

Journal

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

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President's Message

Michael Erickson, Ph.D.

In reviewing progress and accomplishments in 2014, there are a number of highlights:

- Licensing processing time frames have been reduced from 16 weeks to less than one week for all license types. The new Department of Consumer Affairs (DCA) BreEZe system now allows for many aspects of license application and renewal online.
- Enforcement continues to meet Performance Measure target dates and probationary documents (e.g. quarterly report forms) now are available on our website (www.psychology.ca.gov) for easier access and transparency.
- The Board of Psychology (Board) began utilizing social media platforms including Facebook and Twitter to reach licensees and consumers, and the Board's website was redesigned to be more user-friendly.
- Increased advocacy was achieved by attending legislative stakeholder meetings, testifying on bills in committee, and sending support and opposition letters to authors, legislative committees, and the Governor.
- As follow-up to the 2014 Strategic Plan, a random sampling of stakeholders were surveyed to elicit feedback on the Board's performance in key areas identified during strategic planning, and results will be used to focus as needed to achieve identified goals for Board programs.

During the November 2014 Board meeting, officers for 2015 were elected: Michael Erickson, Ph.D., President, and Nicole J. Jones, Vice President.

Chuck Faltz, Ph.D., 1938-2015

On a final note, psychologist Chuck Faltz, Ph.D., a longtime advocate for professional psychology, died in Jan 2015. Chuck was Director of

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Summary of Licensing Activity

By Antonette Sorrick, Executive Officer, Board of Psychology

California Board of Psychology Annual Statistical Profile Fiscal Year 2013–14

Board Sta : 20.3 Civil Service Employees, 1 Exempt
Licenses/Certificates/Permits: 22,336

Board Membership: 5 Licensees, 4 Public Representatives

Strategic Plan Adopted: May 16, 2014

Initial Licenses/Certificates/Permits

Type	Apps. Received	Issued	Renewed
Psychologist	1,412	636	9,778
Registered Psychologist	169	120	0
Psychological Assistant	1,017	807	1,634

Licensing Population by Type

Type	Certificates/Permits	Licenses/Registrations	Approvals
Psychologist	0	20,183	0
Registered Psychologist	0	321	0
Psychological Assistant	0	1,832	0

Renewal and Continuing Education (CE)

Type	Frequency Of Renewal	# Of CE Hours Required Each Cycle
Psychologist	Every 2 Years	36
Registered Psychologist	Non-Renewable	0
Psychological Assistant	Every Year	0

Exam Results

Exam Title	Pass	Fail	Total
EPPP	840	526	1,366
CPSE	726	347	1,073
CPLPEE	55	34	89
Total	1,621	907	2,528

Summary of Enforcement Activity

Consumer Complaints—Intake

724	Received
62	Closed Without Referral for Investigation
624	Referred for Investigation
38	Pending

Consumer Complaints—Intake

52	Received
50	Closed/Referred for Investigation
2	Pending

Inspections

0

Investigations

624	Opened
564	Closed
131	Pending

Number of Days to Complete Intake and Investigations

497	Up to 90 Days
58	91 to 180 Days
4	181 Days to 1 Year
3	1 to 2 Years
2	2 to 3 Years
0	Over 3 Years
44	Average Number of Days to Complete Intake and Investigations

Citations and Fines

4	Issued
4	Issued With a Fine
0	Withdrawn
0	Dismissed
307	Average Number of Days to Issue a Citation and Fine

Total Amount of Fines

\$5,500	Assessed
\$2,000	Reduced
\$925	Collected

Criminal/Civil Actions

1	Referrals for Criminal/Civil Action
0	Criminal Actions Filed
0	Civil Actions Filed

Office of the Attorney General/Disciplinary Actions

39	Cases Opened/Initiated
31	Cases Closed
44	Cases Pending

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Can You Help?

By Susan Wolbarst, Public Information Officer, Medical Board of California

The Soldiers Project Seeks Volunteer Therapists

Dealing with the hidden wounds of war—post-traumatic stress disorder, traumatic brain injuries, and military sexual trauma—is the focus of volunteer therapists working with veterans through The Soldiers Project (TSP) over the past 10 years.

The brainchild of psychiatrist Dr. Judith Broder, now retired, TSP matches veterans and their loved ones with therapists willing to provide confidential mental health treatment at no cost. Headquartered in North Hollywood, TSP has chapters in Sacramento, Washington state, Chicago, New York City, Long Island (New York), Pennsylvania, and Wyoming. Funding comes from private family foundations, corporations, and individual donors. Costs are controlled by spending very little on infrastructure. Patients are often seen in therapists' private or home offices.

"In the past year or so, 550 veterans and their families have received about 3,000 to 4,000 hours of therapy," according to TSP Executive Director Adam M. Greenwald. "Dr. Broder always says

"When a soldier goes off to war, the entire family goes off to war," Greenwald noted. More than 450 TSP therapists have worked with former military personnel and their boyfriends, girlfriends, spouses, children, parents, and grandparents in the past year.

Anyone serving since September 11, 2001, is eligible for the free therapy, regardless of discharge status. Receiving assistance is simple. Therapists working in TSP cannot accept payment or bill any insurance company for time spent serving veterans through the program.

