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∗∗∗∗∗ The California Department of Consumer Affairs, Board of Psychology Newsletter ∗∗∗∗∗

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President's Message

Stephen C. Phillips, J.D., Psy.D., Board of Psychology

Welcome to the winter 2018 edition of the California Board of Psychology *Journal*!

The mission of the Board of Psychology (board) is to advance quality psychological services for Californians by ensuring ethical and legal practice and supporting the evolution of the profession. Our values are transparency, integrity, consumer protection, inclusiveness, excellence, and accountability.

The psychology community has had two significant losses in recent months. Dr. Joseph L. While, a three-term president of the board and a seminal figure in the culturally informed treatment of African Americans, died at age 84. His obituary is reprinted in this edition of the board's *Journal*.

The field of psychology also lost another important figure at the state and local level, Dr. Jeffrey B. Tirengel. Jeff was a close, personal friend who contributed greatly to both local and state professional organizations and served on the Board of Trustees of Alliant International University. On a personal note, Jeff was one of the core faculty members who inspired me to enroll in the California School of Professional Psychology and acted as a mentor as I became involved in the leadership of the Los Angeles County Psychological Association (LACPA). He was its former president and the longtime editor of, and contributor to, the *Los Angeles Psychologist*. He was also very active in the California Psychological Association (CPA), particularly as its convention chair. His contributions were recognized by myriad organizations, including professional achievement awards from both CPA and LACPA. Providentially, Jeff and I were in chemotherapy for cancer at Cedars Sinai Medical Center, in Los Angeles, at the same time. I will always remember the friendship and support he gave me over the years, particularly since our shared experience of illness. His wry humor and incisive mind will be dearly missed by many.

At the board's November quarterly meeting, in San Diego, we had a very full agenda. The first day included the introduction of and remarks from Dean R. Grafilo, the recently appointed Director of the Department of Consumer Affairs (DCA/department), and Christopher Castrillo, DCA's Deputy Director for the Office of Board

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President's Message (continued from page 1)

and Bureau Services. The board was grateful to hear from the department's leadership team. Four petition hearings, including three petitions for early termination of probation and one petition for the reinstatement of a license, constituted the vast bulk of the first day of the board's work. The second day was devoted to a wide array of subjects, including the upcoming legislative year, proposed regulatory changes, enforcement concerns, possible changes in the regulations and statutes governing the Pathways to Licensure, the proposed implementation of a retired license status, an informative presentation on the complex and time-intensive process for regulatory change, and a recap and discussion of the board's efforts in community outreach. Due to the absence of two of our public board members, the election of officers for 2018 was deferred to the board's upcoming quarterly meeting in Sacramento.

At the February meeting, we will revisit many of the same topics, with an additional three petition hearings, which will occupy most of the first day. New topics include the draft of the revised *Professional Therapy Never Includes Sex* booklet, which is distributed by mental health care licensees and is being prepared by the board's staff in conjunction with three other health care boards; continuing education renewals and the audit process; and qualifications for subject matter experts used in the development of licensing examinations.

The board is looking forward to a busy year in which we will continue to address the ongoing efforts to systematize and make understandable the myriad regulations and statutes governing applicants, licensees, and the consumers of psychological services. The board is in the process of going to a "paper-lite" working environment to conserve natural resources and make best use of staff and board time and space. We continue to remain dedicated to our primary charge: the protection of consumers of psychological services, with due consideration for the needs and realities of our licensees. In the meantime, the board and staff wish you the very best of the new year!

Trailblazing Founder of 'Black Psychology' Field, Dr. Joseph L. White, Age 84

By Amanda Scurlock
Published Dec. 7, 2017

Article reprinted with permission from the Los Angeles Sentinel.

Psychologist and activist Joseph L. White—whose trailblazing work revolutionized the way African-Americans are understood in psychology and was affectionately referred to as the "godfather" of his field by students, mentees and colleagues—died Nov. 21 at the age of 84.

At the height of the Civil Rights Movement, White emerged as a powerful voice of change: challenging psychologists to understand better the unique experiences of ethnic minorities. He is widely considered a pioneer in the contemporary field of Black Psychology and, in 1968, he helped found the Association of Black Psychologists (ABPsi).

His seminal article in *Ebony* magazine in 1970, "Toward a Black Psychology," also was instrumental in beginning the modern era of African-American and ethnic psychology, and it helped to define and frame the discourse in that field of study. It was that article that earned him the distinguished honor of being forever referred to as "the father of Black Psychology."

