California Board of
PSYCHOLOGY

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ISSUE MEMORANDUM

DATE	October 26, 2016
TO	Board of Psychology
FROM	Cherise Burns Central Services Manager
SUBJECT	Agenda Item #14(c)(3) – Suicide Risk Assessment and Intervention Coursework Requirements

Background:

This item provides a brief synopsis of Board actions and a summary of the proposal, for the full proposal, see Attachment A, and for a full chronology of Board actions regarding this issue, see Attachment B.

AB 2198 (Levine, 2014) would have mandated a six-hour one-time continuing education (CE) requirement on the subject of suicide prevention, assessment and training for licensees of the Board. It would also have required applicants for psychology licensure whose graduate studies began on or after January 1, 2016, take a 15-hour course in suicide assessment, treatment and management. This bill did not allow previous coursework taken by the licensee to count towards the one-time CE requirement. The Board took an oppose position at their August 2014 meeting. Staff provided testimony to the Legislature and wrote opposition letters to the author and committee members. The bill was vetoed by Governor Brown; however, in his veto message he asked "licensing Boards to address the issues which this bill raises and take whatever actions are needed."

Since that time, the Licensing Committee, in coordination with Board staff and Legal Counsel, has worked on draft language and background materials on requirements for suicide risk assessment and intervention coursework.

At the May 2016 Board Meeting, the Board reviewed the draft language and instructed the Committee and staff to add language requiring this training in the continuing professional development (CPD) model at its September 2016 Licensing Committee Meeting.

At the September Licensing Committee Meeting, the Committee revised the draft statutory language adding a one-time CPD requirement that can be fulfilled using previous documented CE or CPD to the existing language requiring this training to have

been completed by applicants as part of their graduate degree program, applied experience, or by taking a CE course within the CPD framework. The Committee's revised language is included in the Suicide Assessment and Intervention Coursework Requirement Proposal in Attachment A.

Action Requested:

Staff recommends approval of the attached Suicide Risk Assessment and Intervention Coursework Requirement Proposal.

Attachment A is the Suicide Risk Assessment and Intervention Coursework Requirement Proposal.

Attachment B is the AB 2198 Chronology of Board Actions related to AB 2198.

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REQUEST FOR APPROVAL OF PROPOSED LEGISLATION

CONFIDENTIAL-Government Code §6254(l)	
Board: Board of Psychology	**Suggested Author:** Levine
Other Departments Which May Be Affected: Not Applicable	
Subject/Title: Suicide Risk Assessment and Intervention Coursework Requirements Proposal	

SUMMARY

This proposal would, effective January 1, 2020, require all applicants for licensure as a psychologist with the Board of Psychology (Board) to have completed a minimum of six (6) hours of coursework and/or applied experience under supervision in suicide risk assessment and intervention. This requirement could be met through coursework in their qualifying degree program, continuing education courses, or as part of their applied experience in any of the following settings: practicum, internship, or formal post-doctoral placement that meets the requirement of section 2911, or other qualifying Supervised Professional Experience. Additionally, this proposal would, effective January 1, 2020, require a licensee prior to the time of his or her first renewal, or an applicant for reactivation or reinstatement, to meet a one-time requirement of six (6) hours of coursework and/or applied experience under supervision in suicide risk assessment and intervention. This requirement could be fulfilled with past coursework, applied experience, or continuing education courses in suicide risk assessment and intervention.

IDENTIFICATION OF PROBLEM

Suicide prevention is a critical issue in California. In California, suicide is the 11th leading cause of death overall where, on average, one person dies of suicide every two hours. In California, twice as many people die of suicide annually than by homicide. Additionally, the national suicide rate increased by 27 percent from 2000 to 2014. National research has shown that of those individuals that die by suicide:

- 90 percent had a diagnosable mental health disorder at the time of their death,
- 77 percent had contact with their primary care provider in the year before their death,
- 32 percent had contact with a mental health services in the year of their death, and
- 19 percent having had contact with a mental health professional in the month prior to their death.

The 2008 California Strategic Plan on Suicide Prevention detailed strategic directions and actions for state leaders to take in order to improve the state's suicide prevention efforts. This included developing and implementing "service and training guidelines to promote effective and consistent suicide prevention, early identification, referral, intervention, and follow-up care across all service providers" and expanding opportunities for suicide prevention training through embedding suicide prevention training in existing licensing, credentialing, and graduate school programs.

In the article "Suicide Prevention: A National Imperative" in the Board's *Winter Journal*, Dr. Richard McKeon, Chief of the Suicide Prevention Branch under the federal Substance Abuse and Mental Health Services Administration, reported that the National Action Alliance for Suicide Prevention "found that many mental health clinicians feel that they do not have the training, the skills, or the support to work with suicidal people." Dr. McKeon further stated that "it is essential for California psychologists to play a leadership role in obtaining training for themselves in suicide risk assessment, management, and treatment, and in helping to train other clinicians, as well as in assuring that systems of care incorporate such training."

Prior legislative solutions, AB 2198 (Levine) of 2014, that would have required additional training in suicide risk assessment and intervention for mental health providers were opposed by mental health professional associations and the healing arts boards within the Department of Consumer Affairs (DCA) including the Board, and was ultimately vetoed by Governor Brown. The Governor's veto message urged California's "licensing boards to evaluate the issues which this bill raises and take whatever actions are needed."

AB 2198 did not include physicians and nurses and it did not give recognition to the education and training the mental health professionals named in the bill had already undergone as part of the educational and professional experience requirements required for their licensure. This was evident through the bill's silence on whether previous training in the area of suicide risk assessment and intervention could count towards this requirement.

PROPOSED SOLUTION

This proposal is intended to address the critical issue of suicide prevention, answer Governor Brown's call for the Board to take action on this issue, and attempt to address Board concerns with the original language in AB 2198.

This proposal would establish a minimum level of training for all licensed psychologists regardless of the graduate program they attended or the type of supervised professional experience they complete, by requiring all licensed psychologists to have a minimum of six (6) hours of training in suicide risk assessment and intervention. The proposal applies to applicants and licensees, and allows documented academic, past graduate,

and Continuing Education (CE) coursework and applied continued professional development to count towards the one-time requirement.

