

1 **BOARD MEETING** 2 State Capitol, Room 112 3 Sacramento, CA 95814 4 (916) 324-0333 5 6 Thursday, February 15, 2018 7 Stephen Phillips, JD, PsyD, Board President, called the open session meeting to order 8 at 9:06 a.m. A quorum was present and due notice had been sent to all interested 9 10 parties. 11 12 **Members Present** 13 Stephen Phillips, JD, PsyD, President 14 Nicole J. Jones, Vice-President 15 Lucille Acquaye-Baddoo 16 Sheryll Casuga, PsyD 17 Michael Erickson, PhD 18 Seyron Foo 19 Jacqueline Horn, PhD 20 21 Others Present 22 Antonette Sorrick, Executive Officer 23 Norine Marks, DCA Legal Counsel 24 Sandra Monterrubio, Enforcement Program Manager 25 Cherise Burns, Central Services Manager 26 Stephanie Cheung, Licensing Manager 27 Jason Glasspiegel, Central Services Coordinator 28 Natasha Lim, BreEZe and Licensing Coordinator Liezel McCockran, Continuing Education and Renewals Coordinator 29 30 Curtis Gardner, Probation Coordinator 31 32 Agenda Item #2: President's Welcome 33 34

Dr. Phillips welcomed the attendees to the Board's quarterly meeting and read the Board's mission statement. Dr. Phillips stated that because of the Board's movement towards a paper-light system, Board members would be viewing the meeting packets using their laptops instead of paper copies.

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Agenda Item #5: Budget Report

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Mr. Mark Ito provided a detailed explanation of each attachment in the budget report for the Board. Mr. Foo asked for the guidelines of the loan repayment plan. Mr. Ito stated that we look at the months in reserve and that it depends on the projected fund balance which is assessed yearly. Ms. Jones asked if the Board anticipates requesting more budget change proposals (BCPs). Mr. Ito explained that with previous BCPs, the Board did not have to request additional funds; however, moving forward, if the Board requests additional BCPs, then the Board would have to request the funding as well. Ms. Sorrick

reiterated that we did not request additional funds for the Manager position and three Licensing positions. She stated that there is an increase of complaints in Enforcement but Board staff has acquired a limited term Associate Governmental Program Analyst (AGPA) to help manage the workload. If complaints continue in an upward trend, that may be the next BCP the Board seeks. Dr. Phillips asked what the primary source of revenue is for the Board of Psychology. Mr. Ito stated that without looking at the budget line items, it is safe to say that most of the revenue comes from licensing fees.

Agenda item #3: Public Comment for Items not on the Agenda. Note: The Board May Not Discuss or Take Action on Any Matter Raised During this Public Comment Section, Except to Decide Whether to Place the Matter on the Agenda of a Future Meeting [Government Code sections 11125 and 11125.7(a)]

Dr. Phillips explained that public comment is the opportunity for members of the public to make comments on items not on the agenda. He reminded the Board that they could not discuss or take action on any of the comments received.

No public comment was received.

Agenda Item #4: Approval of Board Meeting Minutes: November 16-17, 2018

Dr. Horn and Dr. Phillips provided changes to staff.

It was M(Horn)/S(Erickson)/C to approve the minutes as modified.

Vote: 7 aye (Acquaye-Baddoo, Casuga, Erickson, Foo, Horn, Jones, Phillips), 0 no

Agenda Item #8: Petition for Early Termination of Probation - David Jimenez, PhD

Administrative Law Judge Marcy Larson presided. Deputy Attorney General Jannson Tan was present and represented the People of the State of California. David Jimenez, PhD, was present and represented himself.

Agenda Item #9: Petition for Early Termination of Probation Kenneth Kaisch, PhD

Administrative Law Judge Marcy Larson presided. Deputy Attorney General Jannson Tan was present and represented the People of the State of California. Kenneth Kaisch, PhD, was present and represented himself.

<u>Agenda Item #10: Petition for Early Termination of Probation – Christopher Sanders, PhD</u>

- Administrative Law Judge Marcy Larson presided. Deputy Attorney General Jannson Tan was present and represented the People of the State of California. Christopher
- 93 Sanders, PhD, was present and was represented by Jonathan Turner, JD.

94 95 Agenda Item #11: Closed Session 96 97 The Board met in closed session pursuant to Government Code Section 11126(c)(3) to 98 discuss disciplinary matters including the above petition, petitions for reconsideration, 99 stipulations, and proposed decisions. 100 101 Friday, February 16, 2018 102 103 Stephen Phillips, JD, PsyD, Board President, called the open session meeting to order at 9:13 a.m. A quorum was present and due notice had been sent to all interested 104 105 parties. 106 107 **Members Present** Stephen Phillips, JD, PsyD, President 108 109 Nicole J. Jones, Vice-President 110 Lucille Acquaye-Baddoo 111 Sheryll Casuga, PsyD Michael Erickson, PhD 112 113 Sevron Foo 114 Jacqueline Horn, PhD 115 116 Others Present 117 Antonette Sorrick, Executive Officer 118 Norine Marks, DCA Legal Counsel 119 Sandra Monterrubio, Enforcement Program Manager 120 Cherise Burns, Central Services Manager 121 Stephanie Cheung, Licensing Manager 122 Jason Glasspiegel, Central Services Coordinator Natasha Lim, BreEZe and Licensing Coordinator 123 124 Liezel McCockran, Continuing Education and Renewals Coordinator 125 126 Agenda Item #12: Public Comment for Items not on the Agenda, Note: The Board May Not Discuss or Take Action on Any Matter Raised During this Public 127 Comment Section, Except to Decide Whether to Place the Matter on the Agenda 128 of a Future Meeting [Government Code sections 11125 and 11125.7(a)] 129 130 131 Dr. Phillips expressed his gratitude to the Senate Business and Professions Committee, 132 especially Senator Jerry Hill and Sarah Huchel, for letting the Board use the room at the State Capitol. Dr. Phillips explained that public comment is the opportunity for members 133 of the public to make comments on items not on the agenda. He reminded the Board 134 that they could not discuss or take action on any of the comments received. 135 136 137 Catherine Campbell, California Protective Parents Association, asked the Board what they are doing for the "Me Too" movement and what training psychologists are required 138 to take beyond the Professional Therapy Never Includes Sex brochure. 139

Kathleen Russell, Center for Judicial Excellence, talked about the harm that children experience by being forced to live with abusive parents. She also asked for the Board to agendize a discussion of the DCA *Complaint Prioritization Guidelines* and what the Board is doing to implement them. She also asked about the prioritization for complaints that are filed against licensees with multiple similar complaints.

Kimberly Sweidy, member of the public, asked that psychologists remove themselves from the legal community because she believes they are doing more harm.

Agenda Item #6: Executive Officer's Report

Ms. Sorrick provided the Board with a staff update. She stated that the Enforcement Technician promoted to a Staff Services Analyst in the Licensing Unit. Ms. Sorrick stated that there are currently 23.3 positions at the Board and there are four vacancies. She also stated that staff has already started conversations with the Budget Office to make the limited term Enforcement Analyst a permanent position due to the upward trend in complaints the Board has received.

Agenda Item #7: DCA Executive Update

Christopher Castrillo, Deputy Director of Board and Bureau Services, and Karen Nelson, Assistant Deputy Director, provided the Board with an executive update. Ms. Nelson recently joined DCA's executive team, so she provided the Board a brief introduction of herself. Ms. Nelson stated that the participants in the first ever Future Leadership Program will be graduating March 7, 2018. Mr. Castrillo spoke about having an open dialogue with all boards and bureaus and that his team is currently working on having work groups with boards and bureaus.

Agenda Item # 13: Enforcement Report

 Ms. Monterrubio provided the Board with an overview of Enforcement activity. She stated that the Department of Consumer Affairs (DCA) and BreEZe Data Governance staff decided to combine Q1 and Q2 data; therefore, the Performance Measures will be reported at the upcoming May Board Meeting. Ms. Monterrubio also stated that the Enforcement Unit is actively looking to recruit three vacancies; an Enforcement Technician, AGPA, and a Special Investigator. She stated that the next Expert Training will be held in Oakland in April, and experts must physically attend the training. Ms. Monterrubio provided the Board with Enforcement Unit statistics: there were 643 complaints received, the Board has issued 27 enforcement citations, 32 cases have been referred to the Office of the Attorney General, and staff is currently monitoring 50 probationers.

Catherine Campbell, California Protective Parents Association, expressed to the Board her concern about complaints against psychologists, specifically for psychologists in family courts. Ms. Campbell expressed that children are living with their abusers while waiting for these complaints to be processed.

Ms. Monterrubio stated that most of our cases are reviewed by subject matter experts who determine if psychologists have acted outside the standard of care.

Kathleen Russell, Center for Judicial Excellence, asked the Board what prioritization guidelines are being used and what that entails.

Ms. Monterrubio stated that when Board staff receive multiple complaints against an individual, Board staff will expedite the complaints and ask the Division of Investigation to work those cases together and faster if possible.

Kimberly Sweidy, member of the public, expressed to the Board her concern about the training of expert reviewers. Ms. Sweidy also stated that there is a disconnect between what the Board is doing and what the public believes the Board is doing.

Ms. Jones mentioned that it would be helpful to have a legend to explain some of the items on the Enforcement Report and that it would also be helpful to see the percentage change on this data for the last five years.

Mr. Foo clarified that it does not cost money to file a complaint, the Board does not charge the consumer for filing a complaint.

Agenda Item #14: Enforcement Committee Report and Consideration of Committee Recommendations

- a) Amendments to 16 CCR Section 1395.2 Disciplinary Guidelines
- b) Propose Amendments to Complaint form
- 214 c) Proposed Amendments to Case Acknowledgement and Closure Letters 215

Dr. Phillips stated that the above items have been continued from the agenda until after the next Enforcement Meeting.