"Throughout his life, Dr. Joseph L. White has stood on the side of social justice, and directed the activities of his psychological and academic endeavors with visions of hope and possibility for transforming dark yesterdays into brighter tomorrows," said Thomas A. Parham, a past ABPsi president and vice chancellor of student affairs at University of California, Irvine,

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Trailblazing Founder of 'Black Psychology' Field, Dr. Joseph L. White, Age 84 (continued from page 2)

where White served as a professor of psychology and psychiatry since 1969. "He taught us with his heart and soul, he mentored us, he nurtured us and he guided us, because that is part of the culture he helped create."

Joseph L. White was born in Lincoln, Nebraska, on Dec. 19, 1932, and was raised in Minneapolis, Minnesota. Upon completing his bachelor's and master's degrees at San Francisco State he was accepted into the doctoral program at Michigan State University in clinical psychology. He became the first African-American at Michigan State to receive his Ph.D. in clinical psychology in 1961, and in his words, became the first black psychologist he had ever seen.

During his career, White was a part of the faculty and administration at both California State University, Long Beach, and his alma mater San Francisco State University. He later joined the faculty at UCI in 1969. At the time of his passing, he was a professor emeritus at UCI, where he served as a teacher, author, supervising psychologist, mentor, and director of ethnic studies and cross-cultural programs.

He was appointed to the California State Psychology Licensing Board by Gov. Edmund G. Brown, Jr. and served as chairman for three years. He also served as a member of the Board of Trustees of The Menninger Foundation in Topeka, Kansas.

He is survived by his wife Lois White of Irvine, California; three daughters, Dr. Lori Suzanne White, Mrs. Lynn White Kell, and Dr. Lisa Diane White; his former wife, Myrtle Escort White; his beloved son-in-laws, Anthony Tillman and Kevin Kell; his brother, Gerald "Bunky" White; his aunt, Estella "Betty" Lee, and a host of beloved cousins, colleagues, students and extended family.

CANRA

Seeking Clarity to Our Mandated Reporting Responsibilities Pertaining to Sexting, Viewing Child Pornography, and Like-Age Consensual Sexual Behavior

By Melodie R. Schaefer, Psy.D

Note: The Board of Psychology (board) occasionally requests informational and educational articles from the psychology community to share with its licensees. The article does not represent the opinion of the board, but is provided to licensees as a helpful tool to navigate the Child Abuse and Neglect Reporting Act.

In our mandate to report cases of reasonable suspicion of child abuse and neglect, we must remain aware of legislative changes in the reporting law to meet our legal and ethical responsibilities. Changes in the Child Abuse and Neglect Reporting Act (CANRA) regarding sexual abuse reporting requirements have resulted in a myriad of questions due to a lack of clarity in the language of the law itself. This article will describe current actions, history of the referenced changes to CANRA, challenges it may present for mandated reporters, and some suggested considerations on how one may proceed with the decision to report.

The California Department of Social Services on its website describes the law as follows: "CANRA stands for the Child Abuse and Neglect Reporting Act, and can be found in sections 11164–11174.3 of the California Penal Code. CANRA is a set of laws that was passed in 1980 to provide definitions and procedures for mandated reporting of child abuse. Over the years, numerous amendments have expanded the definition of child abuse and the persons required to report."

Current situation

CANRA has undergone recent additions that impact reporting procedures as it pertains to sexual abuse of minors. The changes more specifically pertain to possible reporting of sexual activity between minors of a like age, and issues related to child pornography, which may include "sexting." Sexting includes the sending and/or exchange of sexually explicit content by electronic or digital means.

The board currently is awaiting a decision from the Office of the Attorney General (OAG) on litigation (*Matthews v. Harris,* Case Number B265990, Court of Appeal, Second District). Once a decision is rendered, OAG will be able to opine on three questions posited by the board to OAG to seek clarity on the changes to CANRA. The questions are as follows:

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CANRA (continued from page 3)

1. CANRA, starting at Penal Code section 11164 et seq., requires "mandated reporters" to report instances of child sexual abuse, assault, and exploitation to specified law enforcement and/or child protection agencies. Does this requirement include the mandatory reporting of voluntary acts of sexual intercourse, oral copulation, or sodomy between minors of a like age?

