

Journal

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

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President's Message

Stephen C. Phillips, J.D., Psy.D., Board of Psychology

Welcome to the fall 2016 edition of the California Board of Psychology *Journal!*

The mission of the Board of Psychology (Board) is to advance quality psychological services for Californians by ensuring ethical and legal practice and supporting the evolution of the profession. Our values are transparency, integrity, consumer protection, inclusiveness, excellence, and accountability.

I recently attended as Board President the October convention of the Los Angeles County Psychological Association and had the opportunity to hear the remarks of State Senator Ed Hernandez. Senator Hernandez is a healthcare provider and the recipient of an award for distinguished service to psychology through his advocacy related to healthcare, in general, and psychology, in particular. Senator Hernandez—who is the Chair of the Senate Health Committee and a member of the Business, Professions and Economic Development Committee—delivered eloquent remarks on the importance of advocacy in our professional lives. In doing so, he reminded the audience of the distinction between a professional association or guild, which advocates on behalf of licensed professionals, and a regulatory board, such as this Board, which has a primary charge of protecting the consumers of psychological services. Although highly interested in the concerns of professionals, as most often expressed through representatives of professional associations such as the California Psychological Association, the Board is primarily charged with the regulation of the practice of psychology to protect and address the interests of consumers.

I write this column on the heels of our November Board meeting held in San Diego. As usual, Board staff and its leadership team did a yeoman's job of preparing the Board members for the extensive agenda. We hope many of you were also able to join us by way of simultaneous webcast, which was recorded and can be viewed at your convenience on the Board's website. The webcast is part of our

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 www.facebook.com/BoardofPsychology

 twitter.com/BDofPsychology
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Staff Member Profile: Karen Johnson, Licensing Coordinator

By Jeffrey Thomas, Assistant Executive Officer, Board of Psychology



Karen Johnson, a native of Sacramento, California, attended Cordova High School and studied business at American River College in Sacramento. She started her career with the State of California in 1979 and has been with the Board of Psychology (Board) since 1992. Through her many years of outstanding contributions and a

multitude of special projects (including her current critical role with Pathways to Licensure), Karen has been a pivotal asset to the Licensing Unit and the Board in general.

After 37 years of outstanding contributions as a dedicated state of California employee (24 years of which have been with the Board), Karen announced her retirement effective December 16, 2016. During her tenure with the Board, she has been instrumental in the continuing development of the Licensing Unit through her efforts in process improvement, which included identifying and implementing workflow changes, staff training, seeking input for enhancement from licensing staff, and implementing numerous regulation changes over the years. Karen has guided the Licensing

Unit through many variations of the licensing examinations, including the Board's oral examination, the California Jurisprudence and Professional Ethics Examination, the California Psychology Supplemental Examination, and the current California Psychology Laws and Ethics Examination.

“For many years, Karen has been the person I could always have people call if they had any questions about licensure, their application—anything. She’s always respectful to callers and genuinely wants to make the licensing process go more smoothly for everyone. Changes she put in place turned a licensing backlog around, so that now the process takes only a few weeks. Plus, she’s just one of the nicest people around. She’ll be sorely missed.”

– Jacqueline Horn, Ph.D.
Chairperson of the Board’s Licensing Committee

Please join me in wishing Karen health, happiness, and harmony in her retirement while enjoying some her favorite activities—travelling, gardening, working out, and quietly lounging with a good book, to name just a few—with her husband, son, and golden Labrador, Luggo. She will truly be missed!

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transparency effort, a subject specifically addressed during the meeting.

At the outset of the quarterly Board meeting, I had the honor of swearing in a recent appointee to the Board, Ms. Alita Bernal. Ms. Bernal has already assumed the chairpersonship of the Outreach and Education Committee because of her extensive background in community relations and other aspects of the healthcare industry. We are grateful to have her thoughtful contributions to the Board. There are three Board vacancies still outstanding, one for

a public member and two for licensed members, but we fully expect Governor Brown to fill those positions prior to the February Board meeting, which will be held at the State Capitol building in Sacramento. We hope to see you there.

The California Assembly and Senate completed its consideration of the legislation that allows the Board to continue its work for the next four years. This was signed into law by the Governor and becomes effective January 1, 2017. The Board continues to work hard at crafting new regulations to provide

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How to File a Complaint

By Sandra Monterrubio, Enforcement Manager, Board of Psychology

The Board of Psychology (Board) has jurisdiction over licensed psychologists, registered psychologists, and psychological assistants in California. As a consumer protection agency, the Board has the authority to enforce the laws and regulations relating to the practice of psychology.

Anyone who thinks that a psychologist, psychological assistant, or registered psychologist has acted illegally, irresponsibly, or unprofessionally may file a complaint with the Board. The Board does not acknowledge or accept complaints submitted via Twitter or Facebook. The Board cannot control the content of these third-party websites, and it is not possible to ensure the confidentiality and security of online submissions to these sites.

You may file a complaint electronically at **www.psychology.ca.gov** under the “Consumers” tab, or you may download and complete the complaint form and mail it to 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834. You may also contact us for a consumer complaint form at (866) 503-3221. On your form, include as much detail as you can, including names, addresses, and phone numbers for yourself and the licensee/registrant. Also, include copies of any documents, such as patient records, photos, contracts, invoices, and correspondence that can be used as evidence. It is unnecessary to refer to specific sections of the law that you feel have been violated. Be sure to list all healthcare providers who may have patient records concerning your complaint.

The most effective complaints contain firsthand, verifiable information. Although the Board will review anonymous complaints, they may be impossible to investigate unless they include documented evidence.

The Board has no authority over fee or billing disputes, general business practices, personality conflicts, or persons who are licensed only by

other boards (for example, licensed clinical social workers, licensed marriage and family therapists, and licensed professional counselors; educational psychologists, psychiatrists, or psychiatric technicians). Complaints that are not within the Board’s jurisdiction will be referred to the appropriate agency, and the complainant will be notified.

If your complaint involves a minor violation, it may be handled in one of several ways. The Board may issue the licensee/registrant an educational letter or issue a citation and fine.

If your complaint involves a more serious violation, such as an allegation of sexual abuse, gross negligence, or incompetence, it will be immediately referred for formal investigation by a trained peace officer or special investigator.

If your case is referred for formal investigation, you will be notified and an interview will be scheduled with you by the investigator assigned to the case. During the interview, you will be able to discuss the details of your complaint and ask questions regarding the overall process. The investigator will also interview the licensee/registrant. Although details of your complaint and the investigation are confidential and are not public record, they must be disclosed to the licensee/registrant at some point during the administrative process.

If the investigation finds evidence to support your allegations, the Board will submit the case to the Attorney General for consideration of formal disciplinary action against the psychologist’s license.

If you have any questions or need additional information, please write to the Board at 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834, or call at (866) 503-3221.



Exempt Settings: Licensure Exemption Easy Reference Tool

By Cherise Burns, Central Services Manager, Board of Psychology

In the summer edition of the *Journal*, we clarified limitations on licensure exemptions in exempt settings and how they apply to the different types of exempt settings. The article clarified that these limitations are based on the type of exempt setting that the unlicensed employee is employed by or contracts with. The Board of Psychology (Board) recommended that before starting employment, unlicensed employees of exempt settings should verify with their employer the type of exempt setting they will be working in and the corresponding exemption limitations, in addition to any other requirements that govern your employment.

To provide additional clarification and an easy reference tool, the Board has developed the following table. The Board verified these limitations with the California Department of Corrections and Rehabilitation, California Department of Public Health, and Department of Health Care Services.

