BOP
update
California Department of Consumer Affairs
Board of Psychology
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Spring 2009

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In this issue . . .

ADMINISTRATION
Letter from the President 1
Hearing on Senate Joint Resolution 19 2
GUEST ARTICLE
The Ethics of Media Psychology 4
EXAMINATIONS
Update Regarding Students From Approved Schools 6
California Psychology Laws and Ethics Examination 6
ARTICLE
Malingerer Test 7
ENFORCEMENT
Disciplinary Actions 9

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Letter from the President

By James L. McGhee

As President of the California State Board of Psychology, I welcome the opportunity to provide you with an update on the past year's activities. We have faced myriad challenges and embraced new opportunities, and I am pleased to report that the challenges have served to strengthen our mission to better serve California consumers of psychological services as well as the state's working Psychologists. To that end, the Board and the staff that provides professional support have enhanced our: 1) outreach and consumer educational efforts; 2) Board participation in professional and related activities; 3) procedures and administrative functions; and 4) advocacy in policy development.

We strongly believe that Psychologists and consumers must be fully informed of the services and functions of the California Board of Psychology as well as any ongoing policy issues that might impact them directly. Being visible and available to respond to questions is a shared value, and we have made it our priority to do so. For example:

- The Board was represented at the American Psychological Association (APA) national convention in San Francisco.
- The Board attended the Los Angeles County Psychological Association Convention and the California Psychological Association Annual Conference. As President of the Board, I also attended the Legislative Black Coalition Conference; and the Board provided a table at Black Expos in both Oakland and Sacramento.
- I attended a roundtable discussion hosted by House Speaker Nancy Pelosi to discuss issues affecting veterans, such as housing, healthcare and the high incidence of veteran suicides.
- On behalf of the Board, the Vice-President, Sharon O'Connor, Ph.D., and I provided testimony before the California Senate Business and Professions Committee opposing any military torture by health professionals.

One of the most important functions of the Board of Psychology is to enforce the laws that regulate the more than 18,000 licensed California psychologists. The Board works to respond efficiently and effectively to concerns Californians might raise with the Board. To that end, representatives from the Board:

- Regularly attend the Association of State and Provincial Psychology Boards Annual Conference. This association serves member jurisdictions by promoting excellence in regulation and advancing public protection.
- Regularly attend the Council on Licensing, Enforcement and Regulation (CLEAR) National Conference and participate in seminars on licensing, enforcement and regulation in order to improve Board operations.

(continued on page 11)

Hearing on Senate Joint Resolution 19: Torture and Health Care Professions

Remarks by James L. McGhee, President, California State Board of Psychology, January 14, 2008

Good afternoon. Chair Ridley-Thomas and committee members, thank you for inviting me to address you today on what is undoubtedly an important issue before the Senate Business, Professions and Economic Development Committee. As President of the California State Board of Psychology, I am here today on behalf of the Board, along with the Board of Psychology's Vice President, Dr Sharon O'Connor, a licensed psychologist.

Let me first say that I am not a psychologist. However, I have served on the Board for the past four years – appointed by Governor Gray Davis in 2003 – and elected as President and re-appointed by Governor Schwarzenegger in 2007. As you may know, the Board of Psychology is the regulatory board for more than 18,000 licensed psychologists in the state of California. In fact, we have the largest number of licensed psychologists in the U.S.

As we approach the birthday of Dr. Martin Luther King, a champion of human rights, and as our country confronts numerous conflicts throughout the globe, I commend you in addressing an important and timely human rights issue. Although the Board has not formally addressed the issue of torture during my tenure, I can assure you that it will be an agenda item in the near future.

Additionally, we have not received any complaints that any California psychologists are engaged or have been engaged in torture related activities. Any complaint of this nature would be handled within our enforcement and complaint process. If a complaint were initiated with the Board regarding any specific psychologist, the Board would investigate the complaint according to our established enforcement procedures. And any question regarding the behavior and/or actions of the practitioner in question would then be evaluated by an Expert Reviewer based on the American Psychological Association (APA) "Ethical Principles and Code of Conduct," which are incorporated in the Business and Professions Code under Section 2936 and used as our applied standard.