Ms. Acquaye-Baddoo stated that every complaint is taken seriously and is thoroughly investigated. She also stated that the Enforcement Committee is currently working on the Disciplinary Guidelines and apologized for the length of time the review is taking.

Catherine Campbell, California Protective Parents Association, stated that she appreciated the Board for reviewing these but wasn't sure if these changes were open for public review. She also expressed her concern regarding the fact that a person who has had his or her psychology license revoked could reapply and get a license again. She stated that some people should not be able to get a license again, specifically those who have put children in danger.

Ms. Sorrick explained to the Board the process of changing the Disciplinary Guidelines. She explained that once the Committee provides a draft, it will be brought to the Board for approval. Once approved, it will go through the regulatory process which can take six to eight months. Ms. Sorrick stated that during the process there will be several opportunities for the Board and public to be involved in the draft language.

Discussion ensued regarding the reasoning as to why the Enforcement Committee is not open to the public. It was stated that it is a unique committee due to the confidential nature of the issues discussed at these meetings. Discussion of using a stakeholder process, like the one used for Pathways to Licensure, for the Disciplinary Guidelines was discussed as a way to increase transparency of this process.

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Agenda Item #16: Licensing Report

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Ms. Cheung provided a review of the Licensing Report. She provided the Board with application processing times and stated that Board staff is working hard on closing the gap that occurred due to losing staff last year.

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Agenda Item #17: Continuing Education and Renewals Report

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Ms. McCockran provided the Board with a review of the Continuing Education and Renewals Report. She stated that there is no longer a Citations backlog and CE audits have resumed for May and June 2016. She stated that an average of 327 psychologists were processed per month in the last 13 months. Ms. McCockran noted that the number of psychologists renewing online was rising every month.

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Dr. Jo Linder-Crow, Executive Officer for the California Psychological Association, asked how long will it be until we are caught up with CE audits to 2017. Ms. McCockran stated she anticipates being caught up to 2017 by end of summer.

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<u>Agenda Item #18: Licensing Committee Report and Consideration of Committee</u> Recommendations

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a) Pathways to Licensure:

264 265 1) Proposed Amendments to Business and Professions Code: §§ 25, 28, & 2915.5 (Training in Human Sexuality, Child, Elder, and Dependent Adult Abuse Assessment and Reporting, and Aging and Long-term Care);

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- § 27 (Disclosure of Information);
- § 2903 (Licensure Requirements);
- §§ 2909, 2909.5, 2910, & 2911 (Exemptions);
- § 2913 (Psychological Assistant);
- § 2914 (Applicant's Requirement);
- § 2915 (Continuing Professional Development);
- §§ 29 & 2915.7 (Continuing Education: Chemical Dependency and Alcoholism and Aging and Long-term Care)
- §§ 2940 & 2941 (Application and Examination Fees);
- §§ 2942, 2943, & 2944 (Examination Time and Subjects);
- § 2946 (Reciprocity and Temporary Practice);
- § 2948 (Issuance of License); and
 § 2960 (Grounds for Disciplinary Action)

- 2) Proposed Amendments to Title 16 of the California Code of Regulations:
- 283 § 1380.3 (Definitions);

 §§ 1381, 1381.1, & 1381.2 (Applications);
 § 1381.4 (Failure to Appear for an Examination);
 § 1381.5 (Failure to Pay Initial License Fee);
 § 1381.6 (Permit Processing Times);
 §§ 1382, 1382.3, 1382.4, 1382.5, & 1382.6 (Pre-licensing Courses);
 § 1386 (Evaluation of Education);
 § 1387 (Supervised Professional Experience);
 §§ 1387.1 & 1387.2 (Qualifications of Primary and Delegated
Supervisors);
 § 1387.3 (Non-Mental Health Services);
 § 1387.4 (Out-of-State Experience);
• § 1387.5 (SPE Log);
 §§ 1388, 1388.6, 1389, & 1389.1 (Examinations-
<u>Waiver/Reconsideration);</u>
 §§ 1387.7, 1390, 1390.1, 1390.2, & 1390.3 (Registered
Psychologists);
 §§ 1387.6, 1391, 1391.1, 1391.2, 1391.3, 1391.4, 1391.5, 1391.6,
1391.7, 1391.8, 1391.10, 1391.11, & 1391.12 (Psychological
Assistants);
 § 1392.1 (Psychological Assistant Fees); and
 § 1397.71 (CE Provider Status)
Ms. Sorrick stated that at the last Licensing Committee Meeting, the Committee looked
at changing the Pathways to Licensure. There are currently four pathways to licensure.
and Board staff recommended a single pathway that would require all trainees to
register as psychological assistants with the Board to accrue their supervised
professional experience. The Committee decided more data was needed before a
decision could be made. Board staff recommended sending out a survey to schools,
consumer groups, government agencies and Board staff for data.
Dr. Elizabeth Winkelman, California Psychological Association (CPA), asked if feedback
from Registered Psychologists and their supervisors was being included. Ms. Cheung
confirmed that Registered Psychologists and their supervisors are on the list to receive
the survey.
Dr. Melodie Shaeffer, CPA and CAPIC, asked that the surveys be sent out to CAPIC
sites. Ms. Cheung confirmed that CAPIC sites are on the list to receive the survey.
Dr. Marilyn Immoos, California Department of Corrections (CDCR), asked the Board if
interns and trainees will be getting the surveys or is it primarily training directors? Dr.
Horn confirmed that both trainees and training directors will be receiving the survey.
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Ms. Sorrick stated that anyone who would like to receive the survey, can email the
Board at BOPLicensing@dca.ca.gov with their name and contact information.

Discussion ensued regarding the survey. The survey is a modified Likert scale, asking open-ended questions. An example of a question on the survey is "How do you think the

proposal will impact you?" The Board asked for a report on the organizations receiving the survey, total number of recipients and total number of responses. b) Consideration of Licensing Committee Recommendations Regarding an Extension of the 72-Month Registration Period Limitation for Registered Psychological Assistant Pursuant to Section 1391.1(b) of Title 16 of the California Code of Regulations Dr. Horn provided an overview of PSB #1's request for an extension. It was M(Foo)/S(Acquaye-Baddoo)/C to grant the request for an 18-month extension of the 72-month limitation for the psychological assistant registration. Vote: 7 aye (Acquaye-Baddoo, Casuga, Erickson, Foo, Horn, Jones, Phillips), 0 no Dr. Horn provided an overview of PSB #2's request for an extension. It was M(Foo)/S(Jones)/C to deny the request for a 16-month extension of the 72-month limitation for the psychological assistant registration. Vote: 7 aye (Acquaye-Baddoo, Casuga, Erickson, Foo, Horn, Jones, Phillips), 0 no Dr. Horn provided an overview of PSB #3's request for an extension. It was M(Foo)/S(Erickson)/C to grant the request for an 18-month extension of the 72-month limitation for the psychological assistant registration. Vote: 7 aye (Acquaye-Baddoo, Casuga, Erickson, Foo, Horn, Jones, Phillips), 0 no Discussion ensued regarding the reasons why the Committee recommends denying or granting an extension request. c) Consideration of Licensing Committee Recommendations Regarding an Extension of the 30-consecutive Month Limitation to Accrue 1500 Hours of Post-Doctoral Supervised Professional Experience Pursuant to Section 1387(a) of Title 16 of the California Code of Regulations Dr. Horn provided an overview of PSB #4's extension request. It was M(Foo)/S(Acquaye-Baddoo)/C to grant the request for a four-year extension to the 30-consecutive month limitation to accrue post-doctoral SPE. Vote: 7 aye (Acquaye-Baddoo, Casuga, Erickson, Foo, Horn, Jones, Phillips), 0 no d) Consider and Possible Approval of Licensing Committee Recommendation

Regarding Supervision Agreement Plans for Supervised Professional Experience in

Non-Mental Health Services Pursuant to Section 1387.3 of the California Code of Regulations

Dr. Horn explained that due to lack of training sites and qualified supervisors in areas such as applied psychological research and industrial-organizational psychology, trainees must submit a plan for SPE to the Board for approval.

It was M(Foo)/S(Acquaye-Baddoo)/C to approve the supervision agreement plan for supervised professional experience in the non-mental health area for the trainee as a psychological assistant.

Vote: 7 aye (Acquaye-Baddoo, Casuga, Erickson, Foo, Horn, Jones, Phillips), 0 no

e) Retired Psychologist License: Consideration of revisions to proposed 16 CCR Sections 1381.9, 1381.10, and 1392 related to the issuance of a License in Retired Status

Ms. Sorrick explained that the language and forms were previously reviewed and approved by the Board. At the November 2017 Board Meeting, there was an inquiry regarding whether an individual on inactive status is eligible to apply for a retired status. The Committee agreed that a license in inactive status is eligible to apply for a retired status if that individual meet the requirements.

 Dr. Erickson asked if there are continuing education requirements for coming out of Retired status into an Active license. Ms. Marks stated that in Business and Professions Code 2988.5, a holder of a Retired license can apply for an Active license if that person furnishes electronic fingerprints and completes the continuing education or continuing professional development requirement.

Dr. Jo Linder-Crow, CPA, asked that the reference to Business and Professions Code 2988.5 be added to the proposed language. Ms. Marks agreed that it should be added for clarification.

Dr. Melodie Schaeffer, Division II CPA and CAPIC, stated that it is not explicitly stated that if a psychologist is on a Retired status for more than three years that he or she will not be able to apply for active status. Ms. Marks stated that it states this in the Business and Professions Code, and that individual would need to apply.