Exempt Setting Type	Authorizing Statute	Waiver Granting Entity	Waiver Limitation
Accredited or Approved Colleges, Junior Colleges, or Universities	BPC Section 2910	No waiver, provided exemption is based on Board statute	5 years (cumulative total) and meeting following criteria: <ul style="list-style-type: none"> • Psychological activities are part of the duties for which they were hired. • Activities are performed solely within the jurisdiction/ confines of the organization. • Individual does not use any title or description of activities incorporating the words “psychology,” “psychological,” or “psychologist.” • Primary purpose is gaining the supervised professional experience required for licensure, consistent with statutory and regulatory requirements.
Federal, State, County, or Municipal Government Entities			
Public Schools (K–12)			
California State Correctional System and its Facilities	PEN Section 5068.5	Department of Corrections and Rehabilitation	3 years (from the date employment commences) and only for the purposes of gaining qualifying experience required for licensure. Note: Extensions may be granted to employees with extenuating circumstances (1 year) and part-time employees (2 years) but not exceeding 5 years total.
Health Facility Licensed by the California Department of Public Health (HSC Section 1250 et. seq.)	HSC Section 1277(b)	Public Schools (K–12)	3 years (from the date employment commences) and only to the extent necessary to qualify for licensure. Note: An extension may be granted to part-time employees (2 years), but not exceeding 5 years total.
Local Mental Health Programs	WIC Section 5751.2(d)	Department of Health Care Services	5 years (from the date of employment/contract) and only for the purposes of gaining experience required for licensure.



Best Practices for an Online World

By Daniel G. Lannin and Norman A. Scott, Ph.D.

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Too often, people don't think twice about disclosing their personal information online. In fact, many frequent users of social networking websites willingly divulge scads of private data — including where they live and whom they are attracted to — often under the false assumption that no one else can see that information (Strater & Richter, 2007). Many people also initiate online relationships, even if they aren't sure they can trust the people they meet online (Dwyer, Hiltz, & Passerini, 2007).

“Users are communicating in their virtual underwear with few inhibitions,” as David Rosenblum put it in *IEEE Security and Privacy* (2006).

What is the psychologist's role in this burgeoning era of communication? First and foremost, psychologists must be knowledgeable about and open to this new digital culture, while also maintaining their values and ethical principles.

Of course, the contrast between psychotherapy and social networking sites could not be starker. Most psychotherapeutic interactions are private and confidentially protected, while most interactions on social media are broadcast to the public or to a network of friends. But when psychologists interact in both spheres, they do risk violating clients' confidentiality or crossing boundaries.

Guidance for dealing with such risks comes from what at first glance may seem an unlikely source: rural psychologists (Lehavot, 2010; Zur, 2006; Zur, Williams, Lehavot & Knapp, 2009). These professionals are, however, a great resource since they have been navigating dilemmas surrounding selfdisclosures and boundary violations for years (Hargrove, 1982, 1986; Hargrove & Breazeale, 1993).

This article offers their wisdom for psychologists working with clients in today's era of online communication.

Social networking and professional psychology

Social media is a broad term that refers to websites that enable the creation and exchange of user-generated content online (Kaplan & Haenlein, 2010). These websites include, but are not limited to:

- Social networking sites, such as Facebook, MySpace and LinkedIn.
- Publishing media, such as Wordpress, Blogger and Wikipedia.
- Content sharing, such as YouTube, Flickr, Digg and Last.fm.
- Discussion sites, such as Yahoo Messenger, Google Talk and Skype.
- Microblogging, such as Twitter, Tumblr and Posterous.
- Livestreaming, such as Friendfeed and Lifestream.
- Livecasting, such as Livestream.
- Virtual worlds, such as Second Life and There.

The use of social networking websites has rapidly increased in recent years and is becoming normative for the American population. Madden and Zickuhr (2011) of the Pew Research Center found that 65 percent of online adults — or 50 percent of all adults — use these sites. This is an increase from 8 percent of online adults using social networking sites in 2005 and an increase from 46 percent of online adults using social networking sites in 2009 (Lenhart, 2009).

Facebook — the most used of these sites among Americans age 18 and older — is accessed by 901 million monthly active users worldwide. More than 527 million users log on to Facebook on any given day (Facebook, 2012c).

Psychological professionals also increasingly use social networking sites (Taylor, McMinn, Bufford, & Chang, 2010). Among psychology graduate students, Lehavot, Barnett, and Powers (2010) found that

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81 percent reported having an online social networking profile, and 33 percent of those students used Facebook. APA also uses social networking sites to promote the field and communicate with large numbers of people. The association has more than 75,000 followers on Facebook, for example (Facebook, 2012a).

Data suggest there are age differences in who uses these sites. Madden and Zickuhr (2011) found that younger Americans are significantly more likely than any other age group to use social networking sites, with a usage rate of 83 percent for adults ages 18 to 29. Even though older adults use these sites less frequently, their use is increasing. In 2011, 33 percent of adults age 65 and older used social networking sites, a 150 percent increase from 2009 (Madden & Zickuhr, 2011).

Age differences in online activity are present among psychologists as well. Taylor et al. (2010) found that although more than three out of every four doctoral-level psychology students use social networking sites (often to communicate with friends and family), most established psychologists do not often use them.

Because of their increased online presence, younger psychologists may be inviting online dilemmas more often than their more seasoned colleagues. It is also possible that experienced psychologists — who often serve as supervisors, instructors and consultants to newer psychologists — may not be adequately equipped to address many of the online problems that occur among younger colleagues and trainees due to their lack of experience with the new technology.

Indeed, there is evidence that younger professionals may already be navigating these ethical waters with limited guidance. Chretien, Greysen, Chretien and Kind (2009) found that 60 percent of medical schools in their sample reported instances of medical students posting unprofessional online content, which included disclosure of patient confidentiality, profanity, discriminatory language, depiction of intoxication and sexually suggestive material. Furthermore, DiLillo and Gale (2011) found that 98 percent of doctoral psychology students

had searched for at least one client's information over the past year, even though most reported that searching for clients online was "always" or "usually" unacceptable.

Applying small world ethics

Social networking sites may be ushering in a "small world" online environment that is analogous to "small world" rural settings where psychologists have encountered more transparency than their urban counterparts for years (Hargrove, 1982, 1986; Helbock, Marinelli & Walls, 2006; Morrison, 1979; Roberts, Battaglia & Epstein, 1999). Although the landscapes of social networking sites and rural environments are very different, there are important similarities. Both are characterized with pervasive incidental contact, inevitable self-disclosure and unavoidable multiple relationships. For example, just as people in rural areas may know where the local psychologist lives or frequents, some social networking sites tag photos with exact GPS coordinates of where they were taken (Nicholson, 2011).

Small world ethical thinking refers to a psychologist's heightened awareness that his or her environment will likely produce ethical dilemmas surrounding boundary violations related to online realities such as greater transparency, increased self-disclosure and unavoidable multiple relationships. In rural settings, completely avoiding self-disclosures and multiple relationships is not always possible (Brownlee, 1996; Campbell & Gordon, 2003; Roberts et al., 1999; Zur, 2006). Nevertheless, rural practice has demonstrated that certain boundary violations can be managed or prevented (Faulkner & Faulkner, 1997).

Preventing and managing boundary violations online

Psychologists are guided and inspired by three fundamental ethical principles that apply directly to setting appropriate boundaries online: beneficence, nonmaleficence and integrity (APA, 2010; Beauchamp & Childress, 2001). Together, these principles help flesh out APA Ethical Standard 5.04, which advises psychologists to take appropriate precautions regarding their dissemination of public

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advice and comments via media that include the Internet. First, psychologists must consider the risks and rewards that their online activity might pose for their clients. Second, the principle of integrity inspires psychologists to be upfront and honest in therapy about the potential role confusion that could occur with online interactions with clients.