JUSTIFICATION

Without legislation specifying a requirement for suicide prevention training for all applicants and licensees, the Board can only encourage its licensees to take CE courses on suicide risk assessment and intervention and cannot require it of all licensees and applicants. This is especially true of out-of-state applicants. As a consumer protection body, this Board believes that establishing a minimum level of training in suicide risk assessment and intervention is necessary for consumer protection. The Board also believes that it is important for our Board to take a leading role within the healing arts boards at DCA regarding suicide prevention.

Inaction on the Board's part would leave California with no minimum standards for suicide prevention training for psychologists. While this type of training is integrated into most psychology graduate programs in California and many applied experiences that applicants use as part of their supervised professional experience, this is not universally true.

PROGRAM BACKGROUND/LEGISLATIVE HISTORY

The Board serves the public by protecting the health, safety, and welfare of consumers of psychological services with integrity honesty, and efficiency; advocating the highest principles of professional psychological practice; and empowering the consumer through education on licensee/registrant disciplinary actions and providing the best available information on current trends in psychological service options.

The Board regulates licensed psychologists, psychological assistants, and registered psychologists. Licensed psychologists may practice independently in any private or public setting. Psychological assistants must possess a qualifying master's degree and are registered to a licensed psychologist or to a Board-certified psychiatrist as employees who may provide limited psychological services to the public under the direct supervision of the psychologist or psychiatrist to whom they are registered. Registered psychologists must possess a doctoral degree that meets licensure requirements and have completed at least 1,500 hours of qualifying supervised professional experience. Registered psychologists are registered to engage in psychological activities at nonprofit community agencies that receive a minimum of 25 percent of their funding from some governmental source. Registered psychologists may not engage in psychological activities outside the approved nonprofit community agency where they are registered.

AB 2198 (Levine) was introduced on February 20, 2014 to ensure mental health professionals receive concentrated training in suicide assessment, treatment, and management. This bill was intended to combat suicide, which is the tenth leading cause

of death nationally with over 36,000 deaths by suicide in the U.S. in the year 2008. This bill would have mandated pre-licensure and continuing education (CE) coursework related to suicide assessment treatment and management. At the time of this bill, there were no requirements for suicide assessment, treatment, or management. Additionally, AB 2198 did not allow previous coursework taken by the licensee to count towards the one-time CE requirement.

The Board took an oppose position at their August 2014 meeting for the following reasons:

- Coursework and CE hours mandated will not help a licensee achieve competence in the area of suicide assessment. A six-hour course may provide a false sense of subject area mastery to a licensee.
- Suicide assessment, prevention, and training are currently integrated into the curriculum for most programs. Additionally, suicide assessment is a knowledge point test on the national and state examinations.
- The Board is opposed to CE courses being mandated by the legislature when the Board is in a better position to determine what areas of study will further the professional development of its licensees.

Staff provided testimony to the Legislature and wrote opposition letters to the author and committee members. The bill was vetoed by Governor Brown; however, in his veto message he asked "licensing Boards to address the issues which this bill raises and take whatever actions are needed".

Since that time, the Licensing Committee, in coordination with Board staff and Legal Counsel, has worked on draft language and background materials on requirements for suicide risk assessment and intervention coursework. At the May 2016 Board Meeting, the Board reviewed the draft language and data from the results of two surveys, one on doctoral programs in psychology and the other on pre- and post-doctoral programs including internship and practicum programs. Both surveys measured the level of suicide risk assessment and intervention training provided in each program and found that the vast majority of programs integrate suicide risk assessment and intervention training into their didactic and/or supervised experience program components. This means that psychology trainees get this training through either didactic or experimental components of their graduate program or their internship program, or both. The two surveys showed the following results:

- While done at varying levels of frequency and depth, the vast majority of graduate programs and internship programs integrate suicide risk assessment and intervention into their programs through didactic and/or experiential components. Some cover this in separate course/program components or integrate it throughout their course/program components.
- All but two (2) programs have suicide risk assessment as a required part of a psychology trainees supervised experience.

- All but five (5) programs have suicide intervention as a required part of a psychology trainees supervised experience.
- These programs incorporated this training in both didactic and experimental components of their programs.
    - For suicide risk assessment, 97 percent incorporated the training into their didactic component and 90 percent incorporated it into their experiential component.
    - For suicide intervention, approximately 96 percent incorporated the training into their didactic component and 94 percent incorporated it into their experiential component.
- These programs also stated that they felt, upon completion of their training program, the large majority of trainees were very able to detect suicidal risk (88 percent), assess the potential for suicidal action (87 percent), and intervene appropriately with suicidal individuals (87 percent).

The Board instructed the Committee and staff to add language requiring this training in the continuing professional development (CPD) model at its September 2016 Licensing Committee Meeting.

At the September 2016 Licensing Committee Meeting, the Committee revised the draft statutory language adding a one-time CPD requirement that can be fulfilled using previous documented CE or CPD to the existing language requiring this training to have been completed by applicants as part of their graduate degree program, applied experience, or by taking a CE course within the CPD framework.

Under current law, there are still no requirements for a licensee of the Board to have pre-licensure coursework covering suicide assessment, treatment, and management in his or her degree or post-doctoral experience, or through completion of continuing education coursework in suicide assessment. The courses that are mandated by the Board of Psychology as either pre-licensure requirements or one-time requirements at the time of a licensee's first renewal are Spousal/partner abuse (15 hours); Human Sexuality (10 hours); Child Abuse (7 hours); Substance Abuse (15 hours); Aging/long term care (10 hours).

ARGUMENTS PRO AND CON

Pros: By taking action on its own terms, the Board leads the discussion regarding the amount and type of suicide risk assessment and intervention coursework/applied experience its licensees should be required to meet. This takes into account that the field of Psychology is broad and not all Psychologists provide psychotherapy and clinical counseling to patients. By proposing this legislation, the Board also takes a leadership role among the healing arts boards in the State by highlighting the importance of this training and providing additional pressure for other healing arts boards to address this critical issue.

Cons: This proposal does not address all healing arts boards and their licensees, who may receive greater benefits from the training than Psychologists, whose educational and applied experience currently integrate suicide risk assessment and intervention training. However, the Board hopes that this bill will be a chance for the Board to be proactive and take a leadership role within the healing arts boards at DCA on this critical issue.