It was M(Foo)/S(Casuga)/C to approve the proposed language as written and direct staff to proceed with the rulemaking file.

Vote: 7 aye (Acquaye-Baddoo, Casuga, Erickson, Foo, Horn, Jones, Phillips), 0 no

It was M(Jones)/S(Foo)/C to delegate authority to the Executive Officer to work with the Legal Office to make any technical or non-substantive changes and to initiate the rulemaking process.

Vote: 7 aye (Acquaye-Baddoo, Casuga, Erickson, Foo, Horn, Jones, Phillips), 0 no

The proposed language reads as follows:

§ 1381.10. Retired Status

(a) Pursuant to Section 2988.5 of the Code, a licensed psychologist a psychologist who holds a current Active or Inactive license issued by the Board may apply for a license in retired status by submitting the Form PSY 900 (Rev. 10/20XX), which is hereby incorporated by reference.

(b) To apply to restore the license to active status if the license in retired status was issued less than three (3) years prior, the licensee shall:

(1) Submit Form PSY 905 (Rev. 7/20XX), which is incorporated by reference, and pay the biennial renewal fee and all additional fees as prescribed in Sections 2987, of the Code, and section 1397.69 of the California Code of Regulations at the time the request to restore to active status is received;

(2) Furnish to the Department of Justice, a full set of electronic fingerprints for the purpose of conducting a criminal history record check and to undergo a state and federal level criminal offender record information search if the licensee has not been previously fingerprinted for the Board or for whom an electronic record of the submission of fingerprints does not exist in the Department of Justice's criminal offender identification database.

(c) The Board will not grant an application for a license to be placed in a retired status more than twice. A licensee who has been granted a license in retired status twice, must apply for a new license in order to obtain a license in active status.

Note: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 118 and 2988.5, Business and Professions Code.

§ 1392. Psychologist Fees

(a) The application fee for a psychologist is \$40.00.

(b) The fee for the California Psychology Laws and Ethics Examination (CPLEE) is \$129.00.

(c) An applicant taking or repeating the licensing examination shall pay the full fee for that examination.

(d) The initial license fee and the biennial renewal fee for a psychologist are \$400.00, except that if an initial license will expire less than one year after its issuance, then the initial license fee is an amount equal to 50 percent of the renewal fee in effect on the last regular renewal date before the date on which the license is issued.

- 474 (e) The biennial renewal fee for an inactive license is \$40,00.
- 475 (f) The application fee for a retired license is \$75.00.

- 477 Note: Authority cited: Sections 2930, 2987, 2988.5 and 2989, Business and Professions Code. Reference: Sections 2987, 2988, 2988.5 and 2989, Business and Professions 478
- 479 Code.

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481 § 1397.69. Continuing Professional Development Audit FeeLicensee Fees. 482 [Effective January 1, 2013.]

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This section shall be applicable to a license that expires on or after, or is reinstated or issued on or after. January 1, 2013.

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For the administration of this article, in addition to any other fees due the Board, and as a condition of renewal or reinstatement, a \$10 fee is to be paid to the Board by a licensee renewing in an active status or after inactive, or delinquent, or reactivating from a retired status.

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- 492 Note: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. 493
 - Reference: Sections 2915(j) and 2988.5, Business and Professions Code.

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Agenda Item #19: Examination: Subject Matter Expert (SME) Qualifications Presentation

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Ms. Burns stated that Ms. Snyder will make a presentation on this topic at the May Board Meeting.

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Dr. Marilyn Immoos, CDCR, stated that her application to become an examination SME was denied due to conflict of interest. She asked if this is for all state employees and how she can participate. Ms. Marks stated that she is not familiar with the application or form. but she will follow up on this.

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Agenda Item #20: Legislative Update

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- a) Board Sponsored Legislation
- 1) Omnibus Legislative Proposal to Amend Sections 337 and 728 of the Business and 509 510
 - Professions Code Regarding the Brochure Addressing Sexual Contact Between a
- 511 Psychotherapist and a Patient

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- Ms. Burns provided the Board with a brief history of the brochure "Professional Therapy 513 Never Includes Sex". She stated that staff is currently working with Assembly Member 514
- 515 Levine to introduce a spot bill that will become our sponsored legislation. Additionally,
- 516 Board staff is proposing additional amendments to harmonize the approved text with 517 other statutory provisions.

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The Board discussed the necessity and language of the proposal, the process of omnibus proposals, and provided grammatical edits and suggestions for clarification.

Ms. Burns stated that this proposal is adding a definition to cover new behaviors Board staff has been seeing in their enforcement complaints.

The Board discussed "sexual behavior" as described in the proposed language. There was also a conversation about whether the legislative language should include the concept of "unwanted" in the definition of sexual behavior. Dr. Phillips suggested to bifurcate the brochure language to create an in-depth definition of sexual behavior and the basis for discipline after feedback from stakeholders.

 Mr. Joshua Templet, Health Quality Enforcement Section of the Office of the Attorney General, stated that the Board is currently equipped to prosecute sexual harassment and sexual behaviors. Dr. Phillips explained that some of these behaviors are so egregious that they deserve more serious attention and that the penalty hasn't always been commensurate with the behavior.

Mr. Templet advised the Board against automatic revocation if there had been proof of sexual behavior because it includes things that are not egregious enough for a person to lose his or her license. Ms. Marks stated that the automatic revocation is in relation to the Administrative Law Judge and that the Board always has the authority to decide whether a person's license will be revoked or will have probationary terms applied. This language does not remove the Board's prosecutorial discretion, regardless of the Attorney General's recommendations for prosecuting a case. Mr. Templet agreed.

Dr. Jo Linder-Crow, CPA, stated she was unaware that Board staff was looking for an author. She also stated that CPA staff provided the Board with their suggestions.

Ms. Monterrubio stated that many of the case examples presented to the Board were placed on probation. She stated that when a complaint is received, Board staff ensures there is enough proof to substantiate what the victim is alleging. Ms. Monterrubio stated a goal of this brochure is to notify the public of "grooming" behaviors.

Dr. Elizabeth Winkelman, CPA, provided the Board with her edits and suggestions for the proposed language. She asked if a license can be revoked for reasons other than sexual contact. Ms. Monterrubio stated that a license may be revoked due to reasons other than sexual misconduct.

Dr. Melodie Shaeffer, CPA and CAPIC, stated that she believes it is prudent to hold back and give this more thought in the creation of the language. She stated that being too specific would not be beneficial.

Ms. Acquaye-Baddoo stated that broad language is better; however, we want to make sure the new types of issues, such as sexting, are being addressed.

It was M(Horn)/S(Acquaye-Baddoo)/C to adopt the language, except for section 2960.1, and delegate staff to work with the prospective author.

Vote: 7 aye (Acquaye-Baddoo, Casuga, Erickson, Foo, Horn, Jones, Phillips), 0 no

It was M(Horn)/S(Casuga)/M to take action to move forward with looking at the issues of Section 2960.1.

Vote: 7 aye (Acquaye-Baddoo, Casuga, Erickson, Foo, Horn, Jones, Phillips), 0 no

Ms. Sorrick suggested that the Chair of the Policy and Advocacy Committee discuss the language of section 2960.1 on the agenda for the next Committee meeting so it can be brought to the full Board at the August Board Meeting.

The proposed language reads as follows:

BUSINESS AND PROFESSIONS CODE - BPC DIVISION 1. DEPARTMENT OF CONSUMER AFFAIRS [100 - 472.5]

(Heading of Division 1 amended by Stats. 1973, Ch. 77.)

CHAPTER 4. Consumer Affairs [300 - 337]

(Chapter 4 added by Stats. 1970, Ch. 1394.)

ARTICLE 6. Information [337-337.]

(Article 6 added by Stats. 1970, Ch. 1394.)

 337.

(a) The department shall prepare and disseminate an informational brochure for victims of psychotherapist-clientpatient sexual <u>behavior and sexual</u> contact and <u>their</u> advocates for those victims. This brochure shall be developed by the department in consultation with members of the Sexual Assault Program of the Office of Criminal Justice Planning and the office of the Attorney General.

(b) The brochure shall include, but is not limited to, the following:

(1) A legal and an informal definition of psychotherapist-clientpatient sexual behavior and sexual contact.

(2) A brief description of common personal reactions and histories of victims and victim's families.

(3) A clientpatient's bill of rights.

(4) Options Instructions for reporting psychotherapist-clientpatient sexual behavior and sexual contact relations and instructions for each reporting option.

610 (5) A full description of administrative, civil, and professional associations complaint procedures.

613 (6) A description of services available for support of victims.

(c) The brochure shall be provided to each individual contacting the Medical Board of California, Osteopathic Medical Board of California, the Board of Psychology, and

affiliated health boards, or the Board of Behavioral Sciences regarding a complaint involving psychotherapist-clientpatient sexual behavior and sexual contact relations.

BUSINESS AND PROFESSIONS CODE - BPC DIVISION 2. HEALING ARTS [500 - 4999.129] (Division 2 enacted by Stats. 1937, Ch. 399.) CHAPTER 1. General Provisions [500 - 865.2] (Chapter 1 enacted by Stats. 1937, Ch. 399.) ARTICLE 10.5. Unprofessional Conduct [725 - 733]

(Article 10.5 added by Stats. 1979, Ch. 348.)

728.

(a) Any psychotherapist or employer of a psychotherapist who becomes aware through a clientpatient that the clientpatient had alleged sexual intercourse or alleged sexual behavior or sexual contact with a previous psychotherapist during the course of a prior treatment shall provide to the clientpatient a brochure developed promulgated by the department that delineates the rights of, and remedies for, clientspatients who have

been involved sexually with their psychotherapists. Further, the psychotherapist or employer shall discuss with the clientpatient the brochure prepared by the department.

