

# Journal

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

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## President's Message

*Stephen C. Phillips, J.D., PsyD, Board of Psychology*

Welcome to the fall 2019 edition of the California Board of Psychology *Journal*. The mission of the Board is to protect consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession.



**Ms. Marisela Cervantes**

Since I last wrote, the Board is delighted to welcome its newest member, Ms. Marisela Cervantes, a community partnership and public relations professional who was previously employed by California State University, Los Angeles, as chief of staff to the dean of its Charter College of Education. Ms. Cervantes also has valuable experience in legislative affairs, having previously worked as a district director in several legislative districts. With a master's degree in public affairs and as a doctoral candidate in educational leadership,

she brings a depth of knowledge that can only help to broaden and inform the Board's deliberative processes. Ms. Cervantes was appointed by Speaker of the State Assembly Anthony Rendon.

At the time of this writing, staff, management, and Board members are busily preparing for the August 15-16 quarterly Board meeting at the Wright Institute in Berkeley. Consistent with our recent strategic planning retreat and the resulting strategic plan, the Board's various committees are revisiting their goals and names to better capture their various functions. Some of those proposed changes will be considered by the Board at the August meeting. Given that we are in the heart of the Legislature's session, a substantial portion of the upcoming agenda is focused on active legislation, which is either sponsored by the Board or which impacts Board operations, our licensees, or consumers of psychological services. During the Licensing Committee's report there will be consideration of a variety of ongoing and proposed regulatory changes, and discussion of the title of psychological assistants. It should prove to be an active and informative meeting. It is the Board's hope that petitioners,

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To verify a license: [www.breeze.ca.gov](http://www.breeze.ca.gov)

To update address of record or email address: [www.breeze.ca.gov](http://www.breeze.ca.gov)

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licensees, consumers, and other stakeholders will avail themselves of the opportunity to demystify the policymaking process and better acquaint themselves with the Board's agenda and efforts by attending Board meetings or watching the webcasts of the proceedings, which are recorded for those who cannot view them live.

One major change for our licensees and consumers is the newly published *Therapy Never Includes Sexual Behavior*, the updated and improved version of the booklet formerly entitled *Professional Therapy Never Includes Sex*. After long efforts spearheaded by Board staff, a variety of healthcare boards and the Department of Consumer Affairs collaborated on the revision and finalization of the brochure, in

tandem with Board-sponsored legislation authored by Assembly Member Marc Levine. We are grateful to Assembly Member Levine for his invaluable efforts on behalf of the Board and California's consumers of psychological services.

The Board hopes you are having an outstanding 2019. The Board continues to express its gratitude to its hardworking staff and management team for their outstanding work and support. They labor diligently and too often thanklessly to accomplish the mission of the Board on behalf of our various stakeholders, consumers, and licensees. Without their individual and collective efforts, the Board would be unable to move forward toward a better future for consumers and the profession.

## Child Custody Stakeholder Meeting Follow-Up

*By Lucille Acquaye-Baddoo, Former Board Member and Enforcement Committee Chair, Board of Psychology*

On September 21, 2018, the Board of Psychology and the Board of Behavioral Sciences (BBS) held a Child Custody Stakeholder meeting in Sacramento. Stakeholders were invited to participate in the meeting to discuss concerns from the Center for Judicial Excellence regarding the handling of child custody evaluation complaints.

The center submitted a list of concerns and a proposal with a list of possible solutions to be considered at the meeting. At the meeting, all non-DCA attendees individually triaged the center's proposal and a prioritization list was created. For a copy of the child custody stakeholder report, go to [www.psychology.ca.gov/about\\_us/meetings/materials/20190424\\_26.pdf](http://www.psychology.ca.gov/about_us/meetings/materials/20190424_26.pdf). The Enforcement Committee and Enforcement Unit staff reviewed the prioritization list and recommended that the following items be implemented.

1. Mandate child abuse/domestic violence training for subject matter experts (six hours of each subject).

2. Screen child custody subject matter experts for subscribing to the theory of parental alienation.
3. Educate the public on the requirement to establish violations of the law by clear and convincing evidence (the Board's level of burden of proof).

In addition, Board staff will work with the Office of the Attorney General to review statutory language to see if the Board can obtain mental health records without issuing a subpoena. Staff will also create a fact sheet that will include how complaints are processed, complaint time frames, and needed documentation for a complaint to be initiated. The fact sheet will be posted on the Board's website.