Overall, it is important for psychologists to recognize that their “private” online activity may intersect with their professional competence. Indeed, online self-disclosures may represent the intersection where dilemmas surrounding personal and professional roles meet — in some cases signaling the start of boundary violations. Kaslow, Patterson and Gottlieb (2011) noted that with self-disclosure online, “the client’s perception of the relationship may become a more casual or even social one that may violate the boundaries or context of therapy as a sanctuary for exploring personal issues.” Zur et al. (2009) noted that self-disclosures may have implications for therapeutic outcomes and can occur in three ways:

1. *Deliberate*, in which disclosures are intentional and avoidable.
2. *Unavoidable*, in which disclosures are inescapable but generally expected.
3. *Accidental*, in which disclosures are both unavoidable and unexpected.

Unfortunately, self-disclosure online is almost inevitable (Zur, 2008). Often it is initiated by clients who want to learn more about their therapists. Some clients may do more than a Google search: They may join social networking sites, join professional listservs/chat rooms, or pay for online background checks or online firms to conduct illegal, invasive searches (Zur, 2008; Zur et al., 2009). Lehavot et al. (2010) found that 7 percent of student psychotherapists reported that a client disclosed that he or she obtained online information about them.

To help keep clients from being able to gather such information, psychologists should determine just how private the social networking sites they use are. Unfortunately, many social networking site users don’t realize how insecure their online personal information is (Barnes, 2006). Strater and Richter

(2007) found that college students showed an all-or-nothing approach to online privacy, either actively managing their privacy standards strictly or not at all. This would be a disturbing trend if psychologists had the same outlook (Zur, 2008; Zur et al., 2009). Clients could, for example, discover information about a therapist’s private phone numbers and addresses, household composition, the value and structure of a psychologist’s home (and photographs), ratings of a therapist by other clients, blog postings, personal images, videos, professional and personal websites, news articles written by or about therapists, professional publications and research articles, and links to social media profiles. As a result, psychologists should be careful about what personal information they post online.

Psychologists can help prevent online boundary violations by becoming familiar with the nature of multiple relationships (Barnett, Lazarus, Vasquez, Moorhead-Slaughter & Johnson, 2007; Borys & Pope, 1989; Ebert, 1997; Pipes, 1997) and ethical decision-making models (Gottlieb, 1993; Kitchener, 1984). According to APA (2010), multiple relationships occur when a psychologist is in a professional role with a person and either is simultaneously in or promises to be in another role with that person or someone closely associated with that person.

Barnett et al. (2007) said that to avoid being exploited by clients, a psychologist must make sure that he or she does not enter into multiple relationships designed to meet the psychologist’s own needs. Kitchener (1988) recommended that psychologists consider three issues that increase the risk that multiple relationships will harm clients: incompatibility of expectations between client and psychologist, increased commitments in non-therapeutic roles, and power differentials between psychologist and client.

Ethical dilemmas in rural areas offer insight into the problems social networking site users can expect to encounter online. Schank and Skovholt (1997) described four types of rural dilemmas that involve multiple-role relationships. These occur when there are overlapping social relationships, business/professional relationships, relationships

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involving the psychologist's family, and relationships involving the psychologist's clients with other clients. Certain problems unique to the Internet that may become more common with the increased use of social networking sites are those related to dating websites: Taylor et al. (2010) described unsettling situations in which psychologists in training had either matched with current/former clients through anonymous dating websites or found pictures of clients on the websites of family and friends.

Suggestions for best practices online

Although social networking sites offer meaningful ways to connect with family and friends (Bratt, 2010), psychologists must be sure that they use them in ways that benefit their clients, themselves, and the reputation of psychological practice. Here is some advice.

Managing boundaries online

It is particularly important to set appropriate boundaries with clients to avoid conflicts of interest (Canadian Psychological Association, 2008). To do this, a psychologist may need to create and maintain a formal social networking site policy as part of the informed consent process (Barnett, 2008; Burke & Cheng, 2011; Damsteeg, Murray & Johnson, 2012; Lehavot et al., 2010; Tunick, Mednick & Conroy, 2011). Since APA does not offer guidelines on social networking site use, it may be helpful to consult policies of other health organizations. According to the American Counseling Association (2005), informed consent processes should at the very least acknowledge the risks and benefits of using social media and other technology. In addition, such policies could lay out psychologists' expectations for using such sites, namely that practitioners do not "friend" or interact with clients on social networking sites (Kolmes, 2010). Practitioners should also inform clients that they do not search for them online, unless the client has given consent or it is part of a clinical treatment plan (Barnett, 2008; Clinton, Silverman & Brendel, 2010; Lehavot et al., 2010; Tunick et al., 2011).

In addition, in most cases psychologists should avoid forming multiple relationships with clients online (American Medical Association, 2010; Bratt, 2010). Yet, understanding that there may be necessary exceptions to this guideline, psychologists who

confront a multiple relationship dilemma may want to consider Younggren and Gottlieb's (2004) questions:

- Is entering into a relationship in addition to the professional one necessary, or should I avoid it?
- Can the dual relationship potentially harm the patient?
- If harm seems unlikely or avoidable, would the additional relationship prove beneficial?
- Is there a risk that the dual relationship could disrupt the therapeutic relationship?
- Can I evaluate this matter objectively?

Many practitioners may not realize that they may be committing a boundary violation by searching for a client on Google without his or her permission. As a result, practitioners may want to develop self-monitoring strategies, such as consulting with colleagues and supervisors (Gabbard, Kassaw & Perez-Garcia, 2011). Clinton, Silverman and Brendel (2010) offer six questions that practitioners can ask themselves to help determine whether to Google a client/patient:

- Why do I want to conduct this search?
- Would my search advance or compromise the treatment?
- Should I obtain informed consent from the patient?
- Should I share the results of the search with the patient?
- Should I document the findings of the search in the medical record?
- How do I monitor my motivations and the ongoing risk-benefit profile of searching?

It may also be prudent for psychologists to separate their professional and personal profiles online on social networking sites (American Medical Association, 2010; Myers, Endres, Ruddy, & Zelikovsky, 2012), including only professional information on professional social media profiles (Bratt, 2010). Finally, because of the transparent nature of social networking sites, discussions of client case studies online should be done extremely cautiously, if not avoided altogether (Van Allan & Roberts, 2011).

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Developing online technological competence

Just as it is necessary for psychologists to understand the cultural context of where they live and work, they must also understand the nature and requisite technology of social networking sites. It is also important for psychologists to understand social media since their clients are likely to use it (Myers et al., 2012).

First, psychologists would be wise to be aware of what information clients can see online. One way to do that is to periodically search for your own name online to determine what clients might find (Taylor et al., 2010; Zur, 2008), or even to set up Google alerts to find out immediately when your name is mentioned in a new online posting (Zur et al., 2009). In addition, Facebook users are now able to download their information to see what information the site holds (Facebook, 2012b). Practitioners who discover inappropriate personal information online may want to contact the person who posted the information and/or the website administrator (Gabbard et al., 2011).

Second, psychologists should proactively set controls that limit who sees their personal information. Several sources recommend that practitioners set security levels on social networking sites as high as possible (American Medical Association, 2010; Lehavot et al., 2010; Myers et al., 2012; Taylor et al., 2010), allowing for friend-only access (Barnett, 2008). It's important to acknowledge that for many people, it's not always easy to adjust privacy settings. For example, on Facebook, adjusting privacy levels may include separate settings for wall posts, photos, applications and social advertisements (Lee, 2009).