(b) Failure to comply with this section constitutes unprofessional conduct.

(c) For the purpose of this section, the following definitions apply:

 (1) "Psychotherapist" means a physician and surgeon specializing in the practice of psychiatry or practicing psychotherapy, a psychologist, a psychological assistant, a registered psychologist, a trainee under the supervision of a licensed psychologist, a clinical social worker, a marriage and family therapist, a licensed professional clinical counselor, a psychological assistant, an associate marriage and family therapist registered intern or marriage and family therapist trainee, an intern-associate professional clinical counselor or clinical counselor trainee, and a licensed educational psychologist as specified in Chapter 16 (commencing with Section 4999.10), or an associate clinical social worker.

(2) "Sexual contact" means the touching of an intimate part of another person.

(3) "Sexual behavior" means inappropriate contact or communication of a sexual nature.

This definition does not include the provision of appropriate therapeutic interventions relating to sexual issues.

(34) "Intimate part" and "touching" have the same meaning as defined in subdivisions (g) and (e), respectively, of Section 243.4 of the Penal Code.

(45) "The course of a prior treatment" means the period of time during which a <u>clientpatient</u> first commences treatment for services that a psychotherapist is authorized

to provide under his or her scope of practice, or that the psychotherapist represents to 665 the clientpatient as being within his or her scope of practice, until the psychotherapist-666 667 clientpatient relationship is terminated. 668 669 Agenda Item #15: Review and Consider Draft "Therapy Never Includes Sexual 670 Behavior" Brochure - Update 671 672 Ms. Monterrubio stated that Board staff has been working with the Medical Board of 673 California and the Board of Behavioral Sciences to update the title and content of the brochure. The Board and staff went through page by page and discussed any suggested 674 675 amendments. 676 It was M(Jones)/S(Horn)/C to accept the changes made at this Board Meeting and to 677 678 provide the approved draft to DCA for review. 679 680 Vote: 7 aye (Acquaye-Baddoo, Casuga, Erickson, Foo, Horn, Jones, Phillips), 0 no 681 682 The proposed language reads as follows: 683 Professional Therapy Never Includes Sexual Behavior 684 Printer Friendly Version 685 State of California **Department of Consumer Affairs** 686 687 Copyright © 20112018, Department of Consumer Affairs 688 California's lawmakers, licensing boards, and ethical therapists want the public to know that professional therapy never includes sexual contact between a therapist and a 689 client. It also never includes inappropriate sexual suggestions, or any other kind of 690 691 sexual behavior between a therapist and a client. Sexual contact of any kind between a therapist and a client is unethical and illegal in the state of California. Additionally, with 692 regard to former clients, sexual contact within two years after termination of therapy is 693 also illegal and unethical. It is always the responsibility of the therapist to ensure that 694 sexual contact with a client, whether consensual or not, does not occur. 695 696 Dear Reader: 697 As a reader of "Professional Therapy Never Includes Sexual Contact," you may be a 698 California consumer concerned about the conduct of your therapist. You may be a 699 licensed therapist, or training to become a therapist. In any case, it's good to know more about the high standards of professional conduct expected - and required - in the 700 therapy relationship. 701 702 Consumers are looking for professionals they can trust. Therapists value the trust of 703 their patients. When this mutual trust is violated by sexual exploitation, everyone loses. 704 The patient loses an opportunity for improved health and becomes a victim. The 705 therapist stops being a healer and becomes a victimizer. And the profession itself loses when the good reputation of the many is diminished by the illegal conduct of a few. 706

707	The California Dep	artment of Consumer	Affairs is de	dicated to working	a with its
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- 708 professional licensing board partners to pretect and educate consumers. If you are a
- 709 victim of sexual abuse by a therapist, it's important for you to report your experience to
- 710 the board that licenses your therapist.
- 711 This booklet offers guidance and resources for consumers. For more consumer
- 712 guidelines and information, you may contact the appropriate licensing board or
- 713 professional association, or contact the Department of Consumer Affairs at 1-800-952-
- 714 5210 or www.dca.ca.gov.
- 715 California Department of Consumer Affairs
- 716 Publishing Information
- 717 The 2011 edition of "Professional Therapy Never Includes Sexual Contact" is published
- 718 by the California Department of Consumer Affairs. This publication is a joint project of
- 719 the California Board of Psychology, the California Board of Behavioral Sciences and the
- 720 Department of Consumer-Affairs' Office of Publications, Design & Editing.
- 721 This booklet is available in the "Publications" section of the Department of Consumer
- 722 Affairs' Web sitewebsite at www.dca.ca.gov.
- 723 Single copies of the publication are available at no charge from the boards listed above
- 724 and from Publications Office, California Department of Consumer Affairs, P.O. Box
- 725 989004, West Sacramento, CA-95798-0004.
- 726 This booklet may be copied, if (1) the meaning of copied text is not changed or
- 727 misrepresented, (2) credit is given to the California Department of Consumer Affairs,
- 728 and (3) all copies are distributed free of charge.
- 729 Acknowledgments
- 730 The Department of Consumer Affairs, the Board of Psychology and the Board of
- 731 Behavioral Sciences wish to thank former Senator Diane Watson, whose Senate Task
- 732 Force on Psychotherapist and Patient Sexual Relations prompted the development of
- 733 "Professional Therapy Never-Includes Sex" in 1990.
- 734 Copyright © 2017, Department of Consumer Affairs
- 735 California law requires that the Department of Consumer Affairs provide an
- 736 informational-brochure for victims-of psychotherapist-patient sexual contact and their
- 737 advocates.
- 738 California's lawmakers, licensing boards, professional associations and ethical
- 739 therapists want such inappropriate sexual behavior stopped. This booklet was
- 740 developed to help patients who have been sexually exploited by their therapist. It
- 741 outlines their rights and options for reporting what happened. It also defines therapist
- 742 sexual exploitation, gives warning signs of unprofessional behavior, presents a "Patient
- 743 Bill of Rights," and answers some frequently asked questions.

745	• Introduction
746	Definition of Terms
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750	Common Reactions to Sexual Misconduct by a Therapist
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756	── More About Civil Actions
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759	— Finding a Therapist
760	Self-Help Support Groups
761	Frequently Asked Questions
762	- Patient-Bill of Rights
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764	INTRODUCTION
765 766 767 768 769	Professional psychotherapy never includes sex. It also never includes verbal sexual advances or any other kind of sexual contact or behavior. Sexual contact of any kind between a therapist and a patient is unethical and illegal in the state of California. Additionally, with regard to former patients, sexual contact within two years after termination of therapy is also illegal and unethical.
770 771 772 773 774 775	Sexual behavior between a therapist and a patient client can also be harmful to the patient client. Harm may arise from the therapist's exploitation of the patient client to fulfill his or her own needs or desires, and from the therapist's loss of the objectivity necessary for effective therapy. All therapists are trained and educated to know that this kind of behavior is illegal and unethical inappropriate and can result in the revocation of their professional license.

- 776 Therapists are trusted and respected, and it is common for patients to admire and feel
- 777 attracted to them. by their clients, and it is not uncommon for clients to admire and feel
- 778 <u>attracted to them.</u> However, a therapist who accepts or encourages the expression of
- 779 these feelings through sexual behavior with the therapist client these normal feelings in
- 780 a sexual way or tells a patient client that sexual involvement is part of therapy is
- 781 <u>illegal, unethical, and it violates the therapeutic relationship, and engages in conduct</u>
- 782 that may be illegal and unethical, using the trusting therapeutic relationship to take
- 783 advantage of the patient. Once sexual involvement begins, therapy for the patient ends.
- 784 The original issues that brought the patient to therapy are postponed, neglected, and
- 785 sometimes lost. This kind of abusive behavior can cause harmful, long-lasting,
- 786 emotional and psychological effects to the client.
- 787 Many people who endure this kind-of abusive behavior from therapists suffer harmful,
- 788 long-lasting-emotional and psychological effects. Family life and friendships are often
- 789 disrupted, or sometimes ruined.
- 790 California's lawmakers, licensing boards, professional associations and ethical
- 791 therapists want such inappropriate sexual behavior stopped. This booklet was
- 792 developed to help patients who have been sexually exploited by their therapists. It
- 793 outlines their rights and options for reporting what happened. It also defines therapist
- 794 sexual exploitation, gives warning signs of unprofessional behavior, presents a "Patient
- 795 Bill of Rights," and answers some frequently asked questions.