2. Under CANRA, is the activity of mobile device "sexting" between minors of a like age a form of reportable sexual exploitation?

3. Does CANRA require a mandated reporter to relay third-party reports of downloading, streaming, or otherwise accessing child pornography through electronic or digital media?

Issue background and the board

In 2013, legal counsel for the Board of Behavioral Sciences (BBS) provided opinion, which was subsequently published by California Association of Marriage and Family Therapists (CAMFT), on the interpretation of CANRA related to possible mandated reporting of consensual acts of sodomy and oral copulation with minors of like age. The opinion also addressed whether CANRA required amendments to support this interpretation. In short, the opinion given to BBS was that there is no reason to report consensual sexual activities between minors of like age in the absence of any signs of abuse, and no amendments to CANRA were necessary to support this interpretation.

The board subsequently sought counsel from OAG, with the assistance of Assembly Member Cristina Garcia, in an attempt to acquire greater clarity on the law due to: (1) the long history of secondary sources that advise reporting sexual conduct based on the type of conduct and the age of the minor participants, (2) concerns that advising licensees that they may not be required to report certain behavior may place them at risk of criminal prosecution since CANRA is enforced criminally, and (3) the board advising licensees that to report conduct not mandated may place them at risk of complaints for disclosing confidential information. Accordingly, in February 2015 the board posited the three questions identified above to OAG pertaining to the changes in CANRA.

Since the board's February 2015 submission to OAG, litigation (*Matthews v. Harris,* Case No. B265990, Court of Appeal, Second District) has ultimately resulted in OAG deferring provision of an opinion to the board until the outcome of the litigation is clear.

There is also ongoing concern on the part of board members, as well as licensees and their professional associations, regarding the potential impact that CANRA may have on sexual minority youth, in particular. As it stands, it appears that behavior more representative of the behaviors undertaken by same-sex partners can be found violative of CANRA; while behaviors, such as intercourse, between opposite sex partners of the same ages does not fall within the purview of the reporting scheme. Clarity from OAG on the issues raised by the board will help determine whether these concerns are substantiated.

What we know/what is currently considered reportable

Christopher J. Zopatti, J.D., attorney and partner with the law firm of Callahan, Thompson, Sherman & Caudill, LLP, has extensive experience representing psychologists in issues related to confidentiality, risk management, and reporting mandates. He provided guidelines on how psychologists may best proceed considering the changes in CANRA and the impact on reporting mandates. As stated in the law, the responsibility of the reporting party upon having *reasonable suspicion* of child abuse or neglect is to contact the designated agency within your county and (1) to provide a telephonic report immediately or as soon as possible and (2) to submit a written report within 36 hours.

If the reporting party becomes aware that the written report was in fact made to Child Protective Services (CPS) and the authorities did not act upon the report, it is not the duty of the therapist to further report by calling another law enforcement agency identified in the statute such as the police. The psychologist should query which agency within their respective county is the designated agency to which to make a report.

If CPS will not take an oral report, the fact that they would not accept the report is not a defense to any claim in a civil or administrative action based on failure to comply with a mandated duty to report. The

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CANRA (continued from page 4)

psychologist should enter a note to the chart that they made the call to CPS, the date and time of the call, to whom they had spoken, and the outcome of the call. However, making the call to CPS does not ensure that if a question arose as to whether a report was made, that CPS would be able to confirm it based on its records. CPS may not keep records of a call for consultation or for calls in which it determines a report will not be taken. One cannot prove that they made a verbal report even if a note stating such is made in the client's chart.

Mr. Zopatti advises that one should always submit a written report and complete and send the report within 36 hours of becoming aware and determining reasonable suspicion of abuse. It is the only document that serves as confirmation that a report to CPS was made. Similar to the verbal report, it is necessary to document in the chart that a written report was completed and sent to the CPS office. There is no provision in the statute that the agency can refuse the written report. What the authorities do with the written report once it is submitted is within their discretion. There is no further duty or responsibility to take further action on the part of the psychologist, except to cooperate with CPS in the event they request to interview you. Without consent by the parents to make additional reports, one may be vulnerable to accusations of a breach of confidentiality by the parents and even by the child themselves.