At the Board Meeting in April, Board Members reviewed the committee and staff recommendations and approved the above-mentioned items. Over the next several months, Board staff will work diligently to implement these items.



## How to Reset Your BreEZe Login

By Sarah Proteau, Central Services Technician, Board of Psychology

Did you know that BreEZe is not just for renewals? A variety of requests can be submitted and paid for beyond your application and renewal. As the Board gets closer to the rollout of PaperLite 2020, it's best to be prepared. In addition to being ready to submit your renewal online, why not take advantage of this very convenient online tool?

Licensees/Registrants can also order duplicate pocket cards and wall certificates as well as make changes to the Address of Record and contact email address. As life gets busy and with all the logins and passwords we all must keep track of, it is often the case that we forget our information. Save yourself some time now and make sure you have your login information up to date! If you have never accessed your BreEZe account, you can access the "New User Registration" here: [www.breeze.ca.gov](http://www.breeze.ca.gov) and click on the "Click Here to Access BreEZe Online Services" link.

If you have previously registered in the BreEZe system, enter your user ID and password. If you forget your password after you are registered, click the link next to "Forgot Password?"

The screenshot shows a login form titled "FOR APPLICANTS AND LICENSEES". It includes instructions for returning users and new users. The returning user section has fields for User ID and Password, with a "Sign In" button and links for "Forgot Password?" and "Forgot User ID?". The new users section has a "BreEZe Registration" link.

Enter your user ID and click "NEXT." On the following page, you will answer the security question you set up when creating your account. After answering the question, hit the NEXT button to have a new temporary password emailed to you.

(Note: **Check the email account** that you entered during registration for the temporary password (**also check spam or junk mail folders**) for an email message from [no-reply-breeze-online@dca.ca.gov](mailto:no-reply-breeze-online@dca.ca.gov).)

In the email, look for the temporary password, make a note of it and return to the BreEZe homepage. **The temporary password is case sensitive.**

At the BreEZe homepage ([www.breeze.ca.gov](http://www.breeze.ca.gov)), enter the user ID and temporary password in the sign-in fields and click "Sign In."

You will then be asked to establish a new password with the following guidelines:

- A minimum of four characters.
- Must not be the same as your user ID.
- Must not be a variation of your user ID.
- Must contain at least one uppercase letter.
- Must contain at least one lowercase letter.
- Must contain at least one number.
- Must contain at least one special character.

Enter the temporary password and the new password in the corresponding fields before repeating the new password in the "Confirm Password" field. Once complete, click "Save" to access your account.

An online video tutorial showing how to reset your password or obtain your user ID is available through [www.dca.ca.gov/webapps/breeze/forgot\\_password\\_breeze/forgot\\_password\\_breeze.html](http://www.dca.ca.gov/webapps/breeze/forgot_password_breeze/forgot_password_breeze.html).

If you continue having trouble accessing BreEZe or receive an error message, please contact the BreEZe Help Desk at (916) 557-1208 (Monday–Friday 8 a.m. to 4:45 p.m.) or by email: [breeze@dca.ca.gov](mailto:breeze@dca.ca.gov).



## Suicide Prevention Training

*By Liezel McCockran, CE/Renewals Coordinator, Board of Psychology*

Effective January 1, 2020, at the time of renewing a license in active status, a licensee will be required to attest on their renewal form that they have met the one-time, six-hour suicide risk assessment and intervention coursework or applied experience requirement.

Individuals whose licenses expire on or after the effective date will be asked on renewals whether they have completed the one-time requirement.

This requirement can be met in one of the following ways:

- Obtained as part of his or her qualifying graduate degree program.
- Obtained as part of his or her applied experience. Applied experience can be met in any of the following settings: practicum, internship, or formal postdoctoral placement that meets the requirement of Section 2911, or other qualifying supervised professional experience.

- Obtained by taking any approved, structured, sequenced learning activity, whether conducted in person or online. The continuing education (CE) course must be approved by organizations approved by the Board.

Although licensees must attest to compliance with the six-hour requirement upon his or her first renewal after January 1, 2020, for those satisfying the requirement by taking a qualifying CE course, the course can be taken at any time prior to the submission of the application for renewal, and the course may also be applied to the CE requirements in the renewal cycle during which the course was completed.

For any additional questions or concerns, please contact the Board at (916) 574-7720 or via email at [bopce@dca.ca.gov](mailto:bopce@dca.ca.gov).

