

Journal

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

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President's Message

Michael Erickson, Ph.D.

Welcome to the fall 2014 edition of the *Journal* from the California Board of Psychology! For this issue I would like to highlight the Board's recently formed Applied Behavioral Analysis Task Force.

Applied Behavioral Analysis (ABA) has been used in treating autism for a number of years and coverage for these services now is mandated under Medi-Cal. In September 2014, California became the first state to implement new federal standards on autism care, which include Applied Behavioral Analysis. According to a recent story in *The California Report*, there may be 75,000 children on Medi-Cal who have autism spectrum disorder, and of those, about 12,000 might access the new benefit (*Autism Benefit Finally a Reality for Children on Medi-Cal*, KQED, *The California Report*, David Gorn, 9/15/2014).

The process for certifying and licensing ABA providers also has gained increased attention. The Department of Managed Health Care's Autism Advisory Task Force issued a report earlier this year with a number of findings, including the recommendation that all top-level ABA providers should be licensed by the State with a new professional license title such as Licensed Behavioral Health Practitioner. The Task Force recommended pathways to licensure be established as soon as possible and suggested that the license be regulated by the California Board of Behavioral Sciences or another appropriate licensing board.

The Board of Psychology recently formed an Applied Behavioral Analysis Task Force to build upon the work already conducted by the Autism Advisory Task Force and to work actively with practitioners and stakeholders to ensure safety for the consumers of behavioral health treatment. Board members Johanna Arias-Bhatia and Miguel Gallardo, Psy.D., were appointed to the ABA Task Force, and Ms. Arias-Bhatia will serve as chair. Additionally, the Board invited representatives from a number of organizations to take part in the Task Force, and positive responses were received from the California Association of Behavioral Analysts (CalABA), California Psychological

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Continuing Professional Development Model Update

By Miguel E. Gallardo, Psy.D., Vice President & Chair, Outreach and Education Committee, Board of Psychology

As part of our continuing mandate to ensure consumers of mental health services in California receive the highest-quality services, the Board is in the process of redeveloping and redesigning the current continuing education (CE) model and replacing it with a more comprehensive and relevant Continuing Professional Development (CPD) model. These changes, at least from our perspective, will ensure the ongoing responsiveness and professional development of licensed psychologists. We have data that demonstrate the current model may not be as effective as was once believed, and that many psychologists engage in professional development activities that fall outside a “traditional” CE model, which ultimately contributes more to their aptitude to deliver high-quality services. The Board does not endorse an either/or perspective; therefore, licensed psychologists would continue to receive credit for CE courses and workshops from the previous model, but would be limited in the total number of hours each renewal cycle. Additionally, it is our hope that the revised CPD model would increase the social connectedness licensed psychologists engage in as a way to prevent burnout, isolation, and to avoid remaining stagnant in their professional growth and development.

The CPD model expands the number of ways in which a licensed psychologist may obtain the necessary 36 hours of CPD. Currently, licensees may accrue 36 hours only through traditional CE courses. The proposed CPD model has four ways a licensee may complete the CPD requirements for license renewal: (1) Professional (peer consultation, practice outcome monitoring (POM), professional activities, conferences/conventions, examination functions); (2) Academic (courses, instruction, supervision, publications); (3) Sponsored Continuing Education Coursework (including independent/online learning); and (4) Board Certification by the American Board of Professional Psychology (ABPP).

The newly included CPD activities are designed to make use of what research indicates contributes to increased learning and maintenance of professional aptitude. CPD activities also include a variety of modes in which learning can occur and should decrease professional isolation.

Finally, the Board is committed to ensuring that California psychologists remain culturally responsive as we deliver services in one of the most diverse states in the nation. As a result, we have also proposed a Cultural Diversity/Social Justice requirement that mirrors our current Ethical/Legal requirement. It is our hope that licensees would continue to remain centered in providing culturally responsive services. They say as California goes, so goes the nation. We are following other states who have already implemented such requirements, and we hope others will follow.

The newly revised CPD model is scheduled for a regulatory hearing on November 21, 2014. For more information on the proposed regulations, visit the “*Laws and Regulations*” section of our website (www.psychology.ca.gov).





Renewal FAQs and How to Renew Online

By Colette McDowell, Continuing Education and Renewals Coordinator, Board of Psychology

Renewal Instructions:

Details for renewing a psychology license online can be found at “Psychologist Renewal Instructions” on our website (www.psychology.ca.gov).

Renewal FAQs:

Q: How many hours of continuing education (CE) do I need?

A: Thirty-six hours of continuing education (CE) are required for each two-year renewal period (please see below for first-time renewal information).

- A minimum of 25 percent (nine hours) must be “live.”
- Webinars in which there is interaction with the instructor in real time (via instant messaging, for example) are considered “live.”
- Courses or presentations less than one hour in length are not acceptable.
- First-time renewal proration of hours: 1.5 hours of CE must be accrued for each month or partial month that the license was effective prior to expiration. A minimum of 25 percent must be “live.”
- For example, a license issued March 28, 2013, and expiring September 30, 2014, would have been in effect for 18 months and three days upon expiration. In order to renew, the licensee would have to have accrued a total of 28.5 hours of approved continuing education (1.5 hours x 19 months).