Psychologists may also consider using an online pseudonym to make it difficult for clients to locate their personal information (Barnett, 2008; Taylor et al., 2010). Yet even pseudonyms are not failsafe, since some posts may be traceable to a user's email or IP address.

Practitioners who are uncertain of their technological competence on social media should consult with colleagues who are knowledgeable about the technology (Barnett, 2008; Taylor et al., 2010) and compile resources.

Reducing liability risk online

Although social networking sites are popular ways to form and maintain social relationships, psychologists who use them are at greater risk of causing harm. For example, intentional or inadvertent disclosure of confidential information on social media could pose ethics violations and lead to legal problems under the Health Insurance Portability and Accountability Act, the Health Information Technology for Economic and Clinical Health Act and state law (Wheeler, 2011).

To limit the liability risk of using social media, practitioners may need to take certain precautions. First, they should contact both their professional and personal liability insurance representatives to find out whether their professional and personal liability insurance covers social networking sites. Along these lines, it would be helpful for APA to provide more nuanced guidelines regarding two aspects of social media communication: First, what online activities may or may not be considered part of a client's record (Martin, 2010), and second, what online activities are considered acts of a multiple relationship versus incidental contact (Sonne, 1994).

Second, psychologists should avoid using certain types of speech online, even if they use high privacy restrictions and other protections, such as pseudonyms. These communications might include breaches of client or supervisee confidentiality, speech that is potentially libelous and speech that denigrates the reputation of psychology. For example, practitioners should not post client information, disparaging comments about colleagues or client groups, unprofessional media (including photographs and/or videos that undercut the reputation of psychological practice), and comments about litigation in which one is involved (Gabbard et al., 2011).

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Norman A. Scott, Ph.D., is associate professor of psychology at Iowa State University. His research focuses on clinical ethical decision-making and ethical considerations in the conduct of research with humans. He teaches in the areas of ethics and abnormal psychology, and is a member of the university IRB.



Save Time and Renew Online!

By Jacquelin Everhart, CE/Renewals Coordinator, Board of Psychology

Renewing your license with the Board of Psychology (Board) is now easier than ever. With BreEZe, the Department of Consumer Affairs' online renewal system, you can submit your license renewal application within minutes. How does it work?

If you are not already registered with the BreEZe system, go to www.breeze.ca.gov and select "BreEZe Registration" under the "New Users" header. You will be prompted to provide information such as your name and e-mail address to register. The following step-by-step guides can help you register with BreEZe and complete your:

- Psychologist license renewal (www.psychology.ca.gov/licensees/renewal_instructions.pdf) OR
- Psychological assistant license renewal (www.psychology.ca.gov/licensees/assistant_renewal_instructions.pdf)

Once you complete the registration process or if you are already registered with BreEZe, you can renew your license and pay the renewal fee with a credit card. You do not need to submit a hard copy of the

license renewal application to the Board if you use the online renewal process.

Once you submit your online renewal application and fee, BreEZe will send you a confirmation e-mail to let you know that it has been received by the Board. This does not mean that your license renewal application has been processed and approved.

To ensure your renewal was approved and your license has been successfully renewed, return to the BreEZe homepage and select "License Search" to look up your licensing information, including your updated license expiration date. BreEZe can take a day or two to process the renewal, so wait a few days after you have submitted the application before checking. Lastly, you should receive a new pocket license in the mail at your address of record once your renewal has been approved by the Board.

For more information on renewing online, including video tutorials on the BreEZe system, please visit the Board's website at www.psychology.ca.gov/about_us/breeze.shtml.

Online BreEZe Feature: Psychologists Can Change Their Address of Record

By Lavinia Snyder, BreEZe and Examination Coordinator, Board of Psychology

Do you want to change your address without having to call or e-mail the Board? The Board has two BreEZe online features that will allow you to change your address without having to contact the Board directly.

A psychologist registered as an online user with BreEZe has the ability to update his or her address of record and confidential address at the time of renewal. Addresses of record will be available to the public, so be mindful when updating your address. The confidential address is a new and optional feature. If you have a P.O. Box as your address of record, you must also provide a physical address that will be kept confidential. This address will not be available to the public and will only be used by Board staff. For instructions on how to renew your license online, view the online tutorial by clicking on www.psychology.ca.gov/licensees/renewal_instructions.pdf.

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guidance regarding telehealth in the context of psychology; revamping and clarifying statutes and regulations that constitute the pathways to licensure; updating the disciplinary guidelines; and considering past and future legislation, including its impact on consumers, licensees, and registrants, and the work of the Board. The Board is actively working to move through the regulatory process with consideration for the input of the affected stakeholders while effecting change in as timely a fashion as legislative and regulatory procedures allow. In the wake of legislation sponsored by the Board that will allow psychological assistants greater control over the registration process, we are drafting proposed regulations to implement the legislative intent. One important change, beyond placing the locus of control in the psychological assistant, is that in the future psychological assistants will have a single registration number that will apply to all their supervisory relationships.

For those of you with an ongoing interest in the emerging regulations regarding continuing professional development, the time for formal public comment is imminent. We are specifically scheduling a midyear facilitated meeting with

active stakeholder groups, including professional associations and organizations, to actively solicit input into the regulations while keeping in mind our ultimate charge—consumer protection. Although the Board always accepts public comment on its work, the Board has not yet completed a revised proposal that gives due consideration to previously expressed anxieties and concerns. At a recent two-day meeting of the Licensing Committee, Board members heard extensive comments about such concerns and issues. Since the Board has not yet completed a revised proposal yet, submitting public comments on older versions of the language may be premature. We suggest providing public comment on a revised proposal at the stakeholder meeting in 2017.

Hopefully, this column gives you an idea of the Board's ongoing work and evolving objectives. The Board continues to attempt to address your concerns and work diligently to give the best service to consumers, applicants, licensees, and registrants. Increased clarity in the regulatory scheme and our processes continues to be our priority to best address the Board's mission and its responsibilities to our stakeholders.

Online BreEZe Feature (continued from page 10)

Psychologists can also use the change of address feature in BreEZe outside of the renewal process and update their address of record at any time. For instructions on how to access this feature, view the online tutorial at https://www.dca.ca.gov/webapps/breeze/update_lic_info_breeze/update_lic_info_breeze.html. This video is not specific to the Board, but it will provide online users with a generic idea of the process.

These features are currently only available to psychologists. To access these quick-and-easy features you must become a registered BreEZe online user. For information regarding the BreEZe registration process, please access the Board's website at www.psychology.ca.gov/about_us/breeze.shtml.

If you need assistance, e-mail the BreEZe help desk at BreEZe@dca.ca.gov or call (916) 574-8080.





Multiple Roles and Boundaries in Clinical Supervision

By Carol Falender, Ph.D., Adjunct Professor at Pepperdine University,
Clinical Professor in the UCLA Department of Psychology

How should a supervisor approach potential multiple relationships in supervision and decide when it is (or is not) appropriate, ethical, or legal to supervise someone? Consider the following scenarios:

A supervisor in private practice is approached to provide clinical supervision to one of the following supervisees:

- a) A niece of the supervisor who has only infrequent contact with her or her parents.
- b) A previous client of the supervisor who has returned to graduate school and is now applying to become a psychological assistant.
- c) The son of her nextdoor neighbor.
- d) A psychological assistant who was an old boyfriend whom she had almost married and who has returned to grad school.
- e) A clinical psychology graduate student whose father owns the building where she rents office space.
- f) A friend who offers to pay the supervisor \$1,000 to obtain 300 hours of supervised professional experience so he can qualify to take licensure exams.

