

BOARD OF PSYCHOLOGY – Continuing Education/Renewals 1625 N. Market Blvd., N-215, Sacramento, CA 95834 P (916) 574-7720 F (916) 574-8671 www.psychology.ca.gov



MEMORANDUM

DATE	October 28, 2015					
то	Board Members					
FROM	Jacquelin Everhart CE/Renewals Coordinator					
SUBJECT	Agenda Item 12(h) (Outreach and Education Committee): Outreach to Encourage Continuing Education Courses in Geriatric Pharmacology, Psychopharmacology, and Biological Basis of Behavior Courses Pursuant to Business and Professions Code Sections 2914.1 and 2914.2					

Background:

Pursuant to Business and Professions Code Sections 2914.1 – 2914.2, the Board of Psychology (Board) shall encourage continuing education (CE) courses in geriatric pharmacology, psychopharmacology, and biological basis of behavior.

Attachments:

- A. Business and Professions Code §§ 2914.1 2914.3
- B. "Can California Psychologists Prescribe"
- C. "Training Guidelines"
- D. Notes on Psychopharmacology and Geriatric Pharmacology
- E. Courses in Psychopharmacology, Geriatric Pharmacology & Biological Basis of Behavior

Action Requested:

The Outreach and Education Committee voted to make a recommendation to the full Board to send an updated letter to graduate training programs encouraging them to include in their biobehavioral curriculum, education and training in psychopharmacology coursework and related topics including pharmacology and clinical pharmacology.

BUSINESS AND PROFESSIONS CODE

§ 2914.1. Recommended courses in geriatric pharmacology

The board shall encourage every licensed psychologist to take a continuing education course in geriatric pharmacology as a part of his or her continuing education,

Added Stats 1990 ch 1539 § 3 (SB 2827).

§ 2914.2. Psychopharmacology and biological basis of behavior

The board shall encourage licensed psychologists to take continuing education courses in psychopharmacology and biological basis of behavior as part of their continuing education.

Added Stats 1998 ch 822 § 1 (SB 983).

§ 2914.3. Guidelines for training

(a) The board shall encourage institutions that offer a doctorate degree program in psychology to include in their biobehavioral curriculum, education and training in psychopharmacology and related topics including pharmacol-

ogy and clinical pharmacology.

- (b) The board shall develop guidelines for the basic education and training of psychologists whose practices include patients with medical conditions and patients with mental and emotional disorders, who may require psychopharmacological treatment and whose management may require collaboration with physicians and other licensed prescribers. In developing these guidelines for training, the board shall consider, but not be limited to, all of the following:
- (1) The American Psychological Association's guidelines for training in the biological bases of mental and emotional disorders.
- (2) The necessary educational foundation for understanding the biochemical and physiological bases for mental disorders.
- (3) Evaluation of the response to psychotropic compounds, including the effects and side effects,
- (4) Competent basic practical and theoretical knowledge of neuroanatomy, neurochemistry, and neurophysiology relevant to research and clinical practice.
 - (5) Knowledge of the biological bases of psychopharmacology.
- (6) The locus of action of psychoactive substances and mechanisms by which these substances affect brain function and other systems of the body.
- (7) Knowledge of the psychopharmacology of classes of drugs commonly used to treat mental disorders.
- (8) Drugs that are commonly abused that may or may not have therapeutic uses.
- (9) Education of patients and significant support persons in the risks, benefits, and treatment alternatives to medication.
- (10) Appropriate collaboration or consultation with physicians or other prescribers to include the assessment of the need for additional treatment that may include medication or other medical evaluation and treatment and the patient's mental capacity to consent to additional treatment to enhance both the physical and the mental status of the persons being treated.

(11) Knowledge of signs that warrant consideration for referral to a physician.

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(c) This section is intended to provide for training of clinical psychologists to improve the ability of clinical psychologists to collaborate with physicians. It is not intended to provide for training psychologists to prescribe medication. Nothing in this section is intended to expand the scope of licensure of psychologists.

Added Stats 1998 ch 822 § 2 (SB 983).

§ 2915. Continuing education requirements; Practice outside fields of competence

(a) Except as provided in this section, on or after January 1, 1996, the board shall not issue any renewal license unless the applicant submits proof that he or she has completed no less than 18 hours of approved continuing education in the preceding year. On or after January 1, 1997, except as provided in this section, the board shall issue renewal licenses only to those applicants who have completed 36 hours of approved continuing education in the preceding two years.

(b) Each person renewing his or her license issued pursuant to this chapter shall submit proof of compliance with this section to the board. False statements submitted pursuant to this section shall be a violation of Section 2970.

(c) A person applying for relicensure or for reinstatement to an active license status shall certify under penalty of perjury that he or she is in compliance with this section.

(d)(1) The continuing education requirement shall include, but shall not be limited to, courses required pursuant to Sections 25 and 28. The requirement may include courses pursuant to Sections 32 and 2914.1.

(2)(A) The board shall require a licensed psychologist who began graduate study prior to January 1, 2004, to take a continuing education course during his or her first renewal period after the operative date of this section in spousal or partner abuse assessment, detection, and intervention strategies, including community resources, cultural factors, and same gender abuse dynamics. Equivalent courses in spousal or partner abuse assessment, detection, and intervention strategies taken prior to the operative date of this section or proof of equivalent teaching or practice experience may be submitted to the board and at its discretion, may be accepted in satisfaction of this requirement.

(B) Continuing education courses taken pursuant to this paragraph shall be applied to the 36 hours of approved continuing education required under subdivision (a).

(C) A licensed psychologist whose practice does not include the direct provision of mental health services may apply to the board for an exemption from the requirements of this paragraph.