DEFINITION OF TERMS

- 798 Throughout this booklet, the terms "therapist," "therapy" and "patient client" will be used.
- 799 "Therapist" refers to anyone who is licensed to practice psychotherapy, or is training to
- 800 become licensed, and includes:
- Psychiatrists (physicians practicing psychotherapy) Physicians and Surgeons (Psychiatrists)
- 803 Psychologists

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- Registered pPsychologists
- Psychological iInterns
- Psychological aAssistants
 - Licensed eClinical sSocial wWorkers
 - Registered aAssociate eClinical sSocial wWorkers
- Licensed mMarriage and Family Therapists
- Registered Associate MMarriage and Family therapists registered interns and trainees
 - Licensed pProfessional eClinical eCounselors
- Registered Associate PProfessional eClinical eCounselors
- Licensed Educational Psychologists
- Registered Research Psychoanalysts
- 816 The terms "therapy," "therapist" and "patient" in this booklet also refer to educational
- 817 psychology, educational psychologists and their clients. Though educational

818 819	psychologists do not practice psychotherapy, these licensed professionals work with clients, performing educational evaluations, diagnosis, and test interpretation.
820 821 822	"Therapy" includes any type of mental health counseling from any of the licensed or registered professionals therapists listed above. "Client" "Patient" refers to anyone receiving therapy, or counseling, or other services.
823	According to California laws:
824 825 826 827	Any act of sexual contact, sexual abuse, sexual exploitation, sexual misconduct or sexual relations by a therapist with a patient client is unprofessional, illegal, as well as unethical, as set forth in Business and Professions Code sections 726, 729, 2960(o), 4982(k), 4992.3(l), 4989.54(n), and 4999.90(k).
828 829	"Sexual contact" means the touching of an intimate part of another person, including sexual intercourse.
830 831 832	"Sexual behavior" means inappropriate contact or communication of a sexual nature. This definition does not include the provision of appropriate therapeutic interventions relating to sexual issues.
833 834	"Touching" means physical contact with another person either through the person's clothes or directly with the person's skin.
835 836	"Intimate part" means the sexual organ, anus, groin or buttocks of any person, and the breast of a female.
837 838 839	<u>"License" includes certificate, registration or other means to engage in a business or profession regulated by Chapter 1, General Provisions, section 475 of the Business and Professions Code.</u>
840 841 842 843 844 845	Sexual exploitation can include sexual intercourse, sodomy, oral copulation, or any other sexual contact between a therapist and a patient or a former patient under certain circumstances. Sexual misconduct includes a much broader range of activity, which may include fondling, kissing, spanking, nudity, verbal suggestions, innuendoes or advances. This kind of sexual behavior by a therapist with a patient is unethical, unprofessional and illegal.
846	CLIENT RIGHTS

You, as a client, have the right to:

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- Request and receive information about the therapist's professional capabilities, including licensure, education, training, experience, professional association membership, specialization and limitations.
- Be treated with dignity and respect. 851 852
 - A safe environment, free from sexual, physical, and emotional abuse.
- Ask questions about your therapy or other services from your provider. 853

- Decline to answer any question or disclose any information you choose not to reveal.
 - Request and receive information from the therapist about your progress toward your treatment goals.
 - Know the limits of confidentiality and the circumstances in which a therapist is legally required to disclose information to others.
 - Know if there are supervisors, consultants, students, or others with whom your therapist will discuss your case.
 - Decline a particular type of treatment, or end treatment without obligation or harassment.
 - Refuse electronic recording.
- Request and (in most cases) receive a summary of your file, including the diagnosis, your progress, and the type of treatment.
- Report unethical and illegal behavior by a therapist (see "What You Can Do").
- Receive a second opinion at any time about your therapy or your therapist's methods.
 - Receive a copy of your file or hHave a copy of your file transferred to any therapist or agency you choose.

WARNING SIGNS

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- In most sexual <u>misconduct abuse or exploitation</u> cases, other inappropriate behavior comes first. While it may be subtle or confusing, it usually feels uncomfortable to the patientclient. Some clues or warning signs are:
- Telling sexual jokes or stories-
 - "Making eyes at" or giving seductive looks to the patient.
 - Discussing the therapist's sex life or relationships excessively.
 - Sending obscene images or messages to the client
- Sitting too close, initiating hugging, holding the patient or lying next to the patient.

 Unwanted physical contact.
 - Excessive out-of-session communication (e.g., text, phone, email, social media, etc.) not related to therapy

884 Another warning sign is "special" treatment by a therapist, such as:

- Inviting a patient client to lunch, dinner, or other social and professional activities.
- 886 Dating-
- Changing any of the office's business practices (for example <u>e.g.,</u> scheduling late appointments <u>when</u>se no one is around, having sessions away from the office, etc.).
 - Confiding in a patient client (e.g., about the therapist's love life, work problems, loneliness, marital problems, etc.).
 - Telling a patient<u>client</u> that he or she is special, or that the therapist loves him or her.
- Relying on a patient for personal and emotional support-
- Giving or receiving significant gifts-

896	Signs of inappropriate behavior and misuse of power include:
897	Hiring a patient to do work for the therapist, or bartering goods or services
898	to pay for therapy-
899	 Suggesting or supporting the patient's isolation from social support
900	systems, increasing dependency on the therapist-
901	 Providing or using alcohol (or drugs) during sessions.
902	 Any violation of the patient's rights as a consumer (see "Patient Bill of Rights,"
903	page 24).
904	Therapy is meant to be a guided learning experience, during which therapists help
905	patients to find their own answers and fool better about themselves and their lives. A
906	patient should never feel intimidated or threatened by a therapist's behavior.
907 908	If you are experiencing any of these warning signs, you have the right to file a complaint
909	with the appropriate licensing board and consult with another therapist. trust your own
910	feelings. Check on discuss the therapist's behavior with a different therapist, or with any
911	of the agencies in "Where To Start." (see page 10). Depending on what you find out, you may want to find another therapist and report the inappropriate behavior to the
912	proper licensing board.
712	propor liconoming board:
913 914	WHAT IF IT'S ME? COMMON REACTIONS TO SEXUAL MISCONDUCT BY A THERAPIST
915 916	If a therapist has engaged in any sexual behavior or contact with you, you may experience some or all of the following feelings or reactions:
917	If you have been sexually abused or exploited by your therapist, you may be feeling
918	confused. You may feel:
919	Guilty and responsible responsibility - even though it is the therapist's
920	responsibility to keep sexual behavior out of therapy-
921	 Mixed feelings about the therapist – e.g., protectiveness, anger, love, betrayal-
922	 Isolated Isolation and emptyemptiness.
923	 Distrustful of others' feelings or intentions, or your own feelings.
924	 Fearful that no one will believe you. or understand what happened, or that
925	someone-will find out.
926	 Confused about dependency, control and power. Feeling victimized or violated
927	 Experiencing traumatic symptoms, e.g., anxiety, nightmares, obsessive thoughts,
928	depression, or suicidal or homicidal thoughts
929	You may even have nightmares, obsessive thoughts, depression, or suicidal or
930	homicidal thoughts. You may feel overwhelmed as you try to decide what to do or whom
931	to tell.
932	It's essential that you face what happened. This may be painful, but it is the first major
933	step-in healing and recovering from the experience. You may have positive and
934	negative feelings at the same time, such as starting to feel personal control, being afraid

- 935 of what may happen in the future, remembering the experience, and feeling relieved
- 936 that the sexual relationship is over.
- 937 The second step in the healing process is to decide what YOU want to do next. Try to
- 938 be open-minded about your options.
- 939 Remember: It doesn't matter if you, the patient, started or wanted the sexual
- 940 involvement with the therapist. Therapists are responsible for keeping sexual intimacy
- out of the therapy relationship and are trained to know how to handle a patient's sexual 941
- 942 attractions and desires.

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WHERE TO START

- 944 You may need to (1) talk to someone who will understand what you're going through, (2)
- 945 get information on whether the therapist's behavior was illegal and/or unethical, and (3)
- 946 find out what you can do about it. Three places to get help are:
 - Licensing Boards In the Department of Consumer Affairs, three different boards license therapists. They can give general information on appropriate behavior for therapists and your rights for reporting what happened, as well as how to file a complaint (see page 13 for licensing board contact information).
 - Sexual Assault/Crisis Centers These centers have staff trained in all types of sexual abuse and exploitation. They can provide general information on appropriate behavior for therapists, crisis services, your rights for reporting what happened, and names of therapists and support groups that may be helpful. Centers are located throughout California. Look in your telephone-book under "sexual assault center" or "crisis intervention service."
 - Professional Associations Each licensed therapy profession has at least one professional association. Associations can provide general information on appropriate behavior for therapists, your rights for reporting what happened, and how to file a complaint. They can provide names of therapists who may be helpful (see-pages 16-17 for association contact information).

WHAT YOU CAN DO

- You can deal with your situation in several different ways. Take time to explore all of 963 964 your rights and options. It may help to decide what your goals are:
- 965 Reporting the Therapist - Perhaps you want to prevent the therapist from hurting other
- patients. You may want to make it known that sexual exploitation is always wrong. If this 966 967
- is your decision, you have several reporting options (see page 12). What happened to 968
- you may beis illegal and unethical and you should report it to the appropriate licensing
- 969 board as soon as possible in order for the board to take appropriate action within the
- 970 statute of limitations.
- 972 It is important to note that reporting misconduct is time sensitive. What can be done in
- 973 response to the report of misconduct usually depends on who the misconduct is
- reported to and the length of time between the misconduct and when the report was 974

975 976	filed.
977 978	Such a time limit is called a "statute of limitations." As you consider your options, be aware of these time limits.
979 980 981 982 983 984	 Your Recovery - You may also want to explore and process what happened between you and the therapist. If you decide to do this, you can look into therapy or support groups (see pages 20-21). Moving On - You may wish simply to move on past this experience as quickly as possible and get on with your life. Remember - you have the right to decide what is best for you.
985	YOUR REPORTING OPTIONS
986 987 988 989 990	If you decide to report a therapist's behavior that you believe is unethical and illegal, there are four different ways to do so. All of these reporting options are affected by time limits, so you should consider reporting misconduct at the earliest appropriate opportunity. You may choose one or more of the options listed below. These options and their time limits are discussed in more detail on the following pages:
991 992 993 994 995 996 997	 Administrative Action - File a complaint with the therapist's licensing board. (See "More About Administrative Action, page 13.) Professional Association Action - File a complaint with the ethics committee of the therapist's professional association. (See "More About Professional Association Action," page 15.) Civil Action - File a civil lawsuit. (See "More About Civil Action," page 18.) Criminal Action - File a complaint with local law enforcement. (See "More About Criminal Action, page 19.)
999	More-About Administrative Action
1000 1001	In California, there are four (4)three (3) boards that license and regulate therapists. Three California boards-license and regulate therapists:
1002 1003 1004 1005 1006 1007 1008 1009 1010 1011	Board of Behavioral Sciences 1625 N. Market Blvd., Suite S-200 Sacramento, CA 95834 (916) 574-7830 www.bbs.ca.gov This board licenses and regulates licensed educational psychologists; licensed clinical social workers; registered associate clinical social workers; licensed marriage and family therapists; registered associate marriage and family therapist-interns; licensed professional clinical counselors; and registered-professional associate professional clinical counselors interns.
1012 1013 1014	Board of Psychology 2005-Evergreen Street, Suite 1400 Sacramento, CA 95815