## Pocket Card Process and Processing Time Frames

*By Diana Brown, Central Services Technician, Board of Psychology*

On July 1, 2018, the Board of Psychology started issuing a hard, plastic pocket card for our licensees and registrants. Issuing a plastic pocket card allows our licensees and registrants to have a pocket card that does not fade or tear like a paper card.

Creation and mailing of the plastic card is performed by an outside vendor. Because it comes from a third party, the total process can take from two to four weeks before the plastic pocket cards are received by the licensee or registrant.

To receive your plastic pocket card in a timely manner, make sure the Board has a current and correct address of record where you can receive mail. All correspondence from the Board (and the outside

vendor) goes to your address of record. Before you order a new pocket card or renew your license or registration, please review your address of record on file with the Board to make sure that the address is current and correct. If you have a suite number, be sure it is listed appropriately. You can review and modify your address of record using the BreEze system at any time or contact the Board at [BOPmail@dca.ca.gov](mailto:BOPmail@dca.ca.gov).

You can establish a P.O. Box as your address of record if you also submit a physical address as your “confidential address.”



## Clinical Practice at the California Department of Corrections and Rehabilitation for Psychologists and Trainees

*By Marilyn Immoos, Ph.D., Senior Psychologist Specialist, California Department of Corrections and Rehabilitation, Statewide Mental Health Program, Mental Health Training Unit*

Working as a psychologist or gaining supervised professional experience in the California Department of Corrections and Rehabilitation (CDCR) affords psychologists and trainees the opportunity to perform an array of clinical duties while practicing in a range of outpatient and inpatient programs and setting types. It is exciting to be a part of the continuing expansion of new avenues at CDCR, which provides a solid backdrop for enhanced professional growth, continuous training, and professional resources.

### Psychologist Roles and Clinical Structures

Most psychologists who deliver mental health treatment directly to patients in CDCR work as “primary clinicians” in one of the programs within the Mental Health Services Delivery System (MHSDS). Their work is extremely varied and requires a solid foundation in psychopathology and diagnostic skills. Of course, practicing in a prison environment and a large organization such as CDCR can be a real challenge! Learning the documentation systems and administrative processes as well as integrating safety awareness more completely into your practice patterns is essential for all clinical staff, and all new employees in the MHSDS receive extensive training in charting and in the use of a wide range of facilities in the electronic health record upon entering CDCR.

An important success factor for CDCR clinicians is the ability to work effectively in the context of a multidisciplinary treatment team. The interdisciplinary treatment team (IDTT), where key decisions are made, consists at a minimum of the primary clinician, a psychiatrist, a correctional counselor, and the patient. However, the effectiveness of treatment planning and its strategic implementation is frequently enhanced by the valuable input provided by additional members of the IDTT from various disciplines, such as recreation therapists, psychiatric technicians, nurses and physicians, other medical staff, teachers, and custody officials, including building officers, who work with the patient. With the aging trend of the patient population, the frequency and intensity of medical problems

are on the rise. Close collaboration with the medical treatment community in our system has proven effective in treating mental disorders. For example, a multitude of the cases of psychotic symptoms occurring in our patients may be associated with a wide range of medical problems, including neurocognitive disorders, traumatic brain injury, long-term stimulant use, etc. Input from many staff sources has been shown to be critical to meeting the mental health needs of the individual.

The CDCR MHSDS provides for all levels of care available in the community. Primary clinicians at all levels of care perform therapeutic interventions and coordinate care with other treatment services. After the primary clinician completes an initial assessment and provisional diagnosis of the patient, the clinician presents his or her findings to the treatment team. Then, depending upon the severity of the symptoms and the degree of impairment in functionality, the patient is assigned to a specific level of care. Two levels of outpatient and emergency treatment are found in many prisons throughout the state, while specialized acute and long-term inpatient care are provided at five psychiatric inpatient programs within CDCR. In a psychiatric inpatient program setting, the IDTT assigns a patient to the appropriate level of care based upon the severity of the symptoms and the degree of functional impairment, as well as his or her security needs and other important individual case factors.