Psychologists self-certify under penalty of perjury the number of hours they have completed on their renewal form (whether online or paper).

The Board of Psychology recognizes and accepts for continuing education credit courses that are provided by entities approved by:

- APA (American Psychological Association);

- CPA (California Psychological Association); or
- CMA (California Medical Association)/ACCME (Accreditation Council for Continuing Medical Education)
 - CME (Continuing Medical Education) courses must be specifically applicable and pertinent to the practice of psychology.
 - “AMA [American Medical Association] PRA [Physician’s Recognition Award] Category 1 Credit™”¹ is acceptable.

Please see “2013 Continuing Education Changes FAQs” on our website (www.psychology.ca.gov) for additional information regarding proration for first-time renewals, reactivations, exemptions, etc.

Q: What is the requirement regarding Laws & Ethics?

A: Under current regulations, there is no hour requirement or certificate required for Laws & Ethics. Licensees must check a box self-certifying that they have kept abreast of changes to laws (statutes and regulations) and ethics since the last renewal (or initial licensure date). There is no specified method for how the information must be obtained. Licensees can take a continuing education course, review websites, participate in grand rounds, etc.

Q: I accrued more than 36 hours in my last renewal cycle. Can I carry over the excess hours to my next renewal?

A: No. Hours must be accrued in the cycle to which they are being applied. For example, if your license expires March 31, 2015, you must accrue 36 hours between April 1, 2013, and March 31, 2015.

¹ The phrase “AMA PRA 1 Credit” is a trademark of the American Medical Association.



Renewal FAQs (continued from page 3)

Q: Can I get CE credit for teaching?

A: If the course being taught is acceptable for CE credit for the participants:

An instructor may claim the course for his or her own credit only one time that he or she teaches the acceptable course during a renewal cycle, or during any 12-month period, receiving the same credit hours as the participants.

Q: I received a delinquent renewal notice, but I already paid. What do I do now?

A: A delinquent renewal notice indicates there is a deficiency with your renewal application (insufficient CE was reported, or a question was not answered, for example). You may wish to verify that payment has cleared your checking account (or credit card). Please complete the renewal form and fax the document to (916) 574-8672 or send as a PDF attachment to bopmail@dca.ca.gov. Please keep in mind that mailed-in items take three to four weeks to process and it is possible the delinquent renewal notice crossed in the mail with your completed renewal application.

Q: I'm not sure if the Board has my fingerprints on file. What should I do?

A: If you are unsure if you have already complied with the fingerprint requirement, please send an e-mail, including your license number, to bopmail@dca.ca.gov for confirmation.

An excerpt from DOJ's Live Scan FAQ section:

"I was recently fingerprinted for my job, my child's school, or for another Board such as the Board of Behavioral Sciences; do I have to do it again?"

Yes! Due to the privacy laws, there is no sharing of information allowed between agencies. The person receiving your background information must have been cleared by the Department of Justice prior to obtaining the records.

Because the law requires each of these agencies to do background checks, you must be fingerprinted for each agency to which you are applying. This includes volunteers at schools and churches. It is not uncommon for a person to be fingerprinted several times in a year.

As an example: you apply to be a substitute teacher at Moreno Valley Unified School District, you have passed your real estate license exam and decided that it would be helpful to be a notary public to go along with your real estate license. You have been contacted by your child's school in Moreno Valley and asked to volunteer on the class field trips that are coming up soon; of course you will volunteer at the school.

You will need to be fingerprinted for:

1. Moreno Valley Unified School District
2. Department of Real Estate
3. Secretary of State (notary public)
4. Your child's school

Q: Can I check on the status of my renewal?

A: If all renewal requirements have been met, mailed-in renewals take three to four weeks to process; online renewals take about a day to process. A new pocket license will be mailed in either case, and should arrive one to two weeks after the renewal is processed.

The Board considers the postmark date to be the effective date of a renewal for a license or registration. If you have complied with the requirements for renewal prior to its expiration, you are entitled to practice until the time that you receive evidence of such renewal, such as your pocket license. However, it may be up to your employer whether you can practice while the renewal is being processed by the Board.

The status of a psychologist's license can be checked at <https://www.breeze.ca.gov/> at any time. By clicking on a name, you can verify the address of record, expiration date, etc.



Psychology and Aging: Resources for an Ever-Growing Population's Needs

Deborah A. DiGilio, MPH, Director, APA Office on Aging

There is a growing need for all psychologists to have a basic understanding of the psychology of aging. People 65 and older are the fastest growing segment of the U.S. population, and by 2030 will account for 20 percent of our nation's people. As discussed in the *American Psychologist* article "Aging and Mental Health in the Decade Ahead: What Psychologists Need to Know," the demand for psychologists with a substantial understanding of later-life wellness, cultural, and clinical issues will expand in future years as the older population grows and becomes more diverse (Karel, Gatz, & Smyer, 2012). The recently updated *APA Guidelines for Psychological Practice with Older Adults* (2013) note that the demand for psychological services for older adults is expected to rise as baby boomers become old, and will continue to increase as cohorts of middle-age and younger individuals—who are receptive to psychological services—move into old age.