The psychologist may be concerned that making a report will affect the therapeutic relationship, including the possibility that the patient may end therapy. However, not making the report may result in a violation of the statute, which could be actionable either criminally or administratively. Of particular importance is determining whether the psychologist has a *reasonable suspicion* of abuse or neglect of a child. Care should be taken in hearsay situations, such as a client stating that they heard their neighbor has downloaded child pornography, as opposed to a parent informing you that they found their adolescent child doing the same. Attorney Brandt Caudill, J.D., indicated that it is important to note that although sexting may be reportable, consensual sex between minors of the same age may not be. (*American Academy of Pediatrics v. Van de Kamp* (1989) 214 Cal. App. 3d 831.) In the resources listed on page 6, there is a link to the California Department of Social Services website with information, including a chart, to assist in making a determination on age-specific and same-age reporting.

Mr. Zopatti advises that the following steps also be taken to ensure due diligence: (1) one should always seek consultation with a peer, (2) every psychologist should have a personal attorney familiar with the law and ethics of their profession, (3) contact your professional association for a consultation (e.g., California Psychological Association [CPA]; Elizabeth Winkelman, J.D., Ph.D., director of professional affairs; CPA Ethics Committee; American Psychological Association Practice Directorate); and (4) document all of the above, including dates and time of contact, names of persons you contacted, and outcome of discussion.

What remains unclear

Investigating the potential impact of CANRA on reporting mandates has given rise to numerous related concerns. One particular concern is of youths' extensive use of social media, including digital/electronic transmission of photos to their peers of themselves, often referred to as "selfies." In the event the photos of self are sexual in content and electronically/digitally transmitted, it is referred to as "sexting." Sexting among youth has seemingly become the new normal. In a 2012 study of 948 public high school students, the study reported the composition of the sample as follows: 55.9 percent females, 30.3 percent Caucasian, 31.7 percent Hispanic, 26.6 percent African American, 3.4 percent Asian, and 8 percent mixed/other. The results indicated that 28 percent of the adolescents reported they had engaged in sexting (sending naked pictures of themselves through text or email, referred to as a "sext"), 31 percent stated they had asked another person to send them a "sext," and 57 percent had been asked to send a sext, most of whom reported they were "bothered" by the request. Those who participated in sexting were significantly more likely to have started to date and to have become sexually active than their nonsexting peers ($p=<.001$) (Temple, J.R., Paul, J.A., Van Den Berg, P., Le, V.D., Mcelhany, A., & Temple, B. (2012)). If more than 25 percent of youth are sexting, a proliferation of mandated

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CANRA (continued from page 5)

reporting may impact youth and families from seeking psychotherapeutic treatment. Clarity on this issue is greatly needed.

Our ethical mandate to do no harm may come into question in the case of reporting a child for consensual sexual behavior with similar-aged peers, as well as for sexting with peers. This is of particular concern when the potential ramification of a report results in the youth being labeled as a sex offender for life. Yet, if a report deemed to be mandated by current law is not made, the psychologist risks sanctions pertaining to their license, or worse. Clarity on the questions raised by the board to OAG will provide direction on how psychologists will need to proceed moving forward.

Regarding the downloading of child pornography, in the case of an adult client seeking treatment for an addiction to child pornographic material, it appears that a clinician is mandated to make a report to CPS or the police per CANRA. It is still unclear if third-party reports of similar electronic/digital accessing would trigger a mandated report by the psychologist receiving the third-party report. Again, clarity from OAG will be most helpful.

Next steps

Enhanced guidance on determining what is reportable based on the changes to CANRA will follow once OAG provides opinion on the questions submitted by the board. In the interim, if one is unsure, consultation with the variety of resources described previously seems a prudent step in exercising due diligence to determine the necessity of reporting.

In addition, it is crucial to obtain informed consent prior to the initiation of the therapeutic process, including informing youth and parents of the reporting law and how it pertains to confidentiality concerns. The emphasis relative to this article is on ensuring clients are fully and clearly informed of these additional limits to confidentiality and of the psychologist's mandatory reporting requirements. Despite the lack of clarity while awaiting an opinion from OAG, these are helpful, proactive steps a psychologist can take for therapy to ethically proceed for both the client and the treating psychologist.

In addition to the information in this article, Elizabeth Winkelman, J.D., Ph.D., director of professional affairs at the California Psychological Association, has provided a list of excellent sources for further reading on CANRA and related issues:

The California Child Abuse & Neglect Report Law: Issues and Answers for Mandated Reporters:
http://mandatedreporterca.com/images/Pub132.pdf
Document addresses sexual contact between minors (page 40) and provides a chart on age-specific reporting requirements (page 47).