PROBABLE SUPPORT AND OPPOSITION
Probable Support: American Foundation for Suicide Prevention, California Institute for Mental Health, NAMI California

Probable Opposition: California Psychological Association, County Psychological Associations

FISCAL IMPACT:
Not Applicable

ECONOMIC IMPACT
Not applicable as the CE hours for current licensees can be met using previous CE on suicide prevention and any new CE hours accrued to meet the requirement will count towards the 36 hours of required CE that the licensee is mandated to complete for each renewal cycle.

COMPARISON WITH OTHER STATES
Currently six states (Kentucky, Nevada, New Hampshire, Pennsylvania, Utah, and Washington) mandate training in suicide assessment, treatment, and management for health professionals.

- **Kentucky:** *KRS Section 210.366 (originally SB 72, adopted 3/19/13).* Requires 3-6 hours of training at least once every 6 years for certified or licensed social workers, marriage and family therapists, professional counselors, pastoral counselors, alcohol and drug counselors, psychologists, and occupational therapists.
- **Nevada:** *AB 93 (adopted 6/8/15).* Requires psychiatrists, psychologists, marriage and family therapists, clinical professional counselors, social workers, and clinical alcohol, drug and gambling counselors and detoxification technicians to receive instruction on suicide prevention and awareness as a condition to the renewal of their licenses or certificates beginning on July 1, 2016. Also requires the professional licensing boards for certain physicians and advance practice registered nurses to encourage their licensees to receive training concerning suicide prevention, detection, and intervention as a part of their continuing education.

- **New Hampshire:** *SB 33 (adopted 5/7/15).* Requires that at least 3 hours of the required continuing education units for biennial license renewal for pastoral psychotherapists, clinical social workers, clinical mental health counselors, or marriage and family therapists be from a nationally recognized, evidence-based or best practices training organization in the area of suicide prevention, intervention, or post-intervention and how mental illness, substance use disorders, trauma, or interpersonal violence directly impacts risk for suicide.
- **Pennsylvania**: *HB 64 (adopted 7/8/16*). Requires psychologists, social workers, marriage and family therapists, and professional counselors to receive at least one (1) hour of continuing education in suicide assessment, treatment, and management as a portion of the total continuing education required for license renewal. Titled the "Matt Adler Suicide Prevention Continuing Education Act."
- **Utah:** *HB 209 (adopted 3/23/15).* Requires at least 2 hours of training in suicide prevention as a condition of licensure for recreational therapists, social workers, marriage and family therapists, clinical mental health counselors, and substance use disorder counselors.
- **Washington:** *RCW 43.70.442; originally adopted into law 3/29/12 [HB 2366], was amended in 2013 [HB 1376], in 2014 [HB 2315], and again in 2015 [HB 1424].* Requires 3-6 hours of training at least once every 6 years for certified or licensed advisers, counselors, chemical dependency professionals, marriage and family therapists, mental health counselors, occupational therapy practitioners, psychologists, advanced social workers, independent clinical social workers, and social worker associates. Requires a one-time training 3-6 hours in length for licensed chiropractors, naturopaths, licensed practical nurses, registered nurses, advanced registered nurse practitioners, osteopathic physicians, osteopathic physician assistants, physical therapists, physical therapist assistants, physicians, and physician assistants. Titled the "Matt Adler Suicide Assessment, Treatment, and Management Training Act of 2012

Three additional states (Illinois, Louisiana, and Montana) encourage training in suicide assessment, treatment, and management for health professionals.

- **Illinois:** *410 ILCS 53/30.* Encourages the Director of Public Health to ensure that pilot suicide prevention programs include health provider and physician training and consultation about high-risk cases.
- **Louisiana**: *R.S. 37:24 through 27, originally SB 539, adopted 6/9/14.* Requires the Louisiana Department of Health and Hospitals to offer certified, licensed or registered mental health counselors, social workers, psychiatrists, medical psychologists, nurses, physicians' assistants, and addiction counselors' access to an online list of training programs in suicide assessment, intervention, treatment, and management. These training hours can be counted towards continuing education or continuing competency requirements for professionals.
- **Montana**: *MCA 53-21-1101.* Requires the state suicide prevention officer to direct a statewide program that includes training for medical professionals and

social service providers (among others) on recognizing the early warning signs of suicidality, depression, and other mental illnesses.

PERFORMANCE INDICATORS
Success would be measured as full compliance with the 6-hour coursework or applied experience requirement for all applicants and full compliance as measured through the Board's CE Audit process with the one-time requirement for licensees.

OTHER AFFECTED AGENCIES AND THEIR ROLES/VIEWS
Not Applicable

APPOINTMENTS
Not Applicable

DRAFT LANGUAGE

Add the following section to the Business and Professions Code:

§2915.4. Coursework in suicide risk assessment and intervention.

(a) Effective January 1, 2020, an applicant for licensure as a psychologist shall, as part of the application, show that he or she has completed a minimum of six (6) hours of coursework and/or applied experience under supervision in suicide risk assessment and intervention. This requirement may be met in one of three ways:

(1) Obtained as part of his or her qualifying graduate degree program. To satisfy this requirement, the applicant shall submit to the board a written certification from the registrar or training director of the educational institution or program from which the applicant graduated stating that the coursework required by this section is included within the institution's curriculum for graduation, or within the coursework that was completed by the applicant;

(2) Obtained as part of his or her applied experience. Applied experience can be met in any of the following settings: practicum, internship or formal post-doctoral placement that meets the requirement of section 2911, or other qualifying Supervised Professional Experience. To satisfy this requirement the applicant shall submit to the board a written certification from the director of training for the program or primary supervisor where the qualifying experience has occurred stating that the coursework required by this section is included within the experience; or

(3) By taking a continuing education course that meets the requirements of section 2915(c)(2) or (3).

(b) Effective January 1, 2020, as a one-time requirement, a licensee prior to the time of his or her first renewal, or an applicant for reactivation or reinstatement, must have complied with subsection (a). Proof of compliance with this section shall be certified under penalty of perjury that he or she is in compliance with this section and shall retain proof of this compliance for submission to the board upon request.