"We're always looking for new therapists to take on even one client. It's a huge benefit to the vets and their families," Greenwald said. Specifically, the program seeks psychiatrists, psychologists, social workers, marriage and family therapists, and psychiatric registered nurses. Three educational seminars, two of which are Internet-based, familiarize potential volunteers with military culture and other pertinent material before they provide services. "Providing resources for vets to take care of their mental health is paramount," Greenwald said, "and often needs attention even before they can attempt to deal with necessities such as jobs and housing.

Dr. Broder's work, providing free mental health services to vets and their families, was honored in 2011 when she received the Presidential Citizens Medal and the James Irvine Foundation Leadership Award.

For more information, call (877) 576-5343, write info@thesoldiersproject.org, or visit www.thesoldiersproject.org



Presidents Message (continued from page 1)

Professional Affairs for the California Psychological Association and regularly attended Board of Psychology Board meetings in recent years. He was widely known and highly respected by the Board and could be counted on to offer well-reasoned opinions on issues significant to psychology and the public, and with his keen understanding of the role of regulatory boards, he was a consummate advocate for professional psychology and public health and safety. Chuck was a long-standing friend of the Board and his absence leaves a large void. He will be very much missed.



Suicide Prevention: A National Imperative

By Richard McKeon, Ph.D., Chief, Suicide Prevention Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA)

According to the U.S. Centers for Disease Control and Prevention, 41,149 Americans died by suicide in 2013, making suicide the 10th leading cause of death in the United States. From ages 15 to 39, suicide is the second leading cause of death. From 1999 to 2010, the age-adjusted suicide rate for adults ages 35 to 64 increased significantly (28.4 percent). More than twice as many Americans die by suicide as by homicide and more die by suicide than in motor vehicle crashes. In California, 4,025 deaths by suicide occurred. In addition to these tragic losses, 1.3 million Americans 18 and older made non-fatal suicide attempts, and more than 9 million adults seriously considered suicide (SAMHSA, 2013). These staggering numbers increase even further when youth younger than 18 are considered. According to CDC's Youth Risk Behavior Surveillance System, in 2013 nearly 17 percent of students in grades 9 through 12 reported having seriously considered suicide, and 8 percent reported having attempted suicide one or more times in the past 12 months.

Suicide touches all ages, backgrounds, and racial and ethnic groups in all parts of the country. It is estimated that 90 percent of people who die by suicide have an underlying mental health issue, including substance use. Alcohol and drug use are second only to depression and other mood disorders as the most frequent risk factors for suicide.

Despite these alarming statistics, too few Americans have access to, or are even aware of, potentially lifesaving interventions. An analysis of SAMHSA's 2008–2013 National Survey on Drug Use and Health data showed that only 56 percent of adults who attempted suicide in the past year received mental health treatment (Han et al, 2014). Those who seek care may have difficulty accessing appropriately trained behavioral healthcare providers, experience difficulties with continuity of care, and limited access to evidenced-based interventions.

In September 2010, SAMHSA helped launch the *National Action Alliance for Suicide Prevention*, a

public-private partnership to implement the National Strategy for Suicide Prevention and reduce suicide attempts and suicides in America. In September 2012, the Surgeon General and the Action Alliance released a revised *National Strategy for Suicide Prevention* to serve as the nation's blueprint for suicide prevention over the next decade. Of particular relevance for psychologists are Goals 7, 8, and 9 of the National Strategy for Suicide Prevention.



Goal 7: Provide training to community and clinical service providers on the prevention of suicide and related behaviors.

Goal 8: Promote suicide prevention as a core component of health care services.

Goal 9: Promote and implement effective clinical and professional practices for assessing and treating those at risk for suicidal behaviors.

The National Action Alliance for Suicide Prevention's Clinical Care Task Force has found that many mental health clinicians feel that they do not have the training, the skills, or the support to work with suicidal people. Given the vast need, it is essential for California psychologists to play a leadership role in obtaining training for themselves in suicide risk assessment, management, and treatment, and in helping to train other clinicians, as well as in assuring that systems of care incorporate such training.

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Workforce Analysis Survey

Association of State and Provincial Psychology Boards (ASPPB)

The Association of State and Provincial Psychology Boards (ASPPB) is surveying licensed psychologists in order to gain a comprehensive view of the current psychology workforce. The accuracy of the data provided by licensed practitioners will enable us to provide timely and relevant information to licensees, educators, and policymakers on the current status of the profession and assist in forecasting future needs. In order to produce meaningful analysis, several of the questions require a response prior to submitting the survey.

Survey responses will be maintained in a confidential manner and will be analyzed and presented only in aggregate form. Your name and contact information will not be given or sold to third-party vendors. This data is collected for workforce analysis only. Surveys have been distributed via e-mail and postal mail; however, if you would like to participate in the survey now, please visit www.asppbsurvey.com.

In appreciation for your participation in completing this survey, we are offering you a free ASPPB Credentials Bank with our association! The ASPPB Credentials Bank is an excellent way to efficiently store and maintain all your vital professional information. To open your free Credentials Bank record, please visit <https://plus.actinnovations.com/> and enter the CB promo code provided at the end of your survey.

For any questions or concerns, please contact ASPPB at (678) 216-1186 or via e-mail at researchcenter@asppb.org.