### Treatment Issues

As in most large systems of mental health care, patients in CDCR are found to be suffering from a range of diagnoses that range from short-term adjustment problems to chronic, severe mental illness, as well as complex combinations of mental and physical conditions. The MHSDS was initially designed to focus primarily on treating all psychotic disorders and the most severe affective disorders (i.e., schizophrenia and other disorders belonging to the schizophrenia spectrum, and bipolar and

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Clinical Practice at the California Department of Corrections and Rehabilitation for Psychologists and Trainees (continued from page 5)

major depressive disorders). However, the category “medical necessity” was concurrently created to provide treatment and symptom monitoring for mental disorders related to mental distress causing significant interference with a patient’s ability to function adequately in a prison environment or to address problems of self-harm and suicidality. Recognizing that a high percentage of inmates have a history of substance use issues, treatment options for substance use disorders are increasingly available. Special populations such as trauma survivors and patients also may receive treatment for their symptoms as well as patients who also present with co-occurring medical issues. Patients suffering from significant distress associated with personality disorders may also be admitted to one of the MHSDS programs for specialized treatment. Considering the range of problems being treated by CDCR mental health staff, the extensive continuum of care, and the many cultural subgroups needing care, the Department offers opportunities to practice in most any area of clinical interest.

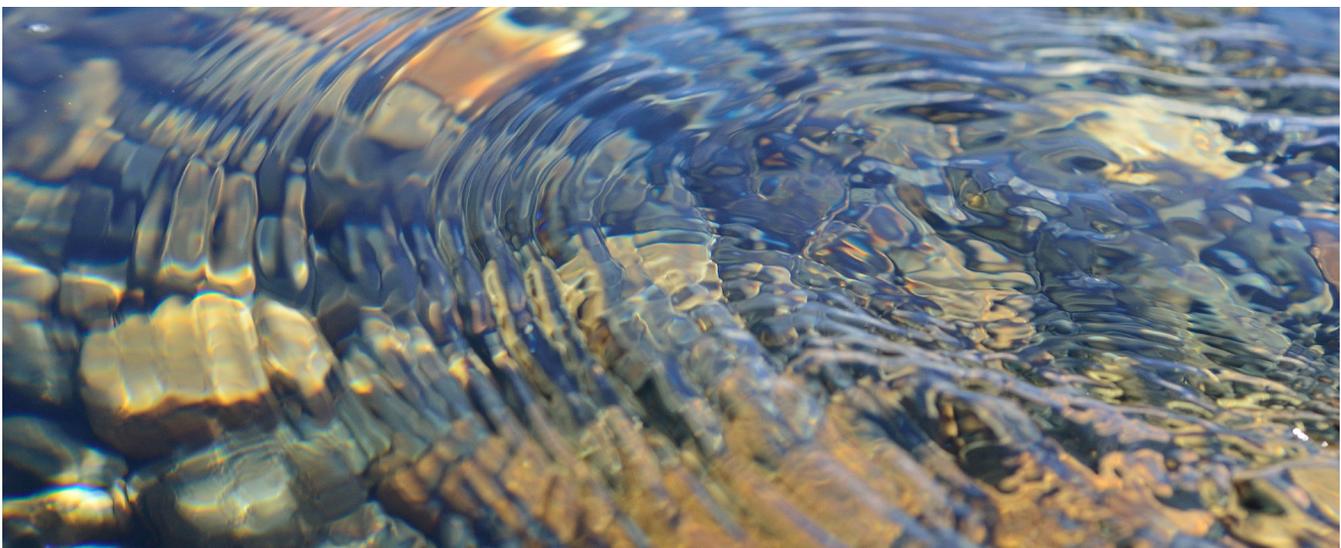
In addition to the serious mental health disorders noted above, personality disorders with symptoms closely related to offending and rule-breaking behaviors, e.g., antisocial personality disorder, are very common among this population. Gaining understanding into the complexities involved with criminal thinking patterns and their expression, particularly their link to criminal behavior, is essential

to gaining a greater understanding of the pathology of our patients. Having this critical information increases one’s clinical knowledge base and provides crucial material for the planning and implementation of treatment strategies, which have been tailored to fit the special needs of this very diverse correctional population. Additionally, patients exhibiting self-harm and suicidal thinking and behaviors, e.g., those patients who are diagnosed with severe borderline or paranoid personality disorder, are closely monitored and treated with well-supported clinical models. The importance of effective crisis intervention and suicide prevention receives special attention at CDCR. Each patient is viewed as an individual with a unique developmental, psycho-biological, and social history, requiring individualized treatment strategies. Psychologists play an important role in case formulation and the treatment planning process of their patients, and in communicating vital clinical information to other members of the treatment team, to optimize the treatment planning process.

