



MEMORANDUM

DATE	April 16, 2015
TO	Policy and Advocacy Committee
FROM	Signature on file Jonathan Burke Administrative Services Coordinator
SUBJECT	AB 2198 (Levine) – Suicide Prevention – Update

Background:

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

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

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

Action Requested:

This item is informational and no action is requested.

Attachment A is Governor Brown's Veto Message.

Attachment B is the compilation of all the responses received by 4/10/15.

Attachment C is a Memo dated March 5, 2015 from Antonette Sorrick, Executive Officer (EO), Board of Psychology to Justin Paddock, Assistant Deputy Director (ADD), DCA,

Attachment D is Memo dated April 1, 2015 from Antonette Sorrick, EO, Board of Psychology to Justin Paddock, ADD, DCA.



OFFICE OF THE GOVERNOR

SEP 18 2014

To the Members of the California State Assembly:

I am returning Assembly Bill 2198 without my signature.

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

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

Sincerely,

Signature on file

Edmund G. Brown Jr.

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

Required Courses in Degree Covering Topic	Units or Hours Courses Spend on Topic	Topic Areas Covered
University of California, Berkeley Ph.D. in Clinical Science, Department of Psychology		
Introduction 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 orientation and throughout their training during supevsnip.
Psychopathology II		
Assessment I, II and III		
Case Conference (2 year sequence)		
Ethics		
Intervention Courses (Brief, CBT, Psychodynamic, etc.)		
Biological Bases of Behavior		
Supervision and Consultation		
Several of the Elective Courses		



MEMORANDUM

DATE March 5, 2015

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

FROM Signature on file
Antonette Sorrick
Executive Officer

SUBJECT **Suicide Prevention Update**

Background:

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

Survey of Internship Centers, Clinics, and Degree Programs:

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

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

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

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

Psychologist Training in Suicide Prevention

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

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

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

Potential Action Areas

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

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

- **Assessment of resources at the county mental health care level to determine if there is an adequate level of support for suicidal individuals. Consider seeking additional funding to adequately staff county mental health facilities.**
- **Increase public awareness through various media campaigns in an effort to reduce the stigma of seeking mental health services and to identify available local resources.**



MEMORANDUM

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

Update:

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

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

Examinations:

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

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

Continuing Education (CE):

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

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

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

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

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