Even if you did not begin practice with the intent of working with older adults, clients do age and their needs often change. Additional issues specific to mid- and late life may arise. Also, age-related issues may arise in work with younger clients, e.g., those caring for aging parents and children being raised by grandparents. Finally, even if you do not work directly with older adults or their families or caregivers, we are *all* aging. Becoming informed of the science of the psychology of aging will prove useful at a personal level—for our families and ourselves.

For psychological practice with older adults, opportunities abound. The number of psychologists who work with older adults is not keeping up with and will not meet the anticipated need. The decade ahead will require an approximate doubling of the current level of psychologists' time with older adults. The need for services is

anticipated to particularly grow in primary care, dementia, and family caregiving services, decision making capacity evaluation, and end-of-life care (Karel, Gatz, & Smyer, 2012). However, only 4.2 percent of respondents to the 2008 APA Survey of Psychology Health Service Providers reported that geropsychology was their current focus and work (APA Center for Workforce Studies, 2008). This workforce shortage is not limited to psychology. The Institute of Medicine report, *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands* (2012) described the dire need for health providers across professions to address the mental and behavioral health needs of older adults. It found that although the aging population continues to grow in number, diversity, and mental health needs, the geriatric mental health workforce is disconcertingly small and is dwarfed by the pace at which the population is growing.

The APA Office on Aging and the Committee on Aging and its working groups have developed a wealth of resources that we believe all psychologists will find useful, for the reasons described above, to prepare for the Examination for the Professional Practice in Psychology (EPPP), and to earn continuing education credit in aging and long-term care. The main source of information is the Office on Aging website. It has resources and tools including: the *APA Family Caregivers Briefcase*; reports and fact sheets that provide guidance on how psychologists can work in interprofessional teams across health settings with older adults; resources on multicultural aging; strategies for promoting healthy aging across the lifespan; handbooks on capacity assessment; and professional practice guidelines for the aforementioned psychological practice with older adults and the *Evaluation of Dementia and Age-related Cognitive Change*. One document of note, *What Mental Health Providers Should Know About*

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Psychology and Aging (continued from page 5)

Working with Older Adults, summarizes the guidance offered in the *APA Guidelines for Psychological Practice with Older Adults* and provides links to educational resources for each guideline. There are also consumer education materials and links to other geropsychology websites. Finally, we have developed a fact sheet, *Resources for Psychological Practice with Older Adults and Their Caregivers*, that provides an overview of these available resources for distribution to your colleagues and students.

The Offices of Aging and Continuing Education also offer online continuing education programs including *Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists* (four CE credits), *Blueprint for Change: Achieving Integrated Health for an Aging Population* (two CE credits), and *What Psychologists Should Know about Working with Older Adults* (seven CE credits). APA Publications offers 12 Psychotherapy Training Videos specific to older adult practice issues (search by subject: aging). If you would like ongoing information about psychology and aging issues, you can also subscribe online to our free, semiannual e-newsletter, *APA Aging Issues Newsletter*.

For practitioners who wish to specialize in professional geropsychology, more detailed guidance regarding the “Pikes Peak Attitudes, Knowledge and Skills Competencies for Practice in Professional Geropsychology” (Knight, Karel, Hinrichsen, Qualls & Duffy, 2009) and the

corresponding competencies assessment tool are available on The Council of Professional Geropsychology Training Programs website.

References

American Psychological Association, Center for Workforce Studies. (2008). *2008 APA Survey of Psychology Health Service Providers*. Retrieved from <http://www.apa.org/workforce/publications/08-hsp/index.aspx>

American Psychological Association (2013). *Guidelines for Psychological Practice with Older Adults*. Retrieved from <http://www.apa.org/practice/guidelines/older-adults.aspx>.

Institute of Medicine (2012). *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?* Retrieved from <http://www.iom.edu/Reports/2012/The-Mental-Health-and-Substance-Use-Workforce-For-Older-Adults.aspx>.

Karel, M. J., Gatz, M., & Smyer, M. A. (2012). Aging and mental health in the decade ahead: What psychologists need to know. *American Psychologist*, 67, 184-198. doi:10.1037/a0025393.

Knight, B. G., Karel, M. J., Hinrichsen, G. A., Qualls, S. H., & Duffy, M. (2009). Pikes Peak model for training in professional geropsychology. *American Psychologist*, 64(3), 205-214. doi:10.1037/a0015059.

President's Message (continued from page 1)

Association (CPA), Behavioral Analysis Certification Board (BACB), and the Association of Professional Behavior Analysts (APBA). One of the primary goals of the Task Force will be to determine whether the services provided by ABA providers could be licensed and regulated by the Board of Psychology with a title such as Licensed Behavioral Health Practitioner. The Task Force will meet several times before February 2015, and will report its findings to the Board in May 2015.



As the Board of Psychology Approaches 60 Years ...