Summary of Licensing Activity (continued from page 5)

Number of Days to Complete AG Cases

5	1 Year
13	1 to 2 Years
6	2 to 3 Years
4	3 to 4 Years
3	Over 4 Years
868	Average Number of Days to Impose Discipline

Formal Actions Filed/Withdrawn/Dismissed

4	Statements of Issues Filed
27	Accusations Filed
0	Restraining/Restriction/Suspension Orders Granted
0	Statements of Issues Withdrawn/Dismissed
2	Accusations Withdrawn/Dismissed

Administrative Outcomes/Final Orders

3	Licensed Applications Denied
4	Revocation
10	Surrender of License
0	Probation With Suspension
0	Suspension Only
11	Probation Only
2	Public Reprimand
0	Other Decisions

Petitions to Revoke Probation Filed/Petitions and Accusations to Revoke Probation Filed

2	Total Number Filed
564	Closed
131	Pending

Subsequent Disciplinary—Administrative Outcomes/Final Orders

0	
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Petition for Modification or Termination of Probation

1	Granted
0	Denied
1	Total

Petition for Reinstatement of Revoked License/Registration/Certification Cost Recovery to DCA

\$172,404	Ordered
\$71,411.21	Collected

Consumer Restitution to Consumers/Refunds/Savings

\$0	Restitution Ordered
\$0	Amount Refunded
\$0	Rework at No Charge
\$0	Adjustments in Money Owed/Product Returned/Exchanged
\$0	Total Savings Achieved for Consumers



Enforcement Frequently Asked Questions

By Sandra Monterrubio, Enforcement Program Manager, Board of Psychology

Q: Who does the Board of Psychology regulate?

A: The Board of Psychology (Board) regulates licensed psychologists, psychological assistants, and registered psychologists.

Q: Can a psychologist prescribe?

A: California psychologists cannot legally prescribe medication. A psychologist may suggest to a physician particular medication to be prescribed. However, the ultimate decision as to whether a patient should receive medication lies solely with the physician.

Q: Who should file a complaint?

A: Anyone who thinks that a psychologist, registered psychologist, or psychological assistant has acted illegally, irresponsibly, or unprofessionally may file a complaint with the Board.

Q: Can I file my complaint electronically from the website?

A: Yes. To file a complaint, go to www.psychology.ca.gov/consumer/filecomplaint.

Q: What types of complaints does the Board handle?

A: Complaints under the Board's jurisdiction include, but are not limited to, the following conduct by a psychologist, psychological assistant, or registered psychologist:

- Sexual contact with a patient
- Violating the patient's confidentiality
- Providing services for which the individual has not been trained or licensed
- Drug or alcohol abuse
- Fraud or other crimes
- False advertising
- Paying or accepting payment for patient referral

- Unprofessional, unethical, or negligent acts

- Focusing therapy on the licensee's/registrator's own problems, rather than the patient's

- Serving in multiple roles, e.g., having social relationships with patients, lending them money, employing them, etc.

Q: What types of complaints are out of the Board's jurisdiction?

A: The Board has no authority over fee or billing disputes, general business practices, personality conflicts, or persons who are licensed by other boards (for example, clinical social worker; marriage and family therapists; 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.

Q: What happens once I submit my complaint to the Board?

A: When the Board receives your complaint, it will be entered into our automated system and a case number will be assigned. The Board will send you an acknowledgment letter within 10 days letting you know your complaint has been received and will be forwarded to an analyst for review. If your complaint involves the care and treatment you received from a psychologist, the analyst will request copies of your medical records from the psychologist as long as you have provided a signed authorization for Release of Medical Information. When the requested records have been received, you will be notified that your complaint is being sent to an expert for review. The reviews are performed by licensed psychologists practicing in the same specialty as the psychologist named in your complaint. Once the review is completed, the analyst will notify you in writing whether any violations were substantiated.



Q: Will the psychologist/psychological assistant know if I filed a complaint?

A: The complaint is confidential and is not disclosed by the Board. If the complaint involves your care and treatment, the analyst assigned to your case will request a copy of your medical records. Although the psychologist/psychological assistant will not be told who filed the complaint, the psychologist involved will be aware that a complaint has been filed regarding your treatment, and that your records are being requested.

Q: Who conducts the Board's investigations?

A: Desk investigations are performed by Board staff. Formal investigations are performed by sworn peace officers with the Health Quality Investigations Unit (HQIU) on behalf of the Board.

Q: What happens during a formal investigation?

A: The investigator will interview the licensee, the complainant, patient, witnesses, and employer, if needed. The investigator may also collect personnel records and patient records. Once the investigator has completed their investigation, an investigative report is submitted to the Board.

Q: How long will it take to resolve my complaint?

A: Depending on the complexity of the complaint and the type of investigation needed to address the

allegation, the complaint can take several months to more than a year to resolve.

Q: Can I find out whether any complaints have been filed against a psychologist?

A: Complaints submitted to the Board for investigation are not public information. However, if a complaint results in an Accusation being filed, that and related documents become public record and are posted on the Board's website.

Q: What does "Accusation filed" mean?

