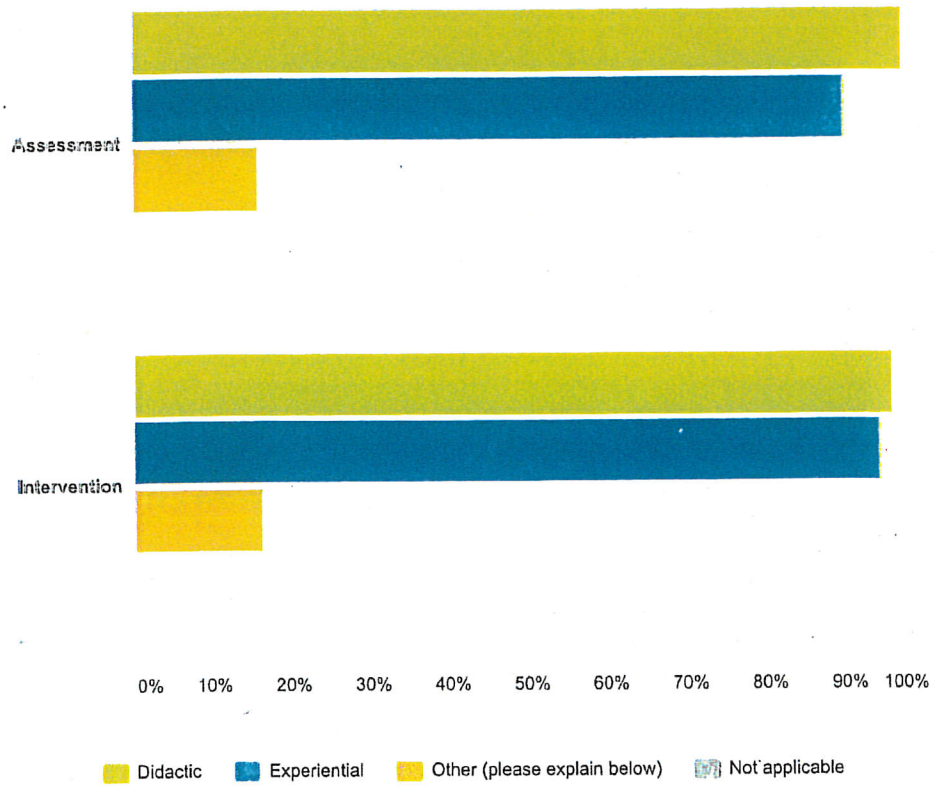
Answered: 68 Skipped: 4



Answer Choices	Responses	
Yes	92.65%	63
No	7.35%	5
Total		68

Q4 How are suicide assessment and intervention taught (check all that apply)?

Answered: 70 Skipped: 7



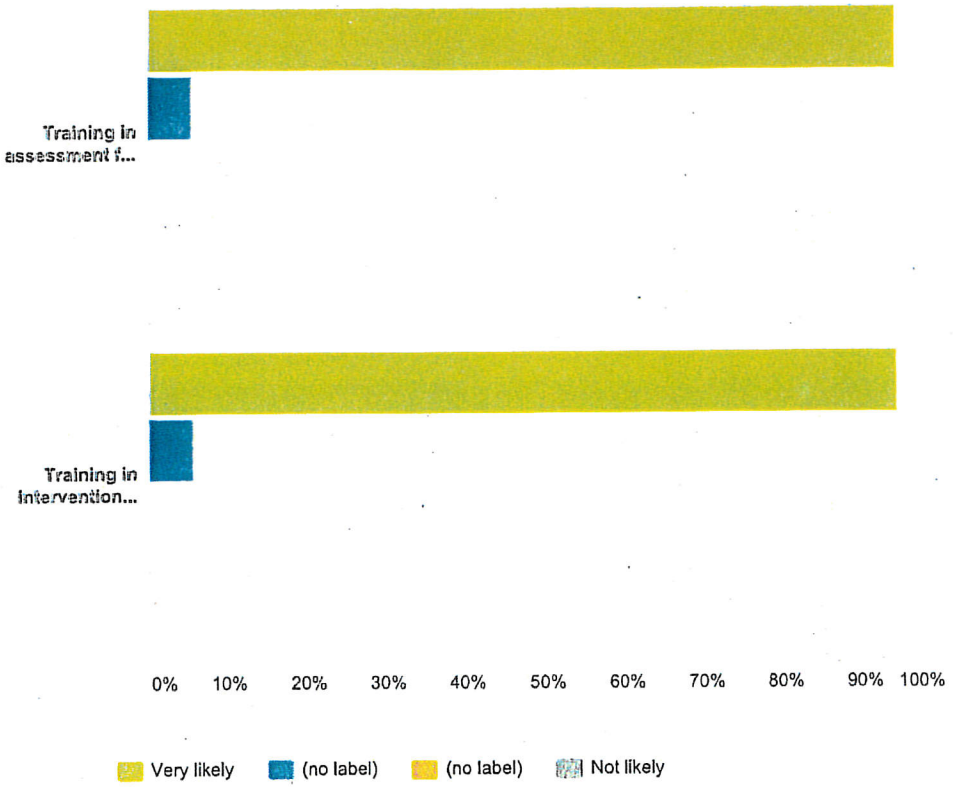
	Didactic	Experiential	Other (please explain below)	Not applicable	Total Respondents
Assessment	97.14% 68	90.00% 63	15.71% 11	0.00% 0	70
Intervention	95.59% 65	94.12% 64	16.18% 11	0.00% 0	68