Jeffrey Thomas, Assistant Executive Officer, Board of Psychology

THE EVOLUTION OF THE BOARD OF PSYCHOLOGY

1950s:

Nearly 60 years ago, the regulation of the practice of psychology began with the Certification Act of 1958. This act protected the title “psychologist;” however, it did not take into consideration the protection of the interests of the consumers of psychological services.

1960s:

By 1967, the Legislature began to recognize the potential harm to consumers by those practicing psychology. The regulatory focus shifted to the protection of the public, and the requirement for licensure to practice psychology was established.

1970s/1980s:

Psychology was regulated by the Psychology Examining Committee under the Board of Medical Quality Assurance’s Division of Allied Health. The Psychology Examining Committee continued to regulate the profession throughout the 1970s and 1980s, becoming increasingly independent from the Board of Medical Quality Assurance as the psychology profession evolved.

1990:

The Psychology Examining Committee became the current Board of Psychology in 1990.

TODAY:

The Board of Psychology consists of nine members, five licensed psychologists and four public members, who are appointed to the Board for four-year terms. Each member serves a maximum of two consecutive terms. The five licensed members and two public members are appointed by the Governor. One public member is appointed by the Senate Rules Committee, and one public member is appointed by the Speaker of the Assembly. The Executive Officer is appointed by the Board to ensure that the Board functions efficiently and serves solely in the interests of the consumers of psychological services in California.

The Board is funded totally through license, application, and examination fees and receives no tax money from the general revenue fund of the State. The Board has three standing committees, each consisting of three Board members: the Licensing Committee, Policy and Advocacy Committee, and Outreach and Education.



Probation: In Practice

By Barbara Tanner, Probation Coordinator, Board of Psychology

The Board's enforcement efforts are focused on protecting a vulnerable consumer population from exploitative, unscrupulous, or otherwise incompetent acts by licensed psychologists and psychological assistants. Consequences for violating the law or ethical guidelines of this healing art include citations, reprimands, probation, or revocation of licenses. Below is a list of the types of violations that led to Board action in the past two years.

Board of Psychology—Discipline FY 2012-13 and 2013-14	
Total Disciplinary Decisions	57
Probation Ordered	22
Violation Types	
Gross Negligence/Incompetence	14
Improper Supervision	1
Repeat Negligent Acts	6
Self-Abuse of Drugs or Alcohol	9
Dishonesty/Fraud	5
Mental Illness	3
Aiding Unlicensed Practice	1
General Unprofessional Conduct	16
Probation Violation	3
Sexual Misconduct	10
Conviction of a Crime	16
Misrepresentation of License Status	1
Professional Standards Violations	
Abandonment	1
Confidentiality	1
Improper Supervision	1
Outside of Area of Competence	1
Unfit to Practice	1
Violation of Code (child custody)	1

Note: Doesn't include cancelled, revoked, or surrendered licenses/registrations.

The Attorney General acts on behalf of the Board to file an Accusation or Statement of Issues, which specifically outline the violation. Following a hearing on the facts, or when terms are set in a negotiated agreement with the licensee, the Board issues a decision that may affect the status of their license. The Board may issue a license with terms and conditions, or put terms and conditions on an existing license if a psychologist, psychological assistant, or registered psychologist is found to have engaged in unprofessional conduct. In some circumstances the Board includes appropriate probation terms for the rehabilitation, education, restitution, or oversight of a licensee.

At any given time, the Board has approximately 70 licensees with probationary conditions on their licenses and registrations that last from two to seven years. If a probationer chooses not to practice in California or resides outside the state for any period of time exceeding 30 days, their probation is tolled. During tolled status, the license or registration will be placed on inactive status and the probationary period will not commence again until the respondent activates his or her license and resumes practicing in California. Each year, about five probationers complete their probation. A similar number violate their disciplinary order terms, and probation is revoked or extended. Those who violate probation and lose their licenses and registrations cannot practice psychology.

On page 14 is a graph outlining the ways in which a probationer failed to meet the terms and conditions to regain licensure in the last two years.

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Legislative and Regulatory Update

Jonathan Burke, Administrative Coordinator, Board of Psychology

AB 186 (Maienschein) Military Spouses: Temporary Licenses

SUMMARY: Establishes a temporary licensure process for an applicant who holds a current license in another jurisdiction and who supplies satisfactory evidence of being married to or in a domestic partnership or other legal union with an active-duty member of the Armed Forces.

The Board of Psychology (Board) is committed to helping military families overcome any obstacles that they may face during the licensing process. However, the Board already accommodates military spouses and those in domestic partnerships in the following ways:

- The expediting of their applications
- A 180-day period to pass the necessary examination(s) during which time the applicant can practice psychology

The Board voted at the June Board meeting to take an opposing position. The Board is of the opinion that creating an entirely new temporary license category for the spouses and domestic partners of military personnel is unnecessary because of the mechanisms that are currently in place.

This bill was amended on August 20th, 2014, to no longer apply to the Board of Psychology. Therefore, the Board voted at the August Board meeting to rescind the previous “oppose” position and continue to watch the bill.

