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

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President's Message

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

Welcome to the spring 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 write this column on the heels of our May Board meeting, which was held in Los Angeles. The February and May meetings proved to be highly productive, but two days is barely sufficient time to address the various issues, whether legislative, regulatory, or disciplinary, that the Board must consider, often requiring briefer interim meetings to address emerging issues in a timely manner.

The May meeting was the last to be attended by three highly valued Board members: Dr. Miguel Gallardo, Dr. Andrew Harlem, and Ms. Linda Starr. Each of these Board members brought their distinctive personalities, sensibilities, and life experiences to the work of the Board. All of them were respected contributors to the spirited and productive discussions, which have been the hallmark of the deliberative process in recent years. I know that the remaining Board members will sorely feel their absence. As Board membership has not changed in the last three-plus years, I am hopeful that the new members, to be appointed by the Governor and the Senate Rules Committee, will help us to look at the issues currently confronting the Board with the same wisdom, insight, and mature deliberation as our outgoing colleagues.

The California Assembly and Senate are currently considering the legislation that allows the Board to continue its work for the next four years. Included in the Sunset Review Bill are provisions dealing with the regional accreditation of all of the graduate institutions producing future licensees, the change in language necessary to move from

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Go Paperless! An Easier Way to Renew

By Jacquelin Noonan, CE/Renewals Coordinator

Submitting a license renewal application and check via "snail mail" can be a lengthy process. With post office and processing timelines, in addition to the 7–10 days it can take for a check to clear, it can take weeks before a license is renewed. Do not let this happen to you. Renew and pay for your license online at **www.breeze.ca.gov** for a quicker way to renew.

In most cases, renewals submitted online are automatically approved by the BreEZe system. This occurs when the renewal questions are answered correctly and the appropriate funds are received. The renewal process cannot be expedited if the renewal application and payment are mailed to the Board of Psychology (Board) since applications are manually processed in the order received and no system is available to expedite processing a check payment.

You will first need to create an account with BreEZe before you can use the online renewal feature. If you need specific instructions on how to get started, visit the Board's website at **www.psychology.ca.gov**, click on the "Licensees" tab, then click on "Renewal Information."

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a continuing education model to a continuing professional development model, an expansion of the scope of practice for psychological assistants, the creation of a retired licensee category, and provisions enabling the Board to post more complete online information regarding our licensees and registrants, including website addresses and academic credentials, akin to other healing arts boards. The representatives of the Board were received positively during the committee hearings on the legislation. Without the renewal of the Board's authority over licensing and regulation of psychologists and future psychologists, our licensees and registrants would likely be regulated by another board with a less specific focus on the needs of the consumers of psychological services and the concerns of psychologists and other stakeholders.

As for the issues currently before the Board, they include new regulations to provide guidance regarding telepsychology, a proposed revamping and clarification of the statutes and regulations that constitute the pathways to licensure (including active outreach for stakeholder input), the campaign for outreach to historically underserved groups regarding mental health services, an updating of the disciplinary guidelines, and active consideration of the legislative calendar and the potential impact of specific legislation on consumers, licensees, and registrants, and the work of the Board. This Board has been one of the most active in recent years in supporting, opposing, and watching legislation as it makes its way through the legislative calendar. Of particular interest has been the proposed addition of the providers of Applied Behavior Analysis to the scope of the Board's licensing and enforcement responsibilities, a subject of active discussion between Board members and staff, on the one hand, and the offices of key legislators and stakeholders, on the other hand.

Hopefully, this column will provide you with a greater sense of what the Board is working on and what it hopes to accomplish. As I was reminded while attending the Board's continuing education class at the California Psychological Association's Convention, increased contact with the Board and its staff and improved understanding of the Board's work goes a long way toward demystifying our purpose and our relationship with licensees. The remark heard most often following the workshop was how impressed attendees were with the knowledge, kindness, and openness of our staff. We hope to build on that sense of mutual respect and compassionate service in the weeks, months, and years ahead.

Loan Repayment Programs Available to You

By Tino Raya, Health Professions Education Foundation

Interested in paying off your student loan debt? Here are some loan repayment programs for psychologists:

- **California State Loan Repayment Program (SLRP):** If working in a health shortage work area, individuals can receive up to $50,000 in loan repayment. **www.oshpd.ca.gov/HWDD/SLRP.html**
- **National Health Service Corps Loan Repayment Program:** If serving medically underserved populations, individuals can receive up to $50,000 in loan repayment. **www.nhsc.hrsa.gov/loanrepayment/index.html**
- **Workforce Education and Training (WET) Program:** This is a stipend program that grants up to $20,772 to clinical psychology graduate students during their studies if they agree to work for the public mental health system after graduating. **www.oshpd.ca.gov/HWDD/WET.html**
- **Mental Health Loan Assumption Program (MHLAP):** Individuals can receive up to $10,000 in loan repayment. **www.oshpd.ca.gov/hpef/Programs/MHLAP.html**
- **Licensed Mental Health Services Provider Education Program:** Individuals can receive up to $15,000 in loan repayment. **www.oshpd.ca.gov/hpef/Programs/LMHSPEP.html**

Psychiatry, Palliative Care, and Psycho-Oncology

By Nathan Fairman, M.D., M.P.H.
Assistant Professor, Department of Psychiatry and Behavioral Sciences
Faculty Associate, Bioethics Program
UC Davis School of Medicine

On October 5, 2015, Governor Jerry Brown signed the End of Life Option Act into law, making California the fourth state in which mentally-competent, terminally-ill patients may request prescriptions from their physicians to hasten death.