A: If there is sufficient evidence to substantiate a violation of the law and regulations relating to the practice of psychology, a formal charging document called an Accusation is filed by the Board. The psychologist is sent the Accusation, which is a legal document that lists the causes for discipline. The psychologist is given an opportunity to dispute the charges at an administrative hearing or to negotiate a stipulated settlement. The complainant will be notified in writing if an accusation is served on the psychologist.

Q: What does a Public Letter of Reproval mean?

A: A Public Letter of Reproval can be issued for minor violations as a result of filing an Accusation. A public Letter of Reproval is considered a lesser form of discipline and is available for public disclosure.

Suicide Prevention: A National Imperative (continued from page 4)

SAMHSA supports many suicide prevention resources that are important for psychologists to be aware of. These include the National Suicide prevention Lifeline, which can be reached any time of the day or night at (800) 273-TALK (8255). Over 160 crisis centers across the country answered over 1.3 million calls last year. The National Suicide prevention Lifeline also includes a "press one" option for veterans, active-duty service members, their families and friends to contact the Veterans

Crisis Line. In addition, SAMHSA supports the Suicide Prevention Resource Center, www.sprc.org, which is likely the largest repository of suicide prevention resources in the world.

The Substance Abuse and Mental Health Services Administration is the agency within the U.S. Department of Health and Human Services that public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Centers for Disease Control and Prevention (CDC). "Suicide Among Adults Aged 35-64—United States." *MMWR* 2013; 62:321-325.

CDC. Web-based Injury Statistics Query and Reporting System (WISQARS). Available at <http://www.cdc.gov/injury/wisqars/index.html>.

Han B., Compton W., Gfroerer J., McKeon R. "Mental Health Treatment Patterns Among Adults with Recent Suicide Attempts in the United States." *Am J Public Health*, 2014; 104(12):2360-8.



Continuing Education Audit Information

By Colette McDowell, Continuing Education Analyst, Board of Psychology

The Board of Psychology (Board) requires licensees to certify on their renewal application that they have completed the minimum 36 hours (or the applicable pro-rated number of hours for a first renewal) of continuing education (CE) in the preceding two years to renew their psychology license. Licensees are required to retain their CE records for a minimum of four years. Pursuant to the California Code of Regulations, section 1397.61(e), the Board will conduct random audits of licensees to verify compliance with the CE requirements. Licensees selected for audit will be contacted (a letter will be mailed to the address of record the licensee has provided to the Board) for proof of completion. Documents are reviewed in the order they are received and a letter will be mailed to the licensee indicating the outcome of the audit.

Noncompliance with the CE requirements, or failure to submit the requested documentation, may result in a citation and fine or formal disciplinary action against the licensee, and could jeopardize his or her ability to practice.

Frequently Asked Questions:

Q: How many hours of CE do I need?

A: 36 hours of continuing education (CE) are required for each two-year renewal period (please see below for first-time renewal information).

- A minimum of 25% (nine hours) must be “live.”
 - Webinars in which there is interaction with the instructor in real time (via instant messaging, for example) are considered “live.”
- Courses or presentations less than one hour in length are not acceptable.

First-time renewal pro-ration of hours: 1.5 hours of CE must be accrued for each month or partial month that the license was effective prior to expiration. A minimum of 25% must be “live.”

- For example, a license issued March 28, 2013, and expiring September 30, 2014, would have been in effect for 18 months and three days upon expiration. In order to renew, the licensee would have to have accrued a total of 28.5 hours of approved continuing education (1.5 hours x 19 months).

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

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

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

Q: What are some of the reasons a licensee may be found noncompliant during a CE audit?

A: CE certificates may be “rejected” during review for the following reasons:

- Date listed on the certificate is not within the specific renewal cycle being audited.
 - The required hours of continuing education may not be accrued prior to the effective date of the initial issuance of the license or “carried over” from a prior renewal period.
- Approval by recognized entity not inscribed on certificate.
 - Courses completed on or after January 1, 2013, must be approved by: APA, CPA, or CMA/ACCME.

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Legislative and Regulatory Update

Jonathan Burke, Administrative Coordinator, Board of Psychology

Attention State Board of Psychology Stakeholders:

Assembly Bill 1775 (Melendez, Chapter 264, Statutes of 2014) was signed by the Governor and became effective January 1, 2015. This notice explains the changes and how they may affect you.

Currently, as a mandated reporter under the Child Abuse and Neglect Reporting Act (CANRA), the law requires a psychologist to report to the appropriate authorities suspected child abuse or neglect, which includes sexual abuse. Sexual abuse includes sexual exploitation, and includes a person who depicts a child in, or who knowingly develops, duplicates, prints, or exchanges, a film, photograph, videotape, negative, or slide in which a child is engaged in an act of obscene sexual conduct.

Changes

This law adds downloading, streaming, or accessing through any electronic or digital media the subject matter through any of the listed media, and adds video recording, to the definition of sexual exploitation for purposes of mandated reporting.

Changes for patients:

- Your psychologist is obliged under the law to report to the appropriate authorities any instance where you disclose that you have accessed, streamed, or downloaded material where a child is engaged in an obscene sexual act.

Changes for psychologists:

- Psychologists are obliged to report instances where a patient states that he or she has downloaded, streamed, or accessed through any electronic or digital media depictions in which a child is engaged in an act of obscene sexual conduct.