This bill was signed by Governor Brown and chaptered by the Secretary of State on September 27th, 2014, as Chapter No. 640. This bill becomes effective on January 1st, 2015.

POSITION: None.

AB 809 (Logue) Healing Arts: Telehealth

SUMMARY: Allows the verbal consent to telehealth given by the patient at its initial use to apply in any subsequent use of telehealth.

Business and Professions Code section 2290.5(b) states that “Prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth at the originating site shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health during a specified course of health care and treatment.”

The term “originating site” is defined as the location of the patient at the time health care services are provided. This implies that if the health care provider does not physically go to the site where the patient is located to obtain the patient’s verbal or written consent, then he or she is guilty of unprofessional conduct and subject to disciplinary action on his or her license or registration. This runs counter to the purpose of telehealth, which is to use electronic means to make health care more accessible, especially for patients in rural areas.

The Board voted at the June Board meeting to take a “support if amended” position. The Board requested that the phrase “at the originating site” be deleted from Business and Professions Code section 2290.5(b). This amendment would allow the Board to adopt a support position to AB 809. The Board’s requested amendment to remove the phrase “at the originating site” from Business and Professions Code section 2290.5(b) was implemented by the author. Therefore, the Board voted at the August Board meeting to rescind the “support if amended” position and adopt a “support” position.

This bill was signed by Governor Brown and chaptered by the Secretary of State on September 18th, 2014, as Chapter No. 404. This bill contained an urgency provision and became effective immediately after being signed by Governor Brown on September 18, 2014.

POSITION: Support.

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Legislative and Regulatory Update (continued from page 9)

AB 1505 (Garcia) Child Abuse: Mandated Reporters

SUMMARY: Amends the Child Abuse and Neglect Reporting Act (CANRA). Makes instances of sodomy or oral copulation with a minor reportable as sexual abuse only if the conduct involves either a person over 21 years of age or a minor under 16 years of age.

The Board voted at its May Board meeting to take an “oppose unless amended.” The Board was concerned that the bill does not resolve the lack of clarity in current law. An earlier version of the bill would have clarified for mandated reporters that consensual sodomy or oral copulation between two minors, including those under age 16, is not reportable as sexual assault under CANRA.

The Board’s desire is that a psychologist be allowed to determine if sodomy or oral copulation between two individuals, of like age, is abusive and reportable or non-abusive and nonreportable, similar to the determination made of other sexual behavior. The initial version of the bill was clearer in fulfilling the intent of the Board in clearing up the mandated reporting requirements of CANRA.

This bill was withdrawn by the author and will not be progressing through the legislature in the current legislative session.

POSITION: Oppose unless amended.

AB 1702 (Maienschein) Professions and Vocations: Incarceration

SUMMARY: This legislation would provide that an applicant shall not be subject to a delay in processing his or her application or a denial of the license due to the applicant completing some or all of the licensure requirements while incarcerated.

The Board voted at the May Board meeting to take an “oppose” position. The Board has concerns that this bill will cause confusion amongst applicants who experience a delay due to a conviction and the subsequent incarceration.

This bill was signed by Governor Brown and chaptered by the Secretary of State on September 18th, 2014, as Chapter No. 410. This bill will become effective on January 1st, 2015.

POSITION: Oppose.

AB 1758 (Patterson) Healing Arts: Initial License Fees: Proration

SUMMARY: Requires that the fee for an initial temporary or permanent license, or an original license imposed under existing provisions of law regarding the licensure of psychologists, be prorated on a monthly basis.

This bill was held in the Senate Committee on Appropriations and will not be progressing through the legislature in the current legislative session.

POSITION: Watch.

AB 1843 (Jones) Child Custody Evaluations: Confidentiality

SUMMARY: This bill would grant statutory authority to the Board to access a child custody evaluation report for investigating allegations that one of its licensees, while serving as a child custody evaluator, engaged in unprofessional conduct in the creation of the report.

The Board is mandated by law (Family Code section 3110.5(e)), to investigate complaints against its licensees for unprofessional conduct occurring while that licensee served as a child custody evaluator. AB 1843 will allow the Board to investigate these complaints in a more timely and cost effective manner.

The Board voted at the June Board meeting to take a “support” position.

This bill was signed by Governor Brown and chaptered by the Secretary of State on August 25th, 2014 as Chapter No. 283. This bill will become effective on January 1st, 2015.

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Legislative and Regulatory Update (continued from page 10)

POSITION: Support.

AB 2041 (Jones) Developmental Services: Regional Centers: Behavioral Health Treatment

SUMMARY: The bill relates to developmental services, regional centers, and behavioral health treatment. AB 2041 requires that a regional center classify a vendor as a behavior management consultant or behavior management assistant if the vendor meets licensure and education requirements. It requires that the behavior management assistant or behavior management consultant be approved as a California regional center vendor. The bill relates to required health coverage and health benefit plans.

This bill was held in the Senate Committee on Appropriations and will not be progressing through the legislature in the current legislative session.

POSITION: None.