1015 1016 1017 1018 1019 1020	1625 N. Market Blvd., Suite N-215 Sacramento, CA 95834 (916) 263-2699(916) 574-7720 www.psychboard.ca.govwww.psychology.ca.gov This board licenses and regulates psychologists, psychological assistants, and registered psychologists.
1021 1022 1023 1024 1025 1026 1027	Medical Board of California 2005 Evergreen Street, Suite 1200 Sacramento, CA 95815 (916) 263-2389 www.mbc.ca.gov This board licenses and regulates allopathic (MD) physicians and surgeons, including (psychiatrists) and research psychoanalysts.
1028 1029 1030 1031 1032 1033 1034	Osteopathic Medical Board of California 1300 National Drive, Suite 150 Sacramento, CA 95834-1991 (916) 928-8390 www.ombc.ca.gov This board licenses and regulates osteopathic (DO) physicians and surgeons (psychiatrists).
1035 1036 1037 1038 1039 1040	The purpose of these licensing boards is to protect the health, safety and welfare of consumers. Licensing boards have the <u>powerauthority</u> to discipline therapists by using the administrative law process. <u>Depending on the violation, the board may revoke or suspend a license, and/or place a license on probation with terms and conditions the licensed professional must follow. When a license is revoked, the therapist cannot legally practice.</u>
1041 1042	In many cases, the California Business and Professions Code requires revocation of a therapist's license or registration whenever sexual misconduct is admitted or proven.
1043 1044 1045 1046 1047 1048 1049	It is best to report any case of therapist-patient sexual exploitation as soon as possible, since delays may restrict the disciplinary options available to the board. Time limits require a licensing board to initiate disciplinary action by filing an "accusation" against a licensed professional accused of sexual misconduct: —within three years from the date the board discovered the alleged sexual misconduct, or —within 10 years from the date the alleged sexual misconduct occurred.
1050 1051 1052 1053	That means an accusation of sexual misconduct against a therapist can't be filed more than 10 years after the alleged incident. For complaints involving allegations other than sexual misconduct, the licensing board must file an accusation within seven years from the date of the alleged offense.
1054	How to File a the Complaint Process Works
1055 1056	The licensing boards can give you information about the complaint filing process and discuss your situation with you. To file a complaint, you can request a complaint form,

- 1057 write a letter, or start the complaint process online with the appropriate licensing board.
- 1058 With your complaint, be sure to include your name, address, and telephone number; the
- therapist's name, address, and telephone number; a description of your complaint;
- 1060 copies of any available documentation (for example, letters, bill-receipts, canceled
- 1061 checks, or pictures); and names, addresses and telephone numbers of any witnesses.
- 1062 Each complaint is evaluated and investigated, and you and the therapist-will-be notified
- 1063 if the board has sufficient evidence to initiate disciplinary action. You and the therapist
- 1064 will be interviewed separately.
- 1065 Most cases are settled by a stipulated agreement the therapist typically admits to the
- 1066 violation(s) and accepts the disciplinary action, no hearing is held, and the patient does
- not have to testify. In the event that your case is not settled by a stipulated agreement, a
- 1068 hearing will be held by an administrative law judge, and you will be required to testify.
- 1069 When the judge makes a decision about the case, the board will then decide whether to
- 1070 accept this decision or to issue its own decision.
- 1071 It is board policy to use only initials, rather than full names, to identify patients in public
- 1072 disciplinary documents. However, hearings are open to the public, and there is a
- 1073 possibility that confidentiality may be jeopardized during the investigation process or at
- 1074 the hearing-itself. If you are concerned about this, discuss it with the licensing board
- 1075 investigator.
- 1076 The disciplinary process may take about two years from the time a complaint is received
- 1077 to the time a final decision is made. Sometimes the process takes longer. Keep in mind
- 1078 that you cannot receive monetary compensation from the therapist by using this option.
- 1079 but you may affect the therapist's ability to practice and thereby protect other patients
- 1080 from similar misconduct.
- You can submit your complaint online or in writing using the forms on the board's
- website to start the process. You should provide as much information as possible, but it
- is especially helpful to provide the following information, if available:
- <u>Detailed description of the conduct you are reporting.</u>
- Copies of materials that support your complaint, e.g., e-mails, text messages,
- 1086 correspondence between you and the therapist, photographs or other images
- 1087 you shared with or received from the therapist, etc.
- 1088 The board will require a signed release form, authorizing the board to obtain your
- 1089 records from the therapist. These records are required for official use, including
- investigation and possible administrative proceedings regarding any violations of the
- 1091 law. Your complaint will be evaluated, investigated, and you will be notified of the
- 1092 outcome.
- 1093 The following are possible outcomes of your complaint:
- Revocation or surrender of the therapist's license: This results in the loss of license and right to practice.
- Probation: The therapist's license may be placed on probation for a defined period of time, with terms and conditions that must be complied with, in order to continue to practice.

1099 1100	 Case closed and no action taken against the therapist's license: the board could not substantiate a violation of the laws and regulations.
1101 1102 1103	It is board policy to use only initials, rather than full names, to identify clients in public disciplinary documents. However, hearings are open to the public, and you may be asked to testify. All disciplinary actions are public information.
1104	More About Professional Association Action
1105 1106 1107 1108	Many therapists join professional associations—organizations that provide education and guidance to members of a profession. Each association has ethics guidelines, and all such guidelines state that sexual involvement with patients is unacceptable and unethical.
1109 1110 1111 1112 1113 1114 1115 1116	If your therapist is a member of a professional association, you may file a formal complaint with the association. After investigating the complaint, the association may recommend disciplinary actions that may include removal of the therapist from its membership. Removing a therapist from the association will let other members know about the person's unethical behavior, but it will not keep the therapist from practicing. Only a licensing board or court action can do that. In addition, the action will not result in menetary recovery for you (only a civil action can do that), and will not result in criminal action against the therapist.
1117 1118 1119 1120	Each association has different ways of filing complaints. Call or write the appropriate association for this information. To find out which association, if any, the therapist belongs to, call the therapist's office and request this information; have a friend call the office or therapist for you; or check with the different associations.
1121	Professional Associations
1122 1123 1124	Most professional association othics committees will typically review only those complaints that include allegations made within one year of the date of the alleged misconduct.
1125 1126	Contact the appropriate association for specifics on reporting professional misconduct, or to get more general information.
1127	Psychiatrist, Physician
1128 1129 1130 1131 1132	American Psychiatric Association 1000 Wilson Blvd. Suite 1825 Arlington, VA 22209 (888) 357-7924 www.psychiatry.org
1133 1134 1135 1136 1137	California Medical Association 1201 J Street, Suite 200 Sacramento, CA 95814 (916) 444-5532 www.cmanet.org

1138	California Psychiatric Association
1139	1029 K Street, Suite 28
1140	Sacramento, CA 95814
1141	(916) 442-5196
1142	www.calpsych.org
1143	Licensed-Psychologist
1144	American Psychological Association
1145	750-First Street, NE
1146	Washington, DC 20002
1147	(800) 374-2721
1148	www.apa.org
1149	California Psychological Association
1150	1231 I Street, Suite 204
1151	Sacramento, CA-95814
1152	(916) 286-7979
1153	www.cpapsych.org
1154	Licensed Clinical Social Worker
1155	National Association of Social Workers, California Chapter
1156	1016 23rd Street
1157	Sacramento CA 95816
1158	(916) 442-4565
1159	www.naswdc.org
1 160	National Association of Social Workers
1161	750 First Street, NE, Suite 700
1162	Washington, DC-20002
1163	(202) 408-8600
1164	www.naswdc.org
1165	California Society for Clinical Social Work
1166	6060 Sunrise Vista Drive, Suite 1300
1167	Citrus Heights, CA 95610
1168	(916) 560-9238
1169	clinicalsocialworksociety.org
1170	Licensed Educational Psychologist
1171	California Association of Licensed Educational Psychologists
1172	P.O. Box 387
1173	Aptos, CA-95001
1174	www.calep.com
1175	California Association of School-Psychologists
1176	1020-12th Street, Suite 200
1177	Sacramento CA 05814

1178 1179	(916) 444-1595 www.casponline.org
1180	Licensed Marriage and Family Therapist
1181 1182 1183 1184 1185	American-Association for Marriage and Family Therapy 112 South Alfred Street Alexandria, VA 22314-3061 (703) 838-9808 www.aamft.org
1186 1187 1188 1189 1190 1191	American Association for Marriage and Family Therapy, California Division Post Office Box 6907 Santa-Barbara, CA 93160 (800) 662-2638 (805) 681-1413 aamftca.org
1192 1193 1194 1195 1196	California Association of Marriage and Family Therapists 7901 Raytheon Road San Diego, CA 92111 (858) 292-2638 www.camft.org
1197	Licensed Professional Clinical Counselors
1198 1199 1200 1201	Galifornia Association for Licensed Professional Clinical Counselors P.O. Box 280640 Northridge, CA 91328 http://calpcc.org/
1202	More About Civil Action
1203	Suing the Therapist or Their Employer
1204 1205 1206	Generally, civil lawsuits are filed to seek money for damages or injuries to a patient. For a sexual misconduct case, a patient may want to sue the therapist for injuries suffered and for the cost of future therapy sessions.
1207 1208 1209 1210 1211	Under California law, you may file a lawsuit against the therapist or the therapist's employer if you believe the employer knew or should have known about the therapist's behavior. If the employer is a local or state public mental health agency for which the therapist works, you must first file a complaint with the agency within six months of the sexual misconduct. Consult with an attorney for specific advice.
1212 1213 1214	If you think you want to file a lawsuit, it is important to consult an attorney as soon as possible, since there are different time limits for filing civil lawsuits. Most civil lawsuits must be filed within one year after the sexual misconduct occurred.
1215	Media Attention