Amended Language

Specifically, section 11165.1(c) of the Penal Code is amended as shown:

11165.1. As used in this article, “sexual abuse” means sexual assault or sexual exploitation as defined by the following:

(b) “Sexual exploitation” refers to any of the following:

- (1) Conduct involving matter depicting a minor engaged in obscene acts in violation of Section 311.2 (preparing, selling, or distributing obscene matter) or subdivision (a) of Section 311.4 (employment of minor to perform obscene acts). A person who knowingly promotes, aids, assists, employs, uses, persuades, induces, or coerces a child, or a person responsible for a child’s welfare, who knowingly permits or encourages a child to engage in, or assist others to engage in, prostitution or a live performance involving obscene sexual conduct, or to either pose or model alone or with others for purposes of preparing a film, photograph, negative, slide, drawing, painting, or other pictorial depiction, involving obscene sexual conduct. For the purpose of this section, “person responsible for a child’s welfare” means a parent, guardian, foster parent, or a licensed administrator or employee of a public or private residential home, residential school, or other residential institution. A person who depicts a child in, or who knowingly develops, duplicates, prints, downloads, streams, accesses through any electronic or digital media, or exchanges, a film, photograph, videotape, video recording, negative, or slide in which a child is engaged in an act of obscene sexual conduct, except for those activities by law enforcement and prosecution agencies and other persons described in subdivisions (c) and (e) of section 311.3.

Legislative Update

AB 773 (BAKER)—BUSINESS AND PROFESSIONS CODE SECTION 2982—EXPIRATION OF LICENSE

The Board voted at the November Board meeting to submit a legislative proposal that amends Business



Legislative and Regulatory Update (continued from page 9)

and Professions Code §2982, which addresses expiration of licenses and birth date renewals.

First-time licensees of the Board are currently paying the full license amount for their license when they are not always receiving that license for the complete two-year period. First-time licensees are at the start of their careers as psychologists and have often incurred significant student debts in the process of earning undergraduate and postgraduate degrees. The establishment of an initial license period that is always 24 months

will stop these licensees paying a full fee for an abbreviated license period.

Assemblywoman Catherine Baker (R-AD 16) has agreed to author the bill and it was introduced on February 25, 2015, as AB 773 (Baker)—Psychology licensing. The Board voted to adopt a “support” position at its February meeting.

AB 705 (EGGMAN)—BUSINESS AND PROFESSIONS CODE SECTION 2909, 2909.5, AND 2910—EXEMPT SETTINGS

The Board voted at the November Board Meeting to submit a legislative proposal that amends the Business and Professions Code §2909 and §2910, both of which address employment of individuals performing psychological activities within certain organizations or exempt settings.

Current law does not specify whether an employee in an exempt setting must be working under the supervision of a licensed psychologist to accumulate supervision hours toward licensure, or if the exemption grant of the employee is limited to a certain timeframe. This scenario has a negative effect on the Board’s consumer protection mandate, because employees in exempt settings are working with particularly vulnerable populations, such as inmates and students, and are not or may never be subject to regulation by the Board. Currently, these employees may or may not be required to be licensed within a specified timeframe by the employment policies of the organization that employs them, raising concern within the Board regarding the indefinite amount of time the

exemption potentially provides for the employee to become licensed.

To address this issue, the supervision requirements and timeframe allowed for the exemption need to be clarified.

Assemblywoman Susan Talamantes Eggman (D-AD 13) has agreed to author the bill, and it was introduced on February 25, 2015, as AB 705 (Eggman)—Psychologists: licensure exemption. The Board voted to adopt a “support” position at its February meeting.

AB 1374 (LEVINE)—BUSINESS AND PROFESSIONS CODE SECTION 2914 (C)—APPLICANT REQUIREMENTS: VERIFICATION OF EXPERIENCE (VOE)

The Board voted at the November Board meeting to submit a legislative proposal that amends Business and Professions Code §2914 (c). The statute currently states that VOE forms be submitted to the Board by the applicant’s supervisor. This has the result of the Board storing large quantities of VOEs that have not had the remaining parts of the licensing application submitted by the applicant. This creates a storage problem and generates extra work as it becomes necessary to combine applications for licensure with the previously submitted VOE forms.

The Board initially submitted this proposal as a potential omnibus bill to the Senate Business, Professions and Economic Development Committee. This section (c) was rejected for Omnibus and the Board began seeking an author. Assembly member Marc Levine (D-AD 10) agreed to author the bill and it was introduced on February 27, 2015 as AB 1374 (Levine)—Psychologists: licensure: requirements. The Board voted to adopt a “support” position at its February meeting.

BUSINESS AND PROFESSIONS CODE SECTION 2914 (G)—APPLICANT REQUIREMENTS: APPROVED INSTITUTION

The amendments proposed to Business and Professions Code §2914 (g) were accepted by the Senate Business, Professions and Economic Development Committee and will be part of a Health Care Omnibus Bill. The section currently references two obsolete sections of the Education Code. The

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Legislative and Regulatory Update (continued from page 10)

proposal will delete one reference and amend the other to the correct section of the Education Code.