Item 14(c)(3) Attachment B: AB 2198 (Levine) Chronology

Background

AB 2198 (Levine) was introduced on February 20, 2014 to ensure mental health professionals receive concentrated training in suicide assessment, treatment, and management. This bill was intended to combat suicide, which is the tenth leading cause of death nationally with over 36,000 deaths by suicide in the U.S. in the year 2008. This bill would have mandated pre-licensure and continuing education (CE) coursework related to suicide assessment treatment and management. At the time of this bill, there were no requirements for suicide assessment, treatment, or management.

Under current law, there are still no requirements for a licensee of the Board to have pre-licensure coursework covering suicide assessment, treatment, and management in his or her degree or post-doctoral experience, or through completion of continuing education coursework in suicide assessment. The courses that are mandated by the Board of Psychology as either pre-licensure requirements or one-time requirements at the time of a licensee's first renewal are Spousal/partner abuse (15 hours); Human Sexuality (10 hours); Child Abuse (7 hours); Substance Abuse (15 hours); Aging/long term care (10 hours).

This document details the chronology of AB 2198, the Board's response to the bill during the 2014 legislative session, and subsequent work by the Board to address the important issue of suicide prevention through provider educational requirements.

Chronology

- **February 20, 2014 – Introduced**
  - AB 2198 (Levine) was introduced to reduce the suicide rate in California by requiring certain health professionals who provide mental health-related services, including psychologists, marriage and family therapists, educational psychologists, and clinical social workers to complete training in suicide assessment, treatment, and management as a part of their continuing education. At this time there were no specified time requirements for the CE.
  - AB 2198 (Levine) would have required the Department of Consumer Affairs to conduct a study evaluating the effect of evidence-based suicide assessment, treatment, and management training on the ability of licensed health care professionals to identify, refer, treat, and manage patients with suicidal ideation, and would require the Department, no later than January 1, 2016, to prepare and submit to the Legislature report summarizing the findings of that study.

- **April 21, 2014 – AB 2198 was amended**
  - Added Professional Clinical Counselors to the listed professionals
  - Removed the study from the original bill

- Required a Psychologist whose graduate study began on or after January 1, 2016, to complete a 15 contact hours of coursework in suicide assessment, treatment, and management
- Required a Psychologist, whose graduate study began prior to January 1, 2016, to complete a one-time six-hour CE course in suicide assessment, treatment, and management in order to renew his or her license
- Allowed courses required to meet the provisions of the bill to count towards the 36 hours of approved CE. Note: this did not allow previously completed coursework to meet requirements

- **May 16, 2014 – Board Meeting**
  - Bill AB 2198 (Levine) was discussed by the Board and Staff
  - The Board received emails prior to the meeting from Victor Ojackian in "Support"
  - Dr. Gallardo recognized the importance of the bill but did not support the additional requirements
  - CPA expressed an "oppose" position
  - Board voted to continue actively watching AB 2198 (Levine) (6-0)

- **June 17, 2014 – Board Meeting**
  - Dr. Erickson stated he was initially opposed to the bill, but after personally thinking about the bill, he stated that many people may need additional training in suicide prevention and the bill could be seen as beneficial.
  - Dr. Phillips stated the justification for the opposition to the additional CE requirements being mandated by the legislature was based on the idea that graduate programs already cover suicide prevention in their curriculum, but in the several graduate programs he has taught, he saw very little suicide prevention coursework.
  - Dr. Horn stated she is opposed to the bill and suggested special training be given to people who work in specialized mental health programs.
  - Dr. Horn disagreed with Dr. Phillips and stated she believed suicide prevention is included and taught in APA-accredited graduate programs.
  - Dr. Horn did not agree that suicide prevention coursework is necessary for all psychologists and should be based on what field of psychology the licensee pursues.
  - Dr. Harlem stated he did not feel the solution was appropriately addressed by this legislation.
  - Dr. Linder-Crow suggested amending the bill to create a group of experts to develop education in regards to this and other issues.
  - Ms. Acquaye-Baddoo commented on the potential negative effect that would result in the Board taking a strong "oppose" position.
  - Dr. Phillips stated he did not think this is a logical, research-based bill, but is more emotionally-based.
  - Dr. Linder-Crow stated there are many problems with the bill, such as the exclusion of important groups such as psychiatrists, nurses, and physicians.

- The Board adopted an "oppose" position on AB 2198 (Levine) (7-0)

- **June 18, 2014 – Oppose Letter to the Author**
  - Sent Oppose Letter to Senator Lieu explaining reasons for the adopted "Oppose" position:
    - Coursework and CE hours mandated will not help a licensee achieve competence in the area of suicide assessment. A six-hour course may provide a false sense of subject area mastery to a licensee.
    - Suicide assessment, prevention, and training are currently integrated into the curriculum for most programs. Additionally, suicide assessment is a knowledge point test on the national and state examinations.
    - The Board is opposed to CE courses being mandated by the legislature when the Board is in a better position to determine what areas of study will further the professional development of its licensees.
  - Stated the authors concerns are well-intentioned, but this bill would not achieve the intended goals.

- **August 4, 2014 – AB 2198 Amended**
  - Included the Coauthor Senator Steinburg
  - Made clarifying language changes

- **August 21, 2014 – Board Meeting**
  - AB 2198 (Levine) moved to the Governor's desk with an Oppose position from the Board.
  - Dr. Erickson expressed concern for this important topic and stressed that the Board's position did not diminish the importance of the issue.

- **September 18, 2014 – Vetoed**
  - Governor Brown VETOED AB 2198 (Levine) with the following message: "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."

- **February 26, 2015 – Board Meeting Report**
  - The Governor's Office, the Department of Consumer Affairs, the Board of Behavioral Sciences, the Medical Board, and the Board of Psychology were working together to address the requested actions in the veto message.

- The *Board of Psychology Survey Coursework in Suicide Assessment Treatment and Management* survey was sent by the Board, to graduate, internships, and clinical programs, *which* included questions regarding:
  - Course(s) Required by this Degree/ Internship Program Which Covers 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 by not Required in the Degree/ Internship Program (Please include number of units/hours and a brief description)
- Mr. Burke stated the Board will continue collecting and provide the data showing whether suicide prevention is being taught.
- Dr. Gordon Downy stated the responses to the survey appeared to be inconsistent and showed gaps.
- Dr. Gordon Downy commented that some advocates for suicide awareness and supporters of AB 2198 (Levine) were left out of the discussion.
- Dr. Tabackin suggested programs start suicide awareness and prevention in schools from the beginning.
- Board report provided two results for the previous survey, one from University of California, Berkeley Ph.D. in Clinical Science, Department of Psychology, and another from The Wright Institute, Doctor of Psychology Program.