While I do believe that the federal government or the military should enforce the ethical code of psychologists serving in the military, I also believe that each state has an obligation to enforce its own Professions Code as it relates to that individual state's practicing psychologists. The question of jurisdiction is clearly complicated, and California's legal authority would have to be determined. The question is how will the California Board of Psychology protect the California consumer if a psychologist is licensed in California and then is working as part of the military possibly in a foreign country or in another U.S. state such as a military base?

To date, the Board is unaware of any specific circumstance in which a California licensed psychologist in the military has participated in acts of torture.

Because we have not dealt with this issue before, I cannot say what the fiscal impact would be under the resolution's notification requirements. Like most regulatory boards, we are currently facing budget shortfalls, and our staff is challenged with limited staff and limited resources. Therefore, we would have to determine the best and most cost-effective way to communicate this issue to California licensed psychologists. Moreover, it would have to be determined legally what compliance means in this matter and what penalties and/or disciplinary action would be appropriate.

I think that I can say without hesitation that the Board of Psychology condemns the use of torture. And it is important to note that all California licensed psychologists abide by the APA ethics, which reaffirmed its position against torture in 2006 stating that any practicing psychologists should not knowingly participate in any procedure in which torture or other forms of cruel, inhuman, or degrading treatment or cruel, inhuman, or degrading punishment is used. This APA policy applies to all psychologists in all settings. Clearly, this is an important human rights issue, and one that the California Board of Psychology is eager to address.

Thank you again for the opportunity to speak to you today, and I look forward to more dialogue and discussion as you address this extremely important issue.

The Ethics of Media Psychology

REPRINTED WITH PERMISSION

Pamela H. Harmell, Ph.D.
Clinical Psychologist

Pamela Harmell, Ph.D. is currently President-Elect of the Los Angeles County Psychological Association, a member of the Board of the California Psychological Association, and a Past President of the California Board of Psychology. She has written and lectured extensively on Psychologists and Ethical Standards. Dr. Harmell has a private practice in West Los Angeles.

With the advent and explosion of the Internet, personal and professional websites, and increasingly more lenient policies of the American Psychological Association (APA), advertising and media psychology has become a part of many busy psychologists' reality. Media psychology is defined by the APA Ethical Principles of Psychologists and Code of Conduct (APA) under APA 5.04 Media Presentations as: print, Internet, television, radio or other media. This may include business cards and letterhead, depending upon how they are used (e.g., included with mailer, flier, or other informational material).

Media Psychology is defined by Fielding Graduate University as "the study of how people behave and respond to different forms of media communication—including the effects of the Internet, multimedia, and virtual reality on individuals, groups, and society" (http://www.fielding.edu/psy/media/). This specific area of Psychology is so critical that Fielding Graduate University is offering a separate Ph.D. in Media Psychology.

BRIEF HISTORY

Only recently have psychologists appeared in the news media. In the early 1980s few psychologists were asked their opinions about various important world events or disasters. In the 1990s psychologists began appearing in a few sound bites about violence, adolescents and children. Over the years, psychologists have been asked more regularly to give commentary about social issues, the impact of disasters and victims of violence, according to Elizabeth Carll, Ph.D of APA Division 46, Media Psychology (http://www.APADiv46.org). Thus, the public has become accustomed to hearing and reading psychologists' opinions and professional advice on the news media.

APA 5.04 MEDIA PRESENTATIONS

Dr. Celia Fisher, 2003, in her excellent book Decoding the Ethics Code: A Practical Guide for Psychologists, notes that this standard prohibits psychologists from using their position to give public advice on radio, print media, television, Internet, or any other forms of communication outside their area of expertise or competence. The advice must be based upon appropriate education, training, supervised experience, or other accepted means of acquiring expertise. One is required to give advice that is consistent with the current established psychological literature and practice.

Additionally, it is mandatory that the psychologist who performs media work does not indicate inadvertently by word or deed that a professional relationship has been formed. The psychologist must clarify the purpose of the media presentation be it over the Internet, radio, television or other means. In general, most media presentations are considered educative in nature rather than therapeutic. Fisher notes "Take steps to avoid repeat communications with the person that may encourage the mistaken impression that a professional relationship has been established" (p. 111).