Regulations Update

TITLE 16, CCR, SECTION 1397.12—UNIFORM STANDARDS RELATED TO SUBSTANCE ABUSE AND DISCIPLINARY GUIDELINES

The current Disciplinary Guidelines are being amended to be made consistent with current law. This 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 regulatory hearing took place on August 22, 2014, at the Board meeting. After, the Board issued a 15-day notice of modified text for newly amended language that was to be submitted to the Board for approval at the November 2014 Board meeting.

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

TITLE 16, CCR, SECTIONS 1388, 1388.6, 1389, 1392—EXAMINATIONS, LICENSE REQUIREMENTS AND WAIVER OF EXAMINATION, RECONSIDERATION OF EXAMINATIONS, PSYCHOLOGIST FEES

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

The Board is also seeking to amend regulations regarding accommodations for English as a second

language (ESL) candidates. Currently, the Board has a policy for handling such accommodations, but this will codify conditions for approval in the regulations.

The hearing took place on August 22, 2014, at the Board meeting. The Board voted to modify the text to correct an error in the noticed language. A 15-day notice was issued and the Board delegated authority to the Executive Officer to adopt the language as modified when the comment period closed if no negative comments are received. The Board received no negative comments.

TITLE 16, CCR, SECTIONS 1397.60, 1397.61, 1397.62, 1397.67—DEFINITIONS, CONTINUING EDUCATION REQUIREMENTS, CONTINUING EDUCATION EXEMPTIONS AND EXCEPTIONS, RENEWAL AFTER INACTIVE OR DELINQUENT STATUS

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

The Board voted at the August Board meeting to approve the language changes for the continuing educational requirements to be noticed for the rule-making process. The hearing took place November 21, 2014, at 9 a.m., at the Board meeting. The Board received three comments and opted to make some changes to the original proposal. A 15-day notice was issued and the Board delegated authority to the Executive Officer to adopt the language as modified when the comment period closed. The Board received five comments during the 15-Day Notice period, but they were not relevant to the amendments made to the language. Comments were also received requesting amendments outside the comment period and voted to reconsider the proposal at the February meeting. The Board voted

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Licensed Psychologist Name and Address Changes FAQ:

By Diana Crosby, Administrative Technician, Board of Psychology

Q: When I submit a name change, will the Board send out a new wall and/or pocket certificate reflecting my new name?

A: No. If you wish to obtain a new wall and/or pocket certificate that reflects your new name, you need to submit a request to the Board and pay the required \$5 processing fee for each type of duplicate certificate you are requesting. You can submit your request online using a credit card with the BreEZe online services feature on the Board's website (www.psychology.ca.gov/about_us/breeze.shtml) or by printing the Application for Duplicate Wall/Pocket Certificate form from the Board's website (www.psychology.ca.gov/forms_pubs/dup_wallcert.pdf) and mailing it to the Board with the required fee. You must return the old certificate(s) to the Board before the new certificates can be issued.

Q: Can I turn in a change of address by submitting a forwarding order to USPS?

A: No. Forwarding orders are temporary, and USPS does not notify the Board of your new address. It is your responsibility to notify the Board of any change of address. Please keep in mind that your address of record is public record. Therefore, the

Board recommends using your business address or a P.O. Box as your address of record rather than your residential address. You can notify the board of your new address by using the BreEZe online services feature on the Board's website (www.psychology.ca.gov/about_us/breeze.shtml) by e-mailing the Board at bopmail@dca.ca.gov, or by mailing your new address to the Board of Psychology, 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834.

Q: When I submit an address change due to a returned renewal notice, will the Board send out a duplicate renewal notice?

A: No. If the renewal notice has already been mailed out at the time the address change is made, a duplicate renewal notice will not be triggered. You can, however, renew your license online by credit card using the BreEZe online services feature on the Board's website (www.psychology.ca.gov/about_us/breeze.shtml) or by printing the Psychologist License Renewal Application from the Board's website (www.psychology.ca.gov/forms_pubs/lic_renewal.pdf) and mailing it to the Board with the required renewal fee.

Continuing Education Audit Information (continued from page 8)

- Courses completed prior to January 1, 2013, must have been approved by APA, MCEP/CPA, CME/CMA/ACCME, or ABPP.
- Insufficient documentation provided.
 - Certificate must include date of activity, number of hours credited, provider approval information, indication of "live" or "distance," and name of participant.
 - Course descriptions or registration documentation is insufficient.
- Course(s) less than one hour in duration.
 - Pursuant to Business & Professions Code §1397.60(c), courses or presentations less than one hour in duration shall not be acceptable.

Please see www.psychology.ca.gov/licensees/ce_faqs.shtml for additional information regarding proration for first-time renewals, reactivations, exemptions, etc.

¹ The phrase "AMA PRA Category 1 Credit" is a trademark of the American Medical Association.



Mental Health Professionals Per County

By Antonette Sorrick, Executive Officer, Board of Psychology

When reviewing public policy, one has to first ask if California is meeting the mental health needs of its people. Please see below the 2014 population statistics per county with a side by side view of the total licensed mental health professionals in each. From this data, the stakeholders of the Board can start a productive discussion about ways to improve access to mental health in the State of California.