California Department of Social Services' Child Abuse Mandated Reporter Training:
http://www.cdss.ca.gov/inforesources/OCAP/MRT

U.S. Department of Justice definition of child pornography:
https://www.justice.gov/criminal-ceos/child-pornography

CAMFT article "Understanding Mandated Reporting Requirements: AB 1775":
https://camft.org/images/PDFs/AttorneyArticles/Cathy/Understanding_Mandated_Reporting_Requirements_AB1775.pdf

Associated Press News: "Suicide of teen who made sex video shows dilemma for schools"
https://www.apnews.com/c12027bf63604fa4968cd24df9afe58d

Penal Code language on sexual abuse (select the "PDF" button):
http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=11165.1.&lawCode=PEN

References

California Penal Code sections 11165.1, 11164–11174.3

Temple, J.R., Paul, J.A., Van Den Berg, P., Le, V.D., Mcelhany, A., & Temple, B. (2012). Teen Sexting and Its Association with Sexual Behaviors. JAMA Pediatrics, 166 (9), 828–833.

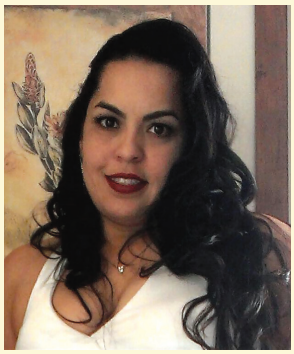
Thompson, S., (2014) Sexting Prosecutions: Minors as a Protected Class From Child Pornography Charges. https://mjlr.org/2014/10/27/sexting-prosecutions-minors-as-a-protected-class-from-child-pornography-charges/

LMHSPEP: Helping the Underserved Lost in the Criminal Justice System

By Nilda Diaz, Psy.D.

I have worked as a clinical psychologist for more than 15 years, specializing in forensic psychology and dedicating most of my career to serving the underprivileged community. Having this opportunity to help individuals with mental illness who are drawn into the criminal justice system has been both fulfilling and satisfying professionally. This population has too often been stigmatized because of mental illness and the public misconception regarding mental illness and criminality.

The Licensed Mental Health Services Provider Education Program (LMHSPEP) has given me the opportunity to continue to provide services to this population while also maintaining the ability to repay my loans to the government. LMHSPEP has also given me the opportunity to give back



to my community and spread the word about the underserved, specifically raising awareness about the need gap of the mentally ill and the criminal justice system. Many of the incarcerated mentally ill are lost in the system, and a majority of this population are uneducated minorities who have language barriers and have been arrested for nonviolent offenses.

Raising awareness about the lack of mental health resources for this population is vital in reducing the stresses in the criminal justice system that is overpopulated with mentally ill individuals labeled as criminals.

I am greatly appreciative for programs such as LMHSPEP that continue to foster the development and ability of professionals to provide services to this underserved population.

Examination for Professional Practice in Psychology, Part 2 Implementation Plan

By Lavinia Snyder, Examination Coordinator, Board of Psychology

Beginning Jan. 1, 2020, the Association of State and Provincial Psychology Boards (ASPPB) will implement a new Examination for Professional Practice in Psychology (EPPP), which will consist of two parts:

- EPPP Part 1 (EPPP1): Assessment of required knowledge
- EPPP Part 2 (EPPP2): Assessment of required professional skills

EPPP1 is the current examination available. However, as of Jan. 1, 2020, candidates will be able to take the examination prior to their degree completion––once all academic coursework, excluding practicum, research, or internship credit, has been completed.

Candidates will be able to take the EPPP2, the new portion of the exam, after their degree has been conferred. ASPPB recommends that candidates complete all required supervised professional experience prior to taking the second part of the exam.

The cost to candidates for each part of the examination is $600. For more details about the EPPP2, visit ASPPB's website at http://www.asppb.net/general/custom.asp?page=EPPPPart2.

In preparation for the implementation of this new examination, the Board of Psychology (board) is forming an EPPP2 Task Force. Meetings are scheduled tentatively in April, July, and October; these meetings will be held at the Department of Consumer Affairs' headquarters in Sacramento. The purpose of the meetings is to discuss and determine the following:

- Whether implementation of a new national licensing examination requirement is in the best interests of California consumers of psychological services and prospective licensees.