AB 2058 (Wilk) Open Meetings

SUMMARY: This legislation would modify the definition of “state body” within the Bagley-Keene Open Meeting Act to include advisory committees with less than three individuals when those committees have standing subject matter jurisdiction.

The bill was vetoed by Governor Brown on September 27th, 2014. In the veto message the Governor commented that an advisory committee does not have authority to act on its own and must present any findings and recommendations to a larger body in a public setting for formal action. The Governor believes that the necessity of the public setting for formal action is sufficient.

POSITION: Watch.

AB 2198 (Levine) Mental Health Professionals and Suicide Prevention

SUMMARY: Requires a psychologist to complete a minimum of 15 contact hours of coursework in suicide

assessment, treatment, and management before he or she may be issued a license. This bill also requires six hours of continuing education (CE) in suicide assessment if currently licensed by the Board.

The Board is aware that suicide is an extremely important topic that has touched the lives of many families in our State. The Board is committed to educating our licensees and the general public on this issue via various outreach and educational tools. The Board does not believe, however, that AB 2198 is the appropriate vehicle for achieving competence in this area.

- The coursework and CE hours mandated in the bill will not help a licensee achieve competency in the area of suicide assessment, prevention, and training. The Board is concerned that attending a six-hour course may provide a false sense of subject area mastery to a licensee.
- Suicide assessment, prevention, and training are currently integrated into the curriculum of most graduate training programs. Additionally, suicide assessment is a knowledge point tested in both the national and State examinations (Examination for Professional Practice in Psychology (EPPP), California Psychology Supplemental Examination (CPSE), California Psychology Law and Ethics Examination (CPLEE)).
- The Board is opposed to CE courses being mandated by the legislature when the Board is better positioned to determine what areas of study will further the professional development of its licensees.

The Board voted at the June Board meeting to take an “oppose” position. The Board has concerns that while well intentioned, this bill will not achieve the intended goals of increasing competence in the important area of suicide prevention, assessment, and training.

The bill was vetoed by Governor Brown on September 18th, 2014. In the veto message, the Governor commented that there is already an

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Legislative and Regulatory Update (continued from page 11)

extensive regulatory scheme in place for ensuring the professional competence of psychologists and that the Board should determine what actions are needed.

POSITION: Oppose.

**AB 2396 (Bonta) Convictions:
Expungement: Licenses**

SUMMARY: This legislation would provide that a person may not be denied licensure solely based upon a conviction that has been dismissed through specified penal code procedures.

The Board currently cites section 480 of the Business and Professions Code when denying a license to an applicant with an expunged conviction. If the Board is prohibited from denying a license based solely on a conviction that has been dismissed or expunged, the Board would be required to conduct an investigation to substantiate the underlying cause for the conviction. This would have a fiscal impact on the Board through increased utilization of the Division of Investigations, the Attorney General's Office, and staff resources. The alternative would be to license those applicants who have an expunged conviction that we have determined would potentially pose a danger to the public.

The Board took an "oppose" position at its May Board meeting because this legislation would negatively impact the Board's ability to protect California consumers.

This bill was signed by Governor Brown and chaptered by the Secretary of State on September 28th, 2014, as Chapter No. 737. This bill will become effective on January 1st, 2015. The Board is working with the Department of Consumer Affairs, the Division of Investigations, and the Office of the Attorney General to determine how to accommodate the new law.

POSITION: Oppose.

**SB 570 (DeSaulnier) Advanced Alcohol
and Drug Licensing Act**

SUMMARY: Establishes licensure and registration provisions relating to Advanced Alcohol and Drug Counselors (LAADCs) and Advanced Alcohol and Drug Counselor Interns (AADCI) to be administered by the newly created licensing board. This is the proposed Practice Act for a Drug and Alcohol Counselor Licensing Board under the Department of Health Care Services.

The Board agrees with and supports the goal of licensing all Advanced Alcohol and Drug Counselors and registering all Alcohol and Drug Counselor Interns. Alcohol and drug counselors and interns serve vulnerable patient populations, and the Board is concerned about the lack of oversight and educational standards currently in place for LAADCs and AADCIs. The Board, however, has the following concerns:

- Proposed section 11975.43 of the practice act could allow an individual who lacks an advanced degree to become licensed for independent practice at the same level as an applicant who has an M.A., M.Sc., or Ph.D. The Board proposes an amendment that requires an advanced degree for licensure or registration as an LAADC or AADCI.
- Even with the advanced degree that would be required commencing January 1, 2016, the "single diagnosis" possibility for that degree (alcohol and drug counseling) does not ensure that those individuals would be sufficiently trained in how to recognize when a more serious mental health condition is occurring along with the substance abuse. The Board proposes amending the bill to require training on how to recognize when a mental health issue is at the base of the substance abuse, how to assess for mental health issues, and how to determine when a referral to a trained mental health practitioner would be appropriate.
- Because the Board views alcohol and drug abuse primarily as psychological problems

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Legislative and Regulatory Update (continued from page 14)

that also can lead to other health concerns, we believe that alcohol and drug counselors and interns should be regulated by a board or department, like the Department of Consumer Affairs (DCA), that is more familiar with issues that can arise for the consumer group being treated by this proposed license group, alcohol and drug counselors.