### Collaboration and Supervision

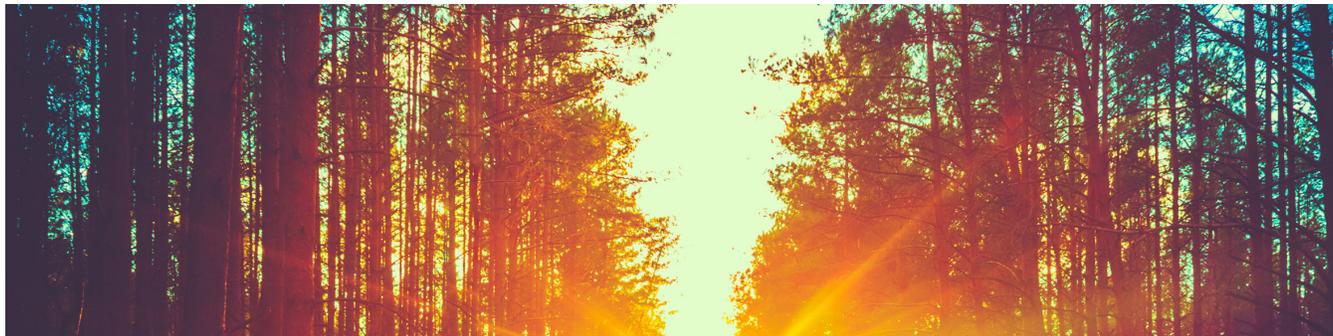
Ongoing training, supervision, and consultation are fundamental aspects of staff development at CDCR. In addition to the collaboration and consultative relationships within the IDTT, the clinician enjoys the benefits of close work with a supervisor, as well as readily available peer consultation. Support from our peers represents a very important component

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Clinical Practice at the California Department of Corrections and Rehabilitation for Psychologists and Trainees (continued from page 6)



in our everyday work in the prison setting. While this work is sometimes very demanding, requiring quick and accurate clinical decision-making, our peers play an important role as a support system. Open, frank communication in reference not only to clinical questions, but also involving questions of clinician self-care, can be vital in promoting a more objective view of the difficult situations, which are common in the treatment of such complex illnesses in this setting. Team cohesiveness is an important tenet among all staff providing mental health services to patients within CDCR.

### Looking Forward

Looking forward, it becomes apparent that many changes are in the pipeline at CDCR. The current restructuring of treatment for our many patients has led to a tremendously creative surge at CDCR. The need to demonstrate the effectiveness of our treatment programs is increasingly critical. The implementation of evidence-based treatment modalities is a high priority in the Department and offers clinicians the opportunity to participate in training programs, which offer ongoing continuing education and supervision in cutting-edge therapeutic techniques. The emphasis, for example, on wellness techniques, and the psycho-educative aspects of providing patients with new tools for adaptation to a lifestyle with increased personal responsibility and better coping mechanisms in society, are proving to be very important trends in the reduction of recidivism. Instruction and training through a wide array of therapeutic programs are providing psychologists and trainees alike with new opportunities to hone their clinical skills and broaden their horizons as clinicians, while benefiting from additional training, supervision, and participation in the initiation and furtherance of evidence-based

methodologies. Psychologists and trainees who work in a CDCR setting are currently experiencing a surge in possibilities for professional growth, while looking forward to a future of increased connection with professional and cultural entities in our society.

### REFERENCES

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Department of Corrections and Rehabilitation, Division of Correctional Health Care Services (2009). Program guide in Correctional Health Care Services: inmate medical services policy and procedure manual, Volume 12.

Gaes, G. G. and Camp, Scott D. (2009). "Unintended consequences: experimental evidence for the criminogenic effect of prison security level placement on post-release recidivism." Published online February 18, 2009. Copyright: Springer Science+Business Media, B.V. 140–143.

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McHugh, R. K. and Barlow, D. H. (2010). "The dissemination and implementation of evidence-based psychological treatments: A review of current efforts," February–March 2010. *American Psychologist*, 65, 73–81.

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## Regulatory Update

Below, are the Board's pending regulatory changes, and their status in the formal rulemaking process.

### **1. Title 16, California Code of Regulations (CCR) sections 1391.1, 1391.2, 1391.5, 1391.6, 1391.8, 1391.10, 1391.11, 1391.12, 1392.1—Psychological Assistants**

**Status:** Initial Review Phase. This phase includes reviews by the Department of Consumer Affairs (DCA) and Business Consumer Services and Housing Agency (BCSH) before a formal Notice of Public Hearing with the Office of Administrative Law.