The law will take effect 90 days after the special session on health care and financing ends. Already, there are efforts to engage the palliative care and bioethics communities in guiding implementation practices for the new law, to help support institutions in developing policies mindful of the complicated ethical issues that surround aid-in-dying. As well, clinicians are likely to encounter new educational needs – concerning aid-in-dying specifically but also palliative care more generally – as patients inquire about this new option for end-of-life care. To help prepare physicians to respond to patients' inquiries, what follows is an overview of the practice and specific details about the new California law.

The California End of Life Option Act

What does the new California law do?
The law authorizes a California resident adult, who has been determined to be terminally-ill and mentally-competent, to make a request for a drug prescribed for the purpose of ending his or her life.

What safeguards are included in the law?
The Act includes several safeguards, which are aimed at restricting access to patients who are terminally-ill and mentally-competent:

- Two physician assessments are required. The *"attending"* and *"consulting"* physicians

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Psychiatry, Palliative Care, and Psycho-Oncology (continued from page 3)

must each independently determine that the individual has a terminal disease with a prognosis of six months or less, and is able to provide informed consent. Elements of informed consent, including disclosure of relevant information, assessment of decisional capacity, and assurance of voluntariness, are stipulated in the law.

- If either physician is aware of any *"indications of a mental disorder,"* a mental health specialist assessment must be arranged to determine that the individual *"has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder."*
- The attending physician must provide counseling about the importance of the following: *"having another person present when he or she ingests the aid-in-dying drug, not ingesting the aid-in-dying drug in a public place, notifying the next-of-kin of his or her request for the aid-in-dying drug, participating in a hospice program and maintaining the aid-in-dying drug in a safe and secure location."*
- The attending physician must offer the individual the opportunity to withdraw his or her request for the aid-in-dying drug at any time.

- The individual must make two oral requests, separated by a minimum of fifteen days, and one written request for the aid-in-dying drug.
- The written request must be observed by two adult witnesses, who attest that the patient is *"of sound mind and not under duress, fraud or undue influence."*
- The patient must make a *"final attestation,"* forty-eight hours before he or she intends to ingest the medication.
- Only the person diagnosed with the terminal disease may request a prescription for the aid-in-dying drug (i.e., surrogate requests are not permitted).
- The individual must be able to self-administer the medication.

What are the documentation and reporting requirements?

The law explicitly stipulates a number of requirements for documentation in the patient's medical record, largely corresponding to the safeguards above. In addition, the law creates two reporting obligations:

1. Within 30 days of writing a prescription for an aid-in-dying drug, the attending physician must submit to the California Department of Public Health (CDPH) a copy of the qualifying patient's written request, an attending physician checklist and compliance form, and a consulting physician's compliance form.
2. Within 30 days following the individual's death, the attending physician must submit a follow-up form to CDPH. All forms will be posted on the **CDPH and Medical Board websites**.

Is participation compulsory?

No. Participation in the law is voluntary for all parties. Individual providers – and institutions as well – may make personal, conscience-based decisions about whether or not to participate.

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Cognitive Behavioral Therapy Programs in Los Angeles County Jails

By Yael Hellman EdD
Educational Development Administrator
Inmate Services Bureau, Education Based Incarceration Unit
Los Angeles County Sheriff's Department

The Los Angeles County Sheriff's Department (LASD) oversees approximately 16,000 inmates on any given day, and provides daily programming for 25% of them in six jail facilities. Many of these offerings employ the principles of Cognitive-Behavioral Therapy (CBT), an evidence-based intervention shown to reduce recidivism (Clark, 2010) by increasing inmates' life skills and thereby facilitating their successful re-entry into the community.

CBT Theory and Application

CBT Theory

CBT assumes that unquestioned thoughts drive human behavior, and the results of that behavior reinforce those thoughts. If painful psychological experiences have instilled automatic negative judgments of oneself, others, and life, those pessimistic thought patterns will feed destructive and self-destructive behaviors whose problematic effects further bolster flawed thinking. CBT also assumes that replacing these distorted thought patterns with more realistic and constructive ones will yield improved behaviors and thus better outcomes, and favorable results will confirm the new ideas.

CBT begins with a collaborative effort of a trained facilitator and an individual inmate or group of inmates to become aware of habitual assumptions—unquestioned, automatic thoughts that are usually negative assessments of self and others. With the facilitator, participants then challenge the thoughts' validity; like most prejudices, the distorted thoughts rarely pass the reality test. At the same time, inmates learn how their flawed ideas fuel dangerous or self-defeating behaviors; that these behaviors in turn prevent them from attaining their goals; and that such failures reinforce the faulty, self-destructive thinking pattern.

By working with incarcerated persons to replace destructive and self-limiting thoughts with more positive and effective ones, and by helping them practice new social skills, CBT produces remarkable improvements in behavior and in mood (Yochelson &. Samenow, 1976; Walters, 1990).

How CBT Works

CBT helps inmates restructure a thought that reflects and invites low self-esteem ("I can't do anything right") into a more positive and accurate expectation ("I can do this most of the time, based on my prior experiences"). These restructured ideas encourage constructive behaviors; whose more successful outcomes reinforce the new thinking patterns.

CBT therapists often give persons being treated "homework" in between sessions to give them practice replacing negative thoughts with more realistic ones, or to jot down their negative thoughts in a journal.

A considerable body of scientific studies has shown CBT to be an effective treatment for depression, anxiety disorders, bipolar disorder, eating disorders and schizophrenia. Individuals who undergo CBT display changes in brain activity, suggesting that it actually improves brain function (**www.nami.org/Learn-More/Treatment/Psychotherapy**).

CBT's Utility for Jail Populations

The incarcerated population blends a number of demographic subsets, including the mentally ill, high-security inmates, and those identified by COMPAS as likely to be returned to jail after release. These groups often exhibit not just the obvious antisocial interactions but problematic underlying perceptions and attitudes that foster harmful acts like lying,

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Cognitive Behavioral Therapy Programs in Los Angeles County Jails (continued from page 5)

stealing, and victimizing. These unconscious thought patterns include developmentally arrested ideas; a disregard for the effect of their behavior upon self and others; difficulty making decisions and solving problems; hostility toward or fear of others; low self-esteem and its mirror distortion, entitlement; impulsivity; inappropriate rage; and the use of force as a way to satisfy needs. (Clark, 2010).

Clearly, CBT addresses a host of problems closely associated with criminality, including dishonesty and violence as a way to manipulate others, by helping inmates recognize their problematic thought patterns and how those patterns negatively impact their behavior. Studies demonstrate that inmates who took part in CBT programs generally strengthened their social skills and impulse management, and extended their capacity for constructive problem-solving, critical reasoning and moral reasoning—crucial abilities for successful transitioning to the community.

Indeed, in a review of 58 research studies conducted from 1965 to 2005, Landenberger and Lipsey (2005) concluded that CBT-based programs are effective with juveniles and adults in various criminal justice settings, including prison and residential, community probation and parole situations. In fact, they found that CBT significantly reduced expected rates of recidivism even—interestingly, most demonstrably among high-risk offenders.

Increasing the Utility of CBT for Inmates

CBT's self-help approach appears to engage typically change-resistant persons, since collaborating with the facilitator, challenging one's own thoughts, and practicing new behavioral responses reward independent activity rather than compliance with the "authority." Not surprisingly, CBT seems especially effective in reducing further criminal behavior when treated persons also receive support such as supervision, employment, academic education, vocational training, and other mental health counseling (Center for Substance Abuse Treatment. Substance Abuse Treatment for Adults in the Criminal Justice System. Rockville {MD}: Substance Abuse and Mental Health Services Administration {US}; 2005. {Treatment Improvement Protocol (TIP) Series, No. 44.} 5 Major Treatment Issues and Approaches. **www.ncbi.nlm.nih.gov/books/NBK64124/**).

CBT is used in many current programs, including "Reasoning and Rehabilitation," "Aggression Replacement Therapy," and "Thinking for Change." The National Institute of Corrections (NIC) recently reviewed these interventions. Interestingly, though Landenberger and Lipsey showed the general efficacy of CBT, none of the CBT treatments studied by the NIC emerged as superior to the others in reducing recidivism. In addition, no research has yet confirmed whether receiving CBT earlier, such as in early intervention or parenting training programs, amplifies its benefits, but such study should prove relevant in future LASD programming.

Use of CBT in LASD Jail Programs

Mindfulness CBT (MCBT) offers a practical set of evidence-based techniques derived from mindfulness training blended with CBT principles. It addresses a broad range of psychological disorders and general stress conditions, and is designed to help those suffering chronic bouts of depression or dysthymia. Participants become acquainted with the modes of mind that characterize mood disorders and simultaneously learn principles of mindfulness—replacing automatic thoughts with emotional awareness and reflection--to help them develop a new relationship to their thoughts and moods. MBCT was developed by Zindel Segal, Mark Williams and John Teasdale, based on Jon Kabat-Zinn's Mindfulness-Based Stress Reduction program. Since January 2016 LASD has employed MCBT in the Substance Treatment and Re-entry Transition (START) program. Offered in conjunction with Department of Public Health, START provides both in-custody and out-of-custody components, and will be expanded to all jail facilities.

Moral Reconation Therapy (MRT) is a systematic treatment strategy that seeks to decrease recidivism by strengthening inmates' moral reasoning, and is particularly effective in substance-abusing populations.

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Cognitive Behavioral Therapy Programs in Los Angeles County Jails (continued from page 6)

Over 120 outcome studies document that MRT-treated inmates show significantly lower recidivism rates than expected for periods of over 20 years after treatment. In comparison to controls, MRT-treated inmates had rearrest and reincarcertion rates from 25% to 75% lower than non-treated controls. MRT treatment also appeared to bring a host of significant beneficial personality changes, including less anger, more construction relationships, and greater optimism (Little, 2000). Correctional Counseling, Inc.is the sole source for MRT treatment materials.

Thinking for a Change (T4C), an evidence-based cognitive behavioral curriculum developed by the NIC, has broadly influenced how correctional facilitators work with inmates. Studies have shown that, when implemented by trained facilitators, T4C can reduce recidivism among offenders. Lowenkamp and colleagues (2009) found a statistically significant lower proportion of offenders who recidivated after receiving the T4C curriculum--23 percent--than that of the control group, who did not--36 percent. That is, the control group proved 1.57 times (57 percent) more likely to be arrested during the follow-up period than did treated inmates.

In T4C inmates learn its basic principles, the social skills of active listening, asking questions, giving feedback, and knowing your feelings. They also study cognitive self-change—how thinking controls behavior and how to master thoughts instead of letting your thoughts master you. Participants practice cognitive self-change in steps. Step 1 encourages paying attention to one's thinking; step 2 invites them to recognize the risks of their current thinking and behavior; and step 3 engages them in using new thinking. Then, inmates learn how to do a "thinking check-in" along with more social skills (understanding others' feelings, making a complaint, apologizing, responding to anger, and negotiating). At this point participants then apply what they've learned to problem-solving, and practice skills of stopping and thinking; stating the problem; setting a goal and gathering information; thinking of choices and consequences; making a plan; implementing the plan, and evaluating the plan. In the aftercare element of T4C, inmates continue to practice applying new behavioral skills.

Conclusion

Anecdotal evidence that CBT programs offered by LASD's Education Based Incarceration unit have decreased in-custody antisocial behavior is strong enough to merit statistical study of the effect. The gathering of data, now in process, will demonstrate to what degree such programs, along with training line officers in appropriate interaction techniques, reduce violence and increase mental stability in the incarcerated population (Hellman, Oganesyan, and Gutierrez, 2015).

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This article reprinted from Interpol International Police Training Journal.

Professional Wills: Protecting Yourself, Your Family, and Your Clients

By Elizabeth Winkelman, J.D., Ph.D., Director of Professional Affairs, California Psychological Association

What happens to a psychologist's practice if the psychologist suddenly dies or becomes incapacitated? If no advance preparations are made, distraught family members may be confronted with closing the psychologist's practice and the psychologist's estate may be liable if any problems arise. Therefore, unless the psychologist works in an organization with policies in place that address issues such as continuity of care and maintenance of records, some advance planning is needed. A professional will is a comprehensive way for psychologists in independent practice to prepare for unforeseen circumstances and address related practical, ethical, and legal issues.

A professional will designates a trusted colleague as "professional executor" and includes all the information needed to manage the complex issues involved in closing a psychologist's practice. The professional executor is often another licensed mental health professional, preferably one who would be able to provide continued care for some of the deceased psychologist's clients. The main duties of a professional executor include notifying clients of the psychologist's death, facilitating transitions of care, and handling confidential client records.

Professional wills can take a variety of formats, but all should identify a professional executor, give the executor authority to act on the psychologist's behalf, and provide the basic information needed to wind down the practice. The provisions of the will should cover how to access the psychologist's appointment book, client records, and client contact information. Additionally, it should explain how to access computers, voicemail, and locked files. More detailed instructions about matters such as notifying patients may be provided. For example, the executor may be directed to a specific place in the records to find a client's preferred phone number or e-mail address for receiving communications from the psychologist's office.

Sample professional wills, along with detailed information on why and how to create a professional will, are available from the American Psychological Association Practice Organization (APAPO) (**www.apapracticecentral.org/update/2014/06-26/professional-will.aspx**) and from the San Diego Psychological Association Committee on Psychologist Retirement, Incapacitation or Death at (**www.sdpsych.org/docs/Professional_Will_Packet_11-09.pdf**).

APAPO also provides sample language that can be inserted into informed consent forms in order to notify clients that a professional executor may have access to their records in the event of the psychologist's incapacity or death (**www.apapracticecentral.org/business/management/professional-will-instructions.aspx**). Although it is preferable to let clients know in advance that their records may be transferred to another professional, the executor may be legally permitted to receive client records even if there is no previous consent.

Although psychologists are not mandated to have a professional will, having one can help them to meet ethical and legal obligations regarding clients and client records. According to the American Psychological Association Ethical Principles of Psychologists and Code of Conduct ("Ethics Code"), psychologists are required to make "reasonable efforts" to plan for interruptions in treatment, including interruptions due to death or incapacity. Standard 3.12 states: "Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation or retirement or by the client's/patient's relocation or financial limitations." In addition, Standard 6.02(c) states: "Psychologists make plans in advance to facilitate the appropriate

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Disciplinary Actions: January 1 to March 31, 2016

SURRENDER

Sheila Shilati, Psy.D. (Psychologist License No. PSY 24040), Westlake Village

Dr. Shilati stipulated to the surrender of her license after an accusation was filed alleging that she engaged in sexual misconduct with a patient. The order took effect on March 4, 2016.

Michele C. Russell, Ph.D. (Psychologist License No. PSY 20822), Awahnee

Dr. Russell stipulated to the surrender of her license after an accusation was filed alleging the use of alcohol to an extent dangerous to herself or the public for driving under the influence of alcohol. She was convicted and then failed to report that conviction to the Board within 30 days. In addition, the accusation alleged that she engaged in conduct to avoid an arrest for driving under the influence. The accusation further alleged an alcohol-related infraction. The order took effect on March 6, 2016.

Janet Tucker, Ph.D. (Psychologist License No. PSY 11293), Valencia

Dr. Tucker stipulated to the surrender of her license after an accusation was filed alleging gross negligence for establishing a dual relationship with one of her patients by going into business with her. It was further alleged that she treated another patient while already treating that patient's spouse and failed to get consent to any conflict of interest for doing so. In addition, she referred this patient to the business she owned with the other patient and discussed her own personal information concerning that business. The order took effect on March 31, 2016.

PROBATION

Adriana Camargo-Fernandez, Ph.D. (Psychologist License No. PSY 14867), El Monte

Dr. Camargo-Fernandez stipulated to placing her license on five years' probation and is subject to its revocation if she fails to comply with the terms and conditions of her probation, after convictions for driving under the influence of alcohol and for the use of alcohol in a way that might impair her ability to practice psychology safely. The order took effect on February 12, 2016.

Maurizio Francesco Assandri, Ph.D. (Psychologist License No. PSY 11614), Victorville

Dr. Assandri's license was placed on five years' probation, and it is subject to revocation if he fails to comply with the terms and conditions of his probation, for failing to ensure the proper assessment and treatment of an eight-month old minor by a licensed marriage and family therapist intern who he was supervising and for failing to ensure that the progress notes and records related to the minor's treatment were accurate. The order took effect February 24, 2016.

Fred Neal Morguelan, Ph.D. (Psychologist License No. PSY 5566), Santa Barbara

Dr. Morguelan's license was placed on probation for five years and it is subject to revocation if he fails to comply with the terms and conditions of his probation, for incorrectly billing services under workers' compensation codes and fee rates when the evaluations conducted were not related to workers' compensation, billing for tests that he did not administer, billing for face-to-face contact with the patient that did not occur, and billing for testing protocols that were not administered during the course of the evaluation. The order took effect February 24, 2016.

Juan C. Perez, Psy.D. (Psychologist License No. PSY 14184), Malibu

Dr. Perez stipulated to placing his license on probation for eight years beginning the date of an earlier order effective February 17, 2012, and it is subject to revocation if he fails to comply with the terms and conditions of his probation. Dr. Perez failed to comply with a condition of the earlier February 17, 2012, order requiring that he submit to random drug testing. The order took effect February 26, 2016.

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Will You be Able to Renew Your Psychological Assistant's Registration?

By Karen Johnson, Licensing Coordinator, Board of Psychology

Is your psychological assistant nearing his or her 72-month (six-year) registration time limit? If so, he or she will be ineligible for registration and must cease practicing as a psychological assistant once he or she reaches the cumulative six-year mark.

Section 1391.1 of Title 16 of the California Code of Regulations limits registration as a psychological assistant to a cumulative total of six years. This will have been in effect for six years on October 23, 2016. Working as a psychological assistant is considered just a pathway to licensure to becoming a psychologist and is not a destination career.

The Board of Psychology (Board) wants to ensure that you and your psychological assistant are aware of this limitation so that you are prepared for the termination of the registration and have a plan in place for the transition for both the psychological assistant as well as the patients/clients under his or her care.

Board staff is currently working on compiling a report that will identify current psychological assistants who are nearing the 72-month limitation. The identified psychological assistants will be sent a notice to inform them of this limitation, provide an outline of their registration history, and the calculated six-year termination date. This notice will give the psychological assistant and his or her supervisor an opportunity to confirm the psychological assistant's record to ensure that the Board has correct registration dates and an accurate termination date.

If you have any questions, please contact the Board's Licensing Unit at (916) 574-7720, ext. 2, or by e-mail at **bopmail@dca.ca.gov**.

Disciplinary Actions (continued from page 9)

John Edmund Leonard, Ph.D. (Psychologist License No. PSY 12821), Point Reyes Station

Dr. Leonard stipulated to placing his license on five years' probation, and it is subject to revocation if he fails to comply with the terms and conditions of his probation. It is alleged that he accepted a patient when he was aware that he did not possess training or experience in treating individuals with borderline personality disorder, engaged in a dual relationship by having an intimate relationship with this patient's close friend after she introduced them and shared intimate details with the close friend about this patient, failed to refer this patient to another practitioner once he realized that the dual relationship was having a negative impact on her, failed to provide an appropriate patient termination process, and subjected this patient to numerous billing irregularities. The order took effect March 2, 2016.

PUBLIC LETTER OF REPRIMAND

Stacey Peerson, Ph.D. (Psychologist License No. PSY 19258), Sacramento

Dr. Peerson stipulated to the issuance of a Letter of Reprimand for failing to clarify that a letter of support that she wrote for a parent in a legal proceeding regarding the child who was her patient was not intended to be a custody evaluation recommendation, and for offering and disclosing opinions, statements, and recommendations about the other parent whom she had not evaluated and who was not her client. The order took effect March 19, 2016.

Notice to Consumers

Pursuant to section 2936 of the California Business and Professions Code and Title 16 California Code of Regulations section 1396.5, all licensees and registrants are required to post a notice in a conspicuous location in their principal psychological business office informing consumers how to contact the Board of Psychology regarding any questions and comments.

For your convenience, we are including hard copies of this notice on the following pages in the seven languages (links to the notices on Board website are listed after each language):

- English: **www.psychology.ca.gov/forms_pubs/consumer_statement.pdf** on page 16
- Spanish: **www.psychology.ca.gov/forms_pubs/cstatement_spanish.pdf** on page 17
- Chinese: **www.psychology.ca.gov/forms_pubs/cstatement_chinese.pdf** on page 18
- Tagalog: **www.psychology.ca.gov/forms_pubs/cstatement_tagalog.pdf** on page 19
- Korean: **www.psychology.ca.gov/forms_pubs/cstatement_korean.pdf**
- Russian: **www.psychology.ca.gov/forms_pubs/cstatement_russian.pdf**
- Vietnamese: **www.psychology.ca.gov/forms_pubs/cstatement_viet.pdf**

Professional Wills: Protecting Yourself, Your Family, and Your Clients (continued from page 8)

transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice."

Many states, including California, have incorporated the Ethics Code into the regulations that govern the professional conduct of psychologists. According to California Business and Professions Code section 2936: "The board shall establish as its standards of ethical conduct relating to the practice of psychology, the 'Ethical Principles of Psychologists and Code of Conduct' published by the American Psychological Association (APA)." Therefore, complying with the ethical standard requiring reasonable efforts to plan for interruptions in treatment is a matter of law as well as ethics.

Psychologists should also be familiar with California law on the retention of records. California Business and Professions Code section 2919 requires licensed psychologists to retain health service records for a minimum of seven years from the discharge date. For minors, records must be retained for a minimum of seven years from the date the minor reaches 18 years of age. A professional executor who takes control of a deceased or incapacitated psychologist's records is advised to maintain records accordingly.

Finally, it is important to note that a professional will is distinct from a personal will. It is advisable to consult with a knowledgeable attorney regarding preparation of a professional will to ensure the professional will is valid, is consistent with the provisions of a personal will, and addresses individual circumstances.

Resources

American Psychological Association. (2010). Ethical principles of psychologists and code of conduct. Available at **www.apa.org/ethics/code/index.aspx**.

American Psychological Association Practice Organization. (2014). Sample professional will and resources for practitioners. *Practice Update*. June 26, 2014 issue. Available at **www.apapracticecentral.org/update/2014/06-26/professional-will.aspx**.

California Business and Professions Code section 2936.

California Business and Professions Code section 2919.

San Diego Psychological Association Committee on Psychologist Retirement, Incapacitation or Death (2009). "Professional Will Packet" including Guidelines for Preparing a Professional Will, Professional Will and Guidelines for a Professional Executor. Available at **www.sdpsych.org/docs/Professional_Will_Packet_11-09.pdf**.

Please note: The information in this article does not constitute legal advice and should not be used as a substitute for obtaining personal legal advice and consultation.

Legislative and Regulatory Update

Legislative Update

AB 796 (Nazarian)

Health Care Coverage: Autism: Pervasive Disorders

Summary: This bill would expand the eligibility for a person to be a qualified autism service professional to include a person who possesses a bachelor of arts or science degree and meets other specified requirements, a registered psychological assistant, a registered psychologist, or an associate clinical social worker. The bill would also expand the eligibility for a person to be a qualified autism service paraprofessional to include a person with a high school diploma or equivalent and, among other things, six months' experience working with persons with developmental disabilities.

Status: Sent to the Senate Committees on Health and Human Services

Board position: Oppose

AB 1715 (Holden)

Healing Arts: Behavior Analysis: Licensing

Summary: Increases the number of members that constitute a quorum of the Board of Psychology (Board). Establishes the Behavior Analyst Act. Requires a person to obtain a license from the Board to engage in the practice of either a behavior analyst or an assistant behavior analyst. Provides the procedures necessary to obtain such license. Provides the requirements for persons to be employed behavior analysis technicians. Relates to medical records procedures. Provides a violation is a misdemeanor.

Status: Sent to the Senate Business, Professions, and Economic Development Committee

Board position: Support if amended

AB 1835 (Holden)

Private Postsecondary Education: Operating Standards

Summary: Exempts 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: Sent to the Senate Education Committee

Board position: Watch

AB 2017 (McCarthy)

College Mental Health Services Program

Summary: Establishes the College Mental Health Services Trust Account. Transfers a specified amount of funds annually to that Account from the Mental Health Services Fund, and appropriates those funds to create a grant program for public community colleges, colleges, and universities to improve access to mental health services on campus.

Status: Sent to the Senate Health and Education Committees

Board position: Support

AB 2086 (Cooley)

Worker's Compensation: Neuropsychologists

Summary: Authorizes a licensed clinical psychologist who meets specified requirements to be appointed as a qualified medical evaluator in neuropsychology. Provides 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 would satisfy the residency-training requirement for an evaluator under the Worker's Compensation Law.

Status: Sent to the Senate Appropriations Committee

Board position: Support if amended

AB 2443 (Baker)

Local Control and Accountability Plans: School Climate

Summary: Relates to control and accountability plan by the governing board of a school district. Requires 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. Adds to those factors the extent to which pupils have access to school psychologists or counselors to address issues including mental health concerns, conflict resolution, and bullying.

Status: Held in the Assembly Appropriations Committee

Board position: Support

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Legislative and Regulatory Update (continued from page 12)

AB 2507 (Gordon)

Telehealth: Access

Summary: Adds video, phone, and e-mail communications, as well as text or chat conferencing, to the definition of telehealth. Prohibits a health care provider from requiring the use of telehealth when a patient prefers in-person services and requires health care service plans and insurers to include coverage for services provided to a patient through telehealth. Prohibits an insurer from interfering with the physician-patient relationship based on telehealth services.

Status: Held in the Assembly Appropriations Committee

Board position: None

AB 2859 (Low)

Professions and Vocations: Retired Category: Licenses

Summary: Authorizes any of the boards, bureaus, commissions, or programs 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.

Status: Sent to the Senate Appropriations Committee

Board position: Watch

SB 1033 (Hill)

Medical Board: Disclosure of Probationary Status

Summary: Requires specified medical regulatory boards to require a licensee to disclose their probationary status to a patient, the patient's guardian, or the health care surrogate prior to the patient's first visit following a probationary order while the licensee is on probation, including an accusation alleging, a statement of issues, or an administrative law judge's legal conclusion finding the licensee committed gross negligence. Requires a standard format for listing probation information.

Status: Sent to the Senate Inactive File

Board position: Watch

SB 1034 (Mitchell)

Health care coverage: Autism

Summary: Modifies requirements to be a qualified autism service professional to include providing behavioral health treatment, such as clinical management and case supervision. Requires that a treatment plan be reviewed no more than once every six months, unless a shorter period is recommended.

Status: Sent to the Assembly Health Committee

Board position: Watch

SB 1101 (Wieckowski)

Alcohol and Drug Counselors: Regulation

Summary: Establishes the Alcohol and Drug Counseling Professional Bureau. Prohibits 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. Specifies the minimum qualifications for a license, including a criminal background check. Requires the Bureau to ensure that the criminal history of the applicant is reviewed before issuing a license.

Status: Held in the Senate Appropriations Committee

Board position: Watch

SB 1155 (Morrell)

Professions and Vocations: Licenses: Military

Summary: Requires every board within the Department of Consumer Affairs (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: Sent to the Assembly Business and Professions and Veterans Affairs Committees

Board position: Watch

SB 1194 (Hill)

Psychology: Board of Psychology: Personnel

Summary: Extends the existing Psychology Licensing Law that establishes the Board of Psychology to license and regulate the practice of psychology. Provides the required actions that must be accomplished by a person preparing for licensure with the Board. Prohibits a psychological assistant

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Legislative and Regulatory Update (continued from page 13)

from providing psychological services except as a supervisee. Relates to doctorate degree requirements for licensure. Relates to retired licensure. Requires licensee information on the Board's website.

Status: Referred to the Assembly Business and Professions Committee

Board position: Support

SB 1195 (Hill)

Professions and Vocations: Boards: Competitive Impact

Summary: Provides requirements and procedures for DCA to review a decision or other action by a board under DCA regarding a restraint of trade. Prohibits the Board of Nursing Executive Director from being a licensee of the Board. Authorizes a veterinary technician to compound a drug for anesthesia for animals in licensed premises. Relates to veterinary university licenses. Adds competitive impact as a standard when reviewing regulatory actions of a state board.

Status: Sent to the Senate Inactive File

Board position: Watch

SB 1204 (Hernandez)

Health Professions Development: Loan Repayment

Summary: Increases the license application and renewal charge for health professionals. Increases the monetary limits for loan repayment. Expands the eligibility for loan repayment funds to include those physicians providing psychiatric services. Provides for the deposit of additional moneys in a continuously appropriated fund. Increases the psychology license renewal fee for funding a specified education program. Increases licensing fees for marriage and family therapists. Relates to loan reimbursement grants.

Status: Sent to the Senate Business Professions and Economic Development Committee

Board position: Watch

SB 1217 (Stone)

Healing Arts: Reporting Requirements: Liability

Summary: Relates to existing law that establishes within the DCA various boards that license and regulate the practice of various professions and vocations, including those related to the healing arts, and raises the dollar amount that requires reporting to the record to contain judgments or settlements with damages over a specified amount for persons licensed under the Pharmacy Act.

Status: Sent to the Senate Business, Professions and Economic Development Committee

Board position: Watch

SB 1334 (Stone)

Crime Reporting: Health Practitioners: Reports

Summary: Requires a health care practitioner who provides medical services to a patient who discloses that he or she is seeking treatment due to being the victim of assaultive or abusive conduct, to additionally make a report to a law enforcement agency.

Status: Held in the Senate Appropriations Committee

Board position: Watch

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

Regulatory Update

Uniform Standards Related to Substance Abuse and Disciplinary Guidelines – Pending Approval

Title 16, California Code of Regulations (CCR) section 1397.12

The current Disciplinary Guidelines are being 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 to increase consumer protection in dealing with substance-abusing licensees, registrants, or applicants.

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).

The hearing took place on August 22, 2014, at the Board meeting. The Board issued a 15-Day Notice of modified

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Legislative and Regulatory Update (continued from page 14)

text for newly amended language that was submitted to the Board for approval at the November Board meeting. The Board approved the language and the Final Rulemaking File was submitted to DCA for review. The following areas were identified to be amended:

- Language relating to suspending licenses when the Board has the authority to order a respondent to cease practice.
- Under the Major and Minor Violations, the Board was asked by the Legislative and Regulatory Review Unit to include five consequences of minor violations, when the Uniform Standards call for six; "Required re-evaluation and/or testing" was added to the minor violations.
- Several grammatical and consistency issues have been fixed.

The Board received no negative comments and approved the amended language. The Rulemaking File was submitted to DCA for approval in June and was filed with the Office of Administrative Law (OAL) on September 25, 2015. On November 6, 2015, OAL disapproved the Rulemaking File, citing clarity and consistency issues for the disapproval. On February 12, 2016, the Board issued a 15-Day Notice of modified text for newly amended language. The language was adopted at the Board's February 25–26, 2016 meeting. On May 2, 2016, the Board issued a 15-Day Notice of modified text for newly amended language. This language was presented and adopted by the Board at the May Meeting.

Filing of Addresses – Effective July 1, 2016

Title 16, CCR section 1380.5

Current regulations ask licensees to provide their 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 this address. The Board is also seeking to require a licensee report his or her e-mail address. Within 30 days of any change to the address of record, alternate address, or e-mail address, the applicant or licensee must notify the Board.

At its November 2014 Board meeting, the Board agreed there was a need to amend the regulation to require licensees to report an e-mail address with the Board, and to allow licensees to report an address other than an address of record. The Board considered proposed language at its February and May 2015 meetings. A public hearing was held on August 14, 2015, at which the Board approved a modification of the proposed text. The Rulemaking File has been reviewed by the DCA, the Business Consumer Services and Housing Agency, and Department of Finance. On March 21, 2016, the Rulemaking File was approved by OAL. The regulations become effective July 1, 2016.

Verification of Experience/Supervision Agreement Forms – Pending Approval

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 in order 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 as to how their training is going.

The Board noticed the initial Rulemaking File on April 1, 2016. After the close of the 45-day public comment period, the hearing was held at the May Board meeting. The Board received no comments and adopted the proposed language. The rulemaking file will now be completed by staff and submitted for final approval.

Business and Professions Code section 2936 requires all licensees to post this notice in a conspicuous location in the principal psychological business office.

NOTICE TO CONSUMERS: The Department of Consumer Affairs' Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have questions or complaints you may contact the Board on the Internet at www.psychology.ca.gov, by e-mailing bopmail@dca.ca.gov, calling 1-866-503-3221 or writing to the following address:

Board of Psychology
1625 North Market Blvd, Suite N-215
Sacramento, CA 95834

California Board of PSYCHOLOGY

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California Department of Consumer Affairs

English

La sección 2936 del Código Comercial y Profesional exige que todos los licenciados publiquen este aviso en un lugar visible en la oficina principal comercial psicológica.

AVISO A CONSUMIDORES: La Junta directiva de Psicología del Departamento de Asuntos del Consumidor recibe y responde reclamos y preguntas sobre la práctica de la psicología. Si tiene preguntas o reclamos puede comunicarse con la Junta en Internet en www.psychology.ca.gov, por correo electrónico a bopmail@dca.ca.gov, por teléfono al 1-866-503-3221 o por correo a la siguiente dirección:

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California Department of Consumer Affairs

《商业和职业法》第 2936 节要求，所有持照者在主要心理学业务办公室的醒目位置张贴以下公告。

消费者公告: 消费者事务部心理学委员会听取并回答有关心理学执业的问题及申诉。 如果您有问题或需要提出申诉，请与心理学委员会联系，网址：www.psychology.ca.gov，电邮：bopmail@dca.ca.gov，电话：1-866-503-3221，邮寄地址：

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California Department of Consumer Affairs

Hinihingi ng Seksiyon 2936 ng Business and Professions Code na ipaskil ng lahat ng licensee ang abisong ito sa lokasyong nakikita sa pangunahing tanggapan ng negosyo sa saikolohiya.

ABISO SA MGA MAMIMILI: Tinatanggap at tinutugunan ng Board of Psychology ng Department of Consumer Affairs ang mga katanungan at reklamo ukol sa pagsasanay sa saikolohiya. Kung mayroon kang mga katanungan o reklamo, maaari kang makipag-ugnayan sa Board sa Internet sa www.psychology.ca.gov, sa pamamagitan ng pag-email sa bopmail@dca.ca.gov, pagtawag sa numerong 1-866-503-3221, o pagliham sa sumusunod na address:

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California Department of Consumer Affairs

Board Members

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

Nicole J. Jones (Vice President)

Lucille Acquaye-Baddoo

Johanna Arias-Bhatia, J.D.

Michael Erickson, Ph.D.

Jacqueline Horn, Ph.D.

Board Meeting Calendar

AUGUST 18–19, 2016 (Wright Institute, Berkeley)

NOVEMBER 17–18, 2016 (San Diego)

California Board of PSYCHOLOGY

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