The subject of multiple relationships is complex because the role of the supervisor entails many roles: enhancing and supporting the development, competence, and professionalism of the supervisee, while protecting the client(s) and public, and serving as gatekeeper for the profession, ensuring that individuals who enter are suitable and possess adequate competence.

There are also setting-specific multiple relationships such as the supervisor being the supervisee's co-therapist, course instructor, project head, or advisor, among others. In all instances, the supervisor should remain mindful of the power differential and evaluative component of supervision that is an ethical and legal responsibility as are both the necessity of maintaining objectivity and doing no harm (APA, 2010, 2017, 3.05(a)).

When making a decision about multiple relationships, ethical standards, state laws, and regulations are the highest priorities. California regulations prohibit the supervisor from supervising in scenarios "a," "b," "d," "e," and "f;" scenario "c" requires special scrutiny as it is likely inappropriate.



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Multiple Roles and Boundaries in Clinical Supervision (continued from page 12)

Clinical supervision

In the past decade, the practice of clinical supervision has transformed from one of osmosis or essentially practicing the way one was supervised (or practicing the opposite way if supervision was problematic) to being acknowledged as a distinct professional practice in which education and training is required for competent practice. Multiple roles that are routinely a reality of supervision present a particular challenge to supervisors.

The Association of State and Provincial Psychology Boards (ASPPB, 2015), a state and provincial regulatory member body in the United States, Canada, and territories, defined supervision in “Supervision guidelines for education and training leading to licensure as a health service psychologist” as “a distinct, competency-based professional practice ... a collaborative relationship between supervisor and supervisee that is facilitative, evaluative, and extends over time. It has the goal of enhancing the professional competence of the supervisee through monitoring the quality of services provided to the client for the protection of the public, and providing a gatekeeping function for independent professional practice (Bernard & Goodyear, 2014; Falender and Shafranske 2004)” (ASPPB, 2015 p. 5).

The American Psychological Association Guidelines for Supervision in Health Service Psychology (APA, 2014) defined competency-based supervision as “... a metatheoretical approach that explicitly identifies the knowledge, skills, and attitudes that comprise clinical competencies; informs learning strategies and evaluation procedures; and meets criterion-referenced competence standards consistent with evidence-based practices (regulations), and the local/cultural clinical setting (adapted from Falender & Shafranske, 2007)” (p. 5). Both definitions reflect the transformation from simply doing what was done to one as a supervisee to supervision as a distinct professional competency requiring specific training and competence.

Ethical standards and state and provincial government regulations

The APA Ethics Code (2010; 2017) describes multiple relationships in 3.05(a): “A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.”

Further, “A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist’s objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical” (APA, 3.05).

The key points of “objectivity, competence, or effectiveness” might be difficult to self-assess, given the relationship(s) and perceived value or benefits of the multiple relationship. Consultation and advice from uninvolved, neutral peers is an essential step. In addition, the code of ethics of the American Psychological Association (APA, 2010, 2017) and state regulations including those that apply to psychological assistants (BOP, www.psychology.ca.gov) are essential components of any decision. In California, in order to be qualified to supervise, the supervisor must have completed six (6) hours of supervision coursework every two years (California Code of Regulations [CCR] Section 1387.1(b)).

The following are a partial list of the regulations for primary supervisors (CCR Section 1387.1):

- The trainee shall have no proprietary interest in the business of the primary or delegated supervisor(s) and shall not serve in any capacity

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Multiple Roles and Boundaries in Clinical Supervision (continued from page 13)

that would hold influence over the primary or delegated supervisor(s)' judgment in providing supervision.

- Neither the primary supervisor nor any delegated supervisors will receive payment, monetary, or otherwise, from the trainee, for the purpose of providing supervision.
- Primary supervisors shall have no familial, intimate, business, or other relationship with the trainee which would compromise the supervisor's effectiveness, and/or which would violate the Ethical Principles and Code of Conduct of the American Psychological Association.
- Primary supervisors shall not supervise a trainee who is now or has ever been a psychotherapy client of the supervisor.
- Primary supervisors shall not exploit trainees or engage in sexual relationships or any other sexual contact with trainees.

If supervision is not directly disallowed by virtue of the potential supervisee having been a previous client, or having had familial, intimate, or business relationships, how could one make a decision about whether it is legal and appropriate to supervise in scenario "c"? Gottlieb, Robinson & Younggren (2007) proposed an ethical problem-solving frame for multiple relationships in supervision with the following steps (with the caveat the supervisor should use the problem-solving frame as the supervisor holds the power):

- Is entering into a relationship in addition to the supervisory one necessary or should the supervisor avoid it?
- Can the additional relationship potentially cause harm to the supervisee?
- If harm seems unlikely or avoidable, would the additional relationship prove beneficial?
- Is there a risk the additional relationship could disrupt the supervisory relationship?

- Can the supervisor evaluate the matter objectively?

(Adapted from Gottlieb, Robinson, & Younggren, 2007)

Possible additional frames to add to this ethical problem-solving framework include considering the emotional impact of the proposed relationship on the supervisor and supervisee; multicultural, diversity, or contextual considerations (Falender & Shafranske, 2016; Falender, Shafranske, & Falicov, 2014); whether the supervisee can leave the relationship; and impact on uninvolved peers and staff (Burian & Slimp, 2000; Falender & Shafranske, 2016). Also, after concluding the problem-solving framework, one should consider what has been learned in the process and how the process informed one's decision. Supervisors should also consult with colleagues, as it may be inherently difficult to view the decision objectively, when issues of payment, friendship, coercion, or other factors could all unduly influence the decision. This would likely be the case for scenario "c". If, after review of the regulations, the ethics code, and consultation, a conclusion is reached that there is minimal risk to the supervisee, conducting a conversation (i.e., informed consent process) with the supervisee could ensue so the supervisor respectfully poses the potential relationship and the possible benefits versus the risks, and collaboratively arrives at a decision with the supervisee.

Boundary crossings and violations

Boundaries define the limits of appropriate and ethical clinical practice and supervision and include structural aspects (e.g., roles, time, and place) and process (e.g., gifts, language, self-disclosure, physical contact, or touch, and interactional patterns) (Gutheil and Gabbard, 1993). All of these pose potential ethical dilemmas for psychologists. Boundary crossings is "a nonpejorative term that describes departures from commonly accepted clinical practice that may or may not benefit the client" (Smith & Fitzpatrick, 1995, p. 585) and that includes a change in the therapist's role. They are not unethical per se (Gottlieb, 2007) and may be part of normative treatment plan (e.g., an exposure

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Multiple Roles and Boundaries in Clinical Supervision (continued from page 14)

hierarchy for social anxiety). In contrast, boundary violations are a departure from accepted practice that places the client or the therapeutic process at serious risk (Gutheil & Gabbard, 1993). Boundary violations are a misuse of power including exploitation or harm to the client(s) or supervisee(s), and are prohibited.