- **March 5, 2015 – Memorandum sent from Antonette Sorrick to Justin Paddock, Assistant to the Deputy Director Legislation and Regulatory Review**
  - Discussed the 15 responses received from the survey sent to 3,000 individuals involved in teaching and supervision of psychology trainees at Masters and Doctoral Programs, Clinical Internship Programs, and Practicum Programs. See Appendix A.
  - No clear indication was able to be drawn from the insufficient number of responses, although a conclusion was provided:
    - 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 teaching 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

- Stated CPA would be working with the Board to increase the responses from Degree Programs, Internships and Clinical Training Centers.

- **April 1, 2015 – Memorandum sent from Antonette Sorrick to Justin Paddock, Assistant to the Deputy Director Legislation and Regulatory Review**
  - Reviewed the three Examinations taken by Psychologists regarding their content pertaining to suicide preventing, treatment and training.
    - CPSE – 54% Suicidology, risk assessment, crisis interventions, and ethical legal issues
    - CPLEE – 18% when to seek emergency consultation, exceptions to confidentiality, 5150's
    - EPPP – 36% treatment, intervention, prevention, testing models
  - Reviewed sample of 75 audited CE logs showing that 48 licensees had taken an average of 6 hours CE directly relating to suicide prevention, treatment, assessment. Courses included:
    - 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)

- **Board of Psychology Journal - Winter 2015 Article**
  - The Substance Abuse and Mental Health Services Administration's (SAMHSA's) 2008-2013 National Survey on Drug and Health showed only 56 percent of adults who attempted suicide in the past year received mental health treatment.
  - Referred to the Surgeon General and the Actions Alliance's revised *National Strategy for Suicide Prevention* goal 8, stating "Promote Suicide Prevention as a core component of health care services."
  - Referred to the National Action Alliance for Suicide Prevention's Clinical Care Task Force findings "that many mental health clinicians feel that they do not have the training, the skills, or the support to work with suicidal people."
  - The article's author, Dr. Richard McKeon, Chief of the Suicide Prevention Branch under the federal Substance Abuse and Mental Health Services Administration, stated that "Given the vast need, it is essential for California psychologists to play a leadership role in obtaining training for themselves in suicide risk assessment, management, and treatment, and in helping to train other clinicians, as well as in assuring that systems of care incorporate such training.

Item 14 (c)(3) Attachment B: AB 2198 (Levine) Chronology

- **February 8, 2016- Licensing Committee Meeting**
  - Dr. Horn stated she is against specifying any course that a psychologist is required to take because it should be the programs' responsibility, not the Boards.
  - Dr. Harlem suggested the individuals should be able to submit previously completed courses and hours to count towards this requirement, in the same way the Human Sexuality and Aging and Long-term Care language is written.
  - Ms. Jones felt 10 hours of CE is the correct amount of time given the significance of this issue, and states it should be under statute.
  - Dr. Harlem felt the hour specification should be relocated to regulations instead of statute, and should be 6 hours of CE.
  - Dr. Harlem suggested language be drafted allowing "self-certification" of previously completed coursework to meet these requirements.
  - Jones agrees with the 6-hour specification based on the fact programs tend to allocate 6 hours of coursework to this issue already, so this bill would not pose an overly burdensome requirements.
  - Ms. Sorrick asked the staff to include in the April Board meeting report:
    - The veto message
    - A diagram of all legislatively mandated coursework
    - Survey results, both first (Appendix A) and second (Appendix B) sent out

- **May 2, 2016 – Licensing Committee Meeting**
  - Dr. Robert Canning, Department of Corrections and Rehabilitation, submitted a written statement that he teaches 14 hours in suicide training and discovered through audits that people are unprepared in the area of suicide risk assessment.
  - Dr. Harlem suggested the committee review other required courses to determine if they all are necessary and rise to the level of importance that suicide risk assessment and intervention does, and possibly exchanging one requirement for the other.
  - Ms. Marks suggested keeping the pre-licensure and post-licensure coursework language together as one subject to make it less confusing.
  - Ms. Marks also suggested changing the language from, "in order to satisfy this coursework" to something like "in order to demonstrate that you have satisfactorily met the coursework requirement".
  - Ms. Jones suggested a one-time requirement of CPD for people currently in the field, with language of "people who began Graduate School before XXXX date".
  - Ms. Jones requested Ms. Marks to draft language allowing the board to be flexible with these requirements in the future years to keep in mind what the issues are for the consumers and the constantly changing field.
  - Dr. Harlem stated it should not be a presumption that 6 hours of CE is equal to being competent in Suicide Risk and Assessment, and that the

word "encouraged" should not be used in this language because it does not have a material impact when speaking about CE/CPD requirements.
  - Gordon Doughty from American Foundation of Suicide Prevention brought up the fact that this bill was patterned after one passed in Washington and appreciates the Boards willingness to talk about this subject. He stated the reason for not including other professional groups, like family practitioners, is that politically the AFSP felt that getting the Board that deals primarily in mental health to pass this bill, the others would then be much easier to persuade.
  - Ms. Jones made a motion to accept this language with the addition of the onetime CPD requirement, whether the Board develops the language at this meeting or at a later time.
  - Committee voted to accept the prosed language with the addition of staff and legal counsel to draft language to require this training in the CPD model as a onetime renewal requirement.