APA 2.04 BASES FOR SCIENTIFIC AND PROFESSIONAL JUDGMENTS

This Standard required psychologists to select methods and to provide professional opinions that are

(continued on next page)

Media Psychology *continued*

"firmly grounded in the knowledge base of scientific and professional psychology" (Fisher, 2003, p. 54). Professional knowledge refers to accepted and reliable literature, methods, theories, clinical reports and other psychological material.

APA 5.01 AVOIDANCE OF FALSE OR DECEPTIVE STATEMENTS

Any discussion of Media Psychology must include honesty, accuracy and truthfulness in any statements made to the public. Media psychologists have a special duty to protect the reputation of all psychology by presenting themselves appropriately in manner, language, demeanor and dress.

This Standard includes claiming accurately only credentials one actually has earned as evidence of their competence, expertise, or ability to present the topic appropriately.

APA 5.02 STATEMENTS BY OTHERS

When appearing on any media venue, psychologists retain the responsibility for preventing any false or misleading statements being disseminated when engaging others to promote their work or products. Failure to review and prevent this situation is a violation of this Standard.

Bennett et al., (1990) in their seminal book on Professional Liability and Risk Management, focus upon "Being a Public Psychologist" in one of their sections. Selected points follow:

- All advice should be scientifically valid
- Can your message be misunderstood? If so, rework it
- Only discuss areas in which you have competence, stating the limitations of your discussion
- With live presentations, take time to think things through before speaking
- Have callers screened properly by well-trained personnel for on-air presentations
- Know the purpose of the presentation, and rehearse

Media Psychology is here to stay and is not going anywhere. If a psychologist has a website, a newsletter, does public presentations, or more specifically, works with television or radio, he or she is practicing Media Psychology. The APA expects all psychologists to adhere to the current standards along with remaining updated on new methods, techniques, and representing the profession in a positive and appropriate light.

References

American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders* 4th ed., text revision. Washington, DC: Author.

Bennett, B., Bryant, B., VandenBos, G., & Greenwood, A. (1990). P*rofessional Liability and Risk Management*. Washington, DC: APA.

Fisher, C. (2003). *Decoding the Ethics Code: A Practical Guide for Psychologists*. Thousand Oaks, CA: Sage.

The Board of Psychology (BOP) is committed to including guest articles in the BOP Update. The Board of Psychology takes no responsibility for the accuracy or veracity of any comments or statements contained in a guest article, and the Board remains neutral on any position statements made in a guest article.

Update Regarding Psychology Students from Approved Schools

At the November 22, 2008, Board of Psychology meeting, the Board took the following steps to address the situation of doctoral students enrolled in state approved schools of psychology following the sunset of the Bureau for Private Postsecondary and Vocational Education. The highlights of that discussion are as follows:

1. The Board voted to begin the regulatory process to define what degree from an approved school pursuant to Business & Professions Code section 2914(g) would meet the qualifications for licensure, including these requirements:

(a) the applicant enrolled in a doctoral program in an approved school by December 31, 2008,

(b) the degree is conferred by Dec 31, 2013, and

(c) there is no legislation reenacting the BPPVE or a successor agency that affects the status of the school or the degree conferred.

2. During the regulatory process, applications for licensure from graduates of approved schools will be evaluated on a case-by-case basis to determine whether the degree meets the statutory educational requirements.

Please keep in mind that there is no guarantee that such a regulation will include these requirements as proposed, or ultimately be approved, so the Board encourages all students to know their rights and explore their options for completing their degrees.

Notice to Applicants: California Psychology Laws and Ethics Examination

Applicants who meet one of the following criteria qualify to take the California Psychology Law and Ethics Examination (CPLEE) in lieu of the Examination for Professional Practice in Psychology (EPPP) and the California Psychology Supplemental Examination (CPSE):

a. Applicants who were licensed as a psychologist in California for at least five years and has allowed his/her license to expire by not renewing the license for at least three years;

b. Applicants who have been licensed in another state, Canadian province, or U.S. territory, for at least five years:

c. Applicants who hold a Certificate of Professional Qualification (CPQ) issued by the Association of State and Provincial Psychology Boards (ASPPB);

d. Applicants who are credentialed as a Health Service Provider in Psychology by the National Register of Health Service Providers in Psychology (NRHSPP) and have been licensed based on a doctoral degree in another state, Canadian province, or U.S. territory for a minimum of five years;

e. Applicants who are certified by the American Board of Professional Psychology (ABPP) and have been licensed based on a doctoral degree in another state, Canadian province, or U.S. territory for a minimum of five years.