Touch, gifts, self-disclosure, and social events are boundary issues frequently described as significant challenges in supervision (Falender & Shafranske, 2004) and require ethical reflection and consideration of the supervisee's impact on the client and the cultural meaning and context. When considering a boundary crossing, the intent of the supervisor is not as important as the supervisee's perception of the behavior (Knapp, Younggren, VandeCreek, Harris, & Martin 2013). A supervisor may intend a hug or touch to be a sign of support, but the supervisee may feel uncomfortable or perceive those as a signal initiating a social or intimate relationship beyond the supervision one. Supervisees, by virtue of the power differential and the evaluative role of the supervisor, have diminished ability to refuse or to disengage from boundary crossings, and typically simply consent whether they want to or not. Supervisors typically believe boundary crossings with supervisees are desirable and engage in them without discussion, although not all supervisees share this belief, and may experience role confusion (Kozlowski, Pruitt, DeWalt, & Knox, 2014). Examples of boundary crossings in supervision included eating lunch or socializing, ride sharing, or the supervisor sharing personal information. Supervisors should assess their ability to remain objective with supervisees to perform the essential roles of evaluation and gatekeeping.

Some boundary crossings are inevitable and may be an accepted part of communal cultures (Vargas, Porter, & Falender, 2008), small or rural communities, religious communities, (Schank and Skovholt, 2006), as well as the military (Johnson, Bacho, Heim, & Ralph, 2006). However, caution and informed consent are necessary to ensure congruity of expectations about the roles of the therapist and supervisor. Confidentiality goes hand in hand with issues of multiple relationships as it is essential that therapists not disclose information to a client about other clients (or even the fact that another person is a client). Nor should the supervisor disclose information about other supervisees to a supervisee. Confidentiality must be maintained.

Conclusions

A major responsibility of the supervisor is to ensure that supervisees understand what the general and setting-specific expectations and practices are for boundaries and multiple relationships. Further, supervisors themselves should use and introduce ethical decision-making protocols when potential multiple relationship situations arise. In this way, the supervisor proactively, positively models ethical and respectful supervisory practice. Supervisors also model mindfulness and introduction of normative and beneficial multiple relationships and boundary crossings that serve as a protective factor and strength in professional development of psychologists. Remember that isolation is a high-risk factor for psychologists. Consultation is essential. Supervision is a distinct professional competency that requires education and training to achieve the knowledge, skills, and attitudes required.

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(additional references continued on page 18)



Disciplinary Actions: July 1 to September 30, 2016

REVOCATION

Michael A. Fraga, Psy.D.

Psychologist License No. PSY 17169, Santa Rosa
Dr. Fraga's license was revoked for disclosing confidential information about patients to a third party without first obtaining informed consent, failing to clarify the nature of the session and obtain informed consent for the services provided, failing to maintain neutrality, and failing to maintain legible records. The order took effect on July 21, 2016.

Thomas F. Machos, Ph.D.

Psychologist License No. PSY 17930, Oceanside
Dr. Machos' license was revoked after a default decision was entered following the filing of an accusation that alleged convictions for indecent exposure and vandalism, and the inability to practice psychology safely as a result of physical or mental illness. The Default Decision and Order took effect on September 9, 2016.

SURRENDER

Laura J. McCormick, Ph.D.

Psychologist License No. PSY 17441, Novato
Dr. McCormick stipulated to the surrender of her license after an accusation was filed alleging dishonest acts and a conviction for three counts of welfare fraud and perjury after she underreported her monthly income in an application for Healthy Families Health Coverage and falsified the letter purportedly executed by her employer as proof of income. The order took effect on July 3, 2016.

John Dobbs, Ph.D.

Psychologist License No. PSY 12298, San Luis Obispo
Dr. Dobbs stipulated to the surrender of his license after an accusation was filed alleging that he engaged in sexual misconduct, exploited a former patient, failed to safeguard patient records, failed to timely report a malpractice settlement agreement, and failed to cooperate in the Board's investigation. The order took effect on July 27, 2016.

Robert Charles Brager, Ph.D.

Psychologist License No. PSY 8499, San Diego
Dr. Brager stipulated to the surrender of his license after an accusation was filed alleging his inability to practice psychology safely as a result of physical or mental illness. The order took effect on July 28, 2016.

John William Visher, Ph.D.

Psychologist License No. PSY 7558, Capitola
Dr. Visher stipulated to the surrender of his license after an accusation was filed alleging sexual misconduct with three minor children under the age of 14 and possession of child pornography. The order took effect on September 4, 2016.

Edith Howe, Ph.D.

Psychologist License No. PSY 15007, Amherst, MA
Dr. Howe stipulated to the surrender of her license after an accusation was filed based upon disciplinary action taken against her Massachusetts psychologist license by the Massachusetts Board of Registration of Psychologists for writing a letter on behalf of her client that was used during the course of her client's divorce proceedings and referring to her client's husband as abusive based solely upon statements made by her client during therapy sessions and not on any evaluation of the husband. The order took effect September 10, 2016.

Thomas Francis Sheehan, Ph.D.

Psychologist License No. PSY 6364, Incline Village, NV
Dr. Sheehan stipulated to the surrender of his license after an accusation was filed based upon disciplinary action taken by the Nevada Board of Psychological Examiners in 2013 against his Nevada psychologist license for writing a note to an individual who was not his patient that constituted the expression of assessments, opinions, or conclusions regarding the individual's psychological status. He also failed to report that discipline as required. The order took effect September 16, 2016.

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Disciplinary Actions (continued from page 16)

Mary T. Goldenson, Ph.D.

Psychologist License No. PSY 13690, Los Angeles
Dr. Goldenson stipulated to the surrender of her license after an accusation was filed alleging a conviction for driving under the influence of alcohol in 2012 and failing to report the conviction to the Board within 30 days. In addition, it alleged the use of alcohol to an extent dangerous to herself or the public, discipline against her chiropractor license, and the failure to report disciplinary action taken by the Board of Chiropractic Examiners. The order took effect September 23, 2016.

Marvin Galper, Ph.D.

Psychologist License No. PSY 3011, San Diego
Dr. Galper stipulated to the surrender of his license after an accusation was filed alleging he failed to properly conduct psychological assessments for adults and children referred by the juvenile courts to his employer by not responding to all referral questions; failing to administer tests that would provide a reliable, valid means of assessment; and failing to retain any records of his care and treatment. The order took effect September 28, 2016.

Lorie M. Palmer, Ed.D.

Psychologist License No. PSY 21582, San Ramon
Dr. Palmer stipulated to the surrender of her license after an accusation was filed alleging a felony conviction for misappropriation of public funds after she falsely billed the Victim Compensation and Government Claims Board by seeing patients as a family but billing them as individuals, and billing in two-session increments when sessions lasted less than one hour. The order took effect September 30, 2016.

PROBATION

Thomas Patrick Howell, Ph.D.

Psychologist License No. PSY 10340, Tustin
Dr. Howell stipulated to placing his license on probation for three years and is subject to its revocation if he fails to comply with the terms and conditions of probation, after rendering unsubstantiated conclusions in a child custody

report, acting with bias in favor of one parent, failing to properly obtain and integrate information from collateral sources, and not maintaining adequate records. The order took effect July 8, 2016.

William Michael Brock, Ph.D.

Psychologist License No. 8466, La Mesa
Dr. Brock's license was placed on probation for five years and is subject to its revocation if he fails to comply with the terms and conditions of probation after a 2013 misdemeanor conviction for agreeing to engage in acts of prostitution, with factors in aggravation of a 1999 misdemeanor conviction for agreeing to engage in acts of prostitution and a 1999 misdemeanor conviction for using offensive words in public. The order took effect on August 10, 2016.

PUBLIC LETTER OF REPROVAL

Andra J. Brosh, Ph.D.

Psychologist License No. PSY 22901, Inverness
Dr. Brosh stipulated to the issuance of a public letter of reproof and other terms for failing to renew the registration of her psychological assistant and continuing to employ her after her registration had expired. The order took effect July 9, 2016.