1216 Once a lawsuit is filed, there is the possibility of media coverage, especially if the patient 1217 or therapist is well-known. While many cases are settled out of court, some do go to 1218 trial, and it can take years before your case is tried. 1219 Patients Don't Always Win You should be aware that some cases end-up-being decided in favor of the thorapist, 1220 1221 rather than the patient. 1222 **Finding an Attorney** 1223 Take time to choose an atterney to represent you. You may need to interview several. 1224 Here are some points to consider: 1225 Get a list of attorneys from your County Bar Association's referral service. You 1226 can also check with your local legal aid-society for legal assistance. 1227 · Contact a lawyer referral service certified by the State Bar of California. To find a 1228 certified lawyer referral service, look in the telephone book yellow pages at the 1229 beginning of the "Attorneys" listings, or visit the State Bar Web site at 1230 www.calbar.ca.gov. 1231 · Check with the State Bar of California (www.calbar.ca.gov) to make sure the 1232 attorney has a clear license. · While some attorneys are willing to wait to be paid based on the outcome of the 1233 1234 suit (contingency basis), some will not. • Be sure that the attorney has civil-litigation experience in the area of medical 1235 1236 and/or psychological malpractice. • Make sure that you feel comfortable with your attorney and can trust and confide 1237 1238 in him or her. 1239 More About Criminal Action 1240 Sexual exploitation of patients by therapists is wrong. The law makes it a crime for a 1241 therapist to have sexual-contact with a patient. For a first offense with only one victim. 1242 an offender would probably be charged with a misdemeanor. For this charge, the penalty may be a sentence of up to one year in county jail, or up to \$1,000 in fines, or 1243 1244 both. Second and following offenses, or offenses with more than one victim, may be 1245 misdemeaners or felonies. The penalty in such felony cases can be up to three years in 1246 prison, or up to \$10,000 in fines, or both, 1247 This law applies to two situations: 1248 • The therapist has sexual contact with a patient during therapy, or 1249 The therapist ends therapy primarily to start having sexual contact with the 1250 patient (unless the therapist has referred the patient to an independent and 1251 objective therapist who has been recommended by a third-party-therapist). 1252 To file a criminal complaint against a therapist:

sexual assault units that handle these complaints.

Contact your local law enforcement agency. Many agencies in larger cities have

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Contact your local victim/witness assistance program for help through the legal process. Look in your local telephone book under "District Attorney" or call 1-800-VICTIMS (842-8467).
 Once a complaint is filed, it will be investigated by the law enforcement agency, which will give the results of the investigation to the district attorney's office. The district

attorney's office will decide whether there is enough evidence to file-criminal charges.

Time-limits, or statutes of limitations, affect this reporting option. If you are considering this option, contact your local law enforcement agency. The agency's authority to take action may expire as soon as one year from the date the alleged misconduct occurred.

1264 WHERE TO GET HELP

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- 1265 Many patients who have been sexually exploited by therapists find it difficult to see
 1266 another therapist for help and support. However, for most people, the issues that
 1267 brought them to therapy were never worked on or resolved, and the sexual exploitation
 1268 created even more issues to handle. If this is your situation, therapy may be an
 1269 important tool in your healing process.
- Therapy may be an important tool in your recovery. Before selecting a <u>new</u> therapist, here are a few suggestions to support that process: interview several until you find one you are comfortable with. Use the "Patient Bill of Rights" as a guide (see page 24). If you are unsure after one session, either consider a different therapist or set up a follow-up session to clarify your concerns. Do not feel pressured to stay with one therapist.

Finding a Therapist

1276 Some ways of finding a therapist are:

- Ask someone you know <u>and trust for a referral.</u> who has been in therapy, who
 feels good about the experience and who has changed in ways you consider
 positive.
- Calling your local sexual assault center or crisis intervention service (in the telephone book yellow pages). These centers can refer you to therapists experienced in dealing with those who have suffered sexual exploitation or abuse.
- Calling professional associations (see pages 16-17) and asking for referrals to therapists who specialize in helping those who have been sexually abused or exploited by therapists.
- Search online for a local sexual assault center or crisis intervention service.

 These centers can refer you to therapists experienced in dealing with those who have suffered sexual misconduct by a therapist.
- Contact professional associations and asking for referrals to therapists who specialize in helping those who have suffered sexual misconduct by a therapist.
 - Seek a referral from your primary care physician or insurance provider.
- 1293 After getting several names, call the appropriate licensing board (see page 13) or visit their Web site for on-line license verification and disciplinary actions. You can also call

- 1295 the professional association (see pages 16-17) and ask if the therapists are licensed and if any disciplinary actions have been filed against them. Check with your county 1296 Superior Court to see if there is a record of any malpractice lawsuits filed against the 1297 therapists. Visit the board's website to verify the status of the therapist's license. 1298 1299 Self-Help Support Groups 1300 There is an informal network of self-help support groups throughout California, While there might not be a group in your area specifically focused on sexual exploitation by 1301 therapists, there may be groups dealing with more general kinds of sexual abuse. To 1302 find out if there are any groups in your area, call your local sexual assault center or 1303 crisis intervention service (listed in the telephone book yellow pages). 1304 1305 FREQUENTLY ASKED QUESTIONS 1306 Is it normal to feel attracted to mya therapist? 1307 1308 Yes. It is normal to feel attracted to someone who is attentive, kind, and caring. This is a common reaction toward someone who is helping you. However, all 1309 therapists are trained to be aware of this and to maintain a professional therapy 1310 1311 relationship that is beneficial to the patientclient. • What if I-was the one who brought up having sexthe client initiated sexual 1312 1313 behavior? 1314 That doesn't matter. The therapist is the one who is responsible for keeping 1315 ensuring that sexual intimacybehavior or contact is not part out of therapy. 1316 1317 Does this happen a lot? 1318 A national study revealed that probably fewer than 10 percent of all therapists have had sexual contact with their patients and that 80 percent of the sexual 1319 exploiting therapists have exploited more than one patient. If a therapist is 1320 sexually exploiting a patient, they have probably done so before and are likely to 1321 do so again. In recent years, aggressive prosecution of offending therapists and 1322 passage of laws that facilitate the enforcement work of licensing boards have 1323 helped to significantly reduce the number of such cases reported to the licensing 1324 1325 boards. 1326 Why do some therapists sexually exploit their patients? There are probably as many excuses as there are therapists who engage in such 1327 unprofessional conduct. But no excuse is acceptable for a therapist to abuse the 1328 therapeutic relationship and the trust of a patient for the therapist's own sexual 1329 1330 gain. All therapists should know that this conduct is unethical and illegal.
 - Why do I feel scared or confused about reporting my therapist?

In most cases, the therapist is an important person in the client's life. Therefore,

Ffeelings of such as fear, confusion, protectiveness, shame or guilt are common.

1335 1336	Get as much information as possible about your options. Keep in mind that you are in control and can choose what to do-
1337	What if the therapist retaliates against me, harasses me or files a lawsuit
1338	against me for reporting him or her?
1339	Retaliation against a patient or harassment of a patient is illegal. Contact your
1340	local-district attorney. If the therapist files a lawsuit against you, you will be
1341 1342	required to defend yourself in the lawsuit. However, the law does provide immunity from monetary liability for reporting misconduct to a licensing board.
1343	How can I prevent this from happening again?
1344	1. Acknowledge your right to be free from sexual exploitation.
1345	2. When choosing a therapist, check with the licensing board (see page 13) to
1346	see if the therapist is licensed and if the license is under suspension or
1347	probation. Check on any complaints filed with a professional association.
1348	Review county Superior Court records to see if any malpractice lawsuit
1349	judgments are on file against the therapist.
1350	3. Question any action that may seem sexual.
1351	4. Remember that feelings of attraction are natural, therapy is supposed to be a
1352 1353	means to explore and resolve feelings, without having to act them out.
	5. Feel free to end a relationship that no longer seems safe.
1354 1355	 Can I file a complaint if there is or has been a civil case between myself and the therapist?
1356	Yes, you may file a complaint at any time, whether the case is ongoing or
1357	concluded. A civil settlement cannot preclude you from filing a complaint against
1358	a licensee.
1359	Is there a cost associated with filing a complaint?
1360	No, filing a complaint is free and can be filed via telephone, email, mail, or online.
1361	Can I file a complaint if I had a personal relationship with my therapist?
1362	Yes.
1363	Can I contact the therapist after I file a complaint?
1364	In order to preserve the integrity of the investigation, it is strongly recommended
1365	that you do not initiate contact with the therapist once you have filed a complaint.
1366	What if the therapist contacts me after I file a complaint?
1367	Once you have filed a complaint, notify the board right away if the therapist
1368	contacts you.
1369	Can I file an anonymous complaint with a licensing board?