Although the EPPP and the CPSE are waived under this section, an applicant must file a complete application and meet all current licensing requirements not addressed above, including payment of any fees, take and pass the CPLEE, and not been subject to discipline. All other applicants must take and pass the EPPP and the CPSE.

For copy of the application, click on the following link: http://www.psychboard.ca.gov/licensee/licpsych.shtml

For more information regarding the CPLEE, please review the CPLEE Candidate Information Bulletin, click on the following link: **www.psychboard.ca.gov/exams/index.shtml.**

Malingerer Test Roils Personal-Injury Law 'Fake Bad Scale' Bars Real Victims, Its Critics Contend

By David Armstrong

The Wall Street Journal,
March 5, 2008
Reprinted with permission

A test designed to expose fakers is roiling the field of personal-injury law, distressing plaintiffs and strengthening the hand of employers and insurers.

Proponents hail the true-or-false test as a valid way to identify people feigning pain, psychological symptoms or other ills to collect a payout. In hundreds of cases, expert witnesses have testified that the test provided evidence that plaintiffs were lying about their injuries, just as suggested by the test's colorful name: the Fake Bad Scale.

Use of the scale surged last year after publishers of one of the world's most venerable personality tests, the Minnesota Multiphasic Personality Inventory, endorsed the Fake Bad Scale and made it an official subset of the MMPI. According to a survey by St. Louis University, the Fake Bad Scale has been used by 75% of neuropsychologists, who regularly appear in court as expert witnesses.

But now some psychologists say the test is branding as liars too many people who have genuine symptoms. Some say it discriminates against women, too. In May, an American Psychological Association panel said there appeared to be a lack of good research supporting the test.

In two Florida court cases last year, state judges, before allowing the test to be cited, held special hearings on whether it was valid enough to be used as courtroom evidence. Both judges ended up barring it.

"Virtually everyone is a malingerer according to this scale," says a leading critic, James Butcher, a retired University of Minnesota psychologist who has published research faulting the Fake Bad Scale. "This is great for insurance companies, but not great for people."

The test asks a person to answer true or false to 43 statements, such as "My sleep is fitful and disturbed" and "I have nightmares every few nights." Someone who suffers from, say, post-traumatic stress disorder might legitimately answer "true" to these questions. But doing so would earn the test-taker two points toward the total of 23 or so that marks a person as a possible malingerer.

Other test statements are "I have very few headaches" and "I have few or no pains." These are false, someone who has chronic headaches would say. Again, those replies would incur two more points toward a possible assessment as a malingerer.

About a third of the questions relate to physical symptoms; there are questions about stress, sleep disturbance, and low energy. There is also a batch of questions related to denial of bad behavior. For instance, those who answer false to "I do not always tell the truth" get a point toward malingering.

MEASURING PROCESS

Paul Lees-Haley, the psychologist who created the test, say that while individual items "can be made to seem like evidence for a flawed" measuring process, what's important is the total score. He says the scale has "been tested empirically and shown to be effective."

Dr. Lees-Haley says criticism is being orchestrated by plaintiffs' lawyers. One, Dorothy Clay Sims in Ocala, Fla., has written guides for other plaintiffs' lawyers on how to challenge the Fake Bad test. She is leading an effort to reverse the decision that incorporated it into the Minnesota Multiphasic Personality Inventory, which is used in diagnosing and treating patients at mental-health facilities and in screening people for sensitive jobs like law enforcement.

Dr. Lees-Haley himself once testified frequently for plaintiffs in personal-injury lawsuits, but about 18 years ago he began to work mainly for the defense side. He says he devised his test because he saw so many claimants he believed to be faking mental or other distress, and existing tests didn't spot them.

(continued on page 7)

Malingerer Test from previous page

Working for litigants is Dr. Lees-Haley's main source of income. He has said in court cases that 95% of this work is on behalf of the defense. He charges $3,500 to evaluate a claimant and $600 an hour for depositions and court appearances, his fee schedule says.

Dr. Lees-Haley didn't dream up the 43 true-or-false statements in the Fake Bad Scale. He picked them from among the more than 500 true-or-false statements in the elaborate, decades-old MMPI.