County	Total Population 1/1/14 (estimate from California Dept. of Finance)	Board of Psychology			Board of Behavioral Sciences				Medical Board	Total Licensed Mental Health Professionals Per County	Licensee/Patient Ratio
		Psychologist	Registered Psychologist	Registered Psychological Assistant	Marriage Family Therapist	Clinical Social Worker	Educational Psychologist	Professional Clinical Counselor	Psychiatrist		
Alameda	1,573,254	1282	68	115	1872	1283	68	64	337	5089	309
Alpine	1,079	0	0	0	0	0	0	0	0	0	N/A
Amador	36,151	19	0	1	21	12	1	1	6	61	592
Butte	222,316	43	0	7	238	137	12	9	18	464	479
Calaveras	44,650	11	0	0	28	18	0	1	3	61	731
Colusa	21,660	0	0	0	2	1	0	0	0	3	7220
Contra Costa	1,087,008	506	11	39	1080	462	49	50	188	2385	455
Del Norte	28,131	19	0	0	18	13	1	1	2	54	520
El Dorado	182,404	49	0	1	156	71	8	5	18	308	592
Fresno	964,040	251	1	23	377	387	13	13	108	1173	821
Glenn	28,353	1	0	0	12	6	0	0	1	20	1417
Humboldt	134,648	24	0	2	162	99	5	3	17	312	431
Imperial	180,672	10	0	0	15	19	0	2	13	59	3062
Inyo	18,590	6	1	0	15	1	1	0	4	28	663
Kern	873,092	116	0	6	286	132	12	13	66	631	1383
Kings	150,181	36	0	0	23	25	2	1	8	95	1580
Lake	64,699	12	0	0	39	14	3	0	3	71	911
Lassen	32,581	9	0	0	10	8	0	0	0	27	1206
Los Angeles	10,041,797	4472	125	594	7757	5175	374	225	1840	20562	488
Madera	153,897	35	0	1	49	36	2	3	9	135	1139
Marin	255,846	411	6	28	839	281	21	18	185	1789	143
Mariposa	18,467	2	0	1	7	8	0	0	1	19	971
Mendocino	89,029	27	0	1	109	53	7	4	12	213	417
Merced	264,922	15	0	0	42	48	3	5	8	121	2189
Modoc	9,197	4	0	0	2	3	0	1	0	10	919
Mono	14,143	4	0	0	10	2	0	0	1	17	831
Monterey	425,756	129	1	5	251	150	15	6	58	615	692
Napa	139,255	124	0	1	130	131	8	10	84	488	285

(continued on page 14)



Mental Health Professionals Per County (continued from page 13)

County	Total Population 1/1/14 (estimate from California Dept. of Finance)	Board of Psychology			Board of Behavioral Sciences				Medical Board	Total Licensed Mental Health Professionals Per County	Licensee/ Patient Ratio
		Psychologist	Registered Psychologist	Registered Psychological Assistant	Marriage Family Therapist	Clinical Social Worker	Educational Psychologist	Professional Clinical Counselor	Psychiatrist		
Nevada	97,225	41	0	1	177	71	7	5	16	318	305
Orange	3,113,991	1168	10	137	2394	1257	139	113	457	5675	548
Placer	366,115	109	0	9	367	199	14	13	56	767	477
Plumas	19,140	3	0	0	13	8	0	1	0	25	765
Riverside	2,279,967	286	1	14	922	506	53	47	155	1984	1149
Sacramento	1,454,406	521	1	40	963	850	57	57	283	2772	524
San Benito	57,517	3	0	0	24	10	0	0	1	38	1513
San Bernardino	2,085,669	378	3	32	750	636	53	28	213	2093	996
San Diego	3,194,362	1706	23	132	2277	1619	95	119	659	6630	481
San Francisco	836,620	1092	23	70	1313	931	25	57	596	4107	203
San Joaquin	710,731	93	0	6	200	147	17	6	60	529	1343
San Luis Obispo	272,357	251	0	11	360	190	13	12	97	934	291
San Mateo	745,193	430	9	20	727	411	24	35	206	1862	400
Santa Barbara	433,398	213	7	21	599	126	23	13	70	1072	404
Santa Clara	1,868,558	826	18	43	1531	798	49	70	485	3820	489
Santa Cruz	271,595	130	1	4	530	216	9	14	58	962	282
Shasta	179,412	45	0	3	158	71	4	7	12	300	598
Sierra	3,089	0	0	0	0	1	0	0	0	1	3089
Siskiyou	45,231	4	0	0	36	17	1	2	2	62	729
Solano	424,233	138	10	18	223	200	6	9	73	677	626
Sonoma	490,486	332	15	25	897	317	30	24	103	1743	281
Stanislaus	526,042	43	0	2	240	118	14	1	29	447	1176
Sutter	95,733	8	0	2	42	28	1	2	12	95	1007
Tehama	63,717	2	0	0	23	16	1	1	24	67	951
Trinity	13,389	0	0	0	13	3	13	2	0	31	431
Tulare	459,446	67	1	6	148	118	13	11	24	388	1184
Tuolumne	53,604	8	1	2	44	18	5	2	5	85	630
Ventura	842,967	252	6	21	737	291	52	24	107	1490	565
Yolo	206,381	104	0	5	162	103	10	7	43	434	475
Yuba	73,682	1	0	0	21	7	0	2	1	32	2302
Blank (*)		67	5	147	18	21	1	6	12	277	N/A
California	38,340,074	15938	347	1596	29459	17879	1334	1125	6849	74527	514

*Blank: County not documented

Board of Psychology Disclaimer

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Temporary Practice

By Jacqueline Horn, Ph.D., Board Member

Sometimes a psychologist who's licensed in one state may need to practice temporarily in another state, such as during an evaluation or testimony in a forensic case; in the case of a disaster or crisis; or when consulting with an organization that has offices throughout the United States.