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Examination for Professional Practice in Psychology, Part 2 Implementation Plan (continued from page 7)

- Whether the board should cede national eligibility for Parts 1 and 2 to ASPPB or implement a parallel/different eligibility criterion.
- What, if any, regulatory changes might be required given the changes to the examination.
- Whether and how ASPPB's intention to allow candidates to register as eligible for the EPPP1 if a graduate is from an American Psychological Association- or Canadian Psychological Association-accredited program might impact California licensing processes.
- Whether there are any other possible issues and/or concerns with the proposed implementation of EPPP2.

If you wish to attend one of the EPPP2 Task Force meetings, notify the board's examination coordinator Lavnia Snyder by email at Lavinia.Snyder@dca.ca.gov. Meeting details will be emailed to you once meeting dates are finalized by the board.

Submission of Verification of Experience and Supervision Agreement Forms

By Natasha Lim, Licensing and BreEZe Coordinator, Board of Psychology

Changes to California Code of Regulations, Title 16, sections 1387 and 1387.1, relating to the Supervision Agreement (SA), the Verification of Experience (VOE), and the responsibilities of the primary supervisor, took effect on Oct. 1, 2017. There has been some confusion regarding the new requirements on the submission of VOE and SA forms. Here is some information to provide clarity:

New applicants (no application for a license as a psychologist on file):
Upon completion of the supervised professional experience (SPE), as outlined in the SA, the primary supervisor is required to:

- Provide both the signed original SA and VOE forms to the trainee in a sealed envelope, signed across the seal by the supervisor. If a trainee has more than one supervisor, separate SA and VOE forms will need to be submitted for each supervisor.

Once the trainee receives the sealed envelope, they must keep the sealed envelope until ready to apply for licensure as a psychologist. The trainee is required to:

- Include the sealed envelope and the application for licensure as a psychologist in the same envelope to be mailed to the Board of Psychology (board). The trainee's return address must appear on the mailing envelope. If the application is completed online using BreEZe, the receipt of payment should be printed and included as a copy along with the application and the VOE.

Applicants with an existing application for a psychologist license on file:
Upon completion of SPE as outlined in the SA, the primary supervisor is required to:

- Provide the signed *original* SA and/or VOE forms to the supervisee in a sealed envelope, signed across the seal by the supervisor. If the SA has been previously submitted to the board, then only the VOE is required.

Once the supervisee receives the sealed envelope, they are required to:

- Put the sealed envelope in a separate envelope to be mailed to the board. The supervisee's return address must appear on the mailing envelope.

VOE and SA forms will be mailed back to the primary supervisor for any of the following reasons:

- The VOE form(s) and/or SA form was not submitted by the applicant in a sealed envelope, signed across the seal by the supervisor, or if it appears that the seal was broken.

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Submission of Verification of Experience and Supervision Agreement Forms (continued from page 8)

- The VOE form(s) and/or SA form was not submitted with an application or an application for licensure as a psychologist is not already on file with the board.
- The VOE form(s) and/or SA form was submitted to the board by the supervisor.

Please remember that SPE will not count toward the licensure requirements if:

- Any hours were worked prior to the completion of the SA.
- SPE is not consistent with the terms of the SA.
- The supervisee did not demonstrate an overall performance at or above the expected level of competence.

For more information about the submission of VOE and SA forms, visit the board's website at www.psychology.ca.gov or send an email to BopLicensing@dca.ca.gov.

Legislative and Regulatory Update

More information can be found at http://leginfo.legislature.ca.gov.

Regulatory

Here are the Board of Psychology's (board's) pending regulatory changes and their status in the formal rulemaking process.

Title 16, California Code of Regulations (CCR) sections 1391.1, 1391.2, 1391.5, 1391.6, 1391.8, 1391.10, 1391.11, 1391.12, 1392.1 – Psychological Assistants

Status: Initial review phase. This phase includes reviews by the Department of Consumer Affairs and the Business, Consumer Services and Housing Agency before a formal Notice of Public Hearing with the Office of Administrative Law.

This regulatory package does the following:

Conforms CCR to statutory changes to Business and Professions Code section 2913 that require psychological assistants to obtain a single registration with the board, to be renewed annually. This registration will be independent from their supervisor(s) or employer(s), but does not remove the requirement that psychological assistants practice only under supervision. Additionally, the proposed regulatory language removes duplication as to who pays the psychological assistant registration fee, as this is already specified in statute.