He tested responses to the 43 questions on three groups. One was personal-injury litigants he said were malingering. A second group was people he asked to answer as if they were trying to fake emotional distress resulting from a car accident, toxic exposure or employment. A third group consisted of litigants he said had actually been injured.

The known fakers averaged a score of 27.6 on the Fake Bad Scale; those who had been instructed to try to fake emotional distress averaged 25; and the truly injured litigants averaged only 15.7, Dr. Lees-Haley wrote in a research report.

He also compared the scores with those of two large groups who had taken the MMPI; both averaged below 20.

Dr. Lees-Haley concluded that his test "appears to be a promising procedure" for detecting malingerers, and posited that anyone scoring over 20 tended toward fakery. He paid to have the results published in a small Montana-based medical journal, Psychological Reports, in 1991. Use of his Fake Bad Scale in litigation slowly grew.

It recently figured in the case of Steven Thompson, a onetime truck driver in Iraq for the KBR unit of Halliburton Inc. He said he hadn't been able to hold a job since returning to the U.S. in 2004. Two doctors concluded Mr. Thompson had "chronic" and "fairly severe" post-traumatic stress disorder. He filed a disability claim that was denied by the insurer of Halliburton's since-sold KBR unit.

Mr. Thompson appealed to the U.S. Labor Department, which has jurisdiction in such cases.

He testified that memories of attacks on his convoys, seeing dead bodies and smelling burning flesh led to nightmares and sleeping problems that left him too irritable and difficult to work with to hold a job.

A psychiatrist hired by the defense, John D. Griffith of Houston, concluded Mr. Thompson was exaggerating his symptoms, and cited his score of 32 on the Fake Bad Scale. A Labor Department administrative-law judge denied Mr. Thompson's claim, citing the test results along with inconsistencies in his testimony. Mr. Thompson is appealing.

Dr. Griffith won't discuss the case but says the Fake Bad Scale is helpful in confirming fakers, who he estimates make up 40% of personal-injury plaintiffs.

In seven prior cases where Dr. Griffith worked for KBR or its insurer, he found five of the claimants to be malingering, court records show. Asked about the high percentage of Iraq truck drivers he found to be faking, he said: "When you come back to the States, you suddenly discover if you are sick you can make more money than if you were working."

CUTOFF SCORE

Dr. Butcher and some other researchers published a report critical of the Fake Bad Scale in 2003. They looked at more than 20,000 people, including several thousand psychiatric inpatients, who had taken the MMPI and calculated their Fake Bad Scale scores by checking their replies to the scale's 43 questions.

More than 45% of psychiatric inpatients had Fake Bad Scale scores of 20 or more, meaning they were possible fakers, under Dr. Lees-Haley's original cutoff score. Using a higher cutoff score, 24, the researchers still found that 23% of people were flagged as possible malingerers. In every subgroup, women had much higher scores than men.

The authors argued it was unlikely that so many psychiatric inpatients could or would have fooled doctors into diagnosing and admitting them to hospitals. It concluded that the Fake Bad Scale generated an "unacceptably high" rate of false verdicts of malingering, and also that it was biased against women.

(continued on page 8)

Malingerer Test continued

Says Dr. Lees-Haley: "One of Dr. Butcher's primary strategies for criticizing the FBS is to apply it to groups for which it was never intended, and then complain that it isn't appropriate. Of course not. The FBS was designed for personal-injury claimants."

In 2006, the publishers of the Minnesota Multiphasic Personality Inventory took a look at the Fake Bad Scale. Those who take the MMPI receive scores on various categories, such as paranoia, depression and social introversion. The question was whether to make the Fake Bad Scale one of these scored categories as well.

The University of Minnesota Press convened a panel of eight experts and pointed to two published reports for them to consider. One was a book chapter partly written by Dr. Lees-Haley himself. The other report was a review of existing research, concluding that the "preponderance of the current literature" supports the use of the test in litigation.

The review of existing research ended up looking at 19 studies, at least 10 of which had been done by Dr. Lees-Haley or other psychologists who do work for insurance companies. The review had excluded 21 other studies from consideration, including the negative analysis by Dr. Butcher's team.