(3) Continuing education instruction approved to meet the requirements of this section shall be completed within the State of California, or shall be approved for continuing education credit by the American Psychological Association or its equivalent as approved by the board.

(e) The board may establish a policy for exceptions from the continuing education requirement of this section,

(f) The board may recognize continuing education courses that have been approved by one or more private nonprofit organizations that have at least 10

60



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California psychologists cannot legally prescribe medication. This prohibition is established in Section 2904 of the California Business and Professions Code.

Often, consumers seeking mental health services are taking medications or suffering from conditions that could be treated very successfully by medications prescribed by a physician. Psychologists are often the first mental health care providers assessing and treating such consumers, Indeed, many psychologists have extensive training and experience in the applications of medications. Psychologists may discuss medications with a patient. A psychologist may suggest to a physician a particular medication to be prescribed by a physician. However, the ultimate decision as to whether a patient should receive medication lies solely with the physician. A psychologist may engage in a collegial discussion with a patient's physician regarding the appropriateness of a medication for the condition being treated. A psychologist has primary responsibility to monitor the patient's progress in psychotherapy which includes assisting in monitoring the changes which may be attributable to the medication in the patient. Psychologists should maintain a close consultative relationship with physician care givers in order to assure appropriate overall treatment of the patient.

There are many psychological conditions which manifest themselves in physical symptoms. There are physical problems which have psychological symptoms as well. The best interests of the patient demand that psychologists work closely with primary care physicians and psychiatrists who are prescribing medications to the patient of the psychologist, While a psychologist's responsibility can include involvement in limited aspects of a patient's medications, the patient's physician is the only person who may lawfully prescribe the medication for the patient.

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Training Guidelines

In 1998, Senate Bill 983 (Polanco) was signed into California law. One of the provisions of this bill added section 2914.3(b) to the Business and Professions Code. This section of law requires the Board of Psychology to "...develop guidelines for the basic education and training of psychologists whose practices include patients with medical conditions and patients with mental and emotional disorders who may require psychopharmacological treatment and whose management may require collaboration with physicians and other licensed prescribers."

In compliance with the requirements of this statute, the board hereby adopts the following guidelines:

A program of didactic courses to prepare psychologists mentioned in section 2914.3(a) of the Business and Professions Code should be an organized program of instruction. The program should have appropriate faculty and facilities for the didactic training and should be from a regionally accredited institution of higher learning. Finally, the program should include, at a minimum, one course from each of the following core content areas:

- I. Neurosciences
- II. Pharmacology and Psychopharmacology
- III. Physiology and Pathophysiology
- iV. Physical and Laboratory Assessment
- V. Clinical Pharmacotherapeutics

While suggesting coursework to meet basic educational academic requirements, we recognize that: training in collaborative consultation with physicians, including indicators for referral; educational consultation with patients and families, including information on drugs that are commonly abused and potential therapeutic uses; risks, benefits and treatment alternatives to medication, and indications for physician referral are an implicit part of the practice of psychology.

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Psychopharmacology and Geriatric Pharmacology

- According to the American Society of Clinical Psychopharmacology, the term psychopharmacology is defined as "the study of the use of medications in treating mental disorders." It is important for psychologists to take a continuing education course on psychopharmacology as it relates to the delivery of psychological services through the professional relationship between psychiatrists and psychologists.
- It is important for psychologists to take a course on geriatric pharmacology because older adults may have specific illnesses that would not benefit from certain types of medication.
- Medications may have more risks than benefits for adults 65 and older (http://www.healthinaging.org/medications-older-adults/).
- A diagnosis from a psychologist impacts the type of medication the patient is prescribed. Understanding the effects, side effects and benefits of the various medications can assist the psychologist in properly assessing his or her patient.
- The American Geriatrics Society (AGS) created the AGS Beers Criteria to provide safe ways to prescribe medications to older adults. According to its website:
 - "As you get older, your body changes. These changes can increase the chances that you'll have side effects when you take medications. Older people often have more health problems and take more medications than younger people. Because of this, older adults are more likely to experience harmful interactions between different medications. In fact, one in six adults age 65 or older will likely have one or more harmful reactions to a medication or medications. This is why it's important to identify and help reduce the use of medications that are associated with more risks than benefits in older people" (http://www.healthinaging.org/medications-older-adults/).

Continuing Education in Psychopharmacology: Strengthening the Work Relationship between Psychologists and Psychiatrists

By Jacquelin Everhart, Continuing Education and Renewals Coordinator, Board of Psychology

The Board of Psychology (Board) recognizes the importance of psychopharmacology as it relates to the practice of psychology. Psychiatry and psychology professionals often work together in order to provide consumers with the utmost care. The Board encourages licensed psychologists to take continuing education courses in the areas of geriatric pharmacology, psychopharmacology and

biological basis of behavior to reinforce the delivery of exceptional patient care. Please keep in mind that in order for continuing education units to meet the Board's requirements, they will need to be approved by the American Psychological Association (APA), the California Psychological Association (CPA), The California Medical Association, or the Accreditation Council for Continuing Medical Education (ACCME), and be no less than one hour in duration.

The Board also encourages educational institutions offering doctorate degree programs to provide education and training in psychopharmacology, pharmacology and clinical pharmacology. The inclusion of these topics can further support the future collaborations between psychologists and psychiatrists. It can also highlight the significance that the study of the use of medications in treating mental disorders has on the practice of psychology.

Courses in Psychopharmacology, Geriatric Pharmacology & Biological Basis of Behavior

(from October 2014 - October 2015)

Provider	Offered Psychopharmacology?	Offered Geriatric Pharmacology?	Offered Biological Basis of Behavior?	Psychopharmacology Participants	Geriatric Pharmacology Participants	Biological Basis of Behavior Participants	Total Participants
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^{*&}quot;Participants" refers to licensed psychologists in California