This regulatory package does the following:

Conforms the CCR to statutory changes made in SB 1193 (Hill, 2016), which requires psychological assistants to obtain a single registration with the Board, to be renewed annually. This registration will be independent from the supervisor(s) or employer(s) but does not remove the requirement that psychological assistants practice only under supervision. Additionally, the proposed regulatory language removes duplication as to who pays the psychological assistant registration fee, as this is already specified in statute.

### **2. Title 16, CCR section 1396.8—Standards of Practice for Telehealth**

**Status:** Initial Review Phase. This phase includes reviews by DCA and BCSH before a formal Notice of Public Hearing with the Office of Administrative Law.

This regulatory package does the following:

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

### **3. Update on 16 CCR sections 1381.9, 1397.60, 1397.61, 1397.62, 1397.67—Continuing Professional Development**

**Status:** Initial Review Phase. This phase includes reviews by DCA and BCSH before formal Notice of Public Hearing with the Office of Administrative Law.

This regulatory package does the following:

Changes the continuing education guidelines and requirements that must be completed by licensed psychologists from the continuing education (CE) model to the broader continuing professional development (CPD) model.

### **4. Update on 16 CCR sections 1381.9, 1381.10, 1392—Retired License, Renewal of Expired License, Psychologist Fees**

**Status:** Initial Review Phase. This phase includes reviews by DCA and BCSH before formal Notice of Public Hearing with the Office of Administrative Law.

This regulatory package does the following:

Allows a licensee to apply to have their license placed in a retired status.

## LEGISLATIVE UPDATE

For up-to-date bill status information, visit the Board website at [www.psychology.ca.gov/laws\\_regs/legislation.shtml](http://www.psychology.ca.gov/laws_regs/legislation.shtml).

### **SPONSORED LEGISLATION**

#### **SB 275 (Pan) Psychologist: prohibition against sexual behavior**

This bill would add sexual behavior with a client or former client to the violations that would require an administrative law judge's proposed decision to include an order of revocation. It would define sexual behavior as "inappropriate contact or communication of a sexual nature for the purpose of sexual arousal, gratification, exploitation, or abuse. 'Sexual behavior'



Regulatory Update (continued from page 8)



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

**Board position:** sponsor

### LEGISLATION WITH ACTIVE POSITIONS

#### 1. AB 1145 (Garcia)—Child abuse: reportable conduct

For the purposes of the Child Abuse Neglect Reporting Act (CANRA), this bill revises the definition of sexual assault to no longer include any acts under Penal Code sections 286 (sodomy), 287, or former section 288a (oral copulation), and section 289 (sexual penetration), if committed voluntarily and if there are no indicators of abuse, unless the conduct is between a person 21 years of age or older and a minor who is under 16 years of age.

**Board position:** support

#### 2. SB 53 (Wilk)—Open meetings

This bill modifies the Bagley-Keene Open Meeting Act to require two-member advisory committees of a “state body” to hold open, public meetings if at least one member of the advisory committee is a member of the larger state body, and the advisory committee is supported, in whole or in part, by funds provided by the state body.

**Board position:** oppose

#### 3. SB 66 (Atkins)—Medi-Cal: federally qualified health center and rural health clinic services

This bill would allow Medi-Cal reimbursement for a patient receiving both medical and mental health services at a federally qualified health center or rural health clinic on the same day.

**Board position:** support

#### 4. SB 425 (Hill)—Health care practitioners: licensee’s file: probationary physician’s and surgeon’s certificate: unprofessional conduct

This bill would require hospitals, clinics, and other health facilities or peer review bodies to report allegations of patient sexual abuse and other sexual misconduct by healing arts professionals to the appropriate state licensing authorities within 15 days. This reporting requirement would also extend to healing arts licensees working in those health facilities and/or peer review bodies. This bill would also make changes to Medical Board of California (MBC) licensee records and the information in these records that are made public for a specified time, and the ability of MBC to temporarily suspend a licensee during investigations involving allegations of sexual misconduct by the licensee against a patient.