Title 16, CCR section 1396.8 – Standards of Practice for Telehealth

Status: Initial review phase. This phase includes reviews by the Department of Consumer Affairs and the Business, Consumer Services and Housing Agency before a formal Notice of Public Hearing with the Office of Administrative Law.

This regulatory package does the following:

Establishes standards of practice for the delivery of psychological health services via telehealth to an originating site in this state, to a patient or client who is a resident of California temporarily located outside of this state, and to clients or patients who initiate psychological health care services while in this state but who may not be a resident of this state. These standards would apply to licensed California psychologists and psychology trainees.

Legislative Update

Sponsored Legislation

Legislative Proposal

The board is seeking legislative amendments to the Business and Professions Code sections 337 and 728 to modify the statutorily required revision process and the types of information mandated in the *Professional Therapy Never Includes Sex* booklet. More information on this update will be available as the legislative session progresses.

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Legislative and Regulatory Update (continued from page 9)

Legislator Profile

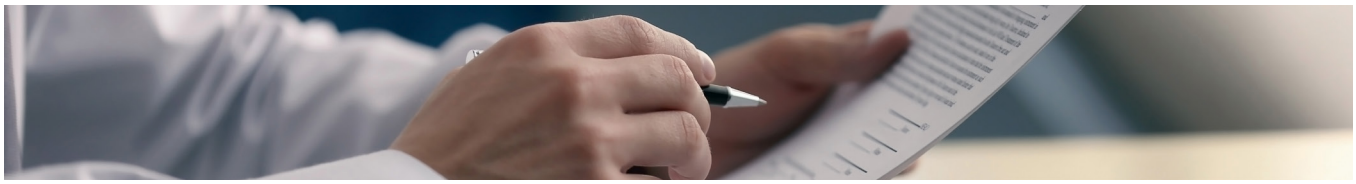
Adrin Nazarian was elected in November 2012 to represent California's 46th Assembly District, which includes the Hollywood Hills, Lake Balboa, North Hills, North Hollywood, Panorama City, Sherman Oaks, Studio City, Toluca Lake, Valley Glen, Universal City, Van Nuys, and Valley Village.

Since his election, Adrin has passionately advocated for increased mass transit in the San Fernando Valley, smarter management of vital water resources through infrastructure improvements, protection and expansion of the film industry, and much-needed earthquake preparedness.

In 2017, Assembly Member Nazarian authored and passed Assembly Bill 1188 in partnership with the board. California and the rest of the nation suffer from shortages of mental health providers. The maldistribution of existing providers compounds the issue, particularly for federally designated, medically underserved areas.

The goal of AB 1188 is to increase the number of mental health professionals working in medically underserved areas by increasing the funding available for loan reimbursement for psychologists, licensed marriage and family therapists, and licensed clinical social workers, as well as by adding licensed professional clinical counselors (LPCCs) and LPCCs interns to the definition of "licensed mental health service provider" so they may qualify for the Licensed Mental Health Services Provider Education Program.

The board advocated for AB 1188 as part of its campaign to increase access to mental health care in California. For more on AB 1188, see the board's legislative advisory at http://www.psychology.ca.gov/laws_regs/ab1188.shtml.



Administrative Citations:

Oct. 1 to Dec. 31, 2017

Elham E. Zarrabian
Unlicensed, Los Angeles

On Oct. 24, 2017, a citation containing an order of abatement and fine in the amount of $2,000 was issued to Elham E. Zarrabian for engaging in the unlicensed practice of psychology and for making false and misleading statements to the public by misrepresenting herself as a psychologist.

Thomas H. Dozier
Unlicensed, Livermore, Calif.

On Dec. 22, 2017, a citation containing an order of abatement and fine in the amount of $2,500 was issued to Thomas H. Dozier for engaging in the unlicensed practice of psychology.

Disciplinary Actions:

Oct. 1 to Dec. 31, 2017

REVOCATION

Penny J. McClellan, Ph.D.
Psychologist License No. PSY 11801, San Diego

A decision and order to revoke Dr. McClellan's license was issued for physical or mental illness impairing her ability to practice psychology safely. The order took effect on Oct. 21, 2017.