- **May 20th, 2016 – Board Meeting**
  - The Board stated the intention of this bill is not to require something extra of the licensees, but to show they have already taken classes in Suicidology, and only adding coursework to the few schools not already providing the 6 hours.
  - Dr. Phillips suggested that the bill require a certification under penalty for perjury that they have previously completed the 6 hours of coursework.
  - Dr. Gallardo and Dr. Harlem supported this issue getting figured out but did not in support of the requirement of coursework.
  - Dr. Gallardo recalled from an earlier discussion regarding the previous bill, they did not want to neglect the importance of this topic, but felt pre-licensed individuals have more flexibility as to how they can meet this requirement than the already licensed individuals do.
  - Ms. Acquaye-Baddoo suggested separating the Pre and Post-licensure requirement clauses to different motions.
  - Ms. Acquaye-Baddoo asked if there is a way we can have the licensee submit something tangible and measureable, such as volunteering on a hotline, as satisfying the Suicide Risk and Assessment requirement.
  - Dr. Linder-Crow stated the language that was drafted was unclear, and emphasizes the importance for clearly specifying "coursework" as well as how the licensure will provide the proof of completion if the Chief Academic Officer is unable to provide the evidence.
  - Dr. Horn made a motion to accept the proposed language brought to the Board by the Licensing Committee, with the addition of a one-time CPD requirement.
  - Dr. Harlem suggested withdrawing the motion.
  - Dr. Phillips stated he is concerned the committee does not have full statutory and regulation language to propose to the board at this time.
  - Dr. Erickson stated he is voting against, on the basis on how the material is at this point.

- Motion did not carry, and was sent back to licensing committee to further revise.

- **June 20th, 2016- Licensing Committee Meeting**
  - Ms. Jones asked staff and legal to go back over the May 2nd Licensing Committee meeting to enhance the language to fully encompass the Boards considerations and the public comments before the next licensing meeting, between the August Board meeting and the November Board meeting
  - Dr. Phillips clarified there will be two aspects of the drafted language, one for pre-licensure and one for individuals already licensed.
  - Gordon Doughty with the American Foundation for Suicide Prevention stated his concerns with the bundling of Pre and Post licensures because if the board doesn't like one or the other, they could vote down the entire thing.
  - Joe Spector, psychologist, stated there is a strong need for CE requirements because as everything else is changing in the world, with social media and technology, the field of psychology is also changing rapidly.
  - A member of the public stated the committee should consider specifying "course content" in order to produce minimally adequate skill in risk assessment and intervention. He said the Joint Commission's findings show the root cause of 80 percent of hospitalizations for suicide is absent or inadequate suicide assessment. He said the American Psychological Association (APA) does not have curriculum requirements for risk assessment in training. Current language does not ensure consumers that the Board is going to encourage specific training in risk assessment as part of graduate curricula. He commented that although the proposed language is well intended, this would not make any difference in the quality of training in suicide risk assessment and intervention.

- **September 19th, 2016 – Licensing Committee Meeting**
  - Committee changed the language to state an applicant for licensure as a psychologist can satisfy the requirements by submitting proof of applied experience, which practicum, internship, or formal post-doctoral placement can meet the requirements for section 2911, or other qualifying Supervised Professional Experience.
  - Board also changed the certification for the qualifying graduate degree program to be written by the registrar or training director, as opposed to the academic officer.
  - The Committee brought up that the differences between a professional schools and a university may be the "biggest problem" for coursework already completed
  - Dr. Horn suggests removing the word "contact", to read "6 hours of coursework and/or applied experience under supervision in suicide risk assessment and intervention".

Required Courses in Degree Covering Topic	Units or Hours Courses Spend on Topic	Topic Areas Covered
Graduate Programs		
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 throughout their training during supevsion.
Psychopathology II		
Assessment I, II and III		
Case Conference (2 year sequence)		
Ethics		
Intervention Courses (Brief, CBT, Psychodynamic, etc.)		

Required Courses in Degree Covering Topic	Units or Hours Courses Spend on Topic	Topic Areas Covered
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.

Required Courses in Degree Covering Topic	Units or Hours Courses Spend on Topic	Topic Areas Covered
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.

Required Courses in Degree Covering Topic	Units or Hours Courses Spend on Topic	Topic Areas Covered
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.
Internship Prorams		
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	

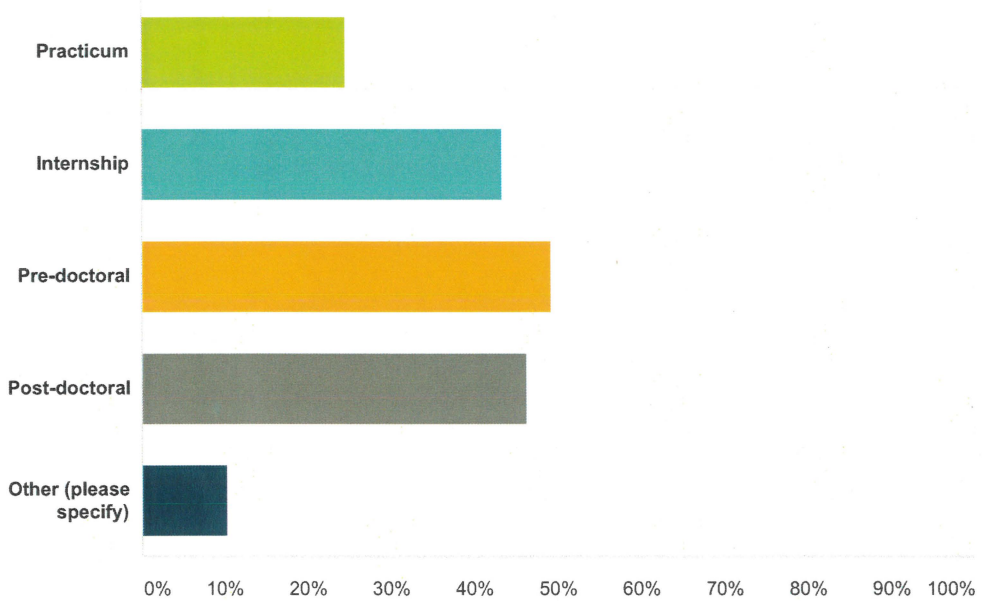
Required Courses in Degree Covering Topic	Units or Hours Courses Spend on Topic	Topic Areas Covered
California State University, Domingez Hills Psychology Internship Program		
5-Day Orientation		Training on responding to emergencies, with major emphasis on responding to suicidal symptoms. Review of risk 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	

Required Courses in Degree Covering Topic	Units or Hours Courses Spend on Topic	Topic Areas Covered
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		

Required Courses in Degree Covering Topic	Units or Hours Courses Spend on Topic	Topic Areas Covered
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 ideation 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.

Q1 Please indicate the name of program/setting.