#	Please explain	Date
1	Orientation workshop, as well as seminar presentations	4/29/2015 5:46 PM
2	taught in seminar, see suicidal clients with live and reviewed supervision	4/27/2015 2:40 PM
3	Academic work	4/27/2015 2:15 PM
4	as it comes up in clinical cases	4/27/2015 1:47 PM
5	Diadactic: through classes and seminars of psychological testing as well as various classes of clinical interventions. Experiential Assessment and intervention is achived by supervision and closely monitoring the trainee's work. Other: it is understood that post doctoral trainees have covered this subject in their graduate schools as well as previous training sites.	4/27/2015 12:43 PM
6	We do not have a specific course related to suicide assessment and treatment but, the topic is integrated (as an essential competency) in many of our classes.	4/27/2015 12:18 PM

7	Through specific training using our assessment and intervention tool	4/27/2015 10:53 AM
8	Some postdoctoral fellows also teach and sueprvise on suicide assessment and intervention	4/27/2015 10:01 AM
9	Observing senior staff with clients	4/26/2015 5:02 PM
10	As part of the didactic courses on psychopathology, legal/ethical issues, and pesonality assessment. Also in Practicum Case Seminar	4/26/2015 10:47 AM
11	Supervision applied to cases	4/25/2015 5:01 PM
12	Taught in basic intervention courses, with reading, lecture, role play and write up. Follow up in program-based supervision groups.	4/25/2015 3:58 PM
13	through supervision	4/23/2015 3:06 PM
14	Taught via seminars, and with direct supervision on treatment units.	4/22/2015 3:13 PM
15	During individual and group supervision as well as during classes such as standarized psychological testing. .	4/22/2015 2:14 PM
16	Suicide assessment and intervention are also addressed in individual and group supervision.	4/22/2015 11:50 AM
17	This is part of our curriculum in Foundation Clinical skills and Assessment courses, we also reinforce all of this in proseminars and clinical competency examination before students attend predoc internship	4/22/2015 9:08 AM
18	Interns complete a 2-day course on suicide assessment/intervention (including role-play), as well as applied clinical experiences under supervision of a licensed psychologist.	4/22/2015 9:04 AM
19	Weekly supervision	4/22/2015 8:50 AM
20	Our trainees get a lot of hands-on suicide assessment. We begin the year with didactic training for both assessment and intervention. Suicidal ideation is a fairly common presenting issue. Trainees do their own assessments and often ask a senior staff person to join them so that they get to have suicide assessment and intervention modeled for them in session.	4/22/2015 8:27 AM
21	Part of pre-doc work takes place in a Partial Hospitalization and residential program where patients are both assessed for suicide and interventions occur when patients exhibit suicidal behaviros	4/22/2015 8:02 AM
22	During orientation, didactic training is provided re: assessment of suicidality/behavioral emergencies. Trainees are required to page supervisor immediately re: client ideation, plan, intent; clients are assessed by sup with the trainee present not only to ensure safety, but also to model assessment and intervention.	4/22/2015 7:27 AM
23	Direct observation of and by licensed supervisor and other members of the interdisciplinary team.	4/22/2015 6:49 AM

Q5 For the typical trainee in your setting, how likely is that person to receive:

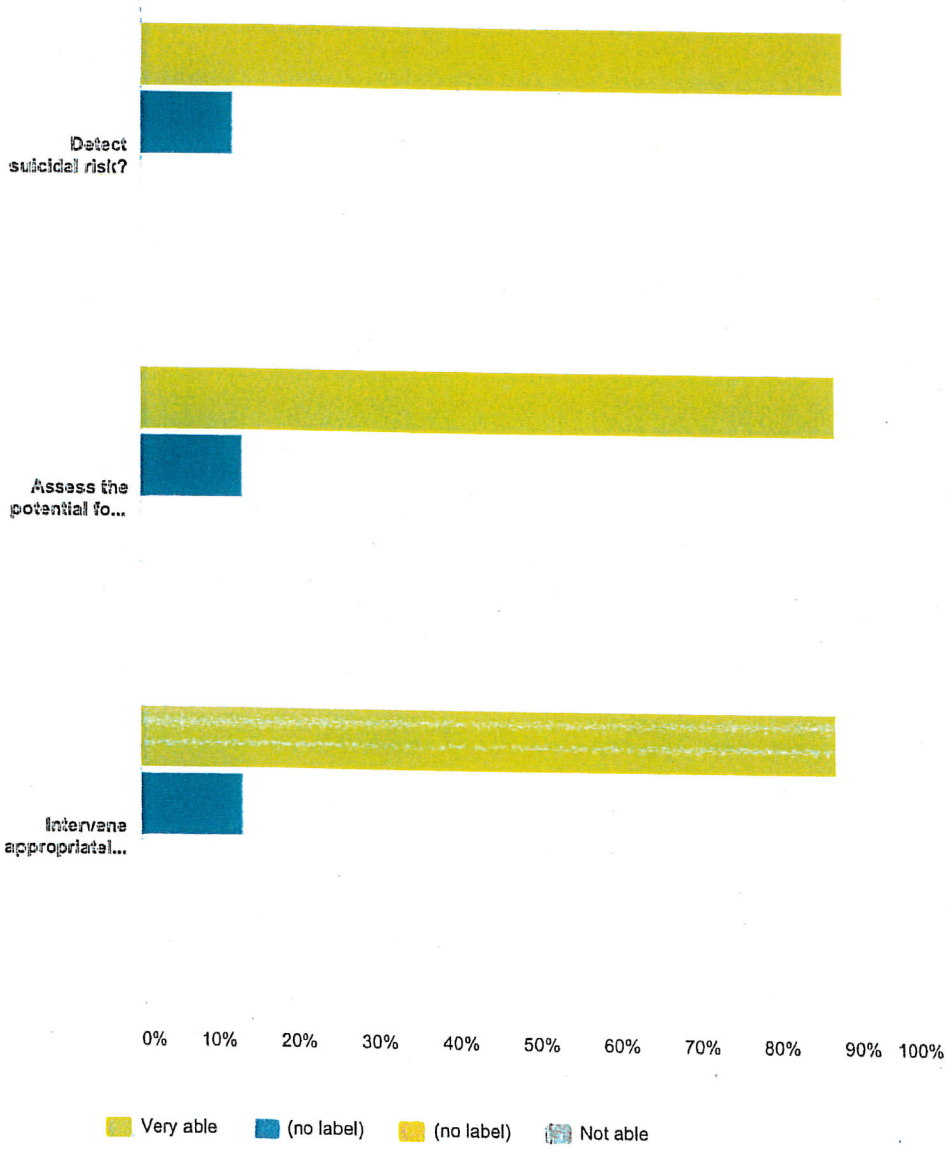
Answered: 70 Skipped: 2



	Very likely	(no label)	(no label)	Not likely	Total
Training in assessment for suicide risk?	94.29% 66	5.71% 4	0.00% 0	0.00% 0	70
Training in intervention strategies for a suicidal client?	94.29% 66	5.71% 4	0.00% 0	0.00% 0	70

Q6 Upon completion of their training at your site, how able are trainees to:

Answered: 79 Skipped: 2



	Very able	(no label)	(no label)	Not able	Total
Detect suicidal risk?	88.41% 61	11.59% 8	0.00% 0	0.00% 0	69
Assess the potential for suicidal action?	87.14% 61	12.86% 9	0.00% 0	0.00% 0	70
Intervene appropriately with suicidal individuals?	87.14% 61	12.86% 9	0.00% 0	0.00% 0	70