The Board voted at the June Board meeting to take a “support if amended” position.

This bill was held in the Assembly Committee on Appropriations and will not be progressing through the legislature in the current legislative session.

POSITION: Support if amended.

SB 1159 (Lara) License Applicants: Federal Tax Identification

SUMMARY: This bill would allow licensees to use Federal taxpayer identification in lieu of a Social Security number when applying for licensure. In addition, this bill would prohibit any program within the DCA from processing an application that omits these numbers.

This bill was signed by Governor Brown and chaptered by the Secretary of State on September 28th, 2014, as Chapter No. 752. This bill will become effective on January 1st, 2015.

POSITION: None.

1466 (Senate Committee on Business, Professions and Economic Development) Health Care Professionals

This is an omnibus bill that included various nonsubstantive changes in DCA Board practice acts. The changes related to the psychology licensing law include the elimination of the fictitious name permit process and the amendment to the Board’s address and contact information, as well as changes regarding initial renewal and delinquency fees associated with the fictitious name permit law.

This bill was signed by Governor Brown and chaptered by the Secretary of State on September 9, 2014, as Chapter No. 316. This bill will become effective on January 1st, 2015.

POSITION: Support.

To access the full text of the bills listed above, please visit <https://leginfo.legislature.ca.gov/> and search by bill number.

Title 16, CCR, Section 1397.12 – Uniform Standards Related to Substance Abuse and Disciplinary Guidelines

The current Disciplinary Guidelines (amended 2/07) referenced in existing regulations must be amended to be made consistent with current law (Senate Bill 1441 [Ridley-Thomas, Chapter 548, Statutes of 2008]). This proposal incorporates Uniform Standards 1–12 in the Board’s proposed “Disciplinary Guidelines and Uniform Standards Related to Substance Abusing Licensees (Amended 2/14)” to describe the mandatory conditions that apply to a substance abusing applicant or licensee; updates the standard and optional terms and conditions of probation; and adopts uniform and specific standards that the Board must use in dealing with substance-abusing licensees, registrants, or applicants to increase consumer protection.

The hearing took place on August 22 at 9 a.m., at the Board meeting. Subsequent to the Hearing, the Department of Consumer Affairs Legislative and Regulatory Review Division requested that some language be added. The Board will therefore be conducting a 15-Day Notice and the new language will be submitted to the Board for approval at the November Board Meeting.

The Uniform Standards that are being incorporated into the Board’s existing Disciplinary Guidelines are mandated by Senate Bill 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008).

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Legislative and Regulatory Update (continued from page 13)

Title 16, CCR, Sections 1388, 1388.6, 1389, 1392 – Examinations, License Requirements and Waiver of Examination, Reconsideration of Examinations, Psychologist Fees

The proposed regulation will change the law and ethics examination that is taken by applicants for licensure. Currently, applicants take the California Psychology Supplemental Examination (CPSE), but this has been determined to be duplicative of certain knowledge points on the Examination for Professional Practice in Psychology (EPPP). The proposed change will instead require applicants to take the California Psychology Law and Ethics Examination (CPLLE).

The Board is also seeking to have regulations on the accommodations for English as Second Language (ESL) candidates. Currently, the Board has a policy, but this will place conditions in the regulations.

The hearing took place on August 22, at 10 a.m., at the Board meeting. The Board voted to modify the text to correct an error in the noticed language. A 15-Day Notice shall be published and the Board

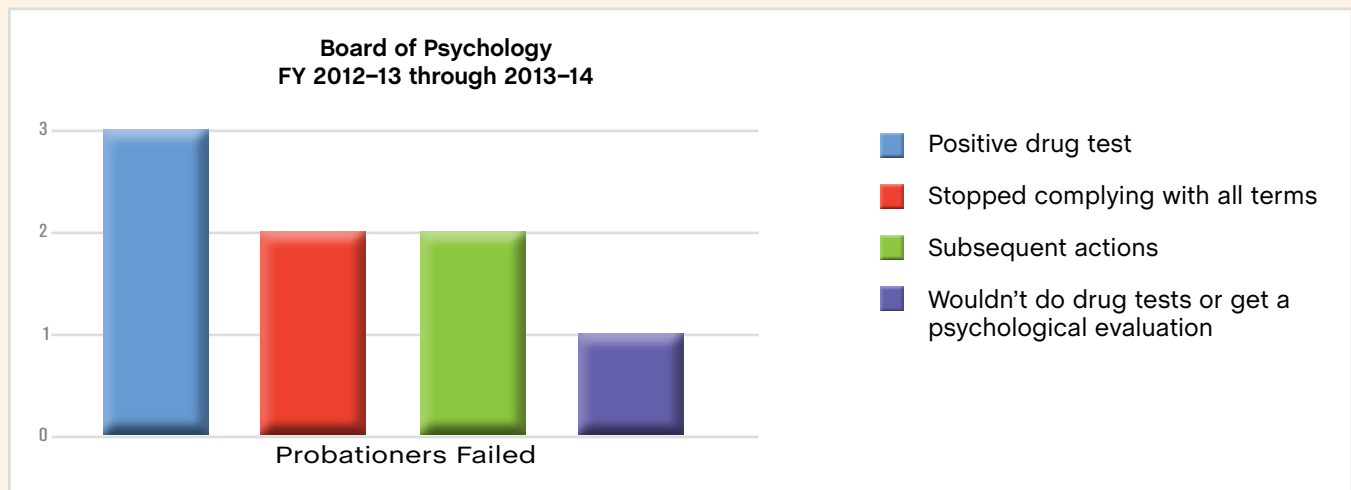
delegated authority to the Executive Officer to approve when the comment period has closed.