Jessica Robinson, Ph.D.
Psychologist License No. PSY 18805, San Francisco

Dr. Robinson's license was revoked after a default decision was entered following the filing of a petition to revoke probation alleging she failed to comply with the terms and conditions of a March 17, 2017 order placing her license on probation for five years. The order took effect Nov. 1, 2017.

(continued on page 11)

Disciplinary Actions (continued from page 10)

Peter Charles Solon, Ph.D.
Psychologist License No. PSY 11038, Boulder, Colo.

Dr. Solon's license was revoked after a default decision was entered following the filing of an accusation based upon disciplinary action taken against his Colorado psychologist license by the Colorado Board of Psychologist Examiners, dishonesty in renewing his 2015 California psychologist license by failing to report that he had suffered a 2013 conviction in Colorado for trespassing, substantially related convictions in 2013 for trespassing and 2016 for harassment, and failure to report his discipline and convictions to the California Board of Psychology within 30 days. The order took effect Dec. 13, 2017.

James D. Medina, Ph.D.
Psychologist License No. PSY 15327, Northridge, Calif.

A decision and order to revoke Dr. Medina's license was issued for developing and maintaining an inappropriate personal and social relationship with a patient, engaging in a form of sexual contact with her, continuing with the same treatment modalities without attempting to bring in more therapeutic support services or seek professional consultation following her repeated hospitalizations for suicidal ideation or attempts, failing to obtain informed consent for treatment, and failing to create therapy notes for more than two years' treatment. The order took effect Dec. 15, 2017.

Sookyung Chang, Ph.D.
Psychologist License No. PSY 9462, Los Angeles

A decision and order to revoke Dr. Chang's license was issued for an inappropriate multiple relationship with a former client resulting in exploitation of him by her; engaging in dishonest, corrupt, or fraudulent behavior in her financial dealings with him by asking for or accepting substantial loans that she never fully paid back and asking him to purchase her home and allow her to live there without paying rent; and for failing to protect patient records and testing materials, thereby compromising patient confidentiality. The order took effect Dec. 29, 2017.

SURRENDER

Kenneth A. Breslin, Ph.D.
Psychologist License No. PSY 7177, Orinda, Calif.

Dr. Breslin stipulated to the surrender of his license after an accusation was filed alleging that he was arrested for the possession of child pornography. The order took effect Oct. 18, 2017.

Karen Ruth Hobbs, Ph.D.
Psychologist License No. PSY 8541, Berkeley, Calif.

Dr. Hobbs stipulated to the surrender of her license after an accusation was filed alleging that although she was not the court-appointed child custody evaluator, she provided a sworn declaration that included her opinions and conclusions regarding the father's personal and domestic deficiencies, negative behaviors, and personality traits, as well as her endorsement of the mother with whom she was engaged in a personal and business relationship, even though she had only briefly met the father socially and had never conducted an interview or performed an evaluation of him. In addition, she recommended he be required to undergo psychiatric, neurological, and substance abuse evaluations, including a drug test, and that treatment be provided to the mother as a victim of spousal abuse and she be allowed to move to another state with the minor child. The order took effect Dec. 30, 2017.

PROBATION

Maria Magdalena Spitz, Ph.D.
Psychologist License No. PSY 29687, San Clemente, Calif.

Dr. Spitz's license was issued and placed on probation for four years, and is subject to its revocation if she fails to comply with the terms and conditions of probation, based upon discipline taken by the New York State Education Department against her New York psychologist license following a 2008 felony conviction for making a false statement to a Special Agent of the Department of Justice, Office of the Inspector General, that she had not had a sexual relationship with an inmate. The order took effect Nov. 23, 2017.

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Michael Erickson, Ph.D.

Seyron Foo

Jacqueline Horn, Ph.D.

Meeting Calendar

Board Meetings

May 10–11	Los Angeles
August 16–17	Berkeley
November 15–16	San Diego

Licensing Committee Meetings

April 24	Sacramento
October 8	Sacramento

Outreach and Education Committee Meetings

April 6	Sacramento
December 11	Sacramento

Policy and Advocacy Committee Meetings

April 19	Sacramento
June 21	Sacramento

18-042

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215
Sacramento, CA 95834
Email: bopmail@dca.ca.gov
Website: www.psychology.ca.gov
Phone: (916) 574-7720
Toll-Free: (866) 503-3221
Fax: (916) 574-8672