Clifford Ray Graham, Ph.D.

Psychologist License No. PSY 5631, Redding
Dr. Graham stipulated to the issuance of a public letter of reproof and other terms for treating a patient with borderline personality disorder, which was outside the scope of his competence, making inappropriate comments about the patient's breasts during treatment, and failing to maintain adequate treatment records. The order took effect August 17, 2016.

INTERIM SUSPENSION ORDER

Pamlyn Kelly, Ph.D.

Psychologist License No. PSY 13863, Grass Valley
Dr. Kelly stipulated to the issuance of an interim suspension order prohibiting her from engaging in the practice of psychology, holding herself out as practicing or available to practice psychology, or being present in any location or office where

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Disciplinary Actions (continued from page 17)

psychology is practiced, pending a hearing on the accusation in Board of Psychology Case No. 1F 2013 230705. The order took effect July 7, 2016.

REINSTATEMENT

Linda K. Thompson, Ph.D.

Psychologist License No. PSY 16656, Redondo Beach

Dr. Thompson's petition for reinstatement of her license was granted, effective August 17, 2016, placing her license on probation for five years, and is subject to its revocation if she fails to comply with the terms and conditions of probation. Dr. Thompson had stipulated to the surrender of her license, effective October 12, 2011, after failing to renew her psychological assistant's registration and properly supervise her.

Multiple Roles and Boundaries in Clinical Supervision (references continued from page 15)

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Legislative and Regulatory Update

More information on these bills can be found at <http://leginfo.legislature.ca.gov/>.

Chaptered Bills

AB 796 (Nazarian) Health Care Coverage: Autism: Pervasive Disorders

SUMMARY: This bill extends indefinitely the operation of existing law that requires insurance coverage for behavioral health treatment for pervasive developmental disorder or autism. This bill also creates requirements for a qualified behavioral service provider.

STATUS: Signed by Governor, Chapter 493, Statutes of 2016.

BOARD POSITION: Oppose. The Board of Psychology (Board) expressed serious concern with the bill's removal of the sunset date without adequate regulation of providers, minimum standards in services, or regular review of the adequacy of the regulatory scheme in place for consumer protection.

AB 2859 (Low) Professions and Vocations; Retired Category; Licenses

SUMMARY: This bill authorizes any of the boards within the Department of Consumer Affairs (DCA) to establish by regulation a system for a retired category of license for persons who are not actively engaged in the practice of their profession or vocation. This bill also requires the regulation to include specified provisions, including that a retired license be issued to a person with either an active license or an inactive license that was not placed on inactive status for disciplinary reasons.

STATUS: Signed by the Governor, Chapter 473, Statutes of 2016.

BOARD POSITION: Watch

AB 2859 (Low) Professions and Vocations; Retired Category; Licenses

SUMMARY: This bill authorizes any of the boards within DCA to establish by regulation a system for a retired category of license for persons who are not actively engaged in the practice of their profession or vocation. This bill also requires the regulation to include specified provisions, including that a retired license be issued to a person with either an active license or an inactive license that was not placed on inactive status for disciplinary reasons.

STATUS: Signed by the Governor, Chapter 473, Statutes of 2016.

BOARD POSITION: Watch

SB 1193 (Hill-Salas) Healing Arts

SUMMARY: Extends the existing Licensing Law for the Board of Psychology (Board), the Board of Pharmacy, and the Veterinary Medical Board to January 1, 2021. For the Board, this bill revises and recasts the doctorate degree requirements for licensure to include, until January 1, 2020, a doctorate degree from an unaccredited institution that is approved for operation by the Bureau for Private Postsecondary Education. The bill replaces the term "continuing education" with "continuing professional development," defines "continuing professional development," requires a person applying for renewal or reinstatement to certify compliance with these requirements under penalty of perjury, requires continuing professional courses to be approved by organizations approved by the Board, and authorizes the Board to grant exemptions from, or extensions for compliance with, these requirements. This bill authorizes the Board to issue a retired license to a licensed psychologist if the psychologist has applied to the Board for a retired license and pays a fee of not more than \$75. The bill also prohibits the holder of a retired license from engaging in the practice of psychology in the same manner as an active licensee.

STATUS: Signed by the Governor, Chapter 484, Statutes of 2016.

BOARD POSITION: Support. The Board agrees that the practice of psychology should continue to be regulated by the current Board members in order to protect the interests of the public and supports the enhancements of the psychology licensing law within the bill.



Legislative and Regulatory Update (continued from page 19)

Vetoed Bills

AB 1835 (Holden) Private Postsecondary Education: Operating Standards

SUMMARY: This bill would have exempted from the provisions of the Private Postsecondary Education Act of 2009 institutions that grant doctoral degrees in psychoanalysis from the provisions of the Act requiring the imposition of accreditation requirements if specified requirements are met.

STATUS: Vetoed by Governor.

BOARD POSITION: Watch

AB 2017 (McCarthy) College Mental Health Services Program

SUMMARY: This bill would have required the Mental Health Services Oversight and Accountability Commission to create a grant program for public community colleges, colleges, and universities for purposes of improving mental health services access. It would have required campuses that have been awarded grants to report annually on the use of grant funds and post information on their websites. This bill would have also required a specified evaluation to be conducted by a public or private research university or institute, and provides for contract assistance.

STATUS: Vetoed by Governor.

BOARD POSITION: Support. The Board expressed support for enhancing the provision of mental health services on state college campuses to address the unmet need for mental health services for college-aged students who too often do not seek mental health services when needed.

AB 2086 (Cooley) Workers' Compensation: Neuropsychologists

SUMMARY: This bill would have authorized licensed clinical psychologists meeting specified requirements to be appointed as a qualified medical evaluator (QME) in neuropsychology. This bill would also provide that a medical doctor or osteopath who has successfully completed a residency or fellowship program accredited by an organization that is a predecessor to a specified credentialing entity, and would satisfy the residency training requirement for an evaluator under the Workers' Compensation Law.

STATUS: Vetoed by Governor.

BOARD POSITION: Support. The Board supported the goal to allow neuropsychologists to continue performing the services of a QME. The Board believed this bill would help ensure that injured workers have adequate and timely access to the evaluation and treatment they need and deserve.

Failed Passage

SB 1194 (Hill) Professions and Vocations: Board Actions and Regulation

SUMMARY: This bill would have provided for the review of nonministerial market-sensitive actions of a board within DCA to determine whether it furthers a clearly expressed policy and provides for approval, disapproval, or modifications to a board action. The bill would also have required that certain information be posted on the Internet, and required a public entity to pay a judgment or settlement for treble damage antitrust awards against a member of a regulatory board for certain acts or omissions.

STATUS: This bill was held in the Assembly Business and Professions Committee.

BOARD POSITION: Watch

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Legislative and Regulatory Update (continued from page 20)

AB 1715 (Holden) Healing Arts: Behavior Analysis: Licensing

SUMMARY: This bill would have increased the number of members that constitute a quorum of the Board. This bill would establish the Behavior Analyst Act and require a person to obtain a license from the Board to engage in the practice of either a behavior analyst or an assistant behavior analyst and provide the procedures necessary to obtain such a license. The bill would have also specified the requirements for persons to be employed behavior analysis technicians. The bill would have made a violation of these provisions a misdemeanor.

STATUS: While in the Senate Business Professions and Economic Development Committee, the author chose to no longer pursue the bill.

BOARD POSITION: Support if amended. The Board expressed concern over the exemption of individuals employed or contracted by a local educational agency, or a nonpublic agency or school with a contract with a local educational agency.