Every one of the 50 states allows for some form of temporary practice for psychologists who are licensed in one state without requiring licensure in both states. California, for example, allows licensed psychologists from other jurisdictions to practice here for up to 30 days in a calendar year (Business & Professions Code, section 2912). The number of days someone is allowed to practice temporarily varies from jurisdiction to jurisdiction, but the average days per calendar year is 30. Some states allow a different number of days depending on the reason for the limited practice. States also vary with regard to the information needed in order for someone to practice within that state on a temporary or limited basis.

For those California psychologists whose practice sometimes requires limited practice in other jurisdictions, contact the licensing boards directly where that practice will occur and determine from them what is needed in order to practice there legally and ethically.

For contact information for all the psychology licensing boards in the United States, psychologists can go to www.asppb.org/HandbookPublic/Reports/default.aspx?ReportType=TemporaryProvisionalLicensure, the website of the Association of State and Provincial Psychology Boards (ASPPB); or that information can be accessed from www.kspope.com, a website maintained by Kenneth Pope, Ph.D., that serves as an excellent source of information about psychological research, ethics, and current issues in the field.

Disciplinary Actions: October 1 to December 31, 2014

Leonard Bergantino (PSY 3837), Los Angeles Action:

License revoked

Default Decision effective 12/12/2014

B&P § 821—Unprofessional conduct—failure to comply with Order issued pursuant to B&P § 820

Iris Cohen (PSY 17712), Sherman Oaks

Action: Five years' probation with revocation stayed

Stipulated Decision effective 12/31/2014

B&P § 2960(n)—Dishonest, corrupt or fraudulent acts

William Gideon Kohler (PSY 9106), Crescent

City Action: License surrendered

Stipulated Decision effective 12/7/2014

B&P § 726—Sexual misconduct

B&P § 729—Sexual exploitation

B&P § 2960(o)—Sexual relations with a patient or former patient

B&P § 2960(j)—Gross negligence

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

B&P § 2960(k)—Violating laws or regulations governing the practice of psychology

B&P § 2936—Violating APA Code of Ethics

B&P § 2960—Unprofessional conduct—failure to maintain adequate records

Molly O'Griffin (PSY 22791), Berkeley

Action: Five years' probation with revocation stayed

Stipulated Decision effective 10/3/2014

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

Cynthia Wilcox-Rittgers (PSY 17606),

Petaluma Action: License surrendered

Agreement effective 10/6/2014

Other action



Legislative and Regulatory Update (continued from page 10)

to raise the cap of “traditional” CE coursework in the proposed regulations from 18 hours to 27 hours per renewal cycle. A 15-Day Notice is being prepared and a new comment period will begin. The Board delegated authority to the Executive Officer to adopt the language as modified when the comment period closed if no negative comments are received.

TITLE 16, CCR, SECTIONS 1380.5—FILING OF ADDRESSES

Current regulations ask licensees to provide their residential address and a proper and current mailing address. The Board is seeking to amend the regulations to allow a licensee to additionally provide an address of record that differs from the residential address. This will allow the residential address of the licensee to be undisclosed to the public. The Board is also seeking to require a licensee report his or her e-mail address and that any changes of the e-mail address be made within 30 days.

The Board voted at the November Board meeting to proceed with a rule-making file and that the initial proposal be submitted to the Office of Administrative Law (OAL). At the February meeting, the Board decided to reconsider the proposed language and to not proceed with the rule-making file until after the meeting in May.

Expert Training Update

By Sandra Monterrubio, Enforcement Program Manager, Board of Psychology

The Board of Psychology (Board) will be holding its Expert Training on July 9, 2015, at the Office of the Attorney General in Sacramento. The Board will have approximately 30 attendees and several presenters, including an Administrative Law Judge, two or three Deputy Attorneys General, two Health Quality Investigation Unit investigators, and a representative from the Department of Consumer Affairs’ accounting unit. Invitations to the training will be mailed in March 2015.

Board Meeting Calendar

MAY 14–15 (Riverside)

AUGUST 13–14 (Berkeley)

NOVEMBER 12–13 (San Diego)

Board Members

Michael Erickson, Ph.D. (President)

Nicole J. Jones, (Vice President)

Lucille Acquaye-Baddoo

hanna Arias-Bhatia, J.D.

Miguel Gallardo, Psy.D.

Andrew Harlem, Ph.D.

Linda L. Star

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

Jacqueline Horn, Ph.D



1625 North Market Blvd., Suite N-215
Sacramento, CA 95834

E-mail: popmail@dca.ca.gov

Website: www.psychology.ca.gov

Telephone: (916) 574-7720

Toll-Free: (866) 503-3221 Fax:
(916) 574-8672