Dr. Butcher, a member of the advisory panel, opposed adding scores of the Fake Bad Scale to the results that are reported when a person takes the Minnesota Multiphasic Personality Inventory. Six of the eight panelists approved, although they differed on how the test should be used and what cutoff scores were appropriate. The University of Minnesota Press then did make the Fake Bad Scale a subset of the MMPI.

A few months later, the American Psychological Association's committee on disabilities protested to the publisher that it had acted prematurely. The APA committee later said it hadn't evaluated the test itself, but noted that the test was controversial and said: "Any test that over predicts malingering in persons with disabilities may result in their being denied necessary and due compensation, benefits or treatment." The committee asked the MMPI publisher to have the Fake Bad Scale reviewed by a group at the University of Nebraska that specializes in evaluating psychological tests.

The University of Minnesota Press didn't respond to a call. But in a letter to Ms. Sims, the Florida plaintiffs' lawyer, a lawyer for the university said it "recognizes that the FBS is the subject of significant debate in the academic and professional community.... The University believes that the process leading up to the FBS' release was sound."

COURTROOM TEST

The experts' disagreement spilled over into the courtroom in a case brought against a Florida gasoline carrier, Strawberry Petroleum Inc. Lloyd Davidson was sitting at a stoplight in May 2004 when his pickup was rear-ended by one of the gasoline company's loaded tanker trucks, sending the pickup crashing into another truck ahead of him. His lawsuit said his head shattered the rear window and he ended up with diminished mental capacity and symptoms of depression and inattention.

A psychologist hired by the defense said in a deposition there was reason to believe Mr. Davidson was faking. The witness cited his "very high" score of 31 on the Fake Bad Scale.

Before the expert could testify at the trial, held in Hillsborough County Circuit Court, the plaintiffs moved for a hearing on the scientific validity of the Fake Bad Scale. Judge Sam Pendino ruled in June that "there is a genuine controversy surrounding use of this test" and "no hard medical science to support the use of this scale to predict truthfulness." He said that drawing conclusions from a test that gives points for malingering when a plaintiff gives honest answers to questions based on actual injuries "has no place in this courtroom."

In January, a jury determined that Mr. Davidson had suffered a permanent injury from the crash and awarded him $1.4 million from the gasoline carrier.

Write to David Armstrong at ***david.armstrong@wsj.com***

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Disciplinary Actions

May 1, 2007–February 1, 2009

Portman, Sandra M., Ph.D., (PSY 13090)
Found to be in violation of B&P Code § 2960(o)
Stipulated Decision effective May 3, 2007.
License surrendered.

Fields, Preston, B., Ph.D. (PSY 13452)
Found to be in violation of B&P Code § 2960(a)
Stipulated Decision effective May 7, 2007.
License surrendered.

Pruitt, Joseph, H. Jr., Ph.D., (PSY 4089)
Found to be in violation of B&P Code § 2960(a)
Stipulated Decision effective June 15, 2007.
License revoked, stayed, 3 years probation.

Rodiger, Georgiana G., Ph.D. (PSY 8072)
Found to be in violation of B&P Code § 2960(j)
Stipulated Decision effective June 15, 2007.
License revoked, stayed, 5 years probation.

Phelps, Harrison, S., Jr. Ph.D., (PSY 7792)
Found to be in violation of B&P Code § 2960(j)
Stipulated Decision effective August 31, 2007.
License surrendered.

Fimiani, Bret (PSB 33004)
Found to be in violation of B&P Code § 2960(a)
Stipulated Decision effective August 24, 2007. Upon registration as a Psychological Assistant, registration will be revoked, stayed, 5 years probation. Registration issued on August 24, 2007.

Rivers, Marie Davidson, Ph.D. (PSY 3603)
Found to be in violation of B&P Code § 822
Default Decision effective July 9, 2007.
License revoked.

Lorine, Kim-Ha, (PSB 33060)
Found to be in violation of B&P Code § 2960(a)
Stipulated Decision effective August 30, 2007. Upon registration as a Psychological Assistant, registration will be revoked, stayed, 5 years probation. Registration issued on September 21, 2007.

Notice:

The following decisions become operative on the effective date except in situations where the licensee obtains a court-ordered stay, which may occur after the publication of this newsletter. For updated information on stay orders and appeals, you may telephone (916) 263-2691 and speak to the Board's Enforcement Analyst.