Title 16, CCR, Sections 1397.60, 1397.61, 1397.62, 1397.67 – Definitions, Continuing Education Requirements, Continuing Education Exemptions and Exceptions, Renewal after Inactive or Delinquent Status

Current regulations only allow for “traditional” CE courses. The resulting proposed language provides a wide variety of options for licensees to obtain their CE, including conferences or convention attendance, practice outcome monitoring, peer consultation, academic instruction, etc. The proposed regulations also establish a requirement that licensees engage in learning activities pertinent to cultural diversity and social justice issues as they apply to the practice of psychology in California.

The Board voted at its August meeting to approve the language changes for the CE requirements to be noticed for the rule-making process. The hearing is set to take place on November 21, 2014, at 9 a.m., at the Board meeting.

Probation: In Practice (continued from page 8)



For more information about the Board's enforcement process, visit us on the Web at www.psychology.ca.gov.



Disciplinary Actions: July 1, 2014 to September 30, 2014

Lisa Fanchette Allen (PSY 15636)
Marina Del Rey

Action: License surrendered

Stipulated Decision effective 8/15/2014

B&P § 2960(a): Conviction of a crime substantially related to the practice of psychology

B&P § 2960(b): Use of alcohol to an extent and in a manner dangerous to herself and the public

Leonard Daniel Bergantino (PSY 3837)
Los Angeles

Action: Interim suspension

Interim Suspension Order effective 8/22/2014

B&P § 822: Unable to practice safely, due to physical and mental condition

Molly O'Griffin (PSY 22791)
Berkeley

Action: Five years' probation with revocation stayed

Stipulated Decision effective 10/03/2014

B&P § 2960(a): Conviction of a crime substantially related to the practice of psychology

James Posey (PSY 7095)
Rancho Cordova

Action: License surrendered

Stipulated Decision effective 8/21/2014

B&P § 2960(j): Gross negligence

B&P § 2960(h), (n), (r): Repeated negligent acts

Valerie Richards (PSY 22601)
New Zealand

Action: Three years' probation with revocation stayed

Stipulated Decision effective 8/18/2014

B&P § 2960(j): Unprofessional conduct-gross negligence

B&P §§ 2960(i), (k) & 2969(a)(1): Unprofessional conduct-failure to provide medical records

B&P § 2960(i), (k): Unprofessional conduct-failure to maintain valid address of record

Nina Talebi Rodd (PSY 16624)
Torrance

Action: Three years' probation with revocation stayed

Stipulated Decision effective 8/24/2014

B&P § 2960(j): Gross negligence

B&P § 2960(r): Repeated acts of negligence

Steven Reinhold Tess (PSY 8938)
El Cajon

Action: Five years' probation with revocation stayed

Stipulated Decision effective 9/17/2014

B&P § 2960(j): Gross negligence

B&P § 2960(r): Repeated acts of negligence

B&P § 2960(i): Unprofessional conduct-interpersonal relations

Cynthia Wilcox-Rittgers (PSY 17606)
Petaluma

Action: Five years' probation with revocation stayed

Decision effective 8/30/2014

B&P 2960(j), (k): Gross negligence

B&P § 2960(r): Repeated acts of negligence

B&P § 2936: Violating rules of professional conduct

Patricia Anne Zomber (PSY 9176)
Marina Del Rey

Action: Five years' probation with revocation stayed

Stipulated Decision effective 8/28/2014

B&P § 2960(r): Repeated acts of negligence

H&S § 123110: Failure to provide medical records

H&S § 123115(b)(1): Failure to follow the provisions of Health and Safety Code § 123115



2014-15 Board Meeting Calendar

NOVEMBER 20-21, 2014
(San Diego)

FEBRUARY 26-27, 2015
(State Capitol, Sacramento)

MAY 14-15, 2015
(Riverside)

AUGUST 13-14, 2015
(Berkeley)

NOVEMBER 12-13, 2015
(San Diego)

Board Members

Michael Erickson, Ph.D. (President)

Miguel Gallardo, Psy.D. (Vice-President)

Lucille Acquaye-Baddoo

Johanna Arias-Bhatia, J.D.

Andrew Harlem, Ph.D.

Nicole J. Jones

Linda L. Starr

Stephen Phillips, J.D., Psy.D.

Jacqueline Horn, Ph.D.

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