**Board position:** support



## Administrative Citations:

April 1 to June 30, 2019

**Augusto Penafiel, PsyD**  
Unlicensed, Sacramento

On May 30, 2019, a citation containing an order of abatement and fine in the amount of \$1,000 was issued to Augusto Penafiel, PsyD, for practicing, advertising, and misrepresenting himself as an expert in clinical psychology in business-related materials, such as reports and curriculum vitae.

## Disciplinary Actions:

April 1 to June 30, 2019

### SURRENDER

**Maria Magdalena Spitz, Ph.D.**  
Psychologist License No. PSY 29687, New York, NY

Dr. Spitz stipulated to the voluntary surrender of her license following a November 23, 2017, decision by the Board that placed her license on probation for four years, and which allowed her to request the voluntary surrender of her license if she ceased practicing, or was otherwise unable to satisfy the terms and conditions of probation. The surrender took effect May 22, 2019.

### PROBATION

**Joseph D. Muto, PsyD**  
Psychologist License No. PSY 25331, Mendota

Dr. Muto stipulated to placing his license on probation for seven years, and is subject to its revocation if he fails to comply with the terms and conditions of probation, after an Accusation was filed alleging that he had been convicted of a crime substantially related to the qualifications, functions or duties of a psychologist, and used alcohol in a manner dangerous to himself, any other person, or the public, or to the extent that this use impaired his ability to perform the work of a psychologist with safety to the public. The order took effect May 9, 2019.

**Robert A. Francis, Ph.D.**  
Psychologist License No. PSY 30990, Redding

Dr. Francis stipulated to being issued a license on probation for seven years, and is subject to its revocation if he fails to comply with the terms and conditions of probation, after a Statement of Issues was filed alleging 2007 and 2008 convictions for driving under the influence of alcohol; a 2007 conviction for fighting in a public place; 2009 and 2011 convictions for driving on a suspended license; and providing a false statement or omission of material fact when he applied for a license, by failing to include all the convictions on his applications. The order took effect June 1, 2019.

**Deborah Peters, Ph.D.**

Psychologist License No. PSY 17870, Pasadena

Dr. Peters stipulated to placing her license on probation for four years, and is subject to its revocation if she fails to comply with the terms and conditions of probation, after an Accusation was filed alleging that she failed to adequately supervise a psychological assistant for whom she was the primary supervisor, and neglected to periodically review a patient's chart to closely monitor the services provided to the patient, as well as the psychological assistant's record keeping and billing practices. The order took effect June 2, 2019.

**Nicolle Napier-Ionascu, PsyD**  
Psychologist License No. PSY 20312, Orinda

Dr. Napier-Ionascu stipulated to placing her license on probation for four years, and is subject to its revocation if she fails to comply with the terms and conditions of probation, after an Accusation was filed alleging that she failed to file a mandatory report with the appropriate agency and/or failed to inform the parents of a minor patient, committed a dishonest act by submitting altered medical records in response to a request for medical records made by the Board, and failed to properly maintain and produce mental health records. The order took effect June 2, 2019.



Disciplinary Actions (continued from page 10)

### **Explanation of Disciplinary Language and Actions**

**Gross negligence:** An extreme departure from the standard of care.

**Incompetence:** Lack of knowledge or skills in discharging professional obligations.

**Public letter of reproof:** Formal discipline that consists of a reprimand of a licensee that is a matter of public record for conduct in violation of the law.

**Accusation:** A formal, written statement of charges.

**Stipulated settlement of decision:** The case is formally negotiated and settled prior to hearing.

**Surrender:** To resolve a disciplinary action, the licensee has given up his or her license, subject to acceptance by the Board of Psychology.

**Suspension from practice:** The licensee is prohibited from practicing or offering to provide psychological services during the term of suspension.

**Revoked:** The right to practice has ended due to disciplinary action.

**Revocation stayed, probation with terms and conditions:** “Stayed” means the revocation is postponed. Professional practice may continue so long as the licensee complies with specific probationary terms and conditions. Violation of any term of probation may result in the revocation that was postponed.





## Board Members

Stephen Phillips, J.D., PsyD (President)

Seyron Foo (Vice President)

Alita Bernal

Sheryll Casuga, PsyD

Marisela Cervantes

Mary Harb Sheets, Ph.D.

Jacqueline Horn, Ph.D.

Lea Tate, PsyD

## Meeting Calendar

### 2019 Board Meetings

October 3-4                      San Diego

### 2020 Board Meetings

February 6-7                      Sacramento

June 4-5                              Southern California

September 24-25                      Bay Area

November 19-20                      Southern California



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