Answered: 69 Skipped: 3

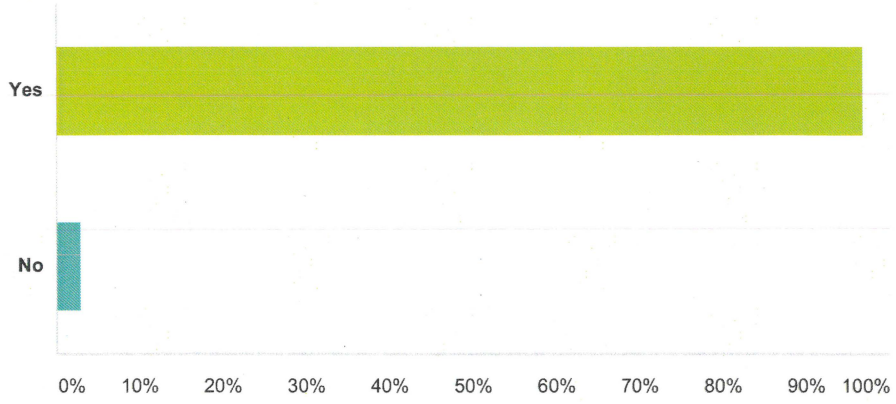


Answer Choices	Responses	
Practicum	**24.64%**	17
Internship	**43.48%**	30
Pre-doctoral	**49.28%**	34
Post-doctoral	**46.38%**	32
Other (please specify)	**10.14%**	7
Total Respondents: 69		