To order copies of these decisions and other documents, send your written request by mail or e-mail the Board's at bopmail@dca.ca.gov. Include the name and license number of the licensee and send to the attention of the Enforcement Program at the Board's Sacramento offices. Please note that there is a minimal copying charge for these documents.

Windham, Marilyn, Psy.D., (PSY 18492)
Found to be in violation of B&P Code § 2960(a)
Proposed Decision effective August 8, 2007.
License revoked.

Zamudio, Biatriz, Ph.D., (PSY 11096)
Found to be in violation of B&P Code § 2960(j)
Proposed Decision effective July 2, 2007.
License revoked.

Cannen, Larry, G., (PSB 32927)
Found to be in violation of B&P Code § 2960(a)
Proposed Decision effective July 2, 2007. Upon registration as a Psychological Assistant, registration will be revoked, stayed, 3 years probation. Registration issued on July 2, 2007.

Davis, Bobby J., (RPS 2007177)
Found to be in violation of B&P Code § 2960(a)
Stipulated Decision effective December 14, 2007. Upon registration as a Registered Psychologist, registration will be revoked, stayed, 3 years probation. Registration issued on December 14, 2007.

(continued on page 10)

Disciplinary Actions *from page 9*

Lambert, Scott, Ph.D., (PSY 12547)
Found to be in violation of B&P Code § 2960(b)
Stipulated Decision effective January 28, 2008.
License surrendered.

Spindell, William, A., Ph.D., (PSY 4890)
Found to be in violation of B&P Code § 2960(r)
Stipulated Decision effective March 13, 2008. License revoked, stayed, 3 years probation.

Sells, Christine, Ph.D., (PSY 14808)
Found to be in violation of B&P Code § 2960(a)
Proposed Decision effective March 20, 2008.
License revoked, stayed, 7 years probation.

Lyons, Lawrence, G., Ph.D., (PSY 8848)
Found to be in violation of B&P Code § 2960(a)
Proposed Decision effective June 18, 2008.
License revoked, stayed, 5 years probation.

Roberts, David, C., Ph.D., (PSY 5645)
Found to be in violation of B&P Code § 2960(i)
Stipulated Decision effective June 19, 2008.
License revoked, stayed, 3 years probation.

Tye-Balter, Jane, (PSB 29813)
Found to be in violation of B&P Code § 2960
Stipulated Decision effective June 20, 2008.
License surrendered.

Coffey, Dennis, A., Ph.D., (PSY 12892)
Found to be in violation of B&P Code § 2960(n)
Stipulated Decision effective June 21, 2008.
License revoked, stayed, 3 years probation.

Foote, Janis E., Ph.D. (PSY 5810)
Found to be in violation of B&P Code § 2960(r)
Stipulated Decision effective June 21, 2008.
License revoked, stayed, 5 years probation.

Tillery, Amy, (PSB 33746)
Found to be in violation of B&P Code § 2960(a)
Proposed Decision effective June 22, 2008. Upon registration as a Psychological Assistant, registration will be revoked, stayed, 3 years probation.
Registration issued on August 5, 2008.

Marquis, John, N., Ph.D., (PSY 2714)
Found to be in violation of B&P Code § 2960(j)
Proposed Decision effective March 3, 2008.
License revoked, stayed, 3 years probation.

Byrns, Sheila, Ph.D., (PSY 13608)
Found to be in violation of B&P Code § 2960(j)
Stipulated Decision effective September 5, 2008.
License surrendered.

Lindsay, Michael, A. Ph.D., (PSY 13870)
Found to be in violation of B&P Code § 2960(j)
Proposed Decision effective September 18, 2008.
License revoked, stayed, 7 years probation.

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Explanation of Disciplinary Language

Revoked — *The license is canceled, voided, annulled, or rescinded. The right to practice is ended.*

Revoked, stayed, probation — *"Stayed" means the revocation is postponed or put off. Professional practice may continue so long as the licensee complies with specific probationary terms and conditions. Violation of probation may result in the revocation that was postponed.*

Suspension — *The licensee is prohibited from practicing for a specific period of time.*

Gross negligence — *An extreme departure from the standard of practice.*

Default decision — *Licensee fails to respond to Accusation by filing a Notice of Defense or fails to appear at administrative hearing.*

License surrender — *While charges are still pending, the licensee turns in the license — subject to acceptance by the Board. The right to practice is ended.*

Effective decision date — *The date the disciplinary decision goes into effect.*

Disciplinary Actions *from previous page*

Elliott, Diana, M., Ph.D., (PSY 12612)
Found to be in violation of B&P Code § 2960
Default Decision effective October 16, 2008.
License revoked.