1370 1371	Anonymous complaints are accepted, but they are almost impossible to investigate without the cooperation of the accuser.
1372	
1373	PATIENT BILL OF RIGHTS
1374	Patients have the right to:
1375	 Request and receive information about the therapist's professional capabilities.
1376	including licensure, education, training, experience, professional association
1377	membership, specialization and limitations.
1378	 Have written information about fees, payment methods, insurance
1379	reimbursement, number of sessions, substitutions (in cases of vacation and
1380	emergencies), and cancellation policies before beginning therapy.
1381	 Receive respectful treatment that will be helpful to you.
1382	 A-safe environment, free from sexual, physical and emotional abuse.
1383	 Ask questions about your therapy.
1384	 Refuse to answer any question or disclose any information you-choose not to
1385	reveal.
1386	Request and receive information from the therapist about your progress.
1387	 Know the limits of confidentiality and the circumstances in which a therapist is
1388	legally required to disclose information to others.
1389	Know if there are supervisors, consultants, students, or others with whom your the regist will discuss your and a
1390 1391	therapist will-discuss your case.
1391	 Refuse a particular type of treatment, or end treatment without obligation or herasement
1392	harassment. Potuse electronic recording (but you may request it if you wish)
1394	 Refuse electronic recording (but you may request it if you wish). Request and (in most cases) receive a summary of your file, including the
1395	diagnosis, your progress, and the type of treatment.
1396	 Report unethical and illegal behavior by a therapist (see "Your Reporting
1397	Options," page 12).
1398	 Receive a second opinion at any time about your therapy or therapist's methods.
1399	Have a copy of your file transferred to any therapist or agency you choose.
1400	
1401	
1402	Publishing Information
1403	The 2018 edition of "Therapy Never Includes Sexual Behavior" is published by the
1404	California Department of Consumer Affairs. This publication is a joint project of the
1405	California Board of Psychology, the California Board of Behavioral Sciences, the
1406	Medical Board of California, the Osteopathic Medical Board of California, and the
1407	Department of Consumer Affairs' Office of Publications, Design & Editing.
1408	This publication, and its previous versions, are the result of the dedicated work of former
1409	Senator Diane Watson, whose Senate Task Force on Psychotherapist and Patient
1410	Sexual Relations prompted the development of the original "Professional Therapy Never
1411	Includes Sex" brochure in 1990

- 1412 This booklet is available in the "Publications" section of the Department of Consumer 1413 Affairs' website at www.dca.ca.gov. 1414 Single copies of the publication are available at no charge from the boards listed above and from Publications Office, California Department of Consumer Affairs, P.O. Box 1415 1416 989004, West Sacramento, CA 95798-0004. 1417 This booklet may be copied, if (1) the meaning of copied text is not changed or misrepresented, (2) credit is given to the California Department of Consumer Affairs, 1418 1419 and (3) all copies are distributed free of charge. 1420 1421 1422 Agenda Item #20: Legislative Update 1423 b) Review and Consideration of Board Recommendations on Legislation: 1424 1) Bill on Which the Board has Taken an Active Position 1425 A. AB 244 (Cervantes) - Maternal Mental Health 1426 1427 Ms. Jones stated that this bill is Dead. 1428 1429 B. AB 710 (Wood) – Department of Consumer Affairs; boards; meetings 1430 1431 Ms. Jones stated that this bill is Dead. 1432 1433 C. SB 572 (Stone) – Healing Arts Licenses: Violations: Grace Period 1434 1435 Ms. Jones stated that this bill is Dead. 1436 1437 2) Watch Bills 1438 1439 Mr. Glasspiegel explained that "chaptered" means the bill was signed. He explained that 1440 the bills provided in the Board packet are chaptered and dead bills and that at the next 1441 Board Meeting the chaptered and dead bills will be removed and the new bills will be 1442 added. 1443 1444 Agenda Item #21: Legislative Items for Future Meeting. The Board May 1445 Discuss Other Items of Legislation in Sufficient Detail to Determine Whether Such Items Should be on a Future Board Meeting Agenda and/or Whether to 1446 Hold a Special Meeting of the Board to Discuss Such Items Pursuant to 1447 **Government Code Section 11125.4** 1448 1449 1450 Ms. Jones asked to add bills dealing with the "Me Too" movement. 1451 1452 Mr. Glasspiegel stated that the Center for Judicial Excellence asked the Board to watch AB 244. 1453
 - Agenda Item #22: Overview Presentation of the Legislative Process

1456

1457 Dr. Phillips stated that this agenda item will be moved to the May Board Meeting.

1458			
1459	Agenda Item #23: Regulatory Update, Review, and Consideration of Additional		
1460	Changes (N. Jones)		
1461	a) 16 CCR Sections 1391.1, 1391.2, 1391.5, 1391.6, 1391.8, 1391.10, 1391.11,		
1462	1391.12, 1392.1 – Psychological Assistants		
1463	b) 16 CCR Section 1396.8 - Standards of Practice for Telehealth		
1464	c) 16 CCR Sections 1381.9, 1381.10, 1392 - Retired License, Renewal of Expired		
1465	License, Psychologist Fees		
1466	d) 16 CCR Sections 1381.9, 1397.60, 1397.61, 1397.62, 1397.67 - Continuing		
1467	Professional Development		
1468			
1469	Mr. Glasspiegel stated that the above referenced items are pending the start of or in the		
1470	initial review stage with DCA.		
1471			
1472	Agenda Item #24: Outreach Update		
1473	a) Strategic Plan		
1474	b) Communications Plan		
1475	c) Website		
1476	d) Social Media		
1477	e) Newsletter		
1478	f) Outreach Activities		
1479			
1480	Dr. Phillips stated that this agenda item will be presented at the May Board Meeting due		
1481	to Ms. Bernal's absence.		
1482			
1483	Agenda Item #25: President's Report		
1484	a) 2018 Meeting Calendar and Locations		
1485	The calendar was provided as part of the Board materials. No comments were made.		
1486			
1487	b) Committee Updates		
1488			
1489	Dr. Phillips stated that the EPPP 2 Task Force will be chaired by Dr. Casuga and Mr. Foo.		
1490	He named the members of the taskforce.		
1491			
1492	Dr. Jo Linder-Crow, CPA, asked the Board about the invitation process and if there was		
1493	still room to add people.		
1494			
1495	Ms. Sorrick stated that Board staff reached out to training programs and school		
1496	organizations. She stated that this is an open meeting so anyone can participate.		
1497			
1498	Dr. Melodie Schaefer, CPA and CAPIC, asked if someone from Division 2 was involved.		
1499	Ms. Sorrick stated she will follow up to see who was contacted.		
1500			
1501	Agenda Item # 27: Recommendations for Agenda Items for Future Board		
1502	Meetings. Note: The Board May Not Discuss or Take Action on Any Matter Raised		
15 03	During This Public Comment Section, Except to Decide Whether to Place the		
1504	Matter on the Agenda of a Future Meeting [Government Code Sections 11125 and		
1505	11125.7(a)]		

1507 Ms. Jones stated that she would like to see the child custody evaluation letters and how 1508

we are using DCA's prioritization guidelines, and she asked that this be placed on a

1509 future Board agenda.

1510

1506

- 1511 Dr. Jo Linder-Crow, CPA, asked what the Board's perspective is on the PSYPACT. Dr.
- Phillips stated the Board submitted comments to ASPPB when it first came out. Dr. 1512
- 1513 Linder-Crow asked for this to be placed on a future Board agenda.

1514 1515

Agenda Item #26: Election of Officers

1516

- 1517 For Board President:
- 1518 Ms. Acquaye-Baddoo nominated Dr. Casuga
- Mr. Foo nominated Dr. Phillips 1519
- 1520 Ms. Jones nominated Mr. Foo
- Dr. Casuga and Mr. Foo did not accept the nomination. 1521

1522

- 1523 Ms. Jones inquired about the process of Board members indicating interest to serve.
- 1524 She shared that the Board previously discussed efforts to have licensed and public
- members represented in Board leadership. He asked Ms. Marks about the legality of 1525
- 1526 Board members advocating for support outside of meetings and Ms. Marks explained
- 1527 that the Board should be mindful of violations of the Open Meeting Act. Ms. Marks also
- provided information on other Board's creating nomination committee processes. 1528
- 1529

- 1530 Ms. Marks said the motion was to have to Dr. Phillips as Board President for the 2018
- 1531 calendar year.

1532

1533 Vote: 7 aye (Acquaye-Baddoo, Casuga, Erickson, Foo, Horn, Jones, Phillips), 0 no

1534

- 1535 For Vice President:
- 1536 Dr. Acquaye-Baddoo nominated Dr. Casuga
- 1537 Dr. Casuga nominated Ms. Bernal
- Dr. Erickson nominated Mr. Foo 1538
- 1539 Dr. Casuga did not accept the nomination.

1540

- 1541 Board discussed whether to vote now in Ms. Bernal's absence or wait until the May
- 1542 Board Meeting. It was decided to wait until the May Board Meeting to vote on the office
- of Vice-President. 1543

1544

- It was M(Foo)/S(Erickson)/C to wait until the May Board Meeting to have a vote for 1545
- Vice-President and have Ms. Jones continue to be Vice-President until that time. 1546

1547

1548 Vote: 7 aye (Acquaye-Baddoo, Casuga, Erickson, Foo, Horn, Jones, Phillips), 0 no

1549

1550 It was M(Foo)/S(Erickson)/C to adjourn.

1551

1552 Vote: 7 aye (Acquaye-Baddoo, Casuga, Erickson, Foo, Horn, Jones, Phillips), 0 no

1554	Meeting adjourned at 5:04 p.m.	
1555	8-()	5/15/2018
1556		3/13/2018
1557	President	Date
1558		
1559		
1560		
1561		