#	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?

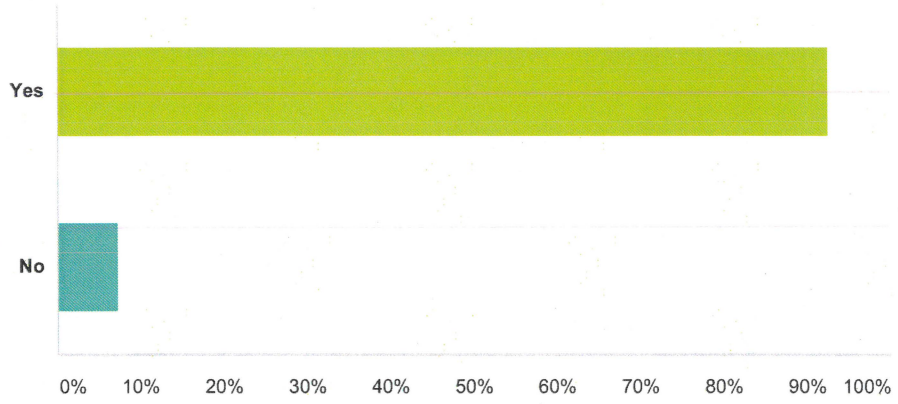
Answered: 68 Skipped: 4



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

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

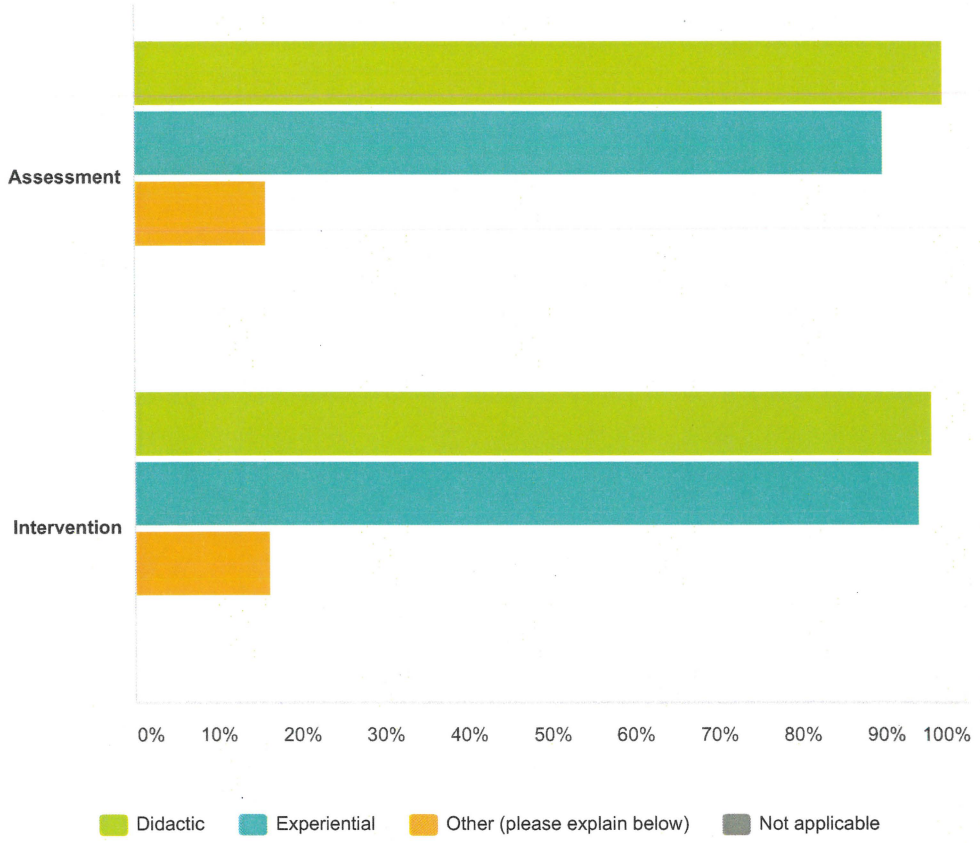
Answered: 68 Skipped: 4



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: 2



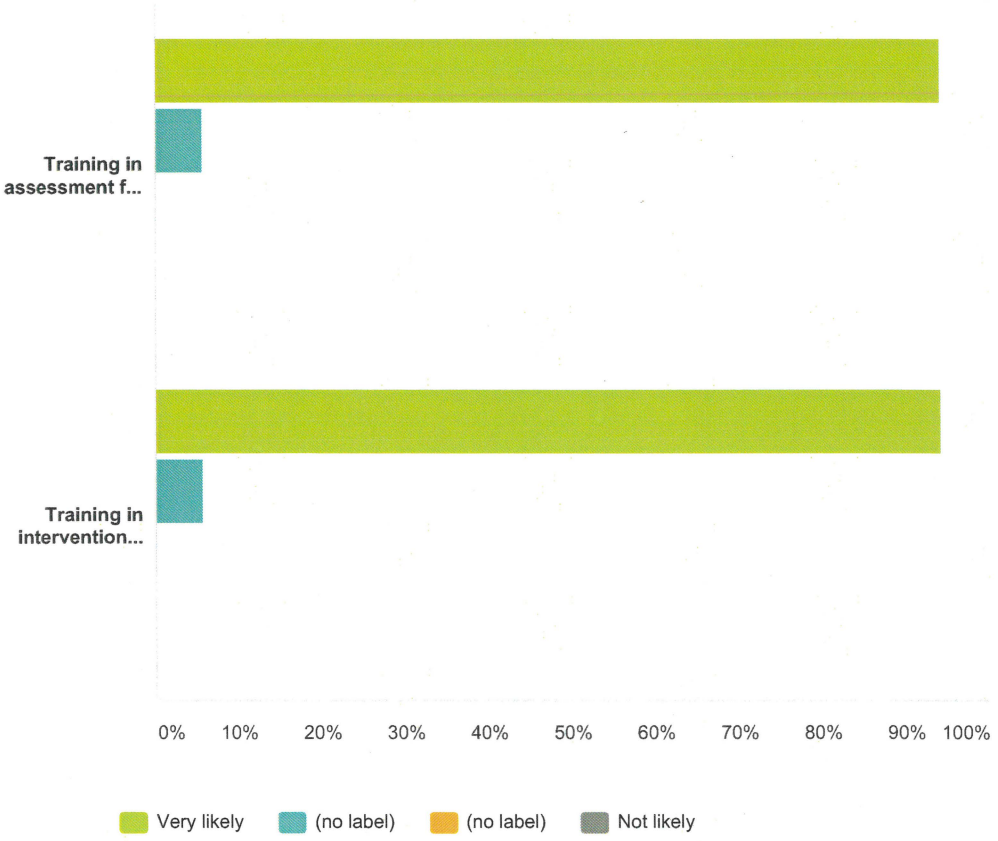
	Didactic	Experiential	Other (please explain below)	Not applicable	Total Respondents
Assessment	**97.14%** 68	**90.00%** 63	**15.71%** 11	**0.00%** 0	70
Intervention	**95.59%** 65	**94.12%** 64	**16.18%** 11	**0.00%** 0	68

#	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:

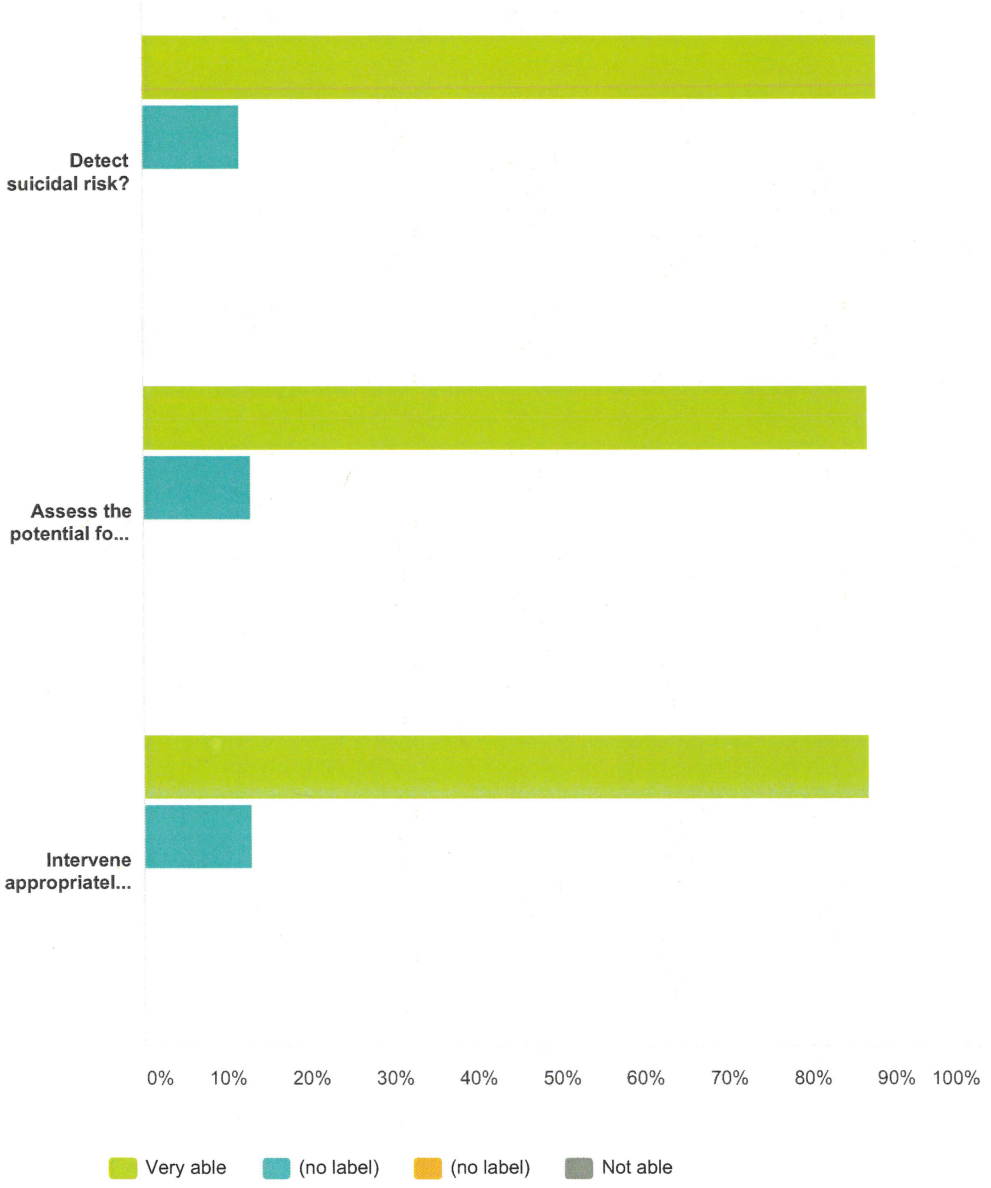
Answered: 70 Skipped: 2



	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: 70 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