AB 2443 (Baker) Local Control and Accountability Plans: School Climate

SUMMARY: This bill would have related to local control and accountability plans adopted by school district governing boards and require the plan to include a description of the annual goals to be achieved for each of the state's delineated priorities for all pupils and certain subgroups of pupils. The bill would have also required the adopted plans to identify the extent to which pupils have access to school psychologists or counselors to address issues including mental health concerns, conflict resolution, and bullying.

STATUS: This bill was held in the Assembly Committee on Appropriations.

BOARD POSITION: Support. The Board agreed that school counselors can fill a vital role in helping meet the needs of students, and by requiring educational agencies to report the actual number of professionals, it would help identify any additional mental health support needs.

AB 2507 (Gordon) Telehealth: Access

SUMMARY: This bill would have added video communications and phone communications to the definition of telehealth. This bill would have prohibited a healthcare provider from requiring the use of telehealth when a patient prefers in-person services and requires healthcare service plans and insurers to include coverage for services provided to a patient through telehealth. The bill would have also prohibited an insurer from interfering with the physician-patient relationship based on telehealth services and provided that health information confidentiality requirements apply to telehealth services.

STATUS: This bill was held in the Assembly Committee on Appropriations.

BOARD POSITION: Watch

SB 1033 (Hill) Medical Board: Disclosure of Probationary Status

SUMMARY: This bill would have required specified medical regulatory boards to require a licensee to disclose their probationary status to a patient, the patient's guardian, or the healthcare surrogate prior to the patient's first visit following a probationary order by the Board. This requirement would apply while the licensee is on probation, including an accusation, a statement of issues, or an administrative law judge's legal conclusion finding the licensee committed gross negligence. The bill would have also required a standard format for listing probation information.

STATUS: This bill is in the Senate Inactive File.

BOARD POSITION: Watch

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Legislative and Regulatory Update (continued from page 21)

SB 1034 (Mitchell) Health Care Coverage: Autism

SUMMARY: This bill would have related to required insurance coverage for behavioral health treatment for pervasive developmental disorder or autism, and would modify requirements to be a qualified autism service professional to include providing behavioral health treatment, which may include clinical management and case supervision. The bill would have also required that a treatment plan be reviewed using a specified time period, and require such treatment to comply with the Medicaid state plan.

STATUS: This bill was held in the Assembly Committee on Appropriations.

BOARD POSITION: Oppose. The Board expressed concern with the lack of consumer protection as providers of these services do not have to be licensed.

SB 1101 (Weickowski) Alcohol and Drug Counselors: Regulation

SUMMARY: This bill would have established the Alcohol and Drug Counseling Professional Bureau (Bureau). The bill would prohibit any person from using the title of licensed alcohol and drug counselor unless the person has applied for and obtained a license from the Bureau. The bill would have also specified the minimum qualifications for a license, including a criminal background check, and require the Bureau to ensure that the criminal history of the applicant is reviewed before issuing a license.

STATUS: This bill was held in the Senate Committee on Appropriations.

BOARD POSITION: Watch

SB 1155 (Morrell) Professions and Vocations: Licenses: Military

SUMMARY: This bill would have required every board within DCA to grant a fee waiver for the application for and the issuance of an initial license to an individual who is an honorably discharged veteran.

STATUS: This bill was held the Senate Committee on Appropriations.

BOARD POSITION: Watch

SB 1204 (Hernandez) Health Professions Development: Loan Repayment

SUMMARY: This bill would have increased the license application and renewal charge for health professionals and increase the monetary limits for loan repayment. The bill would have also expanded the eligibility for loan repayment funds to include those physicians providing psychiatric services. The bill would have provided for the deposit of additional moneys in a continuously appropriated fund. The bill would have also increased the psychology license renewal fee for funding a specified education program, and increase licensing fees for marriage and family therapists.

STATUS: While in the Senate Committee on Business Professions and Economic Development, the author chose to no longer pursue this bill.

BOARD POSITION: Watch

SB 1217 (Stone) Healing Arts: Reporting Requirements: Liability

SUMMARY: This bill would have related to existing law that requires the Board to keep an individual historical record containing any reported judgment or settlement requiring a licensee or the licensee's insurer to pay more than \$3,000 in damages for any claim that injury or death was proximately caused by the licensee's negligence, error, or omission in practice, or rendering unauthorized professional service. This bill would have instead required the record to contain reported judgments or settlements with damages more than \$10,000 for persons licensed under the Pharmacy Act.

STATUS: This bill failed to clear the Senate Committee on Business Professions and Economic Development before the required deadline.

BOARD POSITION: Watch

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Legislative and Regulatory Update (continued from page 22)

SB 1334 (Stone) Crime Reporting: Health Practitioners: Reports

SUMMARY: This bill would have required a healthcare practitioner who provides medical services to a patient who discloses that he or she is seeking treatment due to being the victim of assault or abuse, to additionally make a report to a law enforcement agency.

STATUS: This bill was held in the Senate Committee on Appropriations.

BOARD POSITION: Watch

Regulatory Update

Uniform Standards Related to Substance Abuse and Disciplinary Guidelines Title 16, California Code of Regulations (CCR) Section 1397.12

The current Disciplinary Guidelines were amended to be made consistent with current law. The proposal incorporates the Uniform Standards Related to Substance Abusing Licensees 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 Uniform Standards that are being incorporated into the Board's existing Disciplinary Guidelines were mandated by Senate Bill 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008).

On August 3, 2016, the rulemaking file was approved by Office of Administrative Law. The regulations become effective January 1, 2017.

Verification of Experience/Supervision Agreement Forms

Title 16, CCR Sections 1387 and 1387.1

Existing regulations mandate that verification of experience and supervision agreement forms be submitted to the Board directly from the primary supervisor. The proposed regulation would require the primary supervisor to place the supervision agreement and the verification of experience forms in a sealed envelope, and provide the envelope to the supervisee to hold until the supervisee is ready to submit a licensure application to the Board. The sealed envelope would be submitted together with the licensure application, unless it has been submitted to the Board with an application for registration as a psychological assistant.

Existing regulations also mandate that a plan for supervised professional experience (SPE) between the primary supervisor and psychological assistant must be submitted and approved by the Board prior to the commencement of the SPE.

The proposed regulation would no longer require the pre-approval of this supervision plan for SPE to count toward Board licensure. In addition, they mandate that the plan include how and when the supervisor will provide periodic feedback to the supervisee so that the supervisee gets the benefits of the supervisor's assessment on how their training is going. However, the supervision agreements and plans **MUST** still be prepared together and signed **PRIOR** to the start of the experience, or the hours may be denied.

The Rulemaking File is now under review by the Department of Finance.



Board Meetings

FEBRUARY 9–10	Sacramento
APRIL 21 (Teleconference)	Sacramento
JUNE 15–16	Los Angeles
SEPTEMBER 14–15	Bay Area
NOVEMBER 16–17	San Diego

Licensing Committee Meetings

JANUARY 26–27	Sacramento
MARCH 16–17	Sacramento
MAY 4	Sacramento
AUGUST 22	Southern California

Outreach and Education Committee Meetings

MARCH 23	Sacramento
SEPTEMBER 7	Sacramento

Policy and Advocacy Committee Meetings

MARCH 13	Sacramento
MAY 15	Sacramento
JULY 17	Sacramento

Board Members

- Stephen Phillips, J.D., Psy.D. (President)
- Nicole J. Jones (Vice President)
- Lucille Acquaye-Baddoo
- Alita Bernal
- Michael Erickson, Ph.D.
- Jacqueline Horn, Ph.D.



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