Tsopels, Maria, Ph.D., (PSY 16607)
Found to be in violation of B&P Code § 2960(o)
Decision effective October 12, 2008.
License revoked, stayed, 60-day suspension, 5 years probation.

Sciaroni, Brian, Ph.D., (PSY 8349)
Found to be in violation of B&P Code § 2960(o)
Stipulated Decision effective November 22, 2008.
License surrendered.

Hatherley, William, P., Ph.D., (PSY 8224)
Found to be in violation of B&P Code § 2960(r)
Stipulated Decision effective February 5, 2009.
License surrendered.

Kondas, Michael J., Ph.D., (PSY 4364)
Found to be in violation of B&P Code § 2960(n)
Stipulated Decision effective February 5, 2009.
License surrendered.

Atkinson, Carol H., Ph.D., (PSY 14698)
Found to be in violation of B&P Code § 2960(j)
Proposed Decision effective February 5, 2009.
License revoked, stayed, 3 years probation.

President's Message *from page 1*

In order to respond efficiently and effectively to consumers and working Psychologists, Board staff has undertaken major steps to address a previous licensing backlog. This has resulted in significant improvements in timeliness and processing of completed applications. We also developed an entirely new tabular Website designed for clarity and ease of use.

The Board has a newly formed Contemporary and Emerging Issues Committee as one of our standing committees. This will enable the Board to keep abreast of new issues regarding the practice of psychology statewide and nationally, and be proactive in regulating the profession of psychology and protecting consumers.

At the November 22, 2008, Board of Psychology meeting, the Board took steps to address the situation that was created for doctoral students enrolled in state-approved schools of psychology when the Bureau for Private Postsecondary and Vocational Education was sunsetted. The Board's decision was to accept as candidates for licensure those students who were enrolled in those state-approved schools of psychology by December 31, 2008, and who are awarded their degrees by December 31, 2013. This action enables those students currently enrolled in state-approved schools, but no longer in institutions approved by the BBPVE, to continue their education and become eligible candidates for licensure.

I would be remiss if I did not acknowledge the professionalism and support that I have received from my colleagues who serve with me on the California State Board of Psychology. We welcomed five new members during my tenure: Richard Sherman, Ph.D.; Celinda Vazquez; Alex Calero, Esq.; Lucille Aquaye-Baddoo; and Emil Rodolfa, Ph.D., who is the current President of the Association of State and Provincial Psychology Boards (ASPPB). Former Board President and current Board member Jacqueline Horn, Ph.D., is the newly elected ASPPB Member-at-Large; and our Executive Officer, Robert Kahane, J.D., is on an ASPPB Board of Directors Bylaws Revision Task Force. Their continued involvement in ASPPB enables California to have a substantial national voice regarding issues in regulation and consumer protection. All Board members are passionate about their roles as public servants and are equally committed to providing quality, effective, and efficient services across the state.

We look forward to the opportunity to work with all of you.

California Department of Consumer Affairs
Board of Psychology
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Licensing/Registration Program
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Annette Brown,
Licensing/Registration Analyst
Karen Johnson,
Licensing/Registration Analyst
Linda Kassis,
Administrative Services
Coordinator
Tammey Bailey, Office Technician
Diana Crosby,
Administrative Technician

The California Board of Psychology protects the safety and welfare of consumers of psychological services.

Licensees and Registrants Please Note:

The address listed on the mailing label is the address of record listed with the Board of Psychology. This is the address that is given to the public upon request and where renewal forms are sent. It is also the address that is made available to the public on the Board of Psychology Web site's verification of license feature.

The Board recommends that you not use your residence address as your address of record for reasons of personal security. If you wish to change your address of record, you can either mail the request to the Board's office in Sacramento, or you can e-mail the request to: bopmail@